

STOCKPORT METROPOLITAN BOROUGH COUNCIL

Stockport Primary Care Trust NHS

Stockport JSNA

joint strategic needs assessment

JSNA Digest – Smoking

December 2007

This digest aims to provide information on the key lifestyle issue of smoking; describing current patterns within Stockport and anticipated future trends. The following analysis is based on the best available data from local and national sources and is support by detailed information collected by different local organisations.

Smoking is a direct cause of premature mortality, heart disease, cancer and lung disease. 1 in 4 smokers will die as a result of a smoking related disease and smoking is the single biggest preventable cause of death**, in Stockport around 525 people die a year because of their smoking habit.** Smoking is also a major driver of health inequalities accounting for much of the higher risk of early death in disadvantaged areas. Adults born before 1956 were more likely to become smokers but rates of quitting were relatively high; adults born after 1956 are less likely to begin smoking but are also less likely to give up; rates of quitting are especially low for manual workers.

Current Prevalence

Smoking	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Current Smoker	10.7%	21.5%	14.0%	18.7%	16.2%
Ex-smoker	41.3%	37.6%	38.3%	37.7%	38.7%
Never Smoked	48.1%	40.9%	47.7%	43.6%	45.1%
Sample Size	2,385	1,795	1,588	2,392	8,525

Source: Stockport PCT

The adult lifestyle survey indicated that, after weighting **18.3% of adults in Stockport are smokers**, although it should be noted that this prevalence is likely to be lower than the true smoking prevalence in Stockport as the survey respondents were, on average, older and more affluent than the general Stockport population.

Rates of smoking decreased with age; more than a quarter of respondents aged 18-24 were smokers compared to only 8.6% of the population aged 65+ years. However almost three-fifths of the 65+ population are or have been a smoker at some point in their lives compared to only half of the 18-24 age group. 18.8% of the population aged 25-64 years are current smokers. Extrapolating these findings to the areas population, the survey suggests that there are **38,000 smokers aged 18+** in Stockport.

PRIORITY 1 LOCAL AREA SURVEYS – ADULTS RESIDENT IN:			
Smoking	Adswood & Bridgehall	Brinnington	Heaton Norris & Lancashire Hill
Current Smoker	45.8%	51.8%	49.3%
Ex-smoker	18.6%	11.0%	16.0%
Never Smoked	35.4%	37.2%	34.7%
Sample Size	500	600	369

Source: Neighbourhood Renewal, Stockport MBC

Smoking rates are linked closely to deprivation with rates in Heatons & Tame Valley being double that of Bramhall & Cheadle. The gap between areas is least at the youngest age groups, with only a 22% difference, but widens markedly as people reach their late twenties and smokers in the more affluent areas tend to quit. Evidence from the Neighbourhood

Renewal team shows that rates of smoking are particularly high in the three priority 1 areas, with around a half of adults in Brinnington and Heaton Norris & Lancashire Hill reporting that they smoke. Adding these findings into the previous extrapolation of lifestyle survey results, the survey suggests that there are **45,100 smokers aged 18+** in the Borough.

Health Impacts

Smoking causes considerable sickness and premature death leading to an estimated 88,800 deaths in 2004 in the UK. 1 in 4 smokers will die of a smoking related disease; tobacco is the only lawful product which kills such a high proportion of those who use it in the way the supplier intended. Stopping smoking before the age of 40 is crucial – beyond 40, people lose three months of life for every further year smoking. In Stockport, applying the national smoking attributable mortality risk rates, we can estimate that in 2003 **smoking caused 525 deaths** (a fifth of the total) in the Borough.

Smoking is the largest single cause of heart disease and of cancer; 87% of all lung cancers deaths, 86% of chronic lung disease and about one third of ischaemic heart disease are attributable to smoking. Other conditions and diseases caused by cigarette smoking include stomach / duodenal ulcer, impotence and infertility, complications in pregnancy and low birthweight, osteoporosis, cataracts, age-related macular degeneration and peritonitis. Following surgery, smoking leads to lower survival rates, delayed wound healing and post-operative respiratory complications. In Stockport in-depth work undertaken to understand circulatory disease and cancer has shown a strong association between smoking and rates of disease, **especially for lung cancer.**

Breathing secondhand smoke **('passive smoking')** can affect the health of non-smokers. For example, it can exacerbate respiratory symptoms and trigger asthma attacks. Longer term, it increases the risk of lung cancer, respiratory illnesses (especially asthma), heart disease and stroke.

