Cigarette smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers in general.

Quitting smoking lowers the risk for smoking-related diseases and can add years to life.

Key messages
- Smoking remains the biggest killer - 1 in 2 smokers will die prematurely
- Survey data suggests that Cheshire East has low smoking prevalence in adults (12.5%) compared with the rest of the North West (18.6% average). This is supported by GP data, Cheshire East 15.3% compared to North West average of 18.1%.
- The smoking prevalence across Cheshire East varies with higher rates in Crewe compared with other parts of the council area
- Although our smoking in pregnancy rates (11.6%) are lower than many other parts of the North West (14.7%) our rates are still high and only four of our fifteen statistical neighbours have higher rates
- Our smoking prevalence for people with a mental health diagnosis is low (36.9%) compared with the rest of the North West (45.0% average) and comparable with our statistical neighbours although as with everywhere it is high compared with the general population (NB there are data issues with our local data – use with care)

Therefore smoking should remain a high priority for Cheshire East and targeted work with pregnant smokers, mental health smokers and areas with high rates should continue.
Direct Health Benefits – Stop Smoking
Smoking harms nearly every organ of the body, causes many diseases, and reduces the health of smokers. Quitting smoking lowers the risk for smoking-related diseases and can add years to life.

Smoking and Death
Smoking is the leading preventable cause of death in the UK. Smoking causes about 9 out of 10 of all lung cancer deaths in men and women. More women die from lung cancer each year than from breast cancer. About 8 out of 10 of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.

Smoking and Increased Health Risks
Smokers are more likely than non-smokers to develop heart disease, stroke, and lung cancer.

Smoking and Cancer
Smoking can cause cancer almost anywhere in the body (see figure). Smoking also increases the risk of dying from cancer and other diseases in cancer patients and survivors.

Smoking and Cardiovacular Disease
Smokers are at greater risk for diseases that affect the heart and blood vessels (cardiovascular disease). Even people who smoke fewer than five cigarettes a day can have early signs of cardiovascular disease.

Smoking and Respiratory Disease
Smoking can cause lung disease by damaging the airways and the small air sacs (alveoli) found in the lungs. If you have asthma, tobacco smoke can trigger an attack or make an attack worse.

Smoking and Other Health Risks
Smoking:
• Can affect bone health - women past childbearing years who smoke have weaker bones than women who never smoked, and are at greater risk for broken bones.
• affects the health of teeth and gums and can cause tooth loss.
• can increase the risk for cataracts and age-related macular degeneration
• is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30–40% higher for active smokers than non-smokers.
• causes inflammation and decreased immune function.
• is a cause of rheumatoid arthritis.

Quitting and Reduced Risks
Just 1 year after quitting, the risk for a heart attack drops sharply. Within 2 to 5 years after quitting, the risk for stroke could fall to about the same as a non-smoker’s. Within 5 years after quitting, the risks for cancers of the mouth, throat, oesophagus, and bladder drop by half. Ten years after quitting, the risk for lung cancer drops by half.

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• causes inflammation and decreased immune function.
• is a cause of rheumatoid arthritis.
Adult Smokers

There is no definite data source for the number of current smokers, instead there are various surveys, Annual Population Survey (APS), Integrated Household Survey (HIS) and GP Patient Survey (GPPS) plus data from GP systems. The most up to date available data for Cheshire East and all other local authorities in England are available from the Public Health England Tobacco Profile. The profiles are regularly updated and provide comparison tables are available for the North West and Cheshire East statistical neighbours (CIPFA).

Cheshire East has significantly better smoking prevalence than the England average for:
- Adults aged 18 and over (range 9.9% (APS) – 15.7% (GPPS) compared to 16.3-18% for England) and the trend is downwards
- Routine and Manual occupations (18.7% compared to 26.5% (APS)) and the trend is downwards

### Smoking prevalence in adults current smokers – Cheshire East

<table>
<thead>
<tr>
<th>Period</th>
<th>Count</th>
<th>Value</th>
<th>Lower CI</th>
<th>Upper CI</th>
<th>North West</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>-</td>
<td>15.9</td>
<td>13.2</td>
<td>18.6</td>
<td>21.1</td>
<td>19.3</td>
</tr>
<tr>
<td>2013</td>
<td>-</td>
<td>16.1</td>
<td>13.3</td>
<td>18.8</td>
<td>20.0</td>
<td>18.4</td>
</tr>
<tr>
<td>2014</td>
<td>-</td>
<td>11.5</td>
<td>9.2</td>
<td>13.8</td>
<td>19.6</td>
<td>17.8</td>
</tr>
<tr>
<td>2015</td>
<td>-</td>
<td>12.5</td>
<td>9.9</td>
<td>15.0</td>
<td>18.6</td>
<td>16.9</td>
</tr>
</tbody>
</table>

