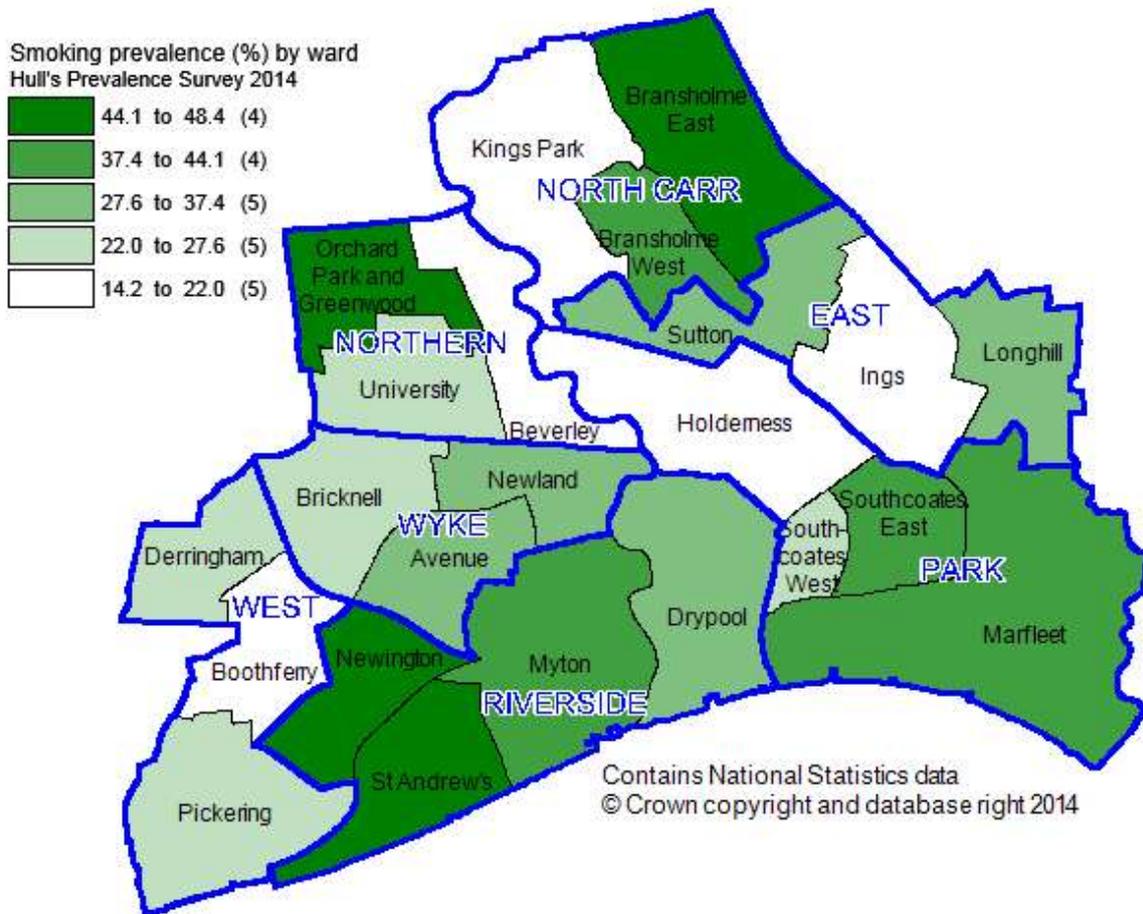


# Hull's Adult Prevalence Survey 2014

## Smoking Update



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### 1. WHY IS SMOKING IMPORTANT?

- ❖ Around 40 deaths in Hull occur each month (more than one per day) which are directly attributable to smoking.
- ❖ It is estimated that the cost of smoking to Hull is £62 million each year mainly costs to the economy (lost productivity due to premature deaths, smoking breaks and days off sick), NHS and fire service, and costs due to additional social care needs. Additionally, it is estimated that residents in Hull could spend up to £120 million each year on buying tobacco.
- ❖ Smoking status at delivery (smoking in pregnancy) and smoking prevalence in adults are both performance indicators included in Hull's Health and Wellbeing Strategy 2014-2020.
- ❖ The prevalence of smoking among adults, among 15-year olds and in pregnancy are indicators within the Public Health Outcomes Framework.

