Rotherham Tobacco Control Alliance Report of activity 2011-2012

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Introduction

Smoking remains the main cause of preventable morbidity and premature death in England, leading to an estimated annual average of 86,500 deaths between 1998 and 2002[i] .

A wide range of diseases and conditions are caused by cigarette smoking, including cancers, respiratory diseases, coronary heart and other circulatory diseases, stomach and duodenal ulcers, erectile dysfunction and infertility, osteoporosis, cataracts, age-related macular degeneration and periodontitis. Following surgery, smoking contributes to lower survival rates, delayed wound healing and post-operative respiratory complications [ii].

Research commissioned by Action on Smoking and Health (ASH) has shown the cost to the NHS of treating diseases caused by smoking is approximately £2.7 billion each year.[iii] A report by the Policy Exchange[iv] estimated the total cost to society of smoking as being £13.74 billion, including the cost to the NHS as well as lost productivity from smoking breaks, increased absenteeism, cleaning smoking litter, cost of cigarette-related fires and the loss of economic output from the death of smokers and passive smokers.

Smoking is costly to the individual, with tobacco products being 33% less affordable in 2010 than they were in 1980[i]. People from routine and manual working groups will have lower incomes than the general population this increasing unaffordability is more likely to increase their use of illicit tobacco, including unregulated products with higher levels of contaminants.

In Rotherham, the oversight of tobacco control activities is the responsibility of the multi-agency Rotherham Tobacco Control Alliance.

Smoking behaviour in Rotherham

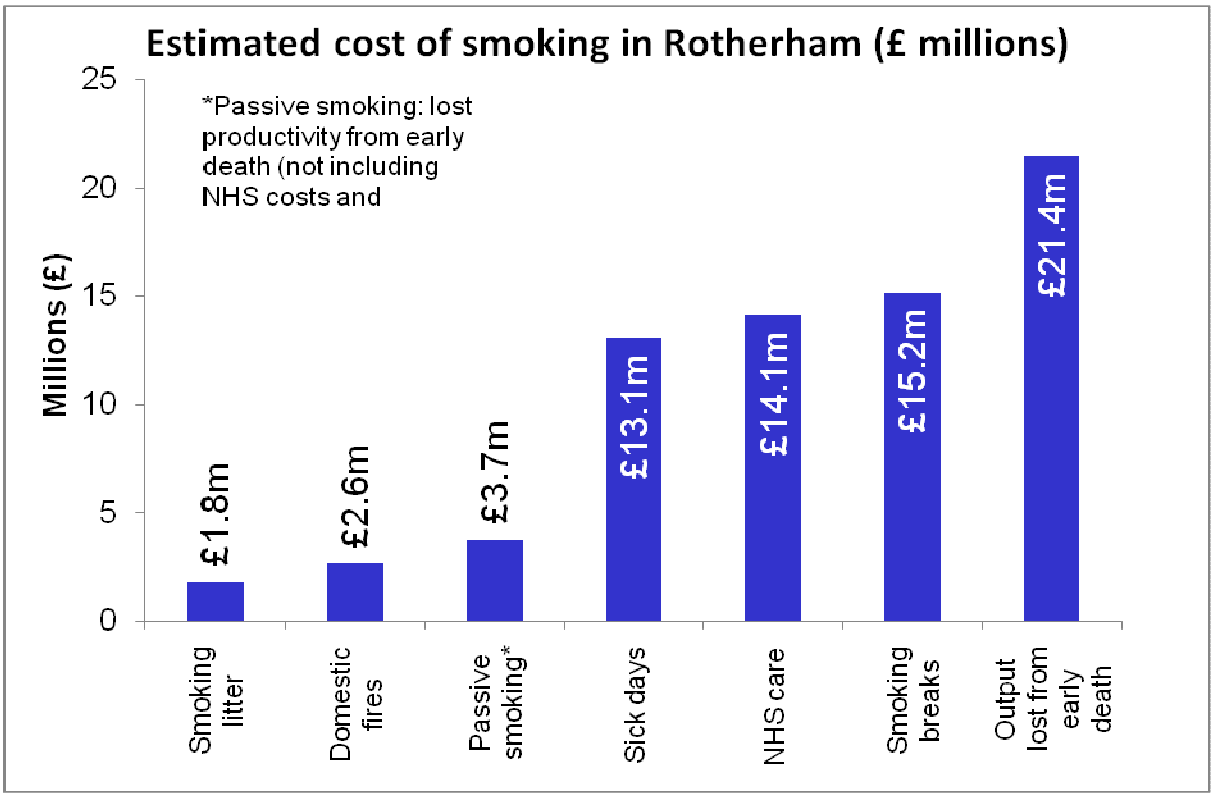
In Rotherham, more people than average for England are regular smokers. The local smoking rate, at around 24%, has been static for a number of years, and the drop seen in national smoking prevalence following the introduction of smokefree legislation in 2007 was not reflected locally. However, smoking rates vary widely across the borough, from a low of 9% up to a high of 45%.

