

Smoking in Nottingham City

Background

Smoking is a leading cause of death, illness and poverty. It represents one of the biggest global challenges to public health (1). Worldwide, tobacco represents the single biggest preventable cause of death (2).

The impact of smoking

In 2014, 78,000 deaths in England were attributable to smoking, which represents 17% of all deaths and a third of deaths from conditions that can be caused by smoking (3). Up to two thirds of life-long smokers will be killed by smoking, but years of life can be added by quitting (4).

The negative health impacts associated with smoking are numerous and well documented. In summary:

- **Heart attack:** Smokers are almost twice as likely to have a heart attack compared to people who have never smoked (5)
- **Cancer:** 19% of all cancers are linked to exposure to smoke (6)
- **Lung cancer:** 72% of lung cancers are caused by smoking (5)
- **Type 2 diabetes:** An estimated 12% of all type 2 diabetes may be attributable to smoking (7)
- **Stroke:** People who smoke 20 or more cigarettes a day are six times more likely to have a stroke. Smoking makes people twice as likely to die if they have a stroke (8)
- **Dementia:** Smokers have a 50% greater chance of developing dementia than those who have never smoked (9)
- **Menopause:** Smoking is associated with increased risk of menopause (5)
- **Impotence:** Smoking is a risk factor for impotence (5)

On average, smokers spend approximately £1,300 per year on cigarettes (10). This can represent a significant proportion of household income, particularly in households where more than one person smokes, which has clear implications for tackling poverty.

Smoking is an important causal factor of fire. In 2017/18, one in ten accidental dwelling fires in England, where the source of ignition was a human factor, were caused by smoking materials such as cigarette lighters and matches (11).

Smoking prevalence and health inequity

There has been a significant reduction in the proportion of adults who smoke in England over the last 40 years (12). However, the prevalence of smoking in England remains a considerable 15% (13). Assessment of smoking prevalence at a population level is problematic because it masks varying levels of smoking in certain groups who could be at increased risk of harm. Smoking rates are higher in men compared to women, lower socioeconomic groups, Black Caribbean and Bangladeshi men, Black Caribbean and White women, lesbian, gay, bisexual and trans groups (14). Rates of smoking are also significantly increased among people with a mental health condition (15). In the UK, smoking has been identified as the greatest cause of inequality in rates of death between the rich and the poor (16).

Second-hand smoke

Since July 2007, it has been illegal to smoke in workplaces and enclosed public spaces in the UK. However, there remains a significant volume of adults and children exposed to smoke at home. The negative health effects of exposure to second-hand smoke range from minor eye and throat irritation to heart disease and cancer. Children have an increased vulnerability to these negative effects, as well as an increased risk of cot death, glue ear, and asthma. (17)

Size of the issue locally

The trend of reducing prevalence of current smokers observed nationally has been mirrored in Nottingham City in recent years. However, the proportion of adults who are current smokers in Nottingham City remains significantly higher than England. As figure 1 shows, 19% of adults in Nottingham are current smokers. (13)

