Tobacco and alcohol – the last great public health battles?

In this issue Elizabeth Pang and Myra Stern examine strategies and drug therapies for encouraging smoking cessation (p14). They point out that those who attempt to stop smoking without behavioural support or medication are unlikely to succeed and over-the-counter nicotine replacement therapy (NRT) is also relatively ineffective. The authors conclude that a combination of prescribed medication and support from NHS professionals has nearly four times the success rate.

Smoking is the number one cause of lifestyle-related ill health in the UK. More than a quarter of all cancer deaths are attributed to smoking. Smoking causes around 80% of deaths from bronchitis and emphysema and about 14% of deaths from heart disease. Around half of all smokers will die prematurely.

The costs to the NHS of treating smoking-related disease are estimated at between £3bn and £5bn a year.

Some may say tobacco is a lifestyle choice and, like those who participate in risky sports, smokers should be free to make that choice but research shows that over two thirds of smokers wish they could quit but only 30-40% make an attempt to do so in any given year.

Despite the effectiveness of treatment and the devastating consequences of tobacco use on health and the cost to the NHS and the keenness of most smokers to be free of their addiction, remarkably little money is spent on cessation services and drug-based interventions.

The most recent figures available reveal the NHS spends around £58m a year on smoking cessation prescriptions and just under £90m on stop smoking services such as clinics. Interestingly, the cost per quitter works out at £235 – good value for money in any language.

A cynic might point out that the revenue derived from tobacco addiction acts as a disincentive to address the issue effectively. In 2016, HMRC received just under £9.1bn in tobacco tax receipts, which is a staggering 1.3% of total UK public revenue. Add in receipts from tax on alcohol and we see that the Exchequer derives nearly 3% of its income from legal drug use.

Alcohol-related harm costs England around £21bn per year, with £3.5bn to the NHS, £11bn tackling alcohol-related crime and £7.3bn from lost work days and productivity costs.

An evidence review published last year found that “alcohol misuse is the biggest risk factor attributable to early mortality, ill-health and disability for those aged 15 to 49 years”.

If we are to tackle the societal, personal and economic damage inflicted through the continued use of tobacco and abuse of alcohol, we need to address this financial reality. It will be a brave politician indeed who sets out on that course.

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Publisher