### 2. KEY POINTS FROM PREVALENCE SURVEY 2014

- ❖ Over five thousand adults in Hull, representative of the population, were asked about behaviours, including smoking, between September and December 2014.
- ❖ The smoking prevalence was 30.7%, slightly higher among men (32.4%) compared to women (29.3%). It is estimated that there are over 63,000 smokers in Hull (almost half of the smokers live in the eight most deprived wards).
- ❖ One-third or more smoked daily or occasionally among those aged 16-54 years, but the prevalence fell to 24.4% among those aged 55-64 years, 21.1% among those aged 65-74 years and 13.5% among those aged 75+ years. Among those aged 25+ years, 39.7% had never smoked but this was statistically significantly

higher at 54.1% among those aged 16-24 years (who would have been aged around 9-17 years on the 1<sup>st</sup> July 2007 when the ban on smoking in public places was introduced to England) having increased from 37% in 2003-04 local survey to around 50% in 2007, 2009 and 2011-12 surveys.

- ❖ There was a strong association with deprivation with 43.9% smoking among survey responders living in the most deprived fifth of areas of Hull compared to 16.5% among those living in the least deprived fifth of areas. A higher percentage in the least deprived areas had also never smoked (52.6%) compared to the most deprived fifth (31.3%).
- ❖ The prevalence of smoking has fallen in the last decade. From the local surveys, it was estimated that the prevalence of smoking was 38.6% in 2003 and 2004 (two surveys combined). The estimated prevalence fell to 31.7% in 2007, but increased to 33.5% and 34.0% for the 2009 and 2011 surveys. However, in the current survey the estimated prevalence is now 30.7% which is considerably lower than a decade ago but nevertheless still around 50% higher than England.
- ❖ Overall, 8.4% of people currently used e-cigarettes (3.7% every day). Virtually all of current e-cigarette users were current or former tobacco/cigarettes smokers. The majority were using e-cigarettes to quit or cut down smoking tobacco/cigarettes.

### **3. INTRODUCTION**

This is an update in relation to the prevalence of smoking in Hull from the Prevalence Survey 2014. A total of 5,334 questionnaires were completed among Hull residents aged 16+ years (2.6% of population) between September and December 2014. Survey responders were broadly representative of Hull's population in terms of age, gender, area, deprivation and employment.

The aim of the 2014 Prevalence Survey was to examine health status, and health related behaviour in a representative sample of Hull's adult (16 years and over) population. The intention is that commissioners can use the findings to help improve health services and reduce inequalities for the people of Hull.

Surveys examining health and lifestyles have been completed in Hull every 3-4 years since 2003. The current Prevalence Survey 2014 used a similar survey methodology and questionnaire so that trends over time could be compared.

### **4. METHODS**

Quota sampling was used to ensure that the survey responders were broadly similar to Hull's overall population. An assisted self-completion ('knock and drop') approach was used where teams of fieldwork staff called on residents in their own homes, and invited them to complete a questionnaire. They arranged to call back at an agreed time to collect the completed questionnaire. Assistance was available to complete the questionnaire if required. A total of 5,334 questionnaires were completed (representing around 2.6% of Hull's 16+ population).

## 5. RESULTS

### 5.1. Comparison with general population (representativeness)

Survey responders were broadly representative of Hull’s population in terms of age, gender, area, deprivation and employment.

