



Smoking in East Sussex

Data briefing

Introduction

Reducing the prevalence of tobacco use is one of the most important interventions in improving and protecting the public's health. Tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people per year (around 1,000 people per year in East Sussex). This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections (HM Government, 2011).

National and local policy

National policy on smoking is set out in 'Healthy Lives, Healthy People: a tobacco control plan for England (HM government, 2011)' and the Public Health Outcomes Framework for 2013-16.

Within the health improvement domain of the Public Health Outcomes Framework there are three specific smoking-related outcomes:

- Prevalence of smoking among persons aged 18 years and over
- Prevalence of smoking among 15 year olds
- Smoking status at time of delivery per 100 maternities

The East Sussex Tobacco Plan provides local direction for a coordinated approach to reducing harm from tobacco across the county. The local plan contributes to the national ambition and aims to make East Sussex smokefree through addressing the six strands outlined in Healthy Lives, Healthy People:

The six strands are:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to secondhand smoke; and
- effective communications for tobacco control.

The six strands of effective tobacco control can be translated into three areas of activity:

1. Helping people to quit
2. Protecting families and communities from second hand smoke
3. Preventing people from starting smoking

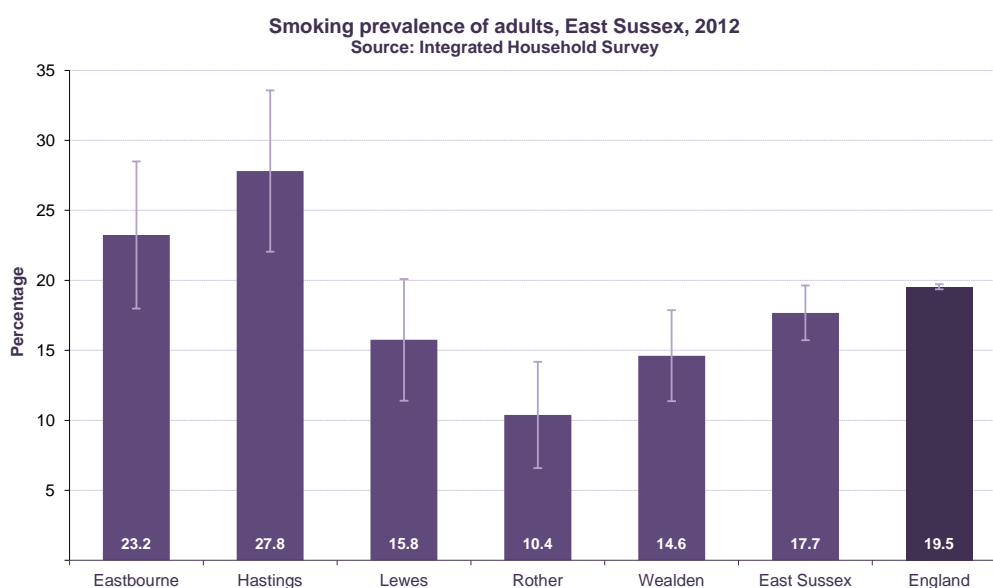
This report aims to bring together in one place data for East Sussex on different aspects of smoking including:

- The size of the problem?
- Why does it matter?
- Who is affected by smoking?
- Maternal smoking
- Smoking Cessation

What is the size of the problem?

There are over 80,000 adults in East Sussex who are current smokers with more males (20%) smoking than females (15%). The latest estimates (2012) suggest that the difference in the prevalence of smoking within the county ranges from around 10% of adults in Rother to around 28% in Hastings. Amongst persons aged 18-29 years, 29% are current smokers with the prevalence decreasing with age (23% for 30-54 year olds and 11% for persons aged 55 years and over). In 2012, 19% of pupils aged 14/15 years old described themselves as smoking (occasionally or regularly) which would equate to around 1,200 Year 10 pupils across East Sussex. Amongst this age group, smoking was higher in girls (23%) compared to boys (15%) and highest in Hastings (26%) and lowest in Eastbourne and Rother (both 16%).

Figure 1 – smoking prevalence for East Sussex local authorities, 2012



Data sources on smoking prevalence

Integrated Household Survey (IHS) – local authority data available via Public Health England Tobacco Control Profiles. East Sussex sample size around 1,400 persons aged 18 years and over.

Health Counts Lifestyle Survey, 2011 – local lifestyle survey. East Sussex sample size around 4,300 persons aged 18 years and over.

Quality Outcomes Framework (QoF), as at 31/03/13 - GP reported smoking prevalence for persons aged 15 years and over, who are recorded as current smokers in the preceding 27 months.

Health Related Behaviour Survey, 2012 – local lifestyle survey for Year 10 pupils (aged 14/15 years old). East Sussex sample size around 4,500 pupils.

Table 1 – estimated number of current smokers for East Sussex local authorities (Source: IHS and Census 2011) and Table 2 – current smokers for East Sussex clinical commissioning groups (Source: QoF 2012/13)

Local Authority	Estimated number of smokers (18+yrs)
Eastbourne	16000
Hastings	19000
Lewes	16000
Rother	11000
Wealden	21000
East Sussex	83000

Clinical Commissioning Group	Patients aged 15+ recorded as current smokers in preceding 27 months	% current smokers
Eastbourne, Hailsham & Seaford	28605	18%
High Weald Lewes Havens	23130	17%
Hastings & Rother	34612	22%
East Sussex registered total	86347	19%

Figure 2 – smoking by age group and sex

Smoking prevalence by age group and sex, East Sussex, 2011
Source: Local Health Counts Survey

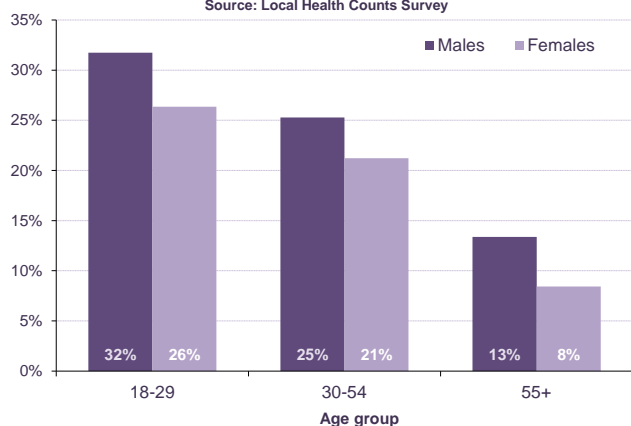


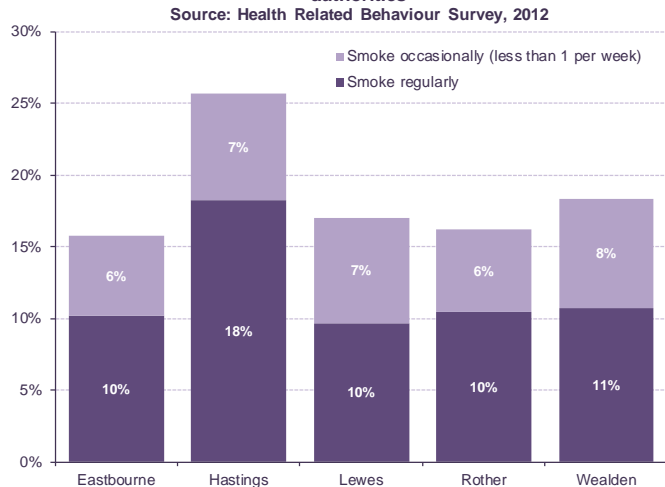
Figure 3 – smoking by sex and local authority

