JSNA Topic Report – Healthy Lifestyles - Smoking and Tobacco Control

1 Introduction

1.1 The Impact of smoking on health

Smoking is one of the leading causes of preventable illness and early death[1]. It is also the biggest cause of health inequalities in the United Kingdom (UK), accounting for half the difference in life expectancy between the most and least deprived in society[2].

There is clear evidence that smoking[3]:

- Increases the risk of developing more than 50 serious health conditions, some may be fatal, and others can cause irreversible long-term damage to your health.
- Damages the lungs, leading to conditions such as chronic obstructive pulmonary disease (COPD) and pneumonia.
- Causes about 70% of lung cancers and increases the risk of many other types of cancers.
- Damages the heart and blood circulation, increasing the risk of developing conditions such as coronary heart disease and stroke.
- Can worsen or prolong the symptoms of respiratory conditions such as asthma or respiratory tract infections like the common cold.

Approximately 64,000 people are killed by smoking each year but around twice as many people as have died from coronavirus (COVID-19) in the last 12 months[27]. In 2019/20 there were estimated to be 506,100 hospital admissions attributable to smoking in England[1]. There were also 74,600 deaths attributable to smoking, which is an increase of 3% compared to 2018[4].

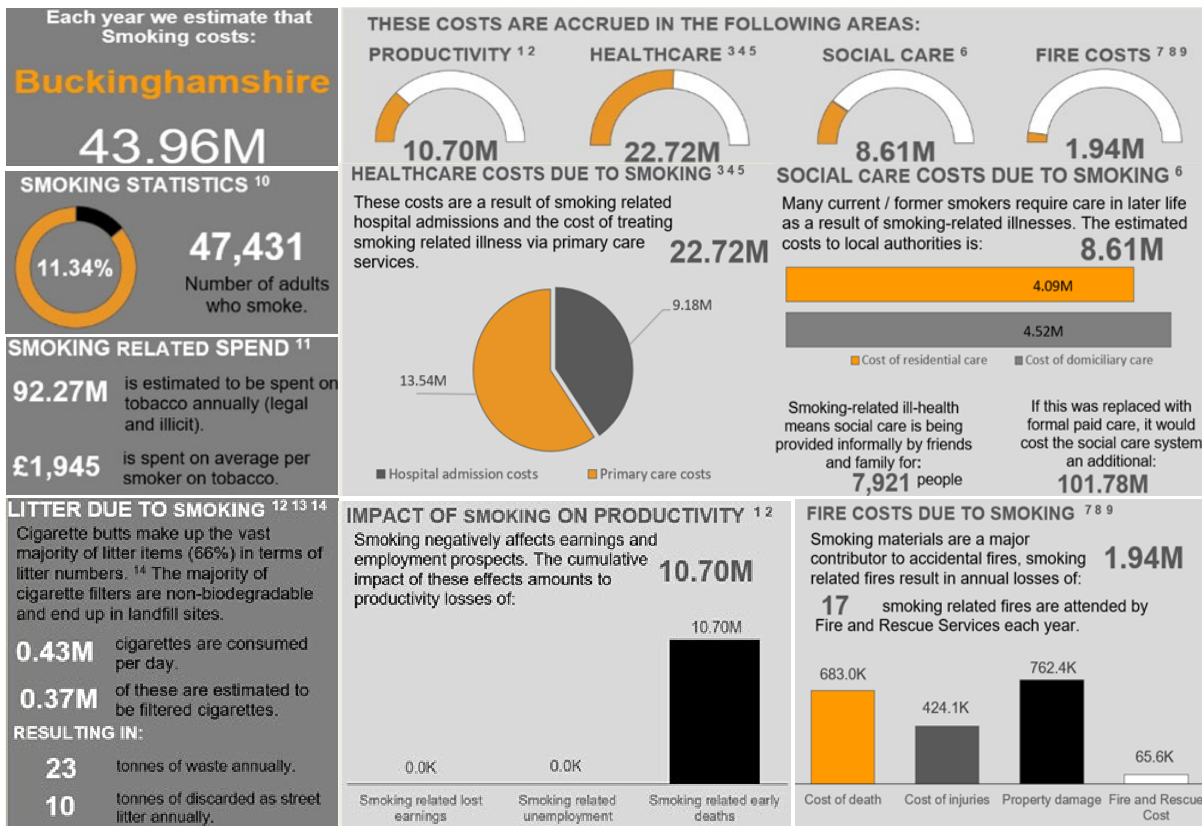
Achieving the Government's Smokefree 2030 ambition for smoking prevalence to be less than 5% is an essential step towards reducing inequalities and increasing healthy life years. For every smoker who dies, another 30 are suffering serious smoking-related diseases[1]. On average, smokers have difficulty carrying out everyday tasks like dressing, eating and walking across a room, seven years earlier compared to people who have never smoked[5]. Smokers need care support ten years earlier than people who have never smoked[5]. Over the last 10 years the price of tobacco has increased by 100%[4], pushing thousands of smokers into poverty and some are now reaching for cheaper illegal tobacco.