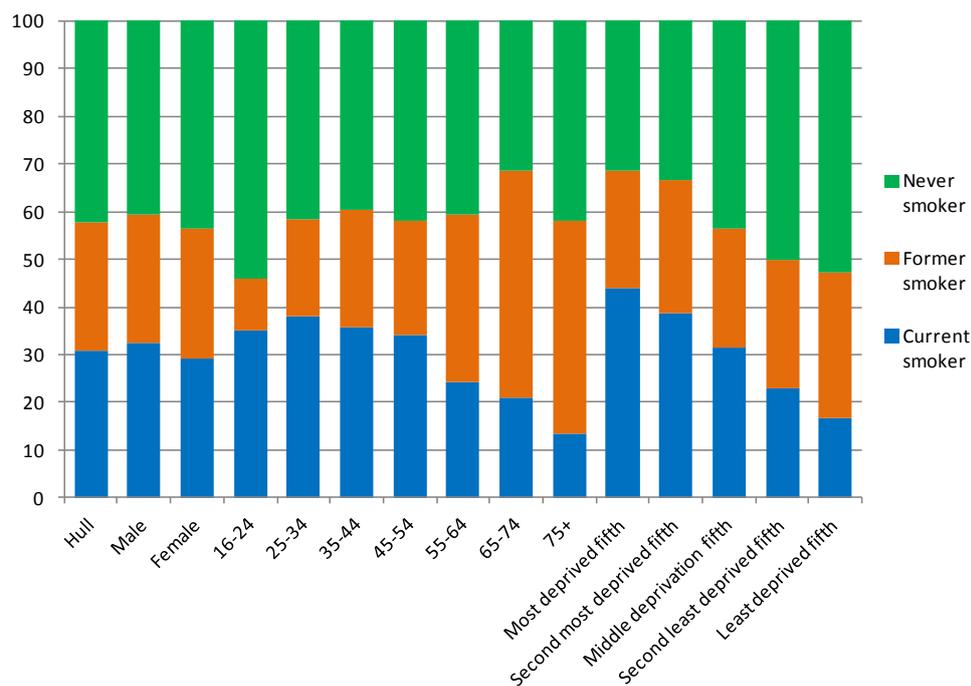
### 5.2. Latest estimate of smoking prevalence in Hull

Overall, the prevalence of smoking was 30.7% which was slightly higher among men (32.4%) compared to women (29.3%) as illustrated in **Figure 1**.

Just over one-quarter (27.0%) were former smokers and 42.2 had never smoked. One-third or more smoked daily or occasionally among those aged 16-54 years, but the prevalence fell to 24.4% among those aged 55-64 years, 21.1% among those aged 65-74 years and 13.5% among those aged 75+ years. With the exception of those aged 65-74 years (31.3%), 40-42% of those aged 25+ years had never smoked, but this increased significantly to 54.1% among those aged 16-24 years. The ban on smoking in public places was introduced in England on the 1<sup>st</sup> July 2007, and these survey responders would have been around 9-17 years of age at that time. One would expect the percentage to be higher in the 16-24 year age group as some of these could take up smoking later, however, the percentage who had never smoked has increased over time (37% in 2003-4 and around 50% in 2007, 2009 and 2011-12).

There was a strong association with deprivation with 43.9% smoking among survey responders living in the most deprived fifth of areas of Hull compared to 16.5% among those living in the least deprived fifth of areas. A higher percentage in the least deprived areas had also never smoked (52.6%) compared to the most deprived fifth (31.3%).

**Figure 1: Smoking status, 2014**



### 5.3. Smoking prevalence across the wards

**Table 1** gives the prevalence of smoking across the wards in Hull. As some of the numbers surveyed within each ward are relatively small, there will be some random variation associated with the estimate (that is, if another survey was completed immediately following the current survey slightly different estimates would be obtained as slightly different people would have been surveyed even though there would have been not true or real change in the underlying prevalence for that ward). A range of values (95% confidence intervals<sup>1</sup>) have been given as well as the estimate of the prevalence for each ward. If these ranges do not overlap then the difference in the prevalence estimates will be statistically significant. Thus, for example, the prevalence of smoking in King's Park is statistically significantly lower than that for Bransholme East and Bransholme West as there is no overlap in the sets of confidence intervals.

The estimated population aged 16+ years is presented (from the Office for National Statistics mid-year 2013 estimates) together with an estimate of the number of smokers in each ward. The total estimate for Hull is over 63,000 with almost half living in the wards with the highest smoking prevalence (which are also the eight most deprived wards in Hull).