Prevalence of smoking by local authority and sex, East Sussex, 2011
Source: Local Health Counts Survey

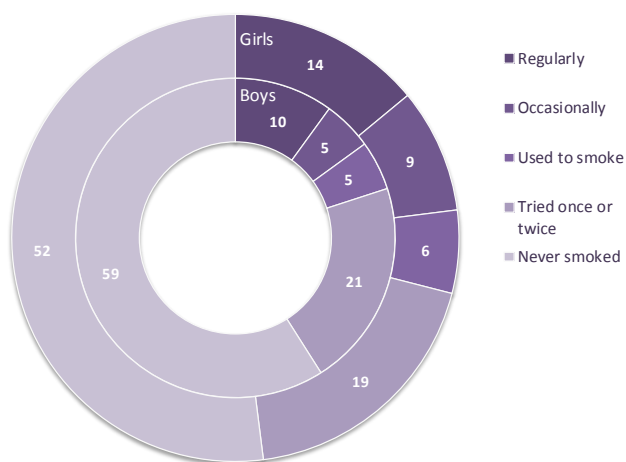


Figure 4 – smoking status of Year 10 pupils by local authority and by sex (Figure 5)

Prevalence of Year 10 pupils smoking, East Sussex local authorities
Source: Health Related Behaviour Survey, 2012



Smoking status (%) of Year 10 pupils by sex
Source: Health Related Behaviour Survey, 2012



Why does it matter?

Every year in East Sussex there are around 5,300 smoking attributable hospital admissions and around 1,000 smoking attributable deaths. For both smoking attributable hospital admissions and deaths, Hastings has significantly worse rates than the England average. On average, each year in East Sussex there are around 350 new lung cancer registrations, 70 new oral cancer registrations, 315 deaths from lung cancer and 250 deaths from chronic obstructive pulmonary disease (COPD). The incidence of lung cancer is higher in males than females, with a decreasing trend for males, but an increasing trend for females. *See appendix (p16) for list of diseases which can be caused by smoking.*

Chronic obstructive pulmonary disease (COPD) is more than ‘smoker’s cough’, it is an under-diagnosed life threatening lung disease. COPD includes diagnoses of chronic bronchitis and emphysema. Source: World Health Organization.

Figure 6 – smoking attributable hospital admissions for East Sussex local authorities

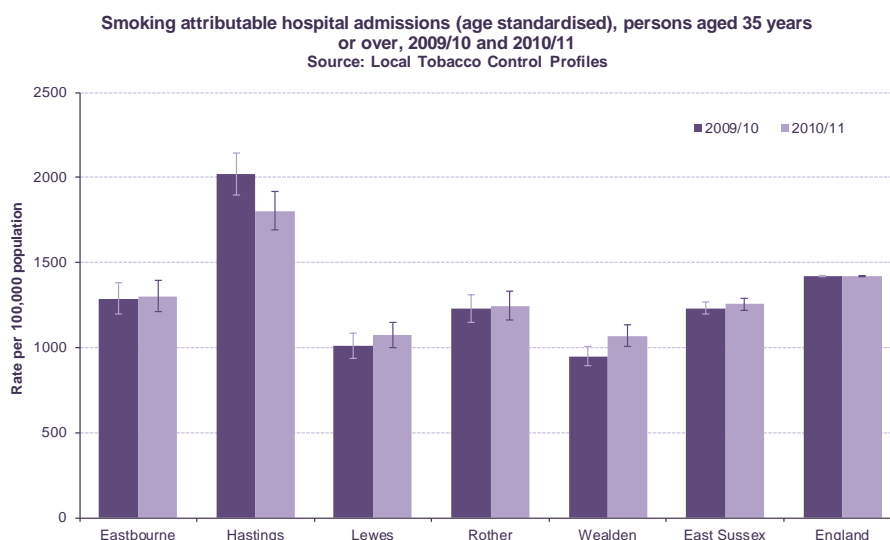


Table 3 – lung and oral cancer incidence, numbers and rates (age-standardised rate per 100,000 European population [2013 ESP]), East Sussex local authorities, 2009-2011 (Source: Local Tobacco Control Profiles)

	Lung Cancer		Oral Cancer	
	Number	Rate	Number	Rate
Eastbourne	212	63	38	12
Hastings	197	79	40	16
Lewes	183	52	39	12
Rother	218	56	42	12
Wealden	257	49	60	12
East Sussex	1067	58	219	13
England	103253	75	18132	13

NOTE – directly age-standardised lung cancer incidence rates split by sex are currently only available using the 1976 European Standard Population, they are NOT comparable to rates using the 2013 revised European Standard Population (2013 ESP). The equivalent rates using 2013 ESP would likely come out higher. For further info see: <http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/index.html>

