



## Department of Health Consultation on the Future of Tobacco Control

Joint response from:

**Association of British Dispensing Opticians (ABDO)**

**Association of Optometrists (AOP)**

**College of Optometrists and**

**Federation of Ophthalmic and Dispensing Opticians (FODO)**

Together ABDO, AOP, the College of Optometrists and FODO represent the 10,699 optometrists, the 5,303 dispensing opticians and optical businesses in the UK who provide high quality and accessible eye care services to the whole population.

### Introduction

Like the Government we, as healthcare professionals, are committed to improving public health and reducing the incidence of disease caused or exacerbated by active or passive smoking. We welcomed the ban on smoking in public places and further welcome this first step in the development of a new national tobacco control strategy. Smoking is the main modifiable risk factor that is linked to Age-Related Macular Degeneration (AMD), which is in turn the leading cause of severe visual loss and blindness in the UK<sup>1</sup>, Studies in the UK have shown that smoking more than doubles the risk of developing AMD<sup>2</sup>. It is estimated there are over 40,000 cases in the UK of AMD with sight loss, attributable to smoking<sup>3</sup>.

Smoking is also a risk factor for the development of cataracts<sup>4</sup>. In the UK cataract surgery is the most common ophthalmic surgical procedure. There are both patient and NHS costs as a result. Although surgical treatment for cataracts is very successful, complications can and do occur, with sometimes devastating results. Compared with

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<sup>1</sup> Bunce, C, Wormald, R. Leading causes of certification for blindness and partial sight in England and Wales. *BMC Public Health*. 2006; 6: 58.

<sup>2</sup> Tomany, SC, et al. Risk factors for incident age-related macular degeneration. Pooled findings from 3 continents. *Ophthalmology* 2004; 111: 1280-

<sup>3</sup> Edwards, R et al. Age-related macular degeneration in the United Kingdom: estimates of smoking-related vision loss. *Letter. Br J Ophthalmology* 20 July 2005.

<sup>4</sup> Cigarettes: What the label doesn't tell you. (Chapter 15:Smoking and the eyes.) American Council on Science and Health. New York ACSH 1996.

non-smokers, a smoker of 20 or more cigarettes a day is at least twice as likely to develop cataracts.<sup>5</sup>

Some optical practices across the country provide NHS smoking cessation services, delivering an accessible and convenient service to many patients. We have confined our comments to those questions which are most relevant to our profession.

## **Part B: Protecting children and young people from smoking**

Question 6: What more do you think the Government could do to:

- a. reduce demand for tobacco products among young people?
- b. reduce the availability of tobacco products to young people?

We agree that people under the age of 18 are uniquely vulnerable consumers and therefore do not yet fully understand the extent of harm that tobacco consumption can cause to your health. Therefore, introducing a powerful message on the links between smoking and blindness at an early age will help to equip children to make informed, educated decisions about the dangers associated with smoking and encourage them not to begin smoking in the first place.

Many diseases related to smoking are well publicised with the majority of the public aware of the risks. However there has been no major government-backed campaign on the link between smoking and eye disease. There is a widespread lack of awareness of the risk of severe visual loss and blindness from smoking. Advertisements need to elicit an emotional reaction such as fear, to be effective. Given that sight is the sense people of all ages fear losing the most, introducing warnings on this risk will provide a strong motivation for people to give up smoking and deter young people from taking up smoking in the first place.

## **Part C: Supporting smokers to quit**

Question 13: What do you believe the Government's priorities for research into smoking should be?

We believe that the Government should commission further research into the link between smoking and blindness. As we have mentioned above research has determined a link between smoking and AMD and the development of cataracts. However we believe that there should be more research into the link between smoking and other eye conditions.

Evaluation of the effectiveness of marketing campaigns to prevent people from taking up smoking should continue. As mentioned above, the link between smoking and blindness should be communicated in future campaigns and the effectiveness of using this message to deter people from starting smoking should be evaluated.

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<sup>5</sup> Kelly, S et al. Smoking and cataract: a review of causal association. *Journal of Cataract & Refractive Surgery*. [J Cataract Refract Surg](#). 2005 Dec;31(12):2395-404.

Question 14: What can be done to provide more effective NHS Stop Smoking Services for:

- smokers who try to quit but do not access NHS support?
- Routine and manual workers, young people and pregnant women – all groups that require tailored quitting support in appropriate settings?

Some community optical practices provide NHS smoking cessation services. Optical practices are well placed to deliver high quality and convenient community health services. Practices are often open in evenings and weekends, therefore patients can access services at a time that is convenient to them, near to where they work or live.

We believe services should be provided in a range of community settings. We would urge commissioners to consider optical practices as cost effective, easily accessible and high quality providers of healthcare services.

Question 15: How can communication and referral be improved between nationally provided quit support (such as the website and helplines) and local services?

Information about the availability of local services and the health implications of smoking is crucial not only for patients but for all healthcare professionals. Therefore smoking cessation services which are provided in optical practices must be included in information provided to patients whether that is provided on printed materials, online or via the helplines. Information also needs to be provided in a range of languages and formats to ensure patient groups are not excluded, including those patients with low vision. Healthcare professionals also need to be aware of the services provided in their locality so that they ensure their patients can make an informed choice about where they access NHS smoking cessation services.

*September 2008*