CHAPTER 7
Smoking

7.1 Smoking in Adults

Although mentioned in the sections on cancer, coronary heart disease and respiratory disease, smoking is the key factor in so many areas of ill-health that it warrants a chapter of its own. Smoking causes two million deaths each year in developed countries alone, one sixth of all deaths (Peto, 1994). At least 50% of regular cigarette smokers are killed by the habit (Doll *et al*, 1994), half in middle age (under 70) and half in old age (Peto *et al*, 1992). Life expectancy for smokers is approximately 6.5 years less than for non-smokers (Shaw *et al*, 2000).

Smoking prevalence figures are not available routinely at health authority level. The Trent Regional Lifestyle Survey gave estimates for 1994 (table 7.1) and this was followed up in 1997 in Barnsley, 1998 in Rotherham and 2000 in Doncaster (results unavailable at time of going to press). In future, consideration should be given to synchronising smoking surveys. Smoking prevention and cessation must be considered core business for acute and community trusts and all primary care groups and trusts.

Evidence suggests that smoking prevalence cannot be reduced significantly by health services alone (Arblaster *et al*, 1997) and that the ill-effects of smoking are greater in deprived smokers than in more affluent ones (Birch *et al*, 2000). The socio-economic inequalities must be tackled. There is a wealth of evidence to support the imposition of a ban on tobacco advertising (Economics and Operational Research Division, 1992). The current Labour government have accepted this and plan to introduce such a ban. It needs to happen as soon as possible.

Table 7.1 – Percentage of adult population smoking regularly or occasionally

	Barnsley			Doncaster			Rotherham		
	M	F	Total	M	F	Total	M	F	Total
1994	28	25	27	41	24	33	33	26	29
1997	31	28	30						
1998							30	24	27

Source: Trent Lifestyle Survey 1994, Health Authority Lifestyle Surveys.

Reducing smoking in pregnant women is a particularly high priority. Data are being collected in all three districts now but have not been established long enough yet to allow monitoring. It is hoped that future reports will include data on this important area.

7.2 Smoking in Children

Figure 7.2 shows smoking prevalence in 15-16 year old school children for England and Doncaster. Doncaster rates are consistent with the national figures and show a worrying increase in prevalence. The graph very clearly illustrates the enormity of the task of achieving this target.

Table 7.2 gives data supporting the national target to reduce smoking in 11-15 year olds. Estimating prevalence of smoking from the data available on year 7 (11-12 year olds) and year 10 (14-15 year olds) gives figures not far off the target of 9% by 2010. However the figures of around 20% for year 10 pupils is of great concern.

Table 7.2 – Smoking in children

Percentages who smoke at least one cigarette a day

	11-12 yrs	14-15 yrs	**11-15yrs**	HImP Target	
				2005	2010
Barnsley (1994)	1.5%	19.7%	**10.0%**	11%	9%
Doncaster (1994)	1.0%	21.4 %	**11.3%**	11%	9%
Rotherham (1998)	0.7%	18.7%	**9.4%**	11%	9%

Source: Barnsley and Doncaster – Trent Lifestyle survey (1994); Rotherham – Young Persons Data (1998)

References.

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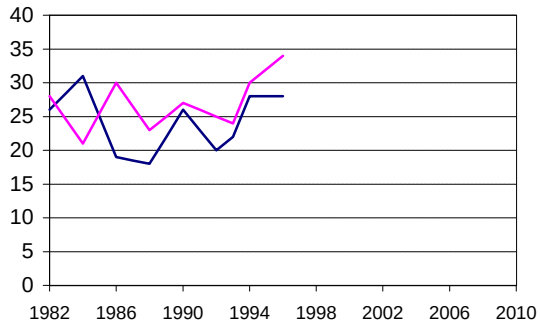
Figure 7.2 - 15-16 year old regular smokers

Percentage regular smokers
15-16 year olds

Target: Doncaster: To reduce smoking among 15-16 year olds from the 1997 baseline of 28% to 13% by the year 2010; with a fall to 18% by the year 2005.

Sources: Doncaster Health Authority: Smoking in 15-16 year olds 1997 (England figures originally from ONS)

England



Doncaster HA