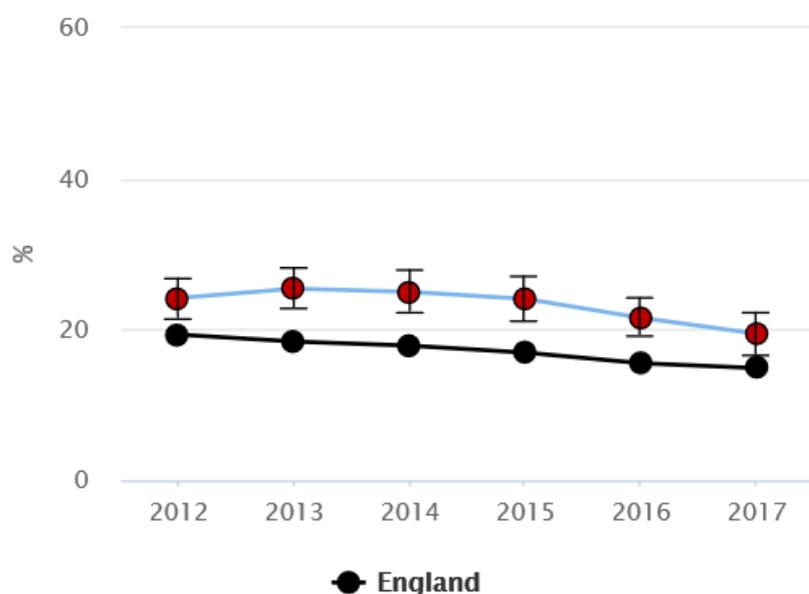


Figure 1: Prevalence of current smokers in adults in Nottingham and England

It is estimated that 46 tonnes of waste annually are produced from smoking filtered cigarettes. Nottingham has higher rates of lung cancer, chronic obstructive pulmonary disease, heart disease and other smoking-related conditions compared to England. In 2015, it was estimated that smoking costs Nottingham City Council an additional £3 million each year in care provision. The total annual cost of smoking-related ill health to the then Nottingham City Clinical Commissioning Group, the NHS Trusts and commissioned providers was estimated at £11 million. (14)

Smoking in routine and manual occupations

Smoking has consistently been higher among people in routine and manual occupations, both in England and Nottingham City. Figure 2 shows that the smoking prevalence has reduced year on year in England. In Nottingham City however, the trend has remained comparatively static. There has been no significant change in smoking prevalence between 2011 and 2017. (13)

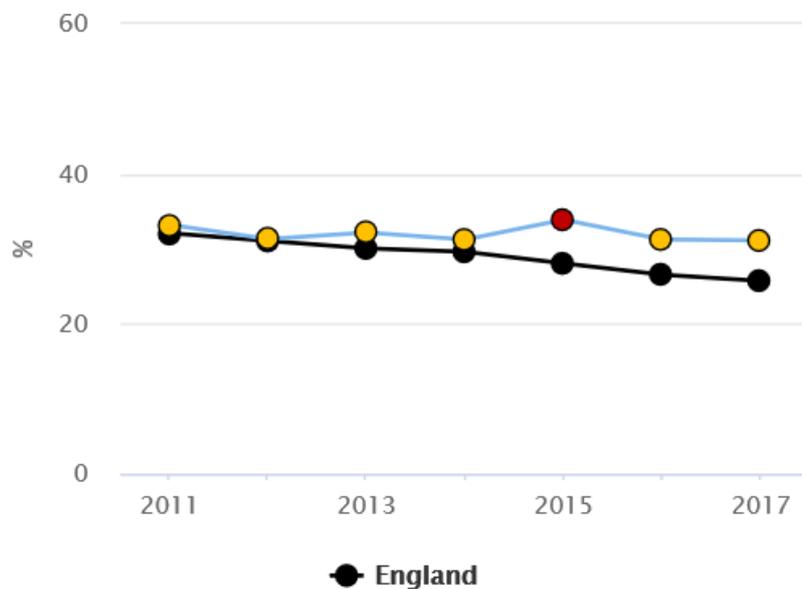


Figure 2: Prevalence of current smokers in adults in routine and manual occupations in Nottingham and England

Smoking in pregnancy

Women who smoke in pregnancy are more likely to have a stillbirth, have a baby born at a low birth weight and/or a baby born with a cleft palate. Babies living in a household with smokers are more likely to die from Sudden Infant Death Syndrome (SIDS).

The proportion of women smoking in pregnancy is recorded by smoking at the time of delivery (SATOD). Whilst this is the agreed national measure, it does not capture those women who are smoking at their 'booking appointment' with their midwife and quit before birth. Local intelligence suggests that the proportion of women smoking at their first midwifery appointment is considerably higher than SATOD. Nottingham's Smoking In Pregnancy Strategy Group, a sub group of the City/County Local Maternity Transformation System group, are leading work to improve data collection and collation.

As figure 3 shows, in 2017/18, 17.2% of mothers in Nottingham City were smokers at delivery, which is significantly higher than the England average of 10.8% and the fifth highest rate of our statistical neighbours. There has been no statistically significant reduction since 2010/11, the first year the data was published in this form.

