

Smoking: Kingston JSNA factsheet 2018

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Introduction

Smoking harms people who smoke and people who are exposed to secondhand smoke. Smoking is costly, to individuals, the health service and to wider society.

In 2017 the government published [towards a smokefree generation: a tobacco control plan for England](#). By the end of 2022, the government aims to reduce [1]:

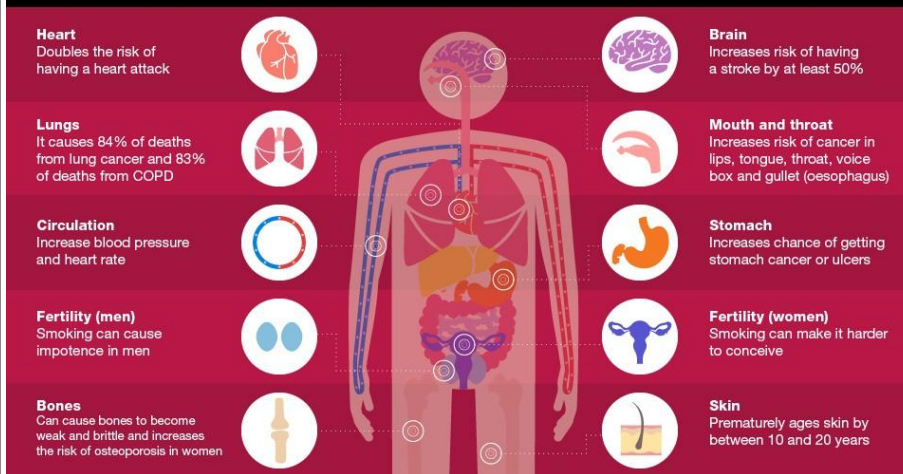
- > the number of 15 year olds who regularly smoke from 8% to 3% or less

- > smoking among adults in England from 15.5% to 12% or less

- > the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population

- > the prevalence of smoking in pregnancy from 10.5% to 6% or less

How smoking harms the body



Costs of smoking to society

Smoking costs approximately:

£12.6 billion a year

This cost includes:

£1.4 billion
from social care

£2.5 billion
on the NHS

£8.6 billion
from lost productivity

Key facts - in England [2]

- > 14.9% adults smoke (2017)
- > Sex: men are more likely to smoke than women (17% to 13%)
- > Ethnicity: Mixed, White or other ethnicity adults are more likely to smoke than Black, Asian or Chinese
- > Age: 25-34 years are most likely to smoke (20%) and those over 60 years are the least likely (8%); 8.2% of young people aged 11-15 report smoking
- > Socioeconomic group: routine and manual workers most likely to smoke (26%); managerial and professional workers the least likely (10%)

Key issues for Kingston [2], [4]

- (1) Progress in tackling smoking rates has stalled in the last 5 years: 15.5% in 2017 compared to 15.8% in 2012
- (2) Nearly 1 in 10 young people report smoking - higher than across London
- (3) People working in routine and manual jobs and those with mental health conditions are more likely to smoke

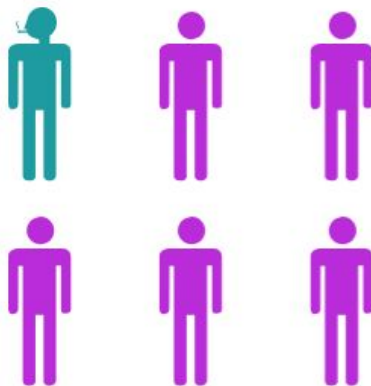
Smoking: local picture

What are we doing well? Where can we improve? Are there local inequalities?

Adults [2]

As of 2017, more than 1 in 6 adults in Kingston smoke (15.5%), similar to in England (14.6%) and in London (14.9%)
 - rates of smoking have not reduced significantly over the last 5 years (15.8% of adults in Kingston were smoking in 2012) and are higher than in 2016 (13.8%)

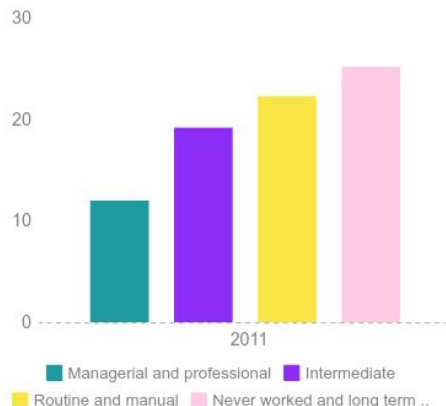
Fewer than 1 in 20 pregnant women in Kingston smokes (4.6%), similar to London (5.0%) and lower than across England (10.8%)



Adults (continued) [2]

People working in routine and manual occupations are more likely to smoke (22.3% in Kingston, 25.7% in England and 24.7% in London) as are those with long-term mental health conditions (23.3% in Kingston, 29.2% in London and 27.8% in England)

National data shows that people from more deprived backgrounds are more likely to:
 > smoke
 > be admitted to hospital and to die from smoking related ill-health
 > smoke during pregnancy



Young people [2]

- In 2014/15, nearly 1 in 10 young people reported being a current smoker in Kingston (8.6%), similar to England (8.2%) and higher than across London (6.1%)
- In Kingston in 2014/15, 1 in 10 (10.7%) young people reported using e-cigarettes and 1 in 5 (20.8%) reported using other tobacco products (shisha, hookah, waterpipe etc.) - these are similar to London (11.7% and 21.0% respectively) but show lower use of e-cigarettes and higher use of other tobacco products compared to (18.4% and 15.2%)

A detailed [survey of young people in the Borough in 2015](#) provides more information about behaviours and attitudes among 11-15 year olds [4]:

- Overall, 13% of pupils said they had tried smoking, with girls aged 15 most at risk (30%)
- 73% of pupils reported that no-one at home smokes, and 21% reported living in smokefree homes with smoking only taking place outside - 6% reported smoking happening inside the home
- Smokefree homes were associated with other positive health behaviours - results showed children were less likely to have drunk alcohol or to have been offered other drugs, less likely to have missed breakfast and more likely to report being a healthy weight and having high self-esteem
- Nearly 1 in 2 (46%) of 14-15 year olds who reported using other drugs also reported smoking occasionally or regularly compared to just 2% who had never used other drugs

Reducing smoking rates and harms: what works? (1)

The National Institute for Health and Care Excellence (NICE) review [evidence based interventions](#) to support people who want to quit smoking, to reduce harm from smoking and to prevent children and young people taking up smoking.

Enforcing age of sale laws helps to prevent uptake of smoking among children and young people [8], along with education and campaigns in schools, including developing a smokefree approach that encompasses school grounds [9].

Denormalising smoking, and preventing exposure to secondhand smoke through creation of more outdoor smokefree spaces, is an approach recommended by a number of organisations and reports, for example, the London Health Commission (2014), Royal Society of Public Health (2015) and the Chartered Institute of Environmental Health (2016) [10, 11, 12].



Many NHS hospitals now have smokefree grounds and some local councils have implemented smokefree outdoor spaces, such as playgrounds (Hull, Bath), beaches (Cornwall) and public squares (Bristol) though the evaluation evidence is not readily available.

A range of approaches have been taken to implement these changes from local 'bans' to social marketing methods to encourage rather than enforce smokefree spaces. NICE guidance on prevention of uptake, as well as harm reduction and smoking cessation support is due to be updated in 2020 and will take account of the latest evidence available on such measures.

Reducing smoking rates and harms: what works? (2)

There are a range of effective interventions to support people who want to quit smoking [3].

Public Health England summarised guidance for local areas setting up stop smoking support services in an edition of [Health Matters](#) in 2018.

In 2019 [the NHS long term plan](#) set out commitments to help reduce the rates and harms of smoking, based on the 'Ottawa model' [5]:

- Offering NHS-funded tobacco treatment services to all people admitted to hospital who smoke
- Adapting the model specifically for pregnant women and partners
- A new universal smoking cessation offer for long-term users of mental health and learning disability services, including the option to switch to e-cigarettes for long-term adult in-patients

Quitting aids – what works



The Ottawa model identifies the smoking status of all admitted patients, followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy and/or pharmacotherapy, and follow-up after discharge [6]. It has been shown to improve quit rates by 11% [7].



OTTAWA MODEL
FOR SMOKING CESSATION

POWERED BY THE UNIVERSITY OF OTTAWA HEART INSTITUTE

Smoking: what support and services do we currently have in place?

In Kingston a new stop smoking support service was commissioned in 2018 from [Kick It](#). Each year, the service aims to:

- Set quit dates with 602 people referred to the service
- Set quit dates with 301 self-referrers
- Support 378 people to quit (measured at 4 weeks)
- Provide 1378 children/young people with support



Trading standards officers support local tobacco control. They work in partnership with the police, HMRC and local retailers to ensure young people are not able to buy tobacco products, to prevent tobacco advertising and enforce point of sale signage and to combat the sale of illicit tobacco.



CTRL-Z lead workshops schools, youth clubs and community centres to inform young people about the harms of smoking using evidence-based methods to discourage uptake. They also use social media to encourage young people to move against the tobacco industry and promote school participation in health campaigns.



In addition to dedicated sessions at GP surgeries and, in 2019, a new outreach service at Kingston wellbeing centre and via a mobile clinic, Kick It provides:

- > a remote stop smoking support service via telephone
- > outreach work at local events and fun days
- > 6 weeks tailored programme for local employers, prioritising routine and manual industries

Recommendations

Public Health

1. Public health team to identify opportunities to provide additional intelligence to trading standards colleagues about children and young people's access to tobacco and/or the illicit tobacco market to support broader council tobacco control activity
2. Public health team to explore creating or encouraging smokefree outdoor areas to help denormalise smoking among children and young people
3. Public health team to support Kingston CCG in implementation of the NHS long term plan commitments on enhancing stop smoking support for hospital in-patients, using the Ottawa model and building on the existing Kick It offer at Kingston Hospital
4. Public health team to consider collaborative approaches for commissioning future stop smoking services in the Borough

References

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- (2) Public Health England. Local tobacco control profiles. [Internet] accessed December 2018. Available from: <https://fingertips.phe.org.uk/profile/tobacco-control>
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- (4) Schools Health Education Unit (SHEU). Kingston young people's health and wellbeing survey: findings from the 2015 survey - a themed report for drug education and substances. [Internet] 2015. Available from: http://data.kingston.gov.uk/wp-content/uploads/2017/10/Pub_Kingston-Young-Peoples-Health-and-Wellbeing-Survey-drug-education-and-substances-20150401.pdf
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- (11) Royal Society of Public Health. Stopping smoking by using other sources of nicotine. [Internet] 2015. Available from: <https://www.rsph.org.uk/uploads/assets/uploaded/d7f1aa02-3f33-4324-82bfb15d484d5354.pdf>
- (12) <https://www.localgov.co.uk/Parks-should-be-no-smoking-zones-to-protect-children-experts-say/41708>

Further reading

1. Department of Health. Towards a smokefree generation - a tobacco control plan for England. [Internet] 2017.
2. Public Health England. Health matters: stopping smoking - what works? [Internet] 2018.