



THE CASE FOR ACTION on TOBACCO USE & SMOKING

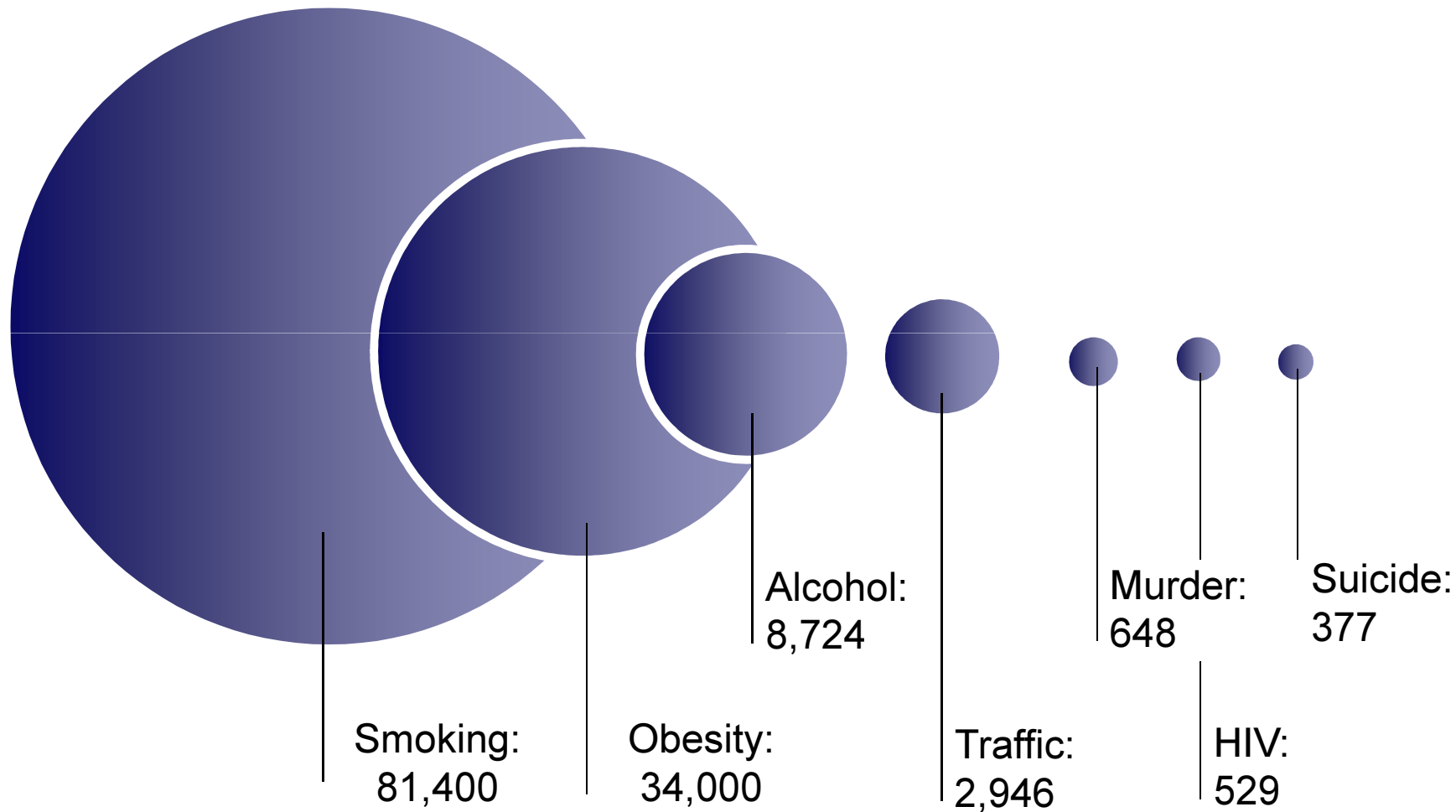
Harms caused by tobacco use & an overview of local tobacco policies to aid
commissioning

Health and Wellbeing Delegated Powers meeting
10 October 2011



1. Scale of the challenge

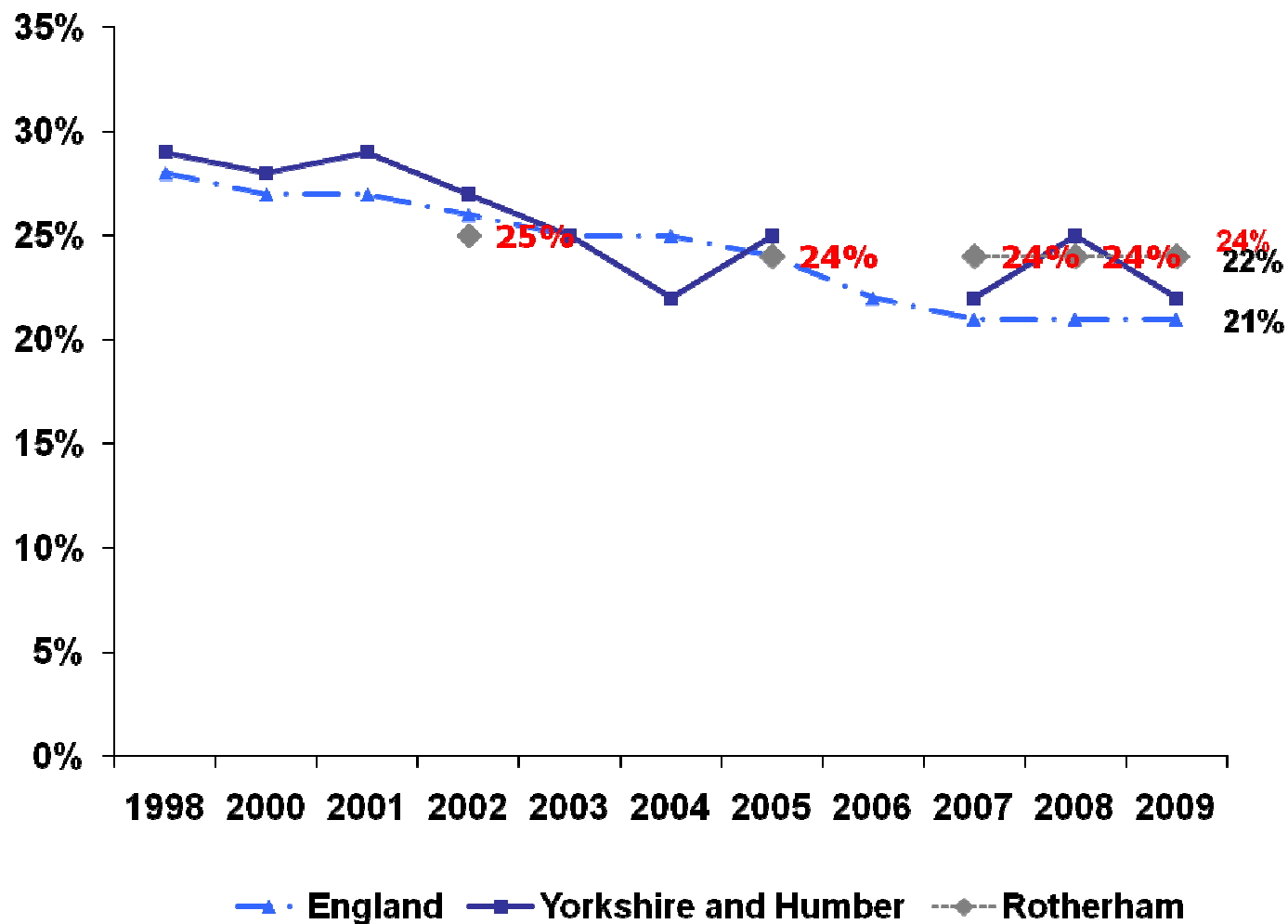
Each year smoking causes the greatest number of preventable deaths



