

**HEALTH PROFESSIONALS AND SMOKING CESSATION
IN A LARGER EUROPE**

Country Report

England

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SUMMARY

The Government has a comprehensive tobacco control strategy and as part of this it has funded the setting up of a comprehensive network of National Health Service (NHS) Stop Smoking Services across the NHS in England. The services provide counselling and support to smokers wanting to quit, complementing the use of stop smoking aids Nicotine Replacement therapy (NRT) and bupropion (Zyban).

Services are provided in group sessions or one to one, depending on the local circumstances and client's preferences. Many stop smoking advisers are nurses or pharmacists, and all have received training for their role.ⁱ

Local services are supported by national advertising campaigns and Helplines; research and guidance.

The services are an important contributor to the reduction in smoking prevalence targets.

1. INTRODUCTION

The United Kingdom is made up of England, Wales, Scotland and Northern Ireland. It has a long history as a major player in international affairs and fulfils an important role in the EU, UN and NATO.

The economy - one of the largest in the world - is no longer manufacturing but services-based, with e-commerce of growing significance. The City of London is a global financial centre. Main exports are manufactured goods, chemicals and foodstuffs.

The country has not yet adopted the euro currency (1 pound sterling GBP = approx 1.4€)

The United Kingdom is home to a multicultural population, partly as the legacy of empire, and it has been at the forefront of youth culture since the 1960s. It also possesses a rich literary and cultural heritage.

Average Life expectancy is 76 years for men and 81 years for women (UN) but this varies considerably between socio-economic groups.

Tony Blair first became prime minister in May 1997 when he led Labour back into government after 18 years in opposition. In May 2005 Tony Blair became the first Labour Party leader to win a third successive term, although with a greatly reduced majority in parliament.ⁱⁱ

In recent years the United Kingdom has made significant moves on devolution of powers to Scotland and Wales and Northern Ireland. The health care systems of constituent parts of the UK vary and are separately administered. For this reason

this report refers only to England although some statistics are shown as Great Britain (Scotland, Wales and England) or UK (Great Britain and Northern Ireland).

The UK ratified the Framework Convention on Tobacco Control on 16th December 2004 along with other EU states.

2. THE USE OF TOBACCO PRODUCTS

Tobacco was first introduced to Britain in the sixteenth century when it was commonly smoked in pipes. The introduction of cigarette-making machines in the latter part of the nineteenth century made mass consumption of tobacco possible. At first only men smoked cigarettes and their consumption rose steadily until 1945, when it peaked at 12 manufactured cigarettes per adult male per day.

After the Second World War there was a slight dip in consumption, but thereafter it remained at around 10 manufactured cigarettes per day until 1974 which marked the start of a steady and continuous decrease.

Women began to smoke cigarettes in the 1920s but not in large numbers until after 1945. Consumption continued to increase until 1974.ⁱⁱⁱ

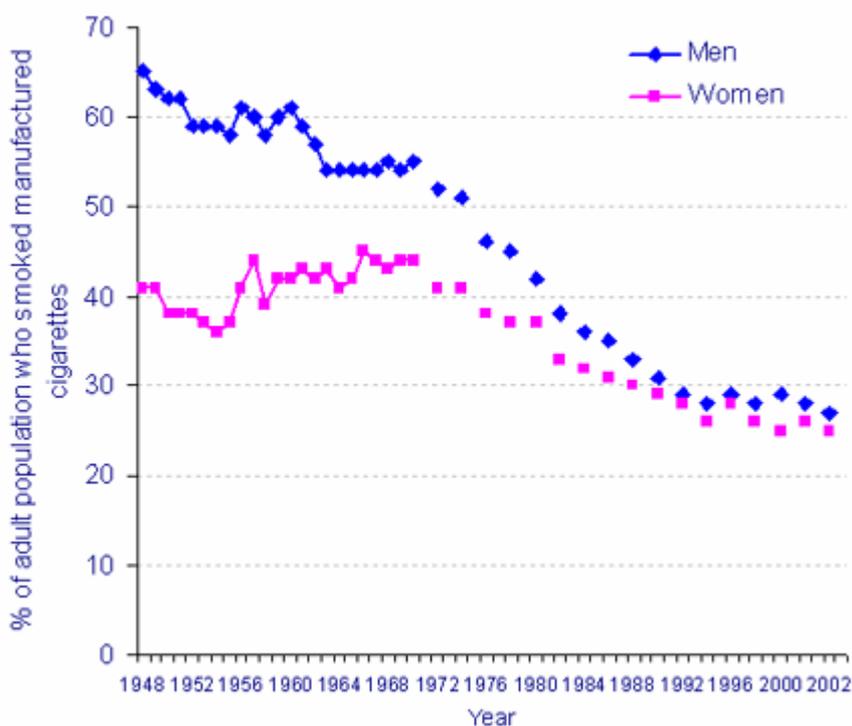


Table 1: Percentage of adults 16 and over who smoked manufactured cigarettes in Great Britain 1948 - 2002^{iv}

Adult smoking prevalence in England (1998–2001) was estimated at 27%. Rates estimated for men were slightly higher (28%) than for women (26%).^v

This varies between age groups. Highest rates were found among men aged 25–34, where prevalence was estimated to be as high as 40%.^{vi}

The pattern of current and ex-smoking across England is consistent with the suggestion that higher rates of smoking cessation are found in affluent areas. The relative prevalence in the English regions and among ethnic groups are shown by the following tables.



