Smoking and tobacco

Headlines

Smoking levels in Leeds have declined from over 30% in 2005 to around 23% in 2011. However rates have now levelled off and there has been little reduction in smoking over the last two years. This reflects the national picture.

Recent data (YHPHO, 2010) shows that 20.1% of deaths in Leeds are attributable to smoking and most people die from one of the three main diseases associated with smoking: cancer, chronic obstructive lung disease and coronary heart disease.

While the harmful effects of smoking are well known, there is less awareness of the economic impact of smoking. The cost to the NHS of smoking is approximately £658.22 per smoker per year and 4.3% of all hospital admissions are attributable to smoking. However brief interventions by GPs may cost as little as £20 and can prompt many smokers to have a successful quit attempt. The societal cost of smoking in the UK is over £13 billion. This includes costs to the NHS and loss of productivity due to absenteeism and smoking breaks as well as cleaning up cigarette littering and the cost of dealing with fires.

Why is this important?

There is a strong link between cigarette smoking and socio-economic group. There continues to be a marked difference between the smoking rates of different communities within Leeds. People living in the most deprived Super Output Areas have the highest smoking rates. Smoking has been identified as the single biggest cause of the inequalities in death rate between rich and poor.

Story for Leeds

Smoking is the single biggest preventable cause of ill health and death and is one of the most significant contributing factors to shorter life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease.

Leeds Tobacco Control Strategy

Leeds developed a five-year Tobacco Control Strategy in 2006. The strategy includes objectives and actions to promote stop smoking, prevent uptake of smoking and protect people form the harmful effect of second-hand smoke.

During the lifetime of the strategy Leeds has developed and delivered a number of initiatives to reduce smoking prevalence. These have been informed by research and national guidance, including the implementation of the smoke free legislation. Data collected by stop smoking services suggests that this legislation has prompted many people to attempt to quit.

Leeds Stop Smoking Service

Leeds Stop Smoking Service continues to be one of the highest performing services in the country in terms of the percentage success rate of service users. However more work is needed to increase the number of people accessing the service.

As a result of the high success rates of the smoking service, NHS Leeds was invited to be a partner in the NHS Centre for Smoking Cessation and Training, a collaboration led by University College London. The centre has set standards for the delivery of stop smoking work and has developed a series of resources and training based on key behavioural change techniques shown to have a positive impact on smoking behaviour. Leeds has benefited from involvement in the centre by being one of the first services in the country to receive the training package and have individual advisors successfully assessed.

Leeds Stop Smoking Service also provides specialist interventions for specific target

groups including minority ethnic groups and people with diagnosed mental health issues.

In addition to the provision of specialist stop smoking services, a network of smoking advisors has now been established within primary care. This has increased the availability of stop smoking services across Leeds.

Helping people to choose healthy lifestyles

NHS Leeds is leading on the establishment of a programme of behaviour change called 'Leeds Let's Change'. One aim is to increase the number of NHS staff able to offer skilled brief advice and support for people who want to change their lifestyles (smoking, healthy eating, alcohol and physical activity). If they want further help they can then be referred to specialist stop smoking, weight management or alcohol treatment services. This new programme will be a systematic process integrated into routine health care.

A further aim is to increase health information through a marketing campaign to promote healthy living to both professionals and the public. This will be delivered throughout the year from the launch of Leeds Let's Change in January 2012. A new website has been established to provide easy one-stop access to information on both self care and available services.

Smoking in pregnancy

The most recent prevalence data indicates that 12.03% of pregnant women smoke at the time of delivery (taken from 2010/11 data Quarters 1,2,3). Using an assumed figure of 10,381 pregnancies, this equates to 1,255 pregnant women smoking. Achieving a smoking in pregnancy prevalence of 11% would mean 113 less women smoking in pregnancy.

Fresh Air Babies (FAB) is a service for pregnant women which has been developing innovative approaches to the delivery of support programmes for pregnant women.

FAB has been tracking quit rates and noticed that there is a difference in quit rates between pregnant teenagers (aged 14–19) and pregnant women. From a six-month sample taken in 2009 (Quarters 1 and 2):

- Only 43 out of 107 pregnant teenagers (40%) referred to the smoking service attended an appointment. Four teenagers were successful in quitting smoking at four weeks (9.3% of those attending and 3.7% of those referred).
- Of 343 pregnant women (20+) referred to the service, 116 attended an appointment (34% of those referred) and 33 were successful in quitting smoking at four weeks (28.4% of those attending and 9.6% of those referred).

In 2010/11 (whole year data) there was some improvement in quit rates:

- 64 out of 183 pregnant teenagers (35%) referred to the smoking service attended an appointment and 10 were successful in quitting smoking at four weeks (15.6% of those attending and 5.5% of those referred)
- Of 722 pregnant women referred to the service, 262 attended an appointment (36.3% of those referred) and 57 were successful in quitting smoking at four weeks (21.8% of those attending and 7.9% of those referred).

A number of focus groups and interviews with pregnant teenagers and teenage pregnancy midwives were carried out during 2010/11 to explore attitudes to smoking among pregnant teenagers and help inform the future development of the smoking in pregnancy service.

Improved data collection

Leeds has now established systems for the routine collection of data from GP practices. This has helped us monitor progress made across the city and compare smoking prevalence in the most deprived areas of Leeds compared to the rest of the city. This data has been used in conjunction with

insight and service evaluation to inform the development of services and ensure improved access to services in areas where smoking prevalence is greatest.

Reducing exposure to tobacco smoke in the home

Leeds has been delivering a Smoke Free Homes (SFH) scheme over a number of years which aims to reduce the children's exposure to tobacco smoke in the home.