1.2 Economic impact

It is estimated that treating smoking related disease costs the National Health Service (NHS) £2.4 billion a year, with the wider economic costs reaching over £17.4 billion a year. This significantly exceeds the £10 billion per year generated from tobacco duties (taxes)[6].

In Buckinghamshire, smoking costs the economy £43.96 million a year, with £22.72 million of this for healthcare and £8.61 million for social care. Helping the most disadvantaged smokers to quit will return thousands of pounds to family budgets. If smoking was obsolete in England, over £11.4 billion would go back into communities' and families' pockets and one million less children would be living in poverty[6].

Figure 1: ASH Ready Reckoner 2022[6], costs of smoking to society in Buckinghamshire.



1.3 Smoking prevalence in key groups in England

This section summarises key data for England, data for Buckinghamshire is presented in a subsequent section. It is important to note that not all data at the England level can be replicated at a local level, therefore having this national context is important.

Adults

In England, an estimated 5.8 million adults are currently smokers, which is around 13% of the population[7]. Although there has been a continuing decline in the number of adult smokers since 1972, smoking rates remain higher in certain groups such as those with mental health conditions or those living in the most deprived areas. Most smokers say they want to quit, but without support 80% of quit attempts end in relapse within 12 months[8].

The Wider Impacts of Covid Tool[9] uses the latest opinions and lifestyles survey data, and this showed that 37.9% of smokers nationally (during March and September 2020) rated themselves as having very high anxiety. This is an increase from 28.3% in 2019. Life satisfaction for smokers also decreased between 2019 (18.7% of smokers) to 2020 (12.6% of smokers). One positive was that smokers intending to quit in the next three months increased during 2020 at 21.2% (up from 20% in 2019). Intent to quit was higher for females (25.8%) than males (17%).

Children and young people

Smoking rates among children under-16 have fallen to the lowest recorded levels since 1982, yet unfortunately an estimated 207,000 children start smoking every year in the United Kingdom (UK)[10]. Once someone starts smoking, it is difficult to stop. Two out of every 3 people who try smoking go on to become daily smokers[11]. The latest national survey of secondary school pupils in 2021 (mostly aged 11-15) found that 12% of pupils had ever smoked (decrease from 16% in 2018). Only 1% were regular smokers (defined as smoking at least one cigarette a week), which is a reduction from 2% in 2018. However, current e-cigarette use has increased to 9% in 2021 from only 6% in 2018[12]. There are many risk factors associated with youth smoking including whether a parent, carer or sibling smokes. Higher deprivation, higher levels of truancy and substance misuse are all associated with higher rates of youth smoking[10].

Gender

Smoking prevalence is higher in men, with 15.5% (around 3.7 million) of men in the UK saying they smoked cigarettes compared with 12.1% of women (around 3.0 million) in 2020[13]. These differences may relate to a combination of physiological, cultural, and behavioural factors.

Mental Health

Around one third of adult tobacco consumption is by people with a current mental health condition, with their smoking rates more than double that of the general population[27]. The more severe the mental health condition, the higher the rate of smoking, smoking dependence, and the chance of relapse. People with mental health conditions die 10 to 20 years earlier, and the biggest preventable factor in this is smoking[14]. For symptoms of

anxiety and depression, stopping smoking is as effective as taking antidepressants[15]. Just 6 weeks after quitting, people start feeling happier as well as healthier[16].

Pregnancy

Smoking in pregnancy is a leading cause of health inequality for mothers and babies. It increases the risk of stillbirth, miscarriage, and sudden infant death syndrome[17].

The Government's target for smoking in pregnancy is 6% by 2022[18]. In 2021 to 2022, 9.1% of mothers were smokers at the time of delivery in England[19]. Stopping smoking is one of the most beneficial things a pregnant woman can do for her own health and to improve the health and development of her baby[20]. Children of parents who smoke are 4 times as likely to take up smoking themselves[21].

Ethnicity

In 2019, the percentage of adults who smoked was higher than average in Mixed (19.5%) and White (14.4%) ethnic groups[22]. Prevalence was lower than average in the Chinese (6.7%), Asian (8.3%) and Black (9.7%) ethnic groups. Smokers from minority ethnic groups are as motivated to quit smoking as the overall UK population[23].

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Further research needs to be completed to understand the effects of shisha and chewed tobacco (e.g., paan), especially for people from ethnic minority backgrounds. It is already well known that shisha, paan and khat are linked to increased risk of cavities and oral cancer[27.]

Deprivation Levels

Smoking rates are higher among more deprived groups[2]. Those in routine and manual occupations are 2.5 times more likely to smoke than people in other occupations[25]. There is also a socio-economic gradient for quit rates seen across all smokers, with rates lower among those in lower socio-economic groups[2]. Reasons for this may include a lack of social support or stress. People living in social housing are also 3 times as likely to be smokers than those who have a mortgage[2].

