

Smoking in Oxfordshire.

A report to the Health Improvement Partnership Board

18 February 2016

1.0 Purpose of the report

1.1 This report will give an overview of smoking from a national perspective and also in the Oxfordshire population, the wider changing behaviours of smoking and local cessation services.

2.0 Introduction

2.1 Smoking is widely accepted as one of the most detrimental behaviours which can affect the health of an individual and increase the risk of suffering serious illness and premature death. In England there have been concerted efforts to reduce the number of smokers in the population through national policy and the increased education of the harm that smoking has on the health of smokers. Whilst there have been considerable reductions in the smoking population from 60% at the start of 1950s, still nearly one in five adults smoke (18.1%). However, while some in England 600,000 people stop smoking each year approaching 300,000 start using tobacco, nearly all of whom are in their teens or early twenties.

2.2 Cigarettes are the cause of death for about half of all long term smokers and greatly contribute to increased morbidity in those who are long term smokers. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

2.3 Nicotine is highly addictive and this is why it is difficult for smokers to quit. Whilst addictive nicotine is not the major cause of smoking related deaths, it is the other chemicals in tobacco which cause the harm to health.

"People smoke for nicotine but they die from the tar." Prof Michael Russell

2.4 About half of attempted quits are made without the use of Nicotine Replacement Therapy or other aids. The use of NRT and pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking. However the likelihood of successfully quitting in the long term is increased through the use of professional smoking cessation services with psychological support.

3.0 The changing challenge

3.1 Whilst there has been considerable success in the reduction in the number of smokers, there has been a noted decline in the activity of stop smoking services nationally in recent years. The number of people using smoking cessation services in England and successfully quitting has reduced by 40% between

2010/11 and 2014/15. Current data would suggest that this decline is still continuing. There have been proposed reasons for this decline such as;

- Increase in the use of e cigarettes
- The remaining smokers are those more addicted to nicotine and less inclined to want to quit
- Those still smoking population are in more hard to reach groups of society
- Changing demands for service access with more people quitting independently

4.0 Increased use of e-cigarettes

4.1 E-cigarettes present one of the most interesting debates in modern day public health. Invented in by a Chinese pharmacist around 2003, these devices use a battery powered electric coil to vaporise liquid containing nicotine which is inhaled into the lungs (vaping). In England there has been a dramatic increase in the number of people who are using e-cigarettes. The current estimate of e-cigarette users in Great Britain is approximately 2.6 Million people¹. This increase has been suggested as a substantial cause for the decline in the number of successful quits nationally in stop smoking services.

4.2 The increase in the use of e-cigarettes with smokers has now made this the most common form of quitting aid as a method of choice as seen in figure 1.

