

Smoking and tobacco use

Headlines

1 in 5 (18%) of all deaths of adults aged 35 years and over are estimated to be caused by smoking. It is not only a major cause of disease such as lung cancer, COPD, lung disease and heart disease, but also of poor health functioning. In 2008, 1 in 5 Kirklees residents aged 18 years and over still smoked, rising to 1 in 4 in Dewsbury. More women of childbearing age are smoking than ever.

Just over 10% (1 in 9) of all women smoked during pregnancy in 2009-10. There was wide variation across Kirklees in white women (7%-33%) with the rate in Dewsbury especially high at 33%, a rise from 28% in 2008-9.

Smoking rates fell in local 14 year olds: 1 in 3 had tried smoking, a significant reduction since 2007 (44%). 1 in 10 14 year olds smoked weekly or more, more girls (10%) than boys (8%). More than 8 in 10 adults who have ever smoked regularly began as older children or teenagers. Those who started smoking when they were young were three times more likely to die of a smoking related disease.

Second hand smoke is a major risk to the health of non-smokers, especially children.

Locally:

- In 2009, more than 2 in 5 (42%) 14 year olds lived with an adult who smoked.
- Just over 2 in 5 (41%) of 18-44 year olds earning less than £10,000 smoked, compared to 1 in 3 (30%) earning £10,000-£20,000.
- People with existing long term conditions were still smoking: 1 in 8 people with heart disease, high blood pressure or diabetes and 1 in 3 of those with mental ill health smoked.

Why is this issue important?

Smoking kills. In 2008 nearly 1 in 5 (18%) of all deaths of adults aged 35 years and over were estimated to be caused by smoking. Most died from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. It was also a major cause of ill health, leading to approximately 1.4 million hospital admissions nationally in 2008¹.

More than 8 out of 10 adults who had ever smoked regularly began as older children or teenagers. Those who started smoking when they were young were three times more likely to die of a smoking related disease^{2(p28)}.

Smoking in pregnancy increases the risk of having a low birth weight baby by 3.5 times. Having a low birth weight increases the risk of ill health and death for an infant. Smoking in pregnancy accounts for 20-30% of all low birth weight babies. There is also a dose response relationship, i.e. the more cigarettes smoked, the lower the birth weight³.

Second hand smoke is a major risk to the health of non-smokers, especially children. Family and household smoking increases the risk of sudden infant death, lower respiratory tract infections, middle ear infections, wheeze asthma and meningitis in children⁴, especially with mothers smoking. As smoking is higher in more deprived families so most of the burden of disease falls on the most disadvantaged children and has an effect on development and behaviour, all of which is avoidable⁴.

What significant factors are affecting this issue?

Once someone has started to smoke regularly, they may find it very difficult to give up.

Children are most likely to become smokers if they also use alcohol or drugs, are disengaged from education or have poor educational outcomes, or have mental or emotional problems. There is also a strong association with living with peers or family who smoke. Just under half of 14 year olds lived with a smoker in 2009 (42%), similar to 2007 (46%). Children are also influenced by price and availability, restrictions on smoking in public places and advertising and product placement⁵. Availability of cheap and illicit tobacco makes starting smoking possible for children and young people who cannot purchase tobacco through legitimate means. It also helps smokers continue to smoke, as they are unaffected by mainstream pricing policies.

Which groups are affected most by this issue?

Children and young people⁶

Locally, in 2009 far fewer 14 year olds (33%) had tried smoking than in 2005 (47%) and 2007 (44%). Girls were more likely to have tried smoking than boys were at this age (36% compared to 31%) and white 14 year olds were more likely to have tried smoking than south Asian (34% compared with 29%). The mean age of first smoking remained unchanged at 12 years, although 1 in 5 started aged under 10 years, unchanged since 2007. Of 14 year olds who smoked, boys, black and south Asian were more likely to start smoking earlier.

10% of all 14 year olds smoked weekly or more compared to 18% in 2007, girls more than boys. 1 in 4 of 14 year old smokers were happy to continue smoking, compared to 9% in 2007. Of those wishing to stop, only 1 in 10 (11%) wanted support to quit, more than in 2007 (4%). Clearly, this low level of motivation to stop is of concern, as they are already addicted.

Locally, 14 year olds who drink alcohol regularly and use illegal drugs are more likely to smoke than those who do not. Nationally, children and young people with mental health problems are more likely to smoke, use drugs and alcohol^{2(p28)}.

Adults⁷

In Kirklees, smoking rates remain too high. In 2008, smoking decreased with age: 1 in 4 (23%) aged 18-44, 1 in 5 aged 45-64 and 1 in 9 (11%) aged over 65 years. Only 1 in 5 (21%) current smokers wanted to continue smoking with almost 1 in 4 (23%) smokers able to commit to a timeframe for quitting.

