

Joint Strategic Needs Assessment



Smoking

Last updated: July 2019

Isle of Wight Summary



Number of people smoking has reduced by 7,500 over the last eight years

14.2% of males smoke compared to 12.3% of females



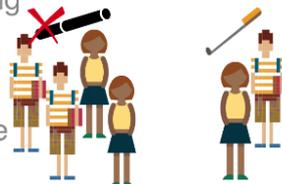
Three times as many people with a severe mental illness smoke than those without

Locally a higher rate of women smoke at time of delivery compared to the national average



There is a higher rate of 15-year olds smoking

The rate of 15-year olds having tried e-cigarettes is double those who smoke



Our smoking attributable hospital deaths are consistently among the lowest in the country

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Public Health Foreword

“The National Tobacco Control Plan for England vision is to create a smoke-free generation. To do this, it intends to shift emphasis from action at the national level - legislation and mandating of services - to focused, local action, supporting smokers, particularly in disadvantaged groups, to quit.

Locally the Isle of Wight needs to work together to implement measures relating to the reduction of the supply of tobacco and support smokers to quit. This includes

- *Illicit trade in tobacco products*
- *Sales to and by minors*

- *A Stop Smoking Service that meets NICE guidance targeting disadvantaged groups.*

The local data presented in this factsheet supports the IW Public Health Team and its partners to design a range of interventions tailored to local needs. This evidence is essential in informing such decisions and provides a baseline upon which measurable improvements to our local health, economy and social wellbeing can be measured.”

*Louise Gray – Senior Public Health Practitioner
Isle of Wight Council*

Background

Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. There are still 7.3 million adult smokers and more than 200 people a day die from smoking related illness which could have been prevented.

But these headline numbers disguise the fact that smoking and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our society. The difference in life expectancy between the poorest and the richest can be as much as nine years. Smoking accounts for approximately half of this difference.

As well as dying prematurely, smokers also suffer many years in poor health. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer and make it difficult to carry out day to day tasks and engage with society and the economy. Smokers proportionately are less likely to be in work.

From 2012 to 2015 smoking related mortality was around 50% greater in the north-east compared to the south-west. But smoking blights poorer communities across the country. The local authority with the highest rate of smoking is Hastings which has a prevalence of 26% among adults.

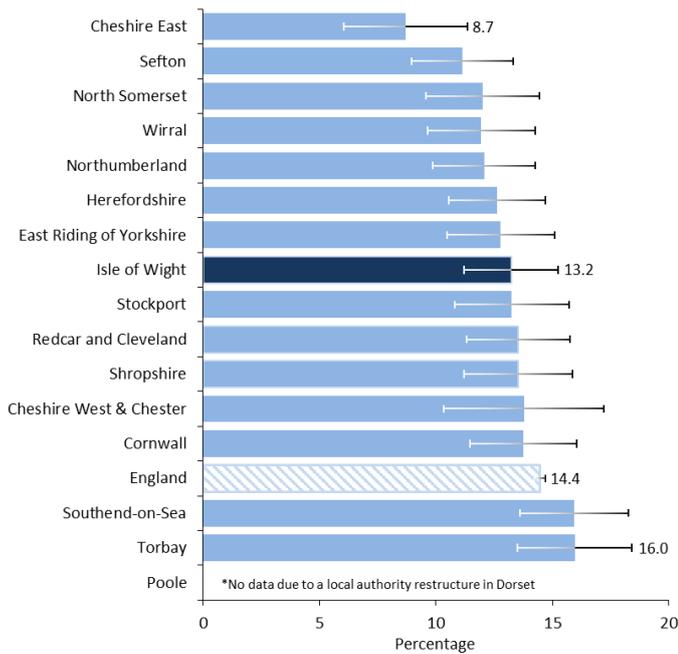
Source: Towards a Smokefree Generation - A Tobacco Control Plan for England, Department of Health

Smoking prevalence in adults

According to the Annual Population Survey, it is estimated that just over 15,000 people (13.2%) aged 18 and over on the Isle of Wight smoke.

Comparing ourselves to our CIPFA comparator authorities, we are not statistically significantly different to any of them.

Smoking prevalence in adults (18+): 2018

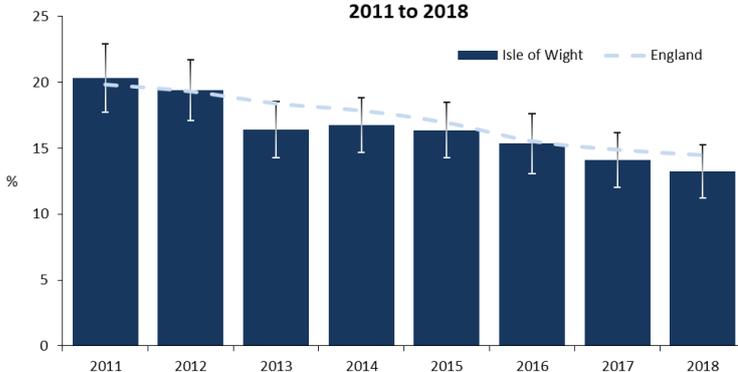


Source: Annual Population Survey accessed via PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

The male/female breakdown shows an almost identical pattern so have not been included here.

Over the last eight years, we have been following the same declining trend as England.