Table 2: Prevalence of adult smoking by English Region 2002^{vii}

In England the highest rates of smoking are in the north, with a smoking prevalence of 28% in the North West Region compared to 23% in the West Midlands and 24% in London

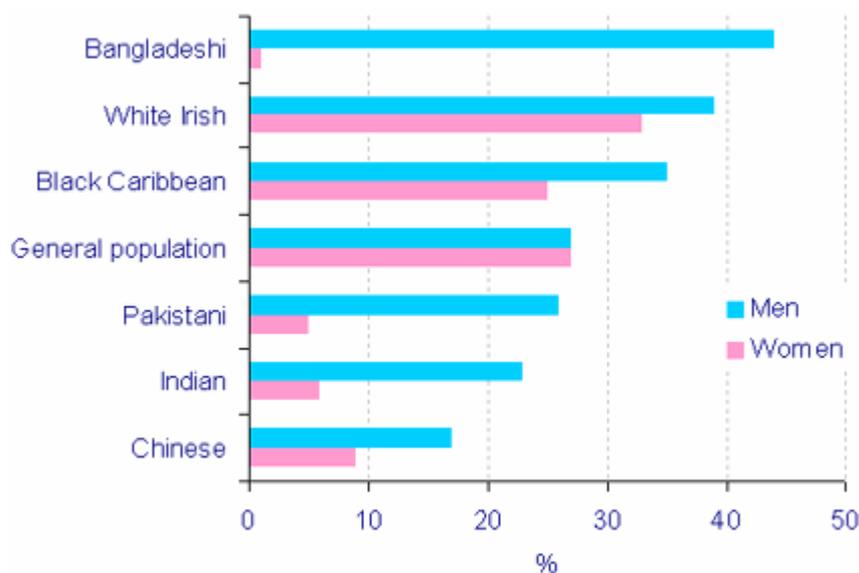


Table 3: Self reported prevalence of current smoking status 1999^{viii}

As with the general population, smoking prevalence in minority ethnic groups tends to decrease with age. The exceptions are Bangladeshi men, in whom prevalence increases with age, and black Caribbean men, in whom cigarette smoking was most prevalent in those aged 35-54^{ix}

While few 11 and 12-year old children smoke, by the age of 15 years one in four (23%) children are regular smokers in England despite the fact that it is illegal to sell any tobacco product to under 16s. Since 1986, girls have had consistently higher rates of smoking than boys: in 2002, 26% of 15-year old girls were regular smokers compared with 20% of boys.^x It is estimated that in England approximately 450 young people under the age of 16 smoke, and only 33% have never tried a cigarette^{xi}

While manufactured cigarettes are the main method of consumption cigars are also smoked. The use of hand rolled tobacco (with a large proportion obtained illicitly) has increased. There has also been an increase in the use of Sheesha pipes (hookahs) although this could be a short-lived fashion trend. In some ethnic groups the use of paan or chewing tobacco is high.

	Cigarettes (million)			Cigars 000kg ^(b)	Hand - rolling tobacco 000kg ^(b)	Other smoking tobacco 000kg ^(b)
	Home produced	Imported ^(b)	Total			
1994-95	75,442	9,735	85,177	1,679	3,036	1,565
1995-96	71,769	9,059	80,828	1,501	2,558	1,347
1996-97	71,846	9,500	81,346	1,453	2,204	1,221
1997-98 ^(c)	79,976	11,707	91,682	1,548	1,946	1,146
1998-99	54,739	5,637	60,376	1,084	1,736	919
1999-00	64,443	10,486	74,929	1,369	2,194	990
2000-01 ^(d)	26,666	5,273	31,938	970	2,343	704
2001-02	45,581	5,691	51,272	816	2,746	632
2002-03	48,606	6,132	54,737	962	2,806	656
2003-04	52,297	4,812	57,109	988	3,213	626

Table 4: Tobacco Products released for consumption by HM Revenue and Customs^{xii} (Note: Smuggled goods could account for up to 20% more cigarettes and over 50% more Hand rolling tobacco)

Adult smoking rates in England have decreased from 28 per cent in 1998 to 25 per cent in 2003; rates for children aged 11-15 years have fallen from 13 per cent in 1998 to 9 per in 2003; and smoking rates for manual workers have fallen from 33 per cent in 1998 to 31 per cent in 2003.

These are the lowest smoking rates in England on record and indicate that the Government is on track to meet the target of 21 per cent smoking prevalence in 2010.

3 THE HARM DONE BY TOBACCO

In terms of smoking-attributable mortality, it was estimated that between 1998 and 2002 an annual average of 85,000 deaths were caused by smoking in England.^{xiii} This is equivalent to 1 in 5 deaths from all causes.^{xiv}

The average number of years lost per death from smoking is 12 (for those in middle age this rises to 21).^{xv}

Deaths caused by smoking are five times higher than the 22,833 deaths arising from: traffic accidents (3,439); poisoning and overdose (881); alcoholic liver disease (5,121); other accidental deaths (8,579); murder and manslaughter (513); suicide (4,066); and HIV infection (234) in the UK during 2002.^{xvi}

Half of all teenagers who are currently smoking will die from diseases caused by tobacco if they continue to smoke. One quarter will die after 70 years of age and one quarter before, with those dying before 70 losing on average 21 years of life.^{xvii}

It has been estimated that, in England, 364,000 patients are admitted to NHS hospitals each year due to diseases caused by smoking. This translates into 7,000 hospital admissions per week, or 1,000 day. In 1997/98, cigarette smoking caused an estimated 480,000 patients to consult their GP for heart disease, 20,000 for stroke and nearly 600,000 for COPD.^{xviii}

4. MEASURES TO REDUCE THE HARM DONE BY TOBACCO

The direction and strategy for tobacco control was set out in the 1998 White Paper 'Smoking Kills'. Recommendations are made for a wide range of tobacco-related issues including secondhand smoke, national cessation services, NRT, pregnancy, and tobacco advertising.

The Government White Paper Choosing Health: Making healthier choices easier, (building on the 1998 White Paper), promises new action to tackle tobacco and reduce the deaths in the caused by smoking every year.^{xix}

Action is centred on 6 main areas:

Reducing exposure to secondhand smoke - making smoke-free environments the norm at work and at leisure

Media/education campaigns

Reducing availability of tobacco products and regulating supply - This includes action on shops that sell cigarettes to children and further reductions in tobacco smuggling (Total taxation on a packet of cigarettes is approximately 80%^{xx})

Further improvements to NHS Stop Smoking Services and increased availability of Nicotine Replacement Therapy (NRT) to help smokers quit

Reducing tobacco promotion - to include further restrictions on tobacco advertising

Regulating tobacco - for example, proposals to put hard hitting picture warnings on cigarette packets

Note: At the time of writing the Health Bill is before parliament which includes provisions to make workplaces and public places smoke free. The nature and scope of any exemptions is not yet known but the current proposals would bring about a significant change in English society and are expected to have a positive influence on smoking prevalence. The law is likely to come into force in 2007.

5. COMMUNITY ACTION AND MEDIA EDUCATION

National campaigns are commissioned by the Department of Health on a regular basis. The Department of Health's ongoing 'Don't give up giving up' campaign was launched in December 1999, as part of the Government's initiative to encourage 1.5 million people to give up smoking by 2010. The campaign employs a realistic but supportive approach.^{xxi}

The campaign consists of a combination of 'sticks and carrots' (warnings and incentives). 'Sticks' include the negative consequences of smoking. Testimonials by real people affected by smoking caused illnesses (e.g. Cancer, Heart disease, COPD etc) are also used.

