

# Quit wins:

an audit of smoking  
and stop smoking  
services in England

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Tobacco use continues to be one of the country's major public health challenges. There are still around 8 million smokers in England and smoking causes almost 80,000 deaths per year<sup>1</sup>.



## Smoking places a significant burden on the health service, costing the NHS approximately £2 billion each year<sup>2</sup>.

The Government is currently reviewing its latest Tobacco Control Plan (TCP), which is due to be published in 2017. Currently stop smoking services are funded by local authorities. However, any future policies and targets on reducing smoking prevalence will be implemented against a backdrop of significant cuts to local authorities' public health budgets. It is, therefore, an opportune moment to review progress against the Government's previous commitments, and assess what further action is required to ensure that smoking rates continue to fall.

This report outlines the findings of a comprehensive audit of the available data on smoking and stop smoking services in England. The audit was undertaken in order to assess current smoking rates, the success of different smoking cessation interventions and the sustainability of local smoking services.

### The audit analysed data on:

- Current patterns of smoking in England
- Progress made against the aims of the last Tobacco Control Plan
- Provision and funding of stop smoking services across the country

The audit unpacks the barriers in place to bringing about even greater reductions in smoking rates. It also explores areas of smoking cessation policy that should be prioritised by the Government as it develops its new strategy for tobacco control.

The audit was undertaken by Incisive Health, on behalf of the Proprietary Association of Great Britain.

# Situation analysis

The last national tobacco strategy was published in 2011.

The Government's TCP set out national ambitions to<sup>3</sup>:

- Reduce smoking prevalence among adults in England to 18.5 per cent or less by the end of 2015
- To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015
- To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth)

Whilst smoking prevalence has fallen dramatically in the last ten years and the latest figures suggest that the TCP target to reduce smoking prevalence to 18.5% has been met nationally<sup>4</sup>, many areas have not met this target:

- There is still significant regional variation in smoking prevalence across England. For instance, prevalence the in North East, North West and Yorkshire and The Humber are all higher than the national 18.5% target, whilst in London, the South East and the South West prevalence is lower than the target rate<sup>5</sup>
- Nationally, smoking rates in pregnant women remain above 10% and this masks stark regional variations, with some areas having smoking rates in pregnant women as high as 15.6%. This is in contrast to other areas, like London, which have smoking rates in pregnant women at the time of delivery of only 4.7%<sup>6</sup>
- Regular smoking rates in 15 year olds has been reduced to under 12% but still remain at almost 10%<sup>7</sup>

In addition, since the last TCP, there has been a significant increase in the use of e-cigarettes. Since 2013, the prevalence of e-cigarettes has risen to over 5%. Whilst there has been a reduction in smoking prevalence over the same period, there are still questions over the degree to which e-cigarettes are associated with the reduction in the overall smoking rate and ongoing questions regarding their long-term use<sup>8</sup>.

Given the financial constraints facing the NHS and public health services, there are concerns that progress made under the previous TCP is at risk. In the 2015 Spending Review, the Government announced that public health funding for local authorities, which commission stop smoking services, would be reduced by an average of 3.9% every year in real terms until 2020. The ring fence for public health funding is also only confirmed for another two years. With the NHS under increasing financial pressure to meet its target of £22 billion of efficiency savings, any cuts in local authority budgets and stop smoking services are unlikely to be compensated by increased NHS spending in this area.

With most of the savings delivered from stop smoking services realised by the NHS rather than local authorities, there are also concerns that future investment in stop smoking services are under significant threat. Action on Smoking and Health (ASH) conducted research in early 2016 to analyse the impact of these cuts on stop smoking services. Research reveals that around 39% of upper tier local authorities are expected to cut their smoking cessation services, with 29% cutting their smoking cessation budgets by over 5%<sup>9</sup>.

The Government had expressed its commitment to publish a new TCP in 2016 to address these issues. However, recent messaging from the Government puts this timeline in doubt. As stated by Health Minister Lord Prior in July 2016<sup>10</sup>:

“The Tobacco Control Plan is currently being developed and Ministers will decide on an appropriate publication date in due course.”

This audit assesses which areas the Government should prioritise as it develops the next version of the TCP. The audit therefore considers:

- The success of its previous commitments on a regional, rather than national level
- The impact of cuts to public health spending on the sustainability and provision of public health service
- The impact of different smoking cessation interventions on smoking rates

The audit’s key findings in these areas are set out in more detail below, with the full list of the data used contained in the annex.

# Key findings

## Smoking prevalence

**Key findings:** Although the Government has met its headline national target on smoking rates in England, it has failed to meet it consistently across the country and significant regional and socioeconomic variations still persist.

The latest figures show that despite the smoking rate falling to 16.9% in England<sup>11</sup>, there are still considerable regional variations<sup>12</sup>:

- Smoking rates vary by up to 3.2% across different regions in England
- Smoking rates range from 15.5% in some regions and up to 18.7% in others
- London's smoking rate is more than 2% lower than rates in the North East, North West and Yorkshire and the Humber

There is also evidence to suggest that deprivation and socioeconomic factors continue to impact on smoking prevalence. Smoking prevalence is higher in many County Councils / Unitary Authorities which have a higher deprivation level.

Furthermore, the data suggests that there are significant variations in smoking rates according to earnings and profession.

### In 2014:

- 23% of those with a personal annual income of less than £10,000 were current smokers compared to just 11% of those with an income of £40,000 or higher<sup>15</sup>
- Those with earnings of less than £10,000 were also less likely to have quit smoking – 48% of those with earnings lower than £10,000 who have ever smoked had quit compared to 69% of those who had ever smoked and had an income of £40,000 or higher<sup>16</sup>

