

Living Well

Smoking (Adults)

Revised: 14/10/2016

Introduction

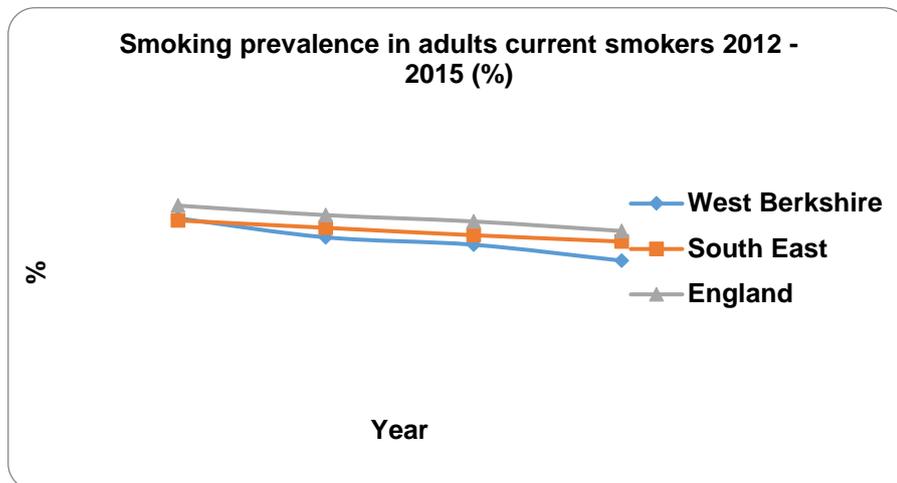
Smoking remains the major preventable cause of premature death and disability. Reducing tobacco use is the single most effective means of improving public health. Smoking has been identified nationally as the largest cause of inequality in death rates between the rich and the poor. Disadvantaged social groups are two to three more times likely to die from tobacco than those that are better off (*Smoking and Health Inequalities; 2005*).

Certain health outcomes have been linked to smoking and the likelihood of smoking leading to these outcomes varies depending on the condition and characteristics of the person (e.g. their gender and age). This is referred to as a 'relative risk factor'. These risk factors can be applied to hospital admission data to estimate the number of admissions that are due to smoking.

Further analysis suggests that factors including; occupation, educational level, housing tenure, car ownership, unemployment and single parenthood is highest in these deprivation groups and remains consistent (*Smoking, Low Income and Health Inequalities: Thematic Discussion Document*) (May 2001). Local and national strategies should therefore be pursued towards reducing smoking mortality rates locally, and in the UK.

What do we know?

Figure 1: Smoking Prevalence Adults in West Berkshire (Over 18s) 2010-2014



Source: Public Health England – Local Tobacco Control Profiles

Figure 1 illustrates the adult smoking prevalence in England and West Berkshire. The data is collated and measured through an Integrated Household survey. The smoking prevalence in England is 16.9% and has continued to decrease since 2010. West Berkshire's smoking prevalence has been steady since 2010 and continues to stay under the England average. Smoking in West Berkshire is currently at its lowest rate of 14.1%. This is considerably better than the national average and has seen a drop in prevalence by 4% since 2012. Between 2014 – 2015, smoking prevalence in West Berkshire dropped by 1.5%.

Figure 2: Smoking attributable hospital admissions, 35+ years (2009 - 2015)

