

## 7.3.5 Smoking (Adults and older people) Brighton & Hove JSNA 2013

### Why is the issue important?

Tobacco remains one of the most significant public health challenges today. Every year, over 100,000 smokers in the UK die from smoking related diseases and half of all regular cigarette smokers will eventually be killed by their addiction (Ash smoking statistics 2012).

People who smoke between 1 and 14 cigarettes a day have eight times the risk of dying from lung cancer compared to non-smokers (ASH smoking statistics 2012)

Smoking cessation is the single most cost effective life-saving intervention. The government spent £88.2m on services to help people stop smoking and a further £66.4m on stop smoking medication. (ASH Smoking Statistics 2012) Smoking costs the NHS approximately £2.7 billion a year for treating diseases caused by smoking. (ASH Smoking statistics)

Table 1 below shows the number of years gained against the age they stopped smoking.<sup>1</sup>

Table 1: Years of life gained by stopping smoking, by age	
Age stopped smoking	Years of life gained
30	10
40	9
50	6
60	3

Source: Doll R et al. Mortality in Relation to Smoking: 50 Years Observations on Male British Doctors. BMJ 2004.

### Key outcomes

- **Smoking prevalence in Adults over 18 years (Public Health Outcomes Framework)**

### Impact on Brighton & Hove

Local tobacco profiles provide a snapshot of the extent of tobacco use, tobacco-related harm and the measures being taken to reduce this harm in

Brighton & Hove.<sup>2</sup> Deaths due to smoking and the smoking prevalence in Brighton & Hove in the adult population are both significantly worse than the England average:

- Between 2008 and 2010 there were on average 381 deaths per year related to smoking in the city. This is an age-standardised rate of 226 deaths per 100,000 people compared with the England average of 211 deaths per 100,000 people.
- The smoking prevalence from the integrated Household Survey shows that in Brighton & Hove for 2011/12 is estimated to be 23% compared with an England average of 20%.
- In 2011/12 the city had a significantly higher rate of successful quitters in NHS Stop Smoking Services than the England average.

Since the introduction of the NHS Stop Smoking Service over 10 years ago, over 30,000 people have accessed the service in Brighton & Hove.

Figure 1 highlights the estimated cost due to smoking in lost productivity, smoking-related illnesses, domestic fires and clean-up operations in Brighton & Hove – adding up to a total cost of £82.9 million.<sup>3</sup>

In 2012 Health Counts Survey<sup>4</sup> gave a smoking prevalence figure of 23.1% in Brighton & Hove. According to the Integrated Household Survey of all areas in England the smoking prevalence in Brighton & Hove is 22.9% for 2011/12 so the Health Counts results are the same as this national survey. Both give a local prevalence which is higher than England (20.0%).

### Where we are doing well

Local data shows that in 1992, 27% of people in Brighton & Hove were daily smokers and that in 2012 this had statistically significantly decreased to 14%. The percentage of respondents smoking occasionally rose from 6% to 9% over the last twenty years but overall the smoking prevalence

<sup>2</sup> London Health Observatory. Local Tobacco Control Profiles for England.

<sup>3</sup> <http://www.ash.org.uk/localtoolkit/> [Accessed 26/08/2012].

<sup>4</sup> NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey. 2012. Available at: [www.bhlls.org/surveys](http://www.bhlls.org/surveys) [Accessed 17/08/2013]

