

Smoking The Facts

DARLINGTON 2013

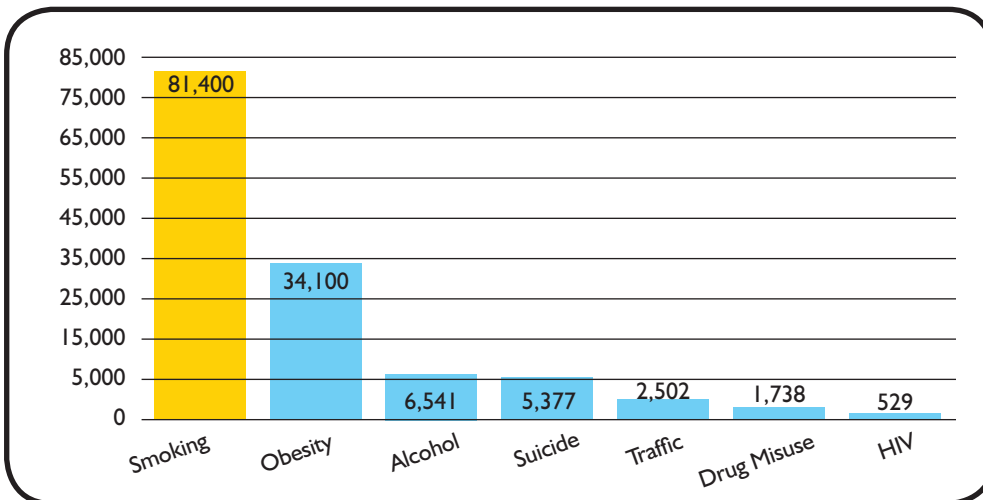


● Introduction

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 **Darlington**; 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. 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 aloneⁱ.

Each year smoking causes the greatest number of preventable deathsⁱ



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 firesⁱⁱ. This burden impacts on every GP surgery and hospital, every council and every family whether they smoke or not.

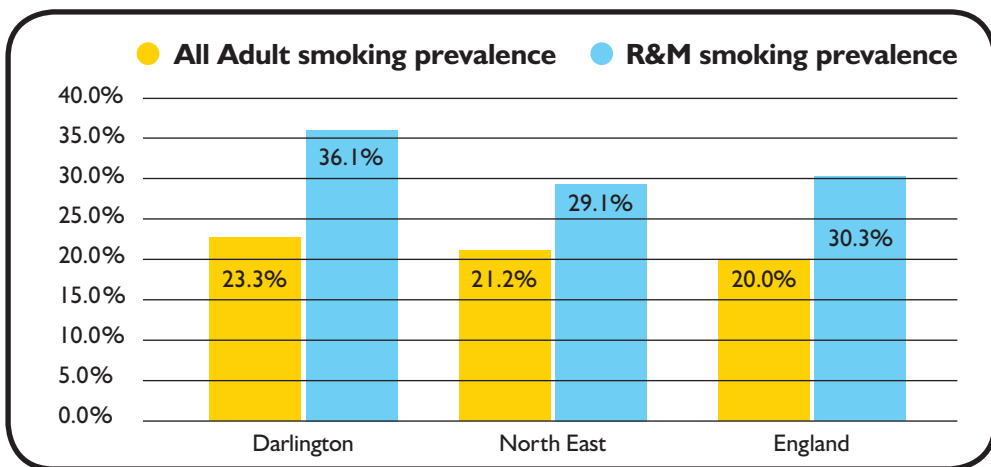
82% of smokers start as children and regret ever starting. 64% of smokers wish they could stop and are overwhelmingly in favour of measures to prevent the next generation becoming addicted to smoking^{iv}.

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

23.3% of adults in Darlington are estimated to smoke regularlyⁱⁱⁱ. This rises to **36.1%** among people employed in routine and manual occupations. This equates to nearly **19,000** smokers in total across Darlington. Smoking rates amongst all adults and R&M workers in Darlington are higher than both the North East regional and England national averages, due to a rise in local prevalence over the last six months according to the Integrated Household Survey. Traditionally, Darlington's prevalence has been closer to **21%** over the last two years, so this trend will be monitored closely over coming months. However, this still represents progress from the 2003-2005 Health Survey for England prevalence estimate which showed **27.9%** of Darlington adults smoking.

Figure 1 – Adult smoking prevalence in Darlington compared to North East and England 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.^{iv} 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 **156** deaths in Darlington each year in adults aged 35 and over which are directly attributable to smoking^v. This equates to **264.0** deaths per every 100,000 people living in Darlington. This is slightly lower than the North East average of **272.8**, but substantially higher than the England average of **210.6**.

