

5. HEALTHY LIFESTYLES

5.5 Smoking

This section describes the harm caused by tobacco and smoking, the prevalence of smoking locally and the adverse impact tobacco and smoking has on the health of Buckinghamshire residents. Information on smoking in pregnancy is in section 6.4 of the JSNA.

5.5.1 The impact of smoking on health

Smoking remains one of the leading causes of preventable illness and premature death and is one of the most significant causes of poor health in areas of deprivation. There is clear evidence that smoking:

- Increases the risk of developing more than 50 serious health conditions.
- Causes about 90% of lung cancers, and increases the risk of many other types of cancer.
- Damages the heart and blood circulation, increasing the risk of developing conditions such as coronary heart disease and stroke.
- Damages the lungs, leading to conditions such as chronic obstructive pulmonary disease (COPD) and pneumonia.
- Can worsen or prolong the symptoms of respiratory conditions such as asthma, or respiratory tract infections like the common cold.

In 2013/14 there were over 1.6 million hospital admissions for adults aged 35 and over with a primary diagnosis of a disease that can be caused by smoking. It is estimated that treating smoking related disease costs the NHS £2.7bn a year, with the wider economic costs reaching over £13bn¹. However, there is some evidence that the impact of smoking may be starting to decline; in 2013, 17% (78,200) of all deaths of adults aged 35 and over were estimated to be caused by smoking compared to 19% (95,300) in 2003.

Smoking is the biggest cause of health inequalities in the UK accounting for half the difference in life expectancy between richest and poorest².

5.5.2 Information on smoking in Buckinghamshire

5.5.2.1 Children and young people

There are many risk factors associated with youth smoking including whether a parent, carer or sibling smokes. Lower socioeconomic status, levels of truancy and substance misuse are all associated with higher rates of youth smoking². A national survey on smoking in young people aged 11 to 15 years, last carried out in 2014,

found that 18% of this group reported having ever smoked, of whom 3% were regular smokers (defined as smoking at least one cigarette a week)³. Table 1 shows the approximate number of 11 to 15 year olds this would equate to in Buckinghamshire.

Table 1 Proportion of 11 to 15 year olds reporting different patterns of smoking in England 2014, and approximate number in Buckinghamshire

	Percentage 11 to 15 year olds in England	Equivalent number of 11 to 15 year olds in Buckinghamshire
Regular smoker	3%	1,188
Occasional smoker	2%	792
Used to smoke	2%	792
Tried smoking	10%	3,960
Never smoked	82%	32,472
Ever smoked	18%	7,128

Source: HSCIC: Smoking, Drinking and Drug Use Among Young People in England 2014

The 2014 *What About YOUTH* survey of 15 year olds found that in Buckinghamshire, 5.1% of the sample reported being current smokers, 2.9% regular smokers, 2.2% occasional smokers and 10.8% reported having tried e-cigarettes⁴. These are significantly lower than the England averages, apart from the proportion of occasional smokers, which is similar to England. This suggests that the numbers in table 1 may be overestimates of the numbers of young smokers in Buckinghamshire.