Figure 1: Smoking prevalence rate by region in England<sup>13</sup>

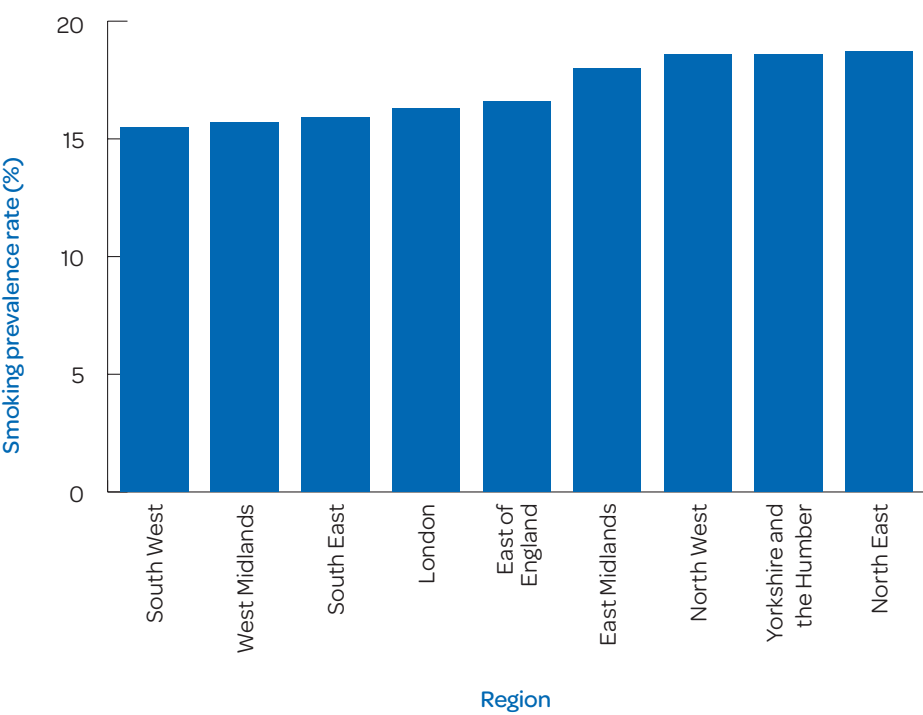
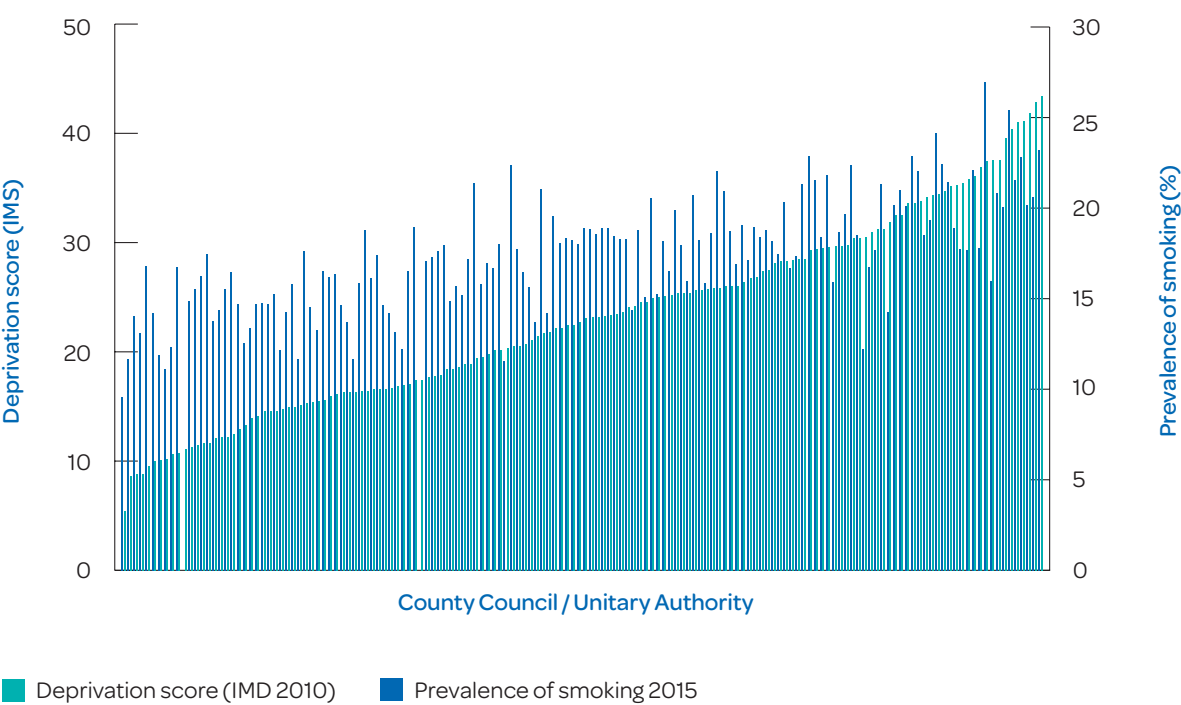


Figure 2: Smoking prevalence and deprivation<sup>14</sup>



## Hospital admissions

**Key findings:** Smoking related illness continues to place a significant burden on the health service, again, with considerable regional variation in the impact smoking has on the local NHS.

Across England, on average, every single person pays £38 for smoking related hospital admissions<sup>17</sup>. Hospital admissions for illnesses/diseases for adults of 35 years in age and over which can be caused by smoking have increased in number over the last ten years. In 2004-2005, there were just over 1.4 million hospital admissions for diseases that could be caused by smoking, whilst in 2014-2015 the figure was over 1.7 million<sup>18</sup>. The attributable number of admissions which were caused by smoking was 452,300 for 2004/05 and 474,600 in 2014/15<sup>19</sup>.

Moreover, almost half of all cancer admissions to hospital across England were attributable to smoking in 2014/15<sup>21</sup>.

There is also a large amount of regional variation when it comes to hospital admissions from smoking. Data from 2014/15 shows that whilst there were 2,446 per 100,000 people smoking attributable hospital admissions in the North East, the figure was only 1,301 per 100,000 people in the South East. This places a disproportionate burden on services in the North East<sup>22</sup>.

Hospital admissions are rising and are particularly high in areas which have high smoking rates, such as Yorkshire and the Humber, the North East and the North West. The failure of the TCP to produce a lower smoking rate across all parts of the country will mean that pressures on NHS services in these areas with persistently high smoking rates will continue to intensify. This is a problem which any future TCP must address.



Figure 3: Hospital admissions for over 35 year old adults for illnesses which are attributable to smoking<sup>20</sup>

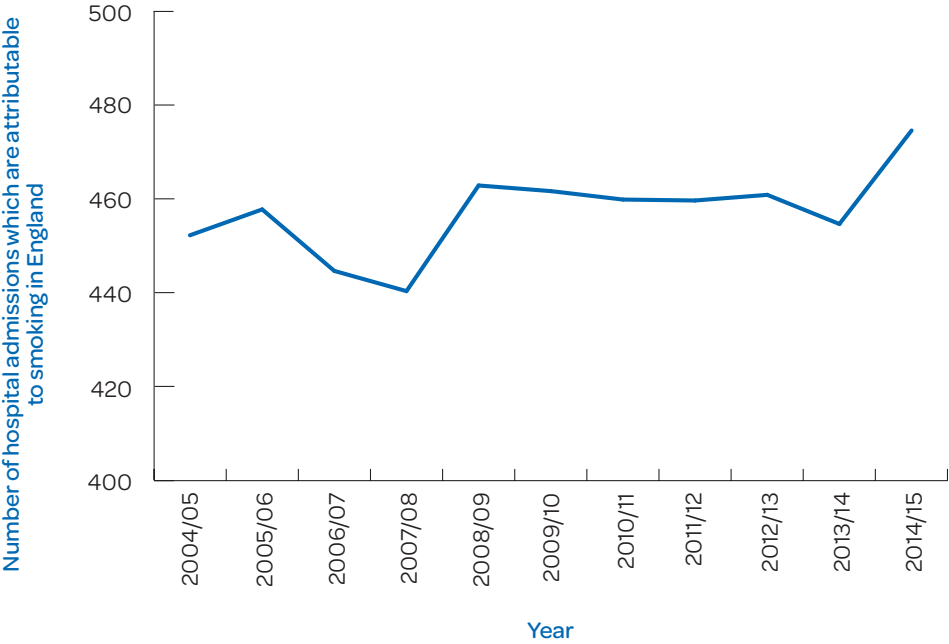
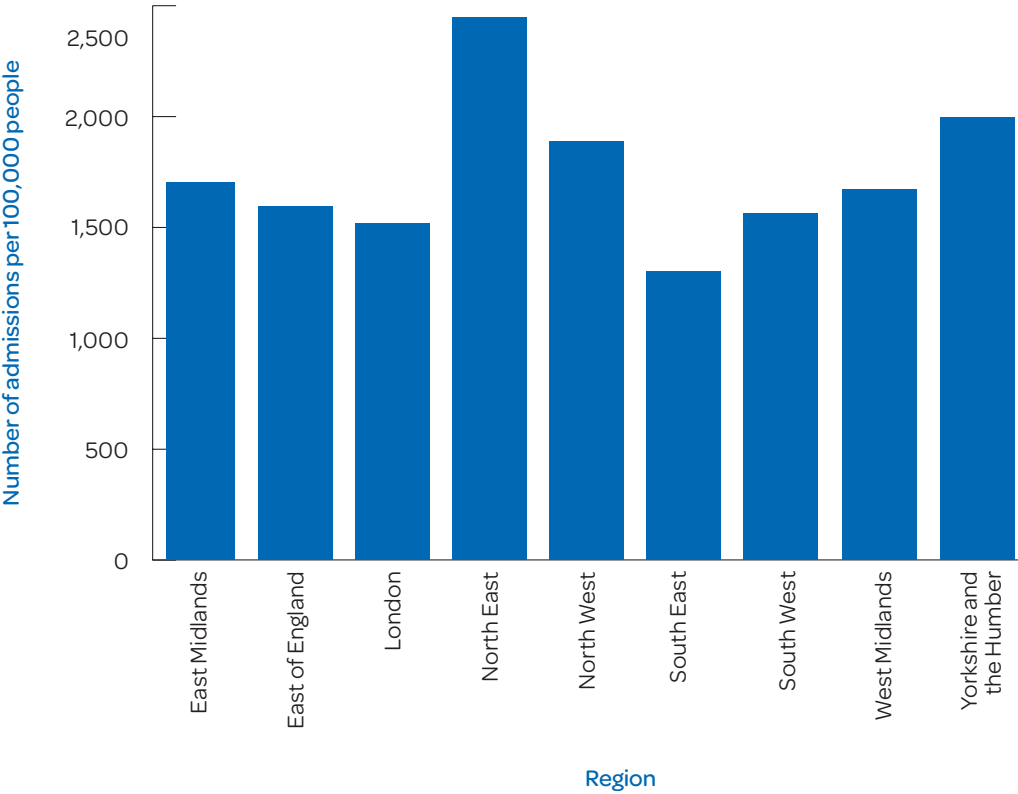


