



Croydon  
**Tobacco control strategy**  
2009 – 2012

Smoking is the greatest cause of preventable illness and early death in the developed world. It causes more than 114,000 deaths in the UK every year and contributes more than any other risk factor to inequalities in life expectancy.

## | Introduction

**Tom Jeffrey**, executive director community services, Croydon Council

**Sara Corben**, consultant in public health, NHS Croydon & **Dr Peter Brambleby**, joint director of public health

Smoking is the greatest cause of preventable illness and early death in the developed world. It causes more than 114,000 deaths in the UK every year and contributes more than any other risk factor to inequalities in life expectancy. Stopping smoking at any age improves health and increases life expectancy. Reducing the number of people who smoke will make the biggest impact on overall health in Croydon. It will also add years of life for people who successfully give up smoking.

Although the rate of smoking has fallen in recent decades, 13 million adults still smoke in the UK, and its impact is concentrated amongst the most disadvantaged. There is conclusive evidence that reducing levels of smoking leads to improvements in health and helps to reduce health inequalities.

On 1 July 2007 England introduced a new law to make virtually all enclosed public places and workplace in England smoke-free. On 1 July 2008 prisons and residential homes including services for people with mental health problems were brought within the remit of this legislation. Restricting where people can smoke not only protects people from passive smoking; it may also encourage people to quit and in the long term may change the social acceptability of smoking.

Croydon's main statutory organisations have pledged their support to reducing the levels of smoking in the borough by making it one of their key targets in the local area agreement (LAA). We helped at least 1700 smokers to quit the habit in 2009. We helped at least 1700 smokers to quit the habit in 2009. We aim to raise this to nearly 2,000 smokers quitting in 2011.

We are supported by a strong tobacco control alliance made up of partners from the statutory and the private sector. The alliance, which meets regularly throughout the year, focuses on key priorities such as young people and communications.

This document sets out a comprehensive strategy for tobacco control in Croydon for the next three years. Action needs to be taken on a range of fronts and requires the active support of local organisations including the council, NHS Croydon, NHS Trusts, the voluntary sector, and local businesses and employers.

## | Why is smoking a priority for Croydon?

In Croydon around 23 percent of adults smoke which is slightly below the national average. However approximately 450 Croydon residents died each year between 2002 and 2004 because of their smoking habit, and many will have done so prematurely.

It has been estimated that smoking is responsible for 80 per cent of deaths from lung cancer; 80 per cent of deaths from bronchitis and emphysema; 17 per cent of deaths from coronary heart disease; 30 per cent of deaths from cancer. In addition many people will have become disabled by the consequences of smoking. For example smokers have a ten to sixteen times greater risk of developing peripheral vascular disease which may lead to amputation of one or both legs. Other effects of smoking include a reduced sense of taste and smell, early aging, poor dental hygiene and slower recovery from wounds.

Rates of smoking vary across Croydon and, in common with the national picture, appear to be strongly linked to deprivation. Smoking rates are highest in those with manual jobs and living in current or former social housing. Here the smoking rate is 31 per cent compared to a rate of 18 per cent amongst those in managerial and professional jobs. Broad Green, New Addington and Fieldway are the wards where the smoking rate is highest.



The smoking rate varies by age, with smoking being much more common among young people, particularly those in their twenties and thirties. There are also differences in smoking rates between ethnic groups. For example 28 per cent of white British people in Croydon smoke compared to 11 per cent of Asian and Asian British people.

About 70 per cent of smokers would like to stop. When local smokers were asked about giving up, most told us that their lives would be better if they gave up smoking, with better health a major motivator.

## Strategy aims and objectives

Croydon's tobacco control strategy aims to reduce the cultural acceptance of smoking, achieve permanent reductions in its prevalence and ultimately to reduce the incidence of smoking and smoking related disease and mortality.

In order to achieve this, four strategic objectives have been identified, which together comprise a comprehensive approach to reducing smoking in Croydon. They range from reducing the uptake of smoking in adults and young people to protecting children and adults from second-hand tobacco smoke.