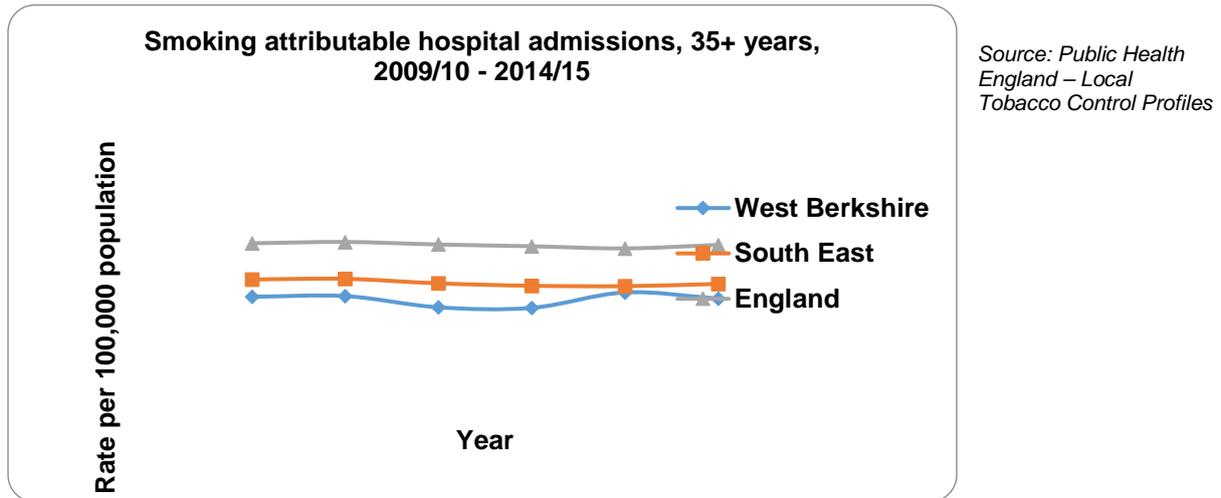


Figure 2 details the number of hospital admissions relating to smoking for England and West Berkshire (rate per 100,000). West Berkshire's number of hospital admissions contributable to smoking is significantly better (1,161 per 100,000) when compared to the England average (1,671 per 100,000) and is similar to the South East average (1,300 per 100,000). People from West Berkshire are significantly less likely than the national, regional, and Berkshire West area average to be admitted to hospital due to smoking related causes.

Figure 3: Smoking attributable mortality, 35+ years, 2007/09 – 2014/15

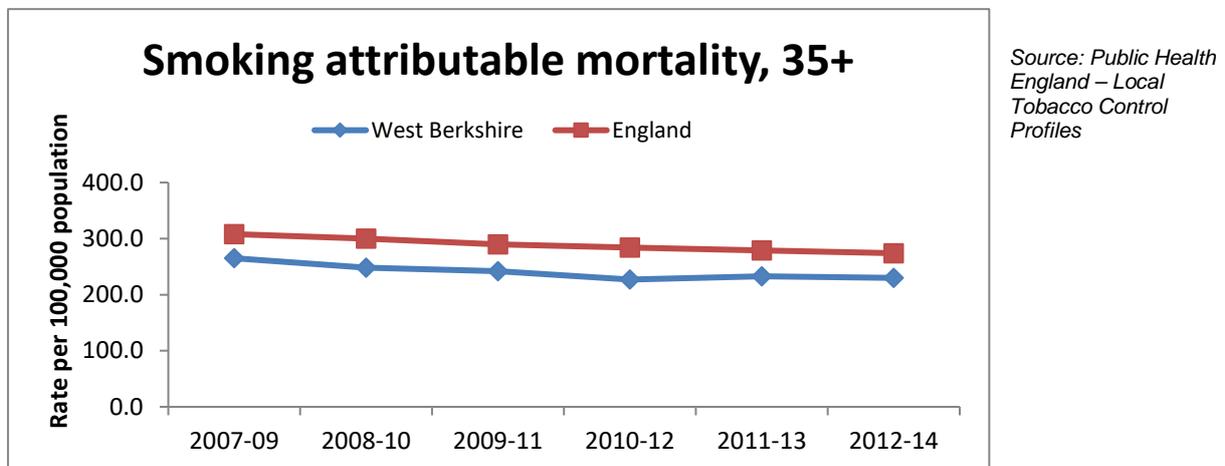


Figure 3 details the mortality rates of individuals (aged 35+) which were attributed to smoking in England and West Berkshire. Between 2007 and 2014, England and West Berkshire have both seen a decline in total deaths estimated to be caused by smoking. As well as looking at the total number of deaths estimated to be caused by smoking this information can be broken down by specific causes of death. These numbers are too small to be able to tell if the rate against the England average is significant or if this is just due to natural changes occurring in the data. On average, 230 people out of every 100,000 living in West Berkshire are estimated to have died due to a condition caused by smoking when compared to the England average of 288 people out of every 100,000. This is a slight reduction on the previous time period and is fewer people than the national average.