Figure 4: Hospital admissions in 2014/15 for over 35 year old adults with illnesses which have been caused by smoking, per 100,000 people<sup>23</sup>



## Deaths from smoking related causes

**Key findings:** Due to the regional variations in smoking rates, people are more likely to die from smoking related illness in some areas of the country than others.

Over 17% of deaths in 2013 were a result of diseases for which smoking could be a contributory factor.

There is also a considerable regional variation in the number of deaths, which could be attributable to smoking. Again, areas in the North East and North West, such as Manchester, Knowsley, Sunderland and Middlesbrough, all had over 400 deaths in over 35s per 100,000 being caused by an illness which could be attributed to smoking. This figure is considerably above the figures for areas in the South East, such as Harrow, Buckinghamshire and Wokingham, which all have under 100 deaths in over 35s per 100,000 caused by illnesses attributable to smoking<sup>24</sup>.

Such variation places severe pressure on services in some areas compared to others. Once again, this is an outcome of the failure of the 2011 TCP to reduce the rate of smoking across all parts of England, leading to an intensification of pressure on services in certain regions.

## Quitting rates

**Key findings:** The number of successful quitters has declined for the fourth consecutive year.

Since 2011, there has been a steady decline in the prevalence of smoking. However, these efforts appear to have slowed in recent years. Worryingly the number of successful quitters per 100,000 smokers has also declined in recent years on a national level, which suggests that a slowing down of the quit smoking rate could continue into the near future.

The number of successful quitters also decreased in every region in England from 2013/14 to 2014/15, showing that the areas which have smoking rates above the national average are also failing to increase their number of successful quitters enough to catch-up with more successful regions.

Figure 5: Number of deaths attributable to smoking for adults over 35, 2012-14 per 100,000d<sup>25</sup>

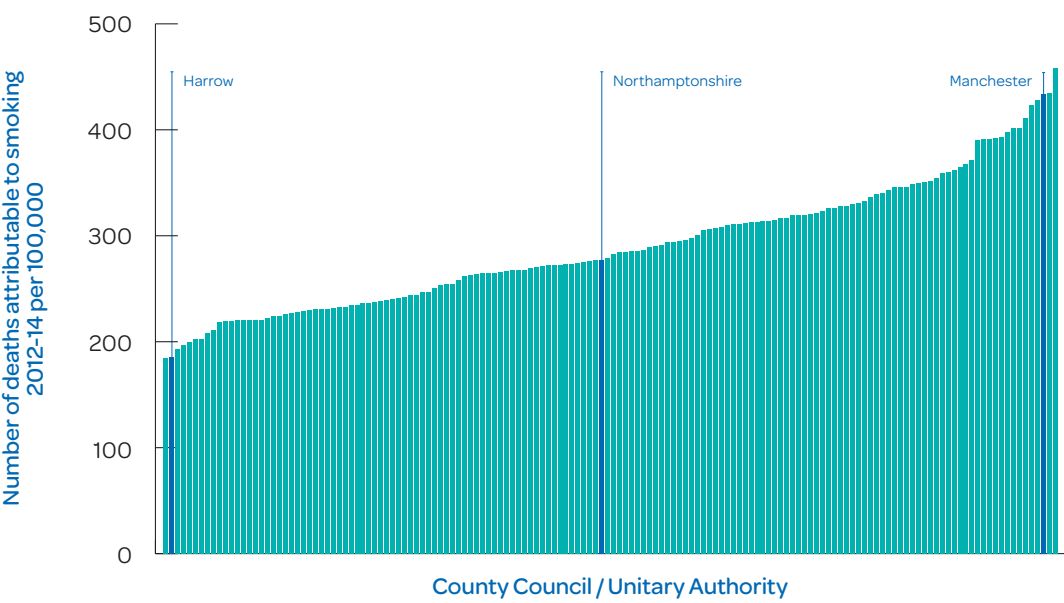


Figure 6: Number of successful quitters at four weeks per 100,000 smokers, England<sup>26</sup>

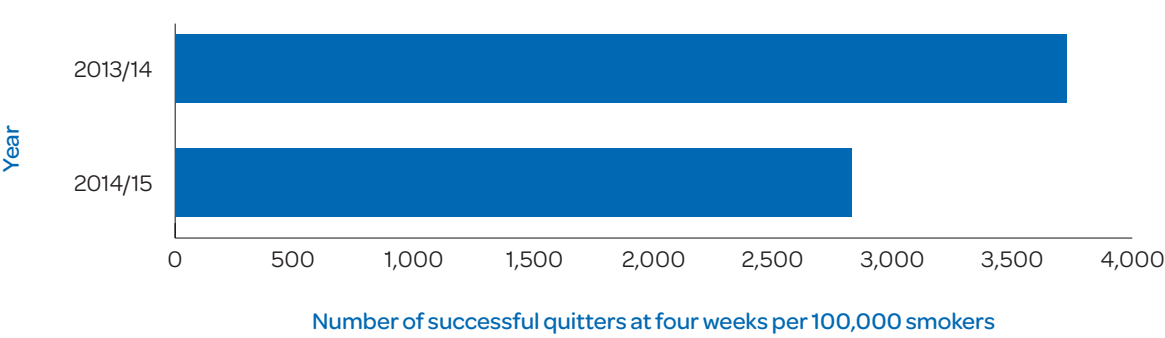


Figure 7: Number of successful quitters at four weeks per 100,000 smokers by region<sup>27</sup>