Figure 7 – trend of lung cancer incidence by sex, East Sussex, 1993-2011

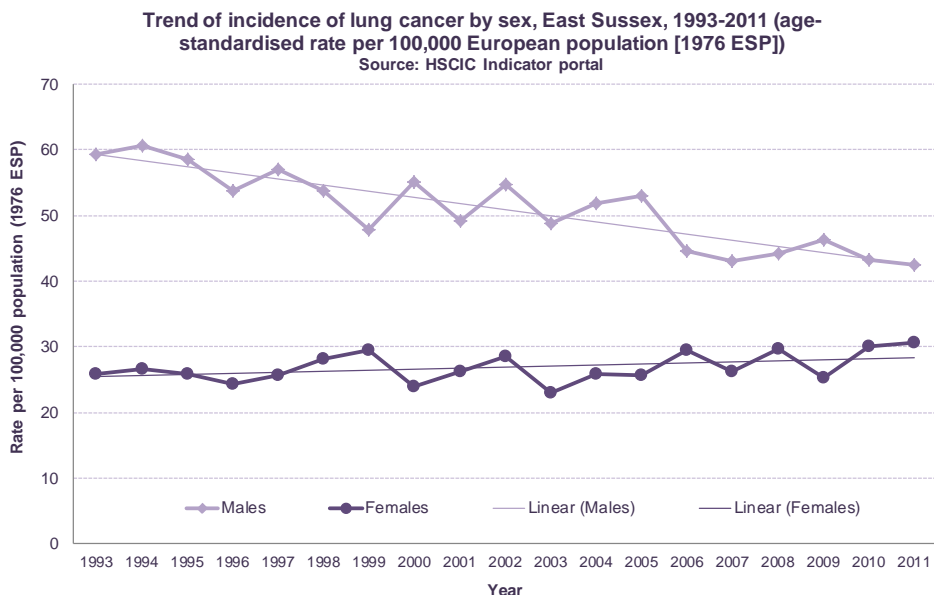


Figure 8 –lung cancer incidence by sex and local authority, East Sussex, 2011

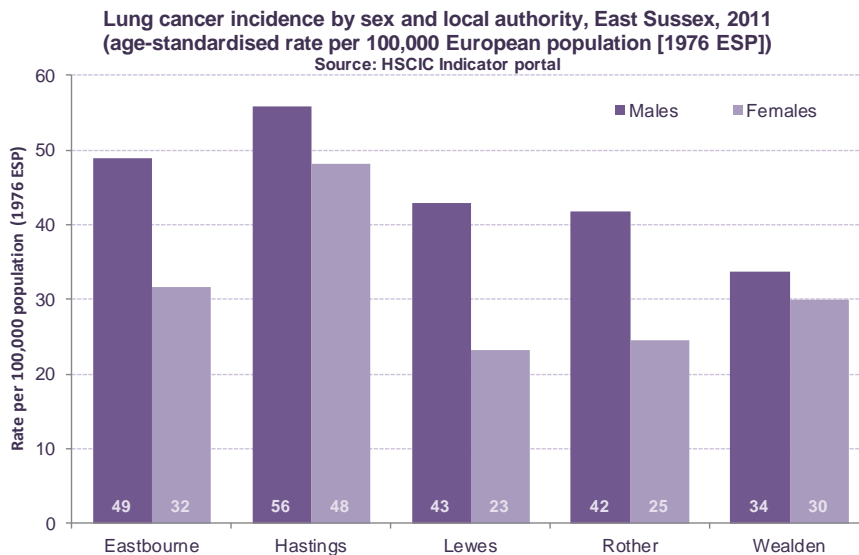


Table 4 – number of new lung cancer registrations by sex, 2011

Local Authority	Numbers	
	Males	Females
Eastbourne	38	36
Hastings	32	31
Lewes	36	25
Rother	37	33
Wealden	45	43
East Sussex	188	168

Figure 9 – smoking related deaths

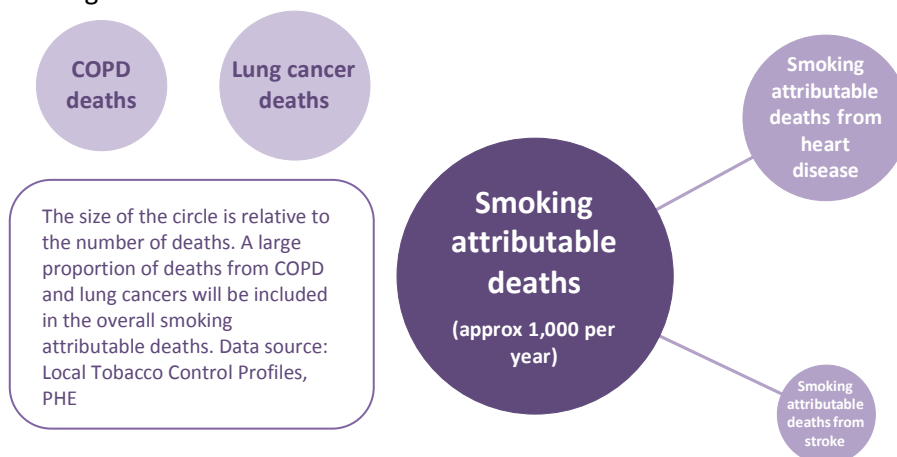


Figure 10 – smoking attributable mortality, East Sussex local authorities, 2007-2009 and 2008-2010

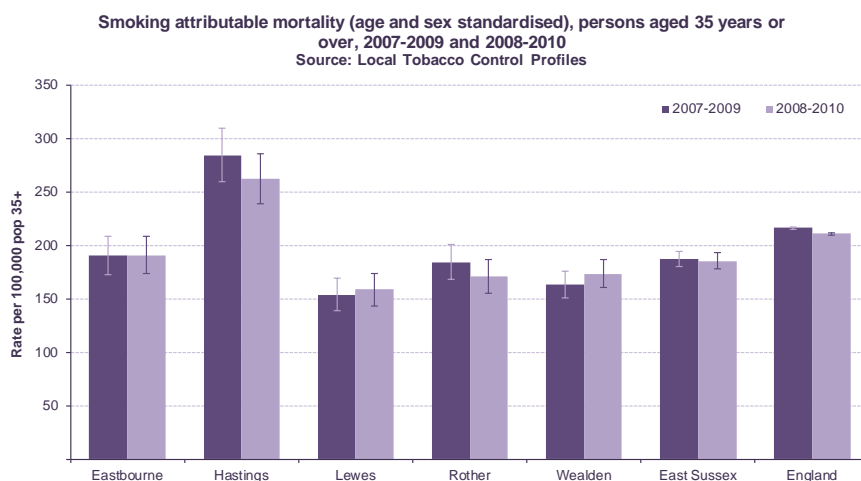


Figure 11 – smoking attributable mortality from stroke and heart disease (Figure 12), East Sussex local authorities, 2008-2010

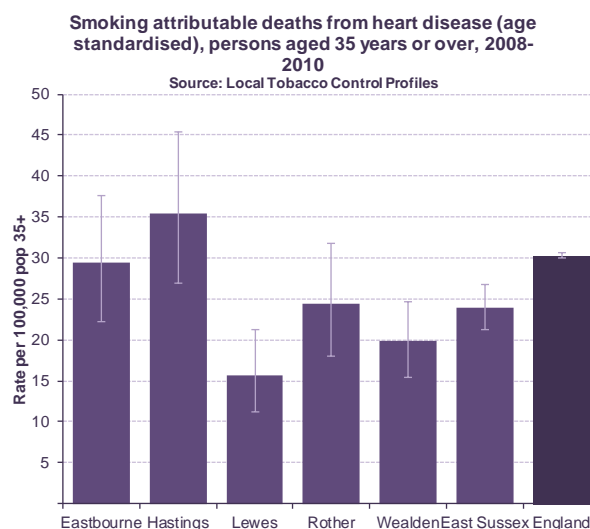
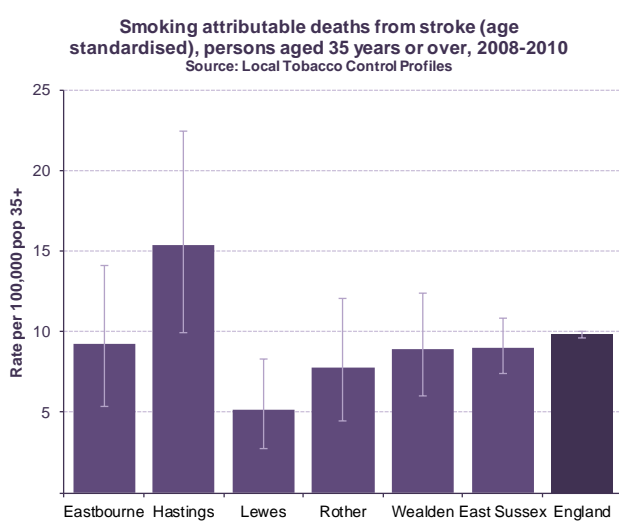


