

# Smoking The Facts

**GATESHEAD 2013**

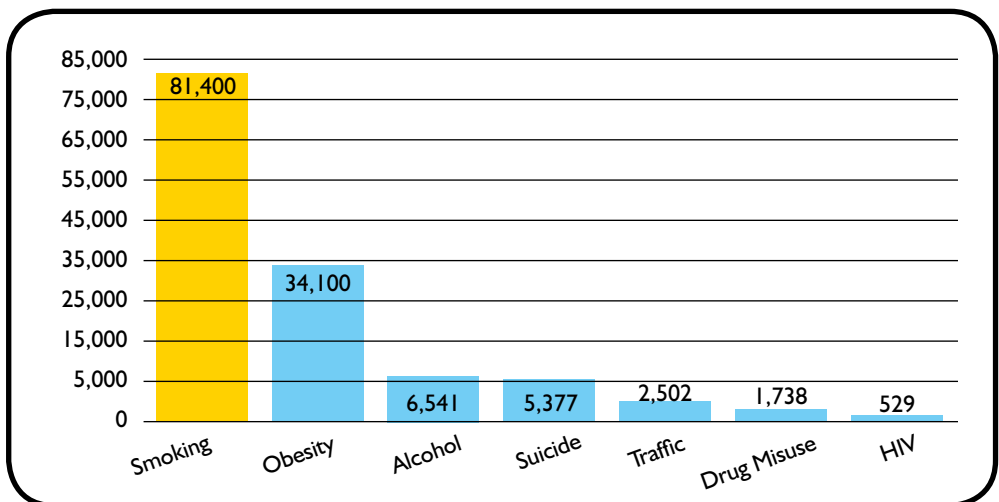


## ● Introduction

In 2011, Fresh produced briefings for all twelve North East localities, providing partners with a snapshot of the impact of smoking locally. 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 within **Gateshead**; 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 combined<sup>i</sup>. 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.<sup>i</sup>

### Each year smoking causes the greatest number of preventable deaths<sup>i</sup>



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 fires<sup>ii</sup>. This burden impacts on every GP surgery and hospital, every council and every family whether they smoke or not.

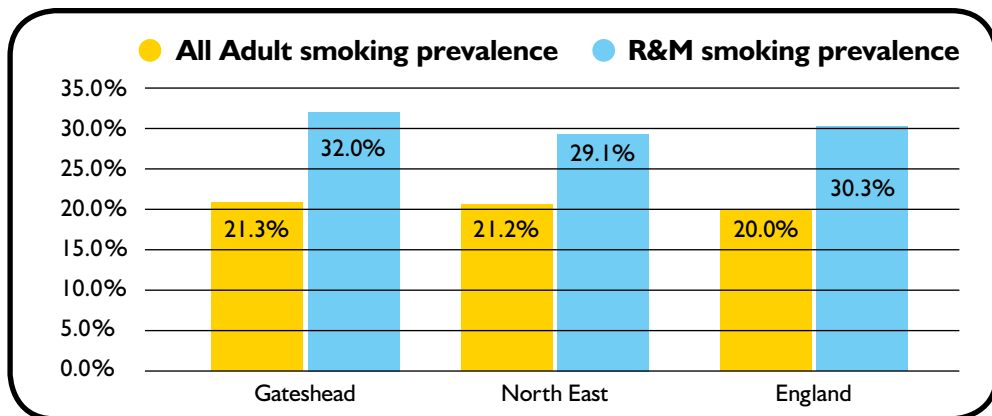
82% of smokers start as children and regret ever starting. 64% of smokers wish they could stop and are overwhelmingly in favour of measures to prevent the next generation becoming addicted to smoking<sup>iv</sup>.

**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

**21.3%** of adults in Gateshead are estimated to smoke regularly<sup>iii</sup>. This rises to **32.0%** among people employed in routine and manual occupations. That equates to approximately **33,700** smokers in total across the Gateshead area. All-adult smoking rates in Gateshead are on a par with the regional average (21.2%) and marginally higher than the national average (20.0%). This represents solid progress over the last couple of years, with a decline in local prevalence of around 2% over that period, resulting in nearly **2,900** fewer smokers across the locality since 2009/10. The Health Survey for England in 2003-05 estimated adult smoking prevalence in Gateshead to be **33.3%**. This indicates that smoking rates across the locality have fallen by more than one-third over the last eight years.