Work carried out in Beeston to test the intervention in a range of settings including schools and health care and community settings showed a positive impact. Over a six-month period, there was a 22% drop in the proportion of households with at least one person smoking in the presence of children (20% at six months post project implementation compared to 42% at baseline). The proportion of all surveyed households applying total smoke free restrictions inside the home has almost doubled (68% at six months post project compared to 35% at baseline).

As a result of the Beeston work, the University of Leeds in collaboration with NHS Leeds and other academic partners received funding to conduct further research into smoke free homes. Throughout the year there has been public consultation with parents and children to redesign SFH resources. The 2011 launch of the redesigned resources was timed to coincide with the launch of a new classroom pack which includes computer games to teach children about the harm associated with exposure to second-hand smoke.

Tackling illegal sales

The Middleton and Armley Collaborative Working Project is a joint project funded by NHS Leeds with West Yorkshire Trading Standards Service (WYTSS) to investigate illegal under-age tobacco and alcohol sales in these two deprived areas of Leeds. NHS Leeds data showed that the number of alcohol related hospital admissions was above average for these two areas. It also showed large numbers of people smoking. However, WYTSS had received very few public complaints about under-age sales in these areas. There was concern that a culture of under-age drinking and smoking had become so entrenched that local people didn't feel it was worthwhile to report it, or perhaps didn't know how to report it, to WYTSS.

Phase 1 of the Collaborative Working Project aimed to find out exactly what was going on in these areas, to engage with and educate retailers and to gather the views of local people. The project issued a press release to local media in November 2010 to inform and reassure local communities and to tell them about using the Consumer Direct helpline to report their concerns. Test purchasing showed that 60% of premises refused sales. However, 35% of premises sold on one occasion and 4% sold on two occasions. These outlets received either a written warning or a formal caution. The scheme provided all retailers tested with a responsible retailer's pack; 48 of the 60 retailers found the pack very useful. Another round of test purchasing was scheduled for later in 2011.

The next step for the project is to run community focus groups. This will give local people the opportunity to have their say and allow WYTSS to see how residents feel about the project.

One important aim is to educate local people to report incidents of under-age selling. WYTSS also plan to work with the children themselves. Education work already goes on in schools but WYTSS want to talk more directly to local children about how they see under-age sales in their area. How easy is it to buy cigarettes and/or alcohol? Is it enough just to send an 18 year old into the shop on your behalf?

Where is this issue causing greatest concern?

Smoking prevalence

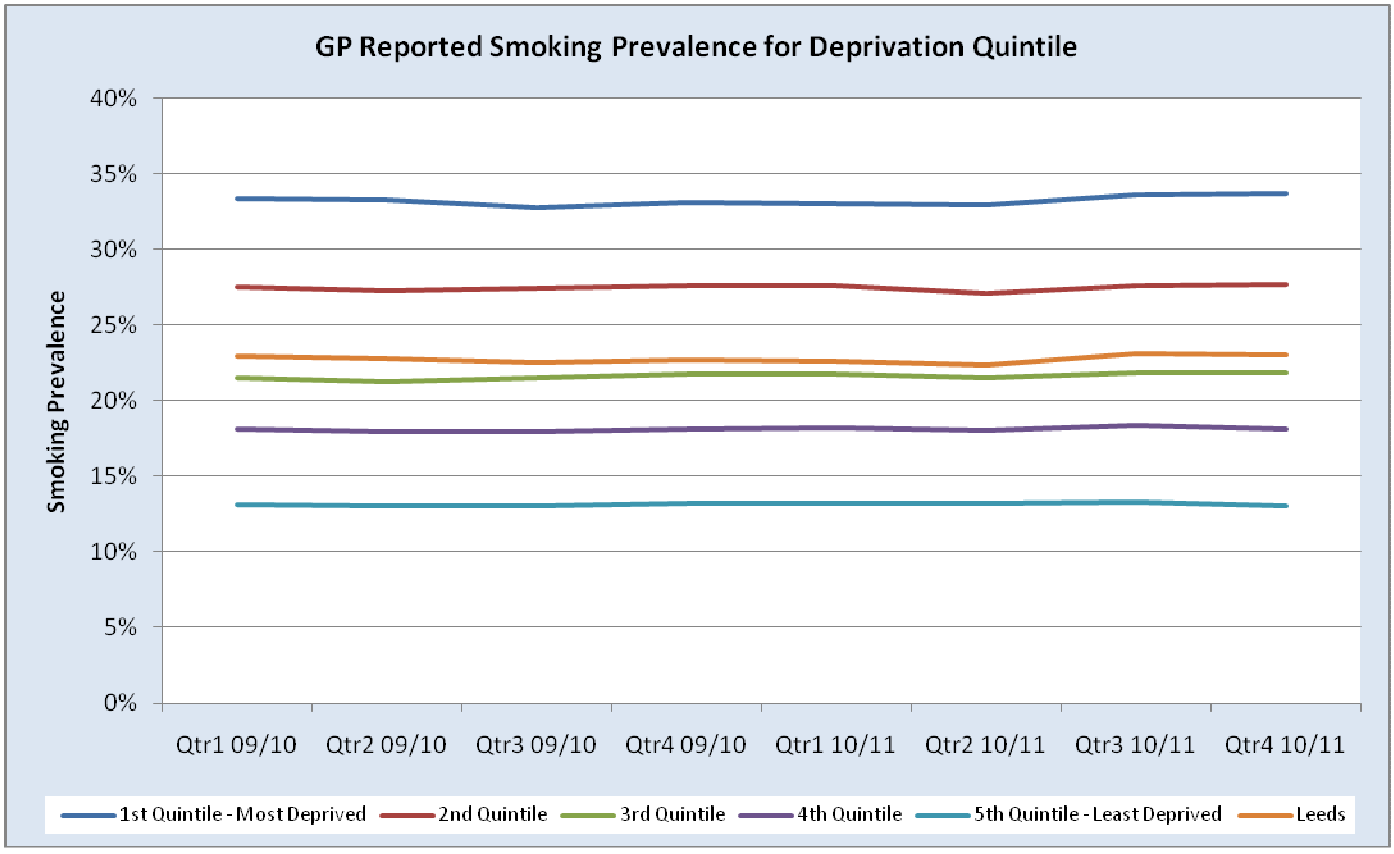
Figure 1 shows that smoking prevalence in the Middle Super Output Area (MSOA) deprivation quintiles has remained relatively constant over the last two years. There have been some rises and falls but these have only been around 1% and there is no clear trend either upwards on downwards.