### The four strategic objectives are:

1. Reduce the uptake of smoking in young people
2. Reduce access to tobacco products through effective enforcement
3. Provide support for smokers wishing to stop
4. Protect children and adults from second-hand tobacco smoke



## | Policy and targets

In the last few years several national policy documents have highlighted the importance of smoking reduction. The first key document was the 1998 tobacco white paper *Smoking Kills*. This was the UK's first comprehensive tobacco control policy, which advocated an integrated and comprehensive approach to tobacco control, with particular emphasis on helping pregnant women, young people and adults from lower income groups to stop smoking. It also contained proposals to ban tobacco advertising.

More recently the government produced the white paper *Choosing Health* in 2004. One of the key aims of this was to create an environment to help significantly reduce smoking in the population through the introduction of a smoking ban in work places and most other enclosed spaces by 2008. It also proposed smoking cessation activities, action against tobacco smuggling, a mass media health promotion campaign, approved codes of practice for smoking in the workplace, and tough enforcement on underage sales of tobacco.

Both of these national publications have been important drivers for the development of Croydon's tobacco control strategy and action plan. As well as a policy framework, the government has also set national targets for the reduction of smoking prevalence in various groups.

### The key ones are listed below:

- to reduce smoking prevalence from 28% (1996 baseline) to 24% in 2010 (source: Smoking Kills 1998)
- to reduce adult smoking rate to 21% or less by 2010 (source: NR floor target)
- to reduce smoking prevalence among manual groups from 32% (1998) to 26% by 2010 (source: Cancer Plan 2000)
- to reduce smoking prevalence among 11-15 year olds from 13% (1996) to 9% by 2010 (source: Smoking Kills 1998)
- to reduce smoking among pregnant women from 23% (1995) to 15% by 2010 (source: Smoking Kills 1998)

This strategy also complements various other health related strategies, policies and service plan. Our local target is set out in the local area agreement

- to reduce the prevalence of smoking in people over 16 – this is measured by the amount of people quitting which had a target of 1756 for 2008/09 rising to 1926 by 2011/12.

## | Reducing the uptake of smoking in young people

### Why is this important?

More than 80 per cent of smokers take up the habit as teenagers. In recent years girls have been more likely to smoke than boys. In 2004 7% of boys aged 11-15 were regular smokers, compared to 10 per cent of girls. Research shows that it is important to match interventions for young people to motivations. A broader life-skills approach is needed, which focuses less on health effects and more on peer acceptance, image, adult behaviour and role modelling.

Evidence also shows that mass media campaigns backed up by local campaigns and information can be effective in reducing relapse rates and reducing smoking uptake in young people.

### What are we doing?

Schools have a key prevention role to play in providing good smoking education to their pupils to help prevent them taking up smoking. They do this as part of their drugs education programmes and through special events like health weeks or national 'No Smoking' day.

The healthy schools team, based in Croydon Council's children, young people and learners department, supports and advises schools on the delivery of their drugs education programmes and provides relevant training opportunities for teachers, heads and governors.

The healthy schools team is also working with Croydon's state schools to help them achieve healthy school status. This programme has a strong emphasis on smoking education, including the school being a completely smoke free site; having a non-smoking policy and clear protocols on referral to agencies for stop smoking advice.

NHS Croydon's stop smoking service has appointed an advisor to work specifically with children and young people up to the age of 25, to provide educational sessions that work towards preventing young people starting to smoke as well as helping young smokers to quit. Groups have been set up exclusively for young people to attend at the walk-in centre as well as in other parts of Croydon.

The integrated youth support agenda will include developing stop smoking work that will contribute to the 'every child matters' agenda. This will include all frontline staff who work in integrated youth support attending the training on basic information about smoking and how to signpost people to the stop smoking services.

The public health department of NHS Croydon co-ordinates community wide campaigns and publicity about smoking, especially for national 'No Smoking' day.

### What will we do in the next three years?

- Develop a programme of early interventions/smoking cessation work through universal youth settings eg youth clubs
- Train all frontline staff working in integrated youth support on the level 1 stop smoking course.
- By December 2011 95% of all Croydon state schools to have achieved national healthy schools status
- The young people's advisor will devise lesson plans for teachers wanting to deliver stop smoking lessons
- Continue to run high profile publicity campaigns targeting young people



### Who will make sure it happens?

**Dave Hill, executive director, children, young people and learners, Croydon Council**

Personal, social and health education (PSHE) provides a vital foundation for the personal development of young people in preparing them for adult life. PSHE covers many areas including drug abuse. There is a particular emphasis on the most easily available drugs such as nicotine.