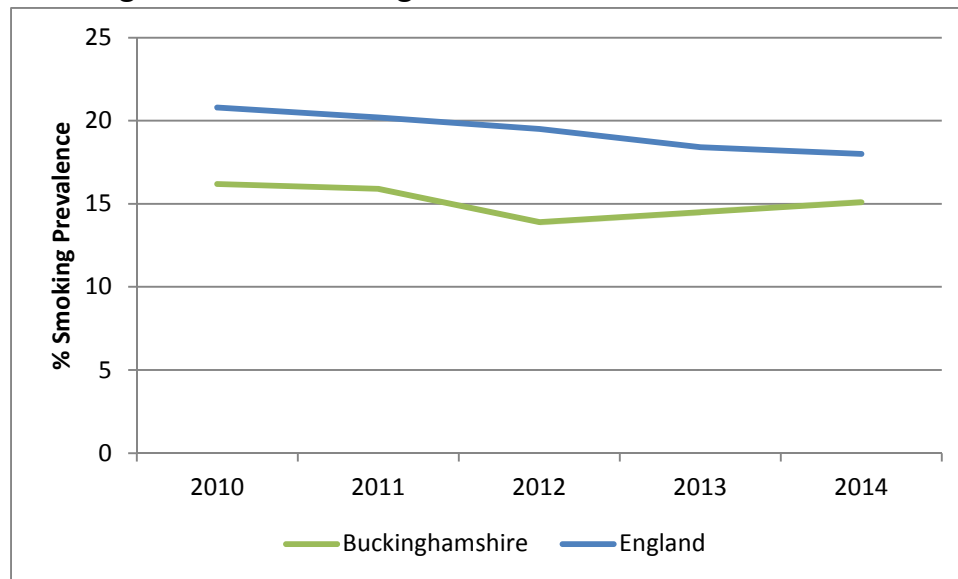
The national survey *Smoking Drinking and Drug Use Among Young People*, found that since 1996, when 49% of pupils had smoked at least once, there has been a steady decline in the proportion of pupils who have smoked. The proportion of pupils who had tried smoking at least once dropped four percentage points from 2013 to 2014, making the 18% of pupils that had tried smoking in 2014 the lowest level recorded³. The proportion of regular smokers has declined from 10% in 2001 to 3% in 2013 and 2014.

5.5.2.2 Adults

In 2014, 15.1% of all adults aged 18 and over in Buckinghamshire smoked statistically significantly lower than the national average of 18% and also lower (but not significantly so) than the South East average of 16.6%⁵. Buckinghamshire is therefore already below the government target to reach a smoking prevalence of 18.5% nationally by the end of 2015, however this 15.1% still equates to approximately 59,280 adult smokers in Buckinghamshire⁶.

Rates of adults smoking in Buckinghamshire declined from 16.2% in 2010 to 13.9% in 2012, but have increased slightly since then (figure 1). However, smoking prevalence in Buckinghamshire has remained significantly below the England rate throughout 2010 to 2014. National rates have fallen from 26% in 2002 to 19% in 2015.

Figure 1 Trends in prevalence of smoking, adults aged 18 and over, Buckinghamshire and England 2010 to 2014



Source : PHOF 2014

5.5.3 Information on smoking in different population groups

5.5.3.1 Age and gender

The national survey of 11 to 15 year olds found that in 2014, girls were slightly more likely than boys to have ever smoked (19% girls compared with 18% boys) and to be regular smokers (4% of girls compared with 3% of boys) (table 2). The proportion of smokers increases with age, from less than 0.5% of 12 year olds to 8% of 15 year olds who were regular smokers, and from 4% of 11 year olds to 35% of 15 year olds who had ever smoked.

In adulthood, the pattern changes with more men smoking than women across all age groups (table 3). Smoking rates are highest among 25 to 34 year olds, particularly men. The decline in smoking has been largest in 16 to 19 year olds compared to other age groups^{7,8}.

Table 2 Proportion of ever-smokers and regular smokers by age and gender, 11 to 15 year olds, England 2014

	11 years	12 years	13 years	14 years	15 years	Total
Boys						
Regular smoker	-	0	2	2	6	3
Ever smoked	7	8	14	20	32	18
Girls						
Regular smoker	-	0	2	6	9	4
Ever smoked	1	5	14	28	37	19
Total						
Regular smoker	-	0	2	4	8	3
Ever smoked	4	6	14	24	35	18

Source: HSCIC: *Drinking and Drug Use Among Young People in England 2014*

Table 3 Proportion of smokers by age and gender, adults in England 2013

	16-24	25-34	35-49	50-59	60 +	All 16+
Men	26	30	24	20	12	22
Women	20	20	20	19	10	17
Total	23	25	22	19	11	19

Source: *Statistics on Smoking in England, HSCIC*

5.5.3.2. Ethnicity

The *What About YOUth* survey found that among 15 year olds, those from White and Mixed ethnic groups were more likely to be ever, current or regular smokers than those from other ethnic groups (table 4).