Historically Rotherham has always had a high number of women who continue to smoke during pregnancy. This hit a high during 2009-10 of 27% - seventh highest rate in England. A new approach to managing smoking during pregnancy was introduced in February 2010 and this has shown a significant impact, with fewer than 20% of women still smoking at the time of delivery during 11/12.

The cost of smoking locally has been estimated as £71.9 million each year. Rotherham smokers spend around £81.5m on tobacco products, which contributes £62.1m to the Exchequer[v]. Pro-smoking groups often argue that the taxes they pay on tobacco more than covers the cost of NHS treatment, but these arguments are flawed in two key respects:

- The cost to the NHS is not the only societal cost of smoking (see figure 1)

- Not all tobacco is duty paid, therefore the shortfall in funding is almost certainly greater than suggested by the £9.8m from the above figures.



Such data, however, often mask a vital message regarding smoking and one we should more often celebrate: **most people in Rotherham do not smoke.**

Stop smoking services

Rotherham provides a range of support for people wishing to stop smoking. Rotherham NHS Stop Smoking Service (RSSS), which is part of Rotherham NHS Foundation Trust, runs stop smoking groups across the borough, and provides one-to-one and telephone support 6 days a week. It also runs Quit Stop, the stop smoking shop in the town centre, and a stop smoking centre at Rotherham Hospital. Most people who quit smoking with NHS support do so with RSSS.

In 2011/2012 the service had its most successful year in terms of 4-week quitters, supporting 1805 people to stop smoking.

Some GP practices, pharmacies and dentists also provide support to their patients to quit, and a further 999 achieved a 4-week quit through these enhanced services.

Before 2011/2012 any GP practice, pharmacy or dental practice who wanted to offer stop smoking support was able to do so. This had resulted in some parts of the borough having so many providers