**Table 1: Prevalence of smoking across the wards in Hull**

Area	Number of survey responders	Prevalence of smoking (95% confidence interval)	Population aged 16+ years	Estimated number of smokers aged 16+ years
Bransholme East	216	45.8 (39.3, 52.5)	7,681	3,520
Bransholme West	141	41.8 (34.0, 50.1)	6,423	2,688
Kings Park	205	17.6 (13.0, 23.4)	8,637	1,517
<b>Area: North Carr</b>	<b>562</b>	<b>34.5 (30.7, 38.5)</b>	<b>22,741</b>	<b>7,725</b>
Beverley	175	14.3 (9.9, 20.2)	7,268	1,038
Orchard Park & Greenwood	290	44.1 (38.5, 49.9)	10,141	4,456
University	288	26.0 (21.3, 31.4)	8,396	2,186
<b>Area: Northern</b>	<b>753</b>	<b>30.3 (27.1, 33.7)</b>	<b>25,805</b>	<b>7,681</b>
<b>North Hull</b>	<b>1,315</b>	<b>32.1 (29.6, 34.7)</b>	<b>48,546</b>	<b>15,406</b>
Ings	224	20.1 (15.4, 25.8)	9,917	1,992
Longhill	225	31.6 (25.8, 37.9)	9,261	2,922
Sutton	259	29.7 (24.5, 35.6)	10,172	3,024
<b>Area: East</b>	<b>708</b>	<b>27.3 (24.1, 30.7)</b>	<b>29,350</b>	<b>7,939</b>
Holderness	247	15.8 (11.8, 20.9)	10,734	1,695
Marfleet	244	38.5 (32.6, 44.8)	10,605	4,086
Southcoates East	187	37.4 (30.8, 44.6)	6,365	2,383

<sup>1</sup> The 95% confidence intervals have been calculated using statistical methods to give a range of likely values for the prevalence. We are 95% confident that the interval obtained (from the survey sample) will contain the true underlying prevalence for that ward. If the CI is wide then there is a degree of uncertainty around the prevalence, and caution should be used when interpreting the findings.

Area	Number of survey responders	Prevalence of smoking (95% confidence interval)	Population aged 16+ years	Estimated number of smokers aged 16+ years
Southcoates West	132	24.2 (17.7, 32.2)	6,419	1,556
<b>Area: Park</b>	<b>810</b>	<b>29.0 (26.0, 32.2)</b>	<b>34,123</b>	<b>9,719</b>
Drypool	243	28.0 (22.7, 33.9)	10,676	2,988
<b>East Hull</b>	<b>1,761</b>	<b>28.2 (26.1, 30.3)</b>	<b>74,149</b>	<b>20,645</b>
Myton	321	43.6 (38.3, 49.1)	13,561	5,914
Newington	246	45.1 (39.0, 51.4)	8,940	4,034
St Andrew's	153	48.4 (40.6, 56.2)	6,572	3,179
<b>Area: Riverside</b>	<b>963</b>	<b>40.8 (37.7, 43.9)</b>	<b>39,749</b>	<b>16,114</b>
Boothferry	204	20.1 (15.2, 26.1)	9,879	1,985
Derringham	236	23.7 (18.7, 29.6)	9,369	2,223
Pickering	275	24.7 (20.0, 30.2)	9,279	2,294
<b>Area: West</b>	<b>715</b>	<b>23.1 (20.1, 26.3)</b>	<b>28,527</b>	<b>6,503</b>
Avenue	275	27.6 (22.7, 33.2)	11,074	3,060
Bricknell	177	22.0 (16.6, 28.7)	6,794	1,497
Newland	302	31.5 (26.5, 36.9)	10,280	3,234
<b>Area: Wyke</b>	<b>754</b>	<b>27.9 (24.8, 31.2)</b>	<b>28,148</b>	<b>7,791</b>
<b>West Hull</b>	<b>2,189</b>	<b>32.0 (30.1, 34.0)</b>	<b>85,748</b>	<b>27,421</b>
<b>HULL</b>	<b>5,265</b>	<b>30.7 (29.5, 32.0)</b>	<b>208,443</b>	<b>63,473</b>