**Phil Barnes** is a PE teacher at Riddlesdown High School. He is also the PSHE co-ordinator for the school.

*'We are trying to instill the knowledge and skills into the kids that allows them to make informed decisions. We try to teach them the skills to say 'no' and not to give in to peer pressure. There are lots of activity based lessons where they can find out for themselves the harmful effects of smoking. I work very closely with the Healthy Schools team. They are extremely supportive and make sure we are always kept up to date with the newest research. They put on excellent courses.'*



## | Reduce access to tobacco products through effective enforcement

### Why is this important?

Approximately 15 per cent of cigarettes smoked in the UK are smuggled and this undermines the government policy of using the price of tobacco to discourage smoking. Illegal tobacco sales are especially targeted at low-income areas, further increasing inequalities in health.

It is against the law for retailers to sell any tobacco or tobacco product to children under the age of 18 and there is some evidence that campaigns to enforce legislation and educate retailers can reduce illegal sales. The white paper *Smoking Kills* (1998) includes action to protect children and young people as a priority. Measures include minimising tobacco advertising in shops, tough enforcement on under-age sales, proof of age card, strong rules on the siting of cigarette vending machines.

Nearly all nine to nineteen year olds in the UK are internet users and 74 per cent have internet access at home. Social networking sites such as MySpace and Bebo have high quality downloadable images of tobacco products and there are private advertisements to buy tobacco on-line. YouTube has a wide selection of cigarette TV ads. These sites actively promote smoking to girls as being attractive and as a weight loss/weight maintenance tool.

Croydon Council's trading standards service has an increasing role in the campaign to reduce the illegal use of all age restricted products including cigarettes, and local authorities have an annual duty to review their enforcement programme relating to the protection of children from tobacco products.

### What are we doing?

It is important to ensure that local businesses are informed and educated about their responsibilities in relation to the sale of age restricted products. The trading standards service has been active in this area by working with the local community to raise awareness and train proprietors and their staff about the issues of age restricted products and how to prevent illegal sales. All retailers subject to age related complaints receive an advisory visit prior to any attempted test purchase. In addition, the service has widely distributed and promoted a booklet setting out best practice to avoid making illegal sales.

Evidence from around the country suggests that cigarette vending machines may be an easy source of cigarettes for young people especially where these machines have been poorly sited. A survey of public houses with vending machines in Croydon in July 2005 found that in general these machines were being sited in full view of staff. As part of its duties as a responsible body under the Licensing Act 2003 the trading standards service has been discussing the siting of cigarette vending machines with licensees.

In recent years there has been an increase in the availability of counterfeit and smuggled cigarettes in Croydon. Trading standards are working with Her Majesty's Revenue and Customs and the cigarette manufactures, and have seized cigarettes from retail establishments. A number of Croydon retailers have received fines as a result.

### What will we do in the next three years?

- Continue the active enforcement and test purchasing programme, taking enforcement action against sellers of counterfeit tobacco products and working with HMRC to prevent the sale of illegal tobacco.
- Jointly working with six other London boroughs on better enforcement of sales from vending machines. This work focuses on siting vending machines in full view of staff, correct signage, and test purchasing
- London Trading Standards Authority has £332,999 of funding from the Department of Health to be shared out amongst all the London boroughs. The funding is intended to contribute towards

tobacco control projects focusing on reducing the number of illegal sales to underage people; detecting and disrupting illegal and counterfeit tobacco products; enforcement of the prohibition on tobacco advertising (including advertising on the internet); investigation and reporting of 'smokeless' tobacco products

### Who will make sure it happens?

**Tom Jeffrey, executive director, community services, Croydon Council**



## | Provide support for smokers wishing to stop

### Why is this important?

Helping smokers to stop is both effective and cost effective in terms of people's health and the burden on the NHS. Evidence suggests that a multi-tiered approach to providing support is the most successful. This consists of brief opportunistic advice to stop, intermediate one to one interventions, and specialist group support. Brief advice from a GP routinely given to all patients who smoke leads to about 40% *attempting* to quit. Other health professionals such as pharmacists and health visitors also have an important role here. Intensive behavioural support along with nicotine replacement therapy (NRT), Zyban or Champix significantly increases an individual's chance of successfully quitting.