Smoking is a significant cause of the **health inequalities** gap, being one of the most important drivers **to reduced life expectancy** in the more deprived areas; in Stockport the gap in life expectancy is as much as 12 years between the most and least deprived areas. In many deprived areas smoking is perceived as the "norm" and there is no cultural context to support cessation. Smokers are often more highly addicted and have been smoking since a young age.

In Stockport the PCT spends £90 million a year on the treatment of circulatory disease. Cancer and respiratory disease, accounting for 25% of the total spend. This figure does not include the costs prevention programmes or services for other smoking related diseases.

Anticipated Future Trends

Brief description of population change

The total population of Stockport (281,000) is expected to remain stable until 2011, however there are anticipated to be significant changes to the structure of this population. Stockport is an **aging borough** with the numbers and proportions of people aged over 65 and in particular those aged over 85 growing rapidly over the next 5 years. It is anticipated that there will be an extra 2,500 people aged 65+ (an increase of 5.6%).

Conversely it is anticipated that the younger population will continue to decrease, by 2011 it is projected that there are likely to be 4,000 fewer children and young adults aged under 20 years in the area, a fall of 5.9%. Evidence is emerging however that birth rates in the borough are increasing, and if this trend is sustained, projections of population will need to be revised.

Population change impacts on the numbers of smokers

Current estimates, based on the adult lifestyle survey suggest that 18.3% (38,000) of Stockport's population aged 18+ are **smokers**. Given the anticipated increases in adult population and change in age structure to 2011, if this level of smoking were to continue there could be an additional **530 people aged 18+ smoking in five years time**.

Projections of trends in levels of smoking

In the previous section we estimated the changes in numbers of smokers in Stockport over the next five years if levels stayed the same and only the demographics changed. Past data shows that levels of smoking have decreased for most groups, we now assess whether this trend is likely to continue.

There are different patterns of smoking between the cohorts born in the first and second halves of the twentieth century. Smoking uptake reduced amongst each cohort of people born between 1926 and 1955 a trend which then slowed or stopped for people born later. The prevalence of smoking amongst adults therefore has declined from the 1940s when 65% of men and 40% of women regularly smoked cigarettes, to around 23% of adults smoking by 2004, partly because of the lower uptake. People born between 1956 and 1985 are less likely to begin smoking, than people born earlier, but those who do smoke are less likely to give up. This has led to a slow down in the reduction in smoking prevalence; **rates are currently only dropping 0.4% a year**.

The overall prevalence figures hide a steep social class gradient that has worsened over the past 20 years, this worsening is primarily due to a far lower rate of giving up smoking amongst manual groups than non-manual groups. People in non-manual groups are now less likely to begin smoking, but more significantly, if they do start, they are much more likely to quit before their 30th birthday. Non-manual groups however are more likely to remain smoking once they start.

The reduction in smoking prevalence is therefore not due to established smokers giving up more rapidly, but is due to either fewer young people starting to smoke and many smokers giving up at a younger age. The ONS (Office for national Statistics) have stated that 'it is very difficult to make future predictions, however the data suggest that, if current trends continued [and no further efforts were made], the levels of **cigarette consumption that we are observing today would be maintained in future generations'**.

The impact of the **ban of smoking in public places** on smoking prevalence has yet to be assessed, but it is important to note that there is likely to be an effect.

In terms of local estimates, if smoking rates continue to fall at 0.4% per year**,** then between 2006 and 2001 we could expect there to be **2,300 fewer smoking adults** aged 16+ in the area and smoking rates would be around 16%. However there is uncertainty as to whether this trend is likely to continue so this estimate should be treated with caution.