Figure 13 – trend in deaths from lung cancer, East Sussex local authorities

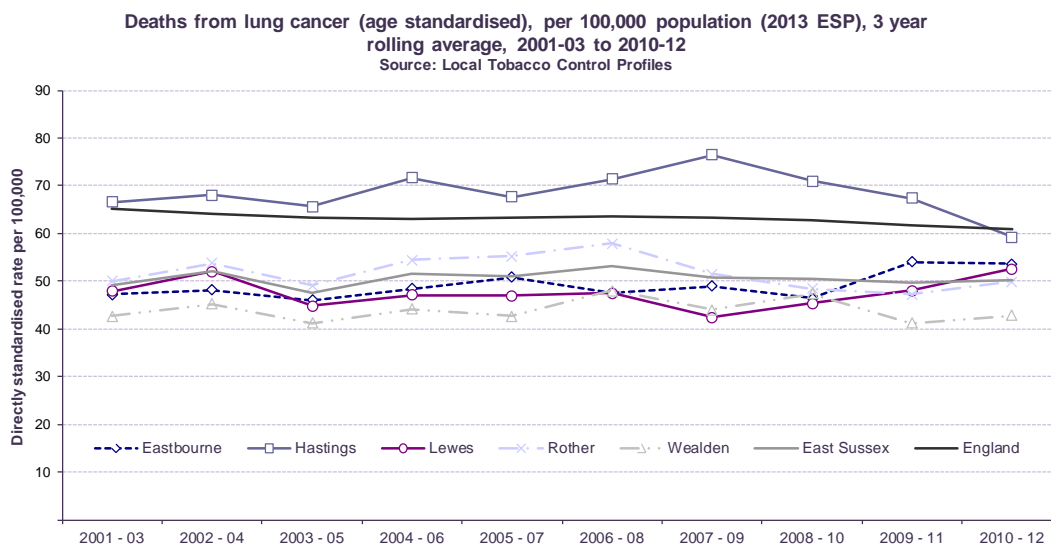


Figure 14 – trend in deaths from COPD, East Sussex local authorities

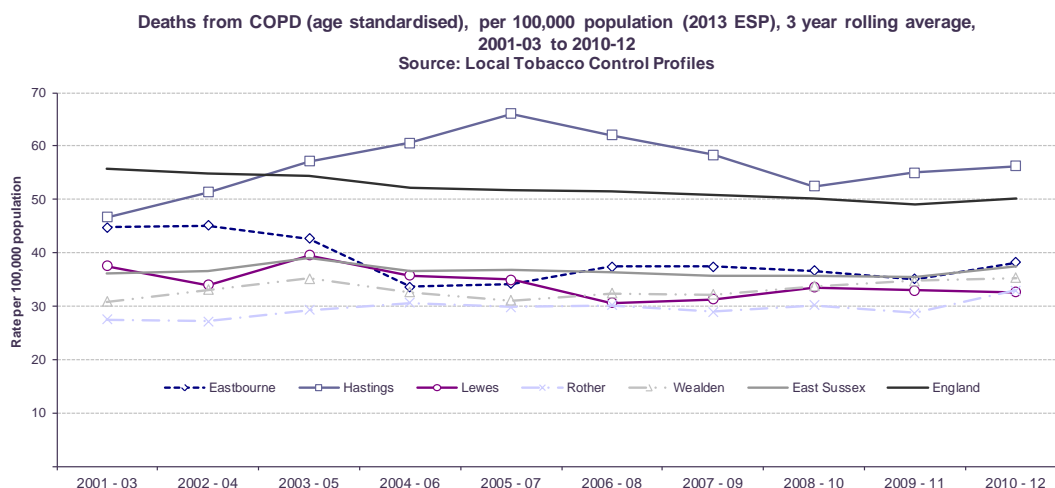


Table 5 – deaths from lung cancer and COPD, numbers and rates (age-standardised rate per 100,000 European population [2013 ESP]), East Sussex local authorities, 2010-2012 (Source: Local Tobacco Control Profiles)

	Lung Cancer		COPD	
	Number	Rate	Number	Rate
Eastbourne	184	53.6	142	38.2
Hastings	150	59.2	143	56.2
Lewes	184	52.6	122	32.6
Rother	200	49.9	146	32.9
Wealden	229	42.8	197	35.3
East Sussex	947	50.3	750	37.4
England	84546	60.9	69604	50.1

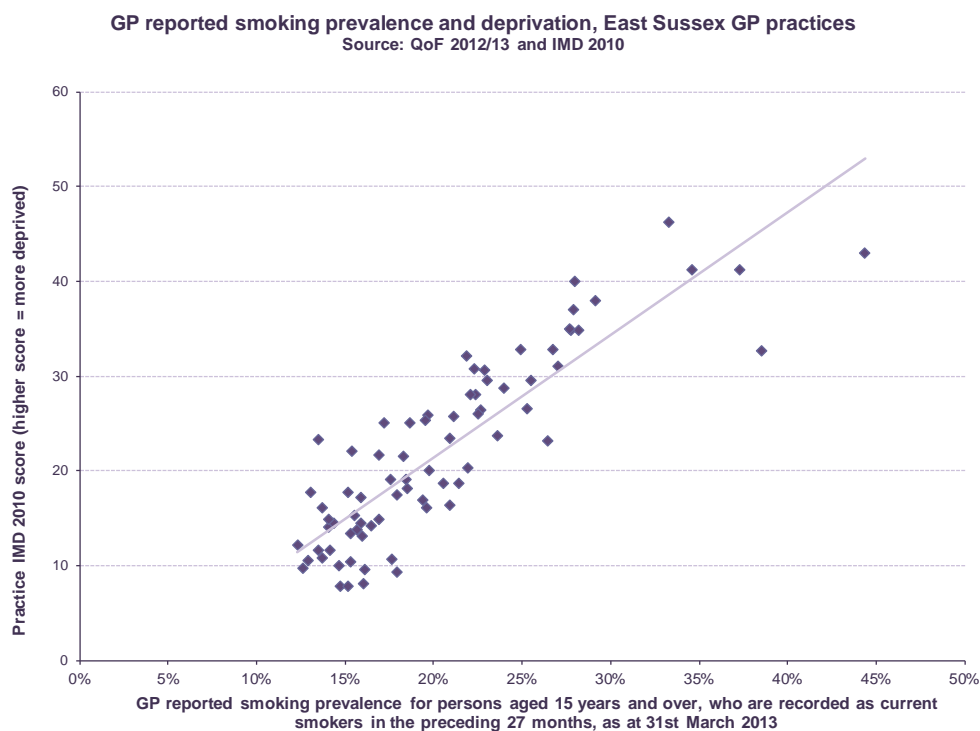
Who is affected by smoking?

