

SMOKING CESSATION SERVICES – EFFICACY AND COST-EFFECTIVENESS

To: **Health Committee**

Meeting Date: **10 July 2014**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Key decision: No**

Purpose: **To provide the Committee with information about the evidence of effectiveness and cost effectiveness of smoking cessation services and tobacco control interventions in Cambridgeshire**

Recommendation: **The Committee is asked to review and comment upon the report**

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|--------------------------------|--|
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1. BACKGROUND

- 1.1 Tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people per year. This is greater than the **combined** total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections. Smoking kills about 772 people in Cambridgeshire each year. That is an average of nearly 15 deaths every week. Two-thirds of smokers say they began smoking before age 18, and 9 out of 10 started before the age of 19. Each year in England research estimates that smoking costs society approximately £13.74 billion. This is made up of output lost from early death, smoking breaks, NHS care, sick days, passive smoking, domestic fires, and smoking litter.
- 1.2 Nearly a fifth of the population of England smokes (19.5%). The estimated prevalence of smoking in Cambridgeshire as a whole (17.9%) is statistically similar to the national average. Smoking prevalence varies between its five districts. The highest estimated prevalence is in Fenland (29.5%), and the lowest in Cambridge (11.5%).
- 1.3 Although smoking prevalence nationally has dropped sharply since the 1970s, the decline has been much slower in the last decade. Estimates suggest that it is dropping by 0.4% points a year. However it is rising in Fenland, where estimated prevalence has been statistically significantly above the England average since 2010.
- 1.4 There is clear evidence that stopping smoking is beneficial to health with many of the negative health effects of smoking being reversed with smoking cessation. In addition there is also evidence that smoking cessation services can help people to stop smoking and have been successful in providing services to disadvantaged groups who have higher rates of smoking.

2. MAIN ISSUES

- 2.1 Camquit is Cambridgeshire County Council's local smoking cessation service. Since its launch in 1999, the Service has supported over 30,000 people to stop smoking in the short term. In the past two years there has been a decline in the numbers of smokers accessing stop smoking services and in the number of successful quitters in Cambridgeshire and nationally.
- 2.2 This has been attributed to the rapid increase in the use of electronic cigarettes. The benefits and risks of electronic cigarette use are uncertain and as yet none have been licensed by the the Medical Healthcare Products and Regulation Agency, the responsible body for regulating all medicines and medical devices in the UK, ensuring they work and are acceptably safe. Currently the conflicting evidence is being reviewed nationally which will inform decisions to regulate electronic cigarettes and whether they can be used in publically funded smoking cessation services to support smokers to quit. The debate over electronic cigarettes and their impact on stop smoking services has focused attention upon the value, efficacy and cost effectiveness of smoking cessation and wider tobacco control interventions.
- 2.3 Appendix 1 provides additional information about the Cambridgeshire

Smoking Cessation Services, Camquit, interventions to address the high smoking prevalence in Fenland, the impact on health of smoking, evidence of effectiveness and cost effectiveness of smoking cessation and tobacco control

Cambridgeshire Smoking Cessation Services

- 2.4 The Camquit service is an evidence-based smoking cessation service. This means that smokers are offered behavioural therapy (which may be either individual or group counselling) which involves scheduled face-to-face meetings between the smoker and a practitioner from the smoking cessation service trained in smoking cessation. A quit date is set initially and typically, this is followed by weekly sessions over a period of at least 4 weeks after the quit date and is normally combined with nicotine replacement therapy/drug therapy.
- 2.5 The Camquit Service is delivered by a core smoking cessation team, plus all of the 76 GP practices in Cambridgeshire, and 40 community pharmacists. The core team is an in house provider and is part of the Public Health Team. It includes smoking cessation specialists and data support staff who, as well as delivering a front-line service directly to patients, also co-ordinate the wider Camquit service in GP practices and pharmacies by delivering training in line with national guidance, initiating service marketing, managing data processing, analysis and reporting, delivering project work and delivering specialist services such as the smoking in pregnancy and young person's programmes.