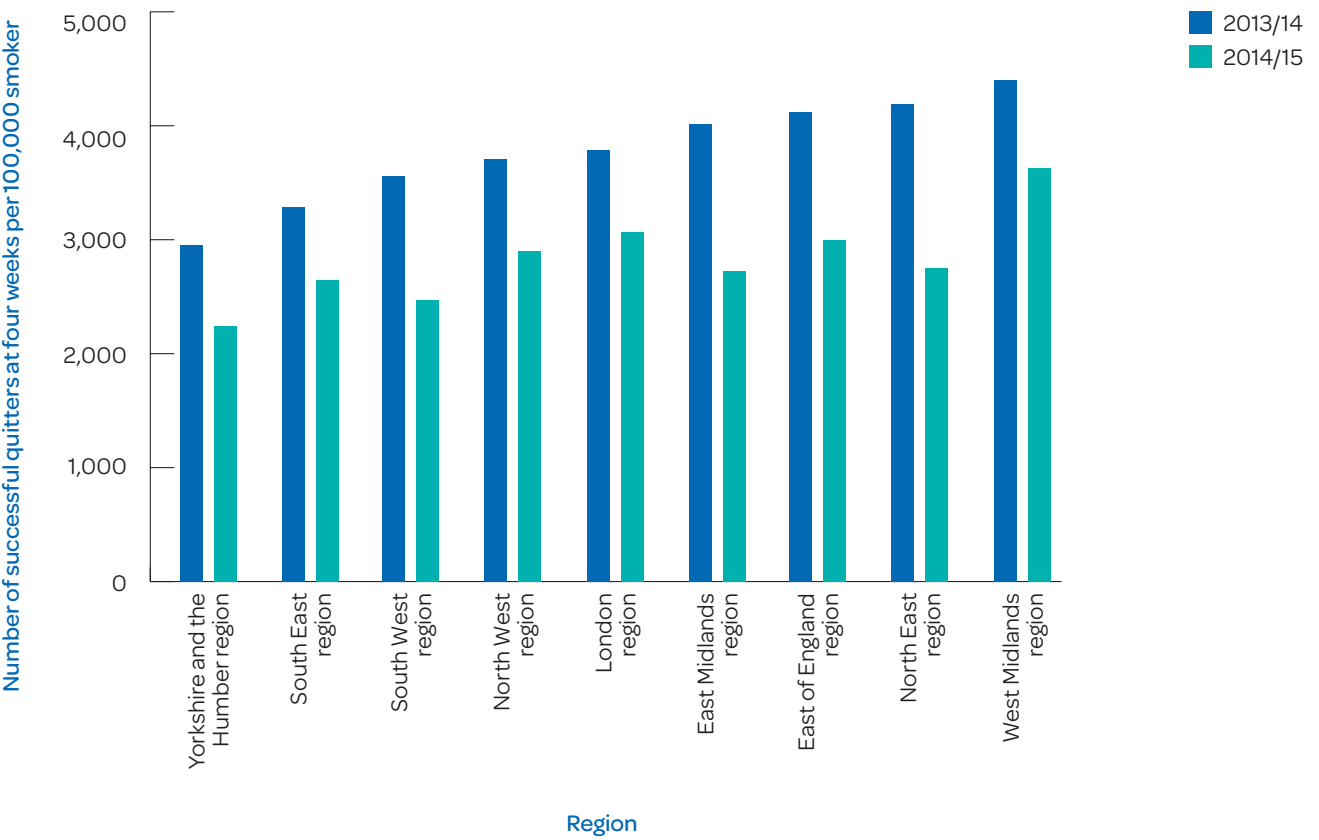
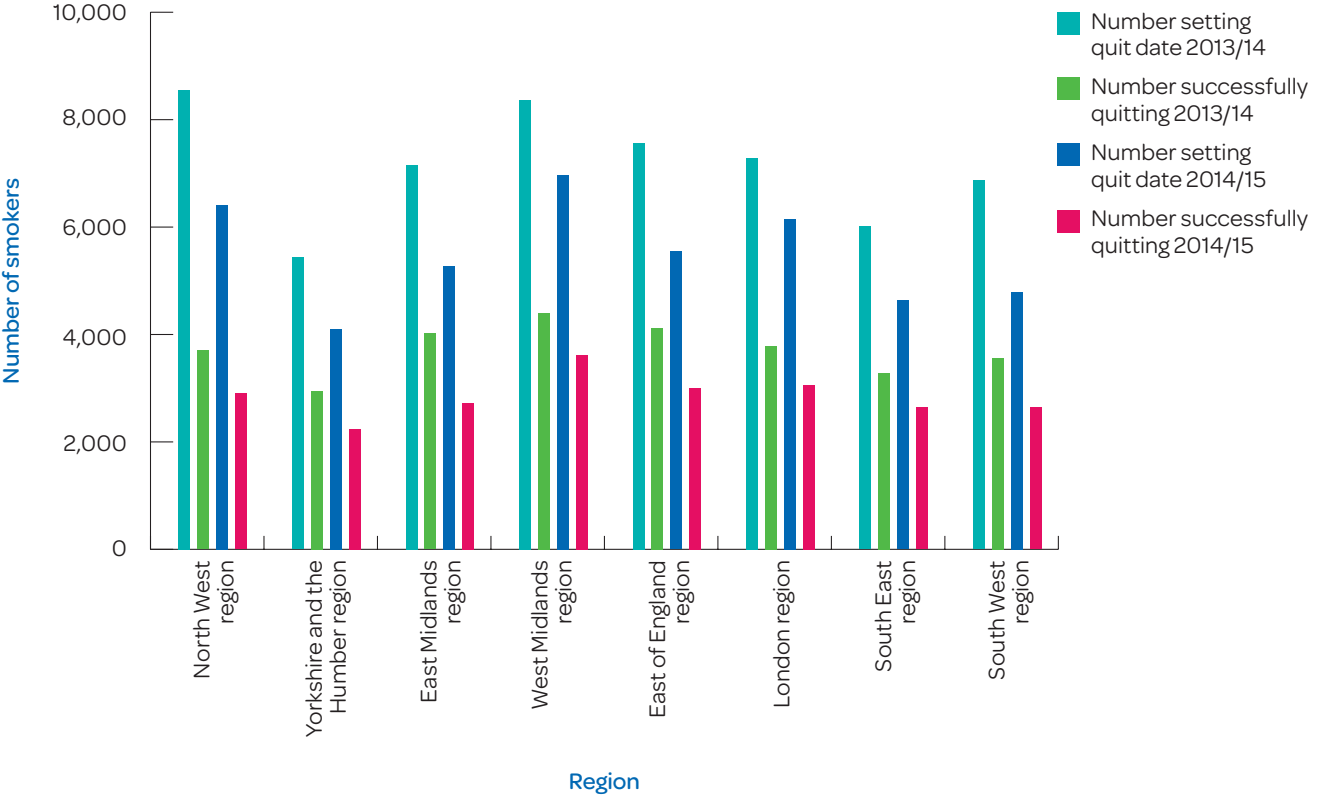


Figure 8: Quit date and quit success by region<sup>28</sup>



## Smoking interventions

**Key findings:** Although the use of licensed smoking cessation medicines, like NRT, and behavioural support delivered through the stop smoking service are some of the best methods to ensure smoking cessation, fewer people are accessing these services.

Furthermore, despite a steady increase in the use of e-cigarettes in England over recent years, there is currently insufficient evidence to suggest that e-cigarettes have had a significant impact on smoking rates.

Whilst the use of e-cigarettes may have had some positive impact on smoking rates, this impact seems to have only been limited with only a small change in the percentage of people smoking following their introduction into the market. More evidence is required to fully assess the impact of e-cigarettes.