There is a link between smoking prevalence and deprivation: prevalence in the least deprived quintile is around 13% while prevalence in the most deprived quintile is around 33%. The other three quintiles are relatively evenly spaced between these two, in order of deprivation.

Figure 2 shows that the MSOA with the lowest smoking prevalence in Leeds is Alwoodley West. The confidence intervals show that this is not significantly different to the next five lowest MSOAs at the 95% confidence level.

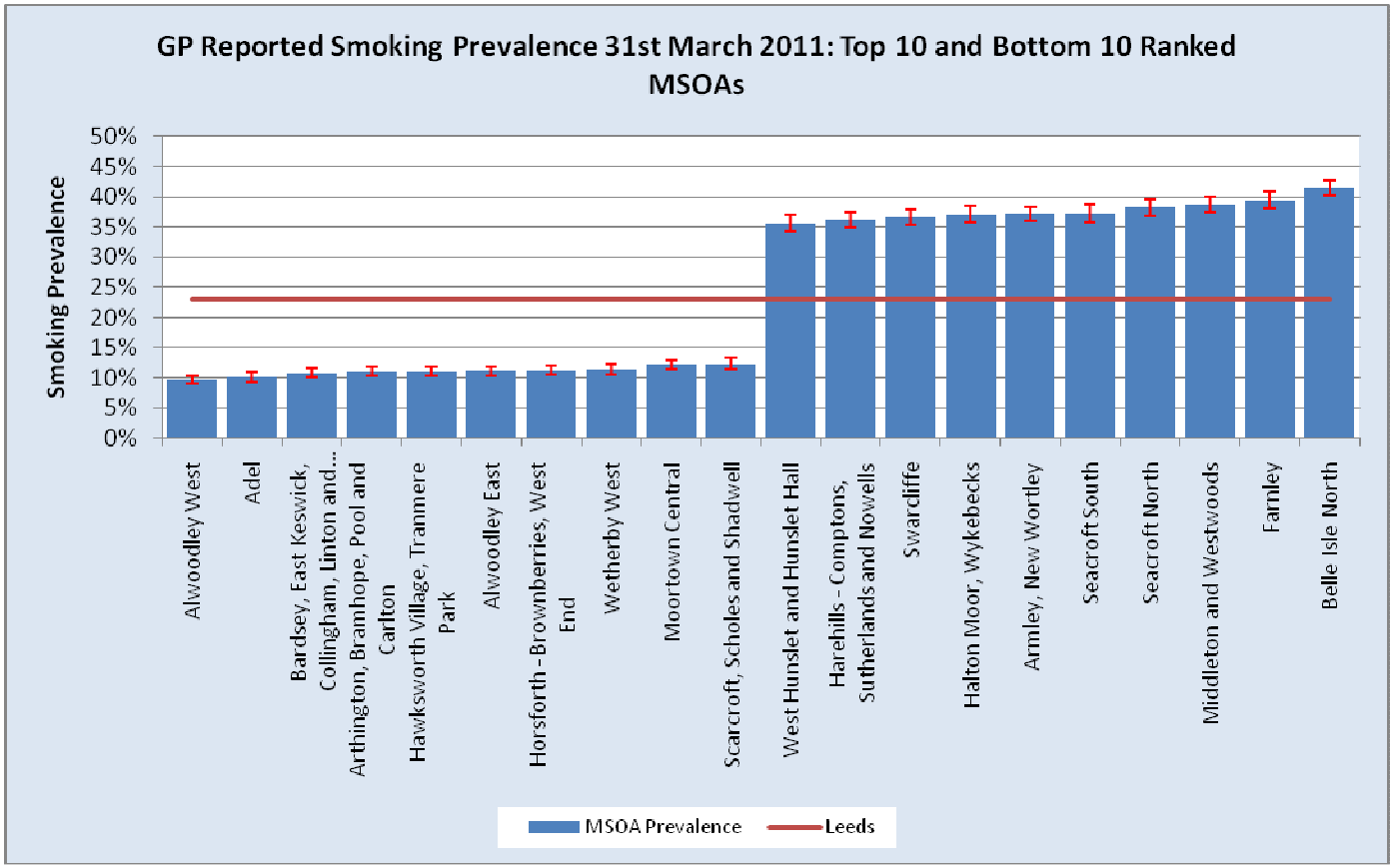
The difference between the top 10 and bottom 10 MSOAs in terms of smoking prevalence is approximately 23%.The MSOA with the highest smoking prevalence is Belle Isle North. This MSOA is significantly higher than all other MSOAs except for Farnley.

