

TOBACCO CONTROL Fact Sheet

Background

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose an average of 10 years of their lives and more than 100,000 people in the UK die from smoking each year. Statistics from Cancer Research indicate that smoking causes more than four in five cases of lung cancer.¹ There is evidence that smoking causes various cancers, particularly lung, heart and blood vessel disease, including high blood pressure, stroke and heart attacks, respiratory disease, including Chronic Obstructive Pulmonary Disease (COPD), and certain conditions of the eye that can cause blindness or partial sightedness, for example Age Related Macular Degeneration. Smoking also impacts on child health increasing the likelihood of low birth weight and child mortality. Nationally, the proportion of adults who smoke is 15.5%.^{2,3}

Smoking and Young People

Taking up smoking at an early age greatly increases the health risks of smoking, such as the risk of developing lung cancer. Children and young people who start smoking are more likely to continue into adulthood, and are less likely to give up than those who start in later life.

- Almost two thirds (65%) of adult smokers in England in 2009 started before they were 18 years old. Only 6% of smokers started at the age of 25 or over.⁴
- A survey on smoking, drinking and drug use among young people⁵ is conducted annually in schools across England to provide information about self-reported smoking among young people aged 11-15. Results from the 2014 survey were that:
 - Less than one in five 11 to 15 year olds (18%) said that they had smoked at least once. This was the lowest level recorded since the survey began in 1982 and continues the decline since 2003 when 42% of pupils had tried smoking.
 - Over a fifth (22%) of pupils had used e-cigarettes at least once. This included most pupils who smoked cigarettes regularly (89%). E-cigarette use was considerably lower among pupils who had never smoked (11%).
 - One in ten (10%) of pupils had used water pipe tobacco at least once.
 - Estimates from this survey indicate that in England in 2014 around 90,000 pupils aged between 11 and 15 were regular smokers

Smoking in pregnancy

- Smoking can affect the health of the pregnant woman, her developing fetus and children
- Women who use the combined oral contraceptive and who smoke are vulnerable to increased risk of heart disease⁶

¹ Cancer Research UK. Smoking and Cancer. <http://www.cancerresearchuk.org/cancer-info/healthyliving/smoking-and-cancer/smoking-and-cancer>

² Health Development Agency. The smoking epidemic in England. 2004.

³ ASH. Smoking Statistics. December 2015. http://ash.org.uk/files/documents/ASH_107.pdf

⁴ HSCIC Statistics on Smoking. 2015.

⁵ Health and Social Care information Centre. Smoking, drinking and drug use among young people in England in 2014. <https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2014>

⁶ WHO Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception 1996. Ischaemic stroke and combined oral contraceptives: results of an international, multicentre, casecontrol study. Lancet 348: 498-505.



- Babies born to women who choose to smoke are on average lighter than those born to non smoking mother (low birthweight)⁷
- The rate of spontaneous abortion, or miscarriage, is significantly higher in women who smoke⁸
- Smokers experience higher rates of complications during pregnancy and labour⁹
- Smokers' risks of pre term birth are higher than non smokers¹⁰
- More than a quarter of the risk of Sudden Infant Death Syndrome (or cot death) can be attributed to maternal smoking¹¹
- There are longer term risks for a child growing up in a smoking household including increased risk of serious respiratory infection and asthma^{12,13,14}

Risk factors

The prevalence of smoking varies markedly by socio-economic group. People in deprived circumstances are not only more likely to take up smoking, but generally start younger, smoke more heavily and are less likely to quit smoking, each of which increases the risk of smoking-related disease. Smoking prevalence is almost 70% in mental health clients living in inpatient units¹⁵ and approximately 83% of probation clients.¹⁶

The Local Picture

Overall in Sutton the level of smoking attributable mortality is in line with London and England (269.2 Directly Standardised Rate per 100,000 aged 35+ for Sutton compared with 260.4 London and 283.5 England), and over time there has been an increase in mortality caused by Chronic Obstructive Pulmonary Disease (COPD) for which smoking is a risk factor.

Data for 2016 indicates that smoking prevalence for Sutton is 12.8%, statistically similar compared with 15.2% in London and 15.5% in England, see [Fig. 1](#).

However, Sutton's prevalence is much higher for people in routine and manual occupations, i.e. 19%, statistically similar to London (23.9%) and England (26.5%), see [Fig. 2](#). There has been a decrease in the rate for Sutton over time.

[Fig. 1: Prevalence of smoking, Sutton compared to London boroughs](#)

[Fig. 2: Prevalence of smoking, routine and manual occupations, Sutton compared to London boroughs](#)

⁷ Larsen, L.G. et al. Stereologic examination of placentas from mothers who smoke during pregnancy. *Am J Obstet & Gynecol.* 2002; 186: 531-537.