Research has shown that people who seek support to stop smoking are four times more likely to quit<sup>31</sup>. However, there has been a drop in the number of people receiving support through stop smoking services and in the number of prescriptions being dispensed to help people stop smoking. The data suggests that this is having an impact on national quit rates.

Figures released for 2013/14 show that the number of people who successfully quit decreased for the second consecutive year. In 2013/14, 175,339 people successfully quit through NHS stop smoking services, down by 22% in the last year<sup>33</sup>. Furthermore, the number of successful quitters who used NRTs as a quitting aid to help people stop smoking continues to fall<sup>34</sup>.

Figure 9: Changes in smoking rates and e-cigarette prevalence<sup>29,30</sup>

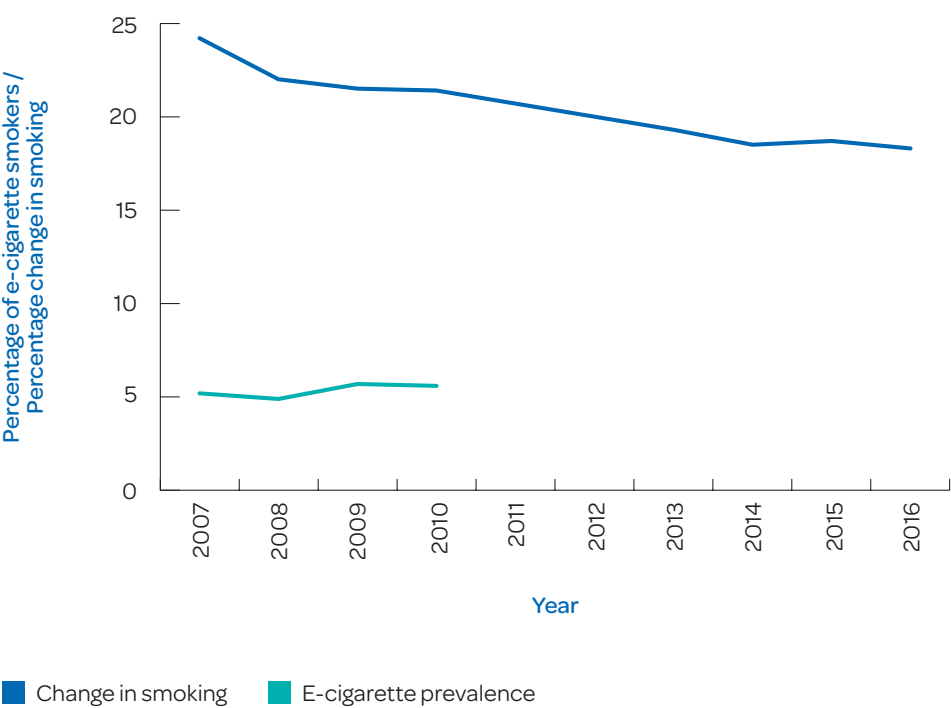
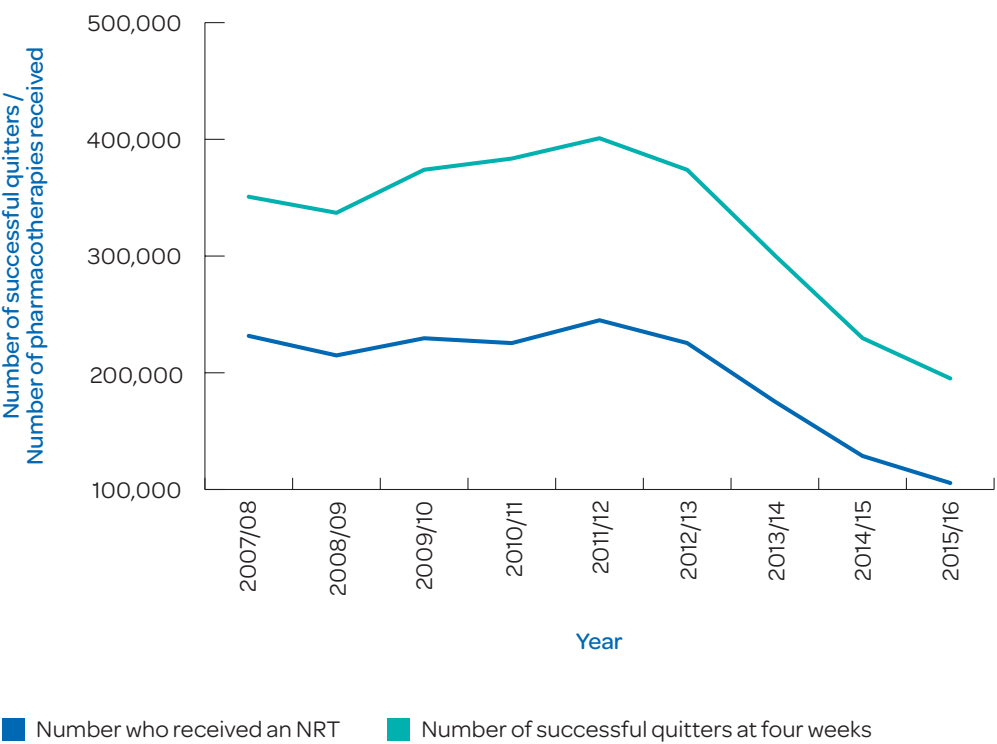


Figure 10: Number of successful quitters at four weeks and the number of people receiving an NRT, England<sup>32</sup>



## Funding of stop smoking services

**Key findings:** Current evidence shows that smokers are most likely to quit when they receive a licensed smoking cessation medicine, like NRT, in combination with behavioural support from a trained advisor in the stop smoking services. Given that the funding of these services is increasingly at risk, the most effective interventions to support smokers could also be put at risk.

There is significant variation in the amount of money that local authorities planned to spend on stop smoking services in 2015/16. Some local authorities planned to spend under £1 per person on stop smoking services in 2015/2016 while others planned to spend over two hundred times more. Whilst some of this variation reflects different smoking rates across the country, not all the variation can be accounted for in this manner.

As the number of pharmacotherapies prescribed has declined on a national level, so too have the number of successful quitters in each region of England.

There is a strong correlation between the funding of stop smoking services in England and the number of successful quitters, again emphasising the importance of stop smoking services. Across every single region in England, over 46% of smokers with some sort of intervention went on to be successful quitters. In Yorkshire and the Humber, which has one of the highest smoking rates in England, 55% of smokers in the region who received some form of intervention went on to be successful quitters<sup>37</sup>.

Stop smoking services give smokers several methods to support their efforts to quit, including NRTs<sup>38</sup>. Due to the high chances of a smoker going on to successfully quit if they receive some form of intervention, it is important that stop smoking services continue to receive funding.

