

Why is ASH Scotland interested in older adults – and why should services be interested in tobacco?

In 1950, 77% of men and 38% of women in the UK were cigarette smokersⁱ. By 1966 male smoking had declined to 68% whereas female smoking had reached its peak at 45%. Whilst smoking for both sexes has continued to decline since 1966, it was in a social climate where smoking was acceptable that many of today's older smokers will have been introduced to their first cigarette.

Understanding how very different attitudes were to smoking so many years ago may go some way to explaining why people started, but it's harder to gain insights into why older people continue to smoke. An international surveyⁱⁱ which examined factors associated with older smokers' intention to quit found that older smokers (aged 60 years and above) perceived themselves as being less vulnerable to the harm of smoking (self-exempting beliefs); were less concerned about the health effects of smoking; were less confident about being able to quit successfully (self-efficacy); and did not perceive any health benefit of quitting, and hence were less willing to want to quit

Older smokers sometimes believe that they are too old to benefit from quitting because the damage is already doneⁱⁱⁱ. However, a systematic review carried out in June 2012^{iv} showed that the benefits of smoking cessation are evident in all age groups, including those aged 80 years and older.

Some statistics around smoking and older smokers:

- **lung cancer incidence rates in Scotland are among the highest in the world**, reflecting the country's history of high smoking prevalence, and Scotland is the only nation in the UK where lung cancer remains the most common cancer when males and females are combined together
- the 2012 Scottish Health Survey 2012 reveals that **18 per cent of those aged 65 to 74 and 9 per cent of those over 75 are still smoking**. The overall smoking prevalence for Scotland is 25%, but older smokers are likely to have disproportionate tobacco-related health disparities.
- a population based cohort study from Sweden^v has shown that **even after age 75 lifestyle behaviours such as not smoking and physical activity are associated with longer survival**, and that a low risk profile can **add five years to women's lives and six years to men's**. These associations, although reduced, were also found to be present among the oldest old (≥85 years) and in people with chronic conditions
- much of the all-cause mortality, including lung cancer, cardiovascular disease and chronic obstructive pulmonary disease (COPD) is caused by cigarette smoking^{vi}. **The fastest and most important benefit from giving up smoking at any age is cardiovascular**.
- as advancing age is the biggest factor for developing dementia, **giving up smoking confers an additional benefit for older age groups in that it can improve cognition and delay the onset of dementia**^{vii}. Smoking and exposure to second-hand smoke are risk factors for cardiovascular disease, diabetes and stroke which are in turn underlying risk factors for dementia^{viii}.

We can't change the past for older smokers who were lured into smoking in an era of high prevalence but by supporting them to quit we can help to improve their future.

What can ASH Scotland do for you?

ASH Scotland – Action on Smoking and Health (Scotland) - is the independent Scottish charity taking action to reduce the harm caused by tobacco.

We can help your organisation consider the impact that smoking and tobacco use may be having on the people you help support or to whom you provide services. We can do this in several ways:

- by offering your organisation a **free** [Tobacco Awareness-Raising Session](#) (TARS), which aims to look at issues relating to smoking and health in older adults and the benefits of quitting;
- by providing '[Talking About Tobacco](#)' and/or '[Tobacco with Cannabis](#)' training to your staff/volunteers;
- by connecting you to a wealth of [research relating to tobacco and older adults](#).

If you would like to find out more about any of the services we offer, please phone us on 0131 220 9483 or email us via enquiries@ashscotland.org.uk.

ⁱ Wald N et al. UK Smoking Statistics. Oxford University Press 1988, p25.

ⁱⁱ Yong H, Borland R and Siahpush M. Quitting-related beliefs, intentions and motivations of older smokers in four countries: findings from the International Tobacco Control Policy Evaluation Survey. Addictive Behaviors 2005;30(4):777–88. www.sciencedirect.com/science/article/pii/S0306460304003016 [Accessed 11.12.13]

ⁱⁱⁱ Lam TH. Absolute risk of tobacco deaths: one in two smokers will be killed by smoking: comment on “Smoking and all-cause mortality in older people”. Archives of Internal Medicine 2012;172:845–6. www.ncbi.nlm.nih.gov/pubmed/22688993?dopt=Abstract [Accessed 12.12.13]

^{iv} Gellert C, Schöttker B, Brenner H. Smoking and all-cause mortality in older people: systematic review and meta-analysis. Archives of Internal Medicine, volume 172(11): pp. 837-844, June 2012. <http://archinte.jamanetwork.com/article.aspx?articleid=1182214> [Accessed 11.12.13]

^v Rizzuto D et al. Lifestyle, social factors, and survival after age 75: population based study. British Medical Journal 2012;345:e5568 (Published 30 August 2012). www.bmj.com/content/345/bmj.e5568 [Accessed 12.12.13]

^{vi} Doll R et al. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ2004;328:1519–27. www.bmj.com/content/328/7455/1519.abstract?ijkey=0cdd2889382c95a6e4074d7f08f5bc972d503bd2&keytype2=tf_ipsecsha [Accessed 12.12.13]

^{vii} Pond D. Dementia an update on management. Australian Family Physician 2012, Dec;41(12):936-9. www.ncbi.nlm.nih.gov/pubmed/23210115 [Accessed 12.12.13]

^{viii} McCullagh CD, Craig D, McIlroy S, Passmore AP. Risk factors for dementia. Advances in Psychiatric Treatment 2001;7:24-31. <http://apt.rcpsych.org/content/7/1/24.full> [Accessed 12.12.13]