References:

1. ASH Factsheet, Smoking Statistics: illness & death, June 2011 (http://www.ash.org.uk/files/documents/ASH_107.pdf) NB area represents value

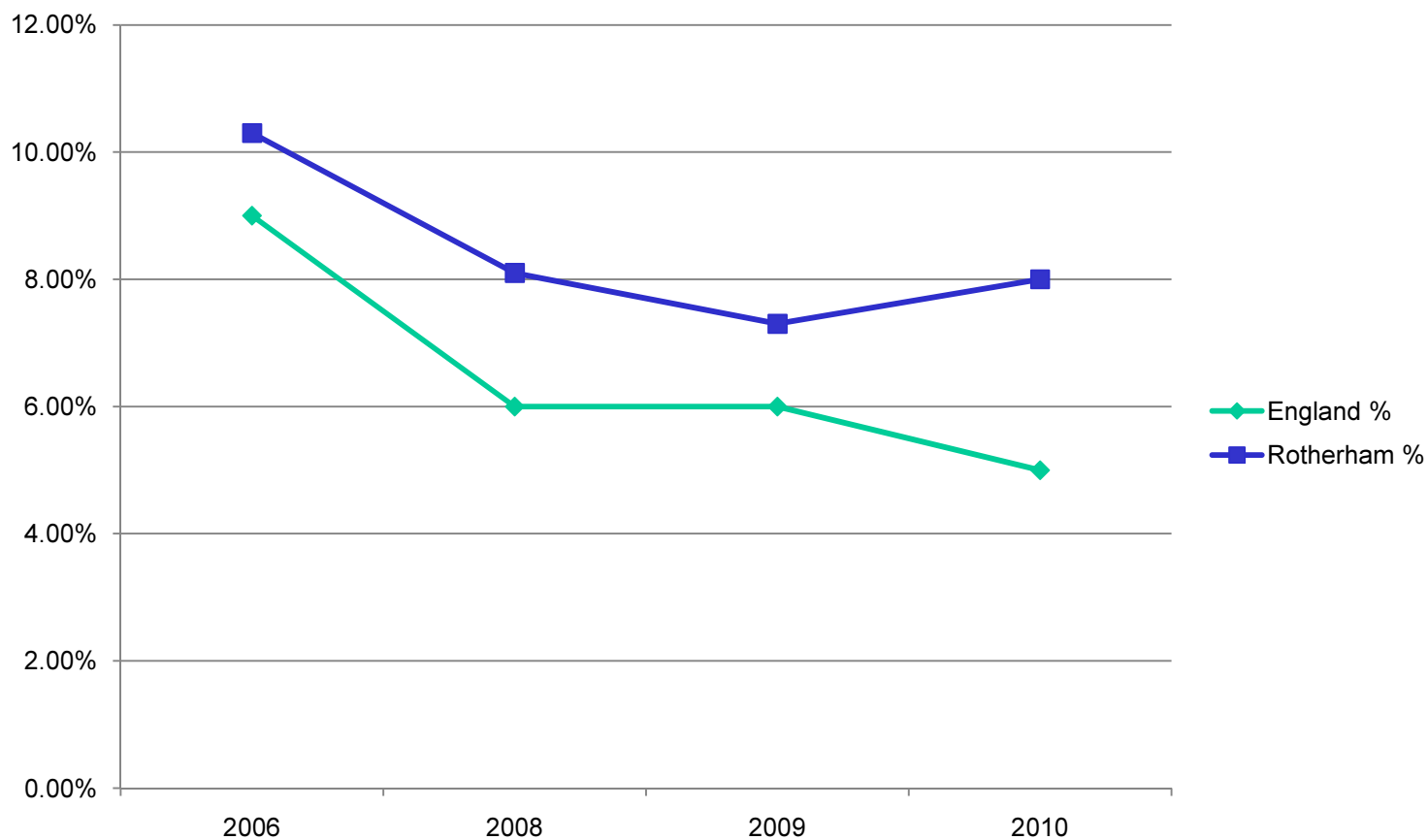
The decline in smoking rates has stalled



References:

1. Integrated Household Survey 2010 (mid-point estimate for locality given small sample size and large confidence interval)