Figure 11: Funding for stop smoking service per smoker 2015/16<sup>35</sup>

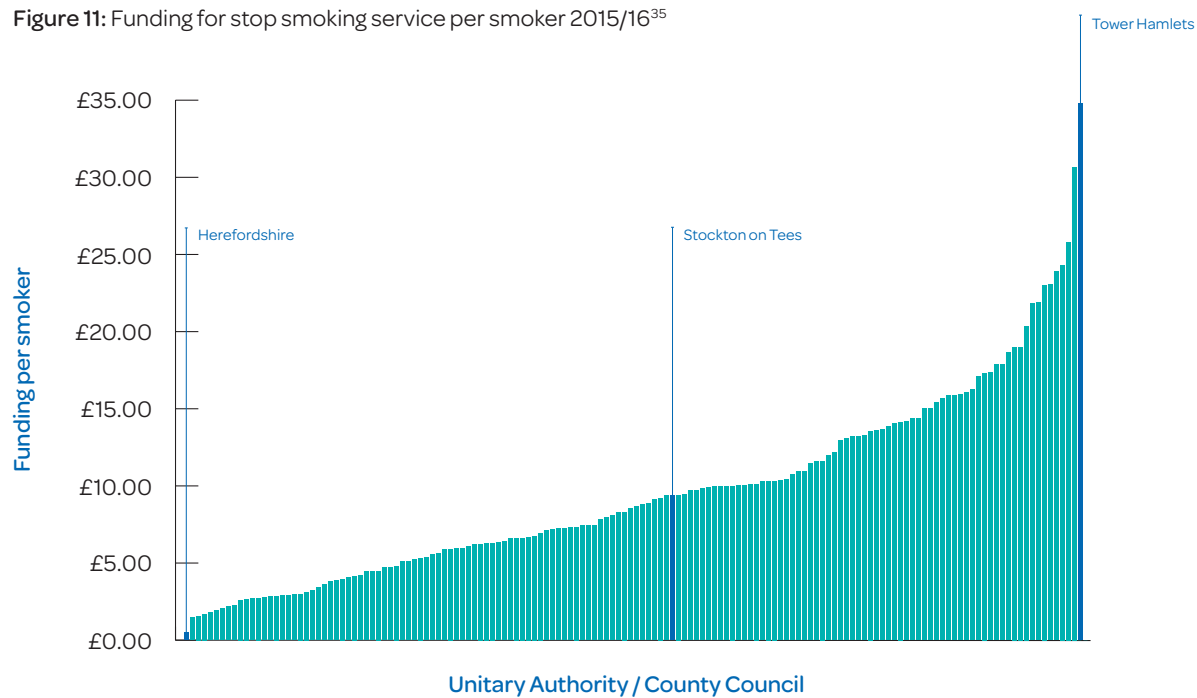


Figure 12: Relationship between stop smoking services and successful quitters<sup>36</sup>

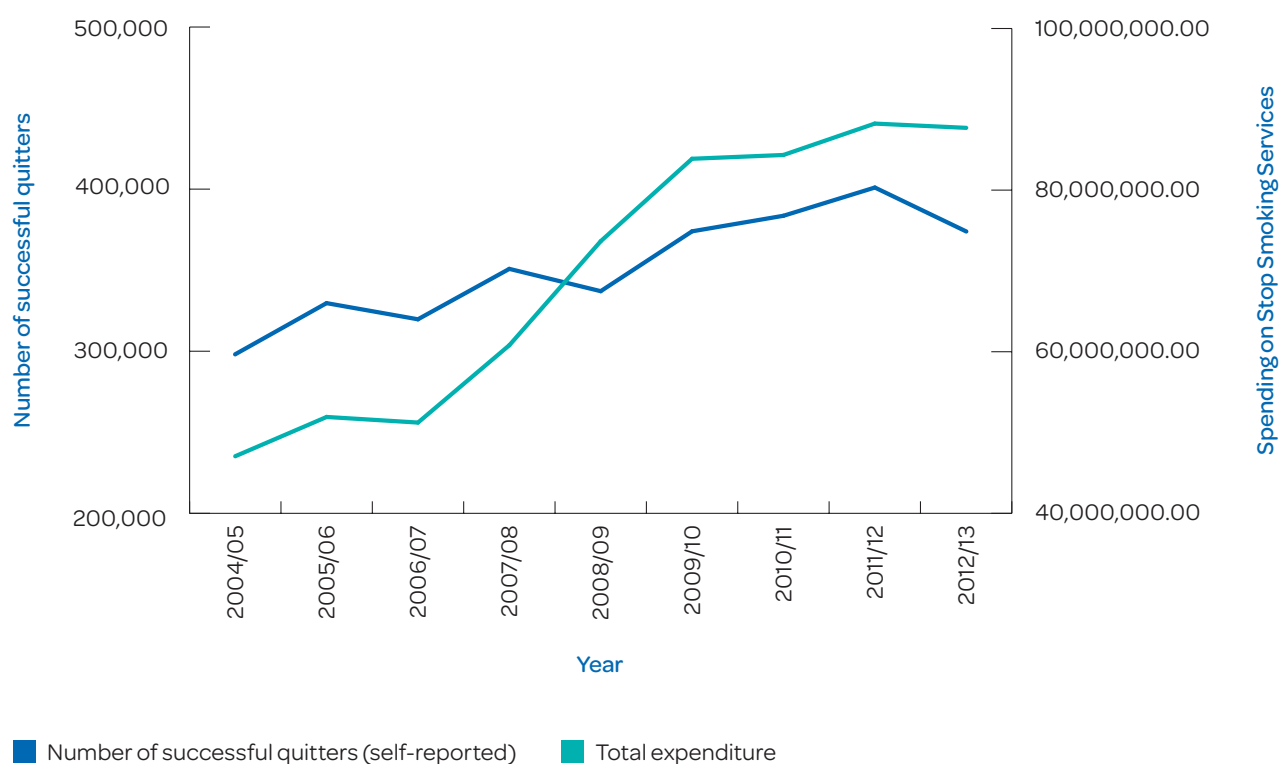
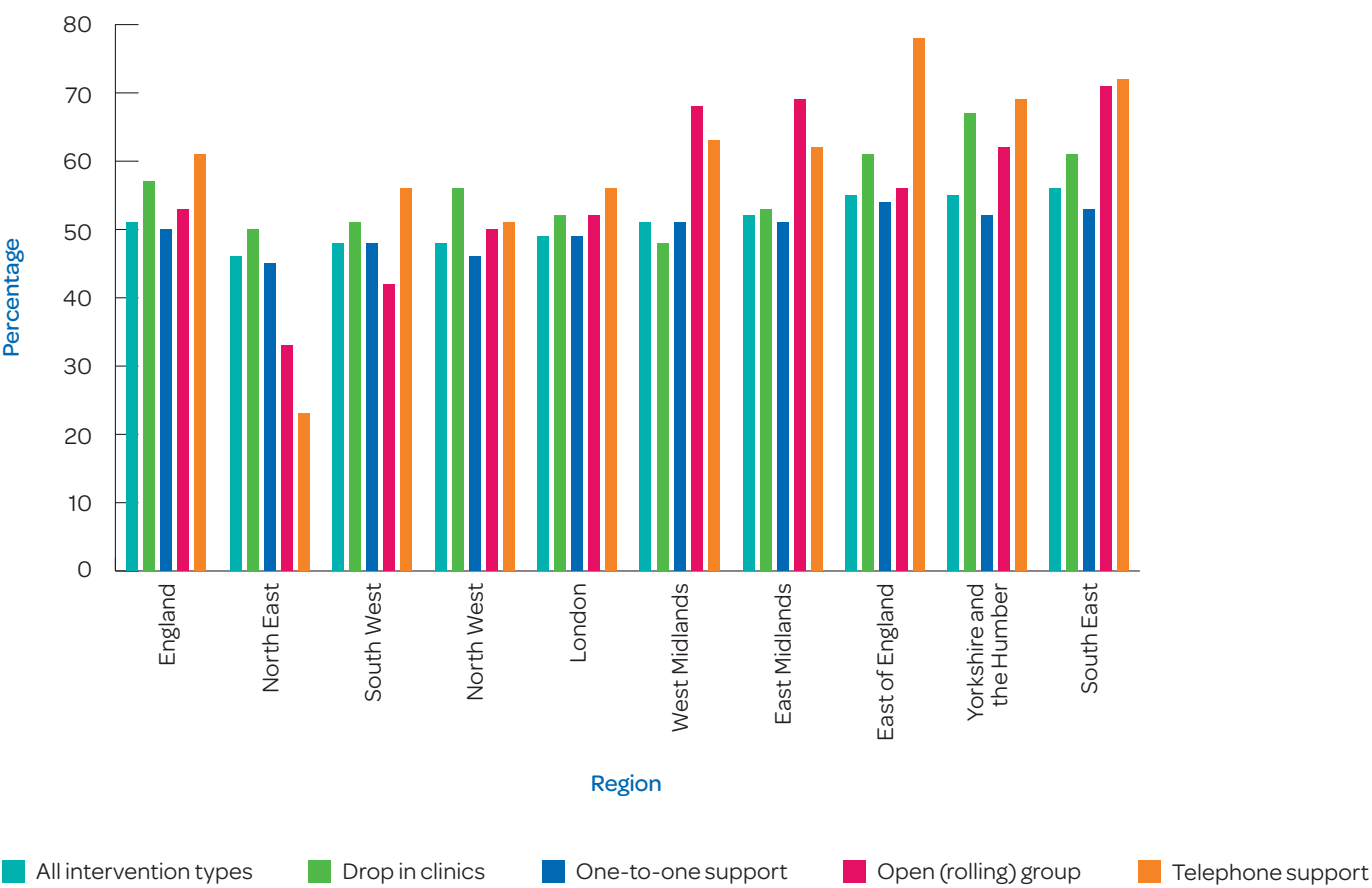