Locally, as nationally, smoking is linked to low income and ethnicity. Just over 2 in 5 (41%) of 18-44 year olds earning less than £10,000 smoked compared to 1 in 3 (30%) earning £10,000-£20,000. There was a similar pattern in all age groups. 1 in 4 black people smoked compared to 1 in 5 white and 1 in 6 (15%) south Asian people.

Routine and manual workers

Routine and manual workers are more likely to smoke than those with a professional or managerial profession¹. Nationally, 29% of routine and manual workers smoked in 2006¹, 32% of men and 28% of women. This reduced from 33% in 1998, but the gap between manual and non-manual professions had not narrowed^{8(p57)}. Similarly, just under 1 in 3 (31%) of those in professional households had started smoking before they were aged 16, compared with 46% of those in routine and manual households¹.

Women of childbearing age and pregnant women

Locally, nearly 1 in 4 (23%) women of childbearing age (i.e. aged 18-44 years) smoked in 2008⁷. Just over 10% of women in Kirklees smoked during pregnancy in 2009-10. Non-south Asian women smoking during pregnancy across Kirklees remained the same in 2009-10 and 2008-09 at 19%, although there is wide variation across Kirklees, from 7% in Denby Dale & Kirkburton to 33% in Dewsbury. Over half of white women who had an infant die smoked during pregnancy.

Half (49%) of the 130 teenage mothers enrolled in the Kirklees Family Nurse Partnership programme smoked at enrolment with more than 1 in 3 (38%) continuing to smoke in their 36th week of pregnancy. 93% of these women were white and 98% were less than 20 years old⁹.

Those with long-term conditions, including mental health⁷

Locally, in 2008, many people suffering from smoking-related conditions still smoked: for example 1 in 5 of those with asthma, 1 in 6 (17%) of those having had a stroke and 1 in 8 people living with either diabetes, high blood pressure or heart disease. Over 1 in 3 of those with depression or anxiety smoked and 1 in 8 (13%) smokers felt isolated or lonely either all or most of the time.

Where is this causing greatest concern?

In 2008, Dewsbury had the highest levels of adults smoking at 1 in 4, followed by Huddersfield South (23%). Lowest smoking levels were in Denby Dale & Kirkburton at 1 in 8 (12%). This gap has widened since 2005.

Smoking among women of childbearing age increased between 2005 and 2008 from 24% to 28% in Dewsbury and from 20% to 27% in Huddersfield North. This is a major concern, as lung cancer levels in local women are already high.

Smoking rates in south Asians vary locally: in Huddersfield South 24% of south Asians smoked, in Batley 13% and in Dewsbury 18%.

In Dewsbury, 2 in 5 (39%) of 14 year olds had tried smoking, significantly higher than all other areas. More 14 year olds smoked weekly or more in Dewsbury (13%) and Batley (11%), and least in Denby Dale & Kirkburton (4%).

Views of local people

"My mum smokes, my dad smokes, my mum's boyfriend smokes, my grandma smokes, my auntie smokes" (young male smoker, Batley)*

Local insight¹⁰ from Batley has highlighted key issues for residents in routine and manual work regarding reasons for continuing to smoke and/or barriers to wanting to stop.

- Insight from the routine and manual group shows that they gain more satisfaction from smoking than other life experiences.
- For men, being able to have a drink and a smoke with their friends and colleagues was seen as a 'working class right'. Smoking afforded these men the opportunity to relax, de-stress and to have a chat with their friends, typically in a group setting. However, smoking offered women 'me time', the opportunity to leave all their worries behind them, if only briefly, and time to be alone.
- "It's like relaxation, a hobby. (It) is where you go and relax like you go to the gym. You go swimming and it's relaxing...and you go outside for a fag. It's just like my time for me." (female)¹⁰
- These respondents were contemptuous about the usefulness of advertising whose chief purpose was to encourage them to quit smoking. They felt such advertising was ineffective and rather than encouraging them to stop, made them angry enough to metaphorically, and literally, switch off the advertising. To them, advertising which made them feel they were jeopardising the health and wellbeing of family members was not to be countenanced.
- "It doesn't matter what advertising or leaflets or campaigning you do, people enjoy smoking." (female)¹⁰

What could commissioners and service planners consider?

Continue to build on the success of the multi-agency working carried out through the Kirklees Tobacco Control Alliance, including:

- Preventing the inflow of new smokers, especially teenagers.
- Helping those who do smoke to stop.
- Protecting communities from tobacco-related harm through smoke free interventions.
- Reducing the availability of cheap and illicit tobacco.

Enable services to identify what other actions they can take to reduce smoking in staff and users.

Smoke free legislation is successful in reducing the risk of exposure to smoking by non-smokers. Emphasis must now shift to reducing exposure in the home, especially for women of childbearing age, children and routine and manual workers, who are more likely to smoke.

* Voices of children and young people quoted are from local involvement projects and social marketing insight.

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*All respondents (nine in total) were aged 20–40 and medium to heavy smokers with this defined as smoking 20 or more cigarettes per day.