Geography

The negative outcomes that come with smoking are not felt equally across communities; there are huge differences in smoking rates across the country. At its most extreme, smoking prevalence is 4.5 times higher in Burnley compared to Exeter[27]. While smokers

from more deprived communities are as likely to want to quit and to try to quit as people who are less deprived, more deprived individuals are less likely to succeed[26].

The United Kingdom is facing a cost-of-living crisis (as of October 2022) that will hit the most deprived hardest, yet it is often those who cannot afford to smoke who spend the most on their smoking addiction. In Bolton alone, smokers spend over £67 million a year on tobacco and nearly all this money goes straight out of the local economy as tobacco industry profits or tax[27].

1.4 Wider tobacco control

Illegal tobacco

Illegal (or illicit) tobacco is any illegal activity related to the manufacturer, distribution and sale of tobacco products including the smuggling and counterfeiting of cigarettes. Illicit tobacco undermines the work that the Government is doing to regulate the tobacco industry and protect public health. More than 1 in 2 smokers who have ever bought illegal tobacco are from the most deprived groups, compared to around 1 in 20 from the least deprived[27]. In 2019 to 2020 the estimated size of the illegal market was 16.6% of all tobacco trade[28].

E-cigarettes

An e-cigarette (or vape) is a device that allows you to inhale nicotine in a vapour rather than smoke. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke. E-cigarette products continue to be the most popular and effective smoking cessation aid used by people trying to quit smoking[29].

In 2020, 27.2% of people used a vaping product in a quit attempt in the previous 12 months[30]. 3.6 million people were current vapers in 2021, with 65% of these being ex-smokers[31].

We know E-Cigarettes are not a 'silver bullet' nor are they totally risk free, but the alternative is far worse. They are an important risk reduction tool to help people quit smoking cigarettes[32]. Stop Smoking Services across the country are starting to offer the tools as free quit aids[33].

Concerns that when young people use e-cigarettes that this creates a pathway into smoking have not materialised in the UK to date. Smoking rates in young people have declined significantly since 2010 when e-cigarette use started to expand rapidly. E-Cigarette use among young people aged 11 to 18 years has remained concentrated among young people who are existing smokers, with young people who have never smoked trying but rarely sustaining e-cigarette use[34]. Use among young people is stable, but continued vigilance is

needed. E-cigarette regulations should be strengthened nationally to further protect children and young people.

Mass Media Campaigns

There is good international evidence that exposure to media campaigns significantly reduces the number of people smoking, through encouraging people to make quit attempts[27]. Nearly three quarters (70%) of the public (18 years old and over) support increasing campaigns on tobacco. However, budgets for marketing campaigns to encourage smokers to quit have dropped from £23 million to £2 million in 10 years[27]. Stoptober is an annual national campaign aimed at encouraging smokers to quit during the month of October. Since 2012, the campaign has driven over 2.3 million quit attempts[35].

The NHS Long Term Plan

The NHS Long Term Plan (LTP)[36] sets out new commitments for action that the NHS will take to improve prevention. This includes provision of tobacco dependence treatment to all hospital inpatients, pregnant smokers, and those with long-term mental health conditions. However, roll out was due to start in 2020/2021 but was delayed by COVID-19. Full roll out must be completed by 2023/24. The NHS must also ensure that all smokers in primary care, whether inpatient or outpatient, are given advice to quit directly by their clinician or health professional.

COVID-19

A nationwide survey in 2021 showed that smoking rates increased during the first COVID-19 lockdown. Key reasons reported included being bored (43%) or the Covid-19 pandemic making people more anxious (42%)[37]. Nationally, Stop Smoking Services had to adjust their delivery model, by offering remote support for those wishing to quit. Gradually services are starting to return to face-to-face appointments. The proportion of young adults (18- to 24-year-olds) who have smoked rose during the COVID-19 pandemic, from a quarter to a third[38].

1.5 Conclusions

The Tobacco Control Plan for England in 2018 set out the vision of a smokefree generation, defining this as smoking rates of 5% or below by 2030. This is an essential step towards reducing inequalities and increasing healthy life years, but it is likely to be missed unless the rate of decline in smokers increases rapidly. A Smokefree 2030 will only be achieved by motivating more smokers to make a quit attempt using the most effective quitting aids, while reducing the number of children and young adults who start smoking each year.

2 Summary of local need

2.1 Health Needs Assessment (HNA) for Buckinghamshire

Background

The Buckinghamshire Council Public Health team commissioned a Health Needs Assessment (HNA) in 2021 to look at healthy lifestyle services with a key focus on stop smoking services. The HNA was completed by Therapeutic Solutions/ The Centre for Public Innovation. The HNA involved a detailed data assessment looking at local, regional, national and international data. The HNA aimed to understand which key groups have higher smoking rates, which areas of Buckinghamshire have the highest prevalence, and which key groups are not accessing local services. Additional questions included looking at what makes people want to quit smoking, why some people don't quit smoking, and how effective 'cut down to quit' approaches are.

