

JSNA Chapter – Smoking and Tobacco Control

Topic information	
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Linked JSNA topics	Cancer (2016) Cardiovascular disease (2016) Chronic obstructive pulmonary disease (2016) Adult mental health (2016) Pregnancy (2019)

Executive summary

Introduction

Smoking remains the single largest preventable cause of early death in the UK and worldwide. Half of all lifelong smokers will die prematurely, usually about 10 years younger than non-smokers. The main causes of death from smoking are heart disease and strokes, lung cancer and chronic obstructive pulmonary disease (COPD).

For every smoking related death, another ten smokers will be living with a smoking related disease. Smoking affects every organ and every cell of the body, causing conditions ranging from diabetes, tuberculosis, sudden infant death syndrome, osteoporosis, impotence and reduced fertility. A third of all cancers and over 90% of lung cancers are directly caused by smoking. Action on Smoking and Health (ASH), a public health charity campaigning to reduce the harm caused by tobacco, produce a series of [‘at a glance’ factsheets](#).

This chapter will focus on changes since the 2015 chapter. Smoking in pregnancy is considered in the Pregnancy JSNA chapter.

Unmet needs and gaps

Smoking cessation services

- Stub it! smoking cessation service is being delivered at present from only city centre locations. This means that citizens who are disabled or have poor mobility may not be able to access the service.

- The service is still fairly new and is currently dealing with a backlog of clients, resulting in long waiting times
- In secondary care, ward based advisors are providing smoking cessation support to smokers admitted into secondary care. This supports them to achieve temporary abstinence. Following discharge, reports from advisors suggest that follow-up by community based services is patchy and inconsistent, resulting in many smokers relapsing
- The current smoking cessation service does not have provision for children who might need support to stop smoking
- Current evidence on e-cigarettes suggest that they are far less harmful than smoking and should be used as part of harm reduction or quitting smoking. Public perception has lagged behind the evidence with many people believing that they are just as harmful as cigarettes. Encouraging people who cannot quit to switch to e-cigarettes would be a productive harm reduction strategy
- Strategies to target inpatients in hospitals is evidence based, yet staff have often not received training in the delivery of Very Brief Advice, limiting the success of this strategy

Equality and deprivation

- Deprived areas within the City continue to have smoking rates that are significantly higher than the national average which continues to widen the inequalities gap
- Illicit tobacco prevalence remains high in deprived areas of the city which undercuts the effects of tobacco control legislation and contributes to crime

Environmental exposures

- Second hand smoke remains a significant concern with a quarter of deprived homes allowing smoking inside. There is currently no targeted work in these areas to tackle children's exposure to second hand smoke
- PH48 implementation in hospitals can be intermittent with patients and visitors continuing to smoke on hospital grounds, exposing other patients to second hand smoke
- Shisha lounges remain prevalent in Nottingham City, despite smokefree legislation, putting the customers and employees of the shisha lounges at risk
- There is a lack of information on the harms of social smoking in the 16-24 year old age group

Recommendations for consideration by commissioners

Recommendation	Responsibility		
	Local Authority	Service Providers	CCG/CCP
Ensure that all hospital staff are trained in Very Brief Advice		Secondary care education administrators	
More stringent implementation of PH48 in secondary care, addressing QMC main entrance and City hospital gates	x	Secondary care	
Making Every Contact count in GP practice, dentistry, opticians	x	Various health care delivery	

etc., using Very Brief Advice		providers	
Give consideration to smokers with reduced mobility in order to address access to smoking cessation services	x		
Provide fast tracking to community smoking cessation services for smokers who have quit in hospital, allowing the continuation of treatment in the community at a reasonable time	x	x	x
Include a question in the Citizens Survey to assess the approximate percentage of homes which allow smoking inside and expose children to second hand smoking	x		
Continue to expand the scope of smokefree areas	x		
Consider a public awareness campaign to encourage smokers to switch to e-cigarettes	x		
Continue to review the compliance to smokefree legislation of shisha lounges and issue notices accordingly	X Environmental Health		
Improve education in schools, colleges and universities as to the harms of shisha smoking, especially in areas with a high proportion of Asian ethnic minorities		x	
Continue to target those trading in illicit tobacco	X Trading Standards and Nottinghamshire Police		
Promote e-cigarettes as the treatment of choice for smoking cessation	X	X	X