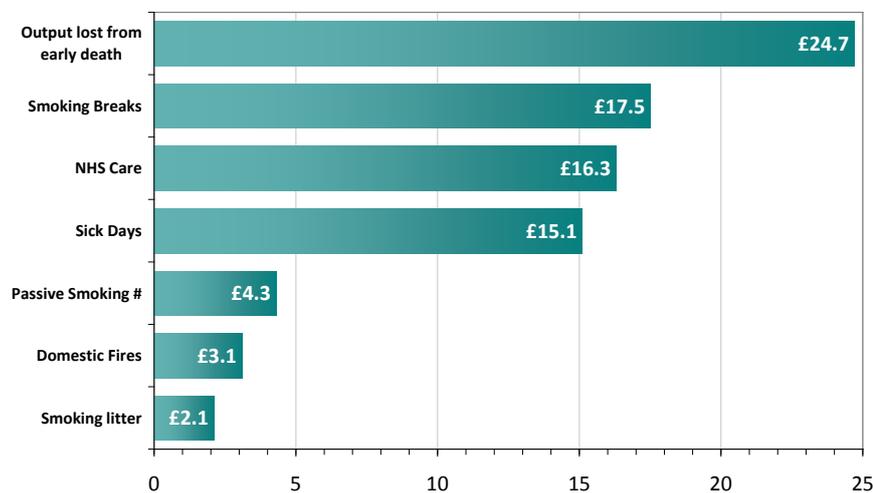
<sup>1</sup> Doll R et al. Mortality in Relation to Smoking: 50 Years Observations on Male British Doctors. BMJ 2004. 328pp. 1519-27.

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rate (daily and occasional smokers) fell from 33% to 23% - a statistically significant fall.<sup>4</sup>

There had been a slight reduction in inequalities in smoking in the city from 2003 to 2012.<sup>4</sup>

**Figure 1: Estimated cost of smoking (£m) in Brighton & Hove**



# Passive smoking: lost productivity from early death (not including NHS cost & absenteeism)

Source: Ash local toolkit

<http://www.ash.org.uk/localtoolkit/>

### Local inequalities

The 2012 Health Counts Survey<sup>4</sup> showed that:

- There is no significant difference in smoking prevalence between males and females (males 25%, females 22%).
- There is however, a clear relationship with age, with smoking prevalence falling with age but with a few exceptions – for example in men smoking prevalence increases between the ages of 18-24 years and 25-34 years where it reaches 35% in Brighton & Hove. By the age of 75 years or over, for males and females, smoking prevalence reaches its lowest point (5% for males and 10% for females).
- Smoking prevalence is strongly associated with deprivation, and those living in the most deprived 20% of areas in the City are twice as likely to smoker as those living in the 20% least deprived areas.
- LGB and unsure respondents (30%) are more likely to say that they smoke than

heterosexuals (22%) – though neither group was significantly different to all respondents.

- The highest smoking prevalence is seen amongst bisexuals (40%) – significantly higher than for all respondents.
- Those who are single are significantly more likely to smoke (33%) than all respondents and those who are married, in a civil partnership or living as a couple significantly less likely (18%).
- There was no difference in smoking prevalence between BME respondents and White British respondents (23%). Smoking prevalence is highest in Mixed ethnic groups (32%), though this difference is not significant.
- There is no significant difference in smoking prevalence by religion, though it is higher in those with no religion (27%).
- There is no significant difference in smoking prevalence between carers (24%) and all respondents.
- Respondents who own their own homes (14%) are significantly less likely to smoke, but those who rent from a private landlord (31%), or rent from a housing association or local authority (42%) or were significantly more likely to smoke daily or occasionally.
- Respondents who are unemployed and looking for work, unable to work due or caring for home and family are significantly more likely to smoke (41%). Retired respondents are significantly less likely (13%) to smoke.
- Respondents with degree level, or higher, qualifications are statistically significantly less likely to smoke (15%).

Supporting people to permanently quit smoking will significantly improve health and reduce health inequalities in Brighton & Hove. Brighton & Hove stop smoking services work with all smokers who want to quit with a special focus on

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routine and manual workers, hospital inpatients, BME Communities, young people, lesbian, gay, bisexual and transgender residents, and individuals with HIV.

In England, routine and manual workers are most likely to be heavily addicted compared with managerial and professional groups.<sup>5</sup> Figure 2 shows that the clients referred to the local Stop Smoking Service from the most deprived areas had a relatively low quit rate compared with the least deprived areas. However, the service is effectively targeted, getting more people from deprived areas into the service.

### Predicted future need

Estimates of adult smoking prevalence in the city have been relatively stable.