Figure 1



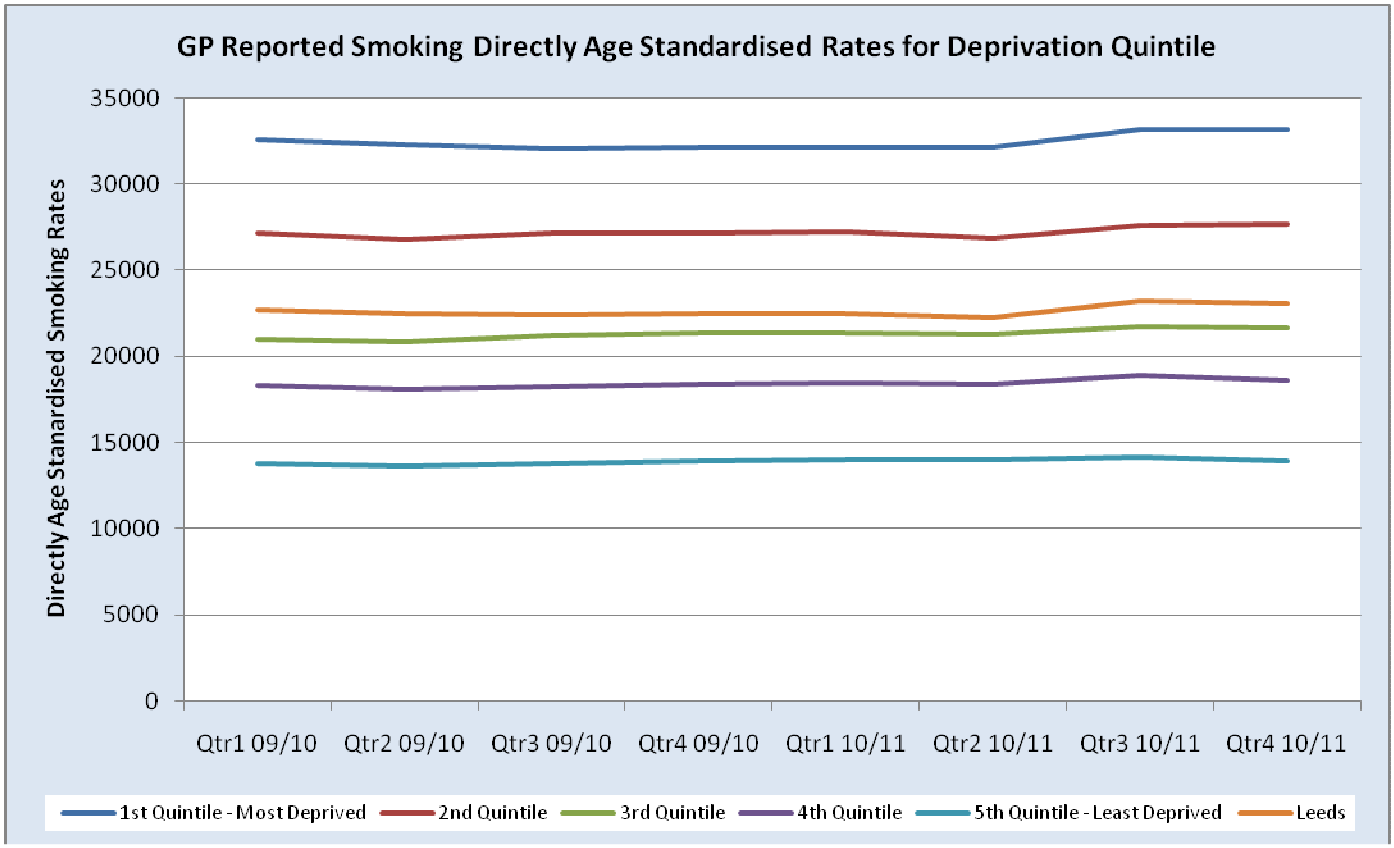
Source: GP audit data

Figure 2



Source: GP audit data

Figure 3



Smoking directly age standardised rates

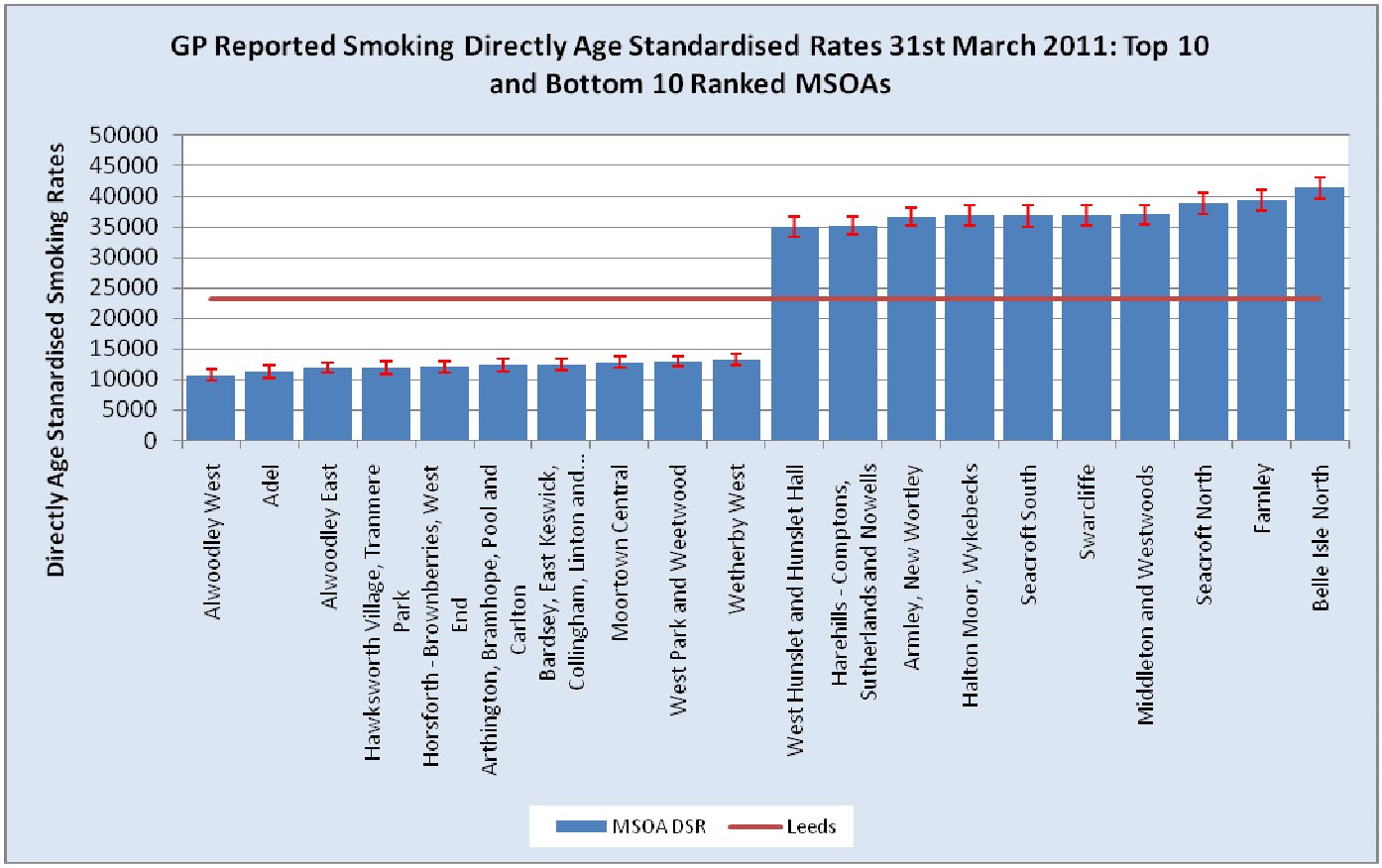
Figure 3 shows that the order of the MSOA deprivation quintiles remains the same as in the prevalence data after age standardisation to take into account the different age profile of particular populations. This shows that age is not a major factor in the differences in smoking prevalence between the deprivation quintiles. The directly age standardised rates show the same link between smoking rate and deprivation as the normal prevalence rates did.