The impact of smoking varies by population group with adults in routine and manual employment groups having a significantly higher smoking prevalence (27%) than the total East Sussex adult population (18%). The prevalence of smoking in routine and manual groups ranges from around 17% in Rother to around 41% in Hastings (IHS, 2012). The strong link between smoking and deprivation can be seen at a GP practice level and also exists among pregnant women.

Table 6 – smoking prevalence of routine and manual groups, 2012 (Source: IHS)

Local Authority	% current smokers	95% confidence intervals
Eastbourne	33	(19% - 46%)
Hastings	41	(28% - 54%)
Lewes	20	(10% - 30%)
Rother	17	(6% - 27%)
Wealden	24	(15% - 34%)
East Sussex	27	(21% - 32%)

Figure 15 – smoking prevalence for East Sussex GP practices and deprivation



R squared value for trend line = 0.7585. This means that 76% of the variation in smoking prevalence at practice level can be explained by deprivation.

Maternal Smoking

Just under 800 pregnant women a year in East Sussex are still smoking at the time of their delivery. The prevalence is highest in Hastings (23%) and lowest in Lewes and Wealden (both 10%). Younger mothers and those who live in deprived areas are more likely to be smoking at time of delivery.

Data sources on maternal smoking

East Sussex Healthcare Trust (ESHT) – maternity unit data on East Sussex deliveries includes smoking status at conception, booking and delivery.

Brighton and Sussex University Hospital Trust (BSUH) – maternity unit data on East Sussex deliveries includes smoking status 12 month pre-pregnancy (limited – not for Princess Royal Hospital, Haywards Heath), booking and delivery.

Maidstone and Tunbridge Wells Trust (MTW) - maternity unit data on East Sussex deliveries includes smoking before pregnancy, booking and delivery.

East Sussex Child Health Systems – collected at the 6 week Health Visitor review, includes data on current smoking status of mother, father and other household members, and whether mother stopped smoking during the pregnancy.

Figure 16 – smoking pre-pregnancy/at time of conception by East Sussex local authority and by hospital responsible for care (Figure 17)

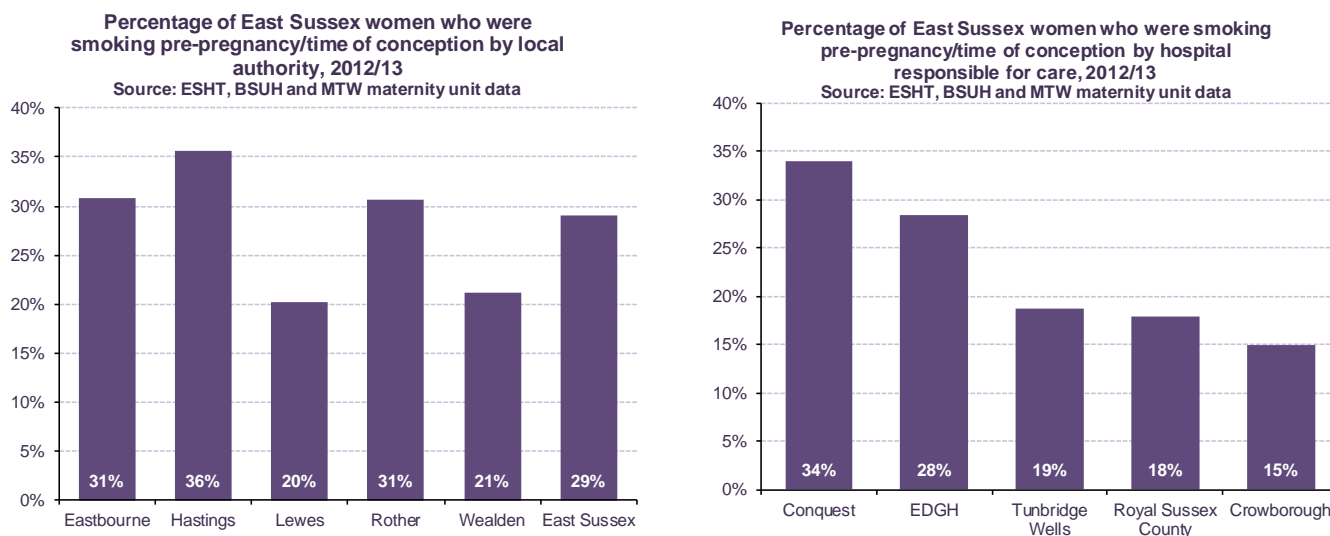


Figure 18 – trend of smoking at time of conception, East Sussex local authorities

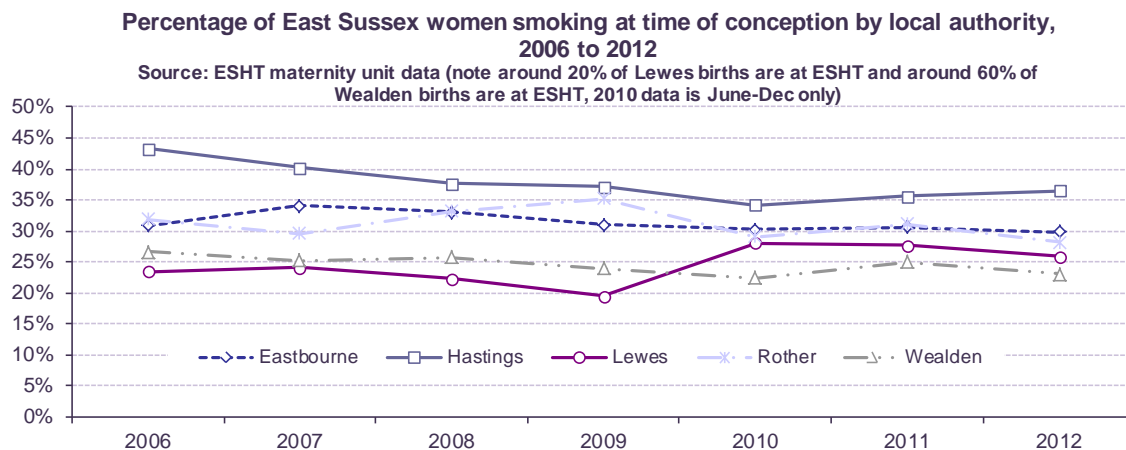


Figure 19 – smoking status by pregnancy stage and hospital, East Sussex mothers, 2012/13

