

Smoking The Facts

**NORTH EAST
ENGLAND 2013**

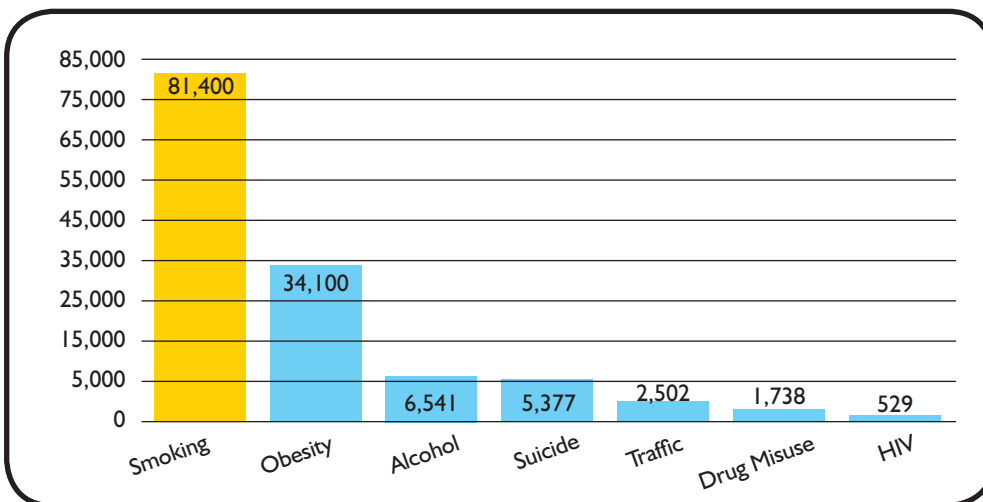


● Introduction

In 2011, Fresh produced briefings for all twelve North East localities, providing partners with a snapshot of the impact of smoking locally, as well as a briefing for the North East as a whole. This highlighted issues such as latest smoking prevalence, mortality and disease, impact on resources and the projected short to medium term impact of tackling smoking through comprehensive, multi-component tobacco control at a local and sub-national (e.g. regional) level. This briefing is designed to update partners on the current picture regarding smoking across the North East of England; to recognise areas of progress, but also to highlight the need for continuing investment in tobacco control.

Smoking remains the single biggest preventable cause of premature death in the UK today. It is responsible for one in five of all deaths in adults aged 35 and over – more than is caused by alcohol, car accidents, suicide, AIDS, murder and illegal drugs combinedⁱ. Around half of all long-term smokers will eventually die as a result of their addiction – approximately eleven people a day in the North East alone.

Each year smoking causes the greatest number of preventable deathsⁱ



Smoking is estimated to cost the NHS in England £2.7 billion per year, and £13.74 billion in wider costs to society through sickness, absenteeism, the cost to the economy, social care, environmental pollution and smoking related firesⁱⁱ. This burden impacts on every GP surgery and hospital, every council and every family whether they smoke or not.

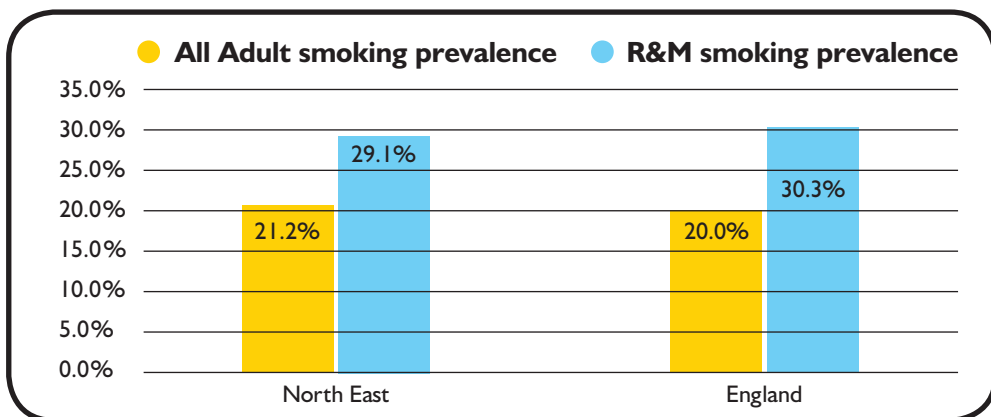
82% of smokers start as children and regret ever starting. 64% of smokers wish they could stop and are overwhelmingly in favour of measures to prevent the next generation becoming addicted to smoking^{iv}.

