

# CMO's Update 37

A communication to all doctors from the Chief Medical Officer

## Health Policy Developments

The Department of Health recently published documents in three areas of interest to doctors: patient choice, healthcare associated infection and consent for the retention and use of human tissue and organs. All are accessible online:

### Patient Choice Blueprint

Patients have been promised greater choice when accessing a range of medical products and services, including prescriptions, primary care and diagnostic tests.

Designs for a new patient-centred health service were detailed in the strategy paper *Building on the Best*, which was presented

to Parliament by Secretary of State for Health John Reid in December 2003. The paper reflects a national consultation on choice, responsiveness and equity, which involved more than 110,000 people, including patients and professionals. It can be downloaded at <http://www.doh.gov.uk/choiceconsultation/>.

### Healthcare Associated Infection

Detailed guidance on preventing healthcare associated infection (HCAI) has been released.

The guidance, much of which is already in the process of implementation, was presented in the CMO report *Winning Ways: Working Together to Reduce Healthcare Associated Infection in England*.

Among other measures is a plan for every NHS organisation to have a designated, top-level director for infection control and prevention. This need not require the addition of a new staff member – more typically, a senior doctor or nurse on staff within the organisation will assume the role. The full report on HCAI may be accessed online at <http://www.doh.gov.uk/cmo/hai>.

### Human Tissue Bill

The government's new Human Tissue Bill provides a clear framework on consent for the retention and use of human tissue and organs.

It is aimed at ensuring no human bodies, body parts, organs or tissue will be taken without the agreement of patients or relatives.

It also stresses the importance of medical research and teaching, as well as the vital work of NHS pathologists in the diagnosis of

patients and in investigating deaths.

The Bill's release follows the Bristol, Alder Hey and Isaacs inquiries, which exposed major problems with lack of consent for the removal and storage of organs.

To access the document, Explanatory Memorandum and policy background, visit <http://www.doh.gov.uk/cmo/progress/organretention/developments>.

January 2004

Chief Medical Officer:  
**Sir Liam Donaldson**  
MSc, MD, FRCS(Ed), FRCP, FRCP(Ed), FRCGP,  
FFPHM, FMedSci

## CONTENTS

Health Policy Developments	1
<b>HEALTH PROTECTION</b>	
Smallpox preparedness update	2
Advice issued on soya-based infant formulas	2
<b>HEALTH PROMOTION</b>	
Food industry warned to cut salt in processed products	3
Free fruit in schools scheme expands nationwide	3
<b>PATIENT SAFETY</b>	
Benzodiazepines warning	4
<b>WORKING PRACTICE</b>	
Government tightens grip on cremation certification	5
Cyber market attracts recruits to consultant jobs in England	5
NHSU launches with ambitious strategic plan	5
<b>IMPROVING SERVICES FOR PATIENTS</b>	
GPs urged to support patient self-management	6
E-booking on the way	6
Bidding opens for new genetics fund	6
<b>PRODUCT INFORMATION</b>	
'Single dose' Levonelle pack released	7
<b>LEGAL UPDATE</b>	
Female genital mutilation law clamps down on violators	7
Campaign targets secondhand smoking	8

Chief Medical Officer's website



[www.doh.gov.uk/cmo](http://www.doh.gov.uk/cmo)

## Smallpox preparedness update

The Department of Health has published a revised national contingency plan for smallpox preparedness.

The new document replaces the *Interim Guidelines for Smallpox Response and Management in the Post-eradication Era* (Smallpox Plan), which was released in December 2002 ([www.doh.gov.uk/smallpox/smallpox.htm](http://www.doh.gov.uk/smallpox/smallpox.htm)).

There still is no evidence of a specific threat of a smallpox attack on the UK. However, it is sensible and prudent to ensure that the NHS can deal effectively with any potential threat. The Department of Health recognises the need to ensure that the NHS is capable of responding to incidents in a way that delivers optimum care and assistance to exposed individuals, whilst controlling the spread of disease.

Guideline revisions incorporate input from a wide range of medical experts and groups within the NHS as well as other government departments. For example, advice from the Advisory Committee on Dangerous Pathogens (ACDP) led to a change in policy on decontamination. And among other changes, specifications for smallpox care and vaccination centres have been revised. Implementation of the plan is being co-ordinated by Health Protection Agency (HPA) regional leads and the Regional Directors of Public Health.