Smoking in Fenland

- 2.6 In response to the high smoking prevalence in Fenland an intensive intervention programme is being implemented across a wide range of settings. Some of these activities are countywide but in Fenland they are offered more frequently, targeting communities and groups where there is a particularly high prevalence. They include providing additional information, training and support to GP providers, children's centres and schools. High risk groups such as young parents and migrant groups are being targeted with specific interventions. A workplace programme has been introduced and the Health Trainer Service is providing a healthy living service in the new Wisbech Tesco's that was formerly provided on a market stall. An ongoing promotional and media campaign is being further developed based on social marketing intelligence.

Activity and Costs of the Camquit Service

- 2.7 In 2013/14 there were 2978 smoking quitters. GP practices provided 54% of these, the core service 32%, community pharmacists 13% and 1% were from miscellaneous organisations.
- 2.8 The total costs of the Camquit service for 2013/14 were £1,477,395. This includes the cost of the core service, contractor payments, data handling system fees, promotional activities, and nicotine replacement therapy and other drug costs. A breakdown by district can be found in Appendix 1.
- 2.9 Recently, there has been a sizeable drop in the number of successful quitters who have made a 4 week quit attempt across all the districts with the exception of

South Cambridgeshire. In 2012/13 the smoking cessation services delivered 95% target compared with 76% in 2013/14.

Cost per Quitter

- 2.10 The Service costs for 2012/13 indicate that Camquit's overall cost per four week quitter compares favourably to national figures. A 'four week quitter' is a person who is still not smoking four weeks after they started their quit attempt, and four week quitter numbers have historically been used by the NHS to benchmark and cost services. National figures for 2012/13 were £235 per quit, excluding the cost of nicotine replacement therapy and drug costs, Camquit cost-per-quit, excluding pharmacotherapy, was £205.

Wider tobacco Control Measures

- 2.11 There are evidence based recommendations for Local Authorities (NICE Local Authority Public Health Briefings) that identify wider tobacco control activities, which include planning and commissioning tobacco control work with local, regional and national partners. A comprehensive strategy of tobacco control can include a wide range of interventions (including smoking cessation) that are known to reduce the percentage of adults who smoke. These include the following activities.
- appropriate media campaigns
 - restricting smoking in the workplace and public places.
 - measures to prevent smuggling
 - restricting advertising of tobacco products
 - enforcing restrictions on selling tobacco products to minors
 - mandatory health warning labels on tobacco products
 - increasing the price of tobacco products
 - restricting access to cigarette vending machines
 - removing subsidies on tobacco production and restricting trade in tobacco products

Economic Analysis

- 2.12 The estimated annual economic cost of smoking in Cambridgeshire is £159M, mainly as a result of lost workforce productivity, together with costs to the NHS and other public sector organisations. This is £29M greater than the estimated £130M generated for the exchequer from sales of tobacco products in the county.
- 2.13 There is considerable evidence that stop smoking services and wider tobacco control initiatives are cost effective and cost saving. An estimate of the economic impact of one year of stop smoking service delivery and tobacco control found that in the following two years £2.99m savings, and over 10 years £11.9m, savings to society in Cambridgeshire would be accrued.
- 2.14 The NICE economic analysis for smoking cessation services (carried out

when smoking cessation services were funded by the NHS), showed that the combination of brief advice plus nicotine replacement therapy or other drugs plus support from a specialist smoking cessation service such as CAMQUIT was cost saving to the NHS, because after people stopped smoking they had fewer health problems and later costs to the NHS were prevented.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in paragraph 2.8

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraphs 1.1 and 1.4

3.3 Supporting and protecting vulnerable people

Smoking is an addiction that is largely taken up in childhood and adolescence. Smoking is highly addictive and many of the children and young people who smoke will go on to smoke all their lives.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in paragraphs 2.7-2.10

4.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

4.3 Equality and Diversity Implications

Some disadvantaged groups are particularly vulnerable to addiction to smoking, and smoking accounts for about half of the inequalities in mortality rates between social classes.

