

Smoking and Tobacco Use

Headlines

In 2011, 1 in 5 (18%) of all deaths of adults aged 35 and over were estimated to be caused by smoking. Smoking was responsible for 36% of all deaths from respiratory diseases, and 28% of all cancer deaths were attributable to smoking.¹ 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. Smoking amongst all groups in Kirklees has decreased from 2008 to 2012, but 1 in 5 (19%) Kirklees residents aged 18 and over still smoke, rising to 1 in 4 (24%) in Dewsbury and 13% (1 in 8) of all women in Kirklees smoked during pregnancy, similar to national levels². Likewise, many people with existing long-term conditions were still smoking in 2012 with 1 in 4 people with COPD (26%) and asthma (24%), 1 in 6 (17%) people with heart disease and 1 in 3 (31%) people with depression identified as current smokers.

Second-hand smoke is a major risk to the health of non-smokers, especially children. In 2009, more than 2 in 5 (42%) 14-year-olds lived with an adult who smoked. In 2012, 37% of smokers in Kirklees reported smoking most of the time when other people were in the house.

Why is this issue important?

Smoking kills and causes long-term illnesses. In 2011, 1 in 5 (18%) of all deaths of adults aged 35 and over were estimated to be caused by smoking. Most died from lung [cancer](#), [chronic obstructive pulmonary disease](#) (bronchitis and emphysema) and coronary heart disease. It was also a major cause of ill health, leading to approximately 1.5 million hospital admissions nationally in 2010/11¹. 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 disease³. Having a low birth weight increases the risk of ill health and death for an infant and smoking in pregnancy increases the risk of having a low birth weight baby by 3.5 times. There is also a dose response relationship, i.e. the more cigarettes smoked, the lower the birth weight⁴.

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 and wheeze [asthma](#)⁵. 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 avoidable⁵.

What significant factors are affecting this issue?

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. Young people are also influenced by price and availability, restrictions on smoking in public places and advertising and product placement. Each year, in England alone, around 330,000 children under 16 first try smoking and most smokers start smoking regularly before they are 18. Smoking is also associated with income levels and socio-economic class and ethnicity as described below.

Which groups are most affected by this issue?

Children and young people⁷

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 with 31%) and white 14-year-olds were more likely to have tried smoking than south Asians (34% compared with 29%). The mean age of first smoking remained unchanged at 12, although 1 in 5 started before they were 10, which is unchanged since 2007. Of 14-year-olds who smoked, black and south Asian boys were more likely to start smoking earlier. 10% of all 14-year-olds smoked weekly or more often compared with 18% in 2007.

Adults⁸

In 2012, in Kirklees 1 in 5 (19%) adults 18 and over smoked, although this is comparable with the national rate of 20%. There was little difference between men (19%) and women (18%), although smoking did decrease with age as in previous years: 1 in 4 (23%) aged 18-44, 1 in 5 (18%) aged 45-64 and 1 in 10 (10%) aged over 65. In comparison to 2008, where 1 in 4 black people smoked, in 2012, this had dropped to 1 in 6 (15%). This is slightly lower than 1 in 5 white (19%) and 1 in 6 (15%) Asian people. Only 1 in 5 (22%) current smokers wanted to continue smoking with just over half (53%) wanting to quit. 1 in 6 (16%) smokers intended to quit within the next six months.

Smoking is also linked to socio-economic status, income and ethnicity. Just over 1 in 3 (35%) of 18-44-year-olds in Kirklees earning less than £10,000 smoked compared to 1 in 4 (28%) earning £10,001-£20,000 and 1 in 5 (22%) earning £20,001 to £30,000. There was a similar pattern in all age groups. In 2012 in Kirklees, 23% (1 in 4) of current smokers were routine and manual workers, a group who are 1.6 times more likely to smoke than those who work in other professions⁸. Smoking rates in routine and manual workers (R&M) varies locally from 1 in 7 (14%) in [Denby Dale & Kirkburton](#), to 1 in 4 (26%) in [Dewsbury](#). Nationally, 27% of R&M workers smoked in 2010¹, compared with 13% of those in managerial and professional groups¹.

Women of childbearing age ([WOCBA](#)) and pregnant women

Smoking amongst women aged 18-44 years in Kirklees decreased from 1 in 4 in 2005 (24%) and 2008 (23%) to 1 in 5 (21%) in 2012⁸. Just over 13% of all women in Kirklees smoked during [pregnancy](#) in 2011-12, similar to national levels². There is wide variation across Kirklees in non-south Asian women smoking during pregnancy, from 2% in Denby Dale and Kirkburton to 26% in [Batley](#) and 32% in [Dewsbury](#). Over half of white women who had an infant die smoked during pregnancy⁹.

Those with long-term conditions, including mental health⁸

Locally, in 2012, many people suffering from smoking-related conditions continued to smoke: for example 1 in 4 people with COPD (26%) and asthma (24%), 1 in 6 (17%) people with [heart disease](#), 1 in 5 (18%) with high blood pressure and 1 in 4 (23%) people who have had a stroke. All of these have increased slightly from 2008 levels. Over 1 in 3 (31%) people with depression were current smokers in 2012. Only 1 in 7 (14%) of current smokers rate their general health as bad, with over half (51%) rating it as good. This rises to 56% amongst current women of a childbearing age smokers and 64% amongst current routine and manual smokers.

Where is this causing greatest concern?

In 2012, as in 2008, Dewsbury had the highest levels of adults smoking at 1 in 4 (24%). Lowest smoking levels were in Denby Dale & Kirkburton at 1 in 10 (10%), which had decreased from 12% in 2008. 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 insight¹² from Batley has highlighted key issues for residents in routine and manual occupations 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’ and promoted group based relaxation.
- Smoking offered women ‘me time’, the opportunity to leave all their worries behind them, if only briefly, and time to be alone.
- These women disliked advertising that made them feel they were jeopardising the health and wellbeing of family members: “It doesn’t matter what advertising or leaflets or campaigning you do, people enjoy smoking.”¹²

What could commissioners and service planners consider?

The national tobacco action plan outlines key strands of tobacco control. These prioritise stopping the promotion of tobacco, making it less affordable, effective regulation of tobacco products, helping tobacco users to quit and reducing exposure to second-hand smoke. Priority actions for Kirklees reflect these priorities and are:

- Comprehensive tobacco control via the creation of an overarching Tobacco Alliance.
- To prevent the uptake of smoking by challenging social norms around smoking.
- Support for smokers to quit smoking through appropriate stop smoking support.
- Working to increase awareness around the risks of second-hand smoke and encouraging the establishment of smoke-free homes and cars.

References

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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.

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