Figure 13: Percentage of successful quitters receiving selected interventions by region<sup>39</sup>



## Merseyside provides an interesting case study on funding for stop smoking services due to its high smoking prevalence and the variation in spending by the relevant local authorities.

In Merseyside, there is a huge variation in planned 2015/16 spending on stop smoking services from £12.38 per smoker in the Wirral to £6.29 per smoker in St Helens<sup>40</sup>.

Funding in areas like Merseyside in the North West, where the smoking rates are on average still above the 18.5% target set out in the 2011 TCP, has changed at very different rates in different parts of the area despite there being fairly similar prevalence levels<sup>43</sup>. Between 2013/14 and 2015/16, there was a huge amount of variation in changes in spending. Whilst there was an increase in spending between 2013/14 to 2015/16 on stop smoking services in the Wirral of only 9.6% per smoker in St Helens, there was an increase of 188% per smoker<sup>44, 45</sup>. This difference in changes in spend has the potential to lead to an even greater inequality in access to stop smoking services across the area.

Now that the public health ring fence has been removed, the future funding of these services may be under threat. Potential cuts in these services will likely only intensify the divides in the smoking rate.

What is more, the change in spend per smoker is often not correlated to the problems facing a County Council / Unitary Authority. For instance, whilst St Helens has the third highest number of deaths attributable to smoking in Merseyside and almost identical numbers of hospital admissions for illness attributable to smoking as Wirral and Sefton, it has by far the lowest increase in spending on stop smoking services in the whole of Merseyside<sup>49, 50</sup>.

For hospital admissions especially, this problem comes from the disjuncture between funding coming centrally for the hospital sector and from local authorities for stop smoking services. This symbolises the inadequacy of funding of stop smoking services.

Figure 14: Smoking prevalence and funding per smoker in Merseyside, 2015/16<sup>41, 42</sup>

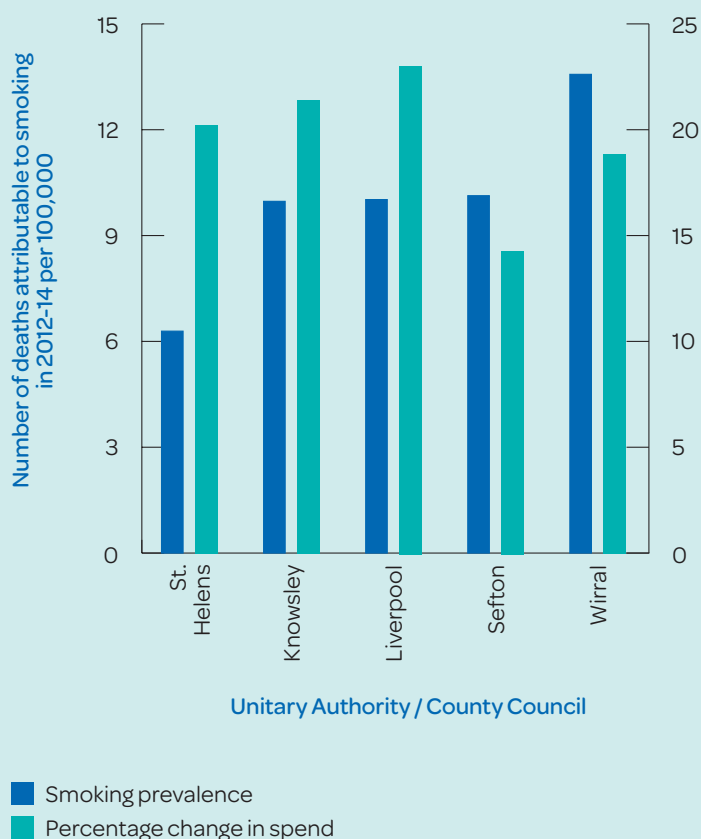


Figure 15: Change in spend per smoker and mortality rate attributable to smoking<sup>46,47,48</sup>

