

# Tobacco Control

## Why is this important to Bradford District?

Smoking has long been recognised as one of the **main causes of preventable illness** and early death. It is particularly important in the context of asthma and COPD because it is one of the main causes of COPD, and is also an exacerbating factor for asthma. Tobacco use is also the most important preventable cause of lung cancer, with the incidence of lung cancer directly related to smoking; responsible for more than 85% of all cases.

Exposure to second-hand smoke (also referred to as passive smoking) also causes significant harm. Among adults, passive smoking contributes to deaths from lung cancer, cardiovascular disease and COPD. Passive exposure of children increases the risk of lower respiratory infections, asthma and wheezing illness, meningitis and middle ear disease.

Almost **6,000 hospital admissions** each year in the District are thought to be attributable to smoking, whilst the number of smoking related deaths is significantly higher in Bradford District than in England.

## Strategic context

**National context:** In July 2017 the Government published their plans to [reduce smoking in England, with the aim of creating a smoke free generation](#). The plan sets out four overarching objectives, expected to be achieved by 2022:

- reduce the number of 15 year olds who regularly smoke from 8% to 3% or less;
- reduce smoking among adults in England from 15.5% to 12% or less;
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population;
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less.

**Local Context:** [Breathe 2025](#) is the vision for Yorkshire and Humber promoted locally - to see the **next generation of children born and raised in a place free from tobacco, where smoking is unusual**. A multipronged approach to reduce the number of young people taking up smoking has been adopted. Priorities include:

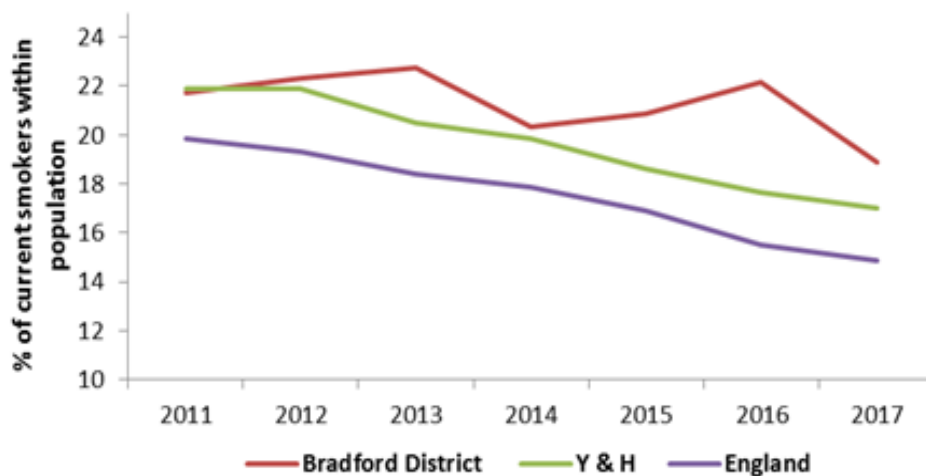
- Continuing to de-normalise smoking and discourage young people from being influenced by adult smoking.
- Promoting the implementation of smoke free areas for organisations involved in the care or education of young people and children.

- Making every contact count – ensuring that all opportunities in health and social care (including primary and secondary care) are maximised to support people to stop smoking. This includes identifying smokers, signposting, and referral to services where appropriate.
- Ensuring that all national and regional campaigns are well publicised and resources made available to primary and secondary health and social care professionals.
- Tackling the trade in illegal tobacco. ‘Keep it Out’ is a programme jointly funded by local authorities across West Yorkshire to combat the damage illegal tobacco does to our communities. Available from a range of sources within some local communities, the sale of illegal tobacco seriously undermines the impact of other tobacco control measures, makes it easier for children to start smoking, enabling them to become addicted at a young age.

## What do we know?

Around **1 in five adults in the District is a current smoker**. In 2017 the Annual Population Survey (APS) reported that the prevalence of current smokers (age 18+) in Bradford District had reduced to 18.9%. Despite this decrease in smoking prevalence, Bradford District’s current smokers’ rate remains higher than Yorkshire & Humber and England. Furthermore, the difference between the national and Bradford District prevalence has increased from 1.9% to 4% since 2011, meaning that although we are **making progress** in reducing the number of people in the District smoking, we are **not doing so at the same pace as other areas**.