4.4 Engagement and Consultation Implications

There are no significant implications within this category

4.5 Localism and Local Member Involvement

There are no significant implications within this category

4.6 Public Health Implications

This paper includes the evidence that local smoking cessation services can improve the health of Cambridgeshire residents by helping smokers to quit

| Source Documents | Location |
|---|---|
| Camquit. (2014) Camquit [webpage]. | http://www.camquit.nhs.uk/ |
| Smoking Statistics: Illness and Health ASH April 2013 | http://ash.org.uk/files/documents/ASH_107.pdf |
| <i>General Lifestyle Survey 2009 Office of National Statistics. Published 2011</i> | http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2009-report/index.html |
| <i>National Institute for Health and Care Excellence (NICE), (February 2008, refreshed November 2013) Public Health Guidance No. 10</i> | http://publications.nice.org.uk/smoking-cessation-services-ph10 |
| Department of Health. (1998). Smoking Kills; A white paper on tobacco. HM Government. | https://www.gov.uk/government/publications/a-white-paper-on-tobacco |
| Doll, R, Peto, R, Boreham, J, & Sutherland, I. (2004). Mortality in relation to smoking: 50 years' observations on male British doctors. <i>BMJ</i> . | http://www.bmj.com/content/328/7455/1519.pdf%2Bhtml |
| Hughes JR, Keely J, Naud S. (2004). Shape of the relapse curve and long-term abstinence among untreated smokers. <i>Addiction</i> . 99(1):29-38. | http://www.ncbi.nlm.nih.gov/pubmed/14678060 |
| Bauld, L (2010). The effectiveness of NHS smoking cessation services: a systematic review. <i>Journal of Public Health</i> . 32(1): 71-82. | http://intl-jpubhealth.oxfordjournals.org/content/32/1/71.full |
| Nash, R. Featherstone, H. (2010) Cough up Balancing tobacco income and costs in society Policy Exchange | http://www.policyexchange.org.uk/images/publications/cough%20up%20-%20march%2010.pdf |
| Brunel University. (2012) Building the Economic case for tobacco control. | http://www.brunel.ac.uk/herg/research- |

| | |
|---|---|
| <p>West. R.(2013) Performance of the English Stop Smoking Services, BMJ 347</p> <p>NICE Economic Modelling Report</p> | <p><u>programme2/the-economics-of-public-health2/building-the-economic-case-for-tobacco-control</u></p> <p><u>www.bmj.com/content/347/bmj.f4921</u></p> <p><u>http://www.nice.org.uk/guidance/index.jsp?action=download&o=41100</u></p> |
|---|---|

APPENDIX 1

1.0 BACKGROUND

The estimated percentage of adults who smoke in each Cambridgeshire district is given in the table below:

| Table 1: Estimated smoking prevalence and number of smokers aged 18 years and over, Cambridgeshire, 2012 | | | |
|--|-----------------------|---------------|-------------------------------------|
| Local authority | Prevalence (%) | 95% CI | Estimated number of smokers* |
| Cambridge | 11.5 | 7.4 to 15.6 | 14,422 |
| East Cambs. | 17.3 | 12.1 to 22.5 | 14,713 |
| Fenland | 29.5 | 23.4 to 35.7 | 28,362 |
| Hunts | 18.2 | 14.3 to 22.0 | 31,068 |
| South Cambs. | 15.9 | 12.0 to 19.8 | 24,073 |
| Cambridgeshire | 17.9 | 15.8 to 19.9 | 112,210 |
| * Number of smokers estimated by applying the point estimate of prevalence to local population estimates | | | |
| CI - confidence interval | | | |
| Sources: Public Health England - Public Health Outcomes Framework (Integrated Household Survey data - 2012), Health and Social Care Information Centre - Statistics on Smoking, England - 2013 (General Lifestyles Survey data – 2011), Office for National Statistics mid-2012 population estimates. | | | |

Although smoking prevalence nationally has dropped sharply since the 1970s, the decline has been much slower in the last decade. Estimates suggest that it is dropping by 0.4% points a year. However it is rising in Fenland, where estimated prevalence has been statistically significantly above the England average since 2010.