In addition to a literature review, the HNA provider also conducted a range of consultations. These included an online survey and 1:1 interviews with:

- Previous stop smoking service clients (77 responses to survey)
- Current stop smoking service staff
- Professional stakeholders
- Residents (including those that have never used the stop smoking service) (857 responses to survey)

The survey and interviews aimed to understand what people would like to see as part of stop smoking services, what are the motivators for quitting and how do people want to access this type of support. Several themes came out of the different consultations, and recommendations for current and future service provision were given in a final report.

Findings

The review found that the main reasons for quitting are often health related, guilt at the impact smoking was having on their health and the health of others, peer pressure, financial reasons or accidental circumstances which have resulted in someone quitting smoking. There is also a complex relationship between smoking and poverty. Whilst financial insecurity can increase the desire to quit for financial reasons, financial stress is commonly cited as a barrier to quitting smoking and a reason for continuing. There is also some evidence to suggest that digital interventions for smoking cessation are more effective than brief in-person advice[39].

The data shown within the HNA indicated that there is scope to increase the number of successful quitters. Looking at differentials in quit rates however, tends to suggest that

there are a number of distinct “pockets” of groups who are not benefiting from smoking cessation services. These would appear to be:

- Older smokers (those aged 60 plus) and the retired,
- Ethnic minority groups – and those of Asian heritage in particular
- Those who are sick and disabled, and
- Residents in areas of deprivation.

Results of the consultation

Consultations with previous service users showed that the ‘text to quit service’ was easy to use and clients valued having professional support to quit, often having tried on their own before. The flexibility that telephone appointments provided was welcomed with appointments scheduled around work and other commitments.

The resident survey showed that some of the barriers in accessing a service are worries that they would have to pay for the service and not having enough time. Surveys with professional stakeholders showed that over half (56.1%) did not currently make referrals into the healthy lifestyle service, with reasons such as not having heard of the service, or not knowing how to refer. A clear feedback loop would encourage professionals to make referrals. Only 40.5% of respondents would be comfortable referring residents for support to use a free e-cigarette.

2.2 Smoking data for Buckinghamshire

Burden of disease

The Global Burden of Disease (GBD) study assesses the scale of health lost (death and ill-health) from diseases and injuries, as well as looking at the impact of risk factors (e.g. smoking). The variation in ill-health and death, and the opportunity to address and prevent this burden, is strongly associated with deprivation.[40]

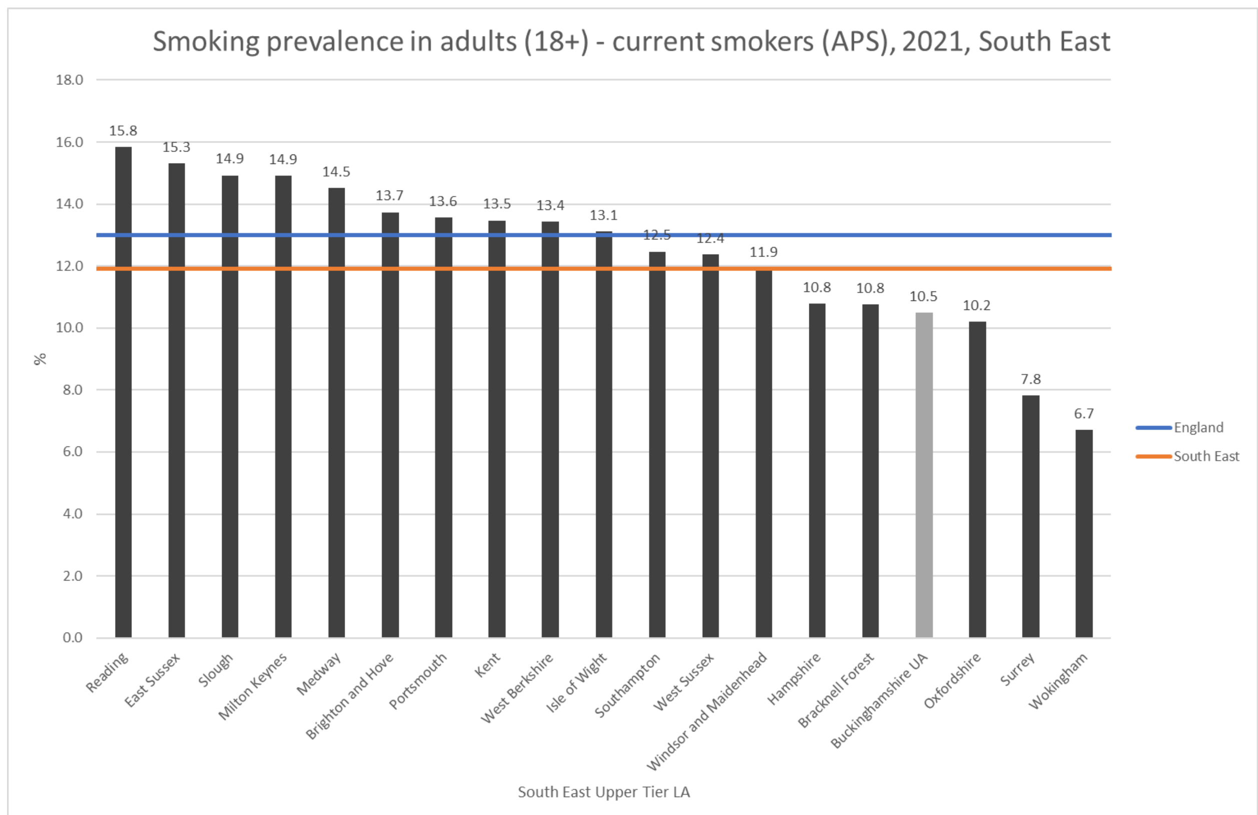
In Buckinghamshire in 2019:

- second-hand smoking ranked 11th highest for 5 to 14 year olds as a risk factor for ill-health and death.
- Smoking ranked 3rd highest for 15 to 49 year olds as a risk factor for ill-health and death.
- Smoking ranked the highest for 50 to 69 year olds as a risk factor for ill-health and death.
- Smoking ranked the highest for those aged 70 years and over as a risk factor for ill-health and death. [41]

Adults:

There are an estimated 45,104 smokers in Buckinghamshire which is around 10.5% of all adults (2021). This is lower than the South East average (11.9%) and significantly below the England average (13.0%).

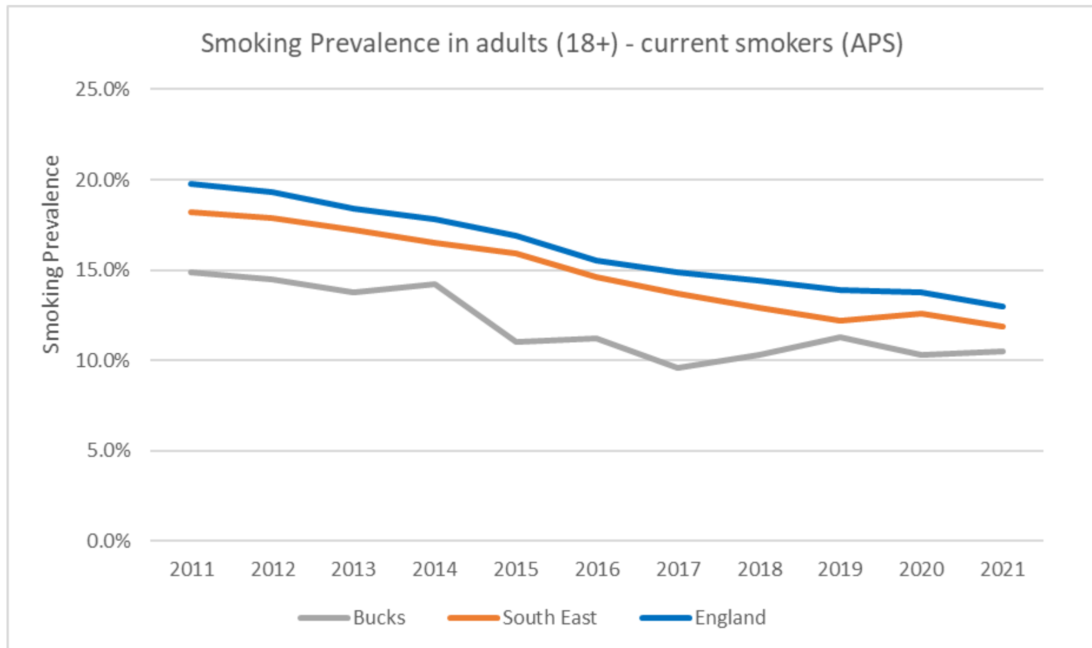
Figure 2: Smoking prevalence in adults (18+) - current smokers (APS), 2021, South East Region, percentages



Source: Office for Health Improvement and Disparities (OHID), accessed through Fingertips.

Although there had been a steady downward trend in smoking prevalence for Buckinghamshire, there has been a slight annual increase since 2017 (Figure 3).