Smoking, more than any other identifiable factor, contributes to the gap in healthy life expectancy between those most advantaged and those most disadvantaged. For example 15 per cent of men and 14 per cent of women in the professional groups smoke compared with 45 per cent of men and 33 per cent of women in the unskilled manual groups. Smoking rates among those living in the greatest hardship are over 70 per cent. The importance of smoking cessation has been repeatedly recognised in national efforts to reduce health inequalities and focussing efforts on helping smokers in socially disadvantaged areas to quit should be a local priority.

Employers are also starting to become aware of how smoking can affect their business. In London alone over 1.5 million working days are lost due to smoking related sick leave every year with a cost to business estimated at over £100 million. It makes

good business sense for employers to support their staff as much as possible to help them quit smoking.

### What are we doing?

The stop smoking service in Croydon offers 1:1 and group support to people wishing to quit smoking. Between 2001 and 2007 over 6000 people succeeded in quitting at the four week stage after their agreed quit date.

The stop smoking service has a dedicated workplace advisor who works with all the major employers such as the council and Nestlé.

Anyone who lives or works in Croydon is eligible to register with the service. People who are resident in Croydon or registered with a Croydon GP are also entitled to a voucher for nicotine replacement therapy. This can be redeemed at a participating pharmacy for up to five weeks supply of an appropriate nicotine replacement product, free or at a reduced cost. There are about 150 community advisers working in GP surgeries and local pharmacies, who offer clients one to one support. Regular groups are also run over a period of six weeks.

The service trains and supports other health staff as community advisers, offering 1:1 support so that their clients can be registered with the stop smoking service. Leaders are trained for group sessions that can be run within organisations and residents who attend these sessions can get subsidised nicotine replacement therapy. Croydon Council is running a programme to train all their frontline staff to signpost residents to the stop smoking service.

The stop smoking service has developed a new image and raised the service profile through advertising, targeted marketing and a *Quit to Win* competition running from January to March 2009.

NHS Croydon runs a stop smoking helpline which provides those who want to quit with advice and easy access to a nearby smoking cessation advisor. The helpline is advertised locally through GP surgeries, libraries, and voluntary organisations, and also receives referrals through the national smoking helpline.

Other organisations work with the stop smoking service by referring clients who smoke. For example, the exercise referral scheme run by the active lifestyles team asks people at their initial consultation with the exercise instructor if they smoke, and they are then given information about the stop smoking service and the helpline.

The stop smoking service targets smokers in disadvantaged areas by providing outreach services in certain wards in the borough. These clinics are easily accessible and provide one to one support. One such clinic is run in Thornton Heath Healthy Living Centre with referrals through local GPs. People can also self refer.

The stop smoking service is working with Mayday Hospital to support inpatients who want to quit. Ward managers have been trained to refer patients, who are then visited by a smoking cessation advisor. Nicotine replacement therapy can be requested from the in-house pharmacy on a weekly basis, and when a patient is discharged they are linked to one of the community advisors to enable continuing support.

Croydon NHS Walk-In Centre provides evening group therapy sessions for smokers wanting to quit. No appointment is needed and sessions are short to accommodate those who seek support during their lunch hour.

### What will we do in the next three years?

- Continue to work towards achieving the government set targets for the number of quitters at 4 weeks.
- Continue to develop more active links with organisations that refer clients to the stop smoking service including major employers, and new developments such as extended schools that provide services for the whole community
- Extend the range of organisations and staff groups that are given brief intervention (level 1) training to help provide support, accurate information and signposting for quitters including training all frontline council staff.
- Develop a healthy living hub within Croydon library that will have a strong focus on promoting stop smoking services.
- Develop the stop smoking service to be available at a wider variety of locations and at more times during the day, with a particular focus on New Addington, Fieldway and Broad Green.
- Support and develop the current network of advisors to deliver more quits.

### Who will make sure it happens?

**Dr Peter Brambleby**  
**Director of public health, NHS Croydon & Croydon Council**

Croydon Council is committed to offering support to any of its staff that want to stop smoking. Working in close partnership with NHS Croydon they run six week stop smoking groups at Wednesday lunchtimes during the year. Smokers wanting to quit are four times more likely to be successful by joining a group than by any other method. Having a group running in the workplace allows staff the flexibility to attend during the working day.