Figure 2 - Estimated number of smoking attributable deaths each year in Darlington by disease type^v

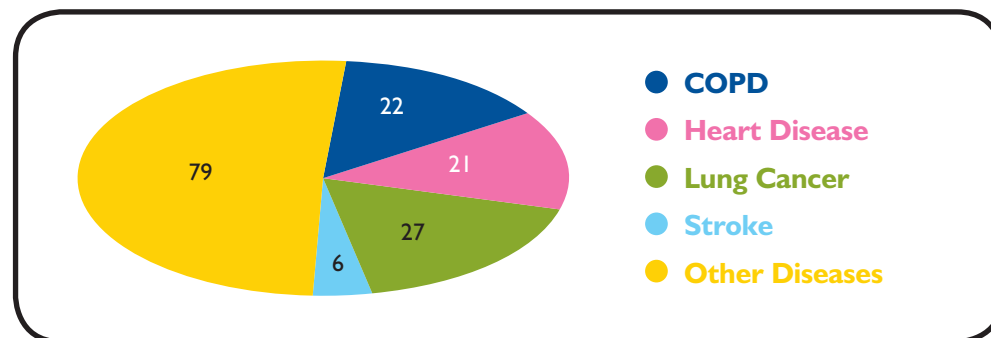
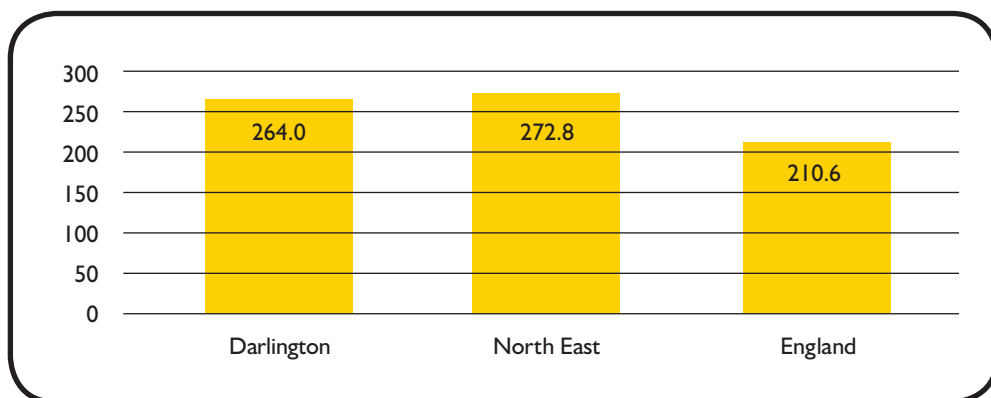


Figure 3 - Directly standardised rate of smoking attributable deaths per every 100,000 people aged 35 or over (2008-10)^v



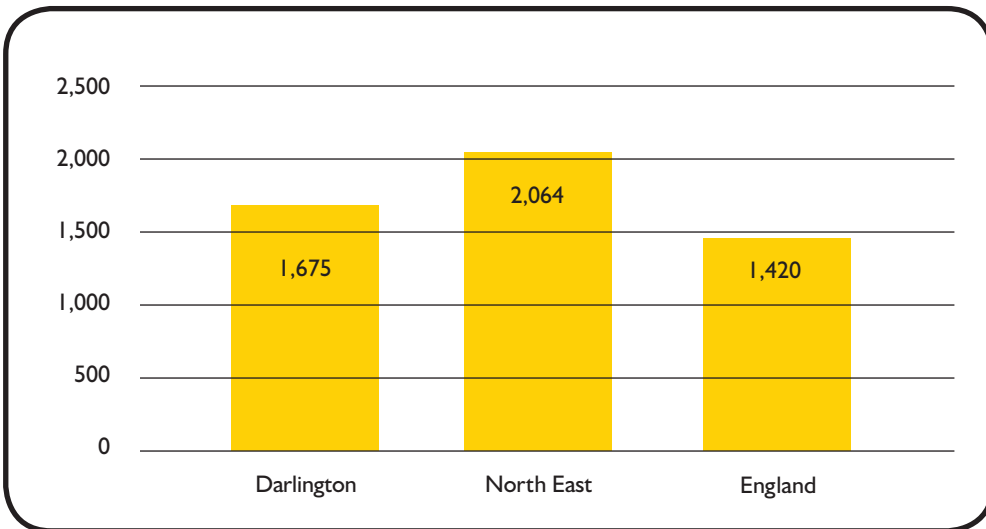
● The cost of smoking

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 in Darlington over **£3.92 million** per year.^{vi}

● Hospitals

There are an estimated **988** hospital appointments each year from Darlington residents over the age of 35, as a consequence of the main smoking-related diseases^v. The number of admissions per head of population has risen sharply since last year and, whilst still lower than the North East average, this rate is now higher than the England average. The cost of smoking-related hospital admissions in Darlington alone is calculated to be **£2.07 million** per year^{vi}.