National children's rates of smoking (age 11 – 15)

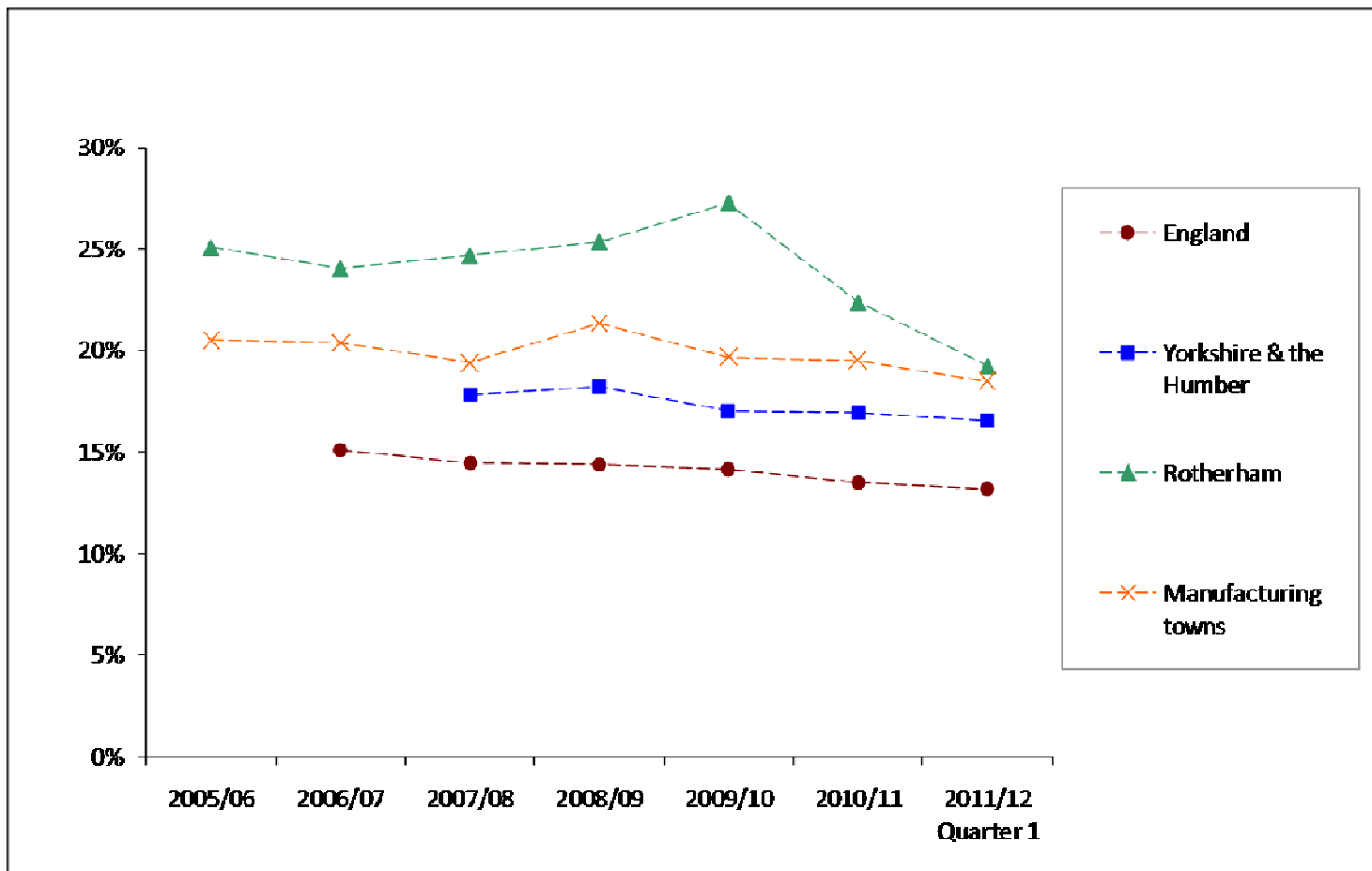


References:

1. Smoking, drinking and drug use among young people in England in 2009. National Centre for Social Research, 2010: NHS Information Centre for Health and Social Care.