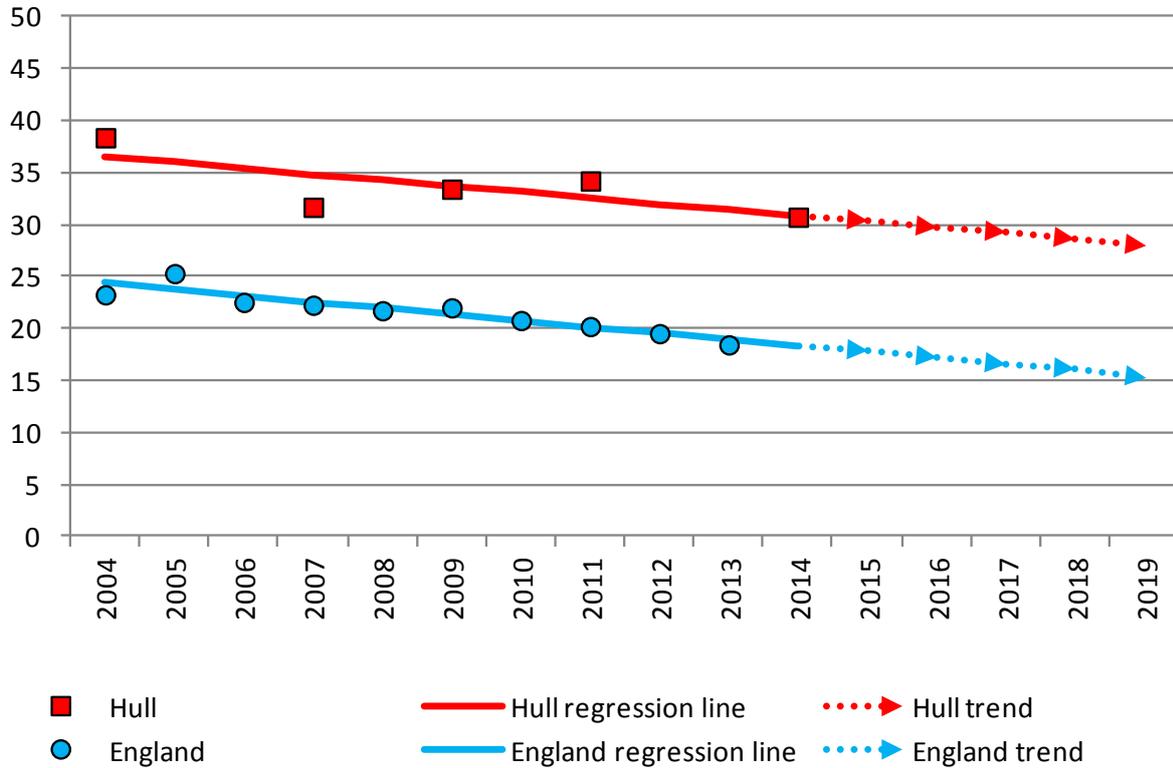
#### 5.4. Trends in smoking prevalence and comparison with England

**Figure 2** illustrates the trends over time in the prevalence of smoking in Hull from the local surveys and compares the trend with the prevalence of smoking in England. Projections of the future prevalence of smoking, if current trends continue at the same rate, are also given.

From the local surveys, it was estimated that the prevalence of smoking was 38.6% in 2003 and 2004 (two surveys combined). The estimated prevalence fell to 31.7% in 2007, but increased to 33.5% and 34.0% for the 2009 and 2011 surveys. However, in the current survey the estimated prevalence is now 30.7% which is considerably lower than a decade ago but nevertheless still around 50% higher than England.

Based on the linear regression model, the prevalence of smoking decreased by 0.57 percentage points per year between 2003-4 and 2014, and if the current trends continue then it is predicted that the prevalence of smoking will be 28.0% by 2019. Smoking prevalence in England has reduced at a slightly faster rate (0.60 percentage points per year) and it is predicted that the prevalence in England by 2019 will be 15.3%.

**Figure 2: Trends in the prevalence of smoking and future predictions, Hull versus England**



### 5.5. E-Cigarettes

Overall, 172 (3.7%) used e-cigarettes daily, 218 (4.7%) used e-cigarettes but not daily and 527 (11.4%) had tried e-cigarettes but no longer used them. Eight in ten (3,717 survey responders) had never used e-cigarettes. On initial examination, only two of the 1,894 people who had never smoked tobacco/cigarettes used e-cigarettes daily and another one person used e-cigarettes but not every day. Further examination revealed that the two daily users were likely to be former smokers as they were using e-cigarettes ‘to quit smoking tobacco/cigarettes’. A further 14 non-smokers had tried e-cigarettes, but no longer used them. Therefore, virtually all of current e-cigarette users were current or former tobacco/cigarettes smokers. The majority were using e-cigarettes to quit or cut down smoking tobacco/cigarettes.