**Figure 1: Smoking prevalence in adults, 2011-2017**



Source: Public Health England

There are **significant inequalities** in smoking in the District. For example, people working in routine and manual roles are more likely to smoke than other groups – most recent data shows that **31.8% of people in routine and manual jobs** in the District smoke. Although this number is reducing, it remains higher than the regional and national average, and is comparatively high compared to similar local authorities.

The prevalence of smoking in Bradford District and England is **higher in males** than females. The number of smokers is decreasing in both males and females; however for both groups Bradford District remains higher than the national average.

Furthermore, male smoking rates within Bradford District are comparatively high at 22.5%. When ranking 150 local authorities nationally, Bradford District places 141<sup>st</sup> for male smoking prevalence and 113<sup>th</sup> for females.

**Figure 2: Current Smoking status**

% Current Smokers	2011		2017	
	Bradford	England	Bradford	England
Males	24%	22.2%	22.5%	16.8%
Females	19.6%	17.6%	15.3%	13%

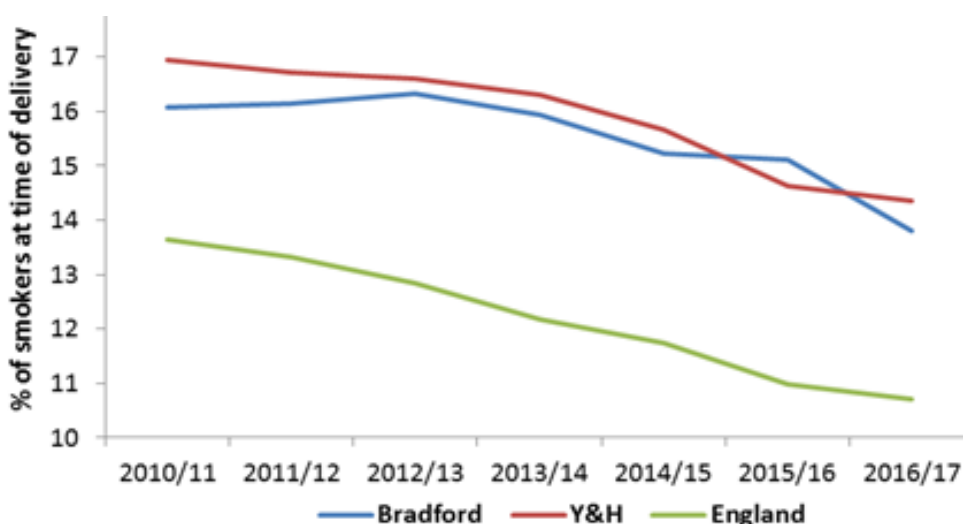
Source: Public Health England

We also know that **smoking prevalence varies across different age and ethnic groups**. Locally (self reported) smoking prevalence is highest in mixed and white ethnic groups, and lowest in Asian ethnic groups. Prevalence is also highest in younger age groups – 20.1% in people aged 18-24, decreasing with increasing age.

Latest available data on smoking in young people is from the What About YOUth Survey (WAY), last conducted in 2014/15. An estimated 6.5% of 15 year olds reported being a regular smoker. 25.6% of those surveyed said they had tried an e-cigarette.

Smoking during **pregnancy** can affect both mother and baby health before, during and after birth. In Bradford District the percentage of women smoking at time of delivery has fallen by 2.3% since 2010/11 to **13.8%**. Although this is the lowest percentage on record since 2010/11, in 2016/17 Bradford District’s rate was still 3.1% higher than the national average. In fact, the gap between Bradford District and England has actually increased over time from 2.5% to 3.1%.

**Figure 3: Percentage of women smoking at the time of delivery, 2010/11 – 2016/17**



Source: Public Health England

Again, inequalities in the number of women smoking at the time of delivery remain. **43% of women aged 19 and under were recorded as being smokers** at the time of delivery. This number decreases with increasing age, with women in their thirties and forties less likely to smoke.

## What are we doing about it?

Tobacco control measures are crucial in reducing smoking prevalence and the rates of smoking attributable disease. The Department of Health and Wellbeing commissions services to support people to stop smoking, and also activities to prevent people, particularly children and young people, from taking up smoking in the first instance.

A multipronged approach to reduce the number of young people taking up smoking is essential. **Breathe 2025** is the vision for the Yorkshire and Humber promoted locally - to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual.