Figure 4: Deaths from heart disease attributable to smoking aged 35+ years (2007 – 2014)

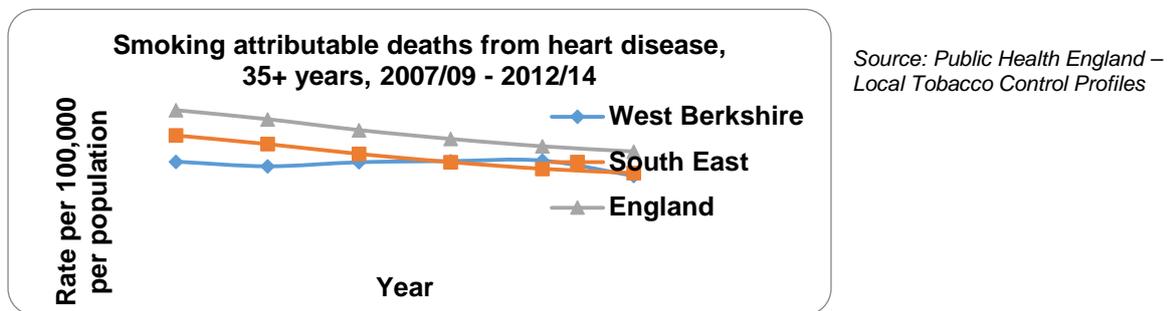


Figure 4 illustrates the smoking attributable deaths from heart disease aged 35+ years between 2007 – 2014. Changes in the number of deaths in an area are ordinarily very subtle and occur over a long period of time. Deaths from Heart Disease in West Berkshire are similar than the national average. Smoking attributable deaths from heart disease has a rate of 23 per 100,000 people in West Berkshire when compared to that of the England average (29 per 100,000). However, between 2008 - 2013 the West Berkshire average of smoking attributable deaths from heart disease had been rising steadily whilst the England average had been reducing.

