

I quit, we quit -- what works better for smokers?

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A study from the University of Bath has found that smokers are twice as likely to kick the habit if they use a support group rather than trying to give up alone.

Researchers from the UK Centre for Tobacco Control Studies led by Dr Linda Bauld at Bath, along with colleagues from the University of Glasgow, have published research in the February issue of *Addiction* journal comparing the success and cost-effectiveness of two types of stop smoking support services offered by the NHS. These are community-based group stop smoking support and one-to-one support provided in a pharmacy setting.

The study, funded by the Glasgow Centre for Population Health, NHS Greater Glasgow and Clyde and Health Scotland, found that more than a third of smokers using support groups quit smoking after four weeks; almost double the proportion of those using a pharmacy-based support scheme to help them quit.

Dr Linda Bauld said: "Smoking is the leading cause of preventable illness and death in the UK, and the single biggest cause of inequalities in health.

"These findings agree with previous research which shows that smokers who used a support group were more likely to quit. But we know that only a very small proportion of smokers using NHS stop smoking services in the UK use this form of help.

"We need to get the message across that group support, combined with stop smoking medications, works well for many people.

"However, we found that both types of service in Glasgow are reaching and treating smokers from disadvantaged areas in substantial numbers, which is extremely encouraging and will contribute to efforts to reduce inequalities in health."

Pharmacy-based support is available in over 200 pharmacies across Glasgow and at the time of the study treated over 12,000 smokers per year. The service includes one-to-one behavioural support for up to 12 weeks, with each session usually lasting from five to 15 minutes; this support is combined with a direct supply of Nicotine Replacement Therapy (NRT), usually in the form of patches.

The second service assessed in the study involved community-based group counselling and lasts for seven weeks, with each session lasting around an hour. A trained advisor is able to give vouchers for NRT for collection at pharmacies and advise on other types of smoking cessation medicine which the client can then get from their GP.

After the course of group counselling sessions has ended, smokers can receive ongoing support and medication from their pharmacy for a further five weeks. At the time of the study, this method was used by 1,700 smokers per year in Glasgow.

Early results from the study's economic analysis suggest that the pharmacy based service is less costly to deliver than group support. Overall though, the economic analysis found that both types of service are cost-effective.

Professor Carol Tannahill, Director of the Glasgow Centre for Population Health, said: "Many smokers feel that they have to manage to

give up smoking on their own, yet there are now a range of services available to support smokers to quit. This research sets out to examine how effective different services are, and what factors may influence outcomes."

The next stage of the study in Glasgow involves the collection and analysis of one year outcomes from the smokers who participated in this initial study.

Source: University of Bath

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