

Smoking The Facts

NEWCASTLE 2013

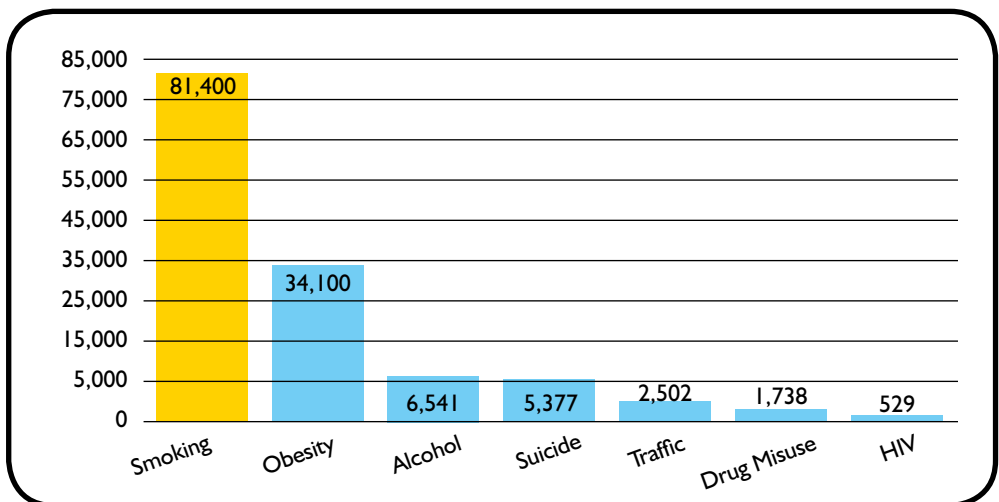


● Introduction

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 **Newcastle**; 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 alone¹.

Each year smoking causes the greatest number of preventable deaths¹



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.

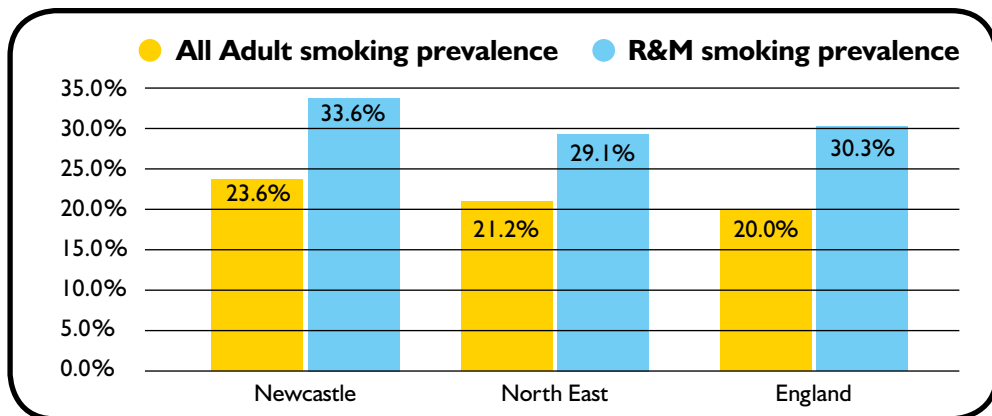
82% of smokers start as children and regret ever starting. 64% of smokers wish they could stop and are overwhelmingly in favour of measures to prevent the next generation becoming addicted to smoking^{iv}.

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

23.6% of adults in Newcastle are estimated to smoke regularlyⁱⁱⁱ. This rises to **33.6%** among people employed in routine and manual occupations. That equates to approximately **58,100** smokers in total across Newcastle. Smoking rates in Newcastle are higher than both the North East (**21.2%**) and national (**20.0%**) averages, but this still represents good progress over the last two years, with adult prevalence falling by around **4%** over this period – approximately **9,000** fewer smokers in Newcastle. The Health Survey for England in 2003-05 estimated adult prevalence in Newcastle to be **31.7%**. Therefore over the last eight years the number of smokers within the locality is estimated to have fallen by more than a quarter.

