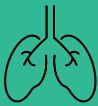
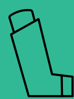
Factsheet for health professionals

Smoking and chronic respiratory disease



In people with chronic obstructive pulmonary disease (COPD) and asthma, continued smoking impacts adversely on health outcomes.[1]



Smoking cessation, at any age, has health benefits for people with COPD and asthma.[2] Smoking cessation reduces symptoms and improves response to treatment.[2]

Help your patients to stop smoking by offering referral to Quitline (quitcentre.org.au/referral-form) and facilitating access to pharmacotherapy, if clinically appropriate.

Key facts and figures

1. Tobacco smoking is one of the leading risk factors for the burden of disease in Australia, contributing to 7.6% of disease burden in 2024.[3] In 2022-2023, 8.3% of people smoked tobacco daily.[4]
2. Tobacco smoking is the **predominant cause** of COPD.[1] In Australia, 65% of the burden of COPD was attributable to tobacco use in 2024.[5]
3. 1 in 4 Australians aged ≥45 years and diagnosed with COPD smoke daily.[6]
4. People with chronic respiratory disease who smoke are often highly nicotine dependent.[7]
5. Most people who smoke **want** to quit and have already tried to quit.[4] Smoking cessation treatment is an integral part of managing respiratory disease.[7]

How does continued smoking impact people with chronic respiratory disease?

In people with **COPD**, continued smoking can:

- increase the risk of respiratory infections[1]
- accelerate the decline in lung function[2]
- increase the symptom burden and increase mortality compared with those who stop smoking[2]

In people with **asthma**, continued smoking can:

- adversely impact asthma control[1]
- increase asthma severity, frequency of asthma exacerbations and the use of emergency care[1]
- act synergistically with asthma to accelerate the decline in lung function[8]
- decrease the effectiveness of inhaled corticosteroid treatment ('corticosteroid resistance or insensitivity')[2]

Quit®

Why is smoking cessation treatment a priority in people with chronic respiratory disease?

In people with COPD, smoking cessation is the only established intervention to reduce excessive decline in lung function.[2] Smoking cessation has also been shown to reduce the risk of exacerbations[9], decrease hospitalisations[10] and decrease all-cause mortality.[11]

People with COPD who stopped smoking experienced improvement in respiratory symptoms as early as 1–3 months after smoking cessation. After 2 years of successful quitting, the reduction in their rate of FEV1 decline approximated that of people who have never smoked.[2]

In people with asthma who smoke, smoking cessation has been associated with improved lung function, reduction in asthma symptoms, and decreased use of both inhaled bronchodilators and corticosteroids. Stopping smoking also results in improved quality of life.[2]

What smoking cessation treatment is effective for people with chronic respiratory disease?

In general, people who smoke have the best likelihood of successful quitting when treated with a combination of multi-session behavioural intervention and pharmacotherapy (if clinically appropriate)[12] – this is also true of those with COPD.[13]

First-line smoking cessation pharmacotherapy options include nicotine replacement therapy (NRT), varenicline and bupropion.[14]

How can I best support my patients to stop smoking?

You can support your patients to stop smoking by using the Ask, Advise, Help (AAH) model. The AAH model promotes cessation and connects people who smoke with evidence-based tobacco dependence treatment (a combination of multi-session behavioural intervention through Quitline and pharmacotherapy, if clinically appropriate).

AAH can be utilised at every clinically appropriate opportunity, using the following steps:

Ask

Ask all patients about their smoking status and document this in their medical record.

Advise

Advise all patients who smoke to quit in a clear, non-confrontational, personalised way, and advise of the most effective way to quit.

Help

Help all patients who smoke to quit by offering an opt-out referral for behavioural intervention through Quitline (quitcentre.org.au/referral-form) and by facilitating access to pharmacotherapy, if clinically appropriate.

What is Quitline and how can it help my patients?

- Quitline (13 7848) is a confidential, evidence-based telephone counselling service. Professional Quitline counsellors deliver counselling over multiple sessions to help people plan, make and sustain a quit attempt.
- Quitline is tailored to meet the needs of priority populations including patients living with mental illness, young people and throughout pregnancy. Quitline has Aboriginal and/or Torres Strait Islander counsellors, and can assist people with hearing or speech impairment, or people needing an interpreter.
- Making a proactive referral to Quitline increases the likelihood of patients enrolling in treatment.[15] Refer your patients: quitcentre.org.au/referral-form
- Quitline also provides information and advice to health professionals about smoking cessation.

Where can I find more information?

Quit Centre has developed online training and a range of resources. **Access at:** quitcentre.org.au

For more information about the link between smoking and respiratory diseases, **visit:** tobaccoinaustralia.org.au/chapter-3-health-effects/3-2-respiratory-diseases

For information and updates, follow Quit Centre on LinkedIn

Quit Centre

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