Source: Annual Population Survey (APS)

### Smoking prevalence in adults in routine and manual occupations – Cheshire East

Cheshire East has significantly more adults who state they have never smoked (55.2% compared to England average 48.6%). One survey also shows the number within routine and manual occupations is also significantly better (48.6% compared to the English average 41.2%). Ex smokers range between 26.8 – 40.3%.

Young People

Cheshire East smoking prevalence at age 15 (4.5% regular smokers) or between the ages 11 - 15 (3.2% regular smokers) is not significantly different than the England average (5.5% and 3.1% respectively). However the use of e cigarettes in age 15 is significantly worse (23.0% in Cheshire East, 18.4% across England). In 2015 North West Trading Standards carried out a Young Persons Alcohol and Tobacco survey of 14-17 year olds with some analysis at Local Authority level; in Cheshire East, the number of young people claiming they smoked decreased from 21% of respondents in 2009 to 11% in 2015. More respondents had tried e cigarettes in 2015 (33%) than in 2013 (13%). In 2015, over half the Cheshire East respondents were aged 14, making a younger sample than previous surveys.

What About YOUth Survey, 2014
Illicit tobacco hot spots

There do appear to be hotspots in Cheshire East in regards to illicit tobacco sales but due to ongoing criminal investigations these particular areas cannot be disclosed. All parts of the Borough are subject to illicit tobacco enforcement.

Smoking prevalence for people aged 15 and over

The table below shows estimated numbers of smokers living in GP cluster areas, Clinical Commissioning Group (CCG) areas and Cheshire East. GP clusters are groups of practices from a local area within the two CCGs.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alderley Edge, Chelford, Handforth &amp; Wilmslow</td>
<td>11.5%</td>
<td>4,373</td>
<td>11.4%</td>
<td>4,196</td>
<td>11%</td>
</tr>
<tr>
<td>Macclesfield</td>
<td>17.9%</td>
<td>9,247</td>
<td>13.1%</td>
<td>6,889</td>
<td>18%</td>
</tr>
<tr>
<td>Bollington, Disley &amp; Poynton</td>
<td>11.6%</td>
<td>3,287</td>
<td>11.3%</td>
<td>2,576</td>
<td>7%</td>
</tr>
<tr>
<td>Knutsford</td>
<td>11.8%</td>
<td>2,229</td>
<td>12.4%</td>
<td>2,668</td>
<td>7%</td>
</tr>
<tr>
<td>Congleton &amp; Holmes Chapel</td>
<td>13.7%</td>
<td>4,985</td>
<td>12.3%</td>
<td>4,005</td>
<td>10%</td>
</tr>
<tr>
<td>Nantwich &amp; rural</td>
<td>12.2%</td>
<td>3,345</td>
<td>12.7%</td>
<td>3,937</td>
<td>10%</td>
</tr>
<tr>
<td>Crewe</td>
<td>21.6%</td>
<td>14,797</td>
<td>13.5%</td>
<td>8,586</td>
<td>22%</td>
</tr>
<tr>
<td>SMASH*</td>
<td>13.8%</td>
<td>7,605</td>
<td>11.7%</td>
<td>6,354</td>
<td>16%</td>
</tr>
<tr>
<td>Eastern Cheshire CCG**</td>
<td>13.9%</td>
<td>24,121</td>
<td>12.6%</td>
<td>25,550</td>
<td>65%</td>
</tr>
<tr>
<td>South Cheshire CCG</td>
<td>17.0%</td>
<td>25,747</td>
<td>12.2%</td>
<td>13,660</td>
<td>35%</td>
</tr>
<tr>
<td>Cheshire East</td>
<td>15.4%</td>
<td>49,868</td>
<td>12.4%</td>
<td>39,210</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Sandbach, Middlewich, Alsager, Scholar Green & Haslington  ** Clinical Commissioning Group

The table above show different numbers of smokers calculated from different data sources. Firstly, QOF data, taken from the GP registers. It has been suggested that this is over stating the number of smokers as GPs do not always ask patients their current smoking status. Therefore data has also been modelled using survey data to produce estimates for lower level geographies, these have then been allocated to GP clusters. These two sets of data provide a range within which the correct number is likely to fall.