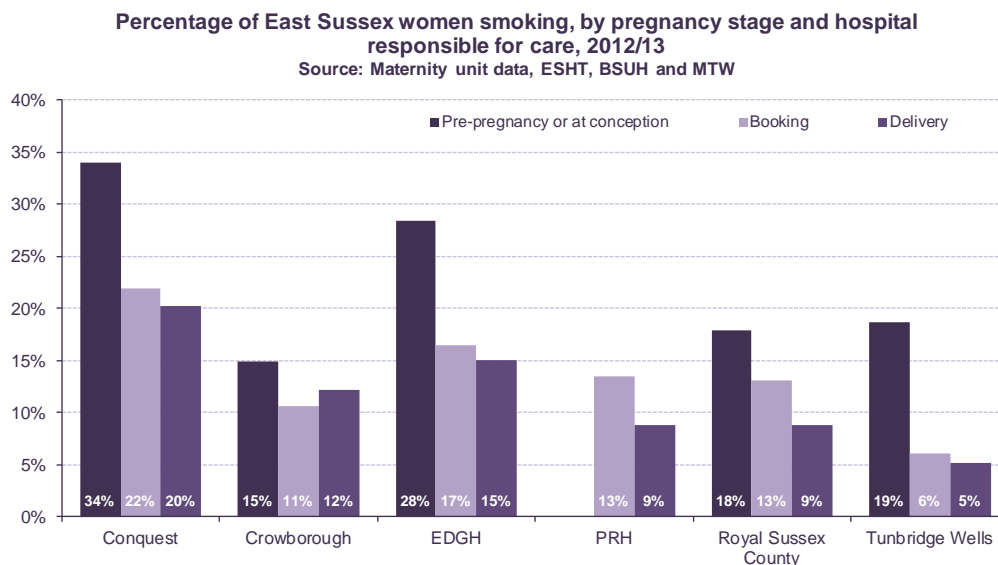


Figure 20 – smoking status at booking and delivery, East Sussex local authorities, 2012/13