2.0 CAMBRIDGESHIRE SMOKING CESSATION SERVICES

The Camquit service is an evidence-based smoking cessation service. This means that smokers are offered behavioural therapy (which may be either individual or group counseling) which involves scheduled face-to-face meetings between the smoker and a practitioner from the smoking cessation service trained in smoking cessation. A quit date is set initially and typically, this is followed by weekly sessions over a period of at least 4 weeks after the quit date and is normally combined with nicotine replacement therapy/drug therapy. Though Camquit will provide support for up to 12 weeks.

The Camquit Service is delivered by a core smoking cessation team, plus all of the 76 GP practices in Cambridgeshire, and 40 community pharmacists. The core team is an in house provider and is part of the Public Health Team. It includes smoking cessation specialists and data support staff who, as well as delivering a front-line service directly to patients, also co-ordinate the wider Camquit service in GP practices and pharmacies by delivering training in line with national guidance, initiating service marketing, managing data processing, analysis and reporting, delivering project work and delivering

specialist services such as the smoking in pregnancy and young person's programmes.

Specific responsibilities of the core Camquit team include the following.

- Ensures smoking cessation services are made accessible to people who live and/or work in Cambridgeshire working with GP practices, pharmacies, hospitals, schools, and community settings.
- Delivers smoking clinics throughout the county. The team of specialist advisors provide over 30 weekly clinics as well as a number of short term clinics for workplaces, young people, and pregnant women.
- Delivers comprehensive smoking cessation training, education and mentoring programme. This includes brief advice, intensive support programme, annual updates, smoking in pregnancy and supporting young people to stop smoking training, data collection and collation.
- Providers also receive ongoing mentoring and support through data reports and letters, quarterly newsletters, face to face visits or phone calls, invitations to attend annual update training and also an annual review of their contract.
- Maintains systems and processes for data collection, reporting and analysis. Data is collected from service providers on a monthly basis in either paper or electronic format which is then processed into the central service database. This data is analysed and reports generated on a monthly basis for the service including specialist pregnancy, secondary care and young people programmes.
- Camquit delivers targeted work to high risk hard to access groups, in particular smokers from routine and manual groups, pregnant smokers and smokers with mental health difficulties as well as developing services for young people.

Camquit Contractors

Cambridgeshire County Council (CCC) has contracts with all 76 GP practices within Cambridgeshire to deliver smoking cessation support to smokers registered with their practice. Each practice has an annual target number of smoking quitters based on the number of smokers they have registered within the practice and the local district's smoking prevalence. The GP based services are delivered by practice staff such as the practice nurse or healthcare assistant. A small but increasing number of practices have chosen Camquit advisors to deliver their services and all practices receive ongoing support from the Camquit advisors.

Over 40 pharmacies are contracted to deliver smoking cessation services. The Pharmacy based services are delivered by pharmacy staff such as the pharmacist or pharmacy dispensers who have been trained and supported by a Camquit specialist to be able to deliver one to one cessation support that meets the national standards.

Camquit has a contract with the specialist smoking cessation charity 'QUIT' to manage the services' telephone counselling service offering 71 hours of service each week. The phone line offers cessation advice, information about the Cambridgeshire service, bookings in to a variety of clinics and a '6 week call back quitter programme' a telephone counselling service and nicotine replacement therapy voucher scheme for smokers who want to quit. It is

planned to decommission this service as numbers accessing the service have decreased.