⁸ Smoking and Reproductive Health. BMA, 2004.

⁹ Saraiya M et al Cigarette smoking and the risk factor for ectopic pregnancy. *Am J Obstet Gynecol* 1998 178: 493-8.

¹⁰ Kyrklund-Blomberg NB, Granath F, Cnattingius S. Maternal smoking and causes of very preterm birth. *Acta Obstet Gynecol Scand.* 2005; 84 (6): 572-7.

¹¹ Royal College of Physicians. Smoking and the Young. RCP, London, 1992.

¹² Gilliland, F.D. et al. Effects of maternal smoking during pregnancy and environmental tobacco smoke on asthma and wheezing in children. *Am J Respir Crit Care Med* 2001; 163(2): 429-436.

¹³ Sondergaard,C. Smoking during pregnancy and infantile colic. *Pediatrics* 2001; 108(2): 342-346.

¹⁴ Chung, K.C. et al Maternal cigarette smoking during pregnancy and the risk of having a child with cleft lip/palate. *Plast.Reconstr.Surg.* 2000; 105 (92): 485-491.

¹⁵ Mental Health and Smoking: A Position Statement by the Faculty of Public Health (2008) http://www.fph.org.uk/uploads/ps_mental_health_and_smoking.pdf

¹⁶ Brooker et al (2008) A health needs assessment of offenders on probation caseloads in Nottinghamshire and Derbyshire: report of a pilot study.

Issues

NHS Sutton and Merton Smoking Cessation Service undertook two Health Equity Audits in 2006 and 2009. The results of the 2009 audit showed an increase in the rate of people accessing the smoking cessation service¹⁷ since the initial audit in 2006.

The 2009 audit identified a number of issues:

- women were using smoking cessation services more than men
- a significantly higher proportion of white men were accessing smoking cessation services than those from ethnic minorities
- there was geographical variation across the borough with some wards displaying markedly lower access rates to smoking cessation services than others

Improvements since the first audit in 2006 included:

- evidence of proportionally higher access rates to smoking cessation services by those living in more deprived wards
- those in routine and manual employment had been accessing services at a greater rate, particularly males, than they had in the past

The Sutton Public Health team undertook a comprehensive Health Needs Assessment to review how smoking cessation services are meeting the needs of Sutton's population in 2016. Findings indicated that those with the highest needs are being targeted successfully with a strong correlation between service users and quitters and the more deprived areas within the borough.

Smoking in pregnancy may not only affect the health of the mother but also the long term health of the baby. Babies born to mothers who smoke are often of a much lower weight and prone to more ill-health. In Sutton, the proportion of mothers smoking at time of delivery is similar to the London average. Data for 2015/16 from the Public Health Outcomes Framework indicates that the proportion of mothers smoking at the time of delivery in Sutton is 6.3%, which is statistically higher compared to the London average of 5%, but lower (better) than England 10.6%, see [Fig. 3](#).

Fig. 3: Proportion of mothers smoking at time of delivery, 2015/16

Progress in Sutton

Helping people stop smoking

Contacts:

NHS Choices Stop Smoking:

<http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx>

Smoke Free National Helpline: <http://www.nhs.uk/smokefree>

Includes links to Quick Kit, phone application email programme and Facebook

The effective enforcement of tobacco control legislation is a key element of any comprehensive approach to tobacco control. Legislation is already in place to ensure that young people under 18 years cannot purchase tobacco products and to reduce the exposure and effects of second hand smoke. Local Trading Standards and Environmental Health Services have a recognised and essential role to play in wider efforts to reduce smoking rates and the Tobacco Control Plan for England (2011) places both services at the heart of efforts to reduce smoking. In Sutton, Trading Standards and Environmental Health services build compliance with tobacco legislation by providing advice and information to businesses.

¹⁷ Rate based on the estimate of the total number of the people who smoke in Sutton.

The Council uses a risk based approach to enforcement and only takes enforcement action when the law is deliberately flouted.

Many of the activities set out below to control tobacco sales were established in law following the publication of the 'Smoking Kills' a White Paper on Tobacco (1998).¹⁸ Since that time additional enforcement responsibilities have been introduced to cover advertising, labelling, illicit products and smoke free requirements. In addition, regulations prohibiting the sale and purchase of e-cigarettes to under-18s came into effect in October 2015.