### What we don't know

We do not have local smoking prevalence data for most equalities groups. The 2012 Health Counts survey should provide some local data.

We currently do not have local voice information.

In order to plan effective methods of reducing health inequalities through tobacco control, we must have a comprehensive understanding of our population and factors that influence tobacco use amongst priority groups in order to target them more effectively and improve resource utilisation.

### Key evidence and policy

Research has shown that smokers are four times more likely to stop smoking when accessing a dedicated stop smoking service.

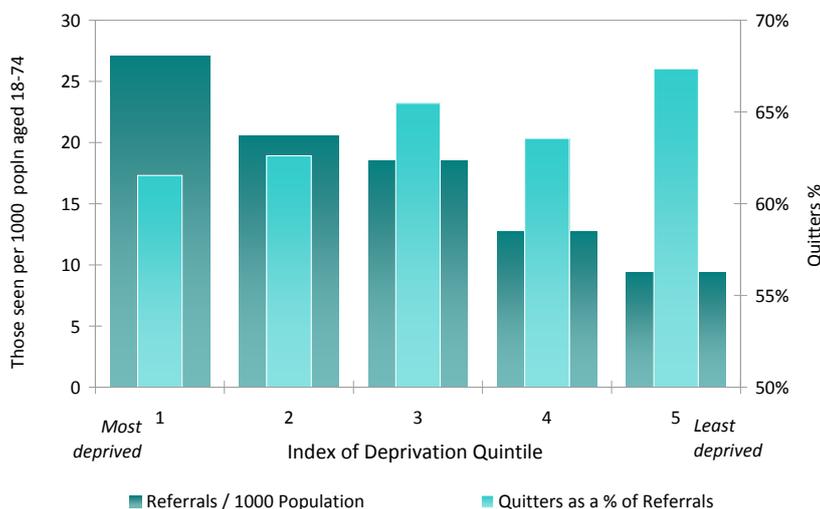
NICE evidence-based guidance which will assist with the commissioning and delivery of stop smoking interventions. [www.nice.org.uk](http://www.nice.org.uk)

The Coalition Government published a new Tobacco Control Strategy in 2011 – Healthy Lives, Healthy People: A Tobacco Control Plan for England, which will support efforts to reduce tobacco use in the next five years.

<sup>5</sup>Department of Health. A smokefree future. A comprehensive tobacco control strategy for England; 2010.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917)

**Figure 2: Referrals and quitters for the Brighton & Hove Stop Smoking Service by quintile of deprivation, 2009/10**



Source: NHS Brighton and Hove

### Recommended future priorities

There is a need to help the most deprived groups more effectively to stop smoking and reduce the associated health inequalities. The Tobacco Control Plan for England sets out three national ambitions to focus tobacco control work by 2015. These are:

- Reduce smoking prevalence among adults in England to 18.5% or less
- Reduce smoking prevalence among young people to 12%
- Reduce smoking in pregnancy to 11%

Local recommendations include:

1. The NHS Brighton & Hove Stop Smoking Service will continue to provide a specifically tailored service to the community, targeting people in high prevalence groups, such as routine and manual workers.
2. The Brighton & Hove Tobacco Control Alliance, working together as partners, to succeed in reducing smoking prevalence and health inequalities in the city.

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3. Improve data collection from primary care so that up-to-date analysis can be used to target resources more effectively.
4. Raise awareness of the NHS Brighton & Hove Stop Smoking Service in the city.

### Key links to other sections

- Maternal and infant health
- Smoking (Children and young people)
- Cancer
- Coronary heart disease
- Respiratory disease

### Further information

Department of Health. Healthy Lives, Healthy People: A Tobacco Control Plan for England  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917)

Local tobacco control profiles  
[http://www.lho.org.uk/LHO\\_Topics/Analytic\\_Tools/TobaccoControlProfiles/](http://www.lho.org.uk/LHO_Topics/Analytic_Tools/TobaccoControlProfiles/)

### Last updated

August 2013