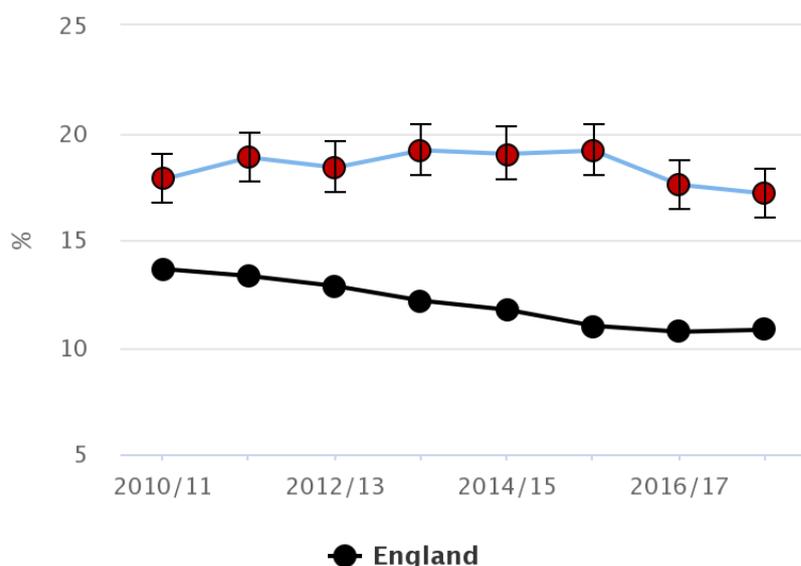


Figure 3: Smoking status at the time of delivery in Nottingham and England

What are we doing?

1. Motivate and assist every smoker to quit

A new targeted smoking cessation service has been commissioned by the Council. Currently delivered from Upper Parliament Street in Nottingham City, the service will support smokers living with long-term conditions, smokers with mental health problems, pregnant smokers and their partners and smokers with substance misuse problems. Smokers who fall into any of these categories will receive a referral to the service from the appropriate professional and will be offered a 12-week programme of intensive behavioural support combined with pharmacotherapy.

In addition, Nottingham City CCG continues to fund ward based smoking cessation advisors to deliver smoking cessation support to smokers that have been admitted to hospital. The advisors provide a program of behavioural support combined with pharmacotherapy to smokers in hospital. Hospital admission provides a teachable moment when a smoker is more likely to respond positively to the offer of smoking cessation support.

2. Deliver a programme of smoke free public spaces where local people want them

Nottingham has a long-term vision to inspire a smoke free generation. Smokefree outdoor public places have a significant role to play in normalising smoke free environments and showing our young people that smoking is the exception rather than the rule. The aim of smoke free outdoor public spaces is to reduce children's exposure to smoking and the chances of them becoming smokers themselves.

The trend toward smoke free outdoor areas is well established and growing both within the UK and further afield. It extends to many different kinds of outdoor areas from parks and city squares to outdoor eating areas and entrances to public buildings. Public health concerns are key drivers but fire hazards, litter, environmental and public nuisance concerns are also

significant factors. Smoking in an outdoor public space is not an offence and is not covered by the 2007 Smokefree legislation.

In 2010, Nottingham City Council was one of the first local authorities in England to introduce Smokefree playgrounds and primary school gates, this was as a direct result of consultation with citizens and colleagues.

The Smokefree Summer initiative introduced in 2015 sees City Council events aimed at children and families routinely promoted as Smokefree. Events include:

- The Beach
- Riverside Festival (children's area)
- Splendour (children's area)
- The British Triathlon

From the outset, District and Borough Councils across the County replicated our approach ensuring the delivery of consistent smoke free messages to our citizens.

We adopt a non-confrontational approach to compliance, focused on raising awareness and understanding; this is supported by strong communication and clear signage designed by local schoolchildren.

The Smokefree Development Officer is currently working on a new initiative to encourage sports clubs, working with families and children, to implement smoke free policies that will ensure clubs are taking all possible steps to reduce children's exposure to tobacco use including 'smokefree side-lines'. Nottinghamshire Football Association and Nottingham Rugby have both expressed their support for this initiative.

There is evidence to show that public support for the extension of smokefree public spaces continues to increase and, in particular, activities that protect children from the harmful effects of smoking. This provides a strong foundation on which we can build. However, the challenge is to explore new ways of working that demonstrate innovation and leadership in order to progress this work.

Agreeing a long-term plan to extend smokefree outdoor public spaces will allow us to take a more consistent approach that will be clearer, easier to communicate and more effective. It is important that we take a comprehensive approach to tobacco control and working in partnership with citizens and colleagues is crucial to our success.

[3. Implement Public Health Guidance 48 \(smoking in acute, maternity and mental health services\)](#)

Progress in NUH

For people using secondary care services, there are several advantages to smoking cessation, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, better wound healing, decreased infections, and fewer re-admissions after surgery.

Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use or work in their services. This duty of care includes providing them with effective support to stop smoking or to abstain from smoking while using or working in secondary care services. NICE Guidance PH 48 aims to support smoking

cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings. The guidance includes 16 recommendations for secondary care providers. Progress against a number of these recommendations by NUH is described below:

1. Leadership

NUH has an identified Executive lead (Medical Director) who chairs the NUH Smokefree Steering group. All areas of the trust are represented and key external partners including the CCG and Public Health attend steering group meetings.

