

Making the next generation tobacco-free

West Sussex Tobacco Control Needs Assessment



May 2016

Tobacco remains the single major cause of preventable ill-health and death, killing over 90,000 people every year in the UK. Smoking also harms non-smokers through second-hand smoke and increases health inequalities.



As a population we're living longer but spending more years in poor health and in need of health and social care services. Tobacco-free living helps people live healthier for longer by reducing a person's risk of developing tobacco related diseases.

The full report is available from our website: <u>http://jsna.westsussex.gov.uk/</u> For further information, please contact the Public Health and Social Research Unit: jsna@westsussex.gov.uk west sussex county council Public Health & Social Research Unit

Tobacco control programs are proven to reduce and address the preventable ill-health, death, disability and other consequences of tobacco use.

A comprehensive approach to tobacco control in West Sussex will:

Protect children from harm, giving them a better start in life	Boost the disposable income of the poorest and help lift them from poverty
Cut costs to local public services such as the NHS, Social Care and Fire services	Improve key measures of population health (e.g. deaths from cancer, heart disease, children living in poverty)
as the NHS, Social Care and	cancer, heart disease, children

The West Sussex Public Health and Social Research Unit have reviewed local and national evidence and engaged with the public and professionals to identify the current and future tobacco control needs across the county.

Based on the evidence, the Tobacco Control Needs Assessment (TCNA) will help inform the development of local priorities and guide commissioning of tobacco control activities.

Sources:

Action on Smoking and Health (ASH) Public Health England (PHE)

Negative consequences of tobacco use

west sussex county council Public Health & Social Research Unit

Current estimated smoking prevalence in West Sussex is 17%, which is similar to England (18%).

17%

of over 18s in West Sussex currently smoke



Levels of tobacco use across West Sussex, vary significantly, with high levels of smoking within the most deprived areas.



Between 2012 and 2014, an estimated

deaths were attributable to smoking.

£207m is spent in West Sussex each year due to smoking-related diseases, social care, lost productivity and fire.

That's **£1,852** per smoker

An estimated **73,413** households across in West Sussex have at least one smoker.



Chewing tobacco

Removing tobacco costs from household expenditure will help **14,000** people out of poverty.

An estimated **4.63%** of the smoking population in West Sussex accessed stop smoking services in 2014/15, less than the 5% NICE performance target. Access to stop smoking services by the high risk groups varies geographically and demographically.

The rate of smokers setting a quit date in West Sussex is lower compared to the South East region and England.

Sources: ASH, Integrated household survey (IHS)

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of 15 year olds in West Sussex class 7.1% themselves as regular smokers compared to 5.5% of 15 year olds nationally.

> 15.19 of 15 year olds in West Sussex have used other tobacco products (such as shisha) at least once.

> > of 15 year olds in West Sussex have used e-cigarettes at least once.

1 in 5 young people



(aged under 26) in the TCNA survey reported current use of tobacco or nicotine products

Over **2,970** illicit tobacco products were seized across the county in the last 2 years



Since 2010, 216 fires were due to smoking related materials. 11.1% resulted in injury and 5.1% resulted in fatalities.

Approximately 8.9% of pregnant women in West Sussex were smokers at time of delivery in 2015/16 (lower than the national average (10.6%)).

NHS Coastal West Sussex CCG has significantly more mothers who were smoking at time of delivery (11.9%).



Over the last four years, the rate of smoking related hospital admissions in West Sussex has significantly increased above the regional average

The potential years of life lost due to smoking in West Sussex = 1,214 years* among those aged 35+ years



75 tonnes of cigarette filter waste is generated annually countywide. 17 tonnes of this is discarded as street litter.



