



British Thoracic Society

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BTS POSITION STATEMENT ON TOBACCO

CONTEXT

- Approximately 13 million Britons smoke
- Smoking remains the biggest preventable cause of death and disease in the UK.
- Of the 120,000 deaths per year attributed to smoking approximately 50% are caused by respiratory -diseases
- Exposure to smoke in pregnancy, infancy and childhood increases the risks of prematurity, cot-death and chronic respiratory illness.
- Smoking is responsible for over 80% of all deaths from lung cancer and chronic obstructive pulmonary disease
- Most smokers start smoking during or before adolescence and continue to smoke because of nicotine -addiction rather than from choice
- Two-thirds of smokers would like to quit

The British Thoracic Society, as the UK body representing respiratory physicians and allied professionals, has tobacco control as one of its highest priorities. The Society's position on tobacco is summarised below:

GOALS

- To eliminate tobacco-related lung disease in the UK population
- To establish a smoke-free society

ACHIEVING THESE GOALS

1. Reduce the forces which encourage people to smoke in everyday life

The Society welcomes the introduction of legislation in Ireland, Scotland, Wales and England which makes it unlawful to smoke in public places. It is still important that work continues to make smoking more undesirable and/or unacceptable thereby creating an environment in which smokers are more likely to try to quit and young people are less likely to become regular smokers by working towards:

- Making all work and public places completely smoke free (see also, passive Smoking)
- Progressive and substantial increases in the cost of cigarettes
- Prohibiting all advertising, sponsorship, brand stretching and product placement related to smoking

- Innovative, strong and sustained antismoking advertising/publicity campaigns targeted at all sections of society and all aspects of smoking
- Prohibiting all point of sale promotion and display of cigarettes and smoking related tobacco products
- Plain generic packaging incorporating stark health warnings on all smoking products

2. Optimum Smoking Cessation Policies

In terms of health benefit the best thing a smoker can do is stop. Current smoking cessation measures are cost-effective but not enough smokers are aware of available services. Unfortunately, many health professionals, including doctors, have inadequate training and thus cannot deliver optimum smoking cessation interventions. We support:

- Advertising campaigns at national and local level to make smokers aware of cessation methods, success rates and the availability of local services
- Educating and training all relevant health professionals in the clinical practice of delivering smoking cessation interventions
- Applying incentives to implement evidence-based clinical smoking cessation guidelines in routine primary and secondary care.
- Provision of the necessary funding to ensure that appropriate services are available for all smokers ready to try to quit.

3. Minimise smoking initiation

Most smokers start to smoke in their teenage years. All the evidence indicates that young people are less likely to -experiment with and/or persist with smoking if smoking is perceived in society as an unacceptable behaviour. Reducing the number of new smokers is fundamental to a smoke free society. Policies promoting this include:

- No-smoking policies in all schools and colleges
- Provision of smoking cessation services designed specifically for young smokers in schools, colleges and the community
- Prohibit the sale of cigarettes in packs of less than 40
- Harsh penalties on individuals and/or organisations supplying cigarettes to underage smokers
- Restrict product placement of cigarettes in films and television by giving an “18 rating” to films and a post- 9 p.m. watershed for television programmes that promote role models or leading characters who smoke.

4. Smoking and the NHS

The National Health Service (NHS) and any of the services it commissions is in the front line of caring for those with smoking-related diseases and also delivering smoking cessation services. The NHS should have:

- A totally smoke-free policy including all primary and secondary care premises and hospitals, including grounds
- Effective enforcement of smoking restrictions throughout the NHS

- Availability of a smoking cessation counsellor in all GP surgeries and in all NHS hospitals
- Nicotine replacement therapy available to all on prescription through all GP surgeries and on all hospital formularies

5. Availability of alternative nicotine products

Medicinal nicotine products are safe and should be encouraged as an alternative regular source of nicotine. We propose:

- Deregulation and social marketing of medicinal nicotine products as a competitive alternative to smoked tobacco
- Establishing a Nicotine and Tobacco Regulatory Authority the aim of which would be to make smoked tobacco less visible, attractive and available.
- Re-examine the roles of medicinal nicotine and nicotine from non-smoked tobacco products in reducing smoking-related illness

6. Passive smoking

Passive smoking i.e. exposure to environmental tobacco smoke, causes death and disease – the evidence for this is unequivocal. Exposure to passive smoking will be reduced by the following measures:

- Making all work and public places completely smoke free
- Protecting children from passive smoke exposure at home by extending the role of health visitors, school health services and other appropriate agencies to identify exposed children and intervene at family level. This will include respiratory paediatricians, oncology teams and others who come into contact with families and guardians taking a pro-active stance in relation to referrals to smoking cessation services

THE TOBACCO INDUSTRY

The tobacco industry through a variety of overt and covert means continues to influence uptake, continuation and intensity of smoking in both the developed and the developing world. We therefore support:

- Strong individual and BTS responses to 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
- Imposing severe penalties on the manufacturers of cigarettes that are regularly being smuggled and on the owners of premises in which smuggled cigarettes are sold.
- Establishment of a nicotine regulatory authority to ensure industry compliance with restrictions on advertising and marketing (see also Alternative Nicotine Products)
- Working with colleagues in Europe and internationally to continue to combat industry misinformation and active promotion of tobacco products in emerging markets.

RESEARCH

The British Thoracic Society supports an active and rigorous research programme into the establishment of a smoke free society.

BTS MEMBERSHIP POLICY

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.

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Endorsed by BTS Executive Committee & Council