

Smoking is the principal avoidable cause of premature death and ill health in England today. Reducing prevalence is, therefore, a key priority in improving the health of the population. Further reductions in prevalence of smoking will lead to longer and healthier lives for many of those who choose to quit or not to start and for those whose exposure to second-hand smoke is reduced, through reduced risk of cancer and diseases of the respiratory, circulatory and digestive system and other health benefits. In addition, variations in smoking prevalence between communities are a principal cause of health inequalities.

Database of Smoking Cessation provides a detailed list of contacts that specialise in Smoking Cessation nationwide.

All information within the database is regularly primary source verified and updated by our specialist team of researchers; giving you the quality, targeted data you need and the reassurance that you will be GDPR compliant.

Database contents

There are 8,175 named individuals on the database.

Organisation types:

- Care Provider
- GP Practice
- Health Board Scotland
- Health Care Interest Group
- Local Government
- Local Health Board
- Retail Pharmacy
- Acute or Mental Health Services

Responsibility/Role	Count
Smoking Cessation Advisor	8,158
Smoking Cessation Co-ordinator	16
Smoking Cessation Trainer/Developer	5
Tobacco Control Co-ordinator	3

These contacts can be found at various primary and secondary care organisations and range from committee members and leads to nurses, midwives and pharmacists who run Smoking Cessation clinics.

For the most up-to-date counts or to speak to us about our Campaign Packages, please call **01268 495600** or email **info@wilmingtonhealthcare.com**

To find out more visit **wilmingtonhealthcare.com**



 **@WilmHealthcare**

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NOTES: It is common for contacts to have more than one responsibility. It follows therefore that there will be fewer named individuals on the database than there are areas of responsibility indicated above. Numbers of contacts will vary during the research cycle due to organisational changes. Counts were correct at time of publishing; **May 2021**.