## 5.6. Qualitative research

A number of qualitative research projects have also been undertaken in Hull such as 'reflector groups' following the local health and lifestyle surveys, and in relation to specific areas such as smoking and chronic obstructive Chronic Obstructive Pulmonary Disease. An important finding with regard to this latter research project was that there was a perceived (but incorrect) health danger relating to quitting smoking *"quit and you'll die!"*

- *"She snuffed it with lung cancer after she chucked it for three years."*
- *"He stopped, the year after he died."*
- *"I think you can do a lot of harm, you will be dead within six months."*
- *"My wife's mother ... she died of cancer but she never had it when she smoked."*
- *"People smoke all these years and then stop, they get a disease or something."*

The following gives a flavour of some of the quotes from Hull residents from previous qualitative research regarding smoking in relation to:

- Quitting
  - *"Yeah, I think every smoker wants to quit, it's just doing it. I've been there, done it, I don't know, I tried everything."*
  - *"[My partner] and the youngest one she's still at home but they smoke as well, so even if I wanted to quit I am still around smokers so it sort of defeats the object anyway. So I don't see the point to be honest."*
  - *"[...] if I stopped smoking, I'd probably put more weight on."*
- Starting smoking again
  - *"I stopped for a month two years ago. I wasn't very well. I had been to the doctor. I had to go back for a check up and I said to her I'd stopped smoking and she wasn't bothered. She said 'it's up to you' So to me I thought if the doctor wasn't arsed to be honest, so I thought 'oh sod it', I went and I had one on the way home."*
  - *"Well I think when I was about sixteen, we all smoked. Then when I was about thirty, I decided to stop because there was all this thing on about cancer and stuff like that. So I stopped then and then I was going through quite a bad patch, we lost our home and stuff like that. And I thought, even after fifteen years, I thought I could just do with a cig, I bought ten. That was it for 7 years. Then one day I got up and my husband stopped. And I just stopped just like that."*
  - *"I like it [smoking]. People say to me 'you stopped for ages, why have you started again?' Because I like it. It's like having a drink. You know it's bad for you."*
- Health risks
  - *"[...] stopped for health reasons, started with bronchitis of all things and never had any chest trouble in my life and I started. I had really bad bronchitis and it sort of scares you really and I couldn't get my breath and I thought this is it and I am not going to go through this again."*

- *“I think if you’re going to get cancer, you’re going to get it anyway. I’ve lost two family members through cancer and none of them ever smoked.”*
- *“I think we’ve all got examples. We’ve all known people who smoked and are 90 years old and then people who are as fit as a fiddle and died of cancer. You can’t get away from the fact that if you smoke you are more liable to get cancer than somebody who doesn’t smoke. That’s a fact.”*
- Smoking in general
  - *“You go on Holderness Road on a Saturday its frightening a, the number of obese people and b, the number of smoking people it’s just gobsmacking.”*
  - *“[...] it didn’t do the pub industry any good but I think the best thing they ever did was stop the smoking in pubs ‘cause you can now go and have a meal in a pub and you can taste it, whereas before you used to get food with cigarette smoke it wasn’t very pleasant.”*

## 6. FURTHER INFORMATION

More detailed information will be available in the main Prevalence Survey 2014 report which is due to be finalised early Summer 2015. Further information is available around smoking such as smoking among young people, smoking in pregnancy, numbers who had quit smoking at 4-weeks who had used the local Stop Smoking Services, deaths attributable to smoking, etc are available from other reports produced by the Public Health Sciences team. The key reports as follows which are (or will be) available at [www.hullpublichealth.org](http://www.hullpublichealth.org):

- Joint Strategic Needs Assessment (JSNA) Toolkit: Smoking report
- Prevalence Survey 2014 main report
- Local analysis of Public Health Outcomes Framework indicators
- Hull’s JSNA Atlas
- Adult Health and Lifestyle Survey 2011-12 main report
- Adult Health and Lifestyle Survey 2011-12 Reflector report
- Smoking Report 2013
- Smoking Report 2007
- Young People Health and Lifestyle Survey 2012 main report
- Young People Health and Lifestyle Survey 2012 Reflector report
- Health and Lifestyle Survey 2009 Veterans report
- Attitudes to Health Survey 2007

The JSNA Toolkit: Smoking report provides a summary of all the smoking information available locally. The survey reports provide detailed information on the prevalence of smoking and the reflector reports on the opinions and attitudes towards smoking. The Smoking Report 2007 provides information on which factors predict smoking behaviour. The Smoking Report 2013 includes a summary of smoking prevalence among both young people and adults as well as information on mortality from smoking and the trends in the number of people quitting smoking at 4-weeks from the local Stop Smoking Services, and information on the local Stop Smoking Strategy.