Fresh was established in 2005 to help the North East take a co-ordinated and comprehensive approach to reducing the harm caused by tobacco. Working with a range of partners, the Fresh approach has helped the North East achieve the biggest drop in smoking rates across England over the last seven years.

● Smoking prevalence

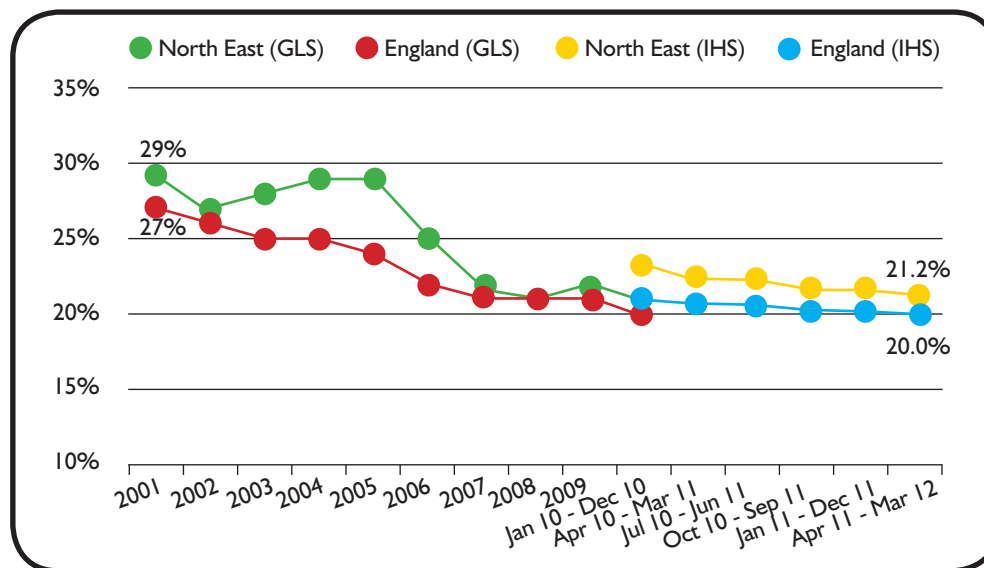
According to the latest Integrated Household Survey (IHS) data, **21.2%** of adults in the North East are estimated to smoke regularlyⁱⁱⁱ. This rises to **29.1%** among people employed in routine and manual occupations. This equates to approximately **455,000** regular adult smokers in total. Whilst all-adult smoking rates in the North East are marginally higher than the national average, smoking rates amongst R&M workers are the third lowest in the country, which suggests that co-ordinated work to target key smoking populations is effective. According to the IHS data, the North East has seen overall smoking prevalence fall by **3.0%** over the last two years – the largest drop in England, and more than double the national average decline over this period. This means approximately **65,000** fewer smokers across the North East now, compared to 2009/10.

Figure 1 – Adult smoking prevalence in the North East and England taken from the April 2011-March 2012 Integrated Household Survey