In releasing the original guidelines in December 2002, the CMO outlined the steps that were being taken to strengthen plans against any deliberate release of a range of biological agents, including smallpox. Smallpox preparedness measures included a plan of action, improved vaccine stock and the establishment of a cohort of immunised health staff.

Since then, vaccine stocks have been strengthened and regional smallpox teams have been established to deal with the operational aspects of the plan. These regional teams have been vaccinated to allow them to react quickly, work safely with suspected cases and manage the initial stages of a smallpox incident.

Vaccination will now be extended to a small number of ambulance staff to support the initial response to a smallpox emergency. Corresponding arrangements are being made for Scotland, Wales and Northern Ireland.

*For more information on the revised contingency plan for smallpox preparedness, please contact Dr Charlie Easmon, Room 638B, Department of Health, Skipton House, London SE1 6LH. E-mail: [charlie.easmon@doh.gsi.gov.uk](mailto:charlie.easmon@doh.gsi.gov.uk).*

---

## Advice issued on soya-based infant formulas

The CMO is reiterating advice that soya-based infant formulas should not be used as the first choice for the management of infants with proven cow's milk sensitivity, lactose intolerance, galactokinase deficiency and galactosaemia.

Soya-based formulas have a high phytoestrogen content, which could pose a risk to the long-term reproductive health of infants, according to a 2003 report from the Committee on Toxicity (COT), an independent scientific committee that advises the Department of Health and other government agencies.

Furthermore, the Scientific Advisory Committee on Nutrition (SACN), another independent advisory body, has advised that there is no particular health benefit associated with the consumption of soya-based infant formula by infants who are healthy (no clinically diagnosed conditions). SACN also advised there is no unique clinical condition that particularly requires the use of soya-based infant formulas.

As an alternative to soya-based products, more appropriate hydrolysed protein formulas are available and can be prescribed. Soya-based formulas should only be used in exceptional circumstances to ensure adequate nutrition. For example, they may be given to infants of vegan parents who are not breast-feeding or infants who find alternatives unacceptable.

*For more information contact Sheela Reddy, General Nutrition Policy, Department of Health, Wellington House, 133–155 Waterloo Road, SE1 8UG. Tel: 0207 972 2000. E-mail: [sheela.reddy@doh.gsi.gov.uk](mailto:sheela.reddy@doh.gsi.gov.uk). Also see <http://www.sacn.gov.uk> and <http://www.foodstandards.gov.uk/>.*

## Food industry warned to cut salt in processed products

Public Health Minister Melanie Johnson warned the food industry to cut salt levels in food or else face government intervention at a meeting chaired by the Chief Medical Officer.

If retailers, caterers and manufacturers do not cut salt levels, the government could force them to label foods “high in salt”, said Miss Johnson, while addressing a meeting dedicated to salt and health in November 2003.

The recommended limit is 6 grams of salt per day, but adults consume, on average, around 10 grams per day. Recent figures show that adult men are eating around a teaspoon of salt more each day than the recommended amount and women almost half a teaspoon more. Up to 75% of salt intake derives from processed food, such as ready meals.

“We need to see real steps forward to cut salt levels,” said Miss Johnson, at the salt and health event, which was held jointly by the Department of Health and the Food Standards Agency (FSA). Participants included representatives from industry, government, consumer and health associations.

Miss Johnson has asked industry to make commitments to reducing salt in a range of products by February 2004.

The meeting drew attention to the serious health risks associated with salt.

High salt intake is linked to hypertension – a major risk factor for stroke, coronary heart disease (CHD) and other illnesses such as kidney disease and aortic aneurysm.

At the event, Sir Liam Donaldson pointed out that over a third of adults in England have hypertension, which causes 3000 deaths each year in England and contributes to 50,000 deaths from stroke and 100,000 deaths from CHD each year.

Primary care professionals can help consumers cut back on salt in a number of ways. For example, they can show consumers how to check the salt content in food labels and offer advice on healthier diets.

*For more information on recommended salt intake see <http://www.sacn.gov.uk/pdf/saltfinal.pdf>. Department of Health contact is Danila Armstrong, Nutrition Programme Manager, Wellington House, DH, 133–135 Waterloo Road, London SE1 8UG. E-mail: [danila.armstrong@doh.gsi.gov.uk](mailto:danila.armstrong@doh.gsi.gov.uk). Information about the salt and health meeting may be accessed at <http://www.doh.gov.uk/newsdesk/index.html>.*

---

## Free fruit in schools scheme expands nationwide

A total of £77 million in new government funding has been allocated to enable the nationwide roll-out of free fruit in schools programmes, as part of a larger drive to tackle the health time bomb of obesity.