'Carrots' include positive action messages and tips and hints for how to quit. Recently national advertising has included real-life quitters who have stopped smoking through attending local stop smoking services. Later campaigns state that smokers are four times more likely to quit with the NHS services.

Advertising uses all forms of media including television, radio, press billboard and other ambient resources (e.g. Stickers, coasters) and is supported by a public relations strategy.

Advertising frequently uses the 'call to action' of contacting the NHS smokers helpline 0800 169 0 169 or the website www.givingupsmoking.co.uk

In addition the Department of Health has funded national charities to advertise (Cancer Research UK - CRUK - and British Heart Foundation - BHF) to give a 'different voice'. BHF adverts use the 'clogging of arteries'/ 'every cigarette does you damage' message.

All campaigns are supported locally by Local Stop Smoking Services and Tobacco Control Alliances to varying degrees.

In addition recent campaigns have been aimed at raising awareness of the hazards of secondhand smoke and some aspects of tobacco regulation

Adverts are on air for approximately 11 out of 12 months each year.

Awareness levels are high (76% spontaneous recall). Recent studies show advertising is responsible for a great proportion of quit attempts.

Multiple campaigns seem to increase participation in quit attempts.

The No Smoking Day Campaign (year round activity culminating in a national, UK-wide, quit day on the second Wednesday in March) receives part funding from the Department of Health.

Pharmaceutical companies also carry out media campaigns, including television, for their General Sale List medication products. Although not publicly funded they do contribute to the overall national public education campaign.

6. THE EFFECTIVENESS AND COST EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS

Smoking costs the National Health Service approximately £1.5 billion (2.1 billion €) a year for treating diseases caused by smoking. This includes the cost of hospital admissions, GP consultations and prescriptions. The state also pays for sickness/invalidity benefits, widows' pensions and other social security benefits for dependants.

An analysis of the cost benefits of achieving the government's targets to reduce smoking has shown that £524 million (733 million €) should be saved as a result of a reduction in the number of heart attacks and strokes.

Helping people to stop smoking is a very cost effective health care intervention, compared with many other treatments. For example the cost to the NHS of prescribing statins – drugs to lower cholesterol levels – is estimated to be between £5,400 (7560€) and £13,300 (18,620€) per life-year gained whereas the cost of smoking cessation advice is estimated to range from £212 (297€) to £873 (1,222€) per life-year gained. It is estimated that 85% of Statin users would 'drop out' of the Sheffield Tables (used to judge who should receive Statins) and no longer need Statins if they stopped smoking.

Estimates of the cost to society as a whole have also been made with approximately 70% of the cost of smoking being borne by businesses. This includes loss of productivity due to illness and premature death and also time lost during smoking breaks.^{xxii}

From a health care professional's perspective the number needed to treat to prevent a premature death from smoking related illnesses can be as low as 10 if intensive cessation support including pharmacological aids is administered.

7. HEALTH CARE INFRASTRUCTURE

7.1 Integrated health care system.

Local NHS Stop Smoking Services (LSSS) tend to be primary care based or delivered through 'stand alone' clinics. Services tend to sit alongside rather than

as part of the mainstream system (a consequence of the way they were originally funded and the need to operate a system that offers economies of scale).

It is intended that cessation support be integrated into the health care system however, the degree to which this has been realised in practice varies, and full integration is yet to be consistently achieved across England.

Referral from secondary care to LSSs could be improved as could referrals from Family Doctors (General Practitioner) to LSSs. A new GP contract includes smoking cessation related activities but does not require the full provision of intensive support.

The continued government interest in reducing smoking prevalence and setting targets for NHS Stop Smoking Services is helping to integrate the service into mainstream activity.

Conflicting priorities and financial pressures work against integration.

7.2 Structures for quality of care

Licensing of Drugs for Smoking Cessation and reviews of their safety.

Nicotine Replacement Therapy (NRT) has been widely available on prescription (and over the counter) since 2000. This has greatly helped the development of the Local Stop Smoking Services.

The Committee on Safety of Medicines (CSM) and Medicines and Healthcare Regulatory Authority (MHRA) are responsible for determining the safe use of such products and in 2005 they reviewed the indications for all forms of NRT and proposed new, harmonised rules for NRT use.

The purpose of the new rules is to ensure that the benefits of NRT are maximised and that any risks associated with NRT are seen in the context of the far greater harm of continued smoking.^{xxiii}

Responsibility for Clinical Guidelines

The National Institute for Health and Clinical Excellence (NICE) into which the Health Development Agency was merged in 2005 is responsible for producing a number of guidance documents on tobacco control and smoking cessation these will combine with a number of existing guidance documents to provide information on maintaining quality of care for clients. For instance an assessment of brief interventions and referral for smoking cessation in primary care (including pharmacy and dental services as well as GPs surgeries) and other settings with particular reference to pregnant smokers and disadvantaged groups and the tailoring and targeting of interventions is expected to be published in 2006.

Work is about to start on 'Guidance on the optimal provision of smoking cessation services including the provision of NRT, for primary care, pharmacies, local authorities and workplaces with particular reference to manual groups, pregnant smokers and hard to reach communities'^{xxiv}

Monitoring health outcomes in the population

Prevalence is monitored as part of the General Household Survey and local health surveys are used to supplement this information.

Monitoring quality of care provided

The NHS has internal performance management organisations (Strategic Health Authorities - SHAs) that monitor the quality of local services against national service guidelines.

Most local services also have their own quality control measures.

Review of cost effectiveness of interventions

Carried out by SHAs and occasionally government funds specific research from contractors (e.g. Universities).^{xxv}

Provision of information

Information is provided to health professionals by a variety of organisations (including regional government offices) and a well established internet network. Conferences on this and related topics are frequently organised and partially supported by pharmaceutical and other related companies

7.3 Research and knowledge for health

There have been a number of research projects undertaken in England with respect to cessation and the effectiveness of interventions. Funding sources and the organisations being commissioned vary considerably. There is no single research programme.

In the future the new NICE public health work programme will provide a focus for much of the knowledge for health professionals on this topic.