**Figure 1 – Adult smoking prevalence in Gateshead compared to North East and England average, taken from the April 2011-March 2012 Integrated Household Survey**

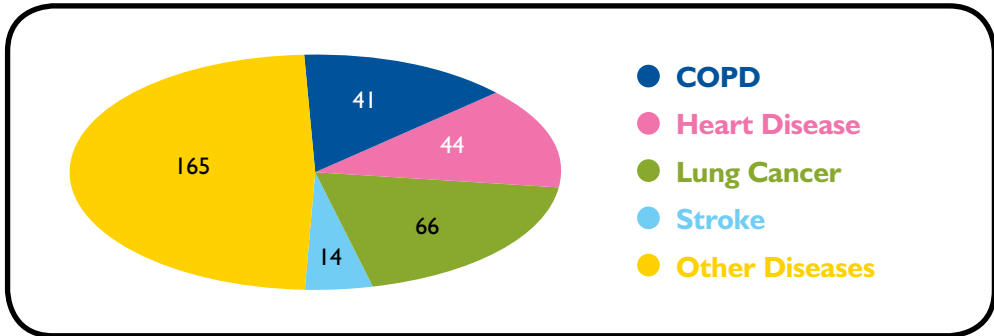


## ● Deaths from smoking

Nearly one in five (**18%**) of all deaths among adults over 35 are estimated to be as a result of smoking.<sup>iv</sup> 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 **329** deaths in Gateshead each year in adults aged 35 and over which are directly attributable to smoking<sup>v</sup>. This equates to **295.7** deaths per every 100,000 people living in Gateshead. This is higher than the North East average of **272.8** and the England average of **210.6**.

**Figure 2 - Estimated number of smoking attributable deaths each year in Gateshead by disease type<sup>v</sup>**



**Figure 3 - Directly standardised rate of smoking attributable deaths per every 100,000 people aged 35 or over (2008-10)<sup>v</sup>**



## ● The cost of smoking

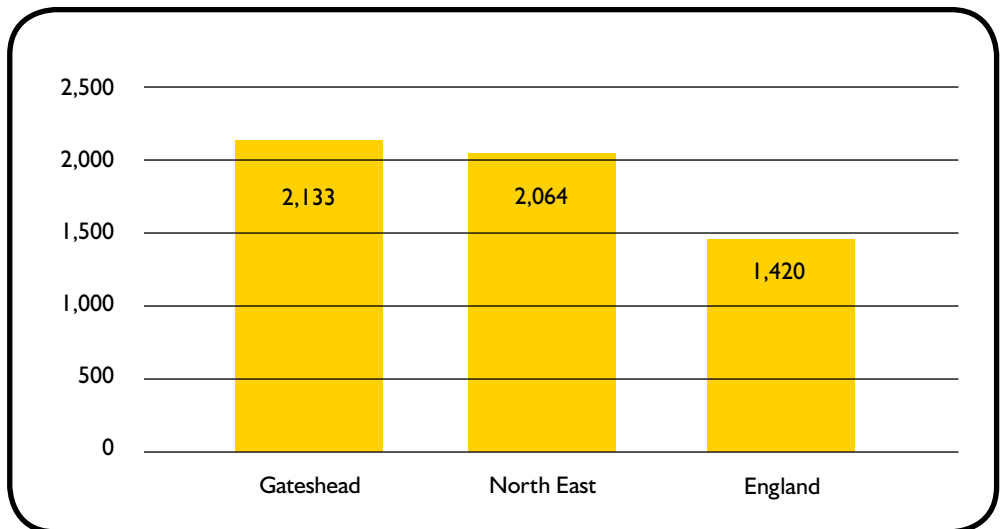
Deaths caused by smoking are just one measure of the impact of this addiction. Smoking also takes a heavy toll of NHS resources, as well as on local employers through increased absenteeism. Overall, the main smoking-related diseases are conservatively estimated to cost the NHS within Gateshead **£8.18** million per year.<sup>vi</sup>

## ● Hospitals

There are an estimated **2,376** hospital appointments each year from Gateshead residents over the age of 35, as a consequence of the main smoking-related diseases.<sup>v</sup> The number of admissions per head of population is comparable to the regional average, but significantly higher than the national average.

The cost of smoking-related hospital admissions in Gateshead alone is calculated to be **£5.09 million** per year<sup>vi</sup>.

**Figure 4 – Directly standardised rate of smoking-related hospital admissions per every 100,000 people aged 35 or over (2008-10)<sup>v</sup>**