- Age-restricted sales test purchasing including a related programme for 'proxy' sales
- Tackling the supply of illicit products, i.e. counterfeit and unsafe tobacco products
- Tobacco advertising and promotion
- Product labelling
- Point of sale display requirements
- Ensuring compliance with smokefree legislation

What Works to Reduce Smoking

Smoking is the single most important preventable cause of death and ill health and contributes to health inequalities nationally and locally. A reduction in smoking prevalence will contribute to a reduction in mortality and morbidity for all of the major diseases to which tobacco use contributes; namely respiratory disease, circulatory disease, cancers and stroke.

The smoking cessation service conforms to National Institute for Health and Clinical Excellence (NICE) guidance.¹⁹ All medication is offered as first-line treatment and combination treatment is available for more addicted smokers. The service follows protocols and procedures in line with latest guidance but retains the flexibility to meet the needs of each individual smoker.

Adults

- Establish an understanding of the client's dependency
- Review of smoking history
- Confirm readiness to change
- Confirm motivation
- Review environment, e.g. friends and family, work, social life
- Review circumstances, e.g. financial, health and mental health, priorities
- Set a SMART goal
- Monitor progress each week

Children and young people

NICE has produced evidence based guidance on smoking in children (Preventing the uptake of smoking by children and young people NICE Guidance PH14 2008, updated 2014)²⁰

- Whole-school approaches such as smoke free policy
- Adult-led and peer-led interventions
- Training and development
- Coordinated approach as part of a local tobacco control strategy and embedded in the curriculum

¹⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/260754/4177.pdf

¹⁹ NICE Guideline PH10 (2013) <https://www.nice.org.uk/guidance/ph10/chapter/1-Key-priorities>

²⁰ <https://www.nice.org.uk/guidance/ph14>

Smoking in pregnancy

The guidance on helping pregnant women quit smoking during pregnancy and following childbirth recommends:

- Identify pregnant women who smoking and referring to NHS Smoking Cessation Services and providing on-going support
- Use Nicotine Replacement Therapy (NRT) and other pharmacological support
- Engage with partners and others in the household who smoke
- Ensure NHS Smoking Cessation Services meet the needs of disadvantaged pregnant women who smoke
- Provide training for all professionals involved in the delivery of interventions

What is cost effective?

- Providing a service that follows proven NHS guidance
- Confirming the client's readiness to change prior to starting on a programme
- Establishing a SMART goal with the client early on in the programme
- Meeting with the client weekly and only providing access to medication in alignment with these meetings
- Offering all medication as first line treatment
- Not under prescribing medication not powerful enough to assist the client to quit
- Follow-up clients who don't attend
- Building a positive relationship with the client
- Working closely with other health professionals such as midwives and doctors
- Delivering the service through already established health settings and trained staff who have access to these clients as part of their working roles
- Offer a service that is flexible to each individual and can be adapted to their personal needs
- Combining resources beyond one borough to benefit from economies of scale

Key indicators and targets

Relevant indicators for Sutton from the Public Health Outcomes Framework

- *Health Improvement:*
Indicator 2.03 Smoking status at time of delivery,
Indicator 2.14 Smoking prevalence general, and routine and manual
Indicator 2.09 Smoking prevalence at age 15
- *Healthcare and premature mortality:*
4.07 Under 75 mortality rate from respiratory disease

Links to further information

- See Factsheet on **Respiratory Disease**
- See the comprehensive **Sutton Tobacco Control Health Needs Assessment** published in March 2016 <http://data.sutton.gov.uk/wp-content/uploads/2017/04/Sutton-Tobacco-Control-Health-Needs-Assessment-March-20162.pdf>
- Department of Health. Healthy Lives, Healthy People: A Tobacco Control Plan for England, March 2011. (Government Strategy) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf
- NHS Choices, Stop Smoking. <http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx>
- National Institute for Health and Care Excellence: <http://www.nice.org.uk/>
- Public Health England. Local Tobacco Profiles for England at: <http://www.tobacoprofiles.info/>

- Public Health England, Public Health Outcomes Framework at: <http://www.phoutcomes.info/>
- NICE Local Government Briefings. Tobacco. <https://www.nice.org.uk/advice/lgb24/chapter/Introduction>

Priorities for Sutton

Smoking is a key contributing factor to health inequalities within Sutton and it is important to target services towards those areas and populations that will gain most from interventions. Smoking is a contributing factor in the development of respiratory disorders. Early identification can lead to better outcomes and a stabilised condition under medication.

With its partner agencies and organisations Sutton continues to prioritise tobacco control. Specific actions are as follows:

- Promote the NHS Health Check service to the population and GP practices and its links to smoking cessation
- Reduce underage sales of tobacco (and alcohol) by rolling out 'Do You Pass' training and education to staff within targeted premises in the borough and to work to reduce the number of cheaper counterfeit products on the market as part of the Health Responsibility Deal
- Build robust referral pathways, which includes including referral monitoring in the service specifications of other health and community services