The programmes, which are targeted at children aged four to six, have been up-and-running on a pilot basis in four regions: Greater London, East Midlands, West Midlands and North West England. One million children are now receiving free fruit through these schemes, thanks to funding of £42 million from the National Lottery.

The free fruit drive is part of the government’s ‘5 A DAY’ programme, a plan aimed at increasing fruit and vegetable consumption. All children aged four to six in state schools in England are entitled to a free piece of fruit or vegetable each school day, according to the NHS Plan. This will involve the distribution of about 440 million pieces of fruit and vegetables to over two million children in some 18,000 schools across England.

Separately, the government has set aside £2 million for the new Food and Schools Programme, which will promote healthy-eating tuck shops, vending machines with less sugary products and improved nutritional content in packed lunches.

Obesity levels in England have tripled in the past two decades. About 24 million adults – including one-fifth of men and a quarter of women – are now overweight or obese. Obesity in children is becoming more common: figures show that one in seven 15-year-olds and one in twelve 6-year-olds are obese. Between 1996 and 2001, the proportion of overweight children aged 6 to 15 years old increased by 7%.

The increase has disturbing implications. We are now seeing the first signs of children presenting with maturity-onset (Type 2) diabetes, a condition that in the past only occurred in middle and older age.

Encouraging healthy eating is one means of preventing obesity. A recent Department of Health survey indicated youngsters who regularly eat fruit at school as part of the scheme consume more fruit outside school hours.

*For more information about the 5 A Day programme, contact Karen Murrell, Department of Health, Richmond House, 79 Whitehall, SW12A 2NL. Tel: 0207 210 5239. E-mail: [karen.murrell@doh.gsi.gov.uk](mailto:karen.murrell@doh.gsi.gov.uk).*

## Benzodiazepines warning

Doctors are being reminded that benzodiazepines should only be prescribed for short-term treatment, in light of continued reports about problems with long-term use.

Clear guidance for appropriate use was published in 1988 by the Committee on Safety in Medicines (CSM), which recommended Benzodiazepine should be prescribed for:

- just two to four weeks for relief of severe or disabling anxiety that is subjecting the patient to unacceptable distress; and
- severe or disabling insomnia in patients who are extremely distressed.

They should not be prescribed for the treatment of mild anxiety, according to the CSM.

Although prescribing of benzodiazepines has declined substantially since the release of CSM advice in 1988, prescribing has continued for patients with insomnia and anxiety and for substance mis-users.

Department of Health data show that in 2002, 30% of prescriptions for benzodiazepines were for 56 or more tablets (see box), which suggests a high number of patients are receiving long-term treatment. Long-term use exposes patients to risks such as road traffic accidents, dependence and, in the older population, debilitating falls.

### Reducing use

Echoing the CSM advice, the Mental Health National Service Framework (NSF), which was published in 1999, recommended that benzodiazepines should be used for no more than two to four weeks for severe and disabling anxiety.

The Mental Health NSF called upon health authorities to implement systems for monitoring and reviewing prescribing of benzodiazepines within local clinical audit programmes. Primary Care Trusts (PCTs) should ensure that this recommendation is still being implemented.

Experts say consistency in approach and effective communication between primary and secondary care health professionals could help reduce over-prescribing. Such communication could involve the use of shared treatment guidelines that specify duration of therapy and cessation of treatment following hospital discharge.

More attention should be paid to prescribing of benzodiazepines to older people. This could possibly be

achieved during the regular medication reviews entitled to all people over 65, according to the Older People's National Service Framework.

Use of benzodiazepines in substance mis-users is still an area of concern. It is estimated that 14% of substance mis-users attending drug treatment centres report benzodiazepine use subsidiary to their main drug use.

### Benzodiazepines by the numbers

- General Practitioners in England wrote 12.7 million prescriptions at a cost of £20.9 million in 2002, compared to 15.8 million prescriptions worth £13.8 million in 1992. (Newer agents are more expensive, leading to higher costs despite a drop in prescription volume.)
- 30% of prescriptions were for 56 or more tablets.
- People over 65 years received 56% of prescriptions for the three most commonly prescribed benzodiazepines.

*Source: Department of Health, 2002 data, England*

The Department of Health is planning to introduce instalment dispensing of benzodiazepines to minimise access to excessive doses for addicted patients. Also, in some parts of the country, specialist clinics are available to help people with benzodiazepine dependence.