Sources:

Health and Social Care Information Centre, Lifestyle Statistics; IHS; What About Youth Survey

* Standardised per 100,00 ESP 2013



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Key challenges for tobacco control in West Sussex

3 challenges that need addressing to strengthen tobacco control across West Sussex are:

Lack of clear leadership on tobacco control



Inadequate partnership working to address tobacco use

Poor engagement with local communities in tobacco control activities Success in normalising tobacco-free lifestyles will **not** be achieved through one measure; **whole population approaches** are required

6 proven ways

to make the next generation tobacco-free





Communicate and educate people about the dangers of tobacco

Help and support tobacco users to quit



Protect people from tobacco smoke



Illici

Stop the promotion of tobacco products and de-normalise tobacco use

Enforce legislation and bans locally

Tackle cheap and illicit tobacco

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Sources: West Sussex CLeaR assessment; World Health Organisation; Department of Health





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What members of the public said...

"I was influenced by my friends and I only smoke socially, it is not something that I started on my own... I don't get addicted to it; I only take a few puffs because my friends pass me the cigarette or the shisha but I have never bought a packet or smoked a whole cigarette. My friends think it's cool so I guess I have a puff with them" (smoker – 17 year old)

"Have/build more closed off or secluded smoking areas around in order to stop people from smoking out in the open. Raise awareness by coming into schools or putting up posters which show the dangers and problems that come with tobacco." – Female, 13-15

"Don't make it so easy for people to smoke outside work places and public buildings." – Female, 36-45

"Making nicotine replacement products e.g. chewing gum or lozenges as freely available as cigarettes. At present they are only stocked by chemists or a couple of supermarkets, whilst cigarettes are available in every corner shop" – Female, 66-75

"Promote the reporting of such actions (illicit tobacco) via CRIMESTOPPERS, reminding users that they don't have to leave their names, addresses or contact information." – Male, 66-75

"I'm underage but tall for my age so my friends will send me to buy cigarettes in the shop" (smoker – 17 years old)

" I feel that for people like me who's English is not great that these services need to try and have a voice for us to speak to us in our language"

"Services are present but there is no proactive promotion of these services (apart from nationally on stop smoking day)" – Male, 36-45

"I had surgery... and then I tried to quit after that. For 20 days I did not smoke but one day I thought I can have one cigarette, I just started smoking again" (former smoker)

"For Muslim people, the nicotine strips from the GP are not ideal because they contain a small amount of alcohol... The GP did not tell me when I was prescribed the nicotine strips that they had alcohol in them, it's only when I read the box that I knew" (ID8 former smoker)

"Nicotine is as addictive as alcohol and tobacco products equally dangerous to health. We have many support groups for alcoholism why not for tobacco addiction? Support groups would be a good way to help those who 'want' to give up." – Male, 56-65

> "There seems to be a lot of 'shock' advertising campaigns to get people not to smoke but not much information as to why you shouldn't purchase illegal products." – Male, 26-35

"At present, someone like me has no choice but to buy it (illicit tobacco) this way (17 year old smoker)

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What schools said...

"It would be valuable to have resources that teachers could use easily video clips, PowerPoint presentations etc. as it is the work in planning and preparing that can be a barrier to providing more comprehensive teaching to young children. As a primary school, Years 5 and 6 would be the most appropriate target audience for these resources".

Training for staff (is required). It is not something we have heavily discussed or had a whole-school input on".

"I think that having an outside agency in to discuss tobacco and second hand smoke exposure would have more impact on the children. I feel that there should also be workshops within the school for parents to heighten the awareness and then children could also encourage/pressure their parents to attend".

"Intervention programmes should be advertised and run within college"

any pupils caught smoking on the school premises are given a suitable punishment"

"informally e-cigarettes are treated the same (as cigarettes) however this needs to be put in writing in our policy. We adopt the WSCC policies on such matters"

What other professionals said...

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"Healthcare staff are exposed to second-hand smoke; the only provision seems to be to ask the client to open the window prior to your visit".

"Currently pregnant women have to be referred to SSS and this can be another hoop for women to jump through, for vulnerable women and young parents it could be more successful if midwives could provide NRT within the community so that it is much more readily available and gives people more opportunity".

> *"We know about them* (anti-tobacco campaigns) *but don't necessarily actively do anything to promote them further"*.

"I don't think some parents are able to understand the relation to them smoking and the second-hand smoke getting to their children..."

"better liaison could be achieved in licensing areas through increased shared initiatives and visits"