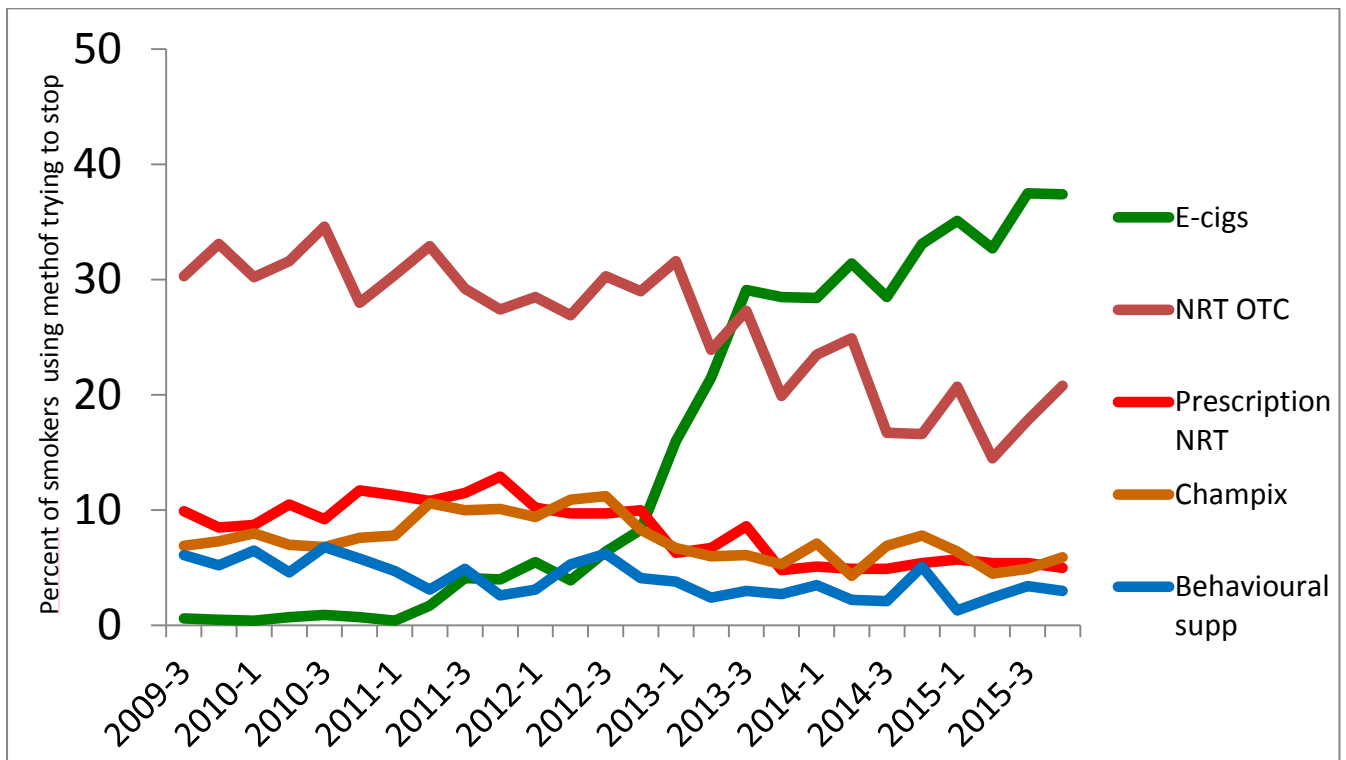


Figure1. Different product types used by smokers in most recent quit attempt. N=11088 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use. Source: www.smokinginengland.info/latest-statistics

¹ Action on Smoking and Health. *Use of electronic cigarettes (vapourisers) among adults in Great Britain*. 2015 23 July 2015]; Available from: http://www.ash.org.uk/files/documents/ASH_891.pdf.

- 4.3 Currently e-cigarettes are regulated as a consumer product, and there have been concerns about the varying quality of products that are available. From May 2016 e-cigarette products will have to comply with the European Tobacco Products Directive (TPD), which will create a level of regulation and quality control over the e-cigarette products available to consumers. Currently there is only one e-cigarette product that has been licenced as a medical device. This may give rise to calls for e-cigarettes to be made available under prescription as part of local stop smoking services and through a GP. Whilst medically licensed e-cigarettes could in theory be available under NHS prescription, the public health directorate in Oxfordshire currently would not be prepared to fund this unless there is a change in policy.
- 4.4 The use of e cigarettes as a quit aid and the increasing usage has opened a debate in the public health community on a national and international scale. Some consider e-cigarettes as harmful to health and a way of introducing young people and non-smokers to smoking. There has been increasing coverage in the media of studies which claim that e-cigarettes contain harmful chemicals such as formaldehyde and can potentially cause serious health conditions. This has seen an increase in the perception in the wider population that e-cigarettes are as harmful to health as normal cigarettes.
- 4.5 There are those who strongly advocate the use of e-cigarettes and see them as a vital tool for achieving the goal of a tobacco free generation by 2025. The “pro” e-cigarette advocates refute the claims that e-cigarettes are a significantly lower risk to health than smoking tobacco. Advocates of e-cigarette would caution against those who call for similar regulation of e-cigarettes to normal tobacco containing products as there is little incentive for smokers to switch to e-cigarettes.
- 4.6 With the increasing amount of conflicting information for and against e-cigarettes becoming available in the public arena there has naturally been confusion for the public and health professionals alike. In response, Public Health England published an evidence update² which concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking. Key findings of the report included:
- the current best estimate is that e-cigarettes are around 95% less harmful than smoking
 - nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
 - there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers
- 4.7 The report demonstrated that evidence suggests some of the highest successful quit rates are now seen among smokers who use an e-cigarette and also receive additional support from their local stop smoking services.