The **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.

WY&H Cancer Alliance have identified tobacco control as a key element of its work to prevent cancer and cancer-related deaths. The tobacco control work stream aims to strengthen existing tobacco controls and **smoking cessation services** across WY&H in line with reducing smoking prevalence to below 13% nationally by 2020.

Outcomes are focused on:

- Reducing smoking related admissions and demand on services;
- Increasing referrals to specialist stop smoking services;
- Systematic implementation of NICE guidelines in acute and Mental Health services.

Smoking in pregnancy has been a priority for a number of years. Recognising the importance of stopping smoking during pregnancy, the Department of Health and Wellbeing commissioned a specialist midwife to, over a three year period, train staff and establish policies and procedures. This includes ensuring that a systematic and evidence based approach to tackle maternal smoking is embedded throughout the **antenatal care pathway**.

In addition, the Department of Health and Wellbeing, Bradford City and Districts CCGs and Public Health England have funded **babyClear**; this is an evidence based midwifery programme to ensure consistency of advice and interventions for pregnant smokers from the first booking appointment with a midwife. This is complemented by further interventions including smoking cessation and **smoke free homes champions** in the health visiting service and children's centres.

NHS England has provided additional funding to tackle the high number of women continuing to smoke in pregnancy in Bradford Districts CCG. This has enabled the introduction of **carbon monoxide (CO) screening** at 36 weeks pregnant to improve the accuracy of reporting, and provides a further opportunity to promote the uptake of smoking cessation services. In addition, midwives assessing women in the maternity assessment centre and day unit have received additional training and resources to implement an intervention with women who continue to smoke in pregnancy and attend hospital with a pregnancy concern.

Bradford City and Districts CCGs are working collaboratively to deliver a programme of work (known as **Bradford Breathing Better**) to improve respiratory health outcomes for children, young

people and adults in Bradford District with COPD or asthma. The primary aim of Bradford Breathing Better is to promote early and appropriate diagnosis, and through effective and proactive care, support people to manage their conditions, reducing exacerbations and unplanned hospital admissions. Working with Public Health colleagues, the work will focus on the clinical elements of smoking cessation, to increase the number of people stopping smoking.

## Gaps / challenges / opportunities

Whilst smoking rates for the District have reduced they are still high in certain groups, and inequalities remain. In particular, younger adults, people from White and Mixed ethnic groups, and people working in routine and manual jobs, have some of the highest smoking rates in the District.

The number of women smoking at time of delivery is also beginning to reduce; however, again inequalities remain, with smoking rates highest in some of our more deprived areas, and in younger age groups.

Smoking cessation remains a key proven preventive strategy for chronic respiratory diseases. Making every contact count (MECC) – ensuring that all opportunities in health and social care (including primary and secondary care) are maximised to support people to stop smoking. This includes identifying smokers, signposting and referral to services where appropriate. Accordingly, opportunities across social care, primary care and secondary care to refer and support people to stop smoking services as part of routine care pathways need to be optimised. The NHS CQUIN and West Yorkshire Cancer Alliance work programme should help to support this.

There is much debate about the use of e-cigarettes (vaping). In a [comprehensive review of the literature published by Public Health England in February 2018](#), PHE concluded that vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits. E-cigarettes could be contributing to at least 20,000 successful new quits per year nationally and possibly many more, whilst e-cigarette use is associated with improved quit success rates over the last year and an accelerated drop in smoking rates across the country.

## What does the information presented mean for commissioners?

Despite progress being made and the number of people smoking reducing, inequalities remain. Smoking rates remain high in men, in people with routine and manual jobs, and in young adults. Too many women still smoke during pregnancy, with young women most likely to smoke.

The evidence base is clear that a multi-stranded approach is needed for tobacco control, ranging from supply and availability of tobacco, to health messaging, brief advice, and using every opportunity to engage with smokers. Given the stark health inequalities in smoking prevalence, focused action is needed where smoking prevalence is highest.

### Supporting resources

Public Health England routinely publishes Tobacco Control Profiles. These are available at:

<https://fingertips.phe.org.uk/profile/tobacco-control/data#page/0/gid/1938132885/pat/6/par/E12000003/ati/102/are/E08000032/iid/91767/age/44/sex/4>