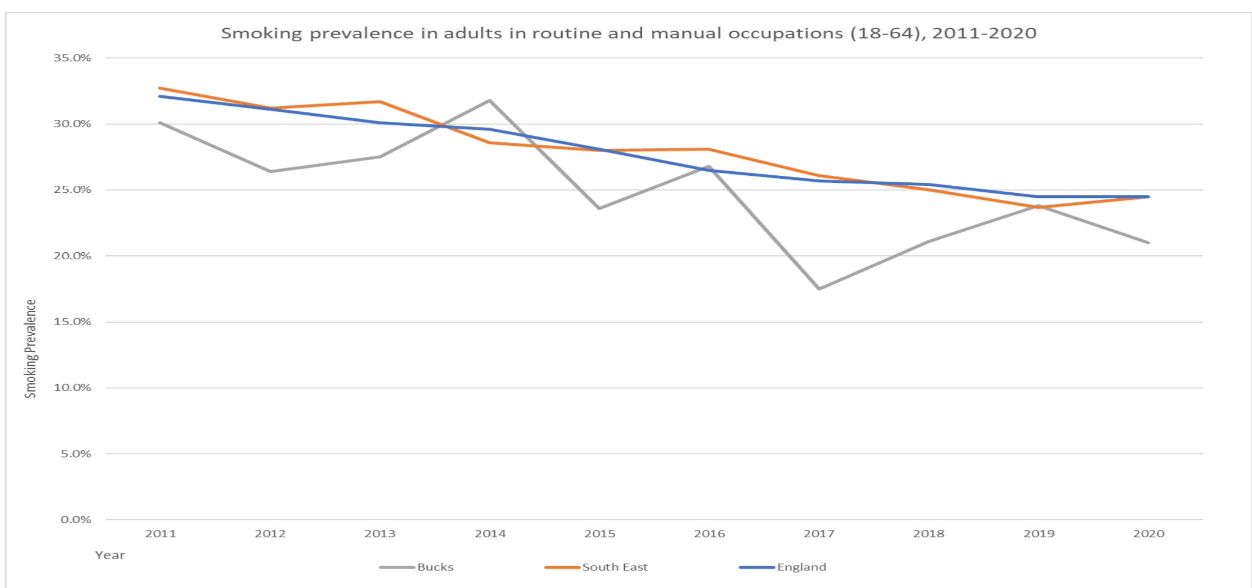
Figure 3: Smoking Prevalence in adults (18+) - current smokers (APS), 2011-2021, percentages



Source: Office for Health Improvement and Disparities (OHID), accessed through Fingertips.

One in five (21%) of routine and manual workers in Buckinghamshire smoke, which is significantly similar compared to the England average of 24.5% and the South East average of 24.5% (2020).

Figure 4: Figure 17 Smoking prevalence in adults in routine and manual occupations (18-64) – current smokers (APS), 2011-2020, percentages



Source: Office for Health Improvement and Disparities (OHID), accessed through Fingertips.

Ethnic Minorities:

Further work is required to understand the level of smoking for different ethnicities within Buckinghamshire as data is currently not collected by ethnicity.

Smoking in Pregnancy:

In 2021 – 2022 6.6% of pregnant women were smokers at time of delivery, which is 345 women. This is lower than the South East average of 8.2% and the England average of 9.1%. 6.8% of babies in Buckinghamshire are born with a low birth weight, which is similar to the England average (6.9%)[42].

Substance Misuse:

In 2019/20, 51.8% of adults admitted to treatment for non-opiate misuse in Buckinghamshire are smokers compared to the England average of 62%[42].

Mental Health:

In Buckinghamshire in 2016/17, 22.6% of adults with anxiety or depression were smokers, compared to the England average of 25.8%. According to the GP Patient Survey[43] smoking prevalence in those with a long-term mental health condition in Buckinghamshire in 2020/21 was 20.9%, significantly below England (26.3%) and South East (25.2%). The trend for Buckinghamshire shows a significant reduction since 2013/14 (32.8%), and a reduction observed each year as part of the survey, the prevalence was 22.1% in 2019/20.

In Buckinghamshire, those recorded in December 2022 with depression had a smoking prevalence of 23.9% and those recorded with a serious mental illness (schizophrenia, bipolar affective disorder or other psychoses) had a smoking prevalence of 34%.[i]

Children & Young People:

The 2014 What About YOUth survey of 15-year-olds found that in Buckinghamshire, 5.1% of the sample reported being current smokers, 2.9% regular smokers, 2.2% occasional smokers and 10.8% reported having tried e-cigarettes. These percentages are significantly lower than the England averages, apart from the proportion of occasional smokers, which is similar to England. Of those aged 15 to 19 years old with a smoking status recorded in Buckinghamshire (~25% of the age group have a smoking status recorded), 7.3% are recorded as current smokers[i].

[i] Data as of December 2022, extracted from Graphnet Smoking Status Report for Buckinghamshire.