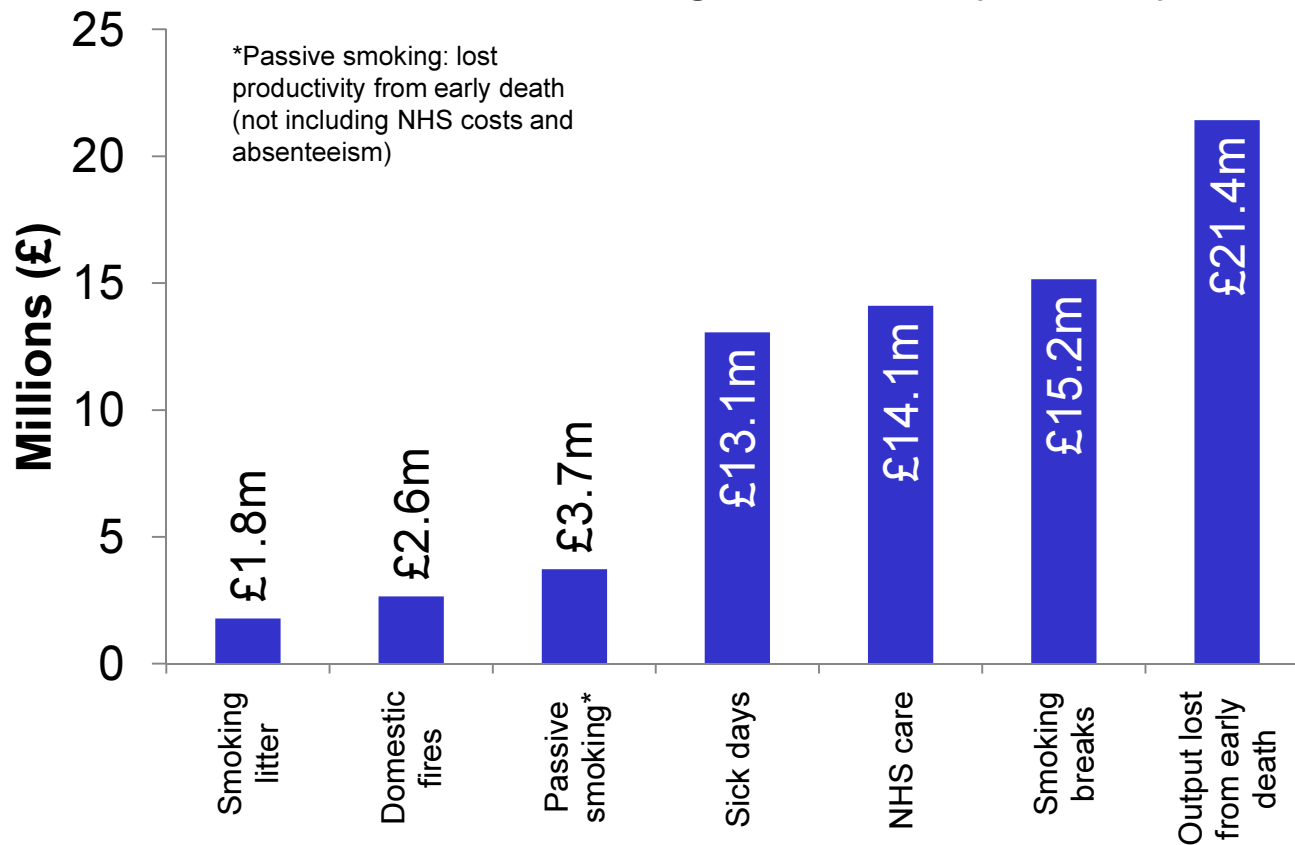
Smoking in pregnancy

Smoking at delivery rates



Smoking costs the local economy millions every year (£71.9m in Rotherham)

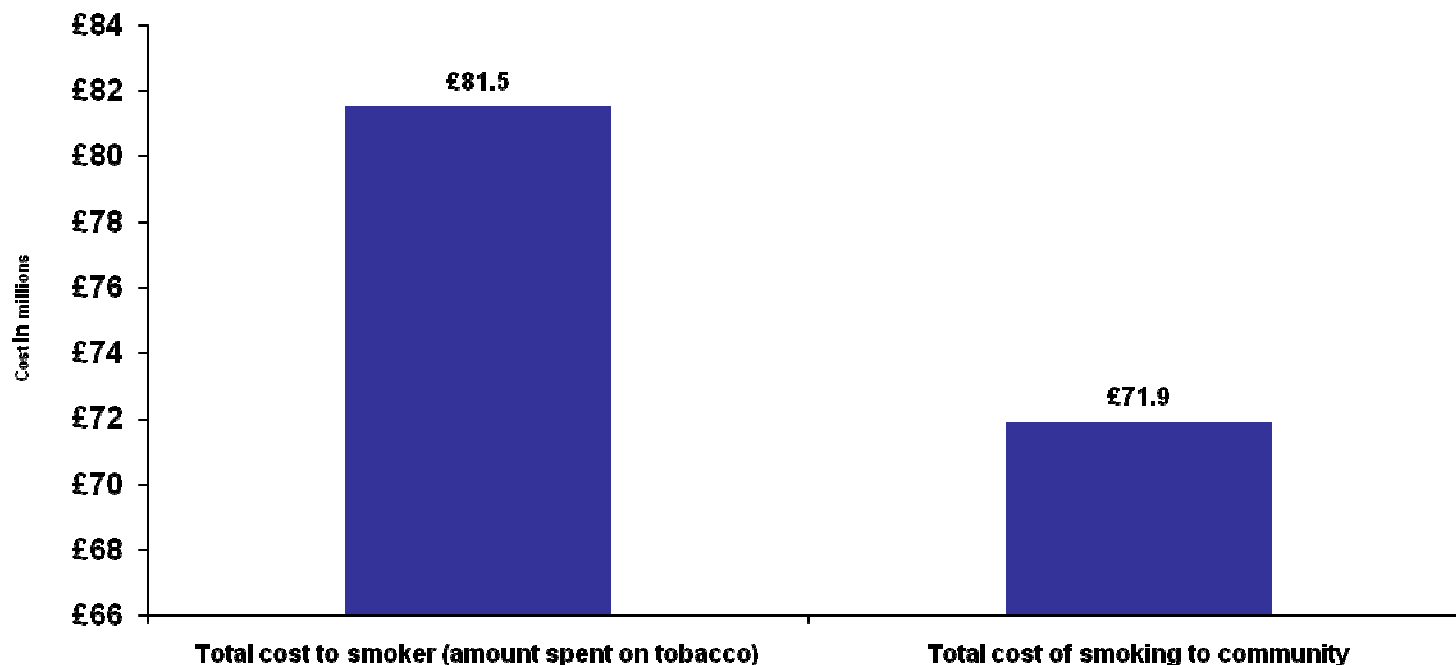
Estimated cost of smoking in Rotherham (£ millions)



References:
1. Cough Up, Policy Exchange, 2010 2. 'Reckoner' spreadsheet

The annual cost of smoking to smokers (compared to additional costs to our community)

Annual estimated costs of smoking to the individual and society



- Each year, smokers in Rotherham spend approx. £81.5m on tobacco products.
- This contributes roughly £62.1m in duty to the Exchequer.
- This means that there is an annual funding shortfall of £9.8m in this area.

