

Smoking

Executive Summary

Smoking remains the major preventable cause of premature death and disability, and on average those killed by smoking have lost 10-15 years of life. Smoking is the major cause of heart disease, stroke, chronic lung disease and cancer.

Each year approximately 300 North Somerset residents die unnecessarily from smoking-related illness. Smoking results in considerable costs and use of NHS services which is estimated to be £9.6 million in North Somerset. Health damage from second hand smoke is substantial.

Estimated levels of smoking in North Somerset (16.3%) are significantly lower than England (22%) however this still equates to over 26,000 smokers with estimates of smoking prevalence ranging from 40% in Weston-super-Mare South to 10% in Clevedon Walton. Some groups are more likely to smoke than others including those on low income; men; certain ethnic minority groups; age group 16 -25; and those with serious mental illness. 11% of pregnant women in North Somerset smoke at time of delivery which is significantly lower than the England average. Since 2000, levels of smoking in adults and children have declined.

North Somerset Council has a Smokefree Alliance which is coordinated by the Smokefree Team and is made up of different organisations responsible for developing and overseeing the Smokefree Strategy and action plan. The plan aims to stop the inflow of young people recruited as smokers; motivate and assist every smoker to quit; and protect families and communities from tobacco related harm.

The North Somerset NHS Stop Smoking Service saw 3230 smokers last year which represented 9% of smokers in North Somerset. A recent review of the service found low access for men; however improvements have been seen for those aged 20 to 24 years, pregnant women and those living in the 20% most deprived areas in North Somerset in particular Weston-super-Mare Central. The latest data suggests a reduction in the number of people coming through the service which if continued will translate into a reduction in the access rates. Annual customer satisfaction surveys continue to reveal high levels of satisfaction.

Challenges for consideration

- **Stop young people from starting to smoke:** Invest in evidence based prevention programmes such as Assist – a peer-led schools based programme and address illegal tobacco supply.
- **Motivate people to stop smoking:** Ensuring a wide delivery of brief advice / interventions across primary and secondary care, and council services
- **Smoking cessation services:** Continue to improve access and target groups with high levels of smoking.

- **Protection from tobacco-related harm:** Increase number of Smoke Free homes, and parks.

Author: Fiona Miles, Health Improvement Development Manager, NHS North Somerset. **Date:** May 2013

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Why is this important?

Smoking remains the major preventable cause of premature death and disability and as a result reducing tobacco use is the single most effective means of improving public health¹.

It is estimated that half the difference in survival to 70 years of age between social class I and V is due to higher smoking prevalence in class V." Derek Wanless (2004). On average, those killed by smoking have lost 10-15 years of life (ASH, 2005).

Smoking is a major cause of death from Cardiovascular Disease, chronic lung disease and cancer – all of which are the main causes of death that have led to the gap in life expectancy in North Somerset. Each year approximately a plane load of North Somerset residents (300) die unnecessarily from smoking related illness (North Somerset Health profile 2012).

Smoking results in considerable costs and use of NHS services which is estimated to be £9.6 million in North Somerset. This accounts for 5% of adult hospital admission costs, 4% of outpatients, 11% of GP and 8% of practice nurse consultations and 12% of prescription costs. In addition the health damage from secondhand smoke is substantial. The scientific evidence has been summarised by the Scientific Committee on Tobacco and Health (SCOTH):

- Second hand smoke is a killer; there is no safe level of exposure.
- Second hand smoke increases the risk in nonsmokers of lung cancer by 24% and heart disease by 25%.
- Just 30 minutes' exposure is enough to reduce blood flow to the heart muscle.
- Second hand smoke contains over 4,000 chemicals in the form of particles and gases – more than 50 are carcinogens (this means they cause cancer).
- Second hand smoke in vehicles can reach concentrations 23 times higher than in a room, and opening a window just means that the smoke blows back in and concentrates in the rear seat.
- Children are particularly vulnerable due to faster breathing rates, smaller airways, and immature immune systems.
- Just one to two hours a day of smoking in the home is enough to double the risk of cot death for a baby.