² E-cigarettes: an evidence update. A report commissioned by Public Health England. (2015) Public Health England. Available to download https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf

4.8 Whilst the current position from PHE is that e-cigarettes are significantly less harmful than cigarettes they would encourage people to move towards not smoke either product and seek help to move to complete cessation. PHE have adopted a current watch and wait stance. In the future if more evidence arises of significant harm then the position could change to support stricter regulation of e-cigarettes.

4.9 The use of e-cigarettes has very rapidly changed the conversation on how people quit using tobacco. The current evidence suggests that there is a significant harm reduction in using e-cigarettes instead of tobacco. Public health would encourage any individual who has chosen to use e-cigarettes as a method of tobacco cessation to use the local stop smoking services to help them towards a nicotine free life. This current position is open to change with future developing guidance and policy.

5.0 Smoking related health inequality

5.1 Whilst there has been a reduction in the number of smokers in the population, nationally there are inequalities seen in smoking in the population. There are a higher proportion of smokers in deprived communities in England as shown in figure 2 below.

Smoking Prevalence in adults – current smokers (IHS) – England, 2014 – Data partitioned by District & UA deprivation deciles in England (IMD2010)

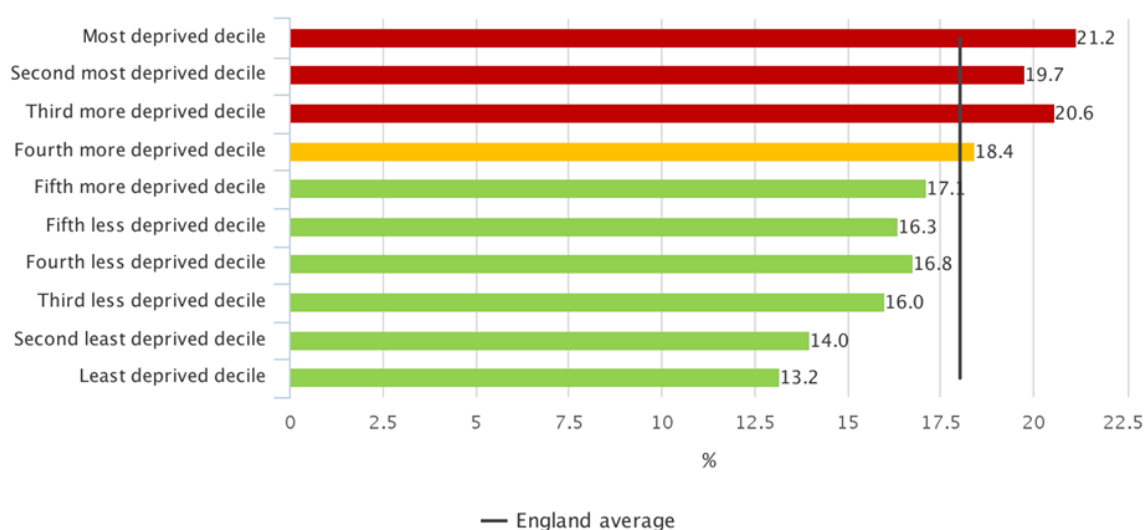


Figure2. Smoking prevalence in adults by deprivation deciles in 2014 Source: www.smokinginengland.info

5.3 This pattern of prevalence presents challenges that are seen in other areas of health services in engaging with groups that are historically difficult to reach. In future provision of services different prioritisation of resources to target these groups may need to be considered.

6.0 Smoking in Oxfordshire

6.1 In Oxfordshire the prevalence of adult smokers has seen a continued decline in the past few years. This decline is shown in figure 3 below. The prevalence of adults who smoke in Oxfordshire is currently estimated to be 13.6% which is better than the national prevalence (18.4%).