Based on the modelled survey data, there are more smokers living in Eastern Cheshire CCG (65%) than in South Cheshire CCG (35%), although the estimated prevalence (population rate) is similar for both. Crewe has the highest proportion of Cheshire East smokers (22%).

Stop smoking services are located in all towns across Cheshire East except Holmes Chapel (see page 7). Of the 4,005 smokers living in Congleton and Holmes Chapel, it is estimated that 1,085 live in Holmes Chapel (which is 2.8% of smokers living in Cheshire East).
Smoking Related Mortality
Cheshire East is significantly better compared with the England average for:
• Smoking attributable mortality (231.1 per 100,000 compared with 274.8)
• Death from lung disease (51.0 per 100,000 compared to 58.7)
• Death from chronic obstructive pulmonary disease (39.9 per 100,000 compared to 52.6)

And is not significantly different from the England average for:
• Deaths from heart disease (26.9 per 100,000 compared with 29.7)
• Smoking attributable death from stroke (7.6 per 100,000 compared with 9.3)

Smoking related ill health
Cheshire East is significantly better compared with the England average for:
• Low birth weight of babies (2.00% compared with 2.9%)
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease
(325 per 100,000 compared with 415)

Cheshire East is not significantly different from the England average for:
• Premature birth (less than 37 weeks gestation) (77.4 per 1000 compared with 77.6)
• Hospital admission for asthma (under 19 years) (189.0 per 100,000 compared with 216.1)
• Lung cancer registrations (74.4 per 100,000 compared with 79.7)
• Oral cancer registrations (14.7 per 100,000 compared with 14.2)
Current service delivery – stop smoking services

The Health and Social Care Act 2012 stipulated Local Authorities’ Public Health responsibilities. This includes tobacco control and the provision of stop smoking services. During 2015/16 Cheshire East Council went though a procurement process for new stop smoking services. The new services started in July 2016.

Peaks and Plains Housing Trust were successful in being awarded the contract for the specialist stop smoking services, along with a remit for promoting and recruiting local residents into all local community stop smoking services. The Peaks and Plains services are branded ‘One You Cheshire East’ with the local stop smoking services continuing to provide services under the local ‘Kickstart’ brand.

http://www.kickstartcheshire.co.uk/
http://oneyoucheshireeast.org/

The specialist stop smoking service provides services to:
• Smokers that are pregnant
• Smokers with a mental health diagnosis and
• Polish smokers who request a service in their own language

The service supports the community stop smoking providers by:
• Training their staff
• Directing smokers to community providers
• Marketing the services to raise awareness to smokers

In addition the service supports other professionals by:
• Providing very brief intervention training support, including staff in hospitals
• Supporting other providers in giving consistent messages to patients and clients

The community stop smoking providers give smokers access to stop smoking services across the towns of Cheshire East.

The stop smoking services follow evidence based practice (NICE guidance) and all stop smoking advisors are trained through the National Centre for Smoking Cessation and Training (NCSCT). Most smokers follow a 12 week programme of support. An advisor can offer a harm reduction pathway of up to six months if it is deemed more appropriate for an individual smoker. All quits are measured at 4 - 6 weeks in line with the national standard. Those on the Harm Reduction pathway delay the setting of the quit date. The NCSCT also provides the brief intervention training to the wider workforce.
Cheshire East Stop Smoking Services have a long record of good service provision. The re-commissioning of the services since the transfer of Public Health responsibilities to Local Authorities has given us the opportunity to review the provision in the light of reduced smoking prevalence in the general population and the need to enhance provision for specialist areas. The services remain universal with more provision in areas and groups of high need. This addresses the Council's objective to provide Place Based Services to address health inequalities.