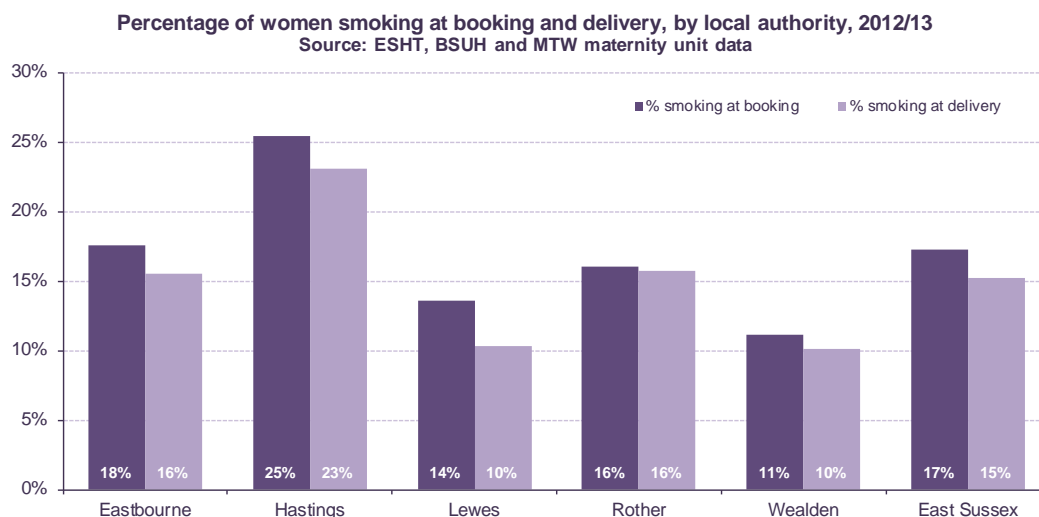


Figure 21 – trend of women smoking at time of delivery, East Sussex and England

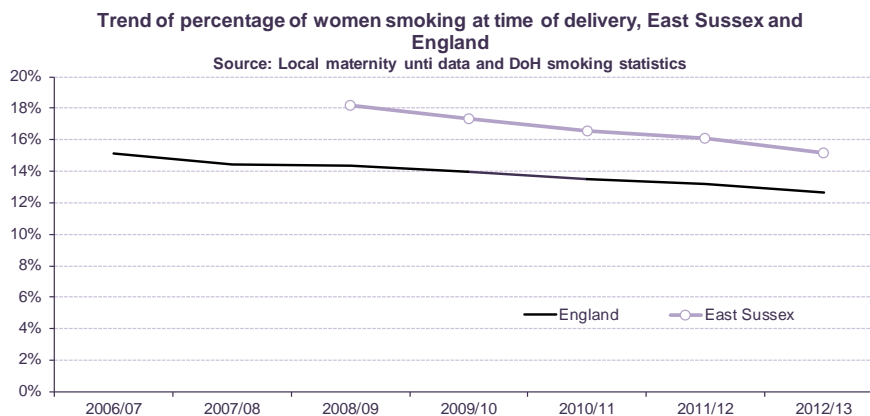


Figure 22 – smoking at time of delivery by deprivation

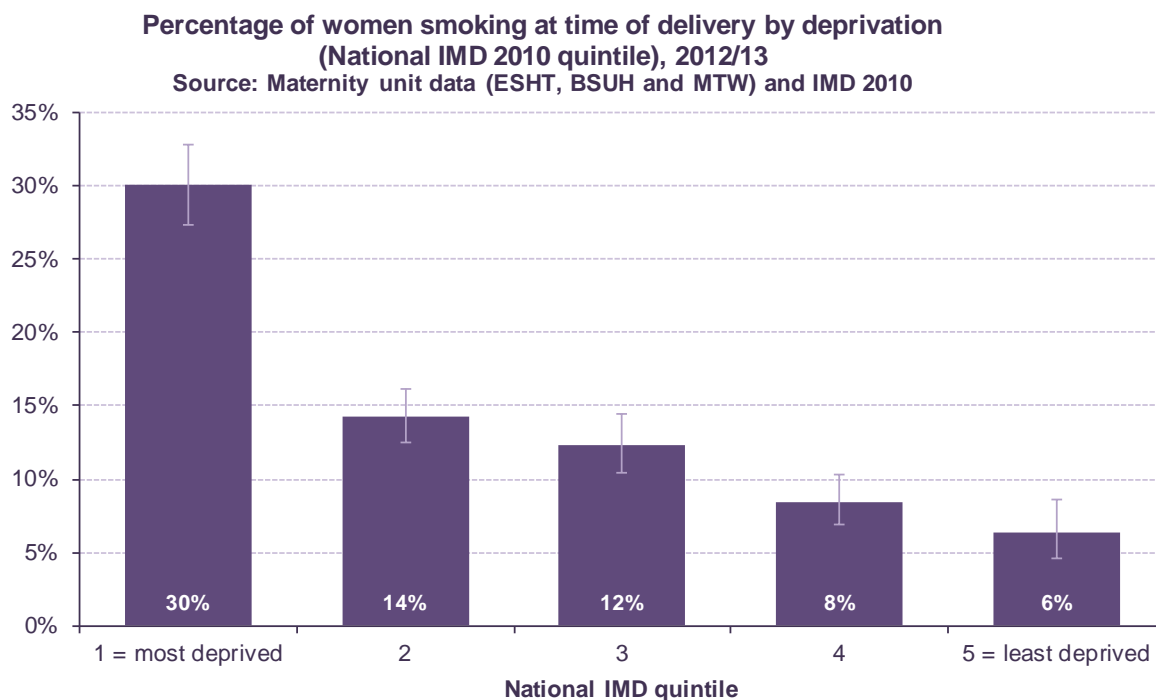


Figure 23 – smoking at time of delivery by maternal age and deprivation

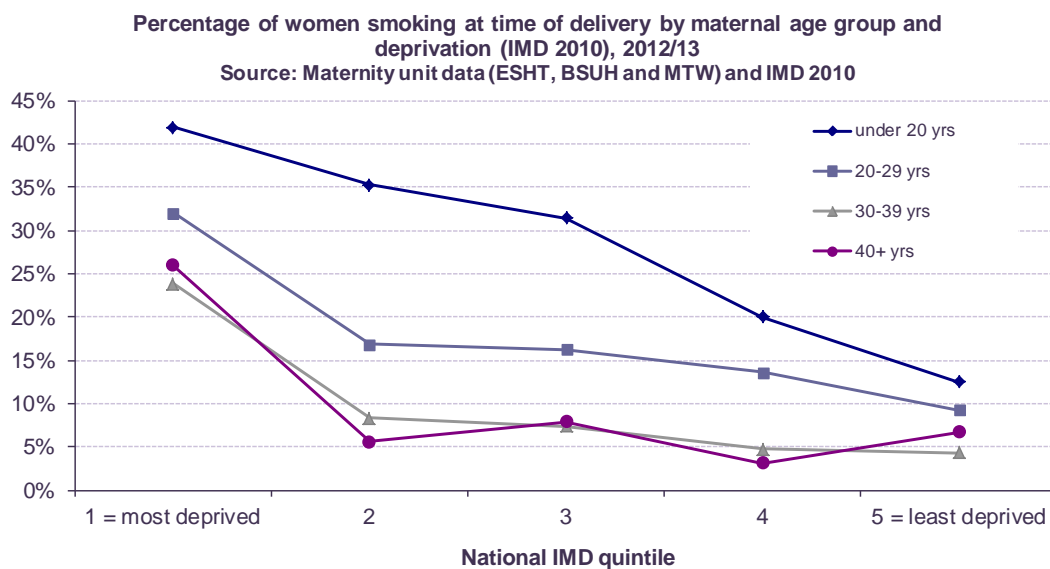
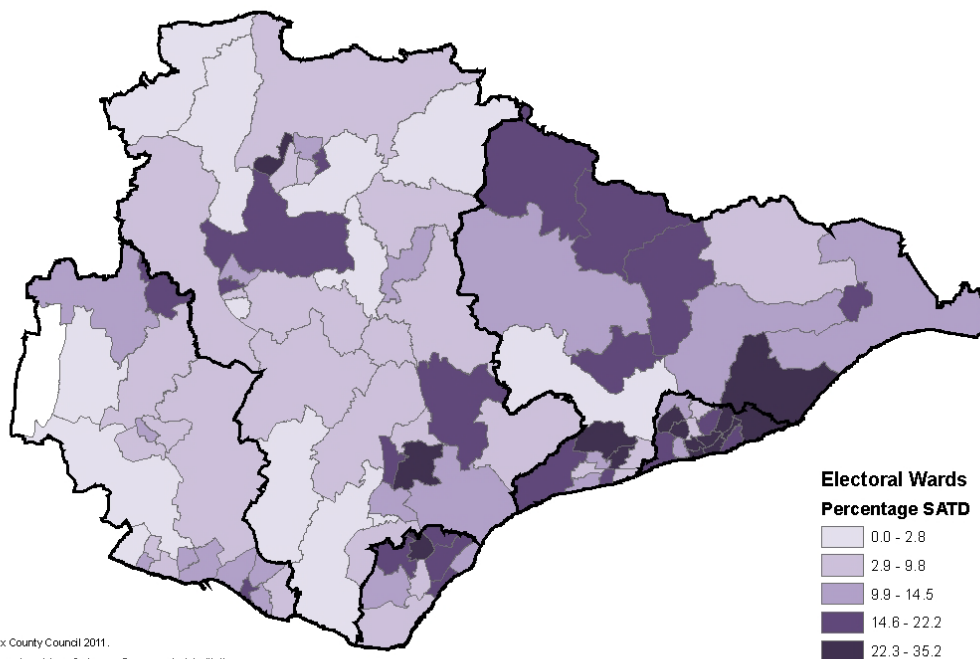


Figure 24 – map of smoking at time of delivery for East Sussex wards, 2012/13

Percentage of women smoking at time of delivery, 2012/13



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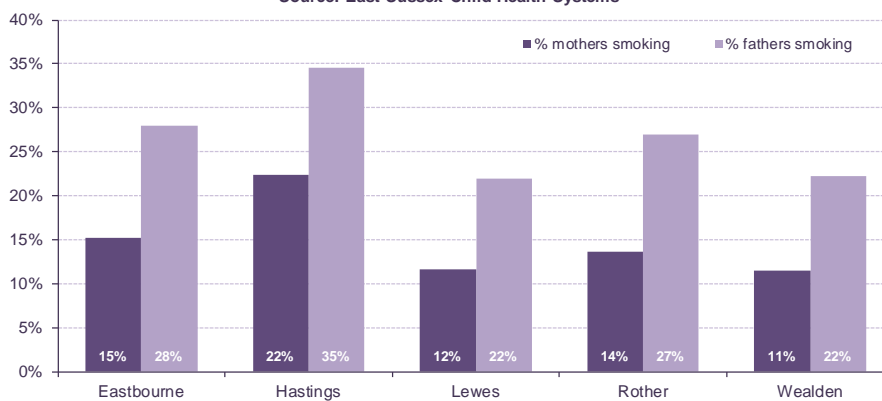
Data Source: ESHT, BSUH & MTW maternity units