What are the needs of the population?

Levels of smoking in North Somerset (16.7%) are significantly lower than England (22%) however this still equates to over 26,000 smokers. But some groups in the population are more likely to smoke than others.

Socio-Economic Status

People on low incomes (the bottom 15% in terms of material deprivation) have a significantly higher rate of smoking – 45% of men and 40% of women were current smokers (Low Income Diet and Nutrition Survey, 2007).

Gender

National research suggests that men are more likely to smoke than women. In North Somerset 52% of smokers are estimated to be male and 48% female. However, women are more likely to access the Stop Smoking Service than men (52% women, 48% men). .(Health Equity Audit of the North Somerset NHS Stop Smoking Service).

Ethnicity

Bangladeshi and Irish men are more likely to smoke than men in the general population whilst Irish and Black Caribbean women were more likely to smoke than women in the general population. (2004 Health Survey for England).

Age

Those aged 16-20 and 20-24 are the most likely to smoke, while those aged 60 and over are least likely to smoke. The access rates for those aged under 20 and over 60 were worse than expected taking into account levels of smoking. (Health Equity Audit on the North Somerset Stop Smoking Service).

Pregnant women

In North Somerset an estimated 9.8% of pregnant women smoke at time of delivery, which is significantly lower than the England average (North Somerset Health Profile 2010).

Mental health

Approximately 70% of people admitted to psychiatric inpatient wards are current smokers and 50% smoke heavily (more than 20-a-day). Although smoking rates amongst people with mental illness who are living in the community are lower, they are still higher than the general population with up to 40% smoking and close to 30% smoking heavily (Kings Fund, 2006).

Future trends

Following the implementation of the National Tobacco Control Programme in 2000, the proportion of adults smoking has declined by a quarter and the proportion of children smoking has declined by half. There are over 2 million fewer smokers than there were a decade ago and the market share of illicit cigarettes has declined from a peak of 21% in 2000 to 12%. Estimated smoking prevalence has decreased in North Somerset year on year but no estimates of future levels of smoking exist. The tobacco industry needs over 200,000 new smokers each year to replace those who quit or die, very few adults take up smoking for the first time. Preventing the uptake of smoking in young people is therefore key.

The North Somerset NHS Stop Smoking Service saw 3230 smokers in 2012 which equated to 9% of smokers, the recent health equity audit however highlighted a reduction in numbers through the service.

Current Service Provision

Smokefree North Somerset supports a Smokefree Alliance which is made up of representatives from different organisations including the Local Authority, NHS and the voluntary sector and was set up in 2005 to reduce the harms caused by cigarette smoking and move towards a smoke free future in North Somerset.

The Smokefree North Somerset Alliance which is facilitated and coordinated by the Smokefree Team has developed and oversees the implementation of a Smokefree Strategy and action plan which sets the actions needed to achieve this ambition, based on the best available evidence. (Excellence in tobacco control: 10 High impact changes to achieve tobacco control an evidence-based resource for local alliances (tobacco control national support team May 2008.)

Our Plan has reflected the three key aims of the 2010 national strategy A Smokefree Future:

- To stop the inflow of young people recruited as smokers.
- Motivate and assist every smoker to quit.
- Protect families and communities from tobacco related harm.

The Smokefree North Somerset Alliance works hard at raising awareness of the dangers of tobacco smoke exposure particularly to children and vulnerable adults and support initiatives to reduce underage sales to young people.

The North Somerset Support to Stop Smoking Service which forms part of the wider Smokefree work is a free, clinically effective service based on both behavioural support and pharmacotherapy. The service is offered by trained advisers in GP surgeries, drop

in clinics, pharmacies and in a range of other settings including dental surgeries, workplaces and youth settings.

