# Smoking (Adults)

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

Joint Strategic Needs Assessment Summary Document February 2024 Division of Public Health, Leicester City Council Joint Strategic Needs Assessment (leicester.gov.uk)

#### **Further information:**

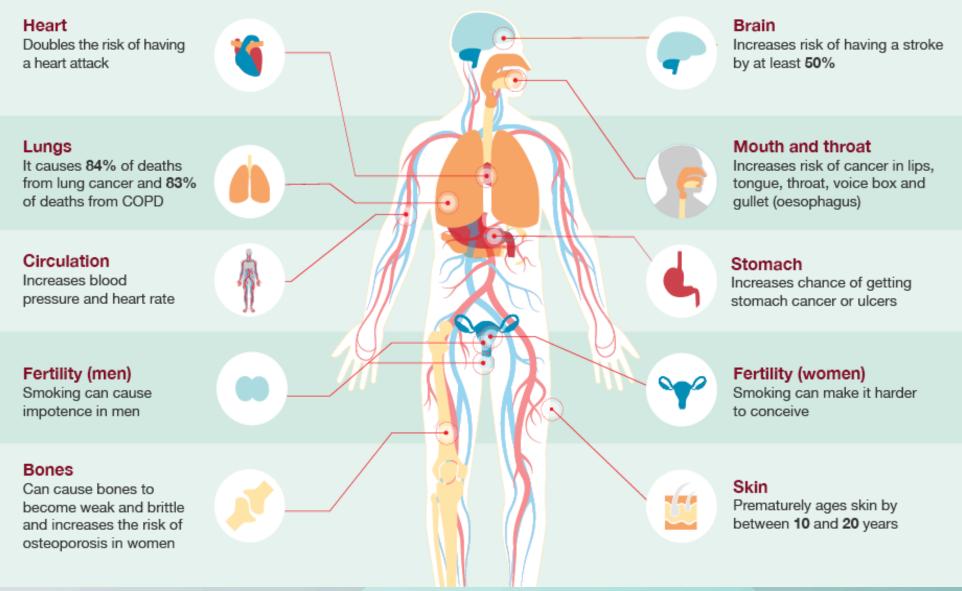
#### Leicester City Smoking JSNA chapter:

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https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/publichealth/data-reports-and-strategies/jsna/adults-joint-strategic-needs-assessments/

Office for Health Improvement and Disparities Profiles: https://fingertips.phe.org.uk/profile/tobaccoLeicester Gity Council

### How smoking harms the body



Source: Health matters: tobacco standard packs, Public Health England, 2016.

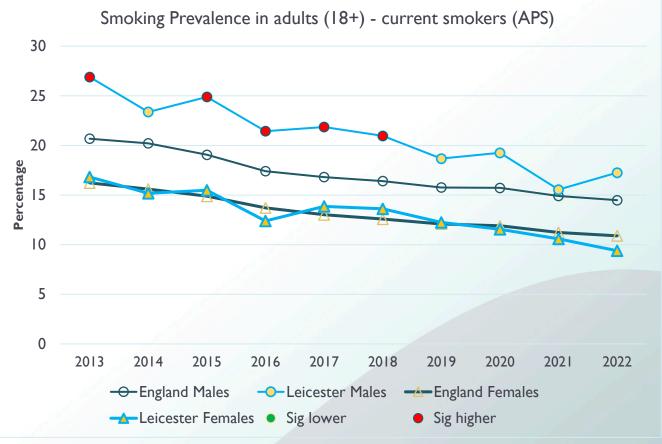
### Impact of smoking, risk factors, and groups at risk:

Smoking is the leading cause of preventable illness and premature death causing harm in many parts of the body and is attributable to 23% of deaths in men and 17% of deaths in women aged 35 and over

| Groups more likely to smoke tobacco include: |     | I3% of Leicester<br>residents smoke | Impact of smoking tobacco in Leicester residents:             |       |
|--|-----|-------------------------------------|---|-------|
| Males  | 15% | tobacco cigarettes                  | Smoking related hospital admissions per year                  | 2,800 |
| Men 25-34 year olds                          | 18% |                                     | COPD emergency hospital admissions per year                   | 975   |
| White British                                | 15% |                                     | Smoking-related deaths per year                               | 350   |
| Routine and manual workers                   | 25% |                                     |   |       |
|  |     |                                     | Smoking-related deaths from cancer                            | 139   |
| Long-term mental health condition            | 25% | Source: Annual Population Survey    | Potential years of life lost from smoking-<br>related illness | 2,472 |

Leicester Health and Wellbeing Survey 2018 showed: Use of e-cigarettes: 4% were using an e-cigarette regularly Other tobacco products: 2% used Sheesha or Hookah

## **Need in the local population**



Annual population survey shows smoking is higher in males than females but both have decreased over the past decade