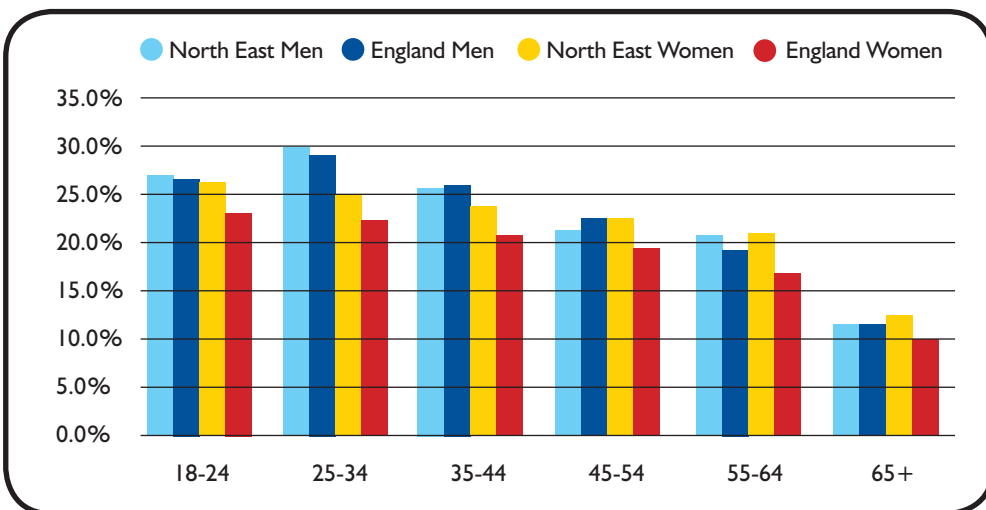
Prior to the launch of the IHS in 2010, smoking rates were measured by the General Household Survey^{iv} (GHS). This also showed the North East experiencing the biggest fall in adult smoking rates of any region in England from 2005-2009, with North East adult smoking rates falling by more than a quarter between 2005 and 2012. The graph on the next page shows the GHS and IHS estimates combined, and reflects the early rapid North East progress, relative to the rest of England. This reiterates the need for continued focus on, and investment in, tobacco control issues in order to further reduce smoking rates, and to ensure that there is no stagnation in prevalence levels.

Figure 1a – Decline in adult smoking prevalence since 2001 according the General Lifestyle Survey and Integrated Household Survey



Finally, with regard to prevalence, the Integrated Household Surveyⁱⁱⁱ has recently issued more detailed prevalence data by gender and key age groups. Figure 1.b overleaf illustrates that smoking rates are higher in the younger age groups, particularly amongst males. This data also highlights that, whilst more men smoke in the North East than women, NE female smoking rates are still high compared to the rest of England amongst all age groups.

Figure 1.b – Smoking prevalence by gender and age groups in the North East and England taken from the April 2011-March 2012 Integrated Household Surveyⁱⁱⁱ



● Deaths from smoking

Nearly one in five (**18%**) of all deaths among adults over 35 are estimated to be as a result of smoking.^v Smoking causes almost **90%** of deaths from lung cancer, around **80%** of deaths from COPD (including bronchitis and emphysema), and around **17%** of deaths from heart disease.

At current smoking levels, there will be approximately **4,066** deaths in the North East each year in adults aged 35 and over which are directly attributable to smoking^{vi}. This equates to **272.8** deaths per every 100,000 people living in the North East. Whilst still substantially higher than the England average of **210.6**, the North East has seen a more rapid decline in this measure (down **3.4%**) than the England average (down **2.5%**) over the last 12 months. The decline in smoking related mortality from some specific diseases over the last year across the North East (lung cancer down by **3.2%**, stroke down by **16.4%**) is more than double the decline seen nationally.

Figure 2 – Estimated number of smoking attributable deaths each year in North East by disease type^{vi}