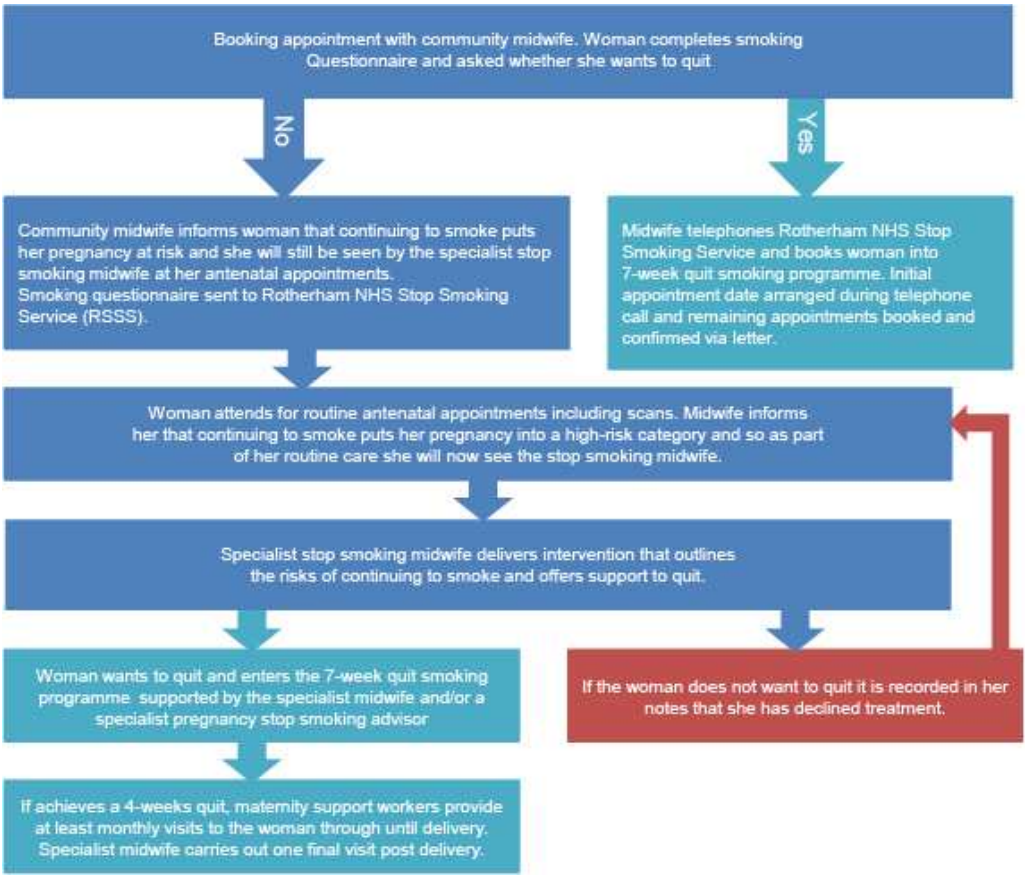
of support that the advisors were unable to support the minimum numbers required to maintain competency. We also found that there were some gaps in coverage. We therefore invited all GP practices, dental practices and pharmacies who wished to offer stop smoking support to submit an expression of interest and awarded agreements based on need in the area and capacity to meet minimum contract requirements. We also introduced a more robust performance review process for these enhanced providers to ensure that people wishing to stop smoking could be assured of the quality of the service they received.

Smoking in pregnancy

The new approach to tackling smoking in pregnancy, embedding smoking cessation advice into routine antenatal care, really began to demonstrate impact during 11/12, despite a reduced capacity within the pregnancy team due to staff movements. Pregnancy support is delivered by two stop smoking specialist midwives and one pregnancy advisor within RSSS. The team is supported by maternity health workers in maintaining contact with women following a successful quit attempt through until delivery.

Since February 2010 all pregnant women who smoke see the stop smoking midwives as part of their routine antenatal care, even if they have previously declined support to stop (figure 2). These women receive a candid explanation of the additional risks to their health and that of their unborn baby as a result of their smoking, following which they are informed that the stop smoking programme is part of their recommended treatment for this risk factor. If they still do not want support to stop this is recorded in their notes as declining recommended treatment.

Figure 2



In 2011/2012 the smoking in pregnancy team supported 194 pregnant women to achieve a 4-week quit. The smoking at delivery rate during 11/12 had dropped to 19.8%, the lowest rate ever achieved in the borough and another large drop on the previous year (10/11 rate: 22.4%).

The Rotherham approach to managing smoking in pregnancy continued to create interest across the country, with one of the specialist midwives appearing in a BBC3 programme *Misbehaving Mums to Be* in May 2011, and securing coverage in local and national media. In addition, an academic article describing the work was published in a peer reviewed journal, the *British Journal of Midwifery,* in early April 2012[vi].

