

## 5.1.03 Tobacco Consumption

### Introduction: why is this important?

Smoking is the single greatest cause of preventable illness and premature death in the UK, and is one of the main determinants of health inequalities. It is the major contributing factor to the mortality divide between the most deprived areas in England and England as a whole. Smoking causes a range of diseases including many forms of cancer, coronary heart disease, stroke and chronic obstructive pulmonary disease. Furthermore smoking exacerbates these and many other health conditions. At a local level Bradford is above the national and regional average for all smoking attributable mortality and major challenges remain to ensure that we achieve the target of reducing the prevalence rate of tobacco use across the whole population.

There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults and children to ensure that as well as focusing on reducing the prevalence of smoking among adults (primarily through quitting) Local Authorities will also address the issue of reducing the uptake of smoking among children.

### What do the facts and figures tell us?

According to the Integrated Household survey in 2014 prevalence of smoking in adults aged 18+ was estimated to be 20.2% in Bradford. This is higher when compared to the average for both England (18%) and Yorkshire and the Humber (20.1%).

It is estimated that approximately 5% of all hospital admissions amongst adults aged 35 and over are attributable to smoking (Source: Statistics on Smoking: England 2015). Approximately a quarter of all admissions with a primary diagnosis of respiratory disease, 15% of admissions with primary diagnosis of circulatory diseases, 10% with a primary diagnosis of cancer and 1% with a primary diagnosis of the digestive system are attributable to smoking.

#### Hospital admissions attributable to smoking in among adults aged 35 and over, 2014-15

Diagnosis ICD10	ICD10 codes	Attributable admissions
All admissions		5061
All cancers	C00-D48	1891
All respiratory diseases	J00-J99	1567
All circulatory diseases	I00-I99	1429
All diseases of the digestive system	K00-K93	217

Source: Bradford Public Health Analysis

Approximately 18% of all deaths amongst adults aged 35 and over are attributable to smoking. Over a third (35%) of all deaths relating to respiratory diseases and 27% of all cancer deaths were attributable to smoking. In addition, an estimated 13% of deaths from circulatory diseases and 4% of deaths from diseases of the digestive system are attributable to smoking.

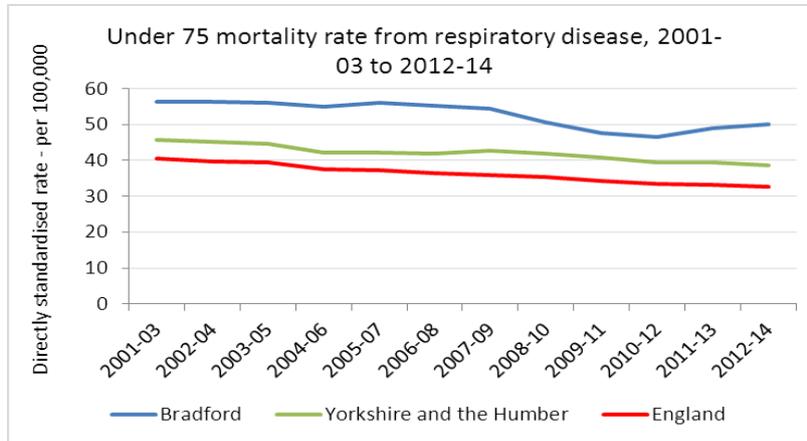
#### Deaths attributable to smoking in among adults aged 35 and over, 2014

Diagnosis ICD10	ICD10 codes	Attributable deaths
All deaths		762
All cancers	C00-D48	324
All respiratory diseases	J00-J99	228
All circulatory diseases	I00-I99	163
All diseases of the digestive system	K00-K93	10

Source: Bradford Public Health Analysis

Applying these estimates to data for Bradford means there are approximately 5,061 admissions and 762 deaths in adults aged 35 and over which are attributable to smoking per year.