Smoking Prevalence in adults - current smokers (IHS) - Oxfordshire

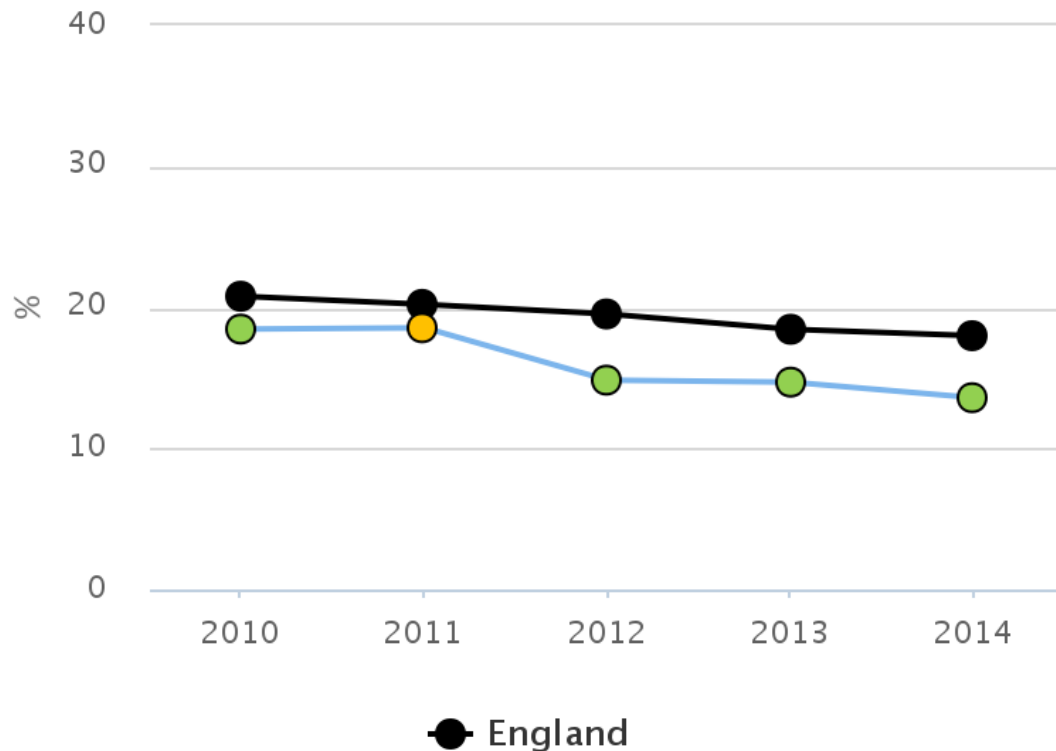


Figure 3 Smoking prevalence in Oxon 2010-14 Source: PHE www.tobaccoprofiles.info

6.2 While it is encouraging that the population of smokers in Oxon is less than that seen nationally there is an inequality in who smokes in the local population. There are a higher proportion of people who smoke in Oxford, the Vale of the White Horse and until recently in Cherwell, as seen in figure 4.

6.3 Whilst we do not have similar prevalence data by deprivation locally it can be inferred that there would be a similar expected inequalities pattern seen in smoking prevalence which can be supported by the higher rates in Oxford and Cherwell which have a higher number of deprived localities. Further investigation will be required to understand the increase in the prevalence in VOWH.