Smoking prevalence in adults (18+): 2011 to 2018



Source: Annual Population Survey accessed via PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Breaking down the smoking prevalence by socio-economic group, just 10% of managerial or professional workers smoke compared to 25% of

routine or manual workers and 20% of those who have never worked or are long-term unemployed.

Percentage of smokers belonging to each socio-economic group - 2018



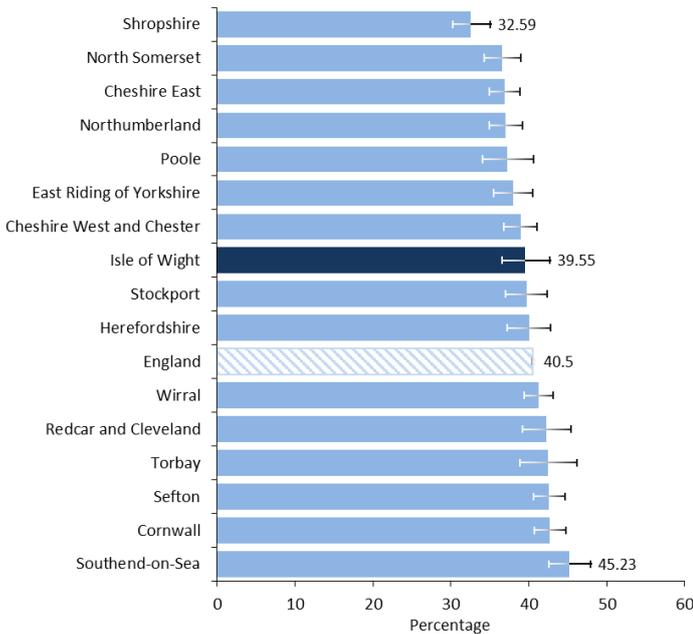
Local interventions should be targeted at those groups with the highest levels of smoking prevalence to have a greater impact.

Another at-risk group is those with a severe mental illness (SMI). When compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to smoke. High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy.

Source: Smoking and mental health - A joint report by the Royal College of Physicians and the Royal College of Psychiatrists. https://cdn.shopify.com/s/files/1/0924/4392/files/smoking_and_mental_health_full_report_web.pdf?7537870595093585378

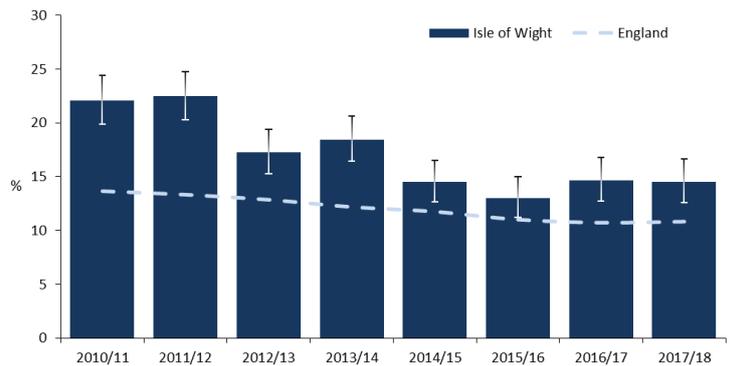
Although the Isle of Wight rates for SMI are higher than for other population groups there is no statistical significance from our comparators. The graph is shown on the following page.

Smoking prevalence in adults (18+) with serious mental illness: 2018



Source: Annual Population Survey accessed via PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Smoking status at the time of delivery: 2010/11 to 2017/18



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

For more information please see the 'Breastfeeding and Smoking in Pregnancy' factsheet at www.iwight.com/factsandfigures

Smoking prevalence in young people

There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. England's Tobacco Control Plan highlights the importance of reducing the number of young people taking up smoking, as it is "an addiction largely taken up in childhood". One of the national ambitions set out in the document is to reduce rates of 15 year old regular smokers to 3% or less by 2022.

Indicators for smoking prevalence amongst 15 year olds in England are from the What About YOUth? (WAY) survey. This is a newly established survey to collect robust local authority (LA) level data on a range of health behaviours amongst 15 year olds.

The measure on smoking prevalence is the percentage of 15 year olds who responded to Q17 in the WAY survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week".

The Isle of Wight has one of the higher figures against our comparators and is significantly higher than 8 other authorities.

Locally working with schools and youth services to support education about the dangers of smoking is important.

Working with mental health partners to provide smoking cessation support could be an important local intervention.

Smoking during pregnancy

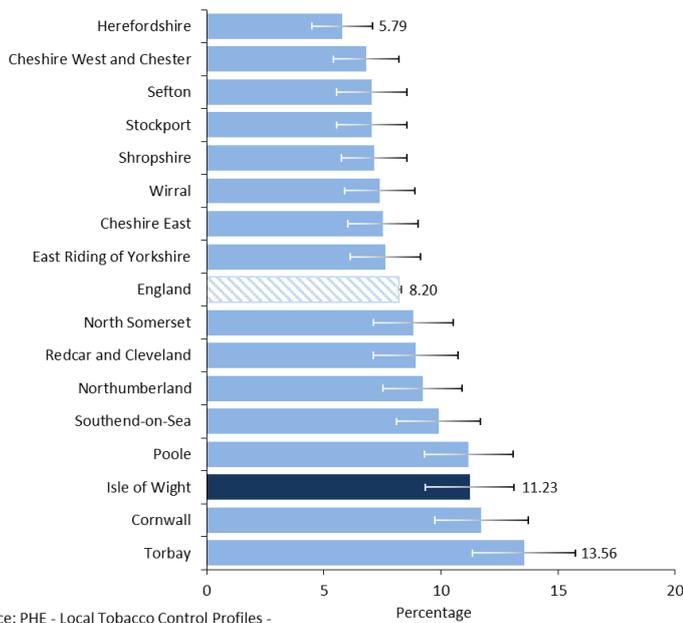
Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.