Systematic reviews on tobacco topics have also been produced^{xxvi}

The Department of Health funded an evaluation of the NHS Stop Smoking Services programme, which was carried out by a team led by Glasgow University. The evaluation included an overview of the development and staffing of services, an analysis of characteristics associated with the more successful services, conclusions on the targeting of disadvantaged smokers, a summary of cost effectiveness, and a pilot study of long term effectiveness which looks at the extent to which smokers who successfully quit smoking after four weeks are still not smoking after a year.

The main findings were that 1) the services can contribute to a (modest) reduction in health inequalities 2) Long term quit rates for the services show about 15 per cent of people remain quit at 52 weeks 3) The services are cost effective in helping smokers quit.^{xxvii}

7.4 Health care policies and strategies for smoking cessation.

There are a number of policies relating to the provision of Smoking Cessation Services.^{xxviii xxix xxx xxxi} In addition the Department of Health has an overall strategy for reducing smoking prevalence in the population. (see section 4 above).

The Department of Health is also using Public Service Agreements to tackle the underlying determinants of ill health and health inequalities by reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

The process is involving NHS organizations and local government.

7.5 Structures to manage the implementation of treatment within the health services.

The treatment of smokers as part of the National Health Service is carried out locally by each health economy with a locally managed service funded from a portion of centrally allocated funds.

Performance management is carried out at a sub-regional/local level by the NHS Strategic Health Authorities with additional support being provided by regional representatives of the Department of Health based on agreed national guidance.

7.6 Funding health services and allocating resources

In order to meet a national target of 800,000 people quitting smoking at 4-weeks (a proxy measure) £138million (193million €) was made available to the Services over the three years 2003 - 2006 (£41m/£46m/£51m).

To build on the continued success of the services, a further £112 million (157m €) for the two years 2006/07 - 2007/08 has been allocated (heavily weighted towards deprived areas).

Local health economies have allocated additional resources for tobacco control activities and in some areas the meeting of additional targets will attract extra funding.

8. SUPPORT FOR TREATMENT PROVISION

8.1 Screening, quality assessment, referral and follow-up systems.

Although screening, quality assessment, referral and follow up systems are widely available they are not universally available nor are they necessarily homogenous.

Screening instruments in general practice are improving following the introduction of the new GP (Family Doctor) contract.

Systems are less available in the acute sector, although they are increasing.

Problems have been encountered with data quality especially regarding smoking status during pregnancy. Action is being taken to improve on this.

8.2 Protocols and guidelines.

Detailed protocols and guidance have been produced both for the formation of services and the delivery of intensive support to clients. These are being revised and updated on a regular basis.^{xxxii}

9. INTERVENTION AND TREATMENT

9.1 Availability and accessibility.

A network of Local Stop Smoking Services combined with National Helplines and other opportunities to quit means that help for smokers who wish to make a quit attempt is widely available. Settings include General Practice; Hospital clinics; Workplaces; pharmacies; community settings; schools and prisons. But not all settings offer support in all areas. The Choosing Health White Paper encourages services to widen availability of support to include a greater variety of settings and at different times.

Services are expanding into provision for 'hard-to-reach groups of all kinds.

NHS Smoking Helpline 0800 169 0 169

Helpline advisers provide advice and information tailored to callers' requirements. The NHS Smoking Helpline is open between 7am and 11pm every day for information requests and referrals, with unlimited access from 10am to trained advisers giving one-to-one advice and support. Advisers can also send callers a free booklet with practical tips and advice for giving up.^{xxxiii}

NHS Pregnancy Smoking Helpline 0800 169 9 169 offers specialist help and advice on stopping smoking during pregnancy. Included in this service is a dedicated call-back programme.

The charity Quit^{xxxiv} also offers a variety of Helplines. In addition services are also offered by pharmaceutical companies as part of their product support.

Both The NHS Helpline and Quit offer support in languages other than English (mainly south Asian)^{xxxv}

9.2 Affordability.

The NHS provides services free at the point of delivery (with the exception of contributions for prescribed medications for those not entitled to free prescriptions) Prescription charges are £6.40 (9.00€).

In workplace sessions the cost of NRT is often covered by the employer who may also contribute to the cost of providing the intensive support.

Some smokers prefer to purchase NRT over the counter (it is widely available in supermarkets with plans to increase availability)

(NOTE: It takes an average worker about 40 minutes to earn enough money to buy a packet of cigarettes^{xxxvi}).

10. HEALTH CARE PROVIDERS

10.1 Clinical accountability

The extent to which health professionals consider smoking cessation to be part of their routine clinical practice varies. Most intensive support is carried out by nurses but many other professions (and in some cases lay workers) are also involved.

In 2006 a joint campaign by the Department of Health and the Royal College of Nurses will specifically target nurses with a view to helping nurses stop smoking themselves and to promote nurse's role in cessation. This will be extended into nurses education.

10.2 Treatment provision

Even before the new GP contract put emphasis on record keeping, 99% of GPs claimed to record the smoking status of their patients with 57% updating this information regularly.^{xxxvii}

83% of GPs recommend NRT. Most GPs think that NRT and bupropion should be available on the NHS, however 8% and 26% of requests for NRT and bupropion, respectively, are declined.^{xxxviii}

Normally Local Stop Smoking Services reimburse the provider for specific (intensive) activities over and above brief interventions (Note: Brief interventions are generally expected to be carried out by all health professions and are therefore normally not included in a reimbursement scheme). Rates of pay vary. Some services pay the individual for sessional work in other cases it is the organisation (GP Practice) that is paid.

Smoking is picked up as risk factor that needs to be identified within the new contracts issued to doctors (particularly primary care physicians) however there is no strong drive for doctors to treat patients directly - i.e. giving brief intervention advice is considered to comply with the contract.

Specialist clinics (either run by the PCT or possibly offered through local pharmacies) are often funded by service level agreements or similar contracts.

11. HEALTH CARE USERS

11.1 Knowledge.

Public knowledge of the health effects of smoking and breathing other people's smoke is high. This is partly due to the intensive media awareness campaigns that have been commissioned for several years.