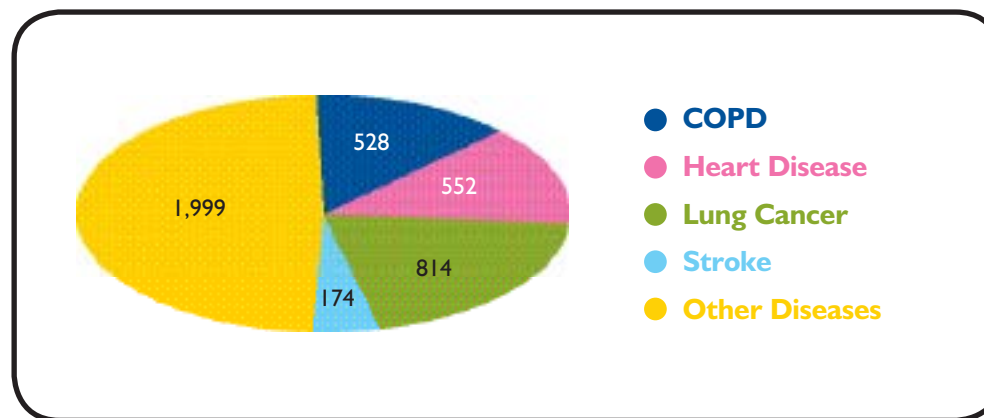
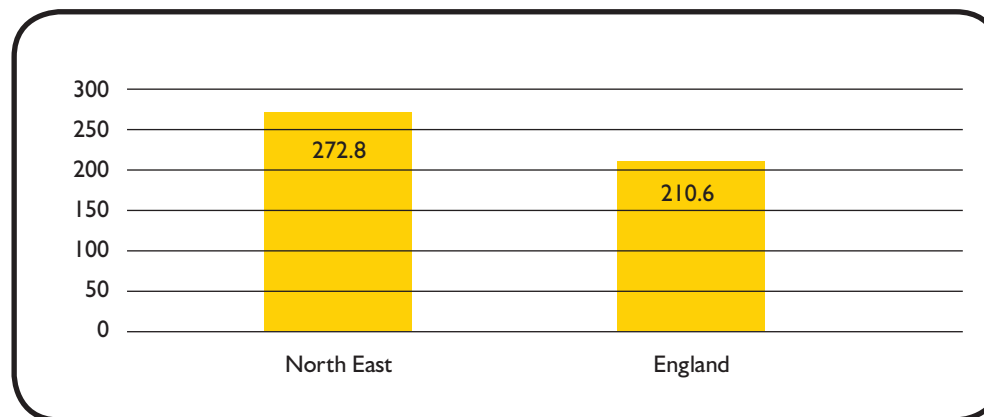


Figure 3 – Directly standardised rate of smoking attributable deaths per every 100,000 people aged 35 or over (2008-10)^{vi}



● The cost of smoking

Deaths caused by smoking are just one measure of the impact of this addiction. Smoking also takes a heavy toll of NHS resources, as well as on local employers through increased absenteeism. **Overall, the main smoking related diseases are conservatively estimated to cost the NHS across the North East £110.4 million per year^{vii}.**

● Hospitals

There are an estimated **30,766** hospital appointments each year from North East residents over the age of 35, as a consequence of the main smoking-related diseases^{vi}. The number of admissions per head of population is again significantly higher than the England average. The cost of smoking-related hospital admissions in the North East alone is calculated to be nearly **£65.8 million** per year^{vii}.

Figure 4 – Directly standardised rate of smoking-related hospital admissions per every 100,000 people aged 35 or over (2008-10)^{vi}



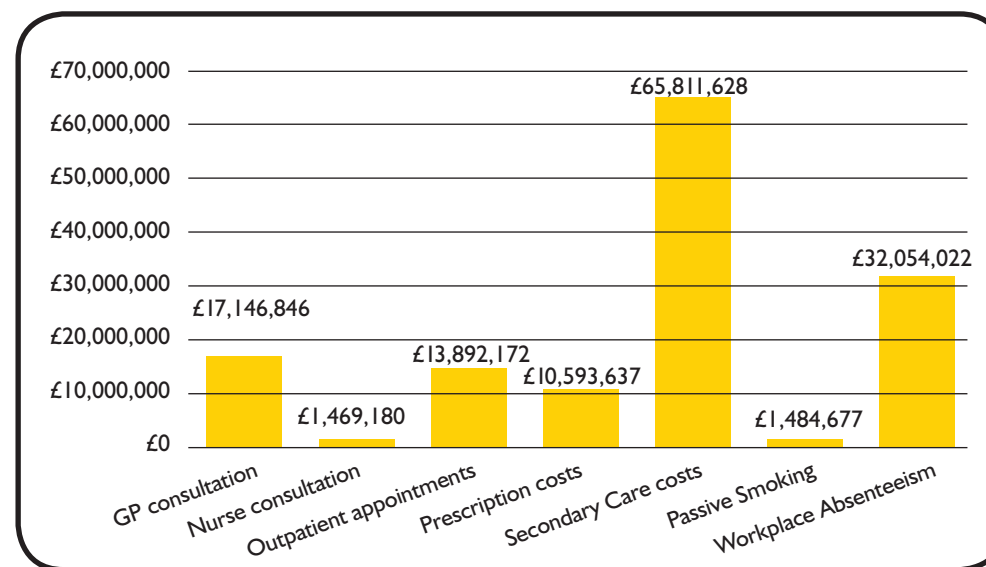
● Primary Care

Smoking is also estimated to cost the North East **£17.1 million** per year in terms of additional GP consultations, nearly **£1.5 million** per year from additional nurse consultations, and over **£10.5 million** from additional prescription costs^{vii}.