Table 4 Self-reported smoking behaviour (%) by ethnic group, 15 year olds, England 2014

Smoking behaviour	Ethnic group						
	White	BME (all)	Mixed	Asian	Black	Other	Total
Regular smoker	6	2	5	1	1	2	5
Occasional smoker	3	2	4	1	2	1	3
Current smoker	9	4	9	2	2	4	8
Ever smoked	26	17	29	11	17	18	24
Never smoked	74	83	71	89	83	82	76

Source: What About YOUth? survey 2014

There are limited data on smoking and ethnicity among adults; the most recent is from a Health Survey for England boosted sample in 2004, so does not take into account the changes in smoking prevalence since then⁹. At that time, self-reported cigarette smoking prevalence for men was 40% among Bangladeshi, 30% Irish, 29% Pakistani, 25% of Black Caribbean, 21% Black African and Chinese, and 20% in Indian men, compared with 24% among men in the general population. After adjusting for differing age profiles in these populations those from Bangladeshi and Irish backgrounds were more likely to smoke than the general population.

In the same survey, women from Black and Minority Ethnic (BME) groups reported less smoking than in the general population (23%) with the exception of Irish (26%) and Black Caribbean women (24%)¹⁰.

5.5.3.3 Socioeconomic differences

Smoking is generally more common among more disadvantaged socioeconomic groups. In England, 15 year olds from the most deprived areas were more likely to be regular smokers than those from the least deprived areas (7% and 3% respectively)⁴, and over a quarter of young people in the most deprived areas had 'ever smoked', compared to just over a fifth of young people in the least deprived areas (27% and 21% respectively) (table 5). A similar pattern is found when looking at free school meal (FSM) data, with those eligible for FSM showing higher prevalence for both current smokers (13% on FSM compared to 7% of those not on FSM) and regular smokers (11% and 4%) respectively⁴.

Table 5 Smoking behaviour (%) among 15-year-olds in the most and least deprived population quintiles, England, 2014

	Most deprived (DQ1)	Least deprived (DQ5)
Regular smoker	7	3
Occasional smoker	2	3
Current smoker	9	6
Ever smoked	27	21
Never smoked	73	79

Source: What about YOUth? survey 2014

Among adults there is also a marked social gradient associated with smoking. The prevalence of smoking among adults aged 18 and over in Buckinghamshire who were routine and manual workers was reported as 28.1% in 2014 (compared to the average prevalence for all adults in Buckinghamshire of 15.1%), similar to the England prevalence among this group of 28% but significantly higher than the South East prevalence of 26.4%⁵. The rate of smoking among this group in Buckinghamshire has fallen slightly from 28.8% in 2011, but the fall nationally was greater, from 30.3% in 2011.

Table 6 shows national data on prevalence of smoking by people in different occupational groups. People in routine and manual occupations are 1.5 times more likely to smoke than the national average and more than twice as likely to smoke as people in managerial and professional occupations. Unemployed people (35% current smokers) were almost twice as likely to smoke as those either in employment (19%) or those who are economically inactive (16%)⁹.

Table 6 Prevalence of smoking by occupational group, England, 2013

Occupational group	Smoking prevalence (%)
Managerial and professional occupations	14
Intermediate occupations	18
Routine and Manual Occupations	29