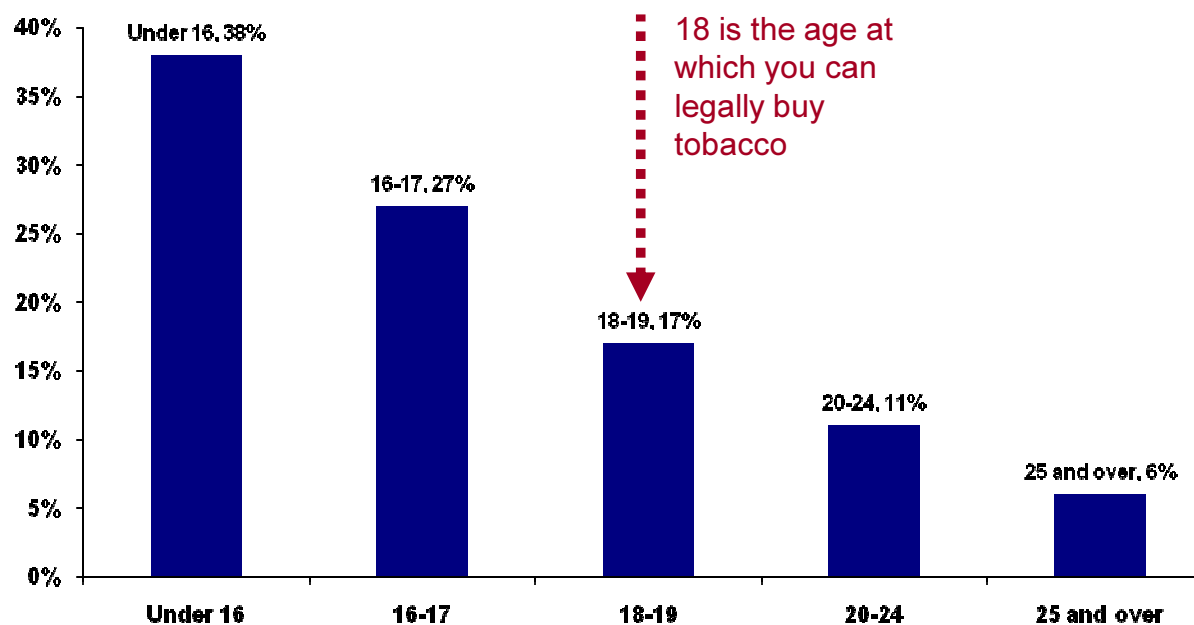
References:

1. Cough Up, Policy Exchange, 2010, 2. HMRC, 3. 'Reckoner' spreadsheet for calculated estimated local costs (ASH, 2011)

2. Smoking attitudes & behaviours

Children not adults start smoking

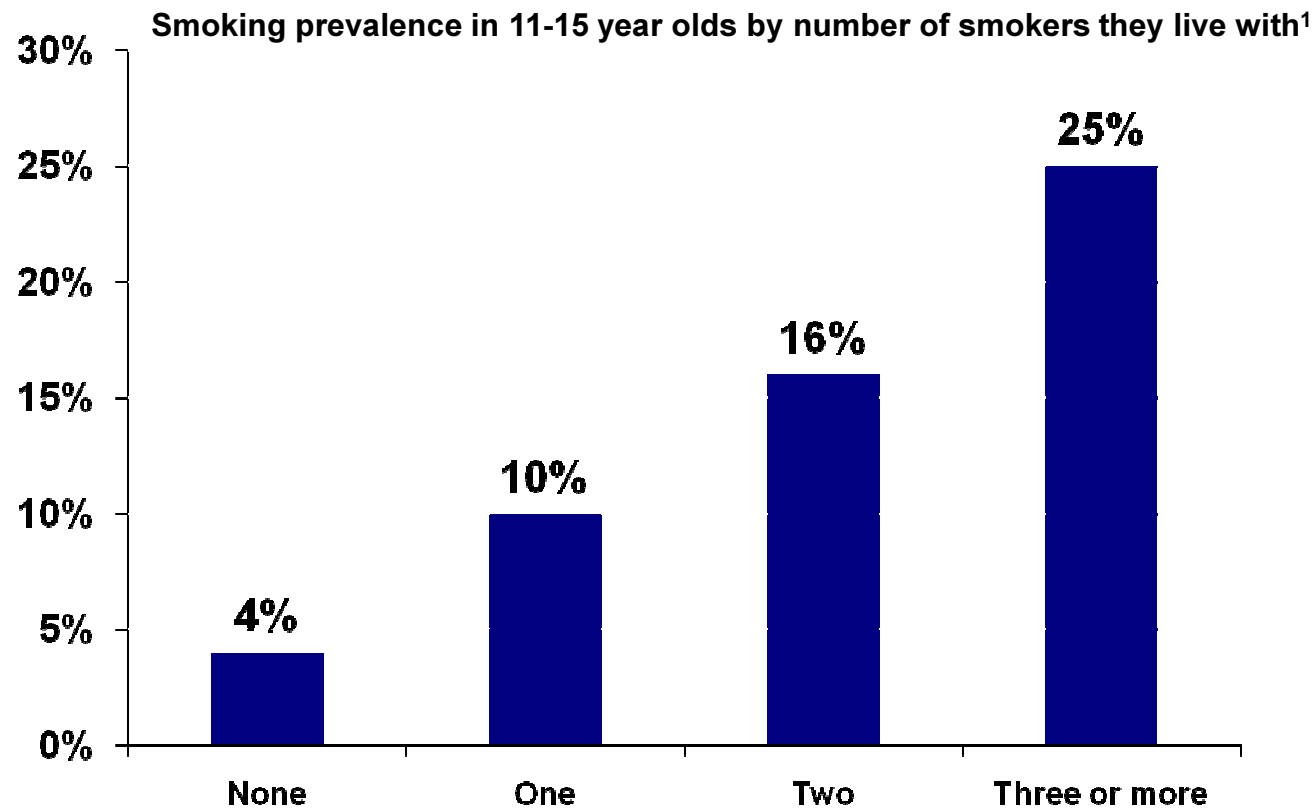
Age smokers start smoking: 90% of smokers started before the age of 19