Prevention of uptake

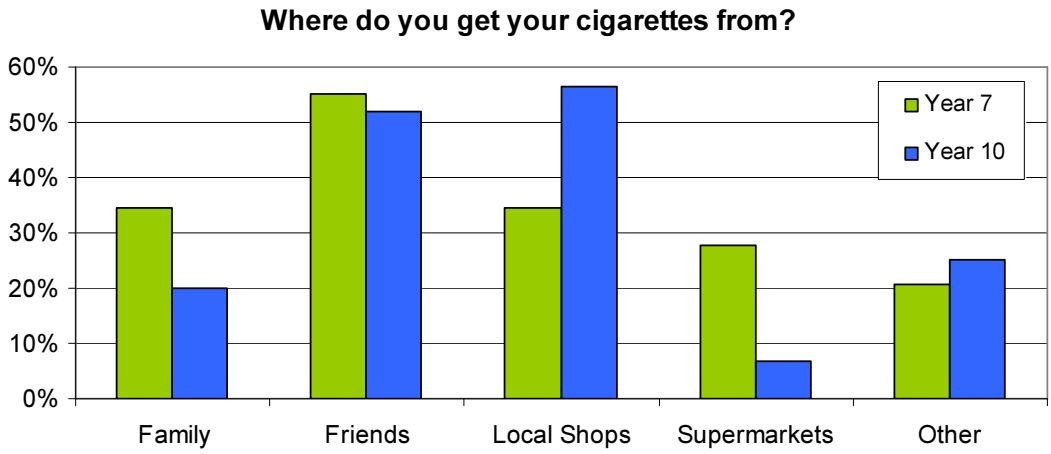
Each year Rotherham pupils in years 7 and 10 complete a lifestyle survey. This provides us with data on smoking behaviour that we can compare with national trends. In the 2011 survey when asked if they smoked cigarettes, 84% of Year 7 and 52% of Year 10 pupils had never tried cigarettes. Seven per cent of Year 7 pupils had tried smoking once and not done it again, compared with 26% of Year 10 pupils. Currently, only 2% of Year 7 pupils smoke regularly compared with 14% of Year 10.

Figures for England in 2011 were lower; only 5% of the 11-15 year olds who completed the national survey were regular smokers (smoked every day or every week) compared to 8% of Rotherham

pupils. As in Rotherham, the proportion who smoked increased with age from less than 0.5% of 11 year olds to 11% of 15 year olds[vii].

Rotherham pupils who identified themselves as smokers were then asked where they got their cigarettes from (figure 3).

Figure 3



Most Year 7 and Year 10 pupils get their cigarettes from their friends, however a large number also get their cigarettes from the local shops which raises issues around the selling of cigarettes to underage young people (see *protection of our community* below). This also seems to be the case for supermarkets, particularly with Year 7 pupils. A high proportion of Year 7 pupils are also getting cigarettes from family members. Of those that smoke, only 6% of Year 7 and 23% of Year 10 pupils want help to stop smoking.

The Smokefree Class activity pack was again promoted in secondary schools in the borough. Ten schools requested packs. The activities focus on the benefits of being a non-smoker and use a social norms approach to promote a smokefree lifestyle. Whilst aimed at year 7 pupils, many schools have chosen to run the activities across multiple year groups.

A Masters in Public Health student on placement at NHS Rotherham carried out a project to develop a smokefree class resource for primary school use. Following academic research into appropriate approaches with this age group, a series of 10 classroom activities has been developed and will be rolled out to all primary schools in the borough to use. Each of the activities can be carried out as a stand-alone lesson, or form part of a themed series of lessons.

At the end of the year the Department of Health launched a consultation on the introduction of standardised packaging. There is research evidence that by removing all brand marketing from packets tobacco products become less attractive, particularly to young people, and that this may reduce the number of young smokers. Standardised packaging also increases the impact of health warnings and reduces misleading beliefs about certain cigarettes being less harmful as a result of the colours of packaging used (colours previously associated with 'low tar' or 'lite' products). Rotherham Tobacco Control Alliance(along with the Health and Wellbeing Board and the RMBC Health Select Commission) submitted a response to the consultation supporting the proposals.

Protection of our community

Secondhand smoke contains the same substances as the smoke inhaled by active smokers. Passive smoking has been shown to cause lung cancer and heart disease, and probably to cause COPD, asthma and stroke in adults. It is harmful to children, causing sudden infant death, pneumonia and bronchitis, asthma, respiratory symptoms and middle ear disease.Smokefree homes and cars schemes are intended to reduce the exposure of children and non-smokers to secondhand smoke.