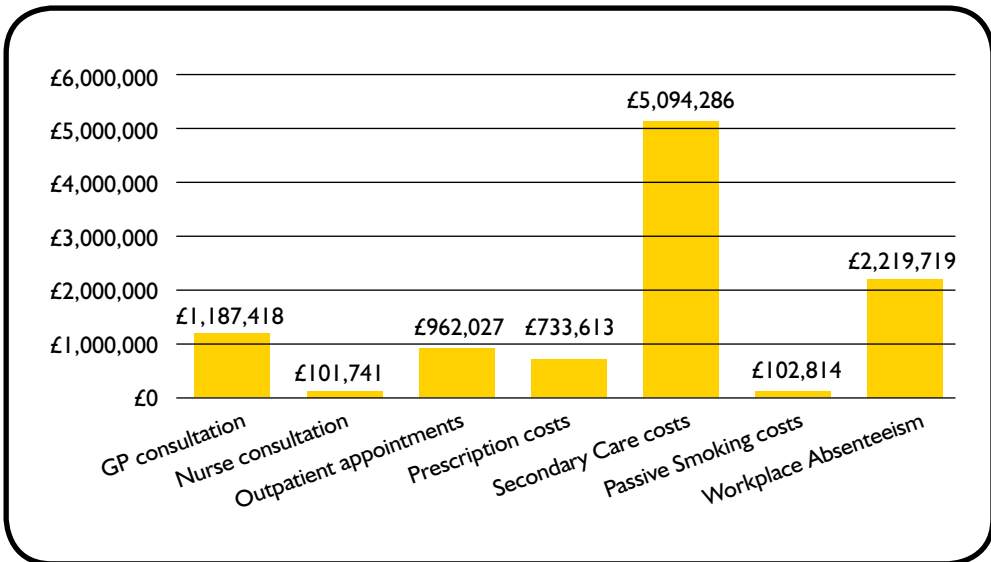
## ● Primary care

Smoking is also estimated to cost Gateshead **£1.19 million** per year in terms of additional GP consultations, over **£100,000** per year in nurse consultations, and over **£733,000** in additional prescription costs.<sup>vi</sup>

## ● Workplaces

Current smokers are more likely to take time off work than non-smokers. An additional **£2.22 million** is lost to the local economy each year through increased levels of absence from work from smokers compared to their non-smoking counterparts, which accounts for over **25,000** additional lost days of productivity per year in Gateshead alone.<sup>vi</sup>

**Figure 5 – Estimated annual cost to Gateshead from smoking-related diseases and work-absenteeism<sup>vi</sup>**



If current smoking levels remain unchanged, Gateshead will experience an ongoing burden to the NHS in terms of additional appointments and activity. The estimated number of additional annual “events” would be as below<sup>vi</sup>.

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

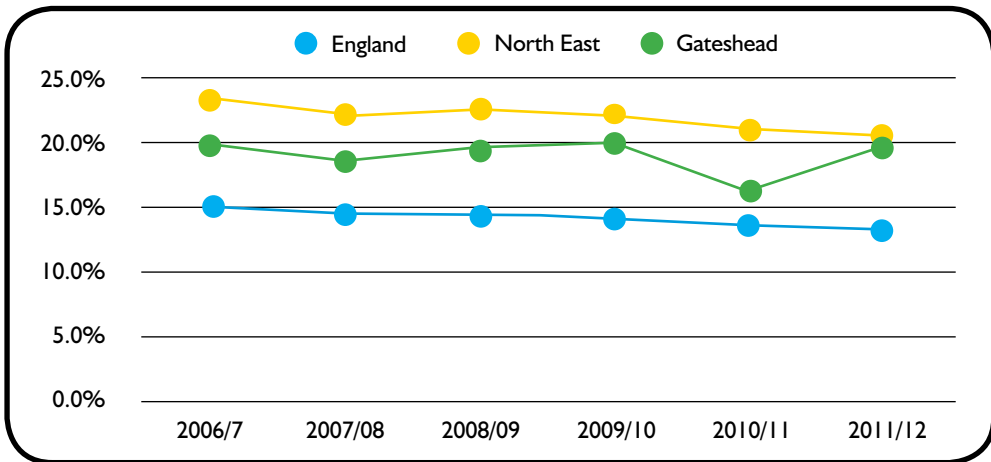
GP consultations	31,908
Practice nurse consultations	8,948
Outpatient visits	6,123
Prescriptions	17,742
Smoking attributable cases in adult passive smokers	944
Smoking attributable cases in child passive smokers	3,643

## ● Passive smoking and children

Smoking during pregnancy poses a significant health risk to both mother and unborn child. According to latest 2011/12 end of year figures, **450** Gateshead women were recorded as smoking at the time they gave birth<sup>vii</sup>. This equates to **19.5%** of all maternities within the locality. Whilst lower than the average for the North East (**20.6%**), this smoking at delivery figure is still significantly higher than the national average (**13.2%**).



**Figure 6 – % of women smoking at time of delivery**



According to the 2010 Royal College of Physicians report, “Passive smoking and children”<sup>viii</sup>, 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 **482** additional incidents of childhood disease each year within Gateshead directly attributable to passive smoking.