Figure 1 – Adult smoking prevalence in Newcastle 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 **400** deaths in Newcastle each year in adults aged **35** and over which are directly attributable to smoking^v. This equates to **290.7** deaths per every 100,000 people living in Newcastle. 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 Newcastle by disease type^v

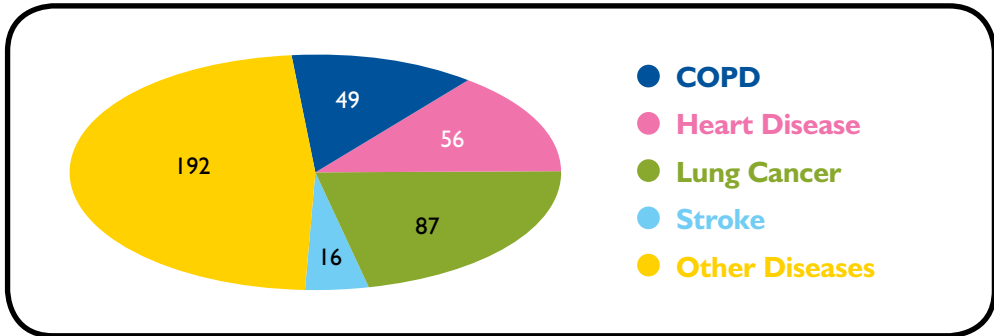
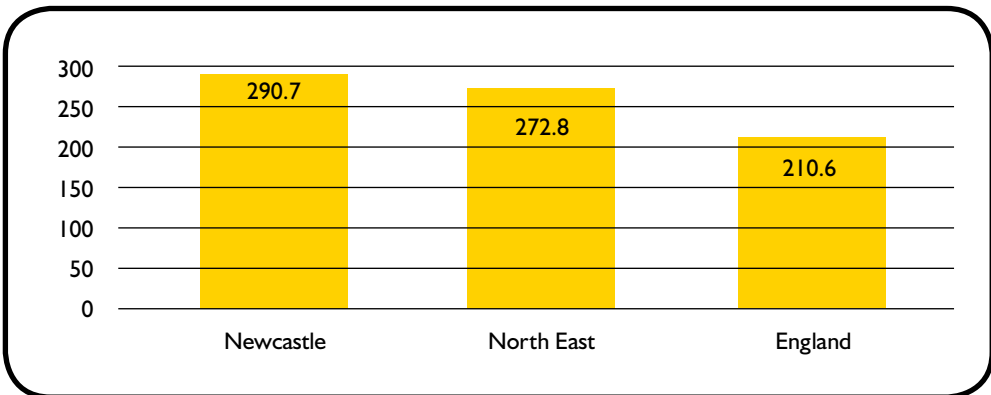


Figure 3 - Directly standardised rate of smoking attributable deaths per every 100,000 people aged 35 or over (2008-10)^v



● The cost of smoking

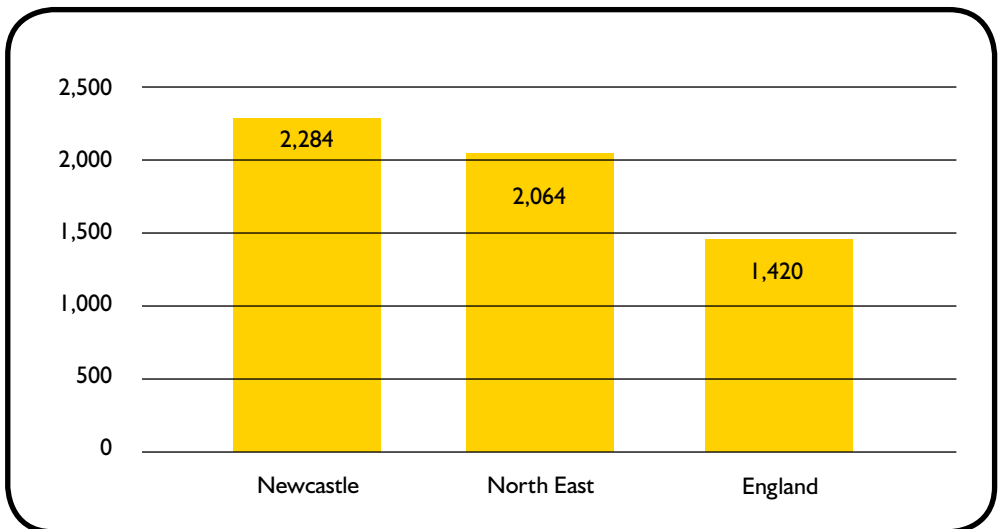
Deaths caused by smoking are just one measure of the impact of this addiction. Smoking also takes a heavy toll of NHS resources, as well as on local employers through increased absenteeism. Overall, the main smoking related diseases are conservatively estimated to cost the NHS in Newcastle over **£14.11 million** per year.^{vi}

● Hospitals

There are an estimated **3,143** hospital appointments each year from Newcastle residents over the age of 35, as a consequence of the main smoking-related diseases.^v The number of admissions per head of population is again significantly higher than both the North East and England average.