Encouraging pregnant women to stop smoking during pregnancy not only reduces the likelihood of these complications, but it may also help them kick the habit for good, and thus provide ongoing health benefits for the mother and reduce exposure to second-hand smoke by the infant.

Smoking status at the time of delivery is high on the Isle of Wight. We are the third highest of our comparator authorities and statistically significantly higher than six others.

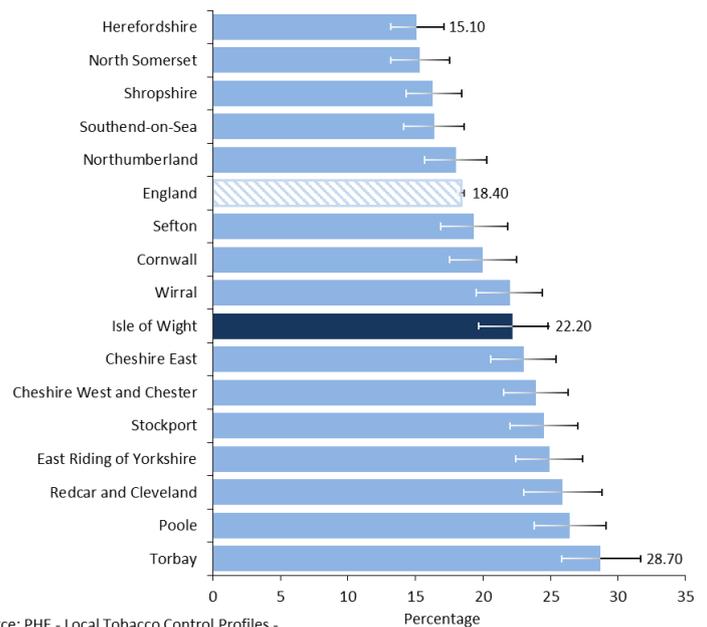
Although generally reducing, the Isle of Wight has been statistically significantly higher than England each year for the last eight years.

Smoking prevalence at age 15 (WAY survey): 2014/15



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Percentage who have tried e-cigarettes at age 15: 2014/15



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Electronic cigarettes (e-cigarettes) are not subject to the same regulation as tobacco products. There is a lack of information about whether they are safe or effective, and as a result, there is research into e-cigarettes being carried out, providing evidence for any regulation that may be needed for these products.

Another question in the WAY survey gathered information on young people’s use of e-cigarettes - “Have you ever used/tried electronic cigarettes (e-cigarettes)?” with the positive answers including “Currently”, “Used to” and “Tried e-cigarettes”.

The Isle of Wight’s figures are significantly higher than four other authorities and the England average.

The use of other tobacco products is also of concern. These products also carry health risks and tobacco legislation applies to them too. There are a number of initiatives that have been carried out to raise awareness of these health risks and the legislation which also applies to these products. The WAY survey also collected data on the use of these other tobacco products.

The Isle of Wight is in the middle of the chart and is significantly different to four other authorities.

Smoking related mortality

Smoking remains the biggest single cause of preventable mortality and morbidity in the world. It still accounts for one in six of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high than areas with the lowest death rates attributable to smoking.

Source: World Health Organization Report on the Global Tobacco Epidemic 2009
<http://www.who.int/tobacco/mpower/2009/en/index.html>

Over 2015 to 2017, on the Isle of Wight there were 849 smoking attributable deaths. Compared to our nearest neighbours, again we are near the middle of the list, statistically lower than three comparators and higher than two.

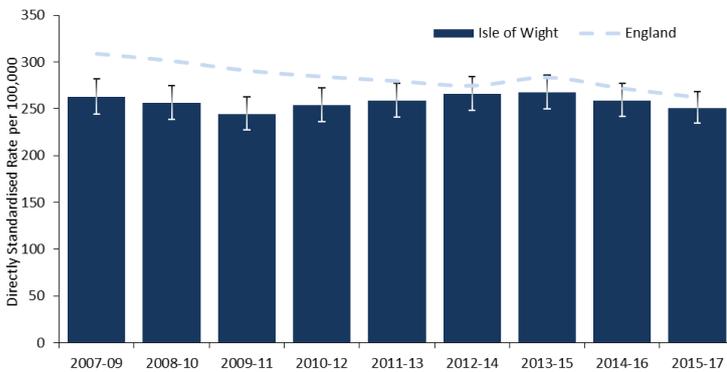
Looking over the last nine years, we used to be significantly lower than the national average but while England has been gradually reducing, the

Smoking

Last updated: July 2019

Isle of Wight has stayed almost the same and we are now similar to England.