About 30% of smokers report being advised to quit in the past year^{xxxix}

70% of smokers say they want to give up and, of these, 84% referred to at least one health issue as their reason for quitting with 94% stating an awareness of some health risk.^{xi}

11.2 Treatment seeking behaviour.

Combining prevalence data with Specialist Service performance monitoring it would appear that 90% of people who quit smoking do so without consulting the specialist services

In 2004 of those smokers that made a quit attempt 61% claim to use willpower alone, 23% used NRT, 1% used Bupropion, 7% a helpline service, 7% a leaflet or book and 4% visited a stop smoking service.^{xii}

46% of smokers have been given advice by professional in last 5 years.^{xlii}

11.3 Smoking behaviour and intentions to quit.

Approximately 74% of smokers of both genders and all ages report a desire to quit.^{xliii}

Although the desire to quit is similar in all groups', smokers from lower socio-economic groups tend to be less successful in their quit attempts than those who are more affluent.

THE ASSESSMENT TOOL

A tool to assess the available services for smoking cessation at the country or regional level

Please cross the box, place a cross in the table or type your answer where indicated.

PART I

Personal details of contact person for completion of tool

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Cessation Site - www.givingupsmoking.co.uk

Country: UK

If you are answering for a jurisdictional¹ region rather than a country as a whole, which jurisdictional region is it? England

Please note: unless you state otherwise in the tool, it will be assumed, if you are completing the questionnaire for a jurisdictional region other than a country, that all your answers are for this jurisdictional region.

¹ Such a jurisdictional region could be a region within a country or a municipality

Population size of the country/region: 49,138,831 (23,922,144 male 25,216,687 female) 2001
Census

Date of completing the tool (dd-mm-yy): Revised version 4 - 15/3/05 (24/01/05 version 3)
(28/12/04 version 2)

Is there a country-wide or region-wide formal or informal smoking cessation coalition or partnership?

Yes
 No

If yes:

What is the name of the coalition? There are a number of cessation service networks and tobacco control alliances that meet with respect to cessation. Those that most closely correspond to the above are networks formed at a regional or sub-regional level.

There are nine Government Office Regions each with a 'Tobacco Control Policy Manager'. Part of the role of these posts is to support local cessation services.

Primary Care Trusts (PCTs), part of the National Health Service (NHS), are independent statutory organisations responsible for improving the health care of a local population. They are usually responsible for a locality which matches the local council boundaries responsible for services to the local population. PCT Populations vary widely (from 50,000 to over 350,000 people) and can be urban, rural or mixed in geographic terms. Note: The size of the organisation and its nature will, to some extent, determine the type/structure of the cessation service offered.

The 302 PCTs covering all parts of England receive budgets directly from the Department of Health. PCTs have control of local health care while 28 Strategic Health Authorities (SHAs) monitor performance and standards.

Acute Hospital services are also provided by the National Health Service and are also overseen by SHAs but many have a high degree of independent control over local service provision.

There is also a UK email network - via Globalink - that includes (but is not exclusive to) Smoking Cessation Coordinators.

When was it established? A number of regional networks have been in existence for varying times - some for over ten years. Most were established at the same time as the formally funded cessation services (2000-2001)

Note: The NHS was restructured to its current format in 2002..

Please describe the aim of the coalition in one sentence: Local/Regional networks exist to share best practice and support each other in the development of services.

It is not possible or practical to provide details of all service networks due to numbers and variations.

Please provide a separate word document listing the members of the coalition or partnership, including the following information:

Name of member organization or individual:

One sentence description of organization or individual: (e.g. “national scientific body representing general practitioners”, or “recognized expert”)

PART II

A. LEGISLATIVE MEASURES

This section will provide the completed country specific WHO European profiles of tobacco control, and the completed country specific profiles of the ENSP project on tobacco control policies as attachments. The files will be sent separately and at a later date.

Respondents will be asked to check and update the data, and provide an assessment of implementation and enforcement.

There is no need to do anything at present.

B. COMMUNITY ACTION AND MEDIA EDUCATION

1. What is the percentage of health professionals in your country or region who smoke?

	% who are daily smokers Please write NO, if information not available	Date of survey	Please provide filename for document reference (and complete document reference template)
1.1. Doctors overall	9%		BMA Statistics
1.2. Nurses overall	30%		RCN Statistics unpublished
1.3. General practitioners	2%		Robert West - unpublished data
1.4. Nurses in general practice	5%		McEwen, A. (unpublished data)*
1.5. Nurses in general hospitals	no		
1.6. Pharmacists	no		
1.7. Midwives	no		
1.8. Dentists	no		
1.9. Oncologists	no		
1.10. Cardiologists	no		
1.11. Lung physicians	no		
1.12. Surgeons	no		
1.13. Gynaecologists	no		

Please add any extra comments here Not aware of any other specific surveys of professionals. Will update if surveys come to light.

2. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about why smokers should quit smoking, or provide information on how to quit? If so, were they publicly funded?

	Provide information about why smokers should quit smoking	Provide information on how to quit	Were the campaigns publicly funded		
			Fully	Partial	No
Television	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers and magazines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here National campaigns have been commissioned by the Department of Health on a regular basis and consist of a combination of 'sticks and carrots' (warnings and incentives).

'Sticks' - Negative consequences of smoking. Testimonials by smokers for smokers. Real people affected by smoking caused illnesses (Cancer, Heart disease, COPD etc)

'Carrots' - Positive action messages. Tips and hints for how to quit (including real-life quitters)

Slogan - Don't give up giving up

Referral to helpline 0800 169 0 169

In addition the Department of Health has funded national charities to advertise (Cancer Research UK - CRUK - and British Heart Foundation - BHF) to give a 'different voice'. BHF advertises using the 'clogging of arteries' / 'every cigarette does you damage' message. Very successful.

2004/5 New series of advertisements using 'emotional consequences' and 'positive case studies of service users' This new campaign states that smokers are four times more likely to quit with the NHS services.

All campaigns supported locally by Services and Alliances to varying degrees.

'Other' includes ambient media, stickers, coasters etc. Internet. Transport. General PR.

In addition some advertisements aimed at drawing attention to hazards of secondhand smoke and tobacco regulation (light and mild)

Adverts are on air 11 out of 12 months.

Specific campaigns also carried out aimed at pregnant women and their partners (not TV)

Awareness levels high (76% spontaneous). Recent studies show advertising responsible for greater proportion of quit attempts.

Multiple campaigns seem to increase participation in quit attempts.

Some campaigns have received recognition through advertising industry awards.

The No Smoking Day Campaign (year round activity culminating in a national, UK-wide, quit day on the second Wednesday in March) receives part funding from the Department of Health.