Tobacco Control Services

Since the White Paper "Smoking Kills" outlined a national strategy to reduce the prevalence of smoking in the UK we have seen a ban on tobacco advertising and promotion, increases in the price of tobacco, increased spending on mass media anti-smoking campaigns, prominent health warnings, the establishment of NHS smoking cessation treatment services and most recently the ban on smoking in workplaces and enclosed public places.
The UK leads the world by offering a **national treatment service for smokers** who wish to stop. This service, established in 2001/2002 and provided by PCTs, combines evidence based behavioural support and free pharmaceutical treatment. It aims to assist the two-thirds (68%) of smokers who intend to stop smoking at some point in their lives; 28% of smokers try to stop each year but only 2-3% manage to do so for a least a year. Smoking cessation services achieve 1-year abstinence rates of around 15%, which compares with a less than 4% 1-year abstinence rate without support. Only one fifth of those who try to stop smoking use this service, about 8% per annum of the country's 10 million smokers. At current levels services are estimated to deliver an absolute prevalence decline of between 0.1% and 0.5% per annum.

Within Stockport a comprehensive service model with three main providers of smoking cessation support operates, all GP practices and a half of all pharmacies provide intermediate cessation support and the specialist Stop Smoking Service provides drop in clinics, group provision and level 3 specialist service for clients who need intensive support; additional capacity is provided in disadvantaged parts of the borough. A number of staff support programmes are in place in key settings; including primary care, secondary care, maternity, young people's settings and the workplace.

The Stockport service has recently been rated as excellent, following a national study last year. In terms of cost effectiveness the **average cost per year of life gained for every smoker successfully treated by the services was £684, falling to £438 when savings in future health-care costs were counted.** This is well below the benchmark of £20,000 per quality-adjusted life-year saved (QALY) that is used by the National Institute for Clinical Excellence and illustrates that the services provide excellent value for money when compared with a range of other health-care interventions

An Equity Profile of client use of the Stockport Smoking Cessation service in 2005/6 showed 4,187 Stockport residents aged 16 and over accessed the service in the year – equivalent to 9.4% of the adult smoking population in Stockport estimated from the Lifestyle Survey. **1,782 (42.6%) made a successful 4 week quit attempt**. There was a significant difference between age groups within the service, the percentage who stop rose from 35.5% for the 18-34 age group, to 53.3% for those aged 60 and over. Access rates from the Stockport population ranged from 18.4 per 1,000 for those aged 18-34 years to 123.1 per 1,000 for those aged 45-59 years.

The greatest number of clients in 2005/06 came from the most deprived areas and the fewest from the least deprived quintile.

However when rate of access per 1,000 smokers in the Stockport population were estimated (taking into account the higher smoking prevalence in more disadvantaged areas) the pattern of access showed a slight 'U' shape, the higher access rate being found in the most deprived quintile, followed by the most affluent quintile, the lowest access rate being in the middle quintile. The fact that locally we are **achieving the high access rates in deprived areas** is a matter for satisfaction but these access rates are undermined by

inadequate success rates. In all but the most deprived quintile the proportion of successful quit attempts amongst clients is above 40%, whilst in the most deprived quintile it is only 31.5%.

The **2006/7** equity profile is currently being undertaken and is expected to show a **further improvement in access rates and quit rates in the disadvantaged communities** as a result of the LAA initiative to increase smoking cessation support in the 40% most disadvantaged LSOAs.

If we are to reduce the overall prevalence of smoking in Stockport then one of the most important changes we need to make is to improve the number and success rates of quit attempts in the most deprived areas. Work to understand the **motivations to quit** of people from deprived areas is key to making this change happen.

Summary

- A fifth of adults in Stockport are still smoking.
- Deprivation is a key risk factor for smoking across both sexes and all ages.
- A quarter of young adults are still smoking. There is some evidence that they will be less likely to give up in the future.
- 1 in 4 smokers will die of a smoking related disease.
- Smoking related diseases are an important contributor to health inequalities.
- Locally we are achieving higher access rates to smoking cessation services in deprived quintiles but this achievement is undermined by the fact that success rates are lower.