References:
1. Smoking Attitudes & Behaviours, ONS 2011

Children are three times as likely to start smoking if their parents smoke¹

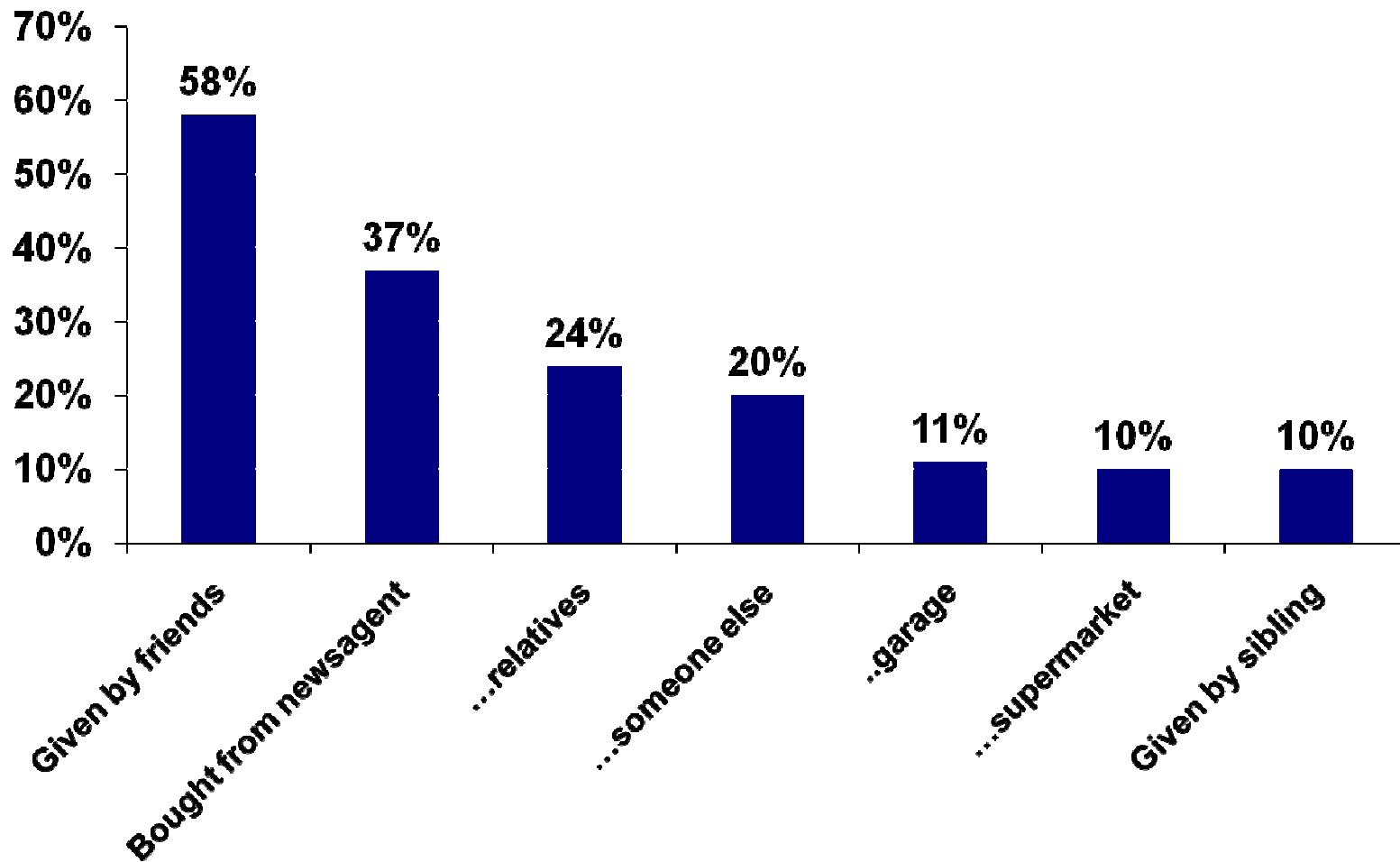
99% of 16 year old regular smokers live in a household with at least one other smoker¹



References:
1. Smoking, drinking and drug use among young people in England in 2010, ONS

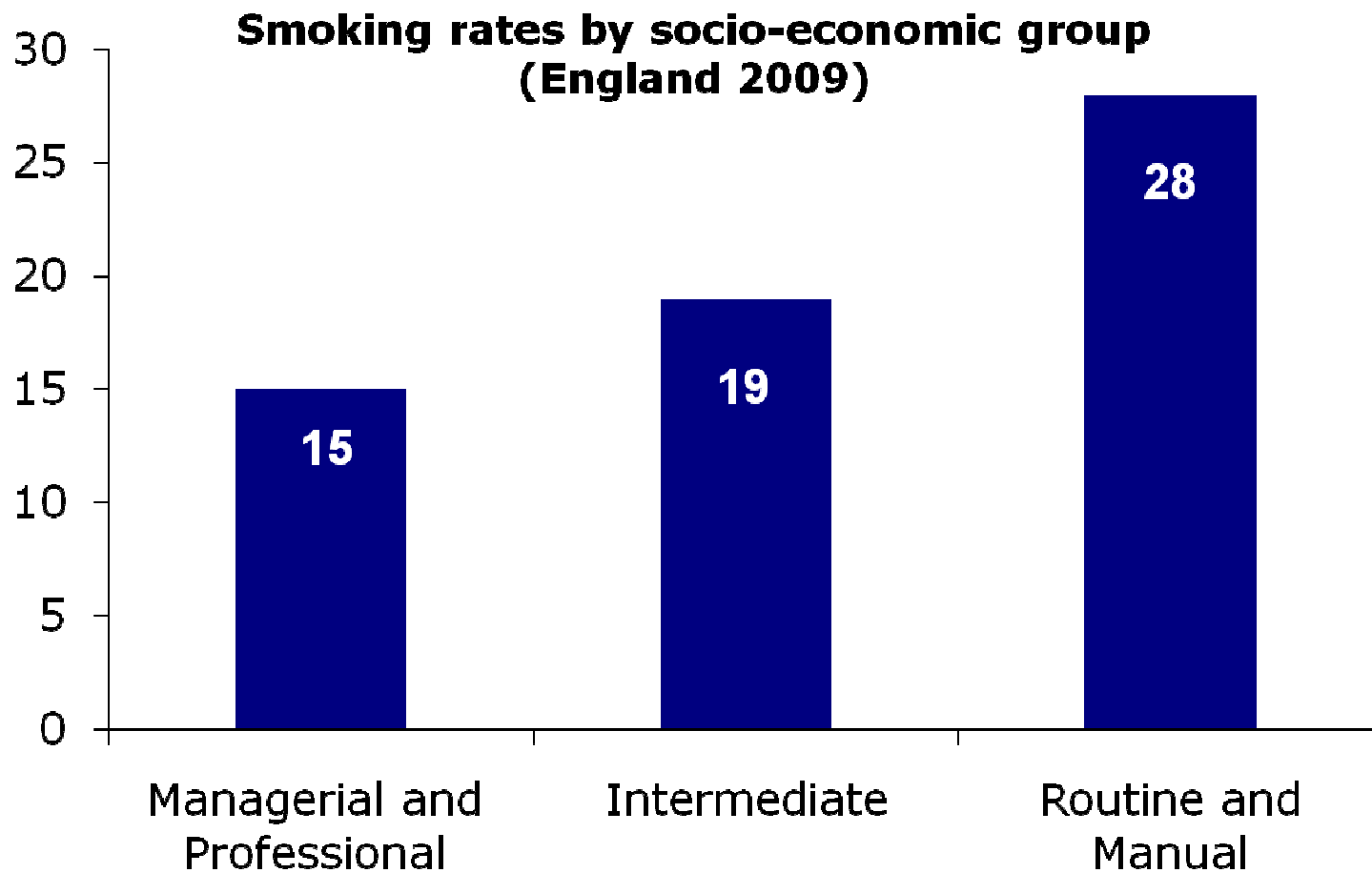
The majority of children who smoke get their cigarettes from a 'friend'