Pharmaceutical companies also carry out media campaigns, including television, for their General Sale medication products. Although not publicly funded they do contribute to the overall national public education campaign.

C. HEALTH CARE INFRASTRUCTURE

Integrated health care system

3. Would you say that smoking cessation is integrated in the health care system, including co-operation or relationships between primary health care and secondary health care, similar to that for other chronic diseases such as asthma?

- Yes, widely
 Yes, partially
 No

Please add any extra comments here **Ideally cessation services should be fully integrated into the health system, although the degree to which this has been realised in practice varies, and full integration is yet to be consistently achieved across the country.**

Local Stop Smoking Services (LSSS) tend to be primary care based or delivered through 'stand alone' clinics. Services tend to sit outside of the mainstream system (a consequence of the way they were funded originally)

Referrals from secondary care to LSSSs could be improved as could referrals from Family Doctors (General Practitioner) to LSSSs.

Structures for quality of care

4. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
4.1. Licenses drugs for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MHRA
4.2. Has the responsibility of preparing clinical guidelines for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATHP4.2UK.doc
4.3. Monitors health outcomes at the population level from smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General Household Survey monitors smoking trends. 'Impact of Smoking Cessation Services - Variations of Outcomes in England' - DH-funded Research Paper (See Link L1 Below)
4.4. Monitors the quality of care provided for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATHP4.4UK.doc
4.5. Reviews the cost effectiveness of smoking cessation interventions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department of Health - S.Parrot and C. Godfrey at University of York Economics Department.
4.6. Can deal with cases of clinical negligence in smoking cessation (like clinical negligence in other areas of medicine, such as failing to diagnose and treat tuberculosis)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not sure.
4.7. Reviews the safety of pharmacological treatments for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MHRA (www.mhra.co.uk) National Institute for Clinical Excellence (NICE)
4.8. Provides information on smoking cessation to health care providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Please add any extra comments here Will add organisational references when known

Link L1 - <http://www.dh.gov.uk/assetRoot/04/07/92/71/04079271.pdf>

Research and knowledge for health

5. Is there a formal research programme for smoking cessation with specifically allocated funding from governmental, government appointed or non-governmental organizations (excluding the pharmaceutical companies and the tobacco industry)?

- Yes, from governmental organizations
 Yes, from government appointed organizations
 Yes, from non-governmental organizations
 No

Please add any extra comments here There are a number of research projects undertaken with respect to cessation. Funding sources and the organisations being commissioned vary considerably. There is no single research programme. Note: The formal evaluation of cessation services by the Department of Health has now finished. Ongoing research is being undertaken but not across whole country and/or comprehensively .

6. Is education on smoking cessation formally part of the curriculum of undergraduate/basic professional training of the following health care providers?

	Undergraduate/ basic professional training		Postgraduate professional training		Continuing medical education	
	Yes	No	Yes	No	Yes	No
Medical students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nursing students	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacy students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dentistry students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here Given a choice I would indicate that smoking cessation is included partially on some courses.

I don't know that smoking cessation is FORMALLY part of all courses. There is often a short session that will include such training but most training of brief intervention and intensive intervention techniques are carried out by local services and/or a small number of specialist trainers and centres. The principle beneficiaries being staff who then go on to deliver a service.

Some universities do have formal training for smoking cessation (i.e. Queen Mary University of London and St Georges, London) - Also Dentistry at QMUL.

Health care policies and strategies for smoking cessation

7. Are there official written policies on smoking cessation from the Government or Ministry of Health? Please mark all that apply:

- Yes, a governmental written stand alone policy on smoking cessation
- Yes, a governmental written policy on smoking cessation which is part of an overall tobacco control policy
- No, but there is a governmental policy on smoking cessation in preparation
- No, there are no governmental policies on smoking cessation

If yes,

Please give filename for document reference:
(and complete document reference template)

Please add any extra comments here There are a number of documents when taken together form the whole Tobacco Strategy. These include government 'White Papers' (statements of intent or expectation, sometimes leading to legislation or justifying specific funding) and guidance documents.

Guidance documents include

HDA Guidance (meeting DH smoking cessation targets), DH Service and Monitoring Guidance, NICE Guidelines, Thorax Guidelines (1&2)

8. If available, the governmental policy on smoking cessation includes:

	Yes	No
A strategy on training for health professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A national funded research strategy for smoking cessation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A strategy to support interventions by primary care professionals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive support for smoking cessation in specialised treatment facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A position on promoting the use of pharmaceutical products	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here **Nationally funded research due to be published shortly (Addiction - April 2005)**

Structures to manage the implementation of treatment within health services

9. Is there an identified person within the Department of Health or Government, or who is contracted by the Department of Health or Government, who oversees or manages smoking cessation services?

Yes

No

Please provide his/her contact details:

Name:

Organization and position:

Address:

Telephone:

Email:

Website:

Please add any extra comments here Clearly the Department of Health takes ultimate responsibility for Tobacco issues but overseeing of services and their management is carried out at a sub-regional/local level.

Head of the Tobacco Policy Unit at the Department of Health is

Nick Adkin

Nick.Adkin@dh.gsi.gov.uk

+44 20 797 24872

Funding health services and allocating resources

10. Is there government funding for services for smoking cessation?

Yes

No

If no,

Funding is being prepared

11. Is the amount of funding reviewed from time to time?

Yes

No

Do not know

If yes,

Annually reviewed

Reviewed every 2 to 5 years

Reviewed every 5 years or longer

Other (please specify):

Please add any extra comments here Initially, 2000 - 2002, funding and targets were reviewed annually. Specific allocations of funds were made to local Health Authorities to create and develop services.

In 2003 a three year funding/target delivery plan was developed. Funding was no longer 'ring-fenced' but indicative expenditure was made known - The Health Service was reorganised at this time and responsibility for service provision passed to Primary Care Trusts (PCTs). Most PCTs funded the cessation work to the level of the indicative funding or higher - mainly due to new challenging targets for cessation activity that were part of the performance management criteria for the organisation..

New criteria and funding arrangements will need to be in place by 31/03/06. It is likely that funding for cessation services will be included in baseline funding and not ring-fenced.

12. Is a proportion of tobacco taxes specifically earmarked or allocated (this means hypothecated) to fund the costs of smoking cessation services?