Camquit Performance

Table 2 describes the Camquit performance for 2012/13 and 2013/14 broken down by district. There has been a sizeable drop in the number of successful quitters who have made a 4 week quit attempt across all the districts with the exception of South Cambridgeshire.

| Table 2: Camquit target and proportion of target achieved, by district (2012/13) | | | |
|---|---------------|--------------------|--|
| District | Target | Achievement | Proportion of target achieved (%) |
| Cambridge City | 841 | 686 | 81.60% |
| East Cambs. | 431 | 452 | 104.90% |
| Fenland | 968 | 946 | 97.70% |
| Hunts. | 1154 | 1143 | 99% |
| South Cambs. | 521 | 423 | 81.20% |
| District Unknown | N/A | 75 | N/A |
| Cambs. (all) | 3915 | 3725 | 95.10% |
| Camquit target and proportion of target achieved, by district (2013/14) | | | |
| District | Target | Achievement | Proportion of target achieved (%) |
| Cambridge City | 838 | 551 | 65.75% |
| East Cambs. | 429 | 390 | 90.91% |
| Fenland | 964 | 699 | 72.51% |
| Hunts. | 1,150 | 847 | 73.65% |
| South Cambs. | 519 | 415 | 79.96% |
| District Unknown | N/A | 76 | N/A |
| Cambs. (all) | 3,900 | 2,978 | 76.36% |

Activity and Costs of the Camquit Service

Table 3 indicates the number of successful quitters by service provider in 2013/14

| Table 3: Number of successful Camquit quitters, but service provider | | |
|---|---------------------------|------------------------------------|
| Provider | Number of Quitters | % of total quitters n: 2978 |
| GPs | 1,618 | 54% |
| Core | 944 | 32% |

| | | |
|--------------------|-----|-----|
| Community Pharmacy | 382 | 13% |
| Misc | 34 | 1% |

The total costs of the Camquit service for 2013/14 were £1,477,395. This includes the cost of the core service, contractor payments, data handling system fees, promotional activities, and nicotine replacement therapy and other drug costs. The costs for 2013/14 can be found in **Table 4**.

| Table 4: Breakdown of Camquit costs 2013/14 | | |
|--|------------------|---------------------------|
| Budget | Budget | Total End of Year |
| Core Service | | |
| Salaries | 490,000 | 409,859 |
| Pregnancy project | 50,000 | 25,000 |
| Non-pay | 30,000 | 28,283 |
| Marketing | 85,000 | 85,000 |
| Management time on projects | 20,000 | 20,000 |
| Other Providers | | |
| GP contract & target payment | 116,000 | 73,420 |
| GP target payment | 0 | 32,789 |
| Pharmacy contract | 25,000 | 17,235 |
| QUIT telephone service | 55,000 | 55,000 |
| QUIT data manager | 20,000 | 20,000 |
| Nicotine replacement therapy and other drug costs | 752,471 | 710,809 (to be confirmed) |
| Total | 1,643,471 | 1,477,395 |

Table 5 indicates how the funding for smoking cessation is divided between the different districts. It includes a breakdown of the Camquit activity, GP and community pharmacist payments. Health Trainer activity that targets smoking is also indicated.

| Table 5 Smoking Cessation Service and Health Trainer Spend by District 2013/14 | | | | | |
|---|--------------------|-------------------|-----------------------|-----------------------|------------------------|
| | Fenland (£) | Hunts. (£) | Cambs City (£) | East Cambs (£) | South Cambs (£) |
| Advisor & Specialists | £60,260 | £58,744 | £34,928 | £29,879 | £19,804 |
| Management | £15,346 | £15,346 | £15,346 | £15,346 | £15,346 |
| Admin | £14,229 | £14,229 | £14,229 | £14,229 | £14,229 |
| Travel | £9,383 | £6,255 | £3,128 | £6,255 | £6,255 |
| Project | £25,000 | 0 | 0 | 0 | 0 |
| Marketing (specific) | £19,400 | £16,400 | £16,400 | £16,400 | £16,400 |
| Camquit Sub Total | £143,618 | £110,974 | £84,031 | £82,109 | £72,034 |
| GP Payments | 20,560 | £29,260 | £21,795 | £7,306 | £19,865 |

| | | | | | |
|------------------------|-----------------|-----------------|-----------------|----------------|----------------|
| Pharmacy Payments | £6,120 | £4,380 | £2,565 | £1,980 | £2,175 |
| Health Trainer Service | £26,722 | £10,084 | £10,084 | £3,529 | 0 |
| Total | £193,020 | £150,698 | £122,475 | £90,924 | £90,074 |