Figure 5: Deaths from lung cancer 2001-08 to 2012 – 2014

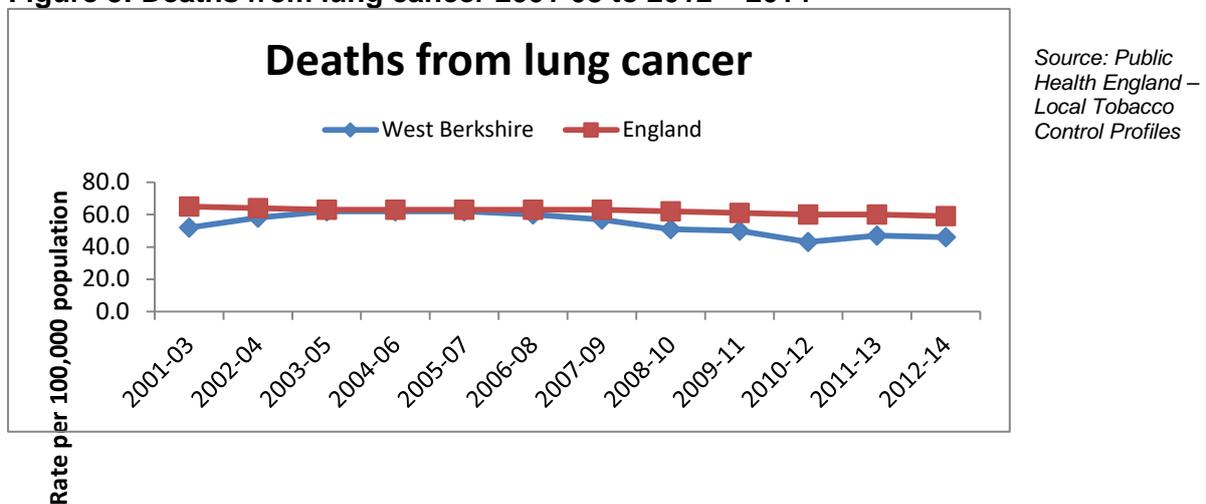


Figure 5 details the death rates caused by lung cancer in West Berkshire and in England between 2001 - 2014. Since 2001, the rate of deaths caused by lung cancer across England has steadily declined. In 2008, West Berkshire's average rate had dropped and continues to do so. Deaths caused by lung cancer in England have a rate of 59 per 100,000 people when compared to the West Berkshire average of 46 per 100,000.

Figure 6: Four-week smoking quitter rates 2013-15

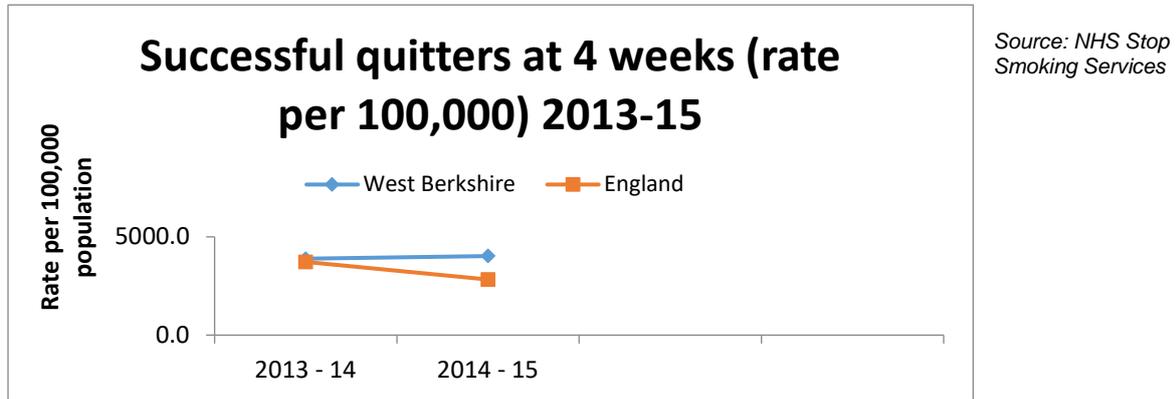
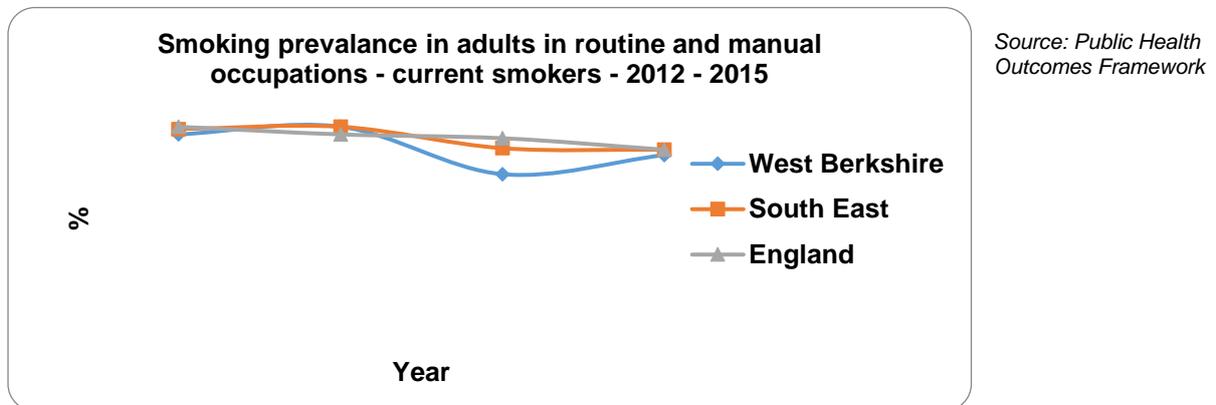