- Yes
 No

13. If yes, please state the proportion:

14. Is yes, is the money raised from the tax actually spent on the costs of smoking cessation services?

- Yes
 No

15. Is the proportion of tax allocated for smoking cessation services reviewed from time to time?

- Yes
 No

If yes,

- Annually reviewed
 Reviewed every 2 to 5 years
 Reviewed every 5 years or longer
 Other (please specify):

Please add any extra comments here There is a small % of increased tobacco taxes hypothecated to help fund the NHS but this is not directly linked to smoking cessation services.

D. SUPPORT FOR TREATMENT PROVISION

Screening, quality assessment, referral and follow-up systems

16. In your opinion, are the following screening and support systems available for health care providers in smoking cessation?

	Available in general practice			Available in hospitals		
	Yes, widely	Yes, partially	No	Yes, widely	Yes, partially	No
Screening instruments to identify smoking status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case notes or computer records to record smoking status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol charts or diagrams as an aid for smoking cessation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support by facilitators or advisors for smoking cessation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Systems to follow-up patients for monitoring and treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here Although screening, quality assessment, referral and follow up systems are widely available they are not universally available nor are they necessarily homogenous.

Screening instruments in general practice are improving following the introduction of the new GP (Family Doctor) contract.

Systems are less available in the acute sector, although they are increasing.

Protocols and guidelines

17. Are there multidisciplinary clinical guidelines for smoking cessation in your country/region that have been approved or endorsed by at least one health care professional body?

Yes
 No

If yes:

Stand alone guidelines for smoking cessation
 Part of other clinical care guidelines (e.g. asthma guidelines)

If yes, please provide filename for document reference(s): as HDA Guidance (meeting DH smoking cessation targets), Service and Monitoring Guidance, NICE Guidelines, Thorax (and complete document reference template(s))

If no:

Guidelines are being prepared

Please add any extra comments here HDA Guidance (meeting DH smoking cessation targets), Service and Monitoring Guidance, NICE Guidelines, Thorax

18. If there are endorsed clinical guidelines for smoking cessation, have there been any studies in your country on their implementation or adherence?

Yes
 No

If yes, please provide filename for document reference(s): 1. Press releases from the DOH showing a growing trend in the number of people being treated against the "four week quit target" - data goes down to PCT level.

2. Robert West (Cancer Research UK) has conducted a trial examining the dynamics of how people have bought NRT, success rates via differing routes.

3. Greater number of studies need to be performed which are more rigorous in nature - covering local services

(and complete document reference template(s))

If no:

Studies are being prepared

Please add any extra comments here Evaluation of English Services soon to be published in a special edition of 'Addiction'.

19. Are the following health care providers reimbursed for smoking cessation, or is smoking cessation within their terms of service (contract) and part of their normal salary?

	Reimbursed for providing smoking cessation		Smoking cessation within terms of service and part of normal salary	
	Yes	No	Yes	No
General practitioners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses working in general practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doctors in hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses in hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Addiction specialists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here Normally Local Stop Smoking Services reimburse for specific (intensive) activities over and above brief interventions (Note: Brief interventions are generally expected to be carried out by all health professions and are therefore normally not included in a reimbursement scheme). Rates of pay vary. Some services pay the individual

for sessional work in other cases it is the organisation (GP Practice) that is paid.

Smoking is picked up as risk factor that needs to be identified within the new contracts issued to doctors (particularly primary care physicians) however there is no strong link for doctors to treat directly - i.e. giving brief intervention advice is considered to comply with the contract

Specialist clinics (either run by the PCT or possibly offered through local pharmacies) are often funded by service level agreements or similar contracts.

20. For the following professional groups, are there specialized guidelines or protocols, a written policy on smoking cessation by the professional association, smoking cessation training within professional vocational education and smoking cessation training within accredited continuing medical education?

For the following professional groups, are there the following for smoking cessation:								
	Specialized guidelines or protocols		Written policy on smoking cessation by professional association		Smoking cessation training within professional vocational training		Smoking cessation training within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses in general practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses in general hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist nurses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oncologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellors in specialist services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone quit line counsellors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellors in community clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General/national that cover all disciplines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here Checking precise nature of protocols.
There are opportunities within continuing vocational training and medical education, but we don't know to what degree this is available/taken up.

RCN - Through Jennifer Percival has produced 'CLEARING THE AIR 2 - GUIDANCE FOR NURSES'.

E. INTERVENTION AND TREATMENT

Availability and accessibility

21. In your opinion, is patient help for smoking cessation available and obtainable (obtainable means that patients can get the help) in the following settings?

Smoking cessation is available and obtainable:	Available in:			Obtainable from:		
	Yes, widely	Yes, partially	No	Yes, easily	Yes, with some difficulty	No
General/family practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work places	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Community based clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone quit-lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country or regional internet sites	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here here.

NB: Not clear about the definitions

22. Are the following products licensed for use? In what way are they available and, can they be advertised on the television?

Are these products licensed and available from:	Licensed for use?			General sale (e.g. in supermarkets)			From pharmacies (over the counter)			Doctors' prescription			Can be advertised on television		
	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so
NRT 2 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT 4 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Patch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Sub-lingual tablet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Lozenge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Inhaler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Nasal spray	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here In some areas Patient Group Directions (Special Protocols) allow for the prescribing of NRT by Nurses and other qualified persons.

Affordability

23. Are the costs of smoking cessation or the following pharmacological products available free of charge or fully reimbursed to users by the health care system or other third party payers (insurance companies)?

Smoking cessation advice and treatment is free of charge or fully reimbursed	Yes, totally	Yes, partially (indicate the proportion covered)	Only by paying the full cost	Plan to do so
NRT 2 mg gum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT 4 mg gum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT patch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT sub-lingual tablet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT lozenge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT inhaler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT nasal spray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief counselling interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive counselling interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here NRT available both as Over the counter (OTC) /General sale and on NHS prescription. Prescription charge of £6.40 (approx. €9.00) applies to those who are not exempt from prescription charge. (I.e. Those on low income, pregnant women the elderly and the young)

Bupropion - prescription only

24. What is the unit cost in local currency (please state currency) for one 4mg piece of gum and one tablet of bupropion, and, if the information is available, what are the quantities sold (either in volume or in the costs of total sales) in your country/region

	Unit cost	Number of units sold (please state year)	Cost of total sales (please state year)

NRT 4 mg gum	£0.23 GBP		
Bupropion	~£0.75 GBP		

Please add any extra comments here Seeking total sales information.