3 Current services, local plans and strategies

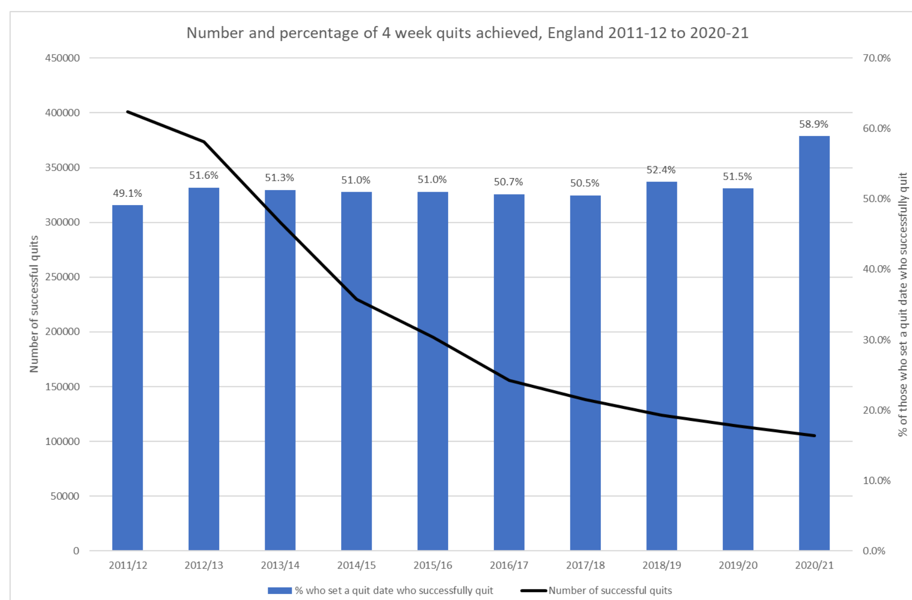
3.1 Current services

Local stop smoking services (SSS) provide a highly cost-effective approach to help people quit smoking. SSS form a key part of improving health outcomes and reducing the health inequalities gap, as well as significantly improving people's chances of quitting smoking for good. Most smokers say they want to quit but without support, 75% of quit attempts end in relapse within a year.[44]

To support people to stop smoking in Buckinghamshire, Buckinghamshire Council Public Health commissioned an integrated lifestyle service which offers free, evidence-based stop smoking support. SSS have been in place in Buckinghamshire since 2012. The service offers 12 weeks of behavioural support, as well as free access to quitting aids such as Nicotine Replacement Therapy (NRT) and E-cigarette starter kits.

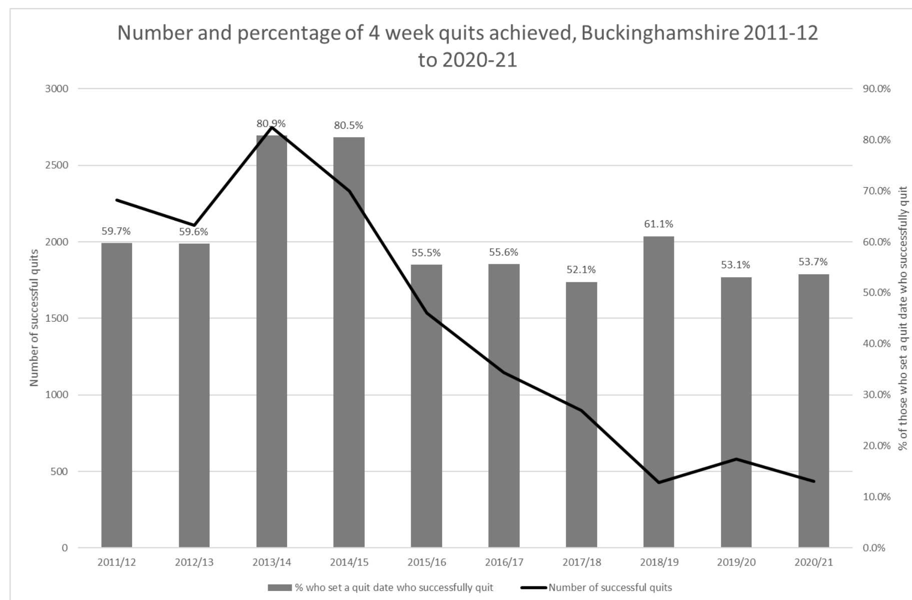
During 2020/2021 the Buckinghamshire SSS supported 410 people to successfully quit smoking, the trend is shown in the chart below with numbers reducing nationally, although at a faster pace in Buckinghamshire. Over the last 10 years the absolute number of successful quits has reduced by 81% in Buckinghamshire compared to 74% nationally. However, it is important to note, as shown in the charts below, the proportion of successful quitters (from those who have set a quit date) has increased slightly nationally across the time period and fluctuated within Buckinghamshire but remaining above 50%.

Figure 5: Number and percentage of 4 week quits achieved – England, 2011-12 to 2020-21



Source: [Statistics on NHS Stop Smoking Services in England.]

Figure 6: Number and percentage of 4 week quits achieved – Buckinghamshire, 2011-12 to 2020-21



Source: Statistics on NHS Stop Smoking Services in England.

As well as stop smoking support, the service can also offer support for a wide range of lifestyle issues (such as losing weight or getting more active). Nationally, in 2020/21 more women set a quit date than men however more men successfully quit (62% compared to 57% for women). There were also higher quit rates for men and women in those aged 45 and over (63% and 60% respectively). [ii] Those using an e-cigarette alongside Nicotine Replacement Therapy (NRT) achieved the highest success rates for quitting.

The COVID-19 pandemic quickly changed the way people interact with SSS. More smokers wanted to access virtual support rather than visiting the service in person. To adapt to this, the local SSS started offering remote (phone or via video) appointments and posting out quitting aids directly to clients. Despite this shift in delivery, there hasn't been a decrease in quit rates. Clients are finding the service easier to access as phone support is often more convenient.