Figure 6 details the four-week smoking quitter rates (rate per 100,000) between 2013 – 2015. During 2014-15, more people from West Berkshire attended their local Smoking Cessation Service (count = 1,083) than the national, regional averages. However, this measure does not take into account the level of need in the local population.

An alternative way to analyse this data is using the percentage of people who are attempting to quit smoking through the smoking cessation services who have successfully quit (defined as self-reported smoke-free for four weeks after quit date). Significantly more people from West Berkshire LA successfully quit smoking using this definition than quit at a national, regional and Berkshire West level.

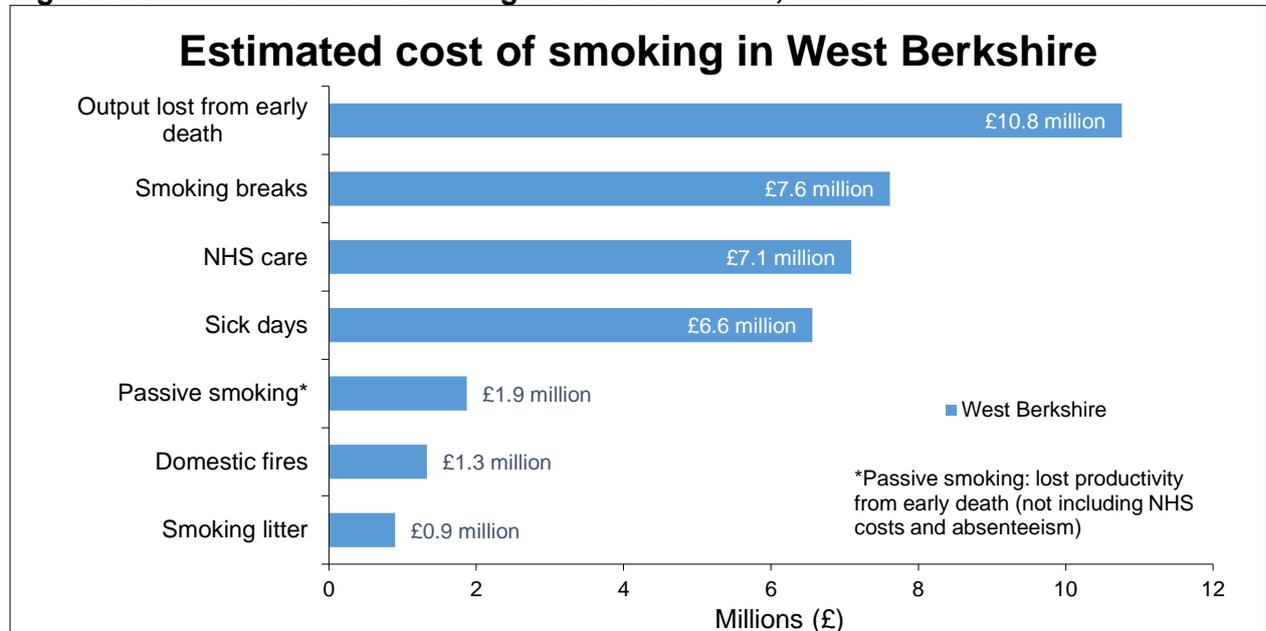
Figure 7: Smoking prevalence in adults in routine and manual occupations – current smokers 2012 – 2015 (%)



The greatest numbers of smokers are in the routine and manual workers (*Sheriff & Coleman, 2013*). Figure 7 details smoking prevalence in adults in routine and manual

occupations in West Berkshire, the South East Region and England. West Berkshire has a smoking prevalence of 25.8% in routine and manual workers when compared to the regional (26.5%) England average (26.5%). West Berkshires prevalence rate had dropped over 5% between 2012 and 2014 but rose again by 2.5% between 2014 – 2015.