● Workplaces

Current smokers are more likely to take time off work than non-smokers. An additional **£32.1 million** is lost to the regional economy each year through increased levels of absence from work from smokers compared to their non-smoking counterparts, which accounts for over **361,000** additional lost days of productivity per year across the North East^{vii}.

Figure 5 – Estimated annual cost to North East from smoking-related diseases and work absenteeism^{vii}



If current smoking levels remain unchanged, the North East will experience an ongoing burden to the NHS in terms of additional appointments and activity. The number of additional annual “events” would be as below^{vii}.

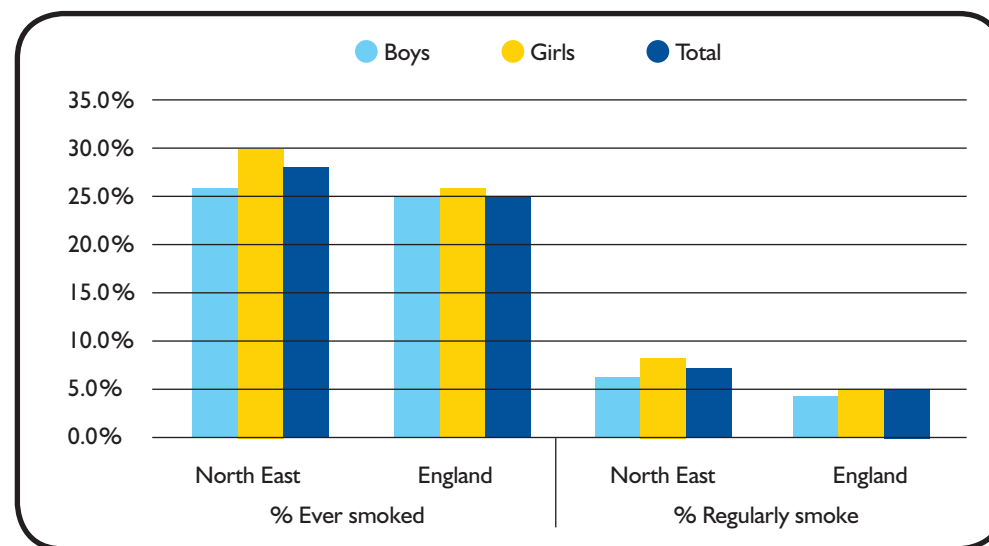
Table 1 - Estimated number of annual smoking - related NHS events, based on current smoking levels

GP consultations	460,770
Practice nurse consultations	129,207
Outpatient visits	88,416
Prescriptions	256,205
Smoking attributable cases in adult passive smokers	13,637
Smoking attributable cases in child passive smokers	52,608

● Smoking and children

Smoking rates amongst children have been declining steadily over recent years, and are now at an historic low-point, both in terms of **11-15 year olds** who regularly smoke, and those who have ever tried smoking. North East rates are slightly higher than the national averages on both these measures, with **28%** of North East children having ever tried smoking, and **7%** regularly smoking^{viii}.

Figure 6 – Smoking prevalence amongst 11-15yr olds by gender in 2011 (North East vs. England average)^{viii}