25. Are there specialist services (i.e., specialist or specialist clinic) for smoking cessation available in the country/region?

- Yes
 No

If yes,

- Only by referral
 Only by self-referral
 By both referral and self-referral

If yes, is it reimbursed for the patient?

- Yes
 No

Please add any extra comments here Patients may have to pay prescription charge for pharmaceutical products - otherwise free.

F. HEALTH CARE PROVIDERS

Clinical accountability

26. To what extent do you estimate on a ten-point scale that treatment providers consider smoking cessation advice as a part of their routine clinical practice?

Advice is routine in clinical practice:	Not at all	Fully
General practitioners/ Family doctors	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nurses working in general practice	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharmacists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Midwives	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Dentists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Oncologists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cardiologists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lung physicians	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ENT (ear, nose and throat) specialists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Paediatricians	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

If there are any publications on this topic, please provide the filenames for the document reference(s) and complete the document reference template(s):

Please add any extra comments here **Full assessment to made with wider audience**

Treatment provision

27. Have there been any studies, surveys or publications on the following or similar outcomes in primary health care (general practice/family practice), and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their smoking status	2001	99% of GPs say they record smoking status, with 57% routinely updating this	McEwen & West, Smoking cessation activities by general practitioners and practice nurses, Tobacco control, 2001, 10, 27-32
Smoking patients are given advice to quit	2002	approx 30% of smokers report being advised in past year	ONS Omnibus
Smoking patients are assessed their willingness to quit	NO		
Smoking patients are assisted with quitting	2002	about 5% go to smokers clinic	ONS omnibus
Treatment meets quality criteria	NO		
Practice protocols are followed	NO		
Pharmacological products are recommended	2001	83% of GPs recommend NRT	McEwen & West op cit
Pharmacological products are prescribed	2004	Most GPs think that NRT and bupropion should be available on the NHS, however 8% and 26% of requests for NRT and bupropion, respectively, are declined.	McEwen, West & Owen, GP prescribing of nicotine replacement and bupropion to aid smoking cessation in England and Wales, Addiction, 2004, 99 1470-1474
Abstinence is assessed at the end of treatment	2004	Services assess all patients in some form or another	DH monitoring returns

Patients making a quit attempt are followed- up	2004	Services try to follow up smokers	DH monitoring
Smoking patients stopped in the last year	2004	DH press release	DH monitoring

**Please add any extra comments here
may be featured in general reports.**

Some aspects of the missing data

G. HEALTH CARE USERS

Knowledge

28. Have there been any studies, surveys or publications that provide answers for the following or similar information concerning smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that smoking is dangerous to their health	2003	84% of smokers wishing to give up (70% of total) mentioned at least one health reason	ATHP28UK.doc
People know that living with someone who smokes increases their own risk for health problems	2003	Awareness of some risk 94%	ATHP28UK.doc
People think that cigarette dependence is a behaviour that you can simply choose to stop (a habit)	NO		
People think that cigarette dependence is a behaviour that is difficult to stop even when you want to (an addiction)	NO		
People know about effective treatment methods	2003	46% of smokers given advice by professional in last 5 years. Detailed stats on methods used etc.	ATHP28UK.doc

Please add any extra comments here

Missing data not sought specifically

Treatment seeking behaviour

29. Have there been any surveys, studies, or publications which provide information on the proportion of smokers who have ever used one of the following methods to stop smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	2004 2003	5% 19%(all professions)	ATHP29UK.doc ATHP28UK.doc
Help from a nurse	NO		
Help from a pharmacist	2004	4%	ATHP29UK.doc
Help from a dentist	NO		
Help from friends or family	NO		
NRT products overall	2004 2003	23% (both OTC and prescribed) 21% (who had quit in last year)	ATHP29UK.doc ATHP28UK.doc
Nicotine gum	NO		
Nicotine patches	NO		
Other nicotine products, such as lozenges, tablets, Inhaler or nasal spray	NO		
Bupropion tablets	2004	1%	ATHP29UK.doc
Herbal remedies	NO		
Hypnotherapy or acupuncture	NO		
Leaflets, books, articles or videos on how to stop smoking	2004 2003	7% 29% (not quit)-38% (quit last year)	ATHP29UK.doc ATHP28UK.doc
Advice from the Internet	NO		
Stop smoking competitions	NO		
Stop smoking clinic or group	2004	4%	ATHP29UK.doc
Smoking help line telephone service	2004 2003	7% 4%	ATHP29UK.doc ATHP28UK.doc
Willpower alone	2004	61%	ATHP29UK.doc

Please add any extra comments here No Smoking Day (NSD) carries out opinion studies for internal planning use. Information above included from the 2004 data

Base - all those who stopped for part of NSD

This is not necessarily representative of smokers at other times of the year.

Data from General Household Survey and ONS does not match specific questions.

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Smoking behaviour and intentions to quit

- 30.** Have there been any surveys, studies, or publications which provide information on smoking status or intentions to quit, and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Definition of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
Current smokers:				
Males	27%*	>16*		ATHP28UK.doc
Females	25%*	>16*	Wanting to stop:70%	ATHP28UK.doc
Total	26%*	>16*	Wanting to stop:70%	ATHP28UK.doc
Tobacco dependent smokers according to e.g. Fagerström score:				
Males	26%	>16*		ATHP28UK.doc
Females	22%	>16*		ATHP28UK.doc
Total	24%	>16*		ATHP28UK.doc
Ex-smokers:				
Males	29%	>16*		ATHP28UK.doc
Females	22%	>16*		ATHP28UK.doc
Total	25%	>16*		ATHP28UK.doc
Attempted to quit over a 1 year period				
Males		>16*	Wanting to stop:70% of smokers	ATHP28UK.doc
Females		>16*	Wanting to stop:70% of smokers	ATHP28UK.doc
Total	32%*	>16*	Wanting to stop:70% of smokers	West, R., McEwen, A. & Bolling, K. (2001) Smoking cessation and harm minimisation strategies in the general population. Addiction, 96; 891-902.*
Considering to quit in next 6 months				
Males				
Females				
Total				
Successfully quit for at least 1 year during last 2 years				
Males				
Females				
Total				

If there is data breaking down the above information in more detail by age or socio-economic group, please provide the data.

See ONS Study

Please add any extra comments here **Wanting to stop smoking varies with age.**

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