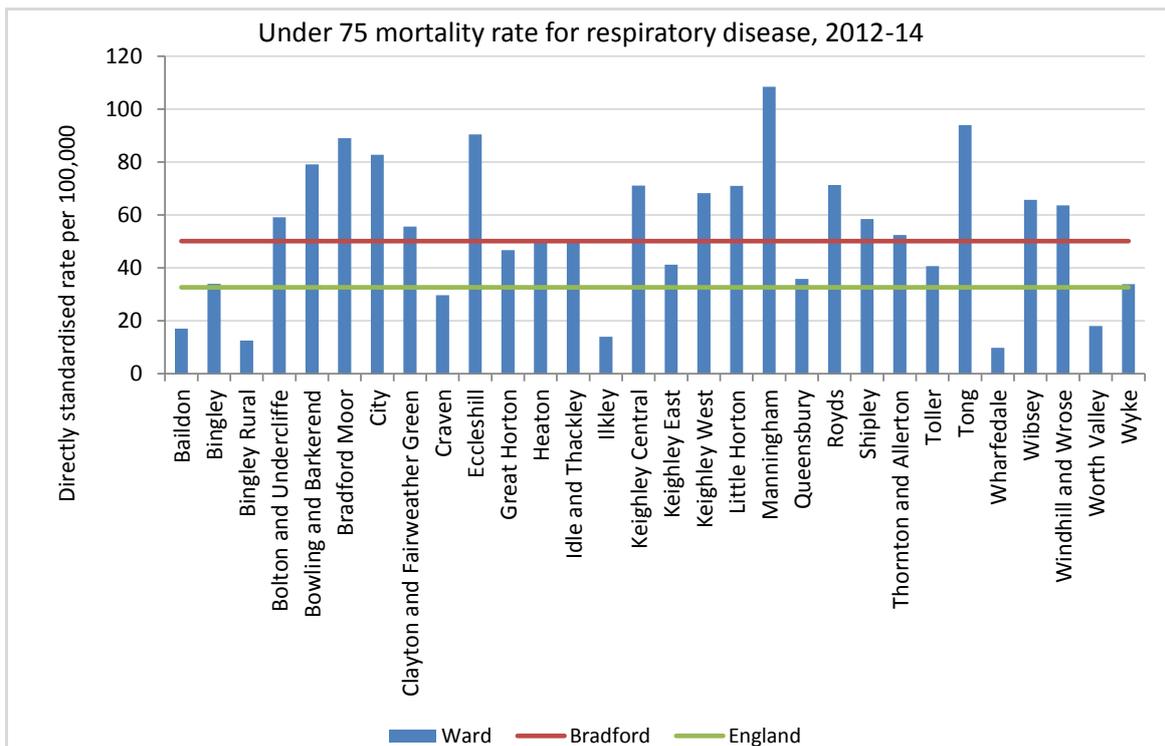
Respiratory disease is one of the top causes of death in England in the under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.



Source: Public Health Outcomes Framework

There are on average 180 deaths per year due to respiratory disease in the under 75s in Bradford District. Although mortality rates have generally been falling, from 2011-13 onwards rates have been rising in the district, going against the continued downward trend for England. In 2012-14, the age standardised mortality rate for respiratory disease in the under 75s was 50.1 deaths per 100,000 population compared to 32.6 per 100,000 population for England and 38.6 per 100,000 population for Yorkshire and the Humber.

Mortality rates due to respiratory disease vary throughout the district, with higher than average directly age standardised mortality rates seen in wards including Manningham, Tong, Eccleshill, Bradford Moor and City. Wards which have below district average rates include Ilkley, Bingley Rural, Wharfedale and Worth Valley.



Source: Bradford Public Health Analysis

## What strategies, policies and best practice have been developed locally and nationally?

The Tobacco Control Plan for England 2011 set out a strategy for reducing smoking prevalence with a reduction in smoking identified in children, adults and pregnant smokers:

- To reduce rates of smoking among 15 year olds in England to 12% or less by 2015
- To reduce smoking prevalence among adults in England to 18.5% or less by 2015
- To reduce rates of smoking throughout pregnancy to 11% or less by 2015

The Government plans to publish a new Tobacco Control Strategy for England in 2016

Other Tobacco Policies:

- Health Act (Smoke Free) 2006
- Health Act (2009)
- EU Tobacco Products Directive 2014
- NICE Guidance PH26 - Quitting Smoking in Pregnancy and Following Childbirth (2010) with targets monitored within the Every Baby Matters programme
- NICE Guidance PH48 - Smoking: acute, maternity and mental health services
- Bradford Public Health Tobacco Health Needs Assessment 2015
- Breathe 2025 is the vision for the Yorkshire and Humber to inspire children to grow up smokefree and protected from health harms caused by tobacco

## What challenges have been identified in a local context?

Comprehensive tobacco control interventions have been proven to be effective at reducing social and health inequalities, it supports giving every child the best start in life a priority identified in the Health and Wellbeing Strategy for the district. In addition reducing smoking rates will impact on achieving Better Health Better Lives in-line with New Deal for the Council.