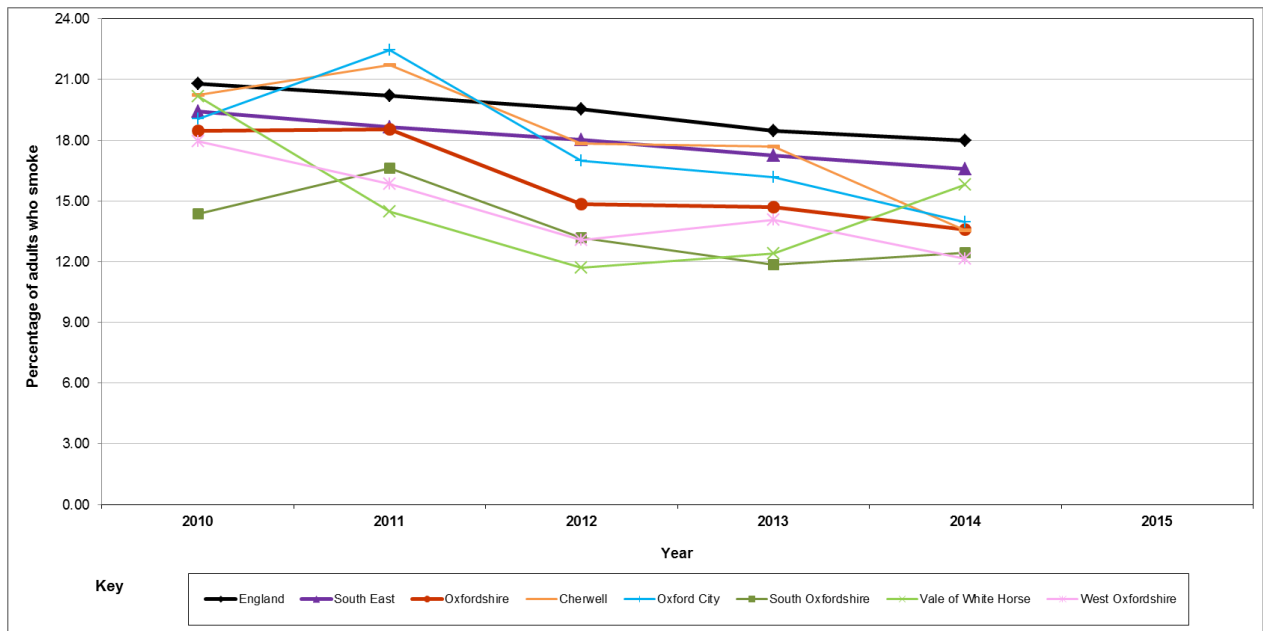


Figure4. Percentage of adults who smoke by District Source: PHE

6.4 The prevalence of regular smoking in young people in Oxon has also seen a decline over the past years which is positive (figure 5). Current estimates are that 5.7% of 15 year olds are regular smokers; this is not significantly higher than the national average of 5.5%. More work is required to understand why there is more young people smoking and also how to engage to prevent them starting in the first place.

Smoking prevalence age 15 years – regular smokers (SDD survey) – Oxfordshire

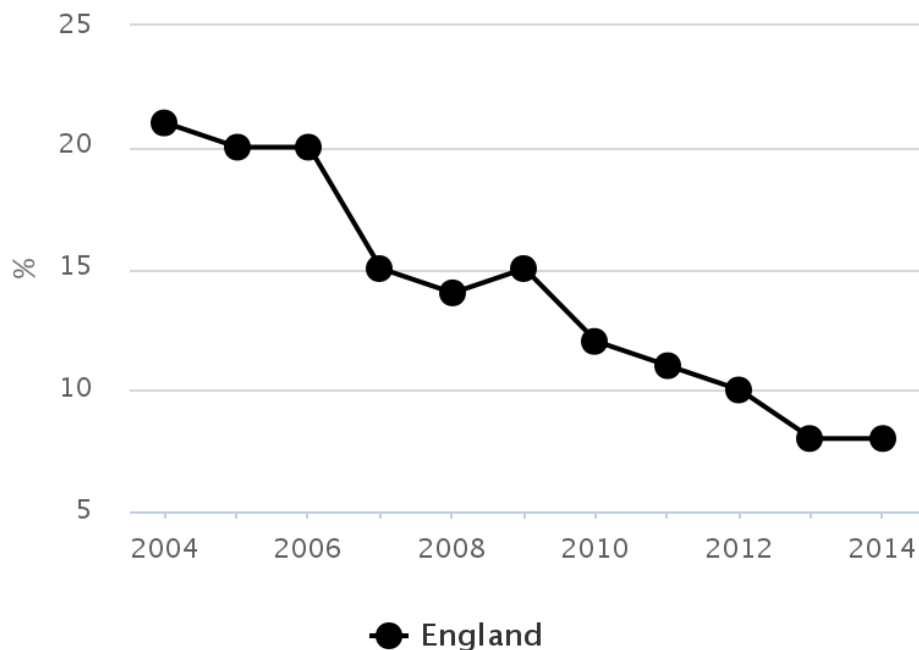


Figure5. Smoking prevalence at age 15 years in Oxon. Source: www.tobaccoprofiles.info

