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Despite decades of awareness programs and steadily increasing taxes on tobacco products, smoking rates remain high in Europe. According to the World Health Organization (WHO), four in 10 European men (second behind men in the Western Pacific region) and two in 10 European women (the highest rate in the world) currently smoke. These higher smoking rates have led to Europe having one of the highest proportions of deaths attributed to tobacco: 16% of all deaths in adults older than 30 are contributed to tobacco use, compared with 12% globally. Smoking also causes or increases the risk of developing many diseases, including lung cancer, chronic obstructive pulmonary disorder, heart disease and stroke. WHO considers tobacco use to be the single most preventable cause of death and disease.

Beyond the effect on individuals’ health, smoking also places an enormous burden on society. The burden from smoking cost the European economy an estimated €544 billion in 2009, or 4.6% of Europe’s GDP. The societal costs associated with smoking include:

- Treatment of smoking-related diseases in active smokers and those affected by second-hand smoke
- Loss of earnings, absenteeism and presenteeism
- Monetization from disability or premature mortality
- Indirect costs related to smoking damage, litter and environmental harm

With the immense burden smoking places on both the individual and society as a whole, smoking cessation is a booming business. Myriad products and services claim to help smokers break the habit and the dependence on nicotine, including e-cigarettes, nicotine gum, nicotine patches, prescription drugs, smartphone apps, hypnosis and acupuncture. The U.S. Food and Drug Administration lists the No. 1 thing smokers need to quit as willpower. As Mark Twain apocryphally said, “Giving up smoking is the easiest thing in the world. I know because I’ve done it thousands of times.”

To help people quit smoking it’s important to understand why they find it so difficult to quit and how quitting can help improve their health. This white paper will look at smoking rates in France and the UK, smokers’ habits and desire to quit, and the overall impact of quitting on health and well-being.

METHODOLOGY

Data on smokers’ habits, including frequency of smoking and attitudes toward smoking, come from Kantar Health’s National Health and Wellness Survey (NHWS) datasets. The NHWS is a patient-reported survey conducted annually in the United States, France, Germany, Italy, Spain, the UK, urban China, Japan, Brazil and Russia. The survey is predominantly Internet-based, though respondents are also recruited offline in some countries (such as urban China) where the Internet penetration is limited in certain areas and among certain demographic strata.

Within each country, recruitment to participate in the NHWS is conducted in such a way as to mimic each country’s adult population (through the use of what is called a random stratified sampling framework). This ensures that the final samples of each country are demographically representative in order to generalize to the total adult population. The
data in this white paper are based on the responses of 30,000 adults aged 18 or older in France and the UK. Data on smoking cessation are from participants who are smokers, non-smokers or actively trying to quit smoking in France and the UK who own a wearable activity tracker or web-connected BMI scale from Withings, a global manufacturer of web-connected health and wellness devices, and are able to track weight, sleep and activity data. Participants were recruited through the Withings mobile companion app based on the type of devices owned and their user profile. Only those who frequently connect to the app were recruited. Each participant answered a short questionnaire every other day during the fieldwork period, and each participant made their biometric data available.

SMOKING RATES ARE HIGH

Smoking rates in Europe are higher than average, and France and the UK are no exception. According to NHWS data, 59% of French adults and 52% of adults in the UK have smoked at some point in their lives. Of those, 39% are still smoking, for an overall rate of 23% in France and 20% in the UK. Twelve percent of French adults and 15% of adults in the UK smoke more than a pack of cigarettes a day. Half of adults in France smoke 10 or fewer cigarettes per day, compared with four in 10 in the UK.

Adults in the UK are more likely to smoke their first cigarette within an hour waking up in the morning – 77% versus 66% in France. Smokers in the UK are also more likely to say they find it difficult to refrain from smoking in places where it’s forbidden.

Quitting smoking produces enormous health benefits, starting almost immediately after the last cigarette. Carbon monoxide levels in the blood drop to normal within 12 hours of quitting, circulation and lung function improve within two weeks to three months, and 15 years after quitting the risk of coronary heart disease is the same as a non-smoker’s. According to NHWS data, 60% and 58% of people who have ever smoked have quit in France and the UK, respectively, an average of 15.5 years ago. Smokers in the UK are more likely to use a prescription medication to help them stop than those in France.

QUITTING IS STRESSFUL

Once a person decides to quit smoking, nicotine withdrawal poses a number of symptoms that last a few days to a few weeks:

+ Depression
+ Difficulty sleeping
+ Becoming cranky, frustrated or angry
+ Feeling nervous, anxious or restless
+ Having trouble thinking clearly

Withings surveyed its device users and segmented participants’ responses and biometric data by smokers, non-smokers, and those who are trying to quit smoking to determine the effect quitting has on overall well-being. Respondents were asked to rate their physical condition over the past two days on a scale of 0 (very poor) to 10 (excellent). Respondents who are trying to quit smoking are least likely to rate their physical condition as a 9 or 10
(8%) compared with both smokers (12%) and non-smokers (25%). However, they are also least likely to rate their physical condition as 5 or less (13%) than smokers (22%) and non-smokers (18%).