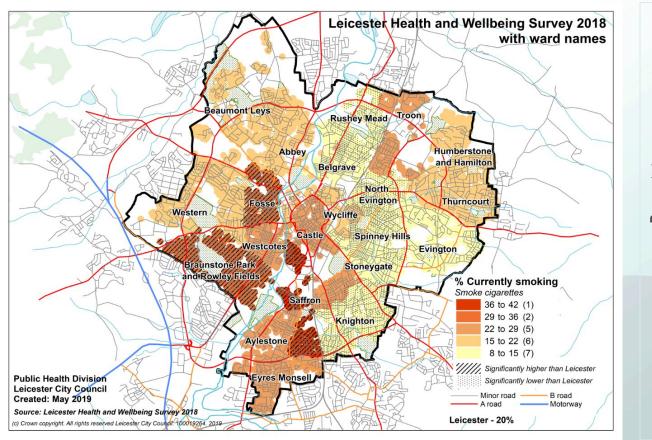
Smoking levels are similar in Leicester to nationallyMen: England 14.5%, Leicester 17.3%Females; England 10.9%, Leicester 9.4%

| Category           |                   | Smoking<br>Prevalence<br>2015      | Smoking<br>Prevalence<br>2018 |  |
|--------------------|-------------------|------------------------------------|-------------------------------|--|
| Overall            | All               | 21.3%                              | 19.6%                         |  |
| Gender             | Males             | 23.5%                              | 21.9%                         |  |
|                    | Females           | 19.1%                              | 17.3%                         |  |
| Age                | 16-24             | 19.2%                              | 18.2%                         |  |
|                    | 25-34             | 27.3%                              | 25.5%                         |  |
|                    | 35-44             | 21.0%                              | 22.1%                         |  |
|                    | 45-54             | 24.4%                              | 19.2%                         |  |
|                    | 55-64             | 19.6%                              | 20.6%                         |  |
|                    | 65+               | 14.5%                              | 12.1%                         |  |
| Ethnic Group       | White British     | 28.1%                              | 26.6%                         |  |
|                    | White other       | 31.8%                              | 32.0%                         |  |
|                    | Asian British     | 11.8%                              | 10.6%                         |  |
|                    | Black British     | 12.8%                              | 9.8%                          |  |
|                    | Mixed heritage    | 32.4%                              | 31.7%                         |  |
| Deprivation        | Most deprived     | 29.0%                              | 26.9%                         |  |
|                    | Least Deprived    | 12.6%                              | 15.0%                         |  |
| Significantly high | er than Leicester | Significantly lower than Leicester |                               |  |

Leicester Health and Wellbeing Survey 2018 is most recent source of further demographic prevalence in Leicester:

Higher rates of smoking in 25-34 year olds, White British, White Other Ethnic groups and residents in most deprived areas of Leicester 4

## **Need in the local population**



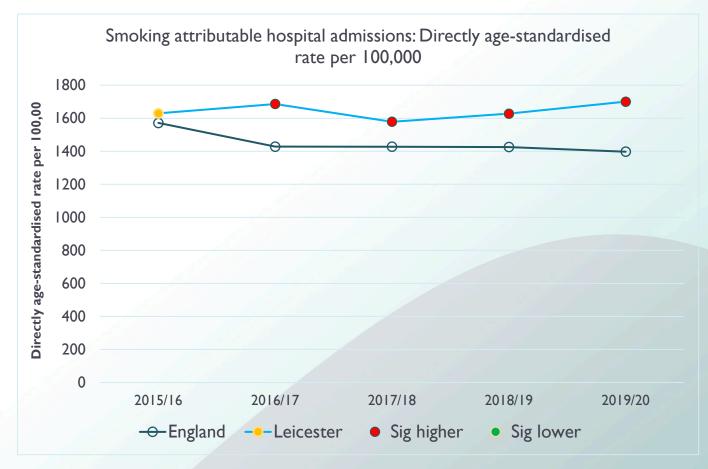
Smoking status at time of delivery 16 14 12 centate 10 er 8 0 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 - England - Leicester • Sig higher • Sig lower

Leicester Health and Wellbeing Survey 2018 is most recent source of further demographic prevalence in Leicester: Higher rates of smoking in West and South of Leicester include Fosse, Braunstone Park and Rowley Fields and Saffron