For more information on appropriate prescribing, see:

- British National Formulary, guidance on management of benzodiazepine dependence, <http://www.bnf.org/>.
- Department of Health, Drug Misuse and Dependence, Guidelines on Clinical Management 1999, <http://www.doh.gov.uk/drugdep.htm>.
- MeReC Briefing, Issue No.17, April 2002, update on benzodiazepines and non-benzodiazepine hypnotics.
- Prodigy, hypnotic and anxiolytic dependence and insomnia, [www.prodigy.nhs.uk](http://www.prodigy.nhs.uk).
- The Clinical Governance Research and Development Unit at the University of Leicester, audit protocol and data collection forms for prescribing in primary care, [www.le.ac.uk/cgrdu/protocol.html](http://www.le.ac.uk/cgrdu/protocol.html).

*Department of Health contact is Gul Root, Richmond House, 79 Whitehall, SW1A 2NL. E-mail: [gul.root@doh.gsi.gov.uk](mailto:gul.root@doh.gsi.gov.uk).*

## WORKING PRACTICE

### Government tightens grip on cremation certification

The Home Office has released new guidance for doctors who are asked to complete cremation authorisation documents B – Certificate of Medical Attendant and C – Confirmatory Medical Certificate.

The guidance is part of a larger drive to tighten cremation authorisation procedures and complements advice issued to crematoria medical referees. (See [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk).)

The guidance is likely to require updating in the future. New versions will be published on the Home Office website and doctors will be notified through the *CMO Update*.

*For more information, contact Brian Patterson, Coroner and Burial Team, Home Office, Allington Towers, 19 Allington Street, London SW1E 5EB. Tel: 020 7035 5529. E-mail: [Brian.Patterson@homeoffice.gsi.gov.uk](mailto:Brian.Patterson@homeoffice.gsi.gov.uk).*

### Cyber market attracts recruits to consultant jobs in England

A new Department of Health website that hosts thousands of current and future consultant vacancies in England is now up-and-running.

The site ([www.doh.gov.uk/consultantjobs](http://www.doh.gov.uk/consultantjobs)) is targeted at domestic SpRs as well as potential international consultant recruits. More than 2500 vacancies can be searched by specialty and/or geographical location. For ease of reference, all listings include recruitment managers' contact details.

The shortage of doctors in England has been a key concern for physician leaders and health officials. In addition to seeking international recruits, the government has taken steps to boost the number of trainees. More than 2000 new medical school places were added between 1999 and 2001, an increase of 57% from the original base.

*Please direct queries about the website to [consultantvacancies@doh.gsi.gov.uk](mailto:consultantvacancies@doh.gsi.gov.uk).*

## NHSU launches with ambitious strategic plan

The NHSU, an eagerly awaited educational institution for all health and social care staff, officially launched in December 2003.

The organisation, which is funded by the Department of Health, has two broad aims – to help improve service delivery in health and social care and to lead a transformation in learning in these sectors.

According to the NHSU's recently published draft strategic plan for 2004–2008, the organisation is in its first stage of development and aims to become fully operational with a complete range of educational programmes for staff at all levels in 2007/2008. Examples of programmes include advanced communication skills in cancer care and sessions on Working for the NHS.

At the launch in December, Health Minister John Hutton noted the potential of the new organisation to “transform the culture of the NHS”.

“The NHSU will make a difference in every area – from communication skills to advanced skills in First Contact Care,” Mr Hutton said.

In addition to Department of Health financial support, the NHSU will seek funds from other sources and plans to charge NHS trusts and other NHS employers for educational services and programmes. Initially, it will operate in England and in the future it may expand to Scotland, Wales and Northern Ireland. It also aims to get university title and powers.

*For more information, contact the NHSU at Level 11, 88 Wood Street, London EC2V 7RS. Tel: 0800 555 550. E-mail: [enquiries@nhsu.org.uk](mailto:enquiries@nhsu.org.uk). URL: [www.nhsu.nhs.uk](http://www.nhsu.nhs.uk).*

# IMPROVING SERVICES FOR PATIENTS

## GPs urged to support patient self-management

General practitioners are urged to encourage patients with long-term health conditions to enrol in new 'self-management' courses run by PCTs.

The courses are related to the government's new Expert Patient Programme (EPP), which encourages initiatives that boost the patient's involvement in managing his or her own care.

There is increasing evidence that with proper professional support, patients with chronic illnesses, such as diabetes mellitus or arthritis, can take a lead in managing their own conditions. This can help to improve health, quality of life and capacity.