Smoking attributable mortality: 2007-09 to 2015-17



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

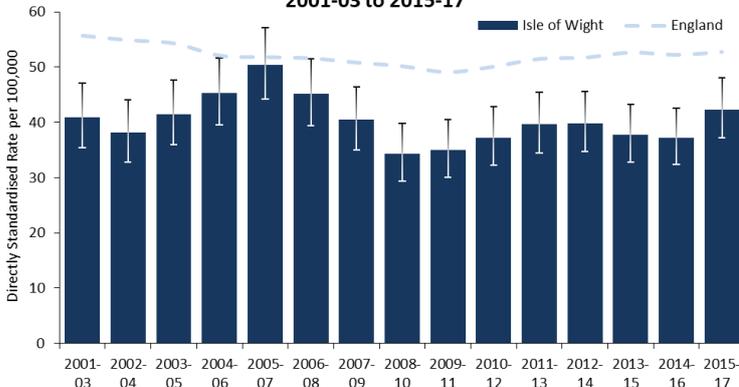
Looking at the number of deaths relating to different illnesses, we see that smoking attributable deaths from both heart disease and stroke are statistically similar to all of our comparators and comparable to the national average each year over the last eight years.

For mortality from lung cancer, we are similar to the majority of comparators and have mainly been slightly below England since 2001.

Oral cancer shows similarity to all comparators and similar to England for the last eight years.

Mortality from Chronic Obstructive Pulmonary Disorder (COPD) shows a slightly different picture. The Isle of Wight has a lower rate than most of our comparators and is statistically lower than six of them. We have been statistically lower than England for all but two years since 2001.

Mortality from chronic obstructive pulmonary disease: 2001-03 to 2015-17



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

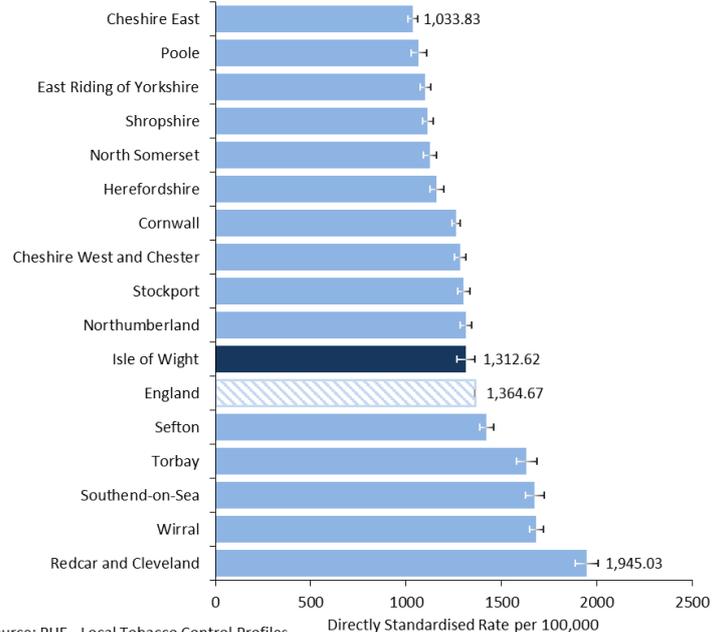
Years of life lost

The indicator used to measure the potential impact that smoking is having in reducing people's

lifespan is the 'Years of life lost'. It measures a population's number of years between a smoking-related death in those aged 35-74 and the age of 75 – the cut off for what is deemed an 'early' or 'premature' death.

Although the Isle of Wight is towards the middle of the chart, the higher numbers (and therefore the smaller confidence intervals) mean that we are statistically lower than six comparators and also higher than six.

Potential years of life lost due to smoking related illness: 2015-17



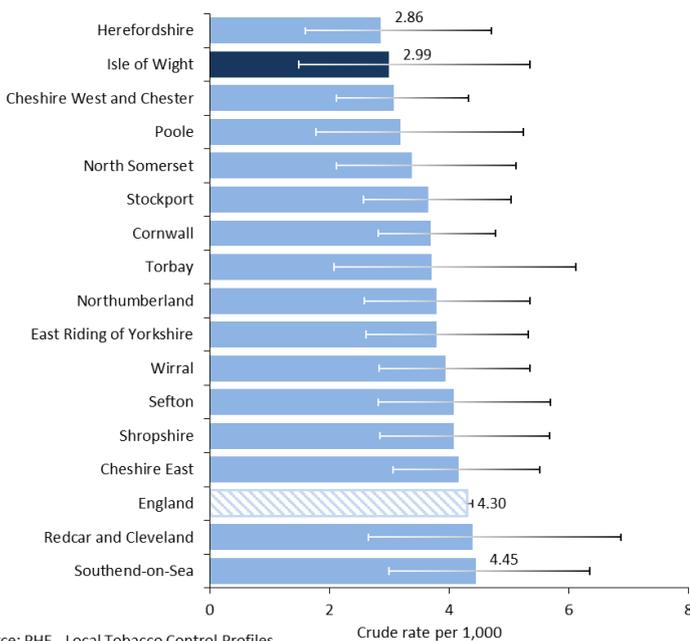
Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Stillbirth and neonatal mortality

Although there are many risk factors associated with stillbirth, smoking is a major one and the rate of stillbirth remains among the highest among high-income countries so is still an important indicator to review.