A full time smokefree lead has been appointed and commences in post on the 1st of April 2019 for 12 months.

2. Identify people who smoke and help them stop

All inpatients are assessed for their smoking status using an electronic patient assessment system. All identified smokers are referred through to the relevant stop smoking services and receive support via ward based smoking cessation advisers.

Smokers are encouraged to achieve temporary abstinence – not all smokers are ready to quit and supporting those patients to temporarily abstain from tobacco use during their stay is important and can lead to a quit attempt.

3. Make stop smoking pharmacotherapies available in hospital

All identified smokers are offered Nicotine Replacement Therapy (NRT) on admission and prescribed a 2 weeks supply of NRT on discharge.

4. Provision of training for all frontline staff

NUH has prioritised delivery of training to specific staff groups - maternity and pre-op. The City smoking cessation advisers and the smokefree lead have been delivering this training. All maternity staff (midwives and maternity support workers) will receive smokefree training over the next 12 months.

5. Working towards a smokefree site

NUH is an e-cigarette friendly site for patients and visitors and its smoke free policy has been updated to support the implementation of PH48. All staff are encouraged to stop smoking or temporarily abstain from smoking whilst at work. Stop smoking support and NRT are available to all staff.

4. Reduce smoking during pregnancy by a third

Through the publication of Better Births, the national maternity transformation plan, there is a renewed focus on reducing the proportion of pregnant women smoking. Historically in Nottingham, we have had an 'opt-out' referral to a community stop smoking service for pregnant women.

Due to unprecedented budget pressures, local stop smoking services (New Leaf), funded by Nottingham City Council, were decommissioned in March 2018. Nottingham City Council has been working with the GP Alliance to establish a new stop smoking service, 'Stubl', for Nottingham City citizens. Nottingham City Council funding focuses on the support required by 'at risk' populations, including pregnant women.

Nottingham City Council is also working with Nottingham CityCare to create a new, fixed term smoking in pregnancy post within the Nottingham University Hospital Smokefree team. This post will consider the training needs of staff within the midwifery division regards smoking in pregnancy; will explore the best way to work with the midwifery service to engage pregnant women about smoking and provide advice to stop smoking; and will help establish referral links between the new community stop smoking service and midwives.

The NHS Long Term Plan published earlier this year commits to offering a stop smoking service to all pregnant women and their partners. However, how this commitment will look in practice or be funded is less clear at this stage and will require collaborative working between the local authority and clinical commissioning groups.

In addition to a new post and stop smoking service, March 2019 will see the launch of the 'Love Bump' campaign to promote the dangers of smoking in pregnancy and the benefits to mother/partner, unborn baby and other family members of giving up smoking (<https://lovebump.org.uk/>). In addition to a social marketing campaign, the LoveBump campaign will include additional resources for midwives, namely new conversation packs to use in their daily conversations with pregnant women.

5. Tackle Illegal Tobacco

Nottingham City Council Trading Standards work with the police, HMRC and other partners to tackle the distribution and sale of counterfeit and illicit (illegal) tobacco products in Nottingham. Those who engage in such criminality are linked with serious and organised crime. Illegal tobacco can also be both detrimental to health, as are all tobacco products, but can also pose major safety problems. Counterfeit tobacco products frequently do not comply with stringent safety laws, which can result in them not extinguishing when they should, and have been found to be the cause of several house fires.

Trading Standards enforce at commercial premises, including storage units and shops, as well as domestic premises, and employ specialist search dogs to assist in uncovering concealed illegal products. Products are seized, and perpetrators are taken to court.

In 2017/18, 119 complaints about illegal tobacco were received and 557,110 sticks of cigarettes and 88.5 kg of hand rolling tobacco were seized. During that time, 26 prosecutions of those engaged in the illegal trade were completed.

From 1st April 2018 to date, 62 complaints about illegal tobacco have been received and 223,100 sticks of cigarettes and 208 kg of hand rolling tobacco have been seized. 12 prosecutions have been undertaken and significant prison sentences, fines and community orders have been handed out following these prosecutions.

Trading Standards also work with colleagues from the Council's Anti-Social Behaviour Team, and have been successful in obtaining a Closure Order in respect of a premises which persistently sold illegal tobacco, despite a number of previous enforcement actions. They undertake Proceeds of Crime investigations into those found to be selling illegal products, ensuring that the monetary benefit from criminality is quantified and removed from the criminals.

