

SMOKEHAZ

A scientific review of the health hazards of smoking



ERS



UKCTAS
UK Centre for Tobacco & Alcohol Studies



ELF

www.smokehaz.eu

Active and passive smoking are linked to many lung conditions

In adults:

Lung cancer is:

- **11 times** more likely in active smokers
- **1.41 times (41%)** more likely in people exposed to passive smoke

COPD is:

- **4 times** more likely in active smokers
- **More likely** in non-smokers exposed to passive smoke

Adult asthma is:

- **1.61 times (61%)** more likely in active smokers

TB is:

- **1.57 times (57%)** more likely in active smokers
- **1.44 times (44%)** more likely for non-smokers exposed to passive smoke

Asthma exacerbations are:

- **1.71 times (71%)** more likely in active smokers

Sleep apnoea is:

- **2 times** more likely in active smokers

In children:

Lower respiratory infections are:

- **1.82 times (82%)** more likely in infants exposed to passive smoke from both parents

Childhood asthma and wheeze are:

- **1.65-1.70 times (65-70%)** more likely in children exposed to passive maternal smoke
- **1.30-1.50 times (30-50%)** more likely in children exposed to prenatal smoking

Asthma exacerbations are:

- **2.55-3.25 times** more likely in children with asthma who are exposed to passive smoking

Sleep apnoea is:

- **More likely** in children exposed to passive smoking by the mother either during or after pregnancy

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Recommendations

- 1.** To prevent uptake of smoking it is important to develop more smoke-free areas in public, to increase the price of cigarettes, and remove smoking from media and internet content. This will progressively reduce morbidity and mortality from smoking within the next two decades and into the future.
- 2.** Comprehensive local, national and EU interventions against smoking should be further strengthened, including sustained health promotion media campaigns, large pictorial warnings and plain packaging on tobacco products. Tobacco use should be phased-out.
- 3.** To reduce the burden of tobacco-induced respiratory disorders it is important to encourage all current smokers to quit in order to reduce morbidity and mortality from smoking over the next two decades and beyond. Read the ERS Task Force recommendations on smoking cessation in patients with respiratory diseases: www.ers-education.org/guidelines
- 4.** Smoking cessation treatment (counselling in combination with drugs) is one of the most cost-effective interventions in medicine; it should be used more widely and its cost should be reimbursed completely. Education and training in cessation of tobacco use should be included in the curricula of all health professionals and medical students. Read the European Respiratory Monograph on Smoking Cessation: www.erspublications.com/content/smoking-cessation
- 5.** The UK model, with public smoking cessation clinics for every 150,000 people in the population and reimbursement of smoking cessation therapy, could be a model for other European countries.
- 6.** The obligations and guidelines of the WHO Framework Convention of Tobacco Control (www.who.int/fctc/en/) should be further implemented across Europe.
- 7.** Current smoke-free laws protect adults in the workplace and entertainment venues. However, these laws do not prevent exposure in the womb, in the home or in private vehicles, where levels of toxins can be very high. Legislation to protect newborns and children is needed to prevent harm to exposed children.

For more detailed information on the burden, cost and areas for action surrounding tobacco and lung health, visit the ERS White Book sections on tobacco smoking and passive smoking: www.erswhitebook.org