Table 7 – top ten wards with the highest percentage of women smoking at time of delivery, 2012/13

Ward name	Local Authority	% smoking at delivery
Central St Leonards	Hastings	35%
Baird	Hastings	33%
Hailsham East	Wealden	33%
Gensing	Hastings	31%
Sidley	Rother	30%
Tressell	Hastings	29%
Hollington	Hastings	29%
Hampden Park	Eastbourne	26%
Braybrooke	Hastings	25%
Marsham	Rother	25%

Figure 25 – parental smoking status at 6 week check, East Sussex local authorities, 2012/13

Percentage of parents who were current smokers at the time of their baby's 6-8 week Health Visitor check, 2012/13
Source: East Sussex Child Health Systems



Smoking Cessation

The three main reasons that East Sussex adult smokers gave for smoking were habit (29%), pleasure/enjoyment (24%) and addiction (19%). Around half of smokers in East Sussex would like to give up with the three main barriers to quitting cited as ‘not enough will power’ (35%), ‘I enjoy smoking’ (30%) and ‘too much stress, smoking calms my nerves’ (28%). Each year over 6,000 people set a quit date with East Sussex NHS Stop Smoking Services with around 2,800 successfully quitting at 4 weeks.

Figure 26 – main reasons why people smoke and main barriers to quitting smoking (Figure 27), East Sussex, 2011

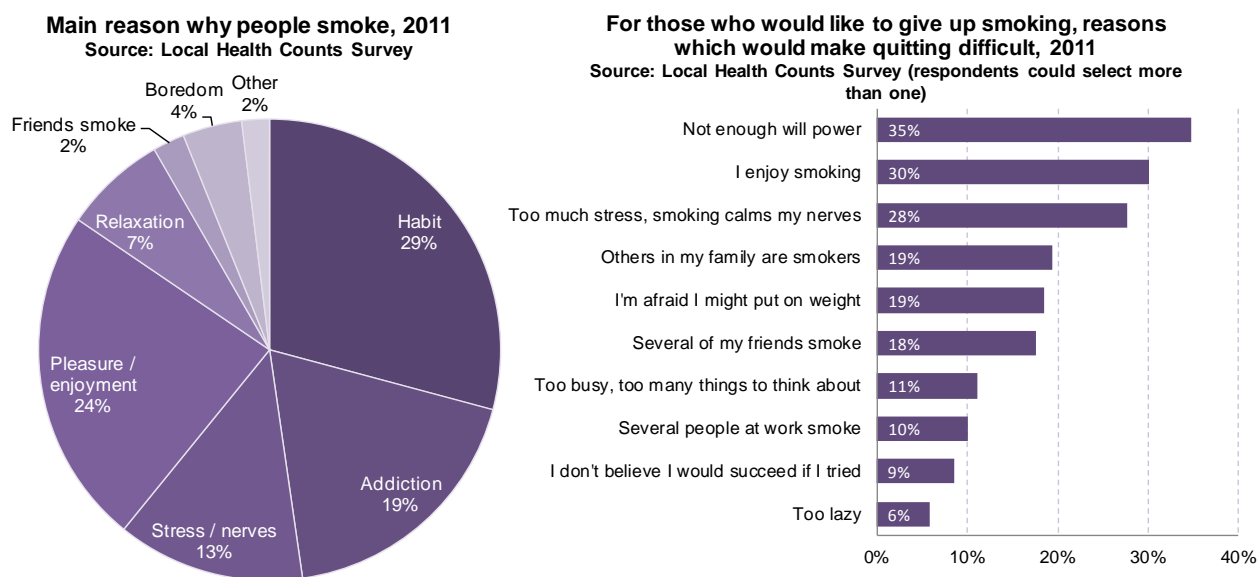


Figure 28 – percentage of adults smokers who would like to give up, East Sussex, 2011

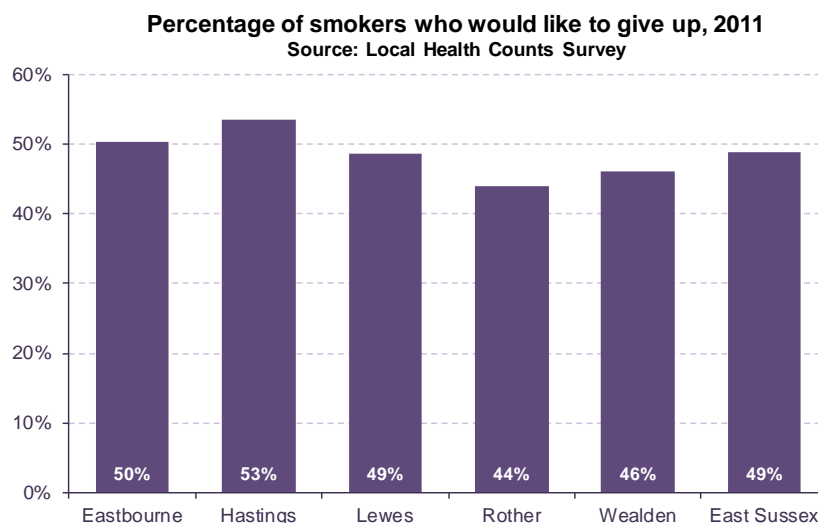


Figure 29 – East Sussex NHS Stop Smoking Services, 2012/13



Clare Brown, Public Health Information Specialist

East Sussex Public Health, March 2014

Appendix – diseases which can be caused by smoking

Cancers which can be caused by smoking:

Trachea, Lung, Bronchus

Upper respiratory sites

Oesophagus

Larynx

Cervical

Bladder

Kidney

Stomach

Pancreas

Unspecified site

Myeloid leukaemia

Respiratory diseases which can be caused by smoking:

Chronic obstructive lung disease

Chronic Airway Obstruction

Pneumonia/influenza

Circulatory diseases which can be caused by smoking:

Other heart disease

Ischaemic heart disease

Other arterial disease

Cerebrovascular disease

Aortic aneurysm

Atherosclerosis

Disease of the digestive system which can be caused by smoking:

Stomach ulcer, Duodenal ulcer

Chrohn's disease

Other disease which can be caused by smoking:

Age related cataract 45+

Hip Fracture 55+

Spontaneous abortion

Source: Statistics on smoking: England, 2013. Appendix B: estimating smoking-attributable deaths and hospital admissions. HSCIC