The Isle of Wight has the second lowest rate of its comparator authorities however due to small numbers, the confidence intervals are wide meaning we are not statistically significantly different to any other comparator. The graph is on the following page.

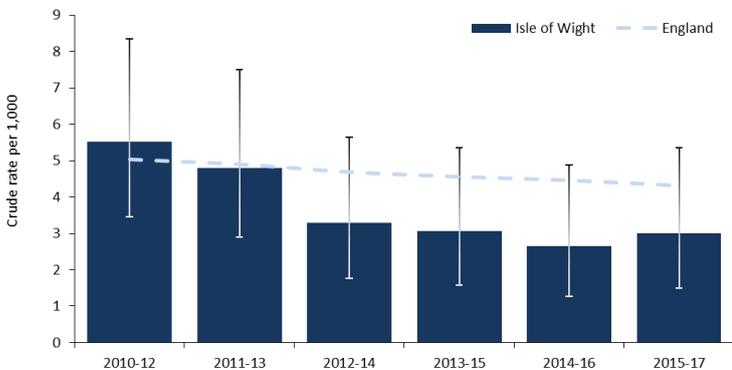
Stillbirth rate: 2015-17



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

The trend over recent years has generally been lower than England but not significantly so.

Stillbirth rate: 2010-12 to 2015-17



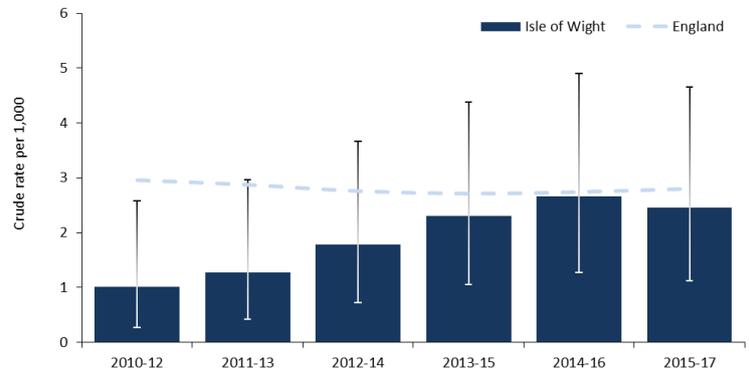
Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn. The first 28 days of life – the neonatal period – represent the most vulnerable time for a child’s survival.

Although for the years 2015-17 the Isle of Wight is in the middle of the table and not significantly different to any other comparator, when looking at the time trend, England has been gradually

reducing over recent years but we have been increasing which is an area for concern and would need investigation.

Neonatal mortality: 2010-12 to 2015-17



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

Smoking related ill health

Premature births and low birth weight

Globally, premature birth (less than 37 weeks gestation) is the leading cause of death for children under the age of 5.

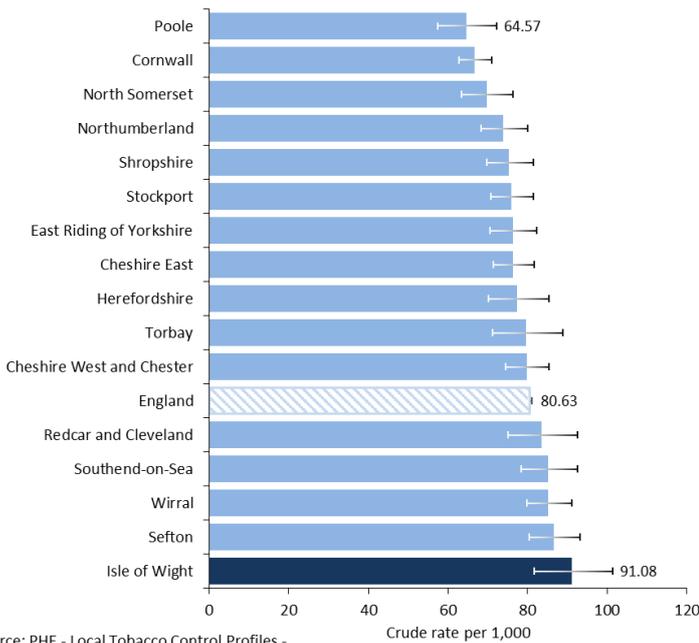
Source: World Health Organization <https://www.who.int/news-room/fact-sheets/detail/preterm-birth>

There is substantial evidence that smoking during pregnancy and exposure to second-hand-smoke can lead to premature birth² among many other adverse health effects including complications during labour, low birth-weight at full term and increased risk of miscarriage and stillbirth.