**Lisa Gilbert** a housing benefits manager is also a working mother. This was Lisa's third serious attempt to quit and she is confident that this time she has given up for good.

*'My son was really worried about me smoking, he kept asking me to give up. I really wanted to give up but as a working mother it was difficult for me to find the additional childcare I needed to attend a group in the evenings. Attending a group in the building I work in that was set up to run in the lunch periods meant that I could easily access it. It was also good to be with people that did a similar type of work to me as they understood my work pressures and when and why I smoked.'*

## Protect adults and children from second hand tobacco smoke (passive smoking)

### Why is this important?

Passive smoking is the involuntary breathing in of other people's tobacco smoke. Strong evidence of the health damage done by passive smoking has been mounting in recent years. Passive smoking is proven to make a significant contribution towards deaths from heart disease and cancer, it exacerbates illnesses such as asthma, and it has other effects such as causing coughing, eye irritation and headaches. There is no safe level of exposure to second hand smoke and the British Medical Association estimate that at least 1,000 people each year die because of passive smoking. Children are particularly vulnerable to the effects of passive smoking. It is estimated that five London children under the age of five are admitted to hospital every day with illnesses resulting from passive smoking.

On 1 July 2007 England introduced a new law to make virtually all enclosed public places and workplaces in England smoke-free. Restricting where people can smoke not only protects people from passive smoking, it also encourages people to quit and in the long term may change the social acceptability of smoking. However the law stopped short of legislating for smoke free homes and it is in the home that children are most commonly exposed to second hand smoke. Whilst household exposure has been declining steadily in recent years around 40 per cent of children live in households where at least one person smokes (five million children). Exposure is highest amongst children in the least well off households. Thirty per cent of smokers in England smoke in their cars and therefore this is a significant source of second hand smoke exposure for children.

### What are we doing?

The licensing and safety team are ensuring that the smoking ban legislation is complied with. They currently deal with one to two complaints a week. Training for frontline council staff emphasises the dangers of second hand tobacco smoke.

### What will we do in the next three years?

- Provide support and advice to local employers who want to develop smoking policies.
- Ensure that information about second-hand tobacco smoke is included in major publicity events.
- Safety and licensing officers will continue to work with businesses to ensure the smoking ban is implemented.
- Continue to include the dangers of second hand tobacco smoke in level 1 training.

### Who will make sure it happens?

**Tom Jeffrey, executive director,  
community services, Croydon Council**

## Training for frontline staff

**Carole Woolnough**  
**HMO Team Leader**

I have recently attended the level 1 basic smoking intervention course, run by healthy Croydon and the PCT. When my manager asked me and the rest of the team to attend this course I was not sure it would be of any benefit and I felt that I would not want to start preaching to customers in their own homes about giving up smoking, whilst I was there looking at the disrepair to the property.

However, how wrong I was! The presenter, George made this subject lively and interesting. He gave us many facts and myths about smoking and the related problems, we spent some of the time in discussion with others on the course and we learnt about the support that is out there to help those who wish to quit smoking.

I now understand that brief intervention and a subtle approach is often the best way to sow the seed and get someone who smokes to start thinking about quitting. It is also a fact that only 2-3% manage to give up smoking without any help, so the help that is available is essential, and the word needs to be spread that this support is out there.

At the end of a very lively and interesting morning (interspersed with coffee, tea and biscuits!) I actually felt that I wanted to use my new found knowledge to get the message across to those that might want to quit, and who I come across in my day to day work. Just knowing a few facts and how to approach the subject in a subtle way is very useful.

I would recommend this course to any frontline staff, and there was a lot of positive feedback from my team, so sign up for it if asked as you may be pleasantly surprised!

## | Communication plan

We know we cannot force people to change their behaviour but we can encourage and make support available to those who want to improve their health. Good communications are key to the success of this strategy.

Social marketing was highlighted in the public health white paper *Choosing Health* as an important approach that has real potential to enhance and make a significant contribution to both national and local work. The Croydon stop smoking service has used this approach to develop a social marketing strategy. The tobacco control alliance will support implementation of this strategy by ensuring that all partners make the most of communication opportunities.

We will also ensure that to complement the stop smoking service we have a communications plan to drip-feed information throughout the year