#### **Smoking in Pregnancy:**

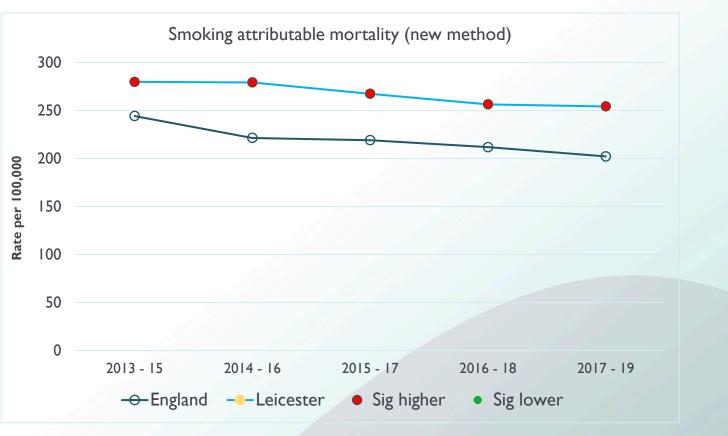
Smoking in pregnancy has been declining in Leicester and England. In 2022/23 smoking in pregnancy in Leicester fell below 10% to 9.2% and is similar to the national rate of 8.8% 5

## **Smoking-related hospital admissions**



- Smoking-related hospital admission rates in Leicester (1,700 per 100,000 in 2019/20) are significantly higher than nationally (1,400).
- This represents around 2,800 admissions each year in Leicester
- Emergency admission rates for COPD in Leicester (697 per 100,000) are significantly higher than England (462)
- This represents around 975 emergency admissions each year for COPD

### **Smoking-related mortality rates**



- Smoking-related mortality rates in Leicester (254 per 100,000 in 2017-19) are significantly higher than nationally (202).
- This represents around 350 deaths each year in Leicester

Deaths each year in Leicester from smoking attributable causes:

- Cancer: I39 deaths
- CHD: 62 deaths
- Stroke: 16 deaths
- COPD: 31 deaths

### **Current services in relation to need:**

**Live Well Leicester:** from 1<sup>st</sup> July 2019, the Stop Smoking Service became of Live Well Leicester, an Integrated Lifestyle Service offering smoking cessation and physical activity support via a centralised hub. All smokers have access to a trained advisor and are offered behavioural support and smoking medication:

Government guidelines recommend at least 5% of smokers should access smoking cessation services each year. This is equivalent to around 2,000 smokers in Leicester. In 2021/22, 1,966 clients booked an appointment with a smoking advisor

LW has a higher uptake for routine and manual workers, unemployed and sick/disabled smokers (groups with higher prevalence of smoking)

**Supporting pregnant smokers:** LW delivers training to midwives and has an extensive support package for pregnant smokers involving behavioural, motivational and pharmacotherapy support. Also Maternity CURE service for pregnant smokers at UHL. In 2022/23, 48% of pregnant smokers quit at 4 weeks and the proportion smoking at time of delivery has been gradually improving to 9.2%.

**Preventing young people taking up smoking**: Interventions including supporting a school smoke-free policy and educational content implemented

**Tackling cheap and illicit tobacco:** Leicester's Business regulation department in collaboration with HMRC and the police carries out surveillance of local markets in illicit sales, shares intelligence of supply chains and under-age test purchasing

Source: Leicester City Smoking JSNA 2023

**Tobacco harm reduction:** People not able/willing to stop smoking in one step are offered long term management of withdrawal and nicotine use beyond the treatment period.

**Smoke-free homes and cars:** Programme raising awareness of second-hand smoke and encouraging people to take-up a pledge

NHS Long-term Plan: Tobacco Dependency Programme: by 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services:
Acute inpatient project (CURE) operates at Leicester Royal, General and Glenfield hospitals offers smoking cessation support
Mental health inpatient Tobacco Dependency Service offered at Leicestershire Partnership Trust

Smokeless tobacco: Live Well delivers treatment for smokeless tobacco. Leicester GPs can refer smokers to this service

Marketing and awareness: Live Well promotes services through face-to-face networks, training and briefing customer services, making Every Contact Count for brief interventions

Source: Leicester City Smoking (adults) JSNA 2023

### **Unmet needs and service gaps:**

- As the smoking rate falls, it is harder to engage those who still smoke sustained and innovative ways to engage smokers
- Reducing health inequalities: regular reviews of service uptake by different population groups to seek new approaches of engagement
- Monitoring of niche tobacco products including e-cigarettes, smokeless tobacco and waterpipe smoking

### **Recommendations:**

- Continue to invest in high quality stop smoking services, evidence-based to support those who need it most
- Ensure services offer harm-reduction interventions for those not able to quit in one step to move closer to becoming smoke-free
- Ensure continuity of NHS Long Term Plan inpatient tobacco dependency programmes
- Provide tailored and targeted support for priority groups (including pregnant women)
- Work closely with relevant partners to co-ordinate and commission appropriate, evidence-led interventions including tackling demand and supply of illegal tobacco products, increasing the number of smoke-free environments and educating the public about the harms of niche products such as smokeless, chewed tobacco and shisha