Source: The Lancet [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60082-9/abstract](http://thelancet.com/journals/lancet/article/PIIS0140-6736(14)60082-9/abstract)

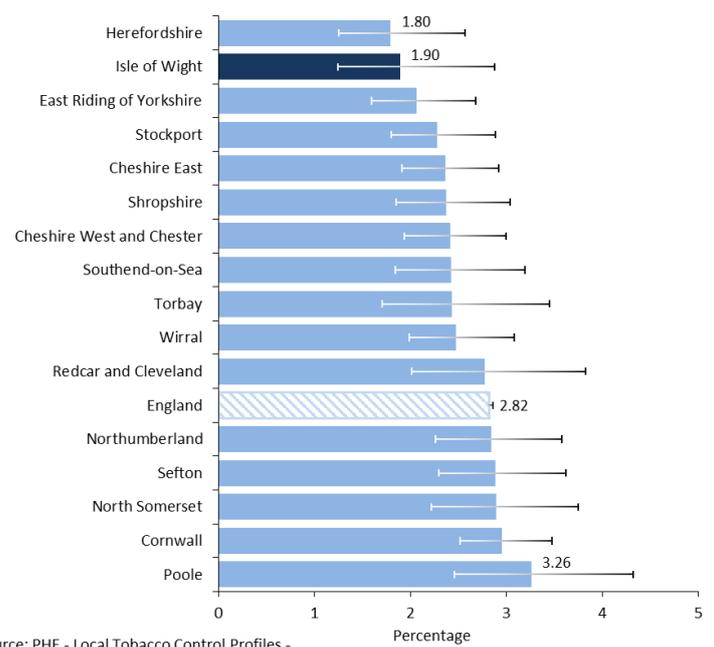
The Isle of Wight has the highest rate of premature births of all our comparators. We are statistically higher than six of them and England.

Premature births (<37 weeks gestation): 2015-17



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

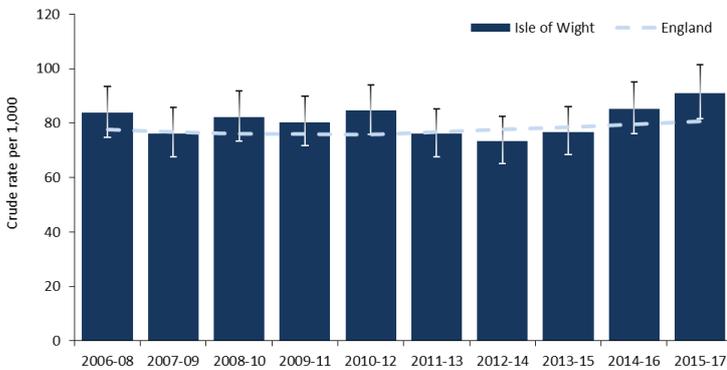
Low birth weight of term babies: 2017



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

This is the first year that the Isle of Wight has been statistically higher than England and would require a close eye to ensure this doesn't continue to increase.

Premature births (<37 weeks gestation): 2006-08 to 2015-17



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. Low birth weight is classed as a birth weight of less than 2500g for babies born at 37 weeks or later.

On the flipside to premature births, low birth weight of term babies ranks the Isle of Wight as the second lowest of our comparators.

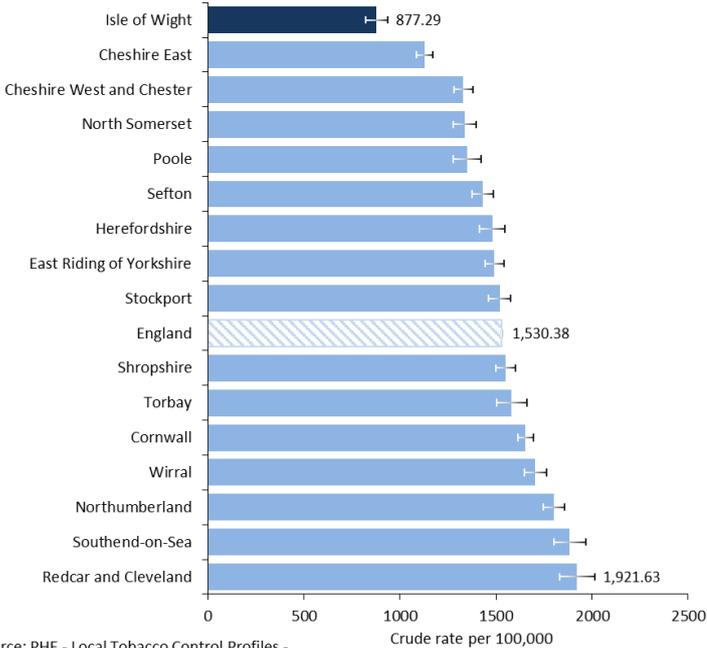
Hospital admissions

Smoking is the biggest single cause of preventable death and ill-health within England. These indicators aim to highlight the size of preventable smoking-related conditions on inpatient hospital services as well as inequalities between local authorities in England. High smoking attributable admission rates are indicative of poor population health and high smoking prevalence.

Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources but can also be used as a proxy for variations in smoking related ill health in the general population across England.

The Isle of Wight had the statistically lowest rate of smoking attributable hospital admissions of all our comparators. In fact, we had the third lowest rate of all local authorities in the country after Wokingham and Rutland. The graph is on the following page.