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



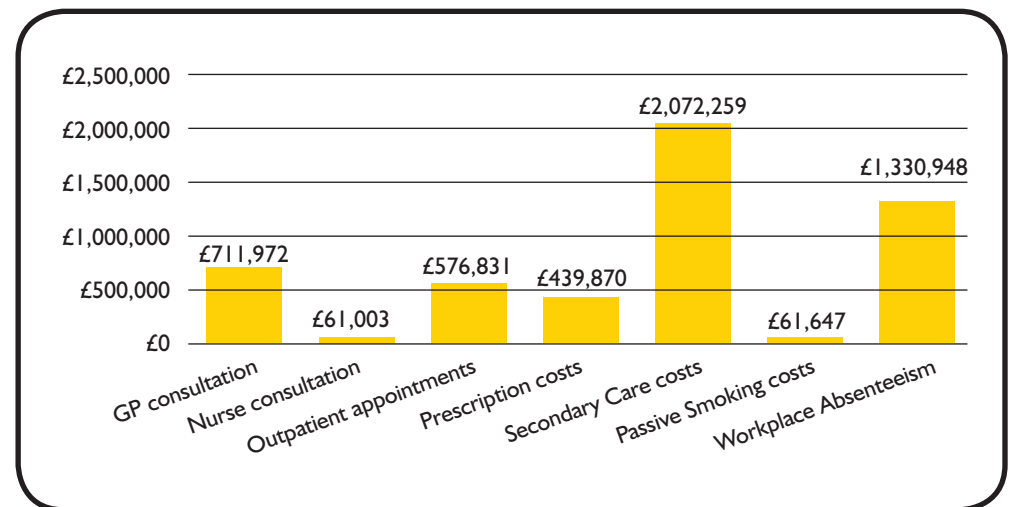
● Primary care

Smoking is also estimated to cost Darlington **£712,000** per year in terms of additional GP consultations, over £61,000 per year in nurse consultations, and nearly **£440,000** a year in additional prescription costs.^{vi}

● Workplaces

Current smokers are more likely to take time off work than non-smokers. An additional **£1.33 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 nearly **15,000** additional lost days of productivity per year in Darlington.^{vi}

Figure 5 – Estimated annual cost to Darlington from smoking-related diseases and work-absenteeism^{vi}



If current smoking levels remain unchanged, Darlington 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.^{vi}

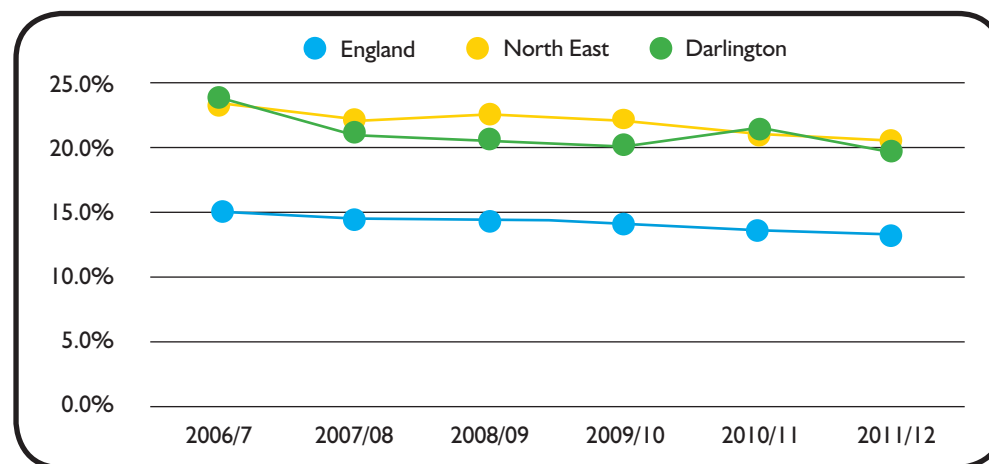
Table 1 - Estimated number of annual smoking - related NHS events, based on current smoking levels

GP consultations	19,132
Practice nurse consultations	5,365
Outpatient visits	3,671
Prescriptions	10,638
Smoking attributable cases in adult passive smokers	566
Smoking attributable cases in child passive smokers	2,184

● 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, **257** Darlington women were recorded as smoking at the time they gave birth^{vii}. This equates to **19.6%** of all maternities within the locality. This is slightly lower than the average for the North East (**20.6%**), but 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”^{viii}, 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 **275** additional incidents of childhood disease each year within Darlington directly attributable to passive smoking.

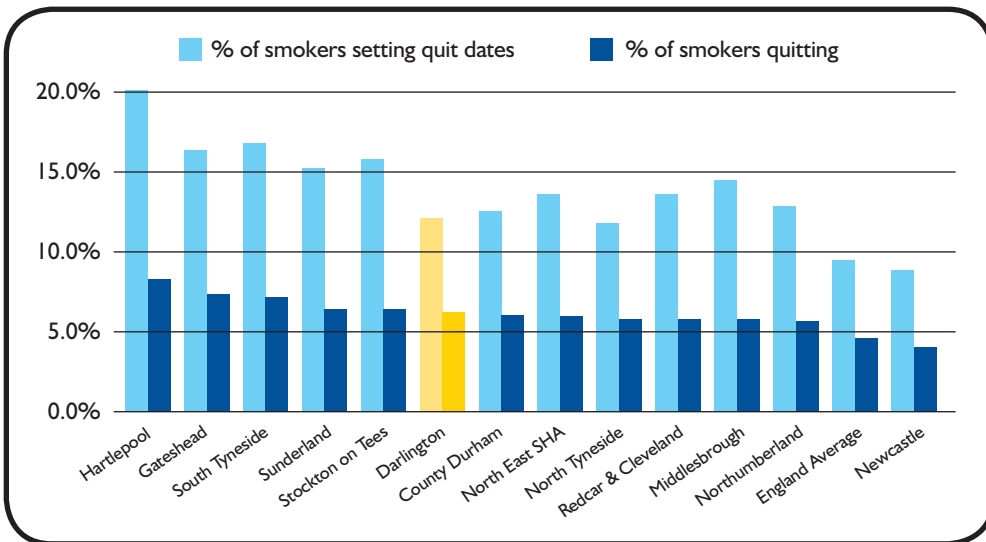
Table 2 – Estimated number of disease incidents in Darlington each year as a result of secondhand smoke

Disease Incidence	Age Range	Estimated Darlington events attributable to smoking
Lower respiratory infections	2 and under	34
Middle ear infections	0-16	202
Wheeze	2 and under	12
Asthma	3-4	3
Asthma	5-16	23
Meningitis	0-16	1
Total incidents		275

● NHS Stop Smoking Service delivery

During 2011/12, **2,034** smokers set a quit date with the support of Darlington NHS Stop Smoking Service. This represents **12.1%** of the estimated smoking population^x. **1,059** people reached the 4-week quit benchmark successfully, which is **6.3%** of the estimated smoking population. This share of smokers quitting through the SSS is slightly higher than the North East average and significantly higher than the national average. Individual 4-week success rates across Darlington (at **52%** of all clients quitting) were comfortably the highest in the North East in 2011/12.

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 Darlington. 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 return on investment economic modelling tool^{vi} can help to quantify the impact of such measures across Darlington over this period. This model shows that over the lifetime of an average smoker in Darlington, 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 1.87 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.

Area of Impact	Projected impact with NO comprehensive sub-national Tobacco Control programme (per year)	Projected impact with comprehensive sub-national Tobacco Control programme in place (per year)	Difference (saving) as a result of having a comprehensive, sub-national Tobacco Control programme (per year)
NHS costs	£3.97 million	£3.88 million	£90,000
NHS episodes	40,754	39,894	860
Costs of Passive Smoking	£63,400	£62,000	£1,400
Workplace losses due to increased smoking-related absenteeism	£1.37 million	£1.34 million	£30,000
Number of workplace days lost to smoking-related absenteeism	15,411	15,085	325

References

ⁱ Smoking Statistics – Illness and Death

http://www.ash.org.uk/files/documents/ASH_107.pdf

ⁱⁱ The Economics of Tobacco http://www.ash.org.uk/files/documents/ASH_121.pdf

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

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

^{iv} NHS Information Centre, Statistics on Smoking in England, 2010

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

^v London Health Observatory Local Tobacco Profiles

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

^{vi} NICE Return on Investment Tool for Tobacco Control <http://www.nice.org.uk/ROIto tobacco>

^{vii} 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>

^{viii} Royal College of Physicians report (2010), "Passive smoking and children"

^{ix} 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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