Smokefree North Somerset has challenging targets to support people to quit smoking. Evidence shows that smokers are 4 times more likely to quit successfully using NHS stop smoking support (West and Shiffman, 2007). In 2011 /12 the service helped 1571 people to quit this equates to a quit rate of 49% which is in line with the national quit rate.

A detailed review of the North Somerset Support to Stop Smoking service was undertaken in 2010 and repeated in 2013. The 2013 report reviewed the access rate and outcomes of smokers using the North Somerset Support to Stop Smoking Service and assessed whether any improvements could be seen since the previous Health Equity Audit (HEA).

Since the previous HEA new data on smoking prevalence at the local authority level has been published. It suggests that the lower smoking prevalence figures in North Somerset are due to higher rates of ex-smokers rather than people that have never smoked; this is the opposite to the pattern seen, on average, across England.

The 2013 HEA found that coverage by the service is good and is similar to that which was reported in the previous HEA, with between 9% and 14% of smokers in North Somerset, seen by the service. However the latest data suggests a reduction in the number of people coming through to the service, which if continued will translate into a reduction in the access rates.

As with the previous HEA access rates differed depending on the demographics of the smoker, where they lived and the setting of the intervention. Improvements have been seen for those aged 20 to 24 years, pregnant women and those living in the 20% most deprived areas in North Somerset, in particular Weston-super-Mare Central. In contrast access rates were still poor for men and those aged over 60 years.

Community voice

- An annual customer satisfaction survey based on a sample of people who have gone through the North Somerset Support to Stop Smoking Service in the previous year is undertaken and this continues to show high levels of satisfaction with the service.

What works

- The Centre for Disease Control Best Practices for Comprehensive Tobacco Control programme states: “A comprehensive state wide tobacco control programme is a co-ordinated effort to establish smoke free policies and social norms, to promote and assist tobacco users to quit and to prevent initiation of tobacco use.”
- North Somerset’s tobacco control work has been benchmarked against the Ten High Impact Changes to achieve tobacco control (Department of Health, 2008) to plan the development and delivery of best practice tobacco control interventions. These recommendations and identified gaps from the benchmarking exercise have been translated into the Smokefree Strategy and action plan.
- The Health Act 2009 requires tobacco products to be removed from display in shops. The Government enacted this in 2012 for large retailers and this will also come into force from April 1, 2015 for small retailers. The Act also enables the prohibition of tobacco sales from vending machines.
- Beyond Smoking Kills (ASH, 2008) details a number of tobacco control priorities and contains new and useful research to support local priority setting.
- A Smokefree Future: A comprehensive tobacco control strategy for England(Department of Health, 2010) details the rationale and evidence-based policies for future tobacco control work under three objectives:
 - To stop the inflow of young people recruited as smokers.
 - To motivate and assist every smoker to quit.
 - To protect families and communities from tobacco-related harm.
- *Healthy Lives, Healthy People: A Tobacco Control Plan for England* (Department of Health, 2011) supports evidence based measures and includes commitments to the following:
 - implement legislation to end tobacco displays in shops;
 - look at whether the plain packaging of tobacco products could be an effective way to reduce the number of young people who take up smoking and to support adult smokers who want to quit, and consult on options by the end of the year;
 - continue to defend tobacco legislation against legal challenges by the tobacco industry;
 - continue to follow a policy of using tax to maintain the high price of tobacco products at levels that impact on smoking prevalence;
 - promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco;
 - encourage more smokers to quit by using the most effective forms of support, through local stop smoking services; and
 - publish a three-year marketing strategy for tobacco control.