Smoking prevalence is a key indicator not just for smoking-related diseases but also for health inequalities, with those living in poorer communities more likely to smoke. Reducing smoking in this population group will reduce both health and economic inequalities

There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. Although smoking in Bradford among young people has reduced considerably over recent years some of the highest rates of smoking are in young people, many starting before the age of sixteen. This increases the chance that they are more likely to continue to be smokers into adulthood and are likely to be affected by one of the many diseases associated with long term tobacco use.

Smoking in pregnancy and at time of delivery within Bradford is higher than the national average with rates highest in areas of deprivation. Pregnant women under the age of twenty are most likely to smoke during and after pregnancy. Prevalence remains consistently high for this group as a whole, with low quit rates and poor attendance at smoking cessation clinics. Work with pregnant smokers to reduce the numbers of women who smoke at the time of giving birth will consequently reduce poor maternal and infant health outcomes including low birth rate, sudden infant death syndrome and lower respiratory infections. Further information on smoking in pregnancy can be found in the Children and Young Peoples chapter.

Stopping smoking at any time has considerable health benefits for people who smoke and for those around them. For people using secondary care services there are additional advantages with successful quitting not only benefiting a patient's long term health by reducing the risk of disease development but there is evidence that quitting smoking before surgery may have more immediate benefits by reducing the risk of post-operative complications.

### What do our stakeholders tell us?

Reducing the number of women smoking at the time of delivery remains a challenge, and to further embed intensive smoking cessation interventions into routine antenatal care Public Health have commissioned Bradford Teaching Hospital Foundation Trust to provide a midwifery centred stop smoking service for pregnant women. This work will contribute to the provision of a comprehensive and accessible stop smoking service for pregnant women providing specialist knowledge, expertise, advice and guidance to women and their families to support and enable them to stop smoking in pregnancy and promote smoke free homes.

In addition health performance targets for Children's Centres now include reducing smoking in pregnancy to further support partnership working and target inequalities in maternal and infant health.

Tobacco control measures are crucial in reducing smoking prevalence and the rates of smoking-attributable disease. Availability of illegal tobacco undermines a range of key measures including taxation, age restrictions on sales and point-of-sale display bans. Illegal tobacco is significantly cheaper than cigarettes from legal sources lower prices undermine interventions by providing an accessible, lower-priced alternative source. Tackling the demand and supply of cheap illicit tobacco is a cross-cutting issue that requires engagement from a variety of stakeholders and partners. The 'Keep it Out' illegal tobacco programme delivered by West Yorkshire trading Standards is jointly funded by Local Authorities across West Yorkshire and aims to combat the damage illegal tobacco does to our communities.

### Recommendations: What do we need to do? How do we ensure this remains a priority?

All health and social care services can play a key role in identifying smokers with efficient referral pathways embedded throughout health and social care services

Targeted, high-quality stop smoking services are essential to the reduction of health inequalities in local populations and stop smoking services are a key component of highly cost-effective tobacco control strategies at local level.

Reducing smoking at time of delivery is a priority for the district and is identified in the Health Inequalities Action Plan 2013-17 under priority two 'Reducing Infant Mortality'. The Still Birth action plan for the district identifies actions to reduce smoking in pregnancy and promote smoke free homes to prevent and reduce the number of still births.

Improving health for mothers and their babies is a priority programme for Bradford Council and within all three Clinical Commissioning Groups. In addition, it is a priority within the partnership arena and much key work is taken forward through the ten recommendations of the Every Baby Matters Steering Group which leads on reducing infant mortality rates with recommendation six focusing on reducing smoking in pregnancy.

Work to tackle tobacco use needs to:

- Ensure that a strategic approach to tobacco is maintained
- Prioritise services and interventions based on identified need
- Continue to tackle and restrict illicit tobacco distribution
- Continue to target interventions to achieve a reduction in smoking throughout pregnancy
- Continue to reduce exposure to second hand smoke through a range of intervention approaches

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Breathe 2025 [www.breathe2025.org.uk](http://www.breathe2025.org.uk)