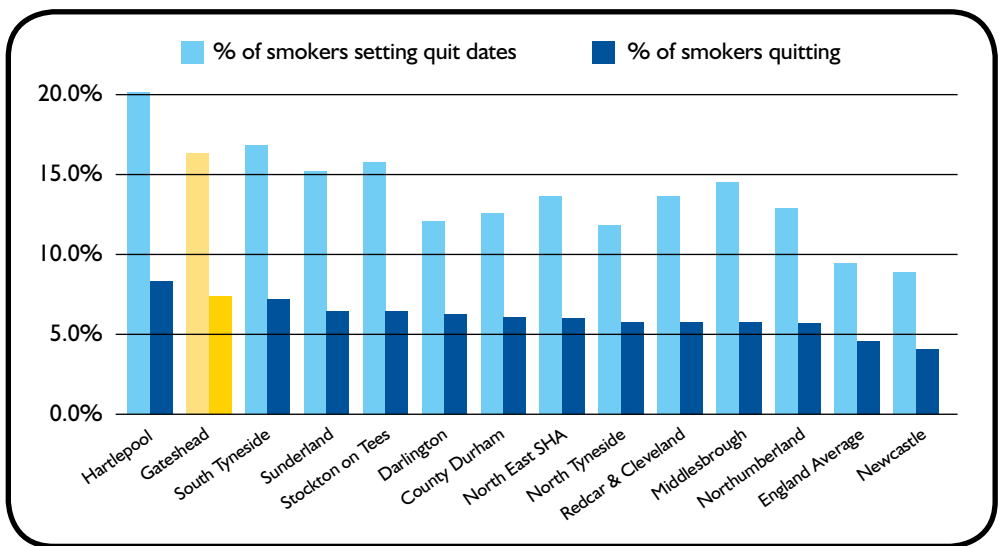
**Table 2 – Estimated number of disease incidents in Gateshead each year as a result of secondhand smoke**

Disease Incidence	Age Range	Estimated Gateshead events attributable to smoking
Lower respiratory infections	2 and under	60
Middle ear infections	0-16	354
Wheeze	2 and under	21
Asthma	3-4	5
Asthma	5-16	40
Meningitis	0-16	2
<b>Total incidents</b>		<b>482</b>

## ● NHS Stop Smoking Service delivery

During 2011/12 **5,569** smokers set a quit date with the support of Gateshead NHS Stop Smoking Service. This represents **16.5%** of the estimated smoking population<sup>x</sup>. **2,512** people reached the 4-week quit benchmark successfully, which is **7.4%** of the estimated smoking population. Both of these figures are significantly higher than both the North East and national average performance on these measures.

**Figure 7 – % of estimated smoking population setting a quit date and quitting at 4-weeks with 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 Gateshead. 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<sup>vi</sup> can help to quantify the impact of such measures across Gateshead over this period. This model shows that over the lifetime of an average smoker in Gateshead, 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 1.63 times the cost of delivering those interventions, and therefore ultimately saves the locality 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.

<b>Area of Impact</b>	<b>Projected impact with NO comprehensive sub-national Tobacco Control programme (per year)</b>	<b>Projected impact with comprehensive sub-national Tobacco Control programme in place (per year)</b>	<b>Difference (saving) as a result of having a comprehensive, sub-national Tobacco Control programme (per year)</b>
NHS costs	£8.24 million	£8.08 million	£160,000
NHS episodes	68,096	66,789	1,308
Costs of Passive Smoking	£104,800	£102,800	£2,000
Workplace losses due to increased smoking-related absenteeism	£2.26 million	£2.22 million	£40,000
Number of workplace days lost to smoking-related absenteeism	25,494	25,004	489

## References

<sup>i</sup> Smoking Statistics – Illness and Death

[http://www.ash.org.uk/files/documents/ASH\\_107.pdf](http://www.ash.org.uk/files/documents/ASH_107.pdf)

<sup>ii</sup> The Economics of Tobacco [http://www.ash.org.uk/files/documents/ASH\\_121.pdf](http://www.ash.org.uk/files/documents/ASH_121.pdf)

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

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

<sup>iv</sup> NHS Information Centre, Statistics on Smoking in England, 2010

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

<sup>v</sup> London Health Observatory Local Tobacco Profiles

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

<sup>vi</sup> NICE Return on Investment Tool for Tobacco Control <http://www.nice.org.uk/ROI/tobacco>

<sup>vii</sup> Department of Health statistics on Smoking in Pregnancy 2011/12 <http://www.ic.nhs.uk/article/2021/Website-Search?productid=7168&q=SATOD&sort=Relevance&size=10&page=1&area=both#top>

<sup>viii</sup> Royal College of Physicians report (2010), "Passive smoking and children"

<sup>ix</sup> PCT Quarterly Stop Smoking Service submissions to NHS Information Centre

<http://www.ic.nhs.uk/searchcatalogue?q=title%3a%22Statistics+on+NHS+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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