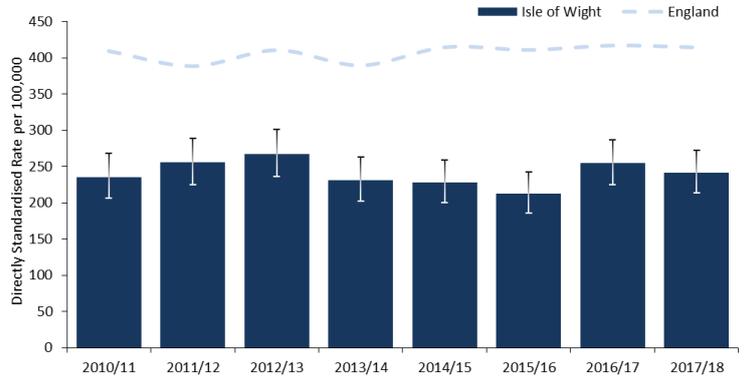
Smoking attributable hospital admissions: 2017/18



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

We have been consistently lower than England for the last eight years.

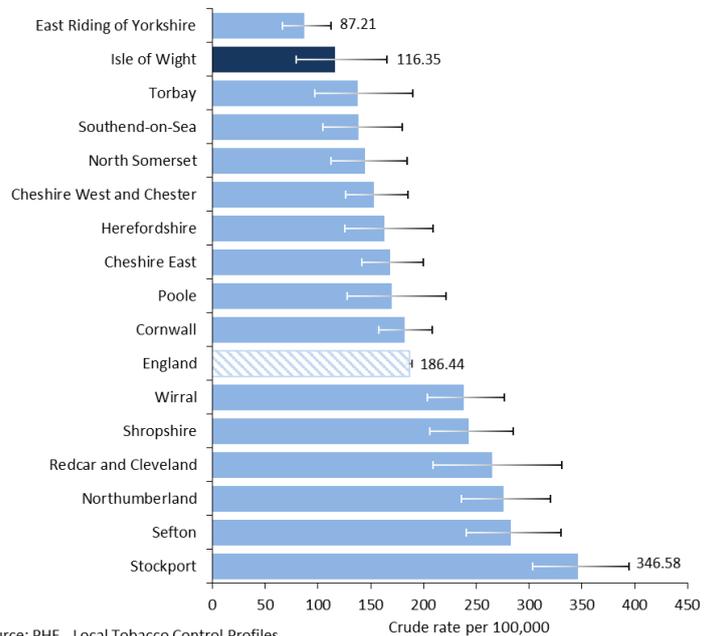
Emergency hospital admissions for COPD: 2010/11 to 2017/18



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

The Isle of Wight had the second lowest hospital admissions for asthma in under 19s of our comparators – statistically lower than seven of them including England. This relates to episodes not persons.

Hospital admissions for asthma (under 19 years): 2017/18



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Looking at the trend, we have been consistently much lower than England for the last nine years. Only twice have we been out of the lowest three authorities in the country (We were fourth lowest in 2011/12 and seventh lowest in 2012/13).

Smoking attributable hospital admissions: 2009/10 to 2017/18

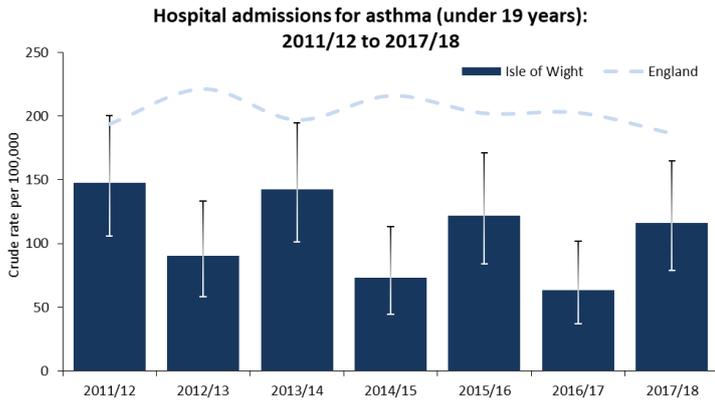


Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

Despite having the lowest rate of admissions, we do not have the lowest cost of admissions. Our cost of smoking attributable hospital admissions is just less than £25 per person – fourth lowest of our comparators and much higher than the £11 spent by the lowest rated authority.

The Isle of Wight's emergency hospital admissions for COPD is also the lowest of our comparators – statistically lower than 13 of them including England.

Although the figure fluctuates for the Isle of Wight each year, we are consistently lower than the England average. The graph is on the following page.



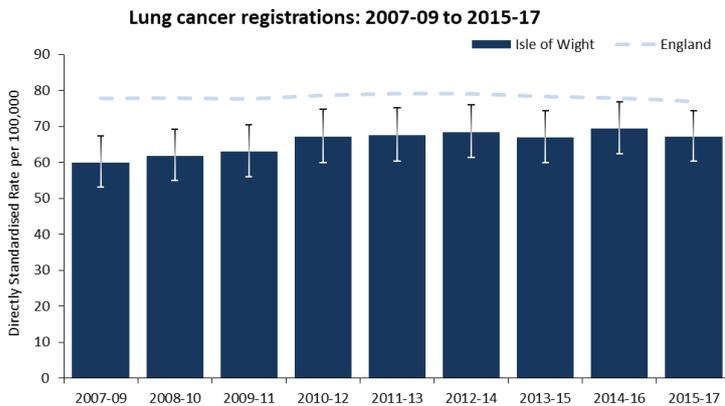
Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

Cancer registrations

The link between tobacco and lung cancer was established more than 50 years ago. In England in 2014, 80% of hospital admissions and deaths due to lung cancer in persons aged 35 and over were attributed to smoking. Lung cancer registration is therefore a direct measure of smoking-related harm. Given the high proportion of these registrations that are due to smoking, a reduction in the prevalence of smoking would reduce the incidence of lung cancer.