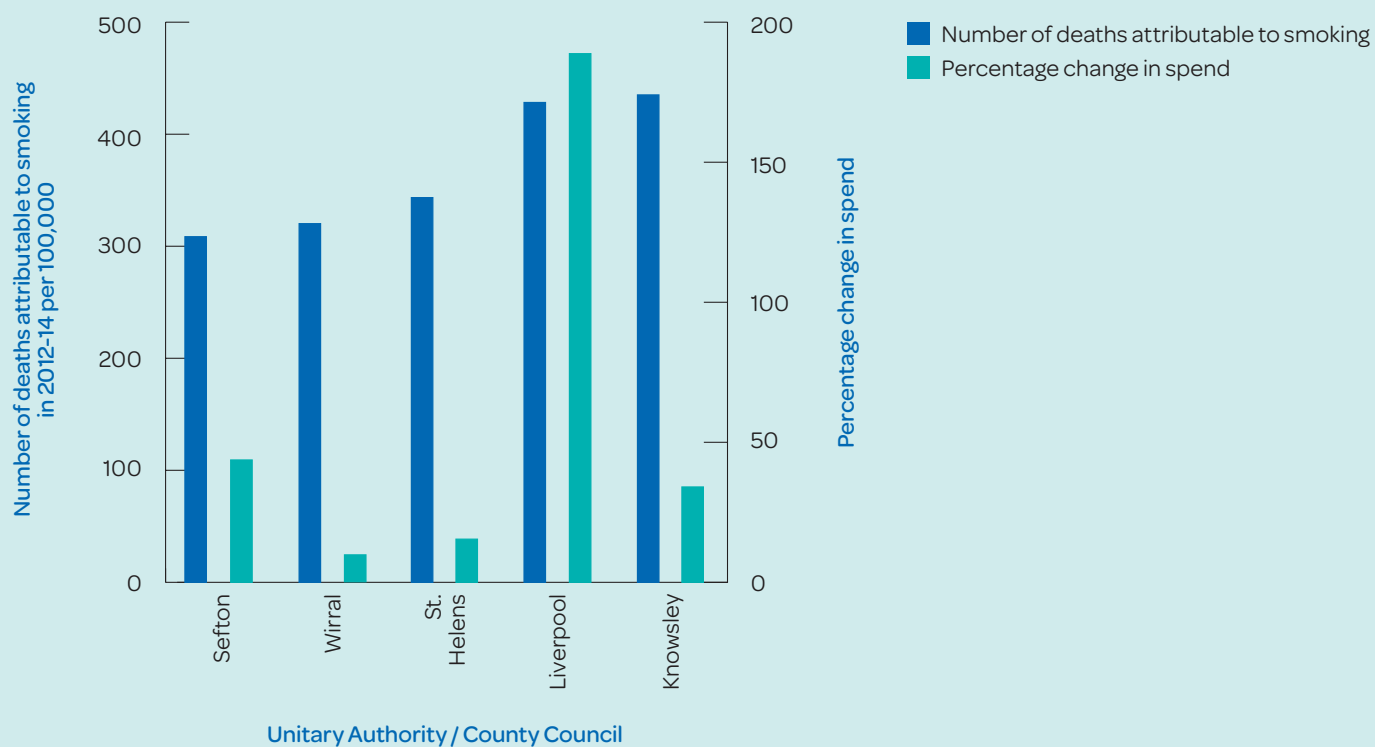
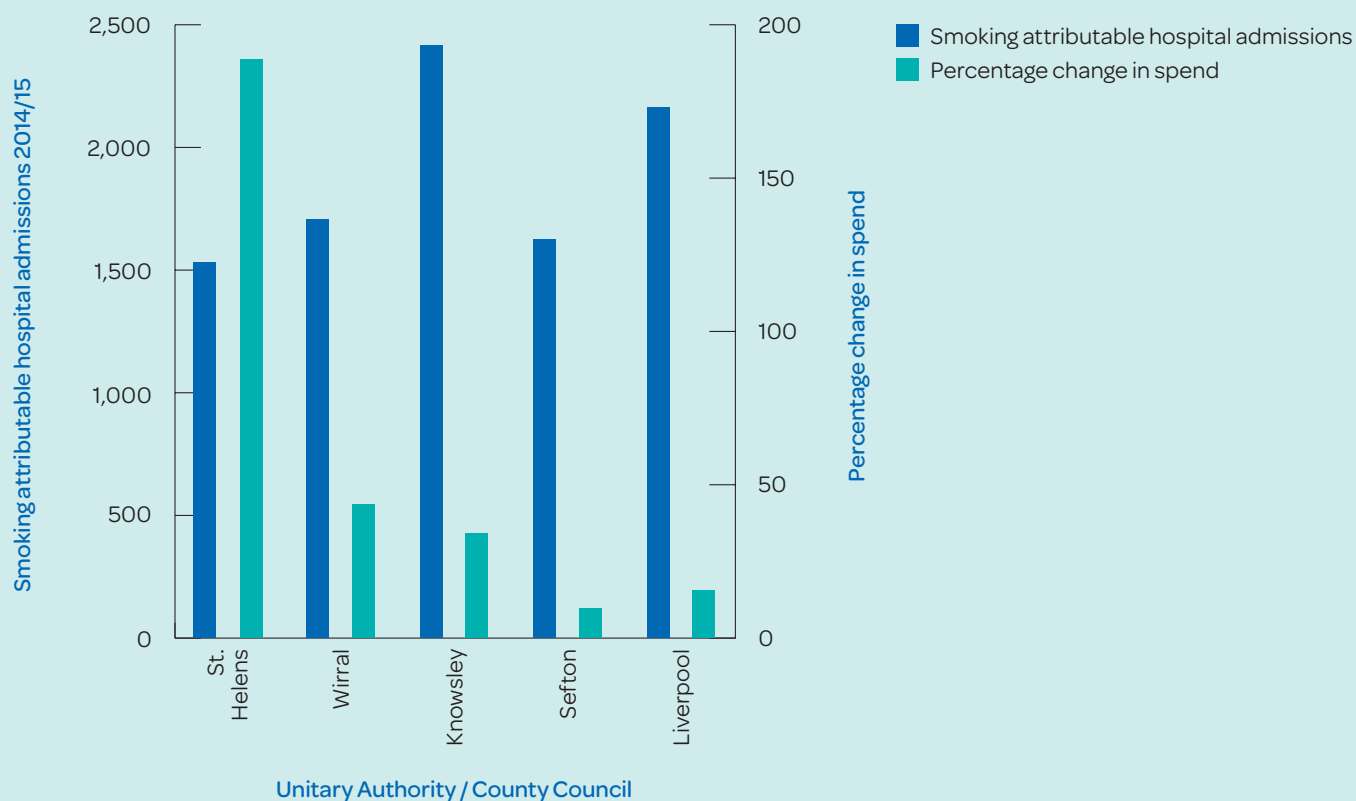


Figure 16: Change in spend per smoker and the total number of hospital admissions attributable to smoking<sup>51,52,53</sup>



# Conclusions

Following a review of the available evidence, we have identified the following conclusions:

## 1. Success in hitting the national target on smoking rates masks stark regional variations.

There are considerable variations across the country in smoking rates, the impact of smoking on health and health services and the support available to help people to quit.

## 2. Spending on local stop smoking services varies significantly.

Cuts to local health budgets have resulted in a reduction of stop smoking services in some areas. Given the proven efficacy of licensed smoking cessation medicines, such as NRT, and smoking cessation services for quitting smoking and the national link between the funding of stop smoking services and the number of successful quitters, it is crucial that the next Tobacco Control Plan stresses the importance of these methods for quitting and sets targets to reduce smoking and protect funding for these services.

## 3. Smokers are still most likely to quit when they receive a licensed smoking cessation medicine.

Despite the introduction of e-cigarettes and an increase in their usage, the extent of their contribution to reducing the rate of smoking is unknown. As smoking prevalence continues to vary significantly, and quit rates appear to be slowing down in some areas, it will be important that local stop smoking services continue to be well funded and supported to ensure that smokers are directed towards interventions that are proven to help smokers to live a life free from tobacco and nicotine.

## Annex – data analysed in the audit

Data source	Data	Regional breakdown	Years
Department of Communities and Local Government	<ul style="list-style-type: none"> <li>• Local government total spend on stop smoking services</li> <li>• Local government spend on stop smoking services</li> </ul>	England  Local authorities in England	2013/14  2013/14 and 2015/16
NHS Digital	<ul style="list-style-type: none"> <li>• Number of hospital admissions for adults aged 35 and over for a disease that can be caused by smoking</li> <li>• Number of deaths among adults aged 35 and over and deaths from diseases that can be caused by smoking, the estimated number of deaths that can be attributed to smoking and the percentage of deaths that can be attributed to smoking</li> <li>• People setting a quit date and successful quitters and type of pharmacotherapy received</li> </ul>	England  England  England	2004/05 - 2014/15  2013/14  2002/03-2013/14
ONS	<ul style="list-style-type: none"> <li>• Rates of cigarette smoking</li> </ul>	English regions	2014
Public Health England	Local Tobacco Control profiles for England <ul style="list-style-type: none"> <li>• Prevalence of smokers</li> <li>• Mortality attributed to smoking</li> <li>• Number of successful quitters at four weeks</li> <li>• Deprivation levels</li> <li>• Hospital admissions</li> </ul>	Local authority	2011-2015
Smoking Toolkit Study	<ul style="list-style-type: none"> <li>• Smoking prevalence</li> <li>• E-cigarettes usage</li> </ul>	England	2007-2016 2013-2016

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