

Information briefing

Report from: Strategic Director for People

Report to: Health and Social Care Overview and Scrutiny Committee

Date: 19 January 2016

Title: Changes in Tobacco Smoking and Implications for Birmingham

Summary

There have been major changes in cigarette usage over the past 5 years. There is a need to respond to these shifts and potentiate the health improving effects. The council has a much bigger role as a civic leader with regards to tobacco control.

Recommendations

To note this report

Background

Smoking tobacco has been shown to be extremely harmful to health for over 70 years though attempts to curtail tobacco smoking have been minimal until recently. Tobacco smoke causes many fatal illnesses such as lung cancer (causing over 90% of all such cancers), heart disease, stroke, upper gastro intestinal cancers and cancers of the mouth, lip and pharynx. These are all very common in Birmingham. In addition it is a major culprit in non-cancerous lung disease such as chronic bronchitis and emphysema, both of which are also major causes of ill-health in the city.

The commonest method of smoking tobacco is currently through cigarettes. The use of pipe-smoking and cigars have reduced dramatically over two decades. Tobacco contains nicotine which is addictive and has been likened to class A drugs in its addictive potency. However nicotine does not cause the major health harms described previously, it just causes people to be addicted to the tobacco product.

Making and selling tobacco products is extremely profitable. Evidence for this abounds – one of the highest ranked investment funds is CF Woodford Equity fund which has over 17% of its stock in tobacco companies, including Imperial Tobacco (7.54%) British American Tobacco (5.52%) and Reynolds American (3.96%) (figures from Hargreaves Lansdown). The West

Midlands Council Pension Fund also invests in like companies (about £53M, Birmingham Post). It is ironic that the CF Woodford fund holds nearly 30% of its stock in the pharmaceutical and biotechnology fields, where most of the business of these companies relate to treating tobacco related diseases.

Recent attempts to reduce tobacco smoking have had significant effects. These include increasing price (through taxation), setting up smoking cessation initiatives, legal moves concerning smoking in workplaces (bars etc.) and more recently smoking in cars in the presence of young people.

Tobacco smoking habits have changed since the last war and more dramatically in the last decade. We know that more women are smoking whereas previously it had been mainly men. Local school surveys results show the commencement of smoking is the same, if not greater in young girls. It is commoner in lower socio-economic classes' than higher groups.

But smoking tobacco is not just about physical ill-health; it's also about burning money as the average amount spent per week is between £20 to £25 or over £1000 per year. If two adults in a household smoke, that is over £2000 each year.

Detail

Most hard data on smoking comes from the national "Smoking Toolkit Study". The latest conclusions are:

- Cigarette smoking prevalence has declined by 0.8 % per year and is now 18.8%
- Take up of smoking has declined by 1.5 % per year
- Smoking prevalence remained higher in men, those with lower social grade and in younger smokers
- Daily cigarette consumption has declined by 0.3 cigarettes per day
- Exclusive use of hand-rolled cigarettes has increased by 2.9 % per year
- Average cost of smoking has increased by 49p per week per year
- The percentage of smokers trying to reduce the amount they smoke has declined from 2007
- Smokers trying to quit each year declined from 2007 to 2011 and then increased to 2014 but has declined again in 2015
- Use of most cessation aids declined but Champix increased to 2010 and then declined slightly while use of e-cigarettes increased markedly after 2011 and is now the biggest aide
- Smokers quitting abruptly and using Champix and e-cigarettes were more likely to achieve medium term smoking cessation than those using no aid. NRT on prescription also helped.
- Smokers using NRT bought over the counter were not more successful at quitting.
- The percentage of recent ex-smokers (<12 months) also using a nicotine product increased because of an increase in use of e-cigarettes that was larger than a decline in use of NRT

- The proportion of long term ex-smokers increased to 7% with similar proportions using NRT and an e-cigarette and did not change with age, social grade and gender
- Smoking cessation rates were lower in those with lower social grade but similar in men and women and in older vs younger smokers
- Fewer people were prompted to quit by their GP

Figure 1 shows the drop in national smoking prevalence over the past 8 years.