- National Institute of Health and Clinical Excellence Tobacco Control guidance around Tobacco Control are as follows:

Brief interventions and referral for smoking cessation (PH1)

- Workplace interventions to promote smoking cessation (PH5)
- Smoking cessation services (PH10)
- Preventing the uptake of smoking by children and young people (PH14)
- Identifying and supporting people most at risk of dying prematurely (PH15)
- School-based interventions to prevent smoking (PH23)
- Quitting smoking in pregnancy and following childbirth (PH26)
- Smokeless tobacco cessation - South Asian communities (PH39)
- Smoking cessation - acute, maternity and mental health services
- Tobacco - harm reduction

Challenges for consideration

Financial constraints and recent organisational changes as a result of the Social Care Act 2013 present challenges in terms of commissioning and delivering the Smokefree programme locally.

Whilst overall estimated adult smoking prevalence is low at 16.3%, smoking prevalence in Weston South and Central Wards is estimated between 35-40%

Overall smoking in pregnancy rates are low but there are some areas where rates are high. estimated at 11% across all births in North Somerset however Weston General Hospital is estimated at 17.7%

The supply of illegal tobacco in WSM continues to present a challenge in terms of preventing the uptake of smoking in young people, latest data suggests a new trend in the sale and supply of tobacco products via Facebook.

The Public Health Outcomes Framework includes an indicator around smoking at age 15 years, guidance is awaited.

NICE guidance around Harm reduction is due in the summer and how this will impact and be implemented locally needs to be considered.

Whilst the Support to Stop Smoking Service is reaching more than the target proportion of the smoking population there is clearly more work to be done to reach more smokers and encourage them to access the service given the latest data suggests that numbers through the service are declining. The remaining estimated 26,000 smokers in North Somerset are more entrenched and harder to change clients needing intensive and flexible approaches both to engage with and to access support to stop smoking services.

Motivating people to stop smoking

- Provide training and ensure wider delivery of brief advice/interventions across primary and secondary care and frontline Council work (e.g. social care, opticians & dentists). Ensure systems are in place for those staff to proactively refer to Support to Stop Smoking Services.

Support to Stop Smoking services

- Whilst the North Somerset Support to Stop Smoking Service is reaching more than the target proportion of the smoking population there is clearly more work to be done to reach more smokers and encourage them to access the service.
- Continue the focus on: smoking in pregnancy; geographical areas of high prevalence; and routine and manual workers.
- To target groups with high levels of smoking prevalence.

Protection from tobacco-related harm

- Upscale the Smoke Free Homes project to reach more homes from across all areas of North Somerset but with a continued focus on the areas with the highest smoking prevalence.
- Roll out the Smokefree Parks Programme in Parish Councils.

Stopping Young People from starting to smoke

- There is a need to ensure that there is continued investment in preventing the uptake of smoking in young people based on the evidence base e.g. rolling out of the Assist programme which is a peer led schools based programme to prevent the uptake of smoking in young people.
- The supply and demand of illegal tobacco in North Somerset continues to present a challenge in terms of preventing the uptake of smoking in young people

Version Control

Date	Author	Version	Amended Sections	Summary of Change	Changes to recommendations
Sept 2011		V 1.0			
May 2013		V 1.1	All	Updated all sections	

Date	Author	Version	Amended Sections	Summary of Change	Changes to recommendations
15.05.2013	Fiona Miles	1.1	Exec summary	Updated stats where available Clarified smoking in pregnancy as measured by smoking at time of delivery Updated with key points from latest Health Equity Audit report	
15.05.2013	Fiona Miles	1.1	Why is this important	Deleted data re gap in life expectancy	
15.05.2013	Fiona Miles	1.1	Needs	Updated para on costs /impact on health services in line with PH Annual report	
15.05.2013	Fiona Miles	1.1	Current	Updated stats where available Changed Tobacco Control Strategy to Smokefree Strategy Updated with key points from latest Health Equity Audit report	

15.05.2013	Fiona Miles	1.1	What do people think	Revised	
15.05.2013	Fiona Miles	1.1	What works	<p>Changed Tobacco Control Strategy to Smokefree Strategy</p> <p>Updated re display legislation</p> <p>Added additional NICE guidance</p> <p>Updated challenges</p>	

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