Source: Statistics on smoking in England 2015 HSCIC

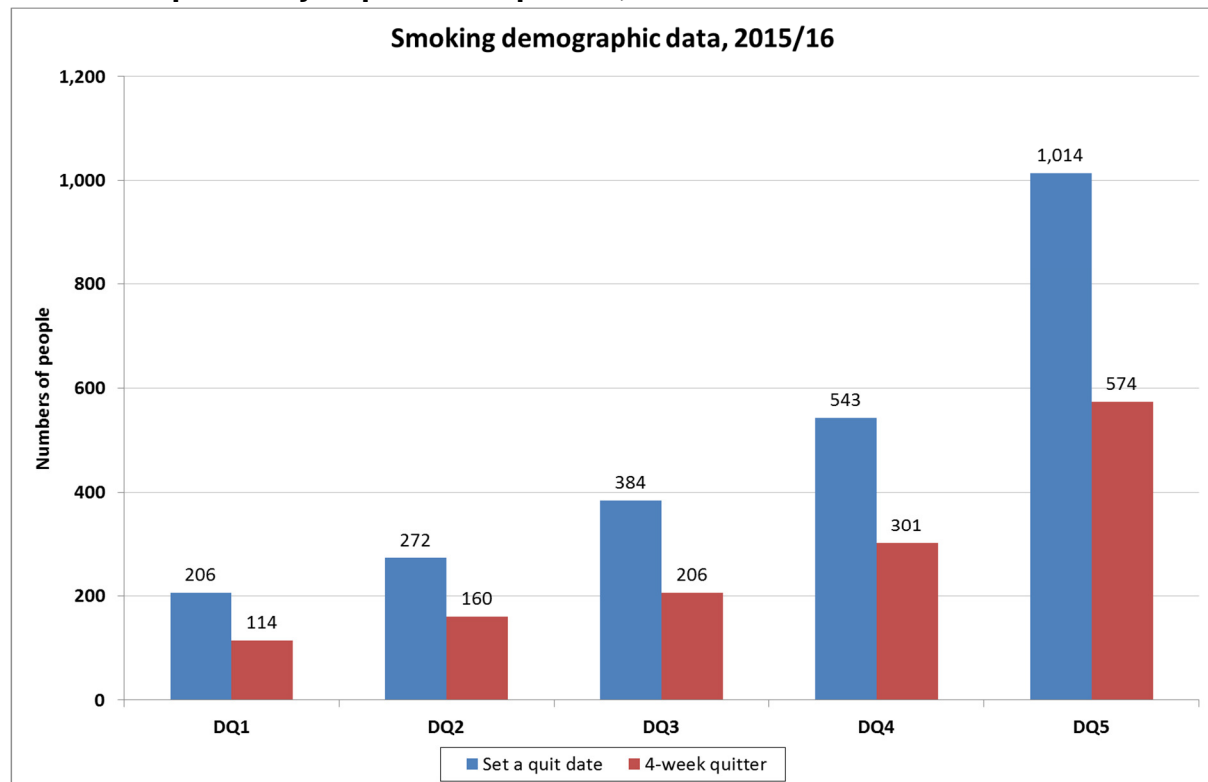
Nationally, the proportion of current smokers in the lowest two income quintiles was double the proportion in the highest income quintiles (36–40% for men in the lowest quintiles, 17–18% in the highest). The equivalent figures for women were 22–30% in

the lowest quintiles and 10–14% in the highest. Similarly, those living in the most deprived areas had the highest proportion of current smokers.

In 2013/14 in Buckinghamshire people from routine and manual occupations made up 26% of people who successfully quit smoking with NHS smoking cessation support, while 21% of successful quitters were from managerial and professional occupations.

In Buckinghamshire, more people that set a quit date were from the most deprived population quintile (DQ5) than the least deprived population quintile (DQ1), but there was a similar proportion of four week quitters (Figure 2 and Table 7).