Figure 1 Cigarette smoking prevalence 2007-2015 in England

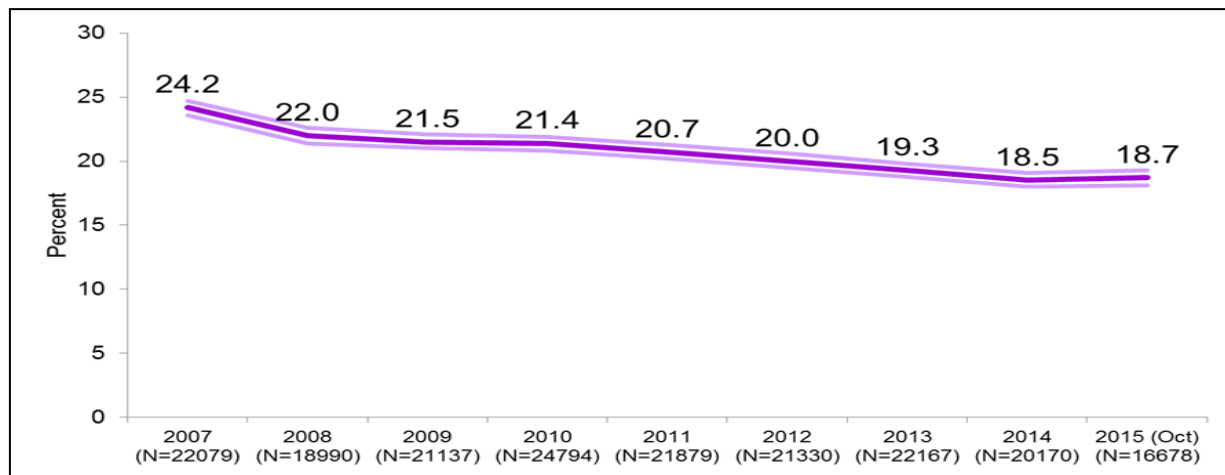
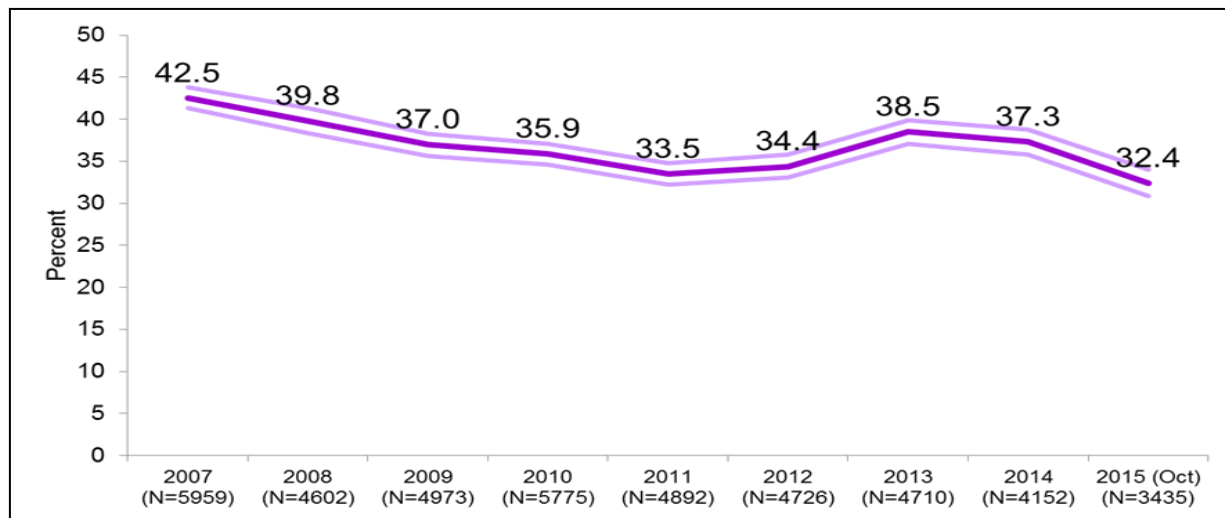
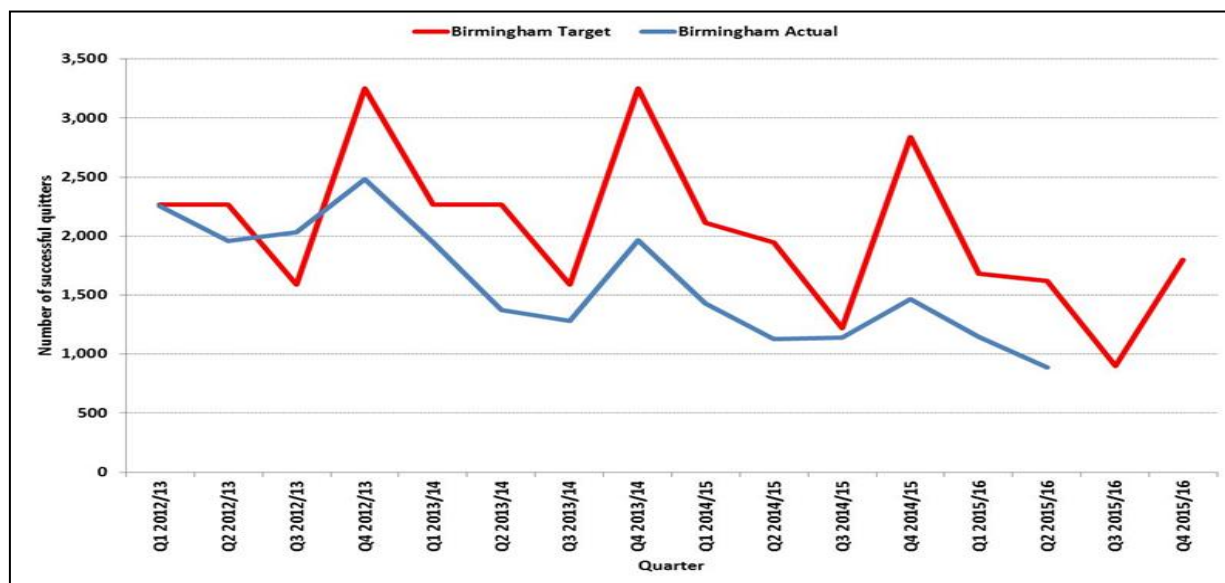