Quitting smoking significantly increases stress levels. Eighty-three percent of respondents who are trying to quit say they feel stressed some, most or all of the time, compared with 60% of non-smokers and 76% of smokers. Interestingly, while stress levels do not affect the amount of steps a person who is trying to quit smoking takes each day, smokers tend to take more steps when they are not stressed while non-smokers take more when they are stressed.

Physical condition and stress levels also affect respondents’ sleep times and the quality of their sleep. While sleep time differs very little depending on whether a person smokes (6 hours 59 minutes for smokers, 7:16 for people trying to quit, and 7:31 for non-smokers), quality of sleep differs greatly. Three in 10 people who are trying to quit smoking say they wake up well-rested or perfectly rested, compared with 37% of smokers and 29% of non-smokers. Those trying to quit smoking are also most likely to say they are likely not at all rested when they wake up.
One concern people who quit smoking have is that they will gain weight. On average, people who quit smoking gain about 10 pounds (4.5 kg). There are several reasons for this. Smoking suppresses the appetite and increases metabolism, so when a person’s appetite and metabolism return to normal weight gain follows. Also, a person’s ability to smell and taste food increases after stopping smoking, which may lead someone who is quitting to eat more.

Withings data found that weight loss is indeed more difficult among those trying to quit smoking, but it is possible. Over a four-month period, non-smokers reported losing 1 kg (2.2 lbs.), while smokers lost 2 kg (4.4 lbs.). Those trying to quit smoking, on the other hand, lost just 0.5 kg (1.1 lbs.).

CONCLUSIONS

While the study from Kantar Health and Withings confirms that smoking cessation affects the physical and emotional well-being of those attempting to quit smoking, the analysis points to the need to motivate smokers to use multiple interventions to quit.

No “one size fits all” approach exists for quitting smoking, and the complex process presents major challenges to people trying to quit, which is why failure rates are very high and long-term success rates are relatively low. Multiple solutions applied in combination may be most beneficial, including:

+ **Wearable Technologies** – Wearables assist many smokers who are attempting to quit. The devices motivate people to increase their level of exercise and closely monitor their weight, food consumption, sleep habits and other influencing factors.

+ **Medicinal Therapies** – Medicines work well in alleviating common symptoms of smoking cessation, including mood changes, concentration issues and difficulties in falling and staying asleep.

+ **Expert Help** – Group support and assistance by experts, such as physicians, can assist smokers who are attempting to quit in navigating the complex and often overwhelming process. Expert counselors help people set realistic expectations, raise awareness of the obstacles and challenges on their journeys, and implement strategies for avoiding pitfalls and maintaining long-term success in quitting.

Finally, the combination of real-world data in wearable technologies offers “tailor-made” reflections to individuals that deliver high-impact results. People prefer data from their relative group comparator to general statistics because of greater accuracy and relevance. For example, seeing the specific amount of weight loss resulting from specific physical activities for people with a similar demographic profile has more value than comparing similar statistics en masse. Personal motivations such as this may provide smokers with the added support and encouragement they need to finally achieve greater success rates in smoking cessation.

A COMBINATION OF MEDICINAL THERAPIES, WEARABLE TECH AND EXPERT HELP MAY PROVIDE THE BEST CHANCE OF SUCCESS.
Kantar Health is a leading global healthcare consulting firm and trusted advisor to many of the world’s leading pharmaceutical, biotech and medical device and diagnostic companies. It combines evidence-based research capabilities with deep scientific, therapeutic and clinical knowledge, commercial development know-how, and brand and marketing expertise to help clients evaluate opportunities, launch products and maintain brand and market leadership.

Kantar Health deeply understands the influence of patients, payers and physicians, especially as they relate to the performance and payment of medicines and the delivery of healthcare services. Our advisory services, built on a solid foundation of market research and data, span three areas critical to bringing new medicines and pharmaceutical products to market – commercial development, clinical strategies and marketing effectiveness.

Kantar Health operates in more than 40 countries and employs more than 600 healthcare industry specialists and practitioners, including a high number of medical doctors, epidemiologists, PhDs, PharmDs and pharmacists, and biologists, biochemists and biophysicists. We work across the product lifecycle, from preclinical development to launch, and are experts at bringing multiple stakeholders together to advance the commercialization of pharmaceutical products. Our team acts as catalysts to successful decision making in the life sciences industry, helping our clients prioritize their product development and portfolio activities, differentiate their brands and drive product success post-launch. Kantar Health is part of Kantar, the data investment management division of WPP.

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