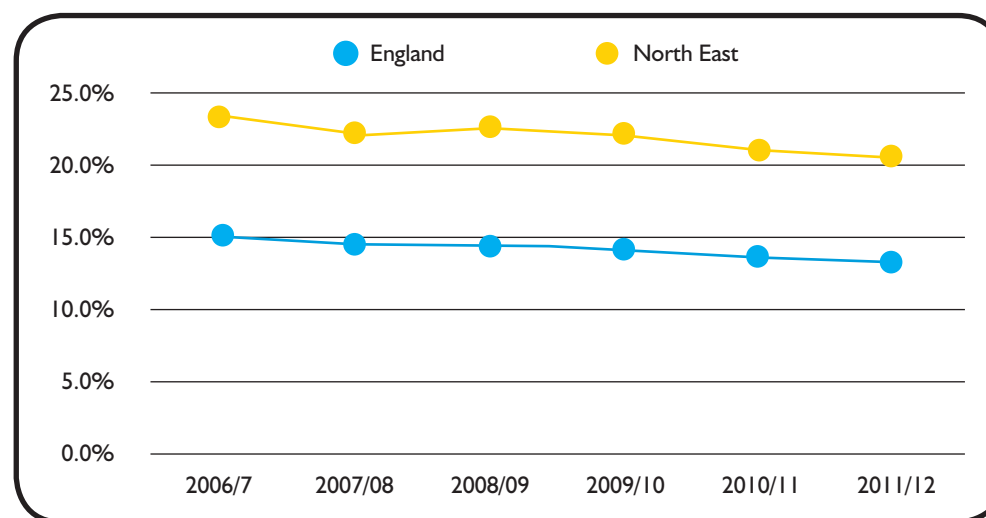
According to the 2010 Royal College of Physicians report, “Passive smoking and children”^{ix}, parents who expose their children to tobacco smoke within the home significantly increase their child’s risk of disease and ill-health. Based on these national figures, it is estimated that there are over **6,500** additional incidents of childhood disease each year within the North East directly attributable to passive smoking.

Table 2 – Estimated number of disease incidents in the North East each year as a result of secondhand smoke

Disease Incidence	Age Range	Estimated North East events attributable to smoking
Lower respiratory infections	2 and under	785
Middle ear infections	0-16	4,836
Wheeze	2 and under	276
Asthma	3-4	67
Asthma	5-16	553
Meningitis	0-16	24
Total incidents		6,541

Smoking during pregnancy poses a significant health risk to both mother and unborn child. According to latest 2011/12 end of year figures, **6,155** North East women were recorded as smoking at the time they gave birth^x. This equates to **20.6%** of all maternities. This smoking at time of delivery figure is significantly higher than the national average (**13.2%**), and has been consistently so since data began to be collected. The North East is currently engaging on a dedicated project to standardise the stop smoking interventions delivered by midwives, and to improve the effectiveness of NHS Stop Smoking Services in terms of converting pregnant smoker referrals into appointments attended, and then converting more pregnant clients into successful quitters.

Figure 7 - % of women smoking at time of delivery

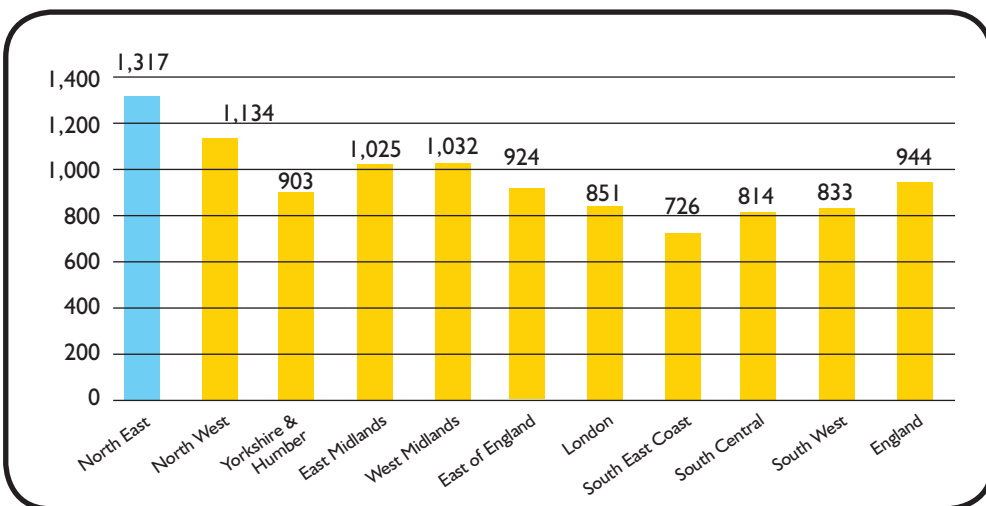


● NHS Stop Smoking Service delivery

During 2011/12, **63,300** smokers set a quit date with the support of North East NHS Stop Smoking Services (NHS SSS). This represents **13.7%** of the estimated smoking population^x. **28,309** people reached the 4-week quit benchmark successfully, which is **6.1%** of the estimated smoking population. This was another record year for North East NHS SSS, both in terms of numbers accessing the services, and in numbers quitting.

