

## Summary Needs Assessment for *Reducing The Harm From Tobacco*

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### 1. Summary

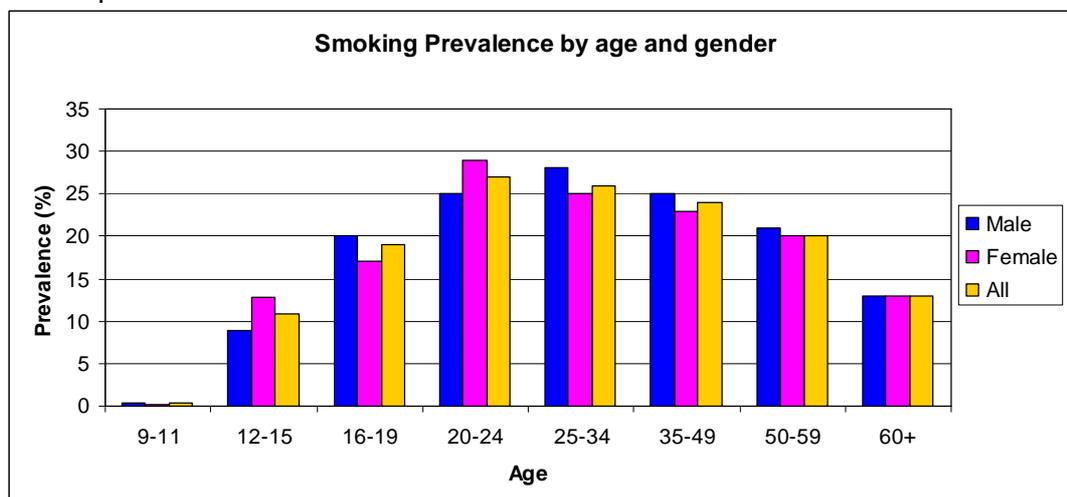
- Tobacco use remains one of the most significant public health challenges in Hertfordshire. While rates of smoking have declined over the past decades, almost 1 in 5 of adults in Hertfordshire still smokes. Smoking prevalence has ceased to fall rapidly and new action is needed to drive smoking prevalence rates down further, especially in the most deprived communities where smoking prevalence is highest.
- Deaths from smoking are greater than the next six most common causes of preventable death combined. Over 1 in 4 of all cancers and 90 per cent of lung cancer is directly attributable to tobacco use.
- Smoking rates are much higher in some social groups including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death and smoking is the single biggest cause of inequalities in death rates between the richest and poorest in Hertfordshire.

### 2. What Reducing The Harm From Tobacco is about and why it is important

- Smoking is associated with a range of health complaints, most notably respiratory and heart conditions. Many of these conditions will not become apparent until after several years of smoking. Smoking related illnesses often prove fatal, with smoking attributable mortality accounting for 18% of all mortality in adults aged 35+.
- The health effects of smoking are not confined to smokers; second hand smoke accounts for approximately 12,000 deaths a year in adults aged 20+ nationally, as well as causing a number of health complaints in children, including one in every five cases of sudden infant death.
- Smoking is an addiction that is largely taken up in childhood and adolescence; reducing smoking amongst children and young people is a key aspect of our tobacco control strategy. Without effective action to reduce the harm caused by tobacco:
  - Children and young people would continue to be exposed to second hand smoke, leading to increased risks of serious health problems in later life.
  - The children of parents who smoke would continue to develop smoking habits of their own, and which become increasingly difficult to quit as they approach adulthood.
  - Illegal tobacco would continue to be available, making it easier for children and young people to purchase tobacco products.

### 3. How many people there are and where

- Hertfordshire's adult smoking prevalence is 19.2% which is slightly below the national prevalence of 20.7%



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- Children and young people: we estimate that around 11% of year 10 Hertfordshire pupils are smoking as compared to 0.5% of year 6 pupils
- Pregnant Women: within Hertfordshire, 11% of expectant mothers smoke; this is lower than the UK average but is still cause for concern.
- People with mental ill health: Smoking prevalence among people receiving psychiatric care is 2-4 times that of the general population and quitting rates are lower.
- Unemployed and low income households: Smoking rates (27%) are much higher among social groups with the lowest incomes,

## **4. The benefits of Reducing the Harm from Tobacco**

- Action to reduce the harm from tobacco is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Smoking-related death rates are two to three times higher in low-income groups than in wealthier social groups.
- The current costs to society caused by smoking far outweigh the income derived from taxation. Each year in Hertfordshire it is estimated that tobacco use costs society £278.9m. Of this, £54.9m is cost to the NHS. The other costs include loss in productivity from smoking breaks and sick days (£108.8m) smoking related fires in homes (£10.3m), cleaning smoking materials litter (£6m), output lost from early death (£83.4m), cost of second hand smoke in early death, absenteeism and NHS costs (£14.5m).
- Illegal tobacco brings crime in to communities, undermines legitimate local businesses and makes it easier for children to obtain tobacco, as it is sold at pocket money prices and without compliance with the legislation for the supply of age-related products.

## **5. What we currently do to reduce the Harm from Tobacco**

- We have a range of countywide and district initiatives including:
  - Our Stop Smoking Services provide free support for smokers who want to quit at over 300 locations across the county. In 2011/12 nearly 8000 people succeeded!
  - Our successful *Keep it out* campaign helps to cut off the supply of cheap illegal tobacco to children
  - The SoStevenage Smokebusters scheme has resulted in over 550 people pledging to keep their homes and cars smokefree. The scheme will be rolled out across Hertfordshire in 2013/14.
- During 2011-12 we spent £1.4m on stop smoking services in Hertfordshire

## **6. What we plan to do and how will we know we have succeeded**

- Hertfordshire is committed to exceeding the ambitions of the National Tobacco Control plan and aims to:
  - Reduce smoking in every district to 18.5% or less by 2016.
  - Reduce smoking in young people, so that less than 9% of 15 year olds smoke by 2016.
  - Reduce smoking in pregnancy so that less than 7% of pregnant women smoke throughout their pregnancy by the end of 2016.
- Hertfordshire is also focused on promoting smokefree homes, cars, workplaces and public places, reducing sales of tobacco to under 18 year olds and tackling the sale of illegal tobacco. Tackling the rates of underage smoking is a key aspect of reducing overall smoking prevalence.

## **7. What we don't know and would like to know**

A "joined up" approach to tobacco control is now well established in Hertfordshire. However Tobacco Free Hertfordshire welcomes the input of local information from stakeholders, including agencies that represent the public voice.

## 8. **Your views**

To better build our understanding around Reducing The Harm From Tobacco we also need others to contribute their knowledge and experience of this topic. If you might like to contribute or comment, then go to the “Your Views” section of the JSNA website to find out how

## 9. **Links to further background information and data.**

- A separate document providing more detailed information on this topic is available at <http://atlas.hertsllis.org/IAS/Custom/Resources/TobaccoDetailedPDF.pdf>
- A list of references and sources is available at <http://atlas.hertsllis.org/IAS/Custom/Resources/TobaccoReferencesPDF.pdf>