Under Age Sales of tobacco products

Trading Standards are responsible for enforcing legislation in respect of underage sales of tobacco products. They respond to complaints about shops selling tobacco products to children under the age of 18, initially by advising the trader of the complaint, giving advice on how to prevent further sales, and following up with a test purchase if necessary.

Shisha

Trading Standards are responsible for ensuring that the sale of shisha is lawful, in that it is correctly labelled etc., and it is not sold to anyone under age.

E-cigarettes

E-cigarettes are battery-operated devices that emit doses of vaporized nicotine, or non-nicotine solutions, for the user to inhale. They aim to provide a similar sensation to inhaling tobacco smoke without the smoke and are marketed as a way to stop or cut down on smoking. An estimated 2.9 million adults in Great Britain currently use e-cigarettes and of these, 1.5 million people have completely stopped smoking cigarettes.

Trading Standards are responsible for ensuring that electronic cigarettes and their associated liquids are safe for consumers to use. They also enforce the legislation regarding the sales to under age young people and undertake inspections at premises selling e-cigarettes, and respond to any complaints.

Local statistics on the usage of e-cigarettes are available from the Citizens Survey. In 2018, 90 participants reported using e-cigarettes out of a sample size of 1,997. Of the 90 participants, 58% were male and 42% were female. The majority (79%, 71) were aged 25 and over. Whilst this sample size is too small to apply to the population of Nottingham City it does provide some useful insight into e-cigarette usage.

Evidence for the effectiveness and safety of e-cigarettes

Public Health England has recently published an independent expert review into the evidence for the effectiveness and safety of e-cigarettes (18). The review explored the use of e-cigarettes amongst young people, adults, the effect of e-cigarette use on smoking cessation, the health risks of e-cigarettes and the perceptions of relative harms of e-cigarette, nicotine and smoking. It concluded that:

- Vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits.
- E-cigarettes could be contributing to at least 20,000 successful new quits per year and possibly many more.
- E-cigarette use is associated with improved quit success rates over the last year and an accelerated drop in smoking rates across the country.
- Many thousands of smokers incorrectly believe that vaping is as harmful as smoking; around 40% of smokers have not even tried an e-cigarette.
- There is much public misunderstanding about nicotine (less than 10% of adults understand that most of the harms to health from smoking are not caused by nicotine).
- The use of e-cigarettes in the UK has plateaued over the last few years at just under 3 million.

- The evidence does not support the concern that e-cigarettes are a route into smoking among young people (youth smoking rates in the UK continue to decline, regular use is rare and is almost entirely confined to those who have smoked).

To become truly smoke-free, NHS trusts are asked to ensure that:

- E-cigarettes, alongside nicotine replacement therapies, are available for sale in hospital shops.
- Vaping policies support smokers to quit and stay smokefree.
- Smoking shelters be removed.
- Frontline staff take every opportunity to encourage and support patients to quit.

Recommendations for the Board

The Health and Wellbeing Board is asked to use the contents of the report to inform the discussion around smoking cessation in Nottingham City and take actions in the areas listed below:

Smoking in Pregnancy

- To support the LoveBump campaign across their organisations.
- To support the achievement of the Council plan commitment to reduce smoking at the time of delivery
- Ensure the NHS Long term Plan commitment to provide pregnant women and their partners with a new NHS stop smoking pathway, including support, is designed alongside existing non-NHS funded services.

Smoking Cessation

- Employers are asked to create awareness about the new Smoking Cessation Service (*Stub-it*)
- Encourage citizens who smoke to seek support via their GPs especially if they're in one of the target groups for the service
- Trusts are asked to support the referral of patients who are smokers in target groups to the new service.

Implementation of the NICE guidance supporting cessation in secondary care (PH48)

- To support continued implementation of PH48 in NUH
- To review current policies and ensure that provision is made for staff, patients and families who wish to vape on site
- To support staff in the delivery of brief advice through completion of the "Very Brief Advice Training Module" by the National Centre for Smoking Cessation Training (NCSCT)

Vaping and e-cigarettes

- Review current smoking cessation policies in organizations
- Consider expanding current policy to include recognition that e-cigarettes are 95% less harmful than cigarette.

- I. Support staff, patients, clients who wish to vape on site by considering the provision of dedicated vaping locations/areas on site.

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