Figure 2 Number of people in Buckinghamshire that ‘Set a quit date’ and were a ‘4 week quitter’ by deprivation quintile, 2015/16



Source: Buckinghamshire Smokefree Support Service

Table 7 Percentage quitters by deprivation quintile, 2015/16

Area	% Quitters
Deprivation Quintile 1	55.3
Deprivation Quintile 2	58.8
Deprivation Quintile 3	53.6
Deprivation Quintile 4	55.4
Deprivation Quintile 5	56.6
Buckinghamshire	56.0

Source: Buckinghamshire Smokefree Support Service

5.5.3.4 Other variations in smoking

People with mental health problems smoke significantly more and are more dependent on nicotine than the population as a whole. It is estimated that smoking is around twice as common among people with mental health disorders (37%) than for the general population, and more so in those with more severe mental health problems (56%) Lesbian, gay and transgendered communities are also significantly more likely to smoke, as are the long-term unemployed¹¹.

5.5.4 Information on smoking in different geographical areas

Table 8 shows the modelled prevalence of smoking in 11 to 15 year olds in District Council areas and Buckinghamshire in 2009-12¹², and adult data from 2014⁵. Smoking prevalence among adults varies between the four local authority areas, with much lower prevalence in Chiltern than in other areas. These differences are likely to be related to the differences in age, ethnicity and socioeconomic characteristics of the local populations. There appears to be little difference in smoking behaviour between young people from different areas.

Table 8 Prevalence (%) of smoking among young people and adults in District Council areas in Buckinghamshire

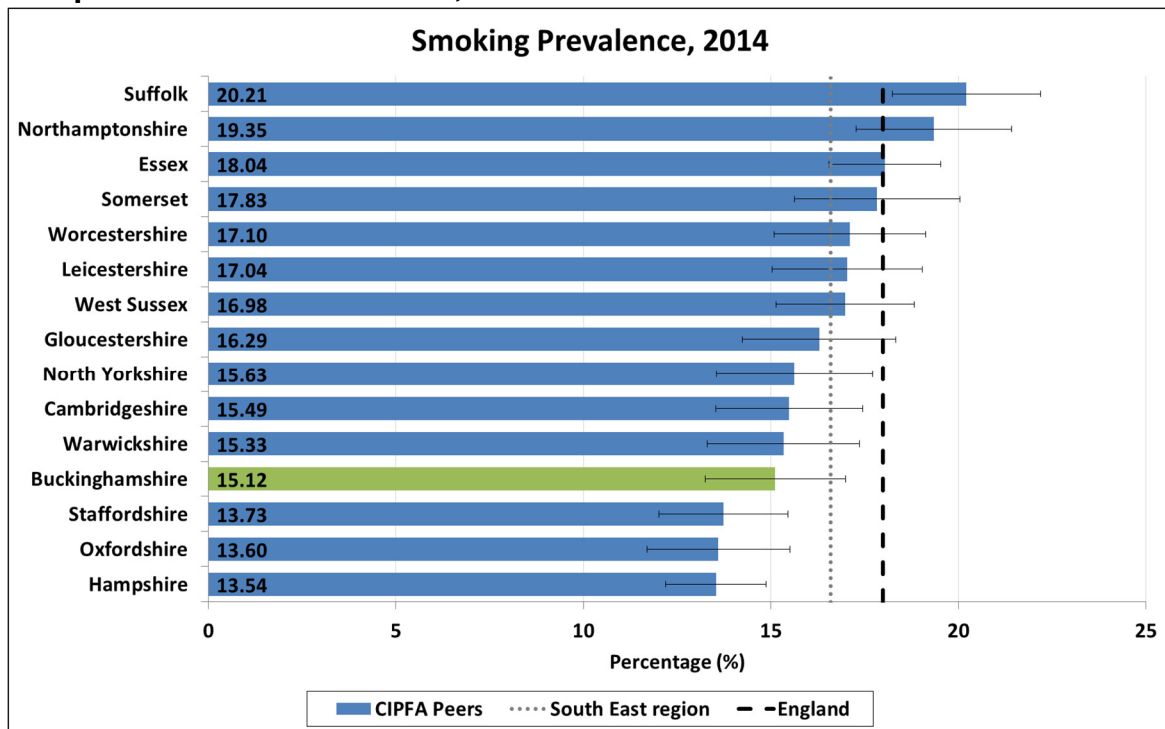
	11-15 year olds, regular smokers (modelled prevalence), 2009-12	% Smoking prevalence Adults, 2014
Aylesbury Vale	2.9	17.3
Chiltern	2.8	7.3
Wycombe	2.6	16.5
South Bucks	2.4	16.15
Buckinghamshire	2.6	15.1