3.2 Local plans and strategies

Buckinghamshire Tobacco Control Strategy

The Buckinghamshire Tobacco Control Strategy – Towards a Smokefree Generation (2019 – 2024)[45] sets out the local ambition for achieving a smokefree generation. This strategy aims

[ii] Dashboard available at Microsoft Power BI

to ensure that children and young people are discouraged from taking up smoking, all smokers in Buckinghamshire are supported to stop smoking, and the supply and demand of illicit tobacco is reduced. There is a particular focus on engaging those communities where smoking rates remain high.

The strategy recognises that everyone has a role to play in ensuring that tobacco-related harm is reduced within Buckinghamshire, whether in schools, the workplace, the community or within hospitals. The strategy provides a clear set of areas for action, that have been translated into an annual action plan that is developed via the Buckinghamshire Tobacco Control Alliance (TCA). The TCA consists of a wide range of stakeholders, including the NHS and Voluntary, Community and Social Enterprise (VCSE) sector. All partners work together to achieve a common goal, and the TCA meets to discuss progress and plans quarterly.

Action Plan

To support the themes within the Strategy there is a TCA annual action plan, with partners working together to tackle wider tobacco control work in Buckinghamshire.

Some of the work within the action plan includes:

- Developing and promoting new local campaigns that promote smokefree environments
    - Smokefree Sidelines – no smoking at Youth football matches
    - Smokefree Parks & Playgrounds
    - Illegal Tobacco campaign highlighting the dangers to local communities
- Supporting the NHS to deliver the NHS Long Term Plan for Tobacco Dependency Services
- Promoting mass media campaigns such as Stoptober (no smoking for October)
- Sharing information on E-Cigarettes with schools and other professionals
- Reviewing smoking policies at workplaces

4 Summary of evidence of what works

NICE guidance (NG209) Tobacco: preventing uptake, promoting quitting and treating dependence[46] offers the latest clinical guidelines on what works for stop smoking services.

This guidance covers several recommendations such as:

- Organising and planning national, regional or local mass-media campaigns
- Coordinated approach to school-based interventions
- Whole-school or organisation-wide smokefree policies
- Support to stop smoking in primary care and community settings
- Promoting stop-smoking support

- Using medicinally licensed nicotine-containing products
- Helping retailers avoid illegal tobacco sales
- Supporting people who do not want, or are not ready, to stop smoking in one go to reduce their harm from smoking

Smokers are three times more likely to quit smoking for good by using an evidence based local stop smoking service to support them. The Buckinghamshire SSS follows the NICE Guidance on delivery.

E-cigarettes (or vapes) have recently emerged as the tool most used by adults for quitting smoking. An international review published in 2020 found that e-cigarettes were 70% more effective in helping smokers quit than nicotine replacement therapy.

5 Considerations/recommendations for Health and Well Being Board and Commissioners

Based on the Healthy Lifestyle Needs Assessment completed in March 2022, the following recommendations were made for smoking cessation commissioners within Buckinghamshire:

- Consideration should be given to targeting smoking cessation services at particular groups and communities. Consideration should be given to targeting:
    - Older smokers (those aged 60 plus) and the retired,
    - Ethnic minority communities (those of Asian heritage in particular)
    - Sick and disabled and unable to work (including those with mental health issues and those with a long-term condition)
    - Residents in areas of higher deprivation

- Offers to these communities must take into account the cultural competence of staff and the service offer considering any adaptations that might need to be undertaken to better engage with these groups (rather than for instance publicising existing provision to a specific group but without making any group-specific adaptations).
- Stop Smoking Services (SSS) should identify and utilise personally relevant levers to increase motivations to quit (including life events) when engaging with clients, utilising these as 'teachable moments' that enable people to reflect on their smoking.
- Whilst population-wide measures of smoking in Buckinghamshire are generally good, there is the need for ongoing information and promotional campaigns to increase general knowledge of SSS support available in Buckinghamshire.
- Health reasons are the most often identified reason for making a quit attempt, therefore the role of primary and secondary care professionals is essential in encouraging smokers to quit. There is therefore a need for ongoing communication

with healthcare workers to ensure that they make onward referrals of clients into local SSS.

- SSS should consider the use of a 'cut down to quit' approach for those who may find the traditional method of an abrupt quit more difficult.

Recommendations for the Health and Wellbeing Board include:

- The NHS Long Term Plan (LTP) has set out a commitment to deliver NHS funded tobacco dependence treatment services across inpatient, maternity and outpatient/community settings. Our local NHS Trusts should ensure that these services are fully operational by 2023/2024.
- Primary Care should ensure that all patients are asked about their smoking status, with a timely referral made to local stop smoking support.
- Pharmacies should use Nicotine Replacement Therapy (NRT) sales as an opportunity to engage in a conversation about local stop smoking support and make direct referrals where possible.

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