Smoking rates increased slightly for Leeds between Q2 and Q3 2010/11; the biggest contributor to this was the most deprived quintile. The rates in the least deprived quintile have remained much the same.

Figure 4 shows that the MSOA with the lowest age
standardised smoking rate is the same as the one with the lowest prevalence, namely Alwoodley West. The confidence intervals show that this is not significantly different to the next six lowest MSOAs at the 95% confidence level.

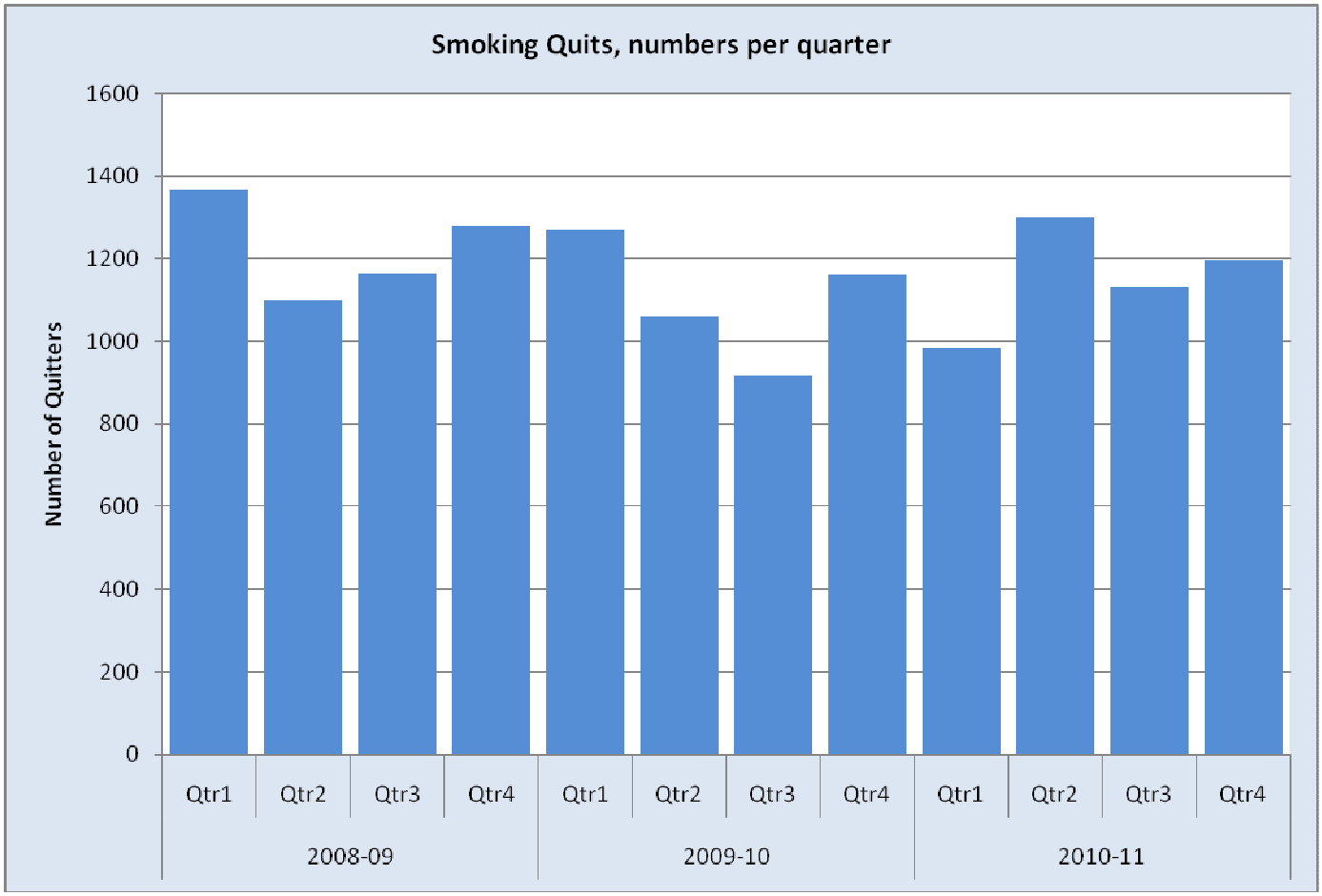
The difference between the top 10 and bottom 10 MSOAs in terms of smoking rates is approximately 22,000 per 100,000 population. The MSOA with the highest smoking rate is Belle Isle North. This MSOA is significantly higher than all other MSOAs except for Farnley and Seacroft North.