Usual sources of cigarettes for 11-15 year olds in England



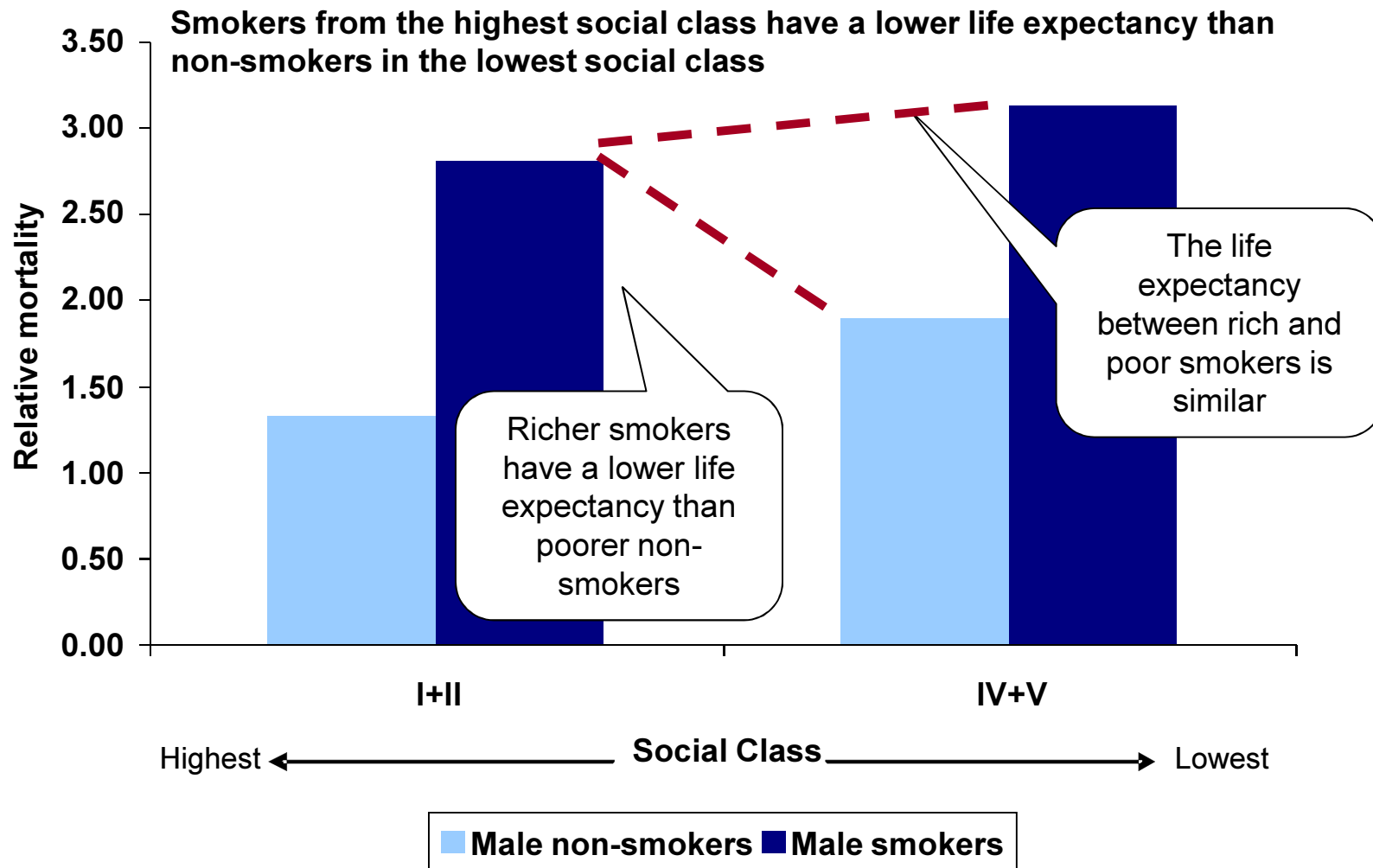
References:
1. Smoking, drinking and drug use among young people in England in 2006