Source: Children: PHE Local Health Indicators. Adults: PHE (PHOF 2014)

Buckinghamshire compares well with other areas for the prevalence of smoking both amongst adults and young people. Using the modelled estimates for young people above, Buckinghamshire had the lowest estimated smoking prevalence among 11 to 15 year olds out of 15 CIPFA comparator areas, and is also lower than local neighbours such as Oxfordshire (5.7%) and Hampshire (4.9%).

Figure 3 shows smoking prevalence for adults in Buckinghamshire compared with its CIPFA comparator group. Buckinghamshire was ranked 4th lowest out of 15 similar local authorities for prevalence of smoking amongst adults in 2014. Adult smoking rates in Buckinghamshire were significantly lower than those for England, but not significantly lower than the South East.

Figure 3 Smoking Prevalence in Adults, Buckinghamshire and CIPFA comparator Local Authorities, 2014



Source: PHOF 2014

In 2013, 21% of male deaths nationally were estimated to be attributable to smoking and 13% of female deaths. Smoking attributable mortality in Buckinghamshire is lower than the England average. A single data point for 2011-2013 shows there were 202 smoking attributable deaths per 100,000 in Buckinghamshire compared to an England average of 289 per 100,000¹³. This equates to 562 deaths in Buckinghamshire each year as a result of smoking, representing a major burden of avoidable mortality⁹.

5.5.5 Information from stop smoking services

Accessing NHS Stop Smoking Services increases an individual's chance of quitting by four times compared to attempting to quit with no support. Numbers of people setting a quit date and quitting through local services in Buckinghamshire have dropped from 2,029 four-week quitters in 2013/14 to 1,702 four-week quitters in 2014/15. The crude rate for adult smoking quitters at four weeks for Buckinghamshire is 2,817 per 100,000, above the South East average of 2,642 and similar to the England average of 2,829. However, some areas in the South East are achieving quit rates in excess of 5,000 per 100,000⁹.

5.5.6 Horizon scanning

One of the biggest changes to impact on smoking and smoking quitting in recent time has been electronic cigarettes. A recent report by Public Health England¹⁴ concluded that although these devices include the addictive substance nicotine, as they may not contain other substances that are harmful to health the potential for electronic cigarettes to be used as part of wider quitting and tobacco control policies should be considered. However, a lack of regulation of these products and a lack of research into harm reduction as opposed to quitting means further work is required before they can be approved for use as part of national policy on reducing the harms from smoking.

5.5.7. Conclusions

Despite a downward trend in the prevalence of smoking in recent years, it is still one of the biggest preventable causes of ill-health and premature mortality and an important cause of health inequalities. There are estimated to be around 560 smoking-attributable deaths per year in Buckinghamshire. Adult smoking prevalence in Buckinghamshire is lower than the national average and most comparable Local Authority areas, but there have been small increases in Buckinghamshire in the last 2 years, against the national picture of a continued decline. There are also variations in the prevalence of smoking which is higher among more disadvantaged socioeconomic groups, men, younger adults, and some Black and Minority Ethnic groups. Smoking among children and young people also continues to be a concern with 5.1% of 15 year olds in Buckinghamshire reporting they are current smokers. Smoking rates among girls tend to be slightly higher than among boys.

There is therefore still scope for improvement to further reduce overall levels of smoking, and to focus on reducing it among groups where smoking rates are higher. Preventing people taking up smoking, particularly children and young people, is a priority. Although quit rates through stop smoking services in Buckinghamshire are

similar to the national average, some other areas achieve higher rates which also shows scope to improve further.

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