Figure 4



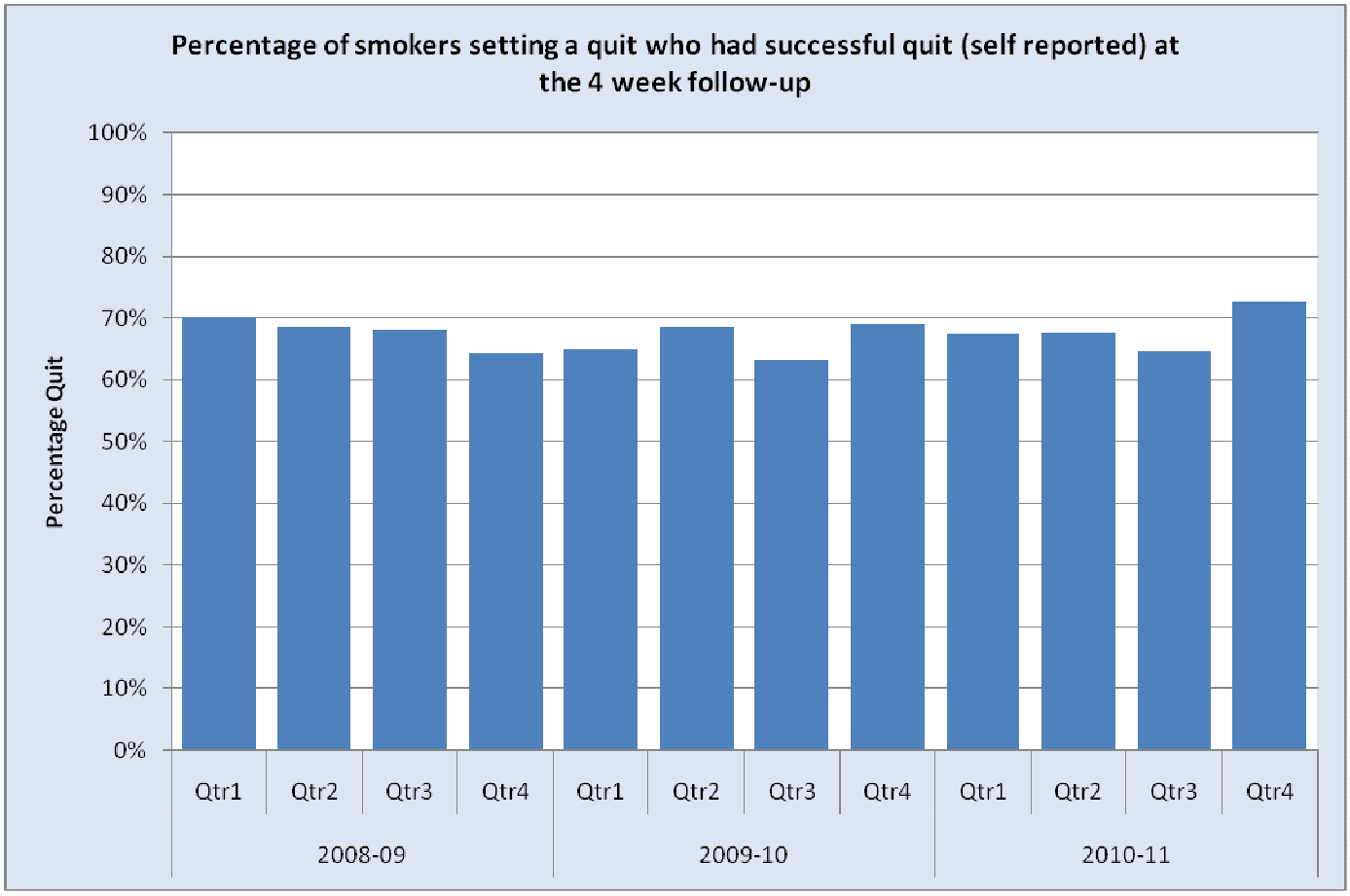
Source: GP audit data

Figure 5



Source: Vital Signs VSB05, Leeds Stop Smoking Services Quarterly Monitoring Return