Figure 8: Estimated cost of smoking in West Berkshire, 2012



Source: Action on Smoking and Health Local Cost of Smoking

Figure 8 details a breakdown of key statistics relating to the costs of smoking in West Berkshire (ASH, 2012). The estimated output lost from early deaths in West Berkshire is £10.8 million with the cost of society at £36.1 million each year. £6.6 million is accountable through sick days and the NHS Spends £7.1 million a year on care (ASH, 2013).

What is the data telling us?

Smoking is a powerful driver of health inequalities at individual, community and national levels. Tackling smoking must be a central feature in public health strategies including key stakeholders. A continued commitment to ensure information and advice is given to routine and manual workers and young people who smoke is essential. There is a need for an effective promotional campaign to target those who smoke by improving the local level mapping of smoking prevalence in West Berkshire. Access for support/intervention to all those who want to know more about quitting needs to be developed including mental health service users.

New evidence suggests that the link between smoking rates amongst people with a mental health disorder is now highly significant (Action on smoking for health, May 2013). It is estimated that 3 million people in the UK who have a mental health disorder now smoke (The Royal College of Physicians, 2013).

Within Berkshire, circulatory diseases and cancers remain the main causes of death. The population is set to increase and with significant inequalities in health

experience. There are concerns about the health of children and young people relating to infant mortality, teenage pregnancy and oral health. Smoking rates are found to be higher in disadvantaged groups.

Recommendations for consideration

Increasing the level of stop smoking support to key groups is essential. These include mental health service users, pregnant women and those embarking on elective surgical procedures. Local level mapping of smoking prevalence can be improved by using an efficient and improve data processing system, improving our strategies in targeting those at risk and vulnerable groups.

Other services and partner organisations

[Smoke Free Life](#) is a free stop smoking service available across West Berkshire. Smoke Free Life advisors are available to speak to across the community offering free weekly 1-1 or group sessions over 12 weeks. Telephone: 0800 622 6360, text QUIT to 66777 or register online.

National and local strategies

The Berkshire West Tobacco Control Action Plan (2016-2019) aims to:

- To bring together key partners to achieve a greater impact in implementing a shared action plan, developing together a range of initiatives which will:
- Stop the inflow of young people recruited as smokers
- Motivate and assist every smoker to quit
- Protect our families and communities from tobacco related harm advocate on behalf of tobacco control.

[Local Stop Smoking Services: service and delivery guidance](#) (2014)

- Latest evidence-based to inform service design and delivery.
- Teachable moments between healthcare professionals can have an impact on a smokers' decision to stop.
- Systematic provision of very brief advice and routine referral of smokers to stop smoking service providers is best written into provider contracts.
- The offering of all licensed stop smoking medicines as first-line interventions, including varenicline and combination NRT, will maximize success.

[NICE programme guidance on smoking cessation recommends](#) (February 2008):

- Brief interventions
- Individual behavioural counselling
- Group therapy behaviour
- Pharmacotherapies – Nicotine replacement etc.
- Self help materials
- Telephone counselling and help lines.

[Smoking: Harm reduction](#) (2015)

[Tackling health Inequalities- Targeting routine and manual smokers \(June 2009\)](#)

[Tobacco Control Marketing and Communications Strategy \(2008–2010\)](#)

[A smokefree future: a comprehensive tobacco control strategy for England \(Department of Health, February 2011\)](#)

[Healthy Lives, Healthy People: A new Tobacco Control Plan for England \(DH, March 2011\)](#)

[Excellence in Tobacco control: 10 High Impact Changes \(May 2008\)](#)

Other chapters you might be interested in

Smoking in Children and Young People aged 5 – 19
Substance Misuse
Alcohol

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437