Please note that table 5 excludes the costs of Nicotine Replacement therapy/drugs

Cost per Quitter

The Service costs for 2013/14 indicates that Camquit's overall cost per four week quitter compares favourably to national figures. A 'four week quitter' is a person who is still not smoking four weeks after they started their quit attempt, and four week quitter numbers have historically been used by the NHS to benchmark and cost services. National figures for 2012/13 were £235 per quit, excluding the cost of nicotine replacement therapy and drug costs, Camquit cost-per-quit, excluding pharmacotherapy, was £205.

3.0 ADDRESSING SMOKING IN FENLAND

In response to the high smoking prevalence in Fenland an intensive intervention programme is being implemented across a wide range of settings. Some of these activities are countywide but in Fenland they are offered more frequently targeting communities and groups where there is a particularly high prevalence.

- GP practices: Members of the Camquit team are supporting poorly performing GP practices by providing additional clinics along with training and refresher courses for practice staff.
- Health Trainer Service: Health Trainers provide ongoing advice and support for lifestyle change. Cambridgeshire Council currently commissions this service to work in the 20% most deprived areas in the county. In Fenland a Health Trainer is attached to every GP practice as well as working in the wider community. They are instrumental in promoting the non-smoking message and referring smokers to support for stopping smoking
- Pregnant Smokers: Bespoke clinics for pregnant women are held weekly at the North Cambridgeshire Hospital in Wisbech and home visits are made to pregnant women unable to attend clinics. Information and support for stopping smoking is provided through different antenatal education programmes for young pregnant smokers and parents to be. In Wisbech the Oasis Centre Children's Centre hosts an antenatal education programme targeting eastern European communities that includes supporting pregnant smokers and their families.
- Children and Families: Camquit works closely with children's centres and the Family Nurse Partnership (FNP) throughout Fenland. (FNP provides additional specialist support to disadvantaged first time mothers and their families.) This involves working directly with families providing information and support for stopping smoking and also training and supporting staff in different organisations

- **Young People:** Smoking intervention support programmes that target children and young people who have statements of special need or have been excluded are provided at Trinity College and the Continuum School at the Old Sessions House in Wisbech. Staff training is offered at the Thomas Clarkson School in Wisbech to enable staff to address smoking in the school environment. The Kickash Programme is a young person led smoking prevention programme for under 16s which has won several national awards and is being run in the Sir Harry Smith Academy in Whittlesey.
- **Cambridgeshire County Council:** In October 2014 Cambridgeshire County Council will become smokefree. In support of this Camquit is providing information, support and smoking cessation clinics for staff which includes different sites in Fenland.
- **Community Activities.** A market stall ran for two years in Wisbech and this has recently moved to the new Tesco's in the area. This provides information about smoking and referral to the Camquit service. A March Market Stall has now commenced. In addition there is an ongoing programme of promotional activities at different venues and events.
- **Workplace:** Smoking cessation services are currently being provided at the Princes factory in Wisbech and promotional events are booked for other workplaces in the area.
- **Media activities:** Planned promotional activities includes information mail outs for Parish and Fenland District Council publications and to other partners, Face to Face recruitment of smokers in Wisbech, March and Whittlesey, promotion on Shape your Place, advertising on buses, in libraries, on Facebook, websites and local radio stations. The local campaigns link with the national campaigns to reinforce smoking messages. Much of this is countywide but there is additional commissioned activity planned for Fenland.