The newly commissioned services see:

- A spread of community stop smoking providers across Cheshire East
- Specialist services in mental health, pregnancy and Polish speaking populations
- Community provider Health Box CIC reaching out to smokers in local community centres including a pub and through the Citizen Advice Centre and Disability Information Bureau
- Community provider Wirral Community NHS Trust is also commissioned to provide the 0 - 19 years service (Health Visitors and School Nursing) and the NHS Health Checks programme enabling links between services to be made easily
- Between the two community pharmacies (Well and Rowlands) identifying smokers within their own patient population including via medication reviews – provision in all but one town (Holmes Chapel)
- Stop Smoking Services being part of an integrated lifestyle service - ‘One You Cheshire East’
- Community Stop Smoking Services also commissioned to provide alcohol brief intervention
- All stop smoking providers use the same data collection web site – Pharmoutcomes – for consistency
- All Cheshire East pharmacists dispensing Nicotine Replacement Therapy via the local voucher scheme to support smokers to quit

In addition the local Public Health Network CHAMPS commissioned staff surveys in all hospitals to establish the level of progress in hospitals achieving smoke free status and the support staff need to make further progress. The three local hospital providers - East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Trust and Cheshire & Wirral Partnership NHS Trust have their own individual reports on the outcomes of the survey which they can use to plan for smoke free hospital sites.

The CQUIN (Commissioning for Quality and Innovation) 2017/18 for hospitals includes a tobacco and alcohol standard. The local Stop Smoking Service is supporting all three Trusts to achieve the CQUIN.

Cheshire East Family Nurse Partnership (FNP) service has been selected as an ADAPT site by the FNP National Unit to provide smoking cessation support to young mums who are supported by the service and their families.

Cheshire Fire & Rescue are commissioned by NHS England to carry out Safe and Well checks for people over 65 years. The check includes a question about smoking followed by a very brief intervention for smokers and information given about local services.

Outcomes: The success of the Stop Smoking service can be measured in a number of ways:

- The total number of 4 week quits* achieved per year and the place of residence of the smoker that has quit. This information can inform the marketing plan to promote services across the whole area with more promotion in areas of need
- The number of pregnant smokers that quit and a resultant reduction in the smoking at time of delivery national target
- The success rate of each provider which will also help identify training needs
- The number of stop smoking advisors trained and therefore available to give support
- The number of the wider health and social care workforce trained in Very Brief Advice

The overall success of tobacco control measures - both local and national - will be measured through the national Tobacco Control Profiles. This will include improvement in smoking prevalence, smoking related mortality and smoking related ill health.

* A smoker is counted as a 4 week quitter if 4 weeks after the set quit date (minus 3 days or plus 14 days) they have not smoked even a single puff on a cigarette in the past 2 weeks.
The aim of the Trading Standards Service is to promote a fair trading environment that enables honest businesses to succeed. This benefits both consumers and businesses. It is achieved through a variety of activities including the provision of advice and education for businesses and through the detection and investigation of criminal offences. One of the many areas of work for trading standards is to address the issue of illicit tobacco.

### Illicit/illegal tobacco can be separated into three categories:

1. **“illicit white” cigarettes** which have no legal market in the UK. These are cigarettes legally mass manufactured in factories in Russia and the East and imported illegally to the UK. Duty has not been paid and the appropriate health warnings and images might not be present.
2. Counterfeit cigarettes which are illegally manufactured and sold by a party other than the original trademark or copyright holder.
3. “Smuggled” which are smuggled into the UK without duty paid. As well as cigarettes made for the UK this may include cigarettes intended for sale in another country that have been smuggled into the UK or duty free cigarettes being illegally sold, rather than kept for personal use.

However the enforcement of illicit tobacco does not solely lie with Trading Standards. A national joint protocol between Her Majesty’s Revenue and Customs (HMRC) and Trading Standards was drawn up in January 2013 and outlined the areas which each respective service had responsibility.

### Tobacco products of interest to HMRC

Because it is highly unlikely that UK duty will have been paid, for example tobacco products:

- being sold at a lower price than in leading supermarkets;
- which do not carry the ‘UK DUTY PAID’ fiscal mark on the packaging;
- which do not have the specified UK picture health warnings or have health warnings in a foreign language;
- that have duty free stamped on them;
- from UK armed forces outlets, NAAFI, (which will have markings to show their origins);
- being sold in unregulated or unusual places, such as markets, car boot sales, private dwellings or garages, on the street and from the back of vans, or “hawked” around pubs, clubs and work places;

### Tobacco control activities of interest to Trading Standards and HMRC:

- Sale of counterfeit goods
- Sale of tobacco products without a UK health warning and/or duty marking;
- Sale of cigarettes marked ‘Lights’ or ‘Mild’
- Lack of sign age stating that tobacco products are not for sale to under 18s
- Evidence of tobacco product sales to under 18s (including e-cigarettes)
- Sale of single or split packets of cigarettes
- Sales of tobacco direct to consumers from vending machines (prohibited from October 2011)
- Niche tobacco products (e.g. Shisha and chewing tobacco) with no health warning
- Display of tobacco products
- Reduced ignition propensity cigarettes (safety element to ensure cigarettes do not ‘burn out’)

### Trading Standards: Current Service Delivery

Trading Standards and their partners can use normal powers of entry or use an entry warrant obtained through the Magistrates Court to enter premises suspected of trading in illicit tobacco.