Nearly all of the country's 302 PCTs have agreed to participate in the EPP and are already involved in course activity or are planning to do so in the near future. (See [www.expertpatients.co.uk](http://www.expertpatients.co.uk) to find out about activity in your area.) The EPP Implementation Group aims to make the programme more widely available as part of the NHS.

*For further information contact Dr Nicky Agelopoulos, Room 501A, Skipton House, 80 London Road, London, SE1 6LH. E-mail: [Nicky.Agelopoulos@doh.gsi.gov.uk](mailto:Nicky.Agelopoulos@doh.gsi.gov.uk). Also see the CMO website ([www.doh.gov.uk/cmo/progress/expertpatient/](http://www.doh.gov.uk/cmo/progress/expertpatient/)).*

### E-booking on the way

The government has awarded a contract to global IT services company SchlumbergerSema to supply an Electronic Booking Service that will allow primary care staff to book secondary care appointments using the Internet or telephone.

Using this system, primary care staff will be able to give their patients the time and place for their hospital appointments before they leave the surgery. Patients will be given the option of changing appointments themselves by phone or online, and, in the future, via a digital TV set. The service will also offer a choice of treatment locations that have been approved by PCTs.

This summer, the telephone booking component of the service will begin to be rolled out nationwide and the online booking facility will become available at some primary care offices. By the end of 2005, rollout of the entire service is due to be completed.

The new national electronic booking service was designed with the help of large numbers of frontline NHS staff and informed by experience with the Modernisation Agency's Booking Programme, which ran for four years until April 2003.

*For more information, please contact the National IT Programme Communications Team, Second Floor, Princes Exchange, Princes Square, Leeds LS1 4HY. E-mail: [npcomms@npfit.nhs.uk](mailto:npcomms@npfit.nhs.uk). <http://www.doh.gov.uk/lipu/programme/index.htm>.*

### Bidding opens for new genetics fund

An innovative new £4 million start-up funding scheme for service development initiatives in genetics is accepting bids until the end of February.

The programme is aimed at fostering the development of services that integrate genetics knowledge and technologies into mainstream NHS operations, including primary care. Applications for funding must be channelled through special commissioning groups and submitted to the Department of Health by 25 February 2004 (see <http://www.doh.gov.uk/genetics/servicedev.htm> for bidding pro forma).

The government is seeking innovative, practical and sustainable proposals focussed on patient pathways that cross traditional service and professional boundaries and move genetics knowledge into new areas. Proposals could involve the development of new services or new roles in existing services. Others might explore new ways of collaborating between genetics specialists and other NHS professionals in various care settings.

The funding programme was first unveiled in June 2003 in the genetics White Paper *Our Inheritance, Our Future – Realising the Potential of Genetics in the NHS*.

*For more information, contact Diana Paine ([diana.paine@doh.gsi.gov.uk](mailto:diana.paine@doh.gsi.gov.uk)) or Dr Alison Hill ([Alison.p.hill@doh.gsi.gov.uk](mailto:Alison.p.hill@doh.gsi.gov.uk)), NHS Genetics Team, Department of Health, Room 651C Skipton House, 80 London Road, London SE1 6LH.*

## PRODUCT INFORMATION

### 'Single dose' Levonelle pack released

A new 'single dose' version of Schering's emergency contraceptive pill Levonelle (levonorgestrel) is due to hit pharmacy shelves, in a move health officials say could boost compliance and help prevent unwanted pregnancies.

Each pack contains two 0.75 mg tablets and instructions for the pills to be consumed at one time. Per its original licence, the medication has been prescribed with instructions that the two 0.75 mg tablets be taken separately 12 hours apart.

Pharmacy packs with the new dosage instructions were set to become available before the end of 2003 and the prescription pack (Levonelle-2) was expected by end-January 2004. The 'single dose' should preferably be taken within 12 hours and no later than 72 hours after unprotected intercourse.

The release follows publication of results from a recent large international World Health Organization (WHO) randomised trial that compared emergency contraception methods (*Lancet* 2002; 360:1803-10). In the roughly 2700 participants who took levonorgestrel, researchers found a single 1.5 mg dose was as effective as the standard two-dose regime.

The single dose is of equivalent efficacy, with no safety implications and important advantages for patient compliance and prevention of unwanted pregnancies, according to the Committee on Safety of Medicines (CSM), an independent advisory group to the Medicines and Healthcare products Regulatory Agency (MHRA).