Planned Developments

A new post is being commissioned by Public Health and Cambridgeshire County Council Drug and Alcohol Team to provide migrant communities in Wisbech information and referral to support for lifestyle changes. This post will be part of the Health Trainer Service and will link to GP practices along with a range of partners working in Wisbech.

There is need to understand more fully the decrease in the number of smokers accessing support for stopping smokers. Social marketing intelligence is being collected that will inform service development and promotional activity in Fenland.

4.0 HEALTH BENEFITS OF STOPPING SMOKING

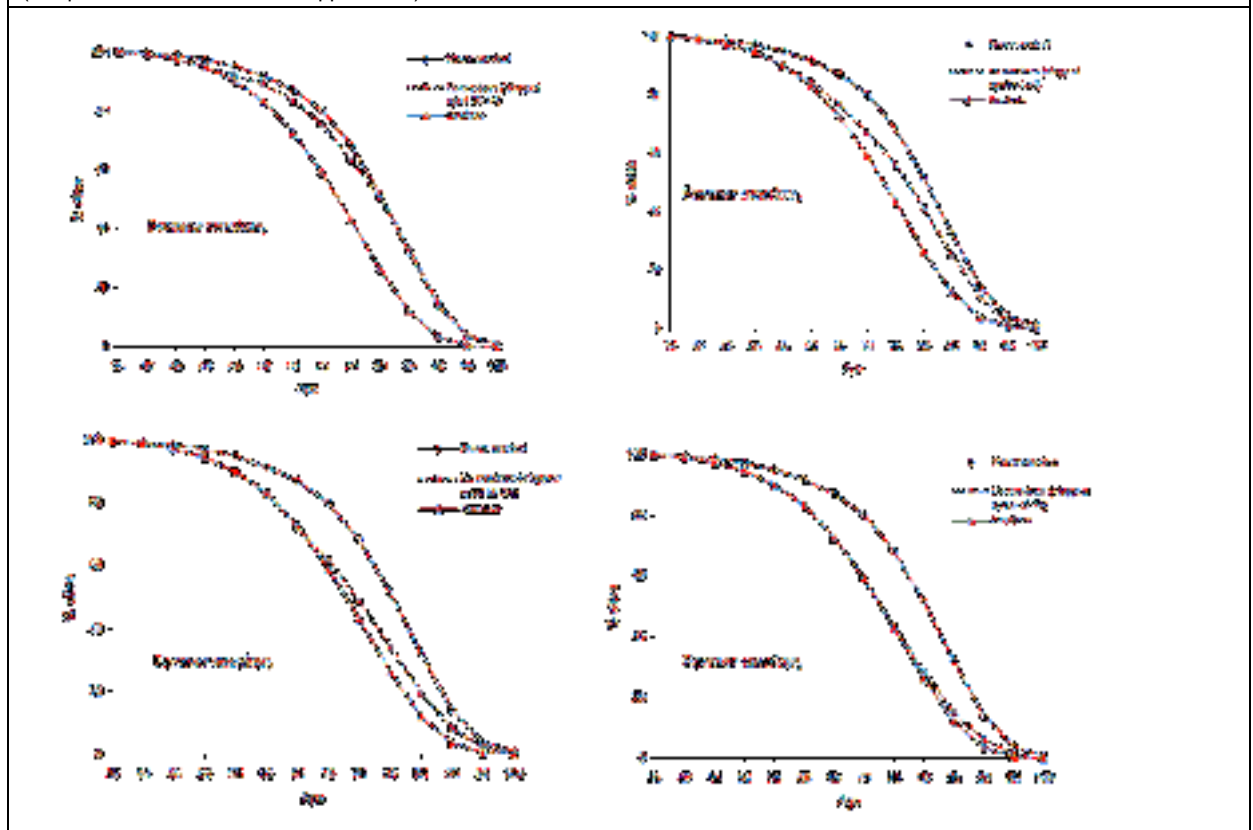
There is clear evidence that stopping smoking is beneficial to health with many of the negative health effects of smoking being reversed with smoking cessation.