The RotherhamSmokefree Homes initiative continued during 11/12 and at the end of the year there were around 4,500 households signed up to the scheme. By making a smokefree homes pledge a household commits to not allowing smoking anywhere in their home or car. National figures suggest that increasing numbers of people do not allow smoking anywhere in their home. The Omnibus Survey found in 2008/2009 that 69% of people did not allow smoking in the home. Whilst those who have never smoked (81%) or given up smoking (78%) were more likely to ban smoking in the home, current smokers also impose restrictions, with 33% banning smoking anywhere in the home and 43% only allowing smoking in some rooms or at some times[viii].

Rotherham is participating in a Yorkshire and Humber-wide pilot project using a social norms approach to increasing smokefree areas. 'Social norms' is an environmental approach aimed at not just the individual but the entire community context in which individuals live. It is a highly cost effective way of reaching large numbers of people, correcting misperceptions of the prevalence of a problem behaviour (e.g. smoking), and promoting the healthier ones instead (e.g. being Smokefree).

The social norm theory states that much of people's behaviour is influenced by their perception of how other members of their social group behave and their tendency to over-estimate the level of 'bad' behaviours. If people think harmful behaviour is the norm, e.g. everyone smokes; they are as individuals more likely themselves to engage in that behaviour. By educating a community that in fact the usual practice among their peers is the healthy version, e.g. three out of four people do not smoke, the behaviour of all can be affected in a positive manner.

Each PCT area was asked to identify one discrete community, with good existing social networks where the approach could be tested. In Rotherham we selected Treeton as our pilot site as it differed demographically from many of the communities identified elsewhere. A community survey to ask about smoking behaviours and beliefs, and what the respondent considered the community's smoking behaviours and beliefs were, was carried out in March 2011. A marketing campaign to correct misperceptions and celebrate smokefree spaces is scheduled for September 2012.

A key strand in any tobacco control strategy is the tackling of cheap and illicit tobacco. Within England it is illegal to:

- sell all forms of tobacco and tobacco related products to a person under 18 years of age - Children and Young Persons (Sales of Tobacco) Order 2007[ix]
- sell illicit tobacco. (Tobacco that is either counterfeit or has evaded UK taxation)

Locally, the Trading Standards team with Rotherham Metropolitan Borough Council lead the work to reduce the availability of cheap and illicit tobacco by carrying out test purchases to identify retailers selling to under 18s, and seizures of counterfeit products. Their interventions, however, depend on

intelligence from the local community of sources of such products, and obtaining this intelligence is always a challenge when many residents see it as a victimless crime, with the only loss being to the Treasury. As an Alliance we need to continue to raise the awareness of the links between illicit tobacco and organised crime, and of the increased risks in smoking unregulated tobacco products, often with far higher levels of contaminants than standard cigarettes.

The future

There are significant changes ahead with the implementation of the Health and Social Care Act and the move of public health to a local authority responsibility. Alongside this reorganisation there are changes to the targets, with a move away from 4-week quitters towards prevalence measures among adults, pregnant women and 15-year olds.

Across South Yorkshire overall smoking prevalence has remained static over recent years, despite Stop Smoking Services that have delivered high numbers of 4-week quitters. We recognise that the approach taken to achieve 4-week quitter targets is therefore not appropriate for a prevalence reduction programme, and that we need to focus investment and expertise in a wider range of tobacco control activity. With colleagues from public health teams in Barnsley, Doncaster and Sheffield, and supported by the School of Health and Related Research at the University of Sheffield, Rotherham Public Health has been participating in a review of tobacco control investment priorities to identify where increasingly scarce funding is best directed to deliver a reduction in smoking rates. The group is scheduled to report key recommendations to Directors of Public Health in late 2012/early 2013.