The Isle of Wight had 365 registrations of lung cancer across 2015-17. This makes it the sixth lowest rate in its comparator group. It is statistically lower than six other authorities plus England.

We have consistently been lower than the England average over recent years.



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443>

In England, 65% of hospital admissions (2014/15) for oral cancer and 64 % of deaths (2014) due to oral cancer were attributed to smoking. Oral cancer registration is therefore another direct measure of smoking-related harm.

The Isle of Wight had low numbers of registrations of oral cancer and therefore our confidence intervals are wider meaning that we are not significantly different to any of our comparators.

The relative risks of cancers that could be caused by smoking list oesophageal cancer as the third after lung cancer and head & neck cancers. In England, around 7,600 people were diagnosed with cancer of the oesophagus in 2015 and the one-year survival for patients diagnosed with oesophageal cancer between 2008 and 2010 was 40.4% and five-year survival at 13.2%.

However, due to our low numbers, again we are statistically similar to all of our comparators. All except one year recently we have been statistically similar to England.

Smoking quitters

The NHS stop smoking services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisors and trained nurses and pharmacists.

The Isle of Wight stopped reporting information relating to smoking quitters when the reporting ceased being mandatory in 2013.

After this time, although those people working alongside Chamber Health were still quitting, they were not being reported. However, those people quitting and reporting it to their GP were still getting reported via the CCG's regular reporting even though those records were not being reported via Public Health.

This goes to explain the dramatic reduction of data between 2013/14 and 2015/16 (and the increase in cost per quitter). Quit Manager (the reporting database) was stopped being used as of March 2016 which is why the recording ceased completely at that time.

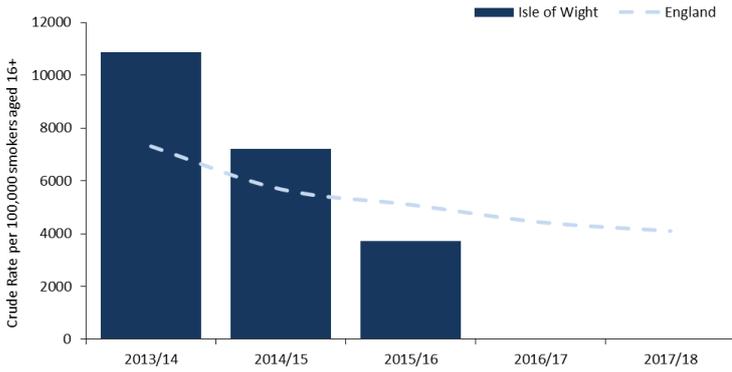
As of July 2019, there is a plan to start recording quit information again, so data should start returning during 2019/20 year.

For completeness, here are the charts showing the reduction in activity.

Smoking

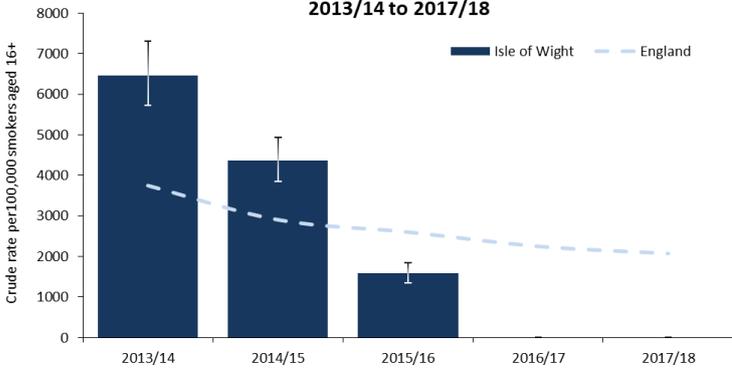
Last updated: July 2019

Smokers setting a quit date: 2013/14 to 2017/18



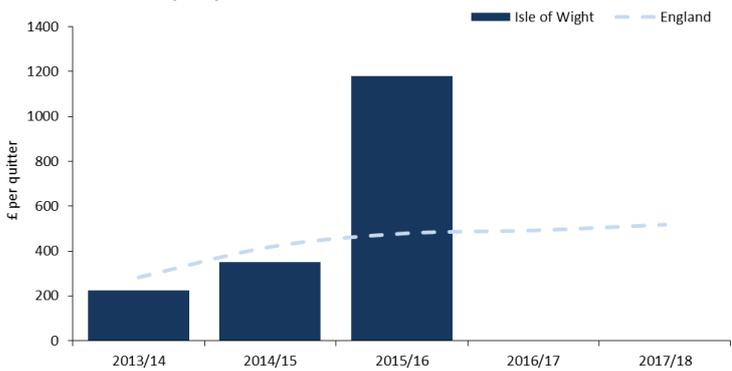
Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Smokers that have successfully quit at 4 weeks: 2013/14 to 2017/18



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)

Cost per quitter: 2013/14 to 2017/18



Source: PHE - Local Tobacco Control Profiles - <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000008/ati/102/are/E06000046/iid/92443/age/168/sex/4/nn/nn-1-E06000046> (Accessed 22 July 2019)