Figure 2 National data on people who have tried to stop smoking in past year



This reduction is replicated in the local data collected by the local “smoking quit” service (see Figure 3) which shows a near halving of quitters and especially a reduced proportion quitting in the New Year (or 4th quarter). It should be noted that a maximum of 15% of quitters occur through formal quit services, most happen spontaneously.



Discussion

Whilst large, welcome, changes have occurred in tobacco smoking in the last decade, much more is required to minimise both physical and financial harm to individuals. The power of large multi-nationals cannot be overstated. But there is no doubt that e-cigarettes have had great effects.

E-cigarettes do not contain tobacco smoke and are likely to be at least 20 times safer than cigarettes. Evidence suggests that they are a powerful tool in quitting. Finally they are a lot cheaper than tobacco. All these can combine to make them attractive to smokers and we know that at least 15% of smokers use them. Furthermore they are more attractive economically to large companies – they are cheaper to make etc.

There is no doubt that e-cigarettes are an important tactic in reducing the harm to individuals from tobacco. There is some evidence that their take-up is slowing.

National evidence shows that the number of people “triggered” into quitting because of their GP has fallen substantially since 2012 and may relate to the transfer to councils of this responsibility.

The recent focus on protecting children and young people from the effects of tobacco smoke in cars is welcomed. There is evidence that tobacco smoke has particular effects on the developing lungs of children. Furthermore it is well known that children are twice as likely to smoke themselves if their parents smoke. The council has been approached by a number of organisations in Birmingham to consider further steps to protect children from tobacco smoke. These include Birmingham Children’s Hospital as well as a number of primary schools. It is possible to enact local requirements under the “Localism Act” but these have to follow attempts to use voluntary codes. We are looking at these possibilities.

Controlling the use of tobacco is not just through restrictive legislation, taxation or quitting techniques. There is good evidence that positive role-modelling and strong civic leadership is vital. The council has an obvious part to play in this regard and it is sad that all too often the public sees smoking outside many of its high profile buildings such as Woodcock Street and Lancaster House. It is feasible to include smoking at work as part of the Business Charter.

The council also has a role in “demand management” of littering as cigarette stubs are one of the commonest forms of street rubbish. Fixed Penalty Notices will generate some income but will not reduce this problem and help make the streets cleaner..

Next Steps

The responsibility for smoking cessation and tobacco control passed to the City Council as part of the transfer of Public Health duties and powers from the NHS. We are currently reviewing the support offered in the city.

The evidence suggests that Birmingham City Council should:

- Consider focussing the “quit service” much more closely with GPs
- Look at ways to maximise the potential of e-cigarettes across the city and use them as part of helping smokers to quit
- Provide leadership to other organisations with respect to tobacco control in the workplace
- Consider how it works with organisations in the city who want to enact local tobacco control initiatives, perhaps supported by the “Localism Act”

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