7.0 Quit rates in Oxfordshire

7.1 Successful quitting of smoking is recorded as an individual who reports not smoking tobacco products of any kind over a 4 week period. The decline in activity seen in stop smoking services nationally has also been seen locally. In 2013/14 the number of quits for Oxon was 2770. This number had declined to 1429 in 2014/15. The trend for the rate of quitters in Oxon is shown in figure 6. The rate of decline in 2014/15 is greater locally than nationally, we believe that this the natural end of the contract with the previous provider for stop smoking services may have contributed in part to this.

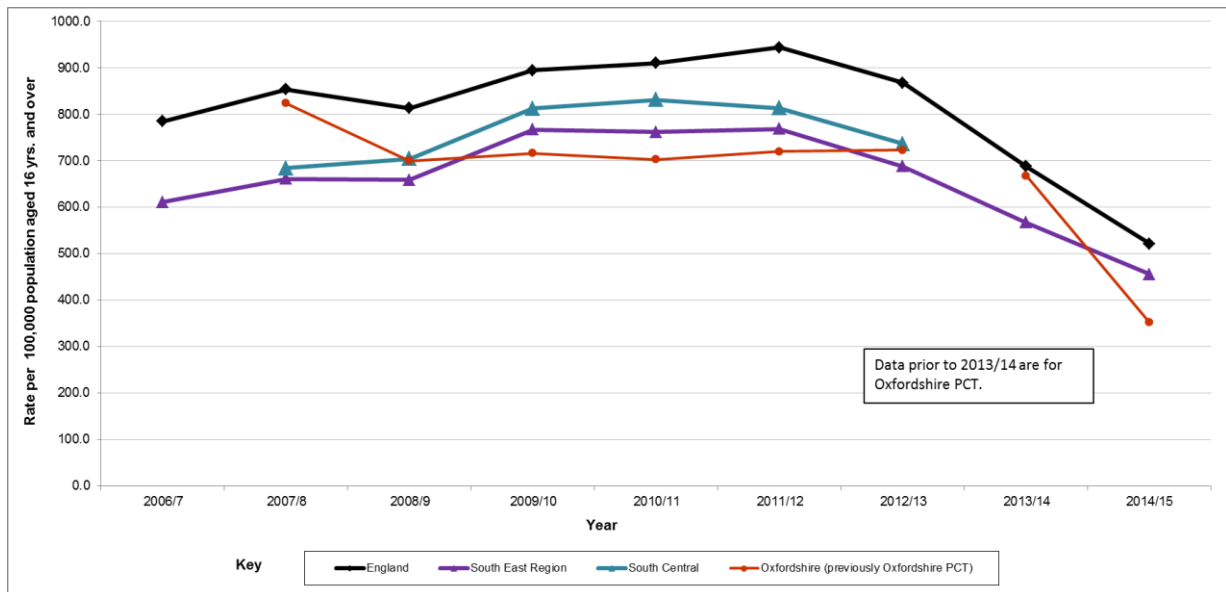


Figure6: Successful 4 week quits in Oxon stop smoking services. Source: HSCIC

8.0 Allocated budget for smoking services

8.1 In 2015/16 the budget for smoking cessation services is £980k. The commitment for the budget is detailed below:

- £500k Smoking cessation outreach and support services
- £150k GP smoking cessation services
- £30k Pharmacy smoking cessation services
- £285k NRT prescribing costs
- £15k data support services
- £2k tobacco control

8.2 The future budget for smoking services will be dependant on the reduction of the public health grant announced in the spending review in November 2015.

9.0 Smoking Cessation Services in Oxfordshire

9.1 There is a wide provider accessibility of smoking services available for the local population of Oxfordshire. Oxfordshire County Council commissions services from the following providers

GP Services

9.2 GP surgeries are a key stakeholder in the delivery of local stop smoking services. Currently 76 GP practices in Oxon hold a contract to provide smoking cessation services for their patients. This service is open to any individual who requests it from their GP surgery. In 2014/15 the GP services delivered 1227 successful 4 week quits. In Q1& Q2 2015/16 the GP services have delivered 268 successful 4 week quits.