A 50 year cohort study examining the impact of smoking cessation on survival in a large cohort of British male doctors, (1951 to 2001) by Doll *et al* (2004)

found that stopping smoking at age 60.50, 40 and 30 years gained respectively about 3,6,9, or 10 years of life. Overall, the study found that stopping smoking at age 50 halved the hazards of smoking; cessation at 30 avoided almost all of it. The grey dotted lines in **Figure 1** show the benefits in years gained in the men who stopped smoking in the previous decade.

Figure 1: Effects on survival of stopping smoking in the previous decade

(Adapted from Doll *et al*, 1994; pp 901-11).



Reducing smoking rates will have an impact on indicators in 3 out of the 4 public health domains identified in **"Improving outcomes and supporting transparency, part 1: A public health outcomes framework for England, 2013–2016"**.

Specifically, it will impact on the core indicators for:

- sickness absence
- number of low birthweight babies
- number of pregnant women smoking at time of delivery
- smoking prevalence rates in adults and children
- infant mortality
- all-cause preventable mortality
- mortality from cardiovascular disease, cancer, respiratory disease
- preventable sight loss.

5.0 THE EFFECTIVENESS OF STOP SMOKING SERVICES

Smoking Cessation services have played a key role in supporting smokers to quit since the 1998 white paper *Smoking Kills* (Department of Health, 1998) which led to the establishment of publically funded evidenced based services throughout England

There is clear evidence that Smoking Cessation services can help people to stop smoking and have been successful in providing services to disadvantaged groups who have higher rates of smoking, as described in the National Institute of Health and Clinical Excellence (NICE) Public Health Guidance. No 10 It has also been shown that 15% of smokers who use the smoking cessation services to make a 4 week quit attempt are still quit after one year. This compares to 4% for those who do not use a service but only use nicotine replacement therapy/drug therapy (West et al 2013).

6.0 WIDER TOBACCO CONTROL MEASURES

There are evidence based recommendations for Local Authorities (NICE Local Authority Public Health Briefings) that identify tobacco control activities and includes planning and commissioning tobacco control work with local, regional and national partners.

A comprehensive strategy of tobacco control can include a wide range of interventions including smoking cessation that are necessary to reduce the percentage of adults who smoke. These include the following activities.

- appropriate media campaigns
- restricting smoking in the workplace and public places.
- measures to prevent smuggling
- restricting advertising of tobacco products
- enforcing restrictions on selling tobacco products to minors
- mandatory health warning labels on tobacco products
- increasing the price of tobacco products
- restricting access to cigarette vending machines
- removing subsidies on tobacco production and restricting trade in tobacco products

7.0 ECONOMIC ANALYSIS

Costs of Smoking

The estimated annual economic cost of smoking in Cambridgeshire is £159M, mainly as a result of lost workforce productivity, together with costs to the NHS and other public sector organisations. This is £29M greater than the estimated £130M generated for the exchequer from sales of tobacco products in the county. (NICE Local Government Public Health Briefings ASH Ready Reckoner Tool).

There is considerable evidence that stop smoking services and wider tobacco control initiatives are cost effective and cost saving.

An estimate of the economic impact of one year of stop smoking service delivery and tobacco control found that in the following two years £2.99m savings, and over 10 years £11.9m, savings to society in Cambridgeshire would be accrued. (Health Economics Research Group (HERG) at Brunel University's Tobacco Control Economics toolkit

The NICE economic analysis for smoking cessation services (carried out when smoking cessation services were funded by the NHS), showed that the combination of brief advice plus nicotine replacement therapy or other drugs plus support from a specialist smoking cessation service such as Camquit was cost saving to the NHS, because after people stopped smoking they had fewer health problems and later costs to the NHS were prevented. The economic modelling report is available on

<http://www.nice.org.uk/guidance/index.jsp?action=download&o=41100>