The issue

Smoking is the biggest avoidable cause of death and disability, and social inequality in health, in the UK. In 2016 it was estimated that 15.8% of adults in the UK smoke, and that smoking causes 79,000 preventable deaths every year.

Smoking is associated with a wide range of serious and life-threatening conditions. Smoking is the primary cause of lung cancer, and lung cancer is the most common cause of cancer mortality in the UK.

Smoking is estimated to directly cost the NHS £2.5 billion a year, as smokers are more likely than non-smokers to see their GP or be admitted to hospital. The cost to the wider economy is estimated to be £9.4 billion a year, including the cost of illness and absence from work and lost earnings.

Smoking rates have been in decline for many years and the UK has one of the lowest smoking rates in Europe. The percentage of UK adults over the age of 16 who smoke fell from 26.8% in 2000 to 15.8% in 2017.

The use of e-cigarettes is increasing. In 2016, 5.6% of people in Great Britain said that they used e-cigarettes, up from around 4% in 2015. Some 12.1% of users were ex-smokers, and 13.7% were current smokers. While e-cigarettes are probably more hazardous than nicotine replacement therapy, the harm is unlikely to exceed 5% of that from smoking tobacco.
In July 2017, the Department of Health published *Towards a smoke-free generation: tobacco control plan for England*. The plan sets out a number of objectives for the government up to 2022, including:

- reducing the number of 15-year-olds who regularly smoke from 8% to 3% or less
- reducing smoking among adults in England from 15.5% to 12% or less
- reducing the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reducing the prevalence of smoking in pregnancy from 10.5% to 6% or less.

**The RCP view**

The RCP has a long history of campaigning on issues relating to tobacco use and control. In 1962 we published *Smoking and health*, which highlighted the link between smoking and lung cancer, other lung diseases, heart disease and gastrointestinal problems.

The aim of the report was also to inform and advise the public, and far greater numbers of the report were printed and sold than usual. It was launched with the RCP’s first ever press conference, selling 33,000 copies by the autumn of 1963 and over 50,000 in the USA.

In the UK, cigarette sales began to fall in the wake of the report’s publication, and many smokers switched to less harmful filtered brands. The RCP’s Tobacco Advisory Group (TAG) continues to investigate the harm caused by smoking.

In 2016, TAG published *Nicotine without smoke: Tobacco harm reduction*. It provides an update on the use of harm reduction in tobacco smoking in relation to all non-tobacco nicotine products, but particularly e-cigarettes. The report recommends the following measures.

**Fund cessation services**

Smoking cessation services should be adequately funded and, in clinical settings, integrated systematically into routine health service delivery.

**Apply cessation policies**

All existing and new policies with the potential to promote smoking cessation, particularly among disadvantaged groups, should be applied to their fullest extent.

**Regulate e-cigarettes**

There is a need for regulation to reduce direct and indirect adverse effects of e-cigarette use, but this regulation should not be allowed to significantly inhibit the development and use of harm reduction products by smokers. A regulatory strategy should take a balanced approach in seeking to ensure product safety, enable and encourage smokers to use the product instead of tobacco, and detect and prevent effects that counter the overall goals of tobacco control policy.

**Promote alternatives to tobacco**

In the interests of public health, it is important to promote the use of e-cigarettes, nicotine replacement therapy and other non-tobacco nicotine products as widely as possible as a substitute for smoking.

**What the RCP is doing**

The RCP will work with the Department of Health to make sure that it meets the objectives set out in *Towards a smoke-free generation: tobacco control plan for England*.

The RCP will promote the conclusion of *Nicotine without smoke* that, with sensible regulation, e-cigarettes have the potential to make a major contribution towards preventing the premature death, disease and social inequalities in health that smoking currently causes in the UK.

The RCP will publish a new report on improving delivery of smoking interventions in the NHS. It will make the case for the delivery of smoking cessation support to all smokers as a core function of all healthcare activity. It will identify the required resources, responsibilities for delivery, and new ways to implement smoking interventions in routine care.