Figure 6



Source: Leeds Stop Smoking Services Quarterly Monitoring Return

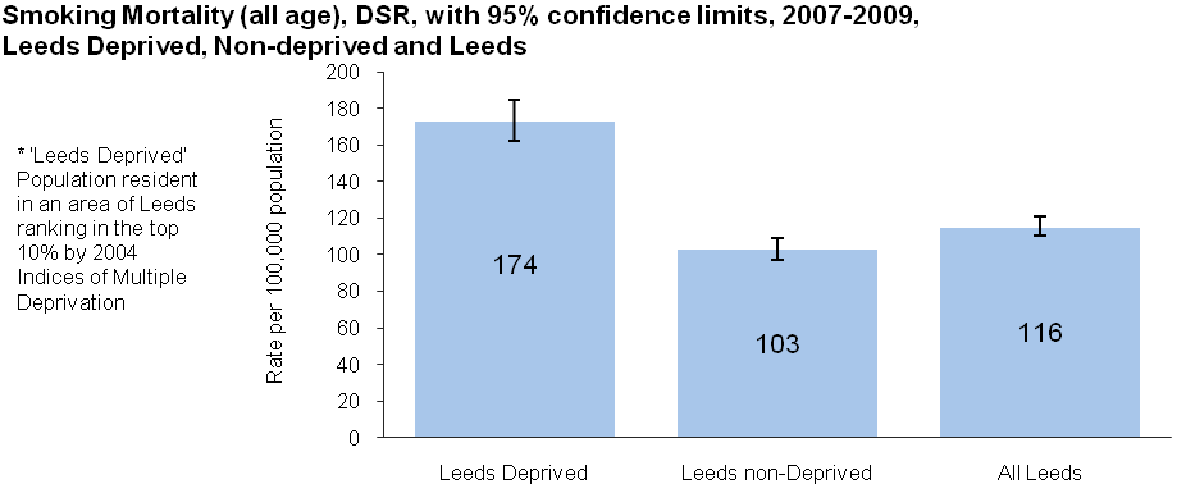
Smoking quits

The percentage of self reported successful quitters has ranged between 63% and 73% over the last three years. There is no yearly pattern. Quarter 1 had the highest success percentage in 2008–09 and quarter 4 the lowest; in 2009–10 quarter 1 had the lowest success and quarter 4 the highest; in 2010–11 quarter 2 had the lowest success while quarter 4 again had the highest.

Mortality from smoking

Figure 7 shows that three-year average rates of smoking related mortality for residents in Deprived Leeds are significantly higher than Leeds overall.

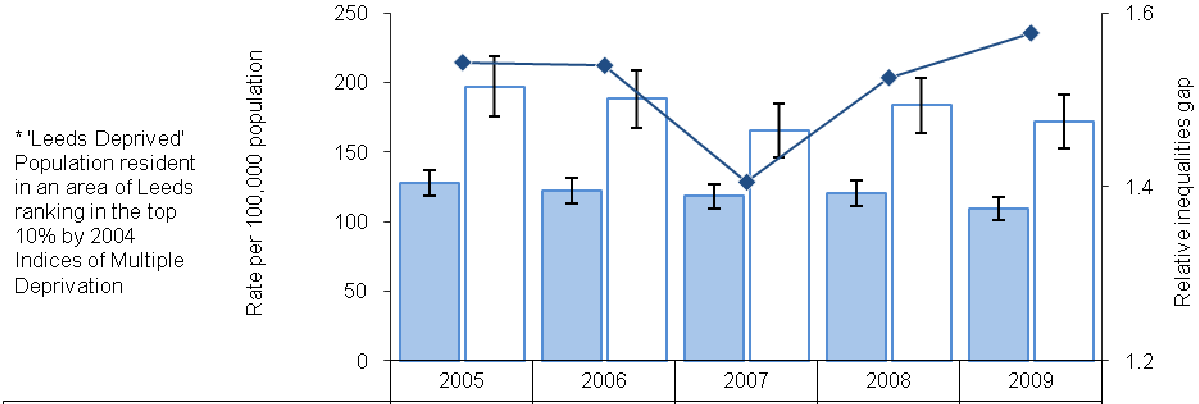
Figure



data source: Mortality Statistics (ONS); GP registered populations

Figure

Smoking Mortality (all age), DSR, with 95% confidence limits, 2005-2009, Leeds, Leeds Deprived



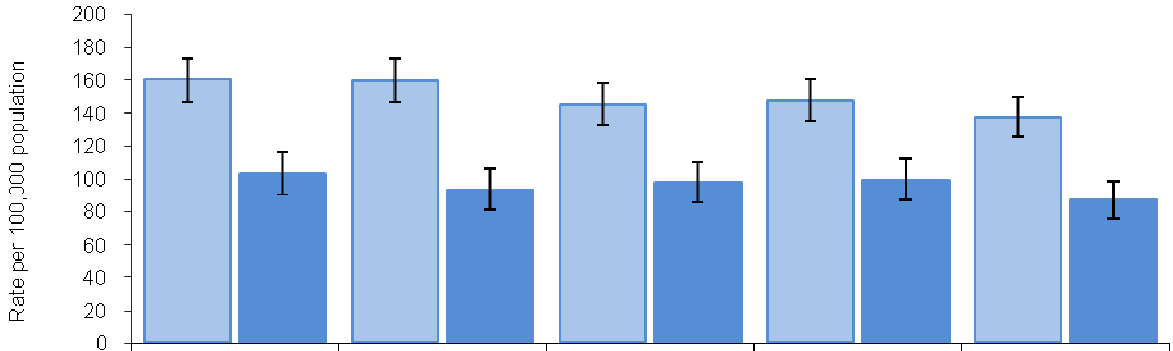
	2005	2006	2007	2008	2009
Leeds	128	122	118	120	109
Leeds Deprived population	197	188	166	183	172
Relative Gap Leeds Deprived* vs Leeds	1.54	1.54	1.41	1.53	1.58