The cost of smoking-related hospital admissions in Newcastle alone is calculated to be **£8.82 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



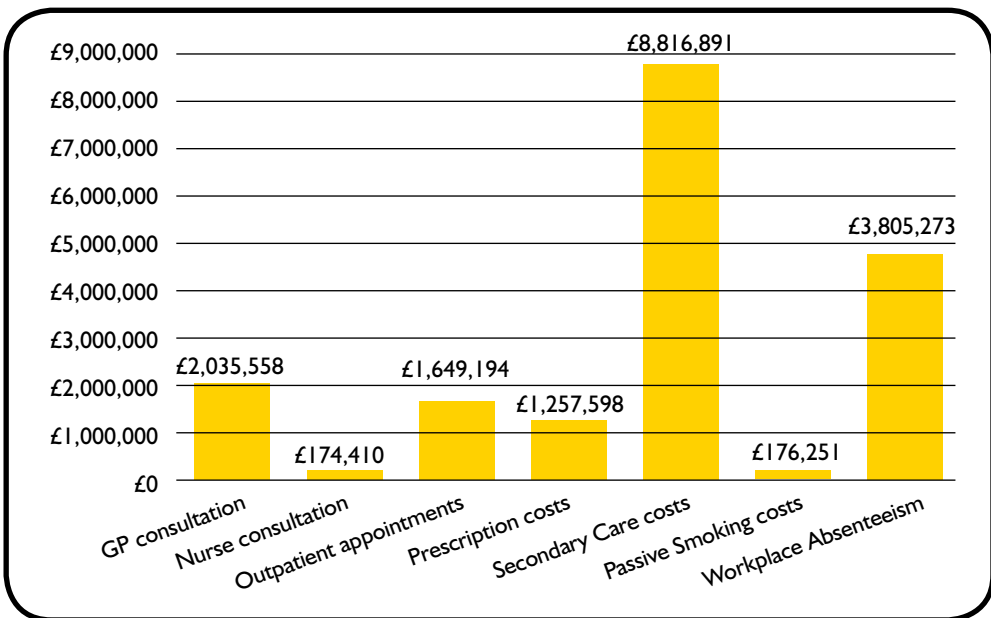
● Primary care

Smoking is also estimated to cost Newcastle **£2.04 million** per year in terms of additional GP consultations, **£174,000** in nurse consultations, and over **£1.25 million** in additional prescription costs.^{vi}

● Workplaces

Current smokers are more likely to take time off work than non-smokers. An additional **£3.81 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 **42,800** additional lost days of productivity per year in Newcastle alone.^{vi}

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



If current smoking levels remain unchanged, Newcastle 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}

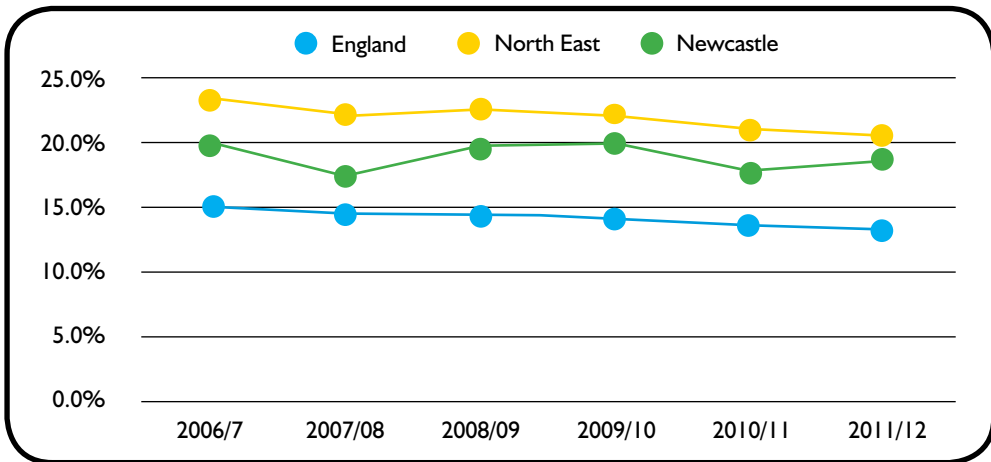
Table 1 - Estimated number of annual smoking - related NHS events, based on current smoking levels