The poorer you are the more likely you are to smoke



References:
1. General Lifestyle Survey, ONS, 2010

Smoking is one of the greatest causes of health inequalities



References:
1. Gruer L et al. BMJ 2009;338;bmj.b480 (Relative mortality assessed at 2nd 14 year follow-up between male smokers & non-smokers of highest & lowest social class)

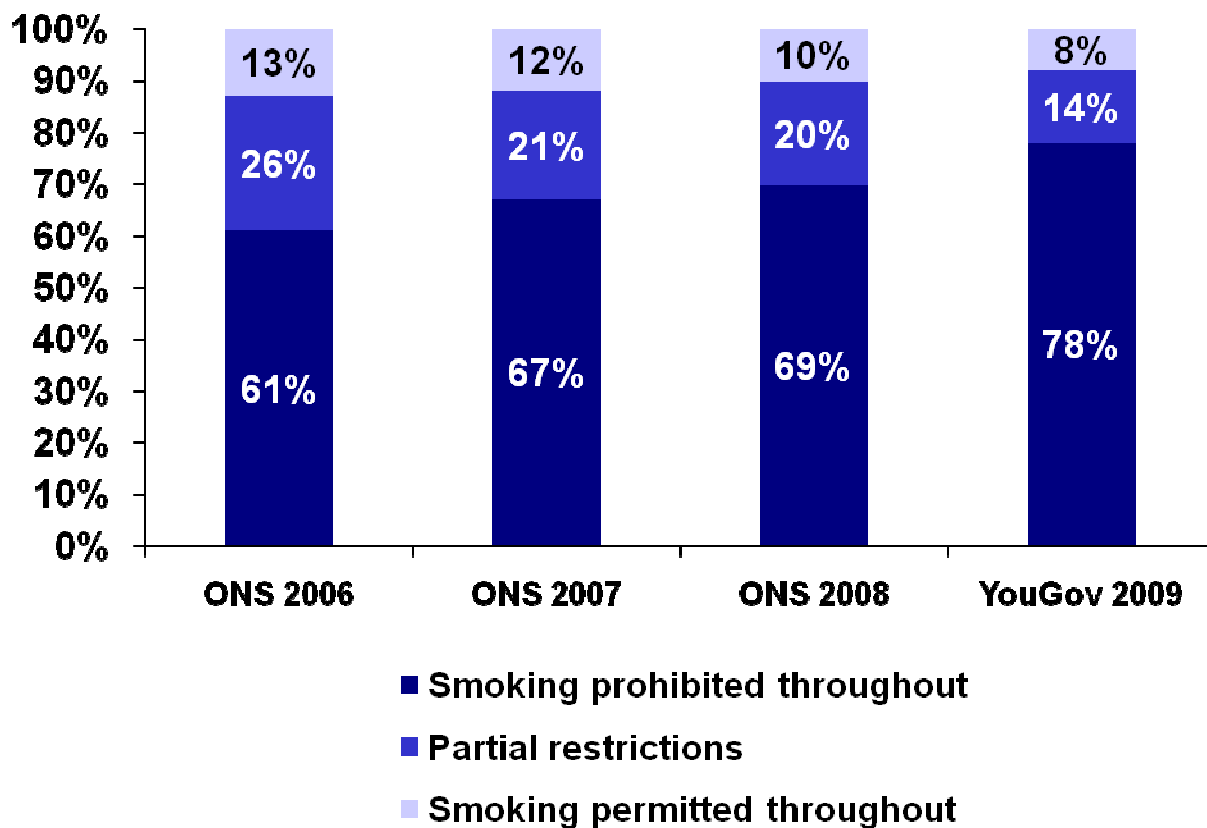
Poorer smokers are as likely to want to quit and try to quit but half as likely to succeed



References:
1. West R, Smoking Toolkit, UCL www.smokinginengland.org

Smokefree environments enjoy increasing public support

Percentage of adults reporting that their homes are smokefree



3. Tobacco control and local authority role

The World Bank has developed a '6 strand' strategy for reducing tobacco use

1. stopping the promotion of tobacco;
2. making tobacco less affordable;
3. effective regulation of tobacco products;
4. helping tobacco users to quit;
5. reducing exposure to secondhand smoke;
and
6. effective communications for tobacco control.

References:

1. World Bank, '6-Strand' Tobacco Control Strategy (found at <http://web.worldbank.org>)

Significant & growing role for Local Authorities

LA responsibilities include enforcement on:




-  Age-of-sale
-  'Smokefree' places
-  Smuggled & counterfeit tobacco
-  Advertising ban

From 2013, Local Authorities will take on responsibility to commission services to motivate & support smokers to quit their habit.

Working together for better health

- 1. Local Government, inc. Police & Fire Brigade**
- 2. Local Health Services**
- 3. Organisations that work across neighbouring localities within a region**
- 4. Employers**
- 5. Voluntary sector organisations**
- 6. Smokers**
(particularly, groups with high rates of smoking
e.g. routine & manual smokers)

Benefits of working across local boundaries

-  Marketing & mass media – to ensure ‘health messages’ are supportive, clear & do not conflict
-  Tackling smuggling – criminal gangs don’t pay heed to local government boundaries
-  Surveys, research & data collection – cost savings can be had from collectively commissioning research & surveys, & sharing the results

Challenges for Rotherham

- Smoking prevalence not declining (although data may not be reliable)
- Smoking in pregnancy is declining, but is still much higher than the national and regional average
- Understanding the apparent increase in young smokers and implementing further programmes to tackle youth smoking
- Cheap and illicit tobacco – continuing availability undermines other tobacco control activity

Key messages

- 1. Local Authorities have a key & important role to play;** the NHS alone cannot reduce smoking rates
- 2. Smoking is the single biggest preventable cause of health inequalities;** reducing rates will bring general improvements in health & cost savings in other areas
- 3. To reduce smoking we need to increase the number of quit attempts & the success of each attempt;** we should target the poorest smokers to narrow the gap in life expectancy between the richest & poorest and *improve the health of the poorest, fastest*