To minimise confusion about the dosing change, Schering has notified GPs and other health professionals in writing ahead of commercial launch. The company operates a product helpline (for professionals and consumers) at 08456 035 035 and website [www.levonelle.co.uk](http://www.levonelle.co.uk).

*For more information, please contact Dr Jillian Steen, MHRA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.  
E-mail: [Jillian.Steen@mhra.gsi.gov.uk](mailto:Jillian.Steen@mhra.gsi.gov.uk). Tel: 0207 084 2260.*

---

## LEGAL UPDATE

### Female genital mutilation law clamps down on violators

Legislation that will make it illegal to take young girls abroad for female genital mutilation (FGM) procedures is set to come into force.

The prohibition is included in the FGM Act, which received Royal Assent in October 2003 and takes effect by the end of January 2004.

FGM has been illegal in the UK since the Prohibition of Female Circumcision Act was passed in 1985, but it has been possible to circumvent the law by having the procedure done out of jurisdiction.

The FGM Act amends and strengthens the 1985 legislation. It explicitly makes it illegal to take girls abroad for FGM and increases the maximum penalty for committing or aiding the offence to 14 years in prison. (See <http://www.hmso.gov.uk/acts/acts2003/20030031.htm> for more details).

The harsher penalty reflects the serious harm FGM causes to women and girls. Contrary to what some believe, FGM is

not akin to male circumcision. It causes long-term mental and physical suffering, difficulty in giving birth, infertility and even death.

FGM is much more common than most people realise. Best estimates suggest about 74,000 women in the UK have undergone the procedure and about 7,000 girls under 17 years of age are at risk.

The FGM Act will reinforce the efforts of government and health organisations to eliminate this harmful practice worldwide. It will also support legal and medical professions, social services and others seeking to tackle the problem in the UK.

It is vital for UK health professionals to familiarise themselves with the guidance and statements issued by their relevant professional bodies (i.e. the BMA and the RCM) so that they will be prepared if they encounter patients who have undergone this procedure. (See <http://www.bma.org.uk/ap.nsf/Content/Female+Genital+Mutilation>.)

*For further information please contact Lisa Westall, Department of Health, Area 514 Wellington House, 133-155 Waterloo Road, London SE1 8UG.  
E-mail: [lisa.westall@doh.gsi.gov.uk](mailto:lisa.westall@doh.gsi.gov.uk).*

## Campaign targets secondhand smoking

The second phase of a campaign aimed at encouraging parents to give up smoking around their children and raising general awareness about secondhand smoking risks was launched at the end of 2003.

The CMO-backed campaign featured billboards, TV spots and cinema and press adverts with a slogan that appears to be written by a child in crayon: *If you smoke, I smoke*. It also included the distribution of bibs with the same slogan to all babies born in December 2003 and the promotion of survey results that show the majority of children dislike exposure to secondhand smoking.

More than 40% of children and 20% of non-smoking adults are exposed regularly to secondhand smoke, according to the *Smoking Statistics 2004* report, which was published in January 2004 by the British Heart Foundation (BHF). The extensive report also includes the following smoking statistics (see [www.heartstats.org](http://www.heartstats.org) for full document):

- About 13 million people in the UK smoke cigarettes (26% of men and 28% of women).



- Every year in the UK, smoking claims the lives of an estimated 114,000 people, which equates to one-fifth of all deaths. About one-fourth of the smoking-related deaths are due to cardiovascular disease.
- Non-smokers exposed to secondhand smoke have a 25% greater risk of coronary heart disease, according to US research.
- Smoking restrictions in public areas such as restaurants and workplaces are supported by 85% of adults.

For more information contact Claire Parris, Department of Health, Wellington House, 133-155 Waterloo Road, London SE1 8UG. Tel: 020 7972 6561. E-mail: [claire.parris@doh.gsi.gov.uk](mailto:claire.parris@doh.gsi.gov.uk).



For changes in address, please contact The Medical Mailing Company, PO Box 60, Loughborough LE11 0WP (or telephone Freephone 0800 626387).

CMO's Update is a newsletter sent by the Chief Medical Officer of the Department of Health to all doctors in England. It will incorporate some topics that might otherwise have required an individual letter, progress reports on earlier letters, and other information from the Department of Health that should be of interest to practising doctors.

CMO's Update is also available on the Internet at: [www.doh.gov.uk/cmo](http://www.doh.gov.uk/cmo) © Crown copyright 2004.

Editorial address: 108 Richmond House, 79 Whitehall, London SW1A 2NS 00000 0p 0k Jan 04 (xxx)