An example of local trading standards work: in December 2016 Trading Standards officers from Cheshire East Council seized cigarettes, tobacco and vodka worth more than £17,000 during Operation ‘Ignite’, a swoop on illegal sellers. This included more than 25,000 illegal cigarettes and 5.5kg of hand-rolling tobacco uncovered during raids on properties in Crewe. Officers and sniffer dogs discovered concealed stashes of tobacco at nine premises with products hidden in various places, including under floorboards and in storage units in shops. Operation ‘Ignite’ followed on from the intelligence-led ‘Operation Henry 2’, which seized illegal tobacco products valued at more than £9,000 in March in the same year.

### Assets

Cheshire East Trading Standards Team has a good record of enforcement. The team benefits from:

- Experience in illicit tobacco operations
- Successful partnership working e.g. Operation Ignite
- Access to detection dogs
- Community intelligence including complaints about illicit tobacco being sold etc received through [http://keep-it-out.co.uk/](http://keep-it-out.co.uk/)
- National ‘Tackling illegal tobacco’ hotline 0300 999 0000 or online reporting at: [http://keep-it-out.co.uk/](http://keep-it-out.co.uk/)
Opportunities for Improvement

Stop Smoking Services
As in any service or public health area there is always room for improvement and opportunities should be seized whenever possible. 2016/17 saw a big change in the stop smoking services and the number of 4 week quits achieved has dropped. Smoking prevalence has reduced which is great success. Those people still smoking are likely to be those with a higher addiction e.g. those with a mental health diagnosis. Services need to not only focus on the overall prevalence but target the groups and localities with the highest rates. The new services have been commissioned in this way and give opportunities to improve the following:

- Number of 4 week quits
- Number of 4 week quits in areas of greatest need
- Smoking at time of delivery rates
- Smoking prevalence in those with a mental health diagnosis
- The number of health & social care staff trained in very brief advice
- Joint working between specialist stop smoking services (advisors and marketing) and Wirral Community NHS Trust, provider of 0 – 19 years services (School Health and Health Visiting) to support parents, children and young people to be smoke free

Trading Standards:
To undertake further joint operations to improve the working relationship between Trading Standards and partner agencies

Future developments
As the new services are established and the above improvements seen, the Council needs to work with providers and other partners to further improve areas such as:

- Reducing take up of e-cigarettes in young people
- Reducing the impact of parental smoking on children including smoke free homes
- Supporting Styal Prison to achieve smoke free status as part of the national initiative for smoke free prisons
- Ensuring stop smoking services are available in all towns

What we don’t know but would like to know...

- Detailed analysis of the placed based data collected by the Stop Smoking Services
- Smoking rates in Lesbian, Gay, Bisexual and Transgender populations
- Why the illicit tobacco trade is declining
- What messages are working to reduce smoking and reduce the illicit tobacco trade?
Local Stop Smoking Service web site
http://www.kickstartcheshire.co.uk/

One You Cheshire East – Cheshire East's commissioned lifestyle service
http://oneyoucheshireeast.org/

ASH – Campaigning public health charity on smoking and health
http://ash.org.uk/home/

Public Health England Tobacco Profiles
http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/0/gid/1938132886/pat/6/par/E12000002/ati/102/are/E06000049/iid/92443/age/168/sex/4

Cheshire & Merseyside Public Health Network
http://www.champspublichealth.com/

Public Health England web site
https://www.gov.uk/government/organisations/public-health-england

National Institute for Health and Care Excellence – evidenced based guidance on tobacco control

Office for National Statistics – Adult Smoking Habits in the UK
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2015#cigarette-smoking

Version control

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<td>Creation of all age tobacco section</td>
<td>Jane Branson (Public Health)</td>
<td>Carl Griffin (Public Health)</td>
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