data source: Mortality Statistics (ONS); GP registered populations

Figure 8 shows local trends in rates of smoking related mortality. Rates for the residents of Deprived Leeds are significantly higher throughout the time period 2005–2009. Annual rates for Leeds and Deprived Leeds fluctuate and show no clear trend, though the Leeds rate is generally falling. The relative gap in rates has climbed steadily over the last three years, showing a clear trend upwards.

Figure 9

Smoking Mortality (all age), DSR, with 95% confidence limits, 2005-2009, Leeds



	2005	2006	2007	2008	2009
Male	160	160	145	148	138
Female	103	94	98	100	87

data source: Mortality Statistics (ONS); GP registered populations

Figure 9 shows the Leeds data from Figure 7 disaggregated for males and females. Mortality rates for males are significantly higher than for females. In 2009 the rate for men was more than 50% higher than the rate for women.

Technical note

The numerator for the calculation of rates is based on an attributable fractions model produced by the Information Centre in their report 'Statistics on Smoking: England, 2011' (Table 4.6). However, whereas this method is tabulated for deaths of adults aged over 35, in this report the fractions have been used to estimate all age DSR mortality rates.

Views of local people*

*An initial selection of surveys and focus group outputs were gathered to enable inclusion of public opinion data within the JSNA. Please note as this is only an initial selection. It is not a comprehensive data set and therefore may not be representative of the whole population of Leeds. This part of the data set is under development for future versions of the Joint Strategic Needs Assessment.

Every Child Matters Survey 2009

The 2009 Every Child Matters Survey explored children and young people's attitudes to and experience of smoking.

- 40% of secondary school respondents had smoked at least once, with 16% of year 11s smoking five or more cigarettes a day.
- Primary school pupils were less likely to smoke, with 5% of year 5 pupils and 7% of year 6 pupils having smoked at some point. Small numbers of primary pupils reported smoking regularly.
- 39% of primary and 43% of secondary pupils taking part in the survey reported living with one or more people who smoke, slightly lower than last year. Does this mean 2008 or 2010?
- 32% of primary pupils and 17% of secondary pupils said that they would not know where to go to get help or advice about smoking.
- 87% of secondary pupils thought that the information and advice they had received on smoking was good enough.
- 60% of young people stated that the information that they read on smoking had no impact on their behaviour.
- 63% of young people stated that peer influence was the reason why young people smoke

Young people would like to receive information on smoking via the internet. (Consultation with Young People on Smoking, Alcohol and Substance Misuse)

Council Residents Survey 2009

Just over two-fifths of respondents (45%) to the Council Residents Survey thought that the council kept respondents 'informed' about healthy living services (e.g. stopping smoking, weight management, alcohol support – Q15d); 39% said they were 'uninformed'.

Considerations for the future

'Help protect people from the harmful effects of tobacco' has been identified as a priority outcome in the Leeds City Priority Plan for health and wellbeing.

In order to address the gap in smoking prevalence between the poorest populations and the rest of Leeds, we still need to prevent young people from taking up smoking and to help more people living with low incomes to stop smoking.

A further challenge facing the city is the slowing of the rate of reduction in smoking prevalence and the plateau now being experienced. Other areas have reported an increase in smoking prevalence. This suggests that we need to maintain at least the current level of activity to prevent rates from rising.

Smoking tobacco products is clearly linked to nicotine dependency. However it is also important to consider the social determinants which influence behaviour, particularly the factors that influence the uptake of smoking among young people.

Making a difference to smoking levels in Leeds will only be achieved by the delivery of a comprehensive multi-agency action plan to make tobacco use 'less desirable, less acceptable and less accessible'.[1]

During 2011 a new national action plan, 'Healthy Lives, Healthy People: A Tobacco Control Plan for England' was published. This set out the following ambitions:

Reduce smoking prevalence among adults in England: To reduce adult (aged 18 or over) smoking prevalence in England to 18.5% or less by the end of 2015, meaning around 210,000 fewer smokers a year.

[1] DH 2011, Healthy Lives, Healthy People: A Tobacco Control Plan for England

Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015.

Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth).

Achieving a population smoking prevalence of 18.5% in Leeds would mean 34,265 fewer smokers. Stop smoking services can make some impact but they can't stop new smokers taking up the habit and they can't achieve the national ambitions on their own. Other tobacco control initiatives will be necessary if 18.5% prevalence is to be achieved.

In line with the national action plan it is recommended that a Leeds multi-agency tobacco alliance is in place. This would develop a local outcomes based action plan to tackle tobacco and complement action at a national level. The alliance should seek to encourage all stakeholders, including citizens, who feel they have contribution to make in tackling tobacco. A comprehensive plan led by Leeds City Council is recommended based on six strands:

- stopping the promotion of tobacco
- making tobacco less affordable
- effective regulation of tobacco products
- helping tobacco users to quit
- reducing exposure to second-hand smoke
- effective communications for tobacco control.