Pharmacy Services

9.3 There are 107 pharmacies who hold a contract to provide smoking cessation services. This service is available for any individual who requests it from participating pharmacies. In 2014/15 the pharmacies delivered 61 successful 4 week quits. In Q1& Q2 2015/16 the pharmacy services delivered 13 successful 4 week quits.

Solutions 4 Health

9.4 A contract to provide outreach and smoking cessation support services was let to Solutions4Health which commenced 1 April 2015. Solutions4Health provide:

- Smoking outreach service.
 - 9.4.1 Solutions 4 Health provide outreach services directly to the public in Cowley, Wheatley, Didcot, Abingdon and Banbury. They also have provided workplace based services to Unipart, Thames Water, Ruskin College and Siemens.
 - 9.4.1.2 Since Solutions4Health started delivering services on 1 April 2015 they have delivered 659 successful 4 week quits in Q1& Q2.
- Training for smoking cessation advisors.
 - 9.4.2 Solutions 4 Health provide training services for all contracted providers staff to ensure that all individuals providing cessation support are suitably trained. The provider also delivers training for the wider health workforce in delivering smoking cessation advice to the local population and signposting to services.
- Marketing of smoking cessation services.
 - 9.4.3 Solutions 4 Health host and run a dedicated website www.smokefreelifeoxfordshire.com which provides comprehensive information on quitting smoking and how to access stop smoking services locally.
 - 9.4.4 Solutions 4 Health also provide marketing of stop smoking services these have included the successful launch of the service which took place in Banbury, participation in canal day and a series of events in the county to promote Stoptober.

- Materials and equipment support for GP and Pharmacy services.
 - 9.4.5 Solutions 4 Health work with commissioners and the council comms team to develop promotional materials and provider resources which are available for the local service providers.
- Collaborative working with GP and Pharmacy to improve delivery of services.
 - 9.4.6 Solutions 4 Health provide support to GP and Pharmacy services, advising on current best practice, maintaining equipment and working with providers on improving uptake and quality of services.
- Data collection and support
 - 9.4.7 Solutions 4 Health work with commissioners to ensure data handling and intelligence to support the local programme and meet national requirements for data submission.

Oxfordshire School Health Nurse Services

9.5 The school health nurses are trained in smoking cessation and deliver this in all secondary schools.

10.0 Local Challenges for Smoking Services

10.1 The continued decline of numbers of quits in the local stop smoking services has been a concern for commissioners in the past year and addressing this is a priority.

10.2 With the new contract let in April of 2015 there would be an expected period of disruption that accompanies the implementation of services with a new provider. Commissioners are working with all providers to improve the uptake of smoking cessation services and have already begun to implement the following actions:

10.2.1 With the previous provider of support services GP practices recorded activity on paper based forms. Public health have commissioned the development and implementation of electronic data recording of smoking activity on practice administration systems as used in other services such as the NHS healthcheck. This is in place from Q4 and will help improve the reliability and accuracy of recording activity and simplify the process for providers.

10.2.2 Analysing the activity of practices to identify GPs who are performing well and those who have dropped in performance. Solutions 4 Health will work with providers performing well to identify good practice which can be shared with all providers.

10.2.3 Analysing prescribing activity. GP providers are anecdotally reporting that they are seeing patients and helping them quit. Initial analysis of prescribing would indicate that the levels of prescribing activity may not have declined as much as recorded quits. Using this data commissioners will work with providers to improve capturing quit data.

10.2.4 Reengaging with GP providers. Commissioners and Solutions 4 Health are currently meeting with practice managers, GP leads in the federations

and the CCG respiratory lead to discuss how GPs can contribute solutions to improving quits in their practice populations.

10.2.5 Solutions 4 Health are currently visiting practices to discuss how services are delivered in practices and will work with the staff in the practices to increase activity.

10.2.6 Continue work with the school health nurse services to deliver prevention messages, cessation advice and support.

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