Performance tables

Number of people setting a quit date and successful quitters by ethnic category and gender

Ethnic category and gender	Males setting a quit date	Females setting a quit date	Total persons setting a quit date	Males successfully quit	Females successfully quit	Total persons successfully quit
White						
British	2,117	2,977	**5,094**	1,130	1,473	**2,603**
Irish	16	12	**28**	8	5	**13**
Any other White background	58	85	**143**	25	43	**68**
Sub-total	**2,191**	**3,074**	**5,265**	**1,163**	**1,521**	**2,684**
Mixed						
White and Black	7	3	**10**	3	1	**4**

Caribbean						
White and Black African	2	1	**3**	2	0	**2**
White and Asian	4	5	**9**	2	4	**6**
Any other mixed background	2	5	**7**	1	2	**3**
Sub-total	**15**	**14**	**29**	**8**	**7**	**15**

Asian or Asian British

Indian	11	5	**16**	5	3	**8**
Pakistani	59	13	**72**	29	5	**34**
Bangladeshi	0	0	**0**	0	0	**0**
Any other Asian background	13	5	**18**	7	3	**10**
Sub-total	**83**	**23**	**106**	**41**	**11**	**52**

Black or Black British

Caribbean	1	4	**5**	1	0	**1**
African	9	1	**10**	6	0	**6**
Any other Black background	0	1	**1**	0	0	**0**
Sub-total	10	6	**16**	7	0	**7**
Other ethnic groups						
Chinese	2	0	**2**	1	0	**1**
Any other ethnic group	16	10	**26**	9	4	**13**
Sub-total	18	10	**28**	10	4	**14**
Not Stated						
Not Stated	21	50	**71**	10	22	**32**
Total	2,338	3,177	**5,515**	1,239	1,565	**2,804**

Number of pregnant women setting a quit date and outcome at 4 week follow-up	**Number**

Total number setting a quit date in the quarter	**399**

Number who had successfully quit (self-report)	194
Number who had not quit (self-report)	157
Number not known/lost to follow-up	48

Number who had successfully quit (self-report), where non-smoking status **confirmed** by CO validation	135

Rotherham Tobacco Control Alliance members

During 2011/2012 the following people were members of the Rotherham Tobacco Control Alliance

- Cllr Ken Wyatt (Chair – from May 2011)
- Cllr John Doyle (Chair – until May 2011)
- Cllr Jo Burton
- Cllr Judy Dalton
- Dr John Radford, Director of Public Health
- Joanna Saunders, Head of Health Improvement
- Alison Iliff, Public Health Specialist
- Simon Lister, Manager, Rotherham NHS Stop Smoking Service
- Alan Pogorzelec, Trading Standards Manager, RMBC
- Kay Denton Tarn, Healthy Schools Consultant, RMBC
- Amanda Thomson, South Yorkshire Fire and Rescue
- Fiona Middleton, Rotherham NHS Foundation Trust

The following people attended meetings as guests/alternates:

- Peter Jones, South Yorkshire Fire and Rescue
- Dennis Ager, Regional Tobacco Control Coordinator, West Yorkshire Trading Standards
- Lauren Ellis, Student
- VibhavariKhadam, Student

[i] Twigg L, Moon G, Walker S (2004) The smoking epidemic in England. London: Health Development Agency.

[ii] US Department of Health and Human Services (2004) The health consequences of smoking: a report of the Surgeon General. Washington DC: USA.

[iii] Callum C, Boyle A, Sandford A (2010) Estimating the cost of smoking to the NHS in England and the impact of declining prevalence. Health Economics Policy and Law.doi: 10.1017/S174413310000241

[iv] Nash R, Featherstone H (2010) Cough Up: Balancing tobacco income and costs in society. Policy Exchange

[v] 'Reckoner' spreadsheet for calculated estimated local costs (ASH, 2011)

[vi] Fendall L, Griffith W, Iliff A, Lee A, Radford J. (2012) Integrating a clinical model of smoking cessation into antenatal care. *British Journal of Midwifery*, Vol. 20, Iss. 4**,** 06 Apr 2012, pp 236 - 243

[vii] NHS Information Centre (2012) Smoking, drinking and drug use among young people in England 2011. London: NatCen Social Research

[viii] NHS Information Centre (2012) Statistics on Smoking: England 2012.

[ix] HM Government (2007) *The Children and Young Persons (Sales of Tobacco etc.) Order 2007.* Available from http://www.legislation.gov.uk/uksi/2007/767/contents/made