Since they were established in 1999, North East NHS SSS have consistently outperformed all other regions on the primary measure of success – the number of 4-week quitters achieved per 100,000 of adult population. Even when figures are adjusted to take into account the number of smokers per region, the North East comfortably leads on this measure nationally.

Figure 8 – Number of 4-week quitters per 100,000 adults achieved by the NHS Stop Smoking Services in 2011/12



● Making the case for investment

This briefing provides an overview of current smoking prevalence and its effect on the population of the North East. Continued investment in evidence-based, comprehensive tobacco control, combined with effective Stop Smoking Service interventions can ensure that smoking rates continue to fall over the next decade.

A recently developed NICE economic modelling tool^{vii} can help to quantify the impact of such measures across the North East over this period. This model shows that over the lifetime of an average smoker in the North East, the cost benefit from investment in tobacco control measures to support that smoker to quit (based on a minimum investment of 40pence per capita to fund a sub-national programme, in addition to local NHS Stop Smoking Services) will be 1.74 times the cost of delivering those interventions, and therefore ultimately saves the region money. The table below shows the added benefits of comprehensive, multi-component tobacco control activity on a sub-national level over the **next year**. In both scenarios below, it is assumed that the NHS SSS will continue to make a similar contribution to smoking reduction as in 2011/12.

Area of Impact	Projected impact with NO comprehensive sub-national Tobacco Control programme (per year)	Projected impact with comprehensive sub-national Tobacco Control programme in place (per year)	Difference (saving) as a result of having a comprehensive, sub-national Tobacco Control programme (per year)
NHS costs	£111.17 million	£108.91 million	£2.26 million
NHS episodes	981,186	961,308	19,878
Costs of Passive Smoking	£1.52 million	£1.48 million	£40,000
Workplace losses due to increased smoking-related absenteeism	£32.72 million	£32.05 million	£670,000
Number of workplace days lost to smoking-related absenteeism	368,536	361,070	7,466

References

ⁱ Smoking Statistics – Illness and Death

http://www.ash.org.uk/files/documents/ASH_107.pdf

ⁱⁱ The Economics of Tobacco

http://www.ash.org.uk/files/documents/ASH_121.pdf

ⁱⁱⁱ Integrated Household Survey - all adult prevalence data (April 2011 – March 2012)

<http://www.lho.org.uk/viewResource.aspx?id=16678>

^{iv} General Lifestyle Survey Smoking Tables 2010

<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-226919>

^v NHS Information Centre, Statistics on Smoking in England, 2010

<http://www.ic.nhs.uk/pubs/smoking10>

^{vi} London Health Observatory Local Tobacco Profiles

<http://www.tobaccoprofiles.info/tobacco-control>

^{vii} NICE Return on Investment Tool for Tobacco Control

<http://www.nice.org.uk/ROItobacco>

^{viii} Smoking, drinking and drug use amongst young people 2011

http://data.gov.uk/dataset/smoking_drinking_and_drug_use_among_young_people_in_england

^{ix} Royal College of Physicians report (2010), "Passive smoking and children"

^x Department of Health statistics on Smoking in Pregnancy 2011/12

http://www.ic.nhs.uk/article/2021/Website-Search?productid=7168&q=SA_TOD&sort=Relevance&size=10&page=1&area=both#top

^{xi} PCT Quarterly Stop Smoking Service submissions to NHS Information Centre

<http://www.ic.nhs.uk/searchcatalogue?q=title%3a%22Statistics+on+NH+S+Stop+Smoking+Services+-+England%22&sort=Most+recent&size=10&page=1#top> in addition to Integrated Household Survey prevalence data from April 2011 – March 2012

For more information on smoking and tobacco control, contact the Fresh team

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