GP consultations	54,699
Practice nurse consultations	15,338
Outpatient visits	10,496
Prescriptions	30,415
Smoking attributable cases in adult passive smokers	1,619
Smoking attributable cases in child passive smokers	6,245

● 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, **599** Newcastle women were recorded as smoking at the time they gave birth^{vii}. This equates to **18.7%** 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”^{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 **658** additional incidents of childhood disease each year within Newcastle directly attributable to passive smoking.

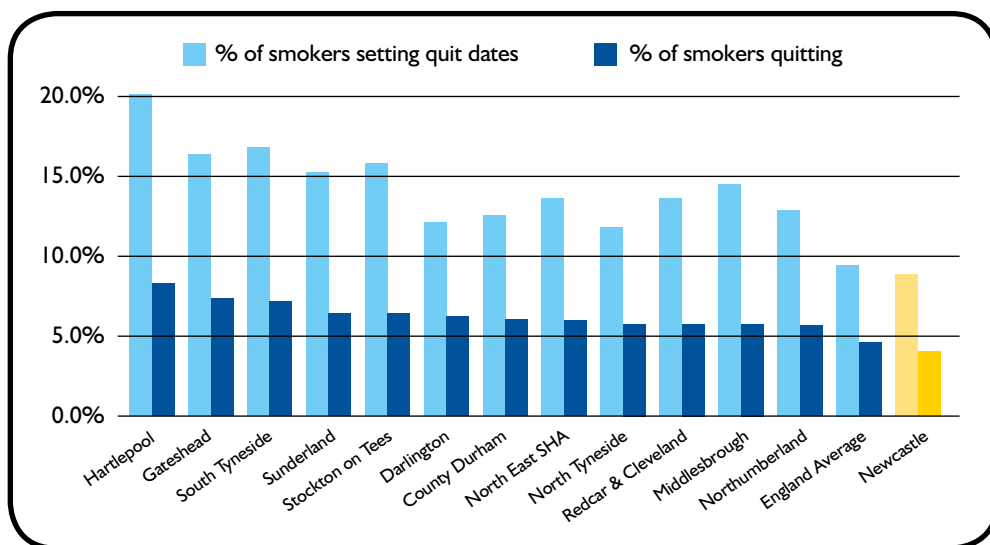
Table 2 – Estimated number of disease incidents in Newcastle each year as a result of secondhand smoke

Disease Incidence	Age Range	Estimated Newcastle events attributable to smoking
Lower respiratory infections	2 and under	85
Middle ear infections	0-16	480
Wheeze	2 and under	30
Asthma	3-4	7
Asthma	5-16	53
Meningitis	0-16	2
Total incidents		658

● NHS Stop Smoking Service delivery

During 2011/12, **5,048** smokers set a quit date with the support of Newcastle NHS Stop Smoking Service. This represents **9.0%** of the estimated smoking population^{ix}. **2,339** people have reached the 4-week quit benchmark successfully, which is **4.1%** of the estimated smoking population. Whilst individual quit rates through the SSS are good in Newcastle, the proportion of smokers accessing the service is the lowest in the North East.

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 Newcastle. 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^{vi} can help to quantify the impact of such measures across Newcastle over this period. This model shows that over the lifetime of an average smoker in Newcastle, 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 2.07 times the cost of delivering those interventions, and therefore ultimately sees a twofold return on that original investment. 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	£14.24 million	£13.93 million	£310,000
NHS episodes	117,051	114,527	2,524
Costs of Passive Smoking	£180,000	£176,000	£4,000
Workplace losses due to increased smoking-related absenteeism	£3.89 million	£3.81 million	£80,000
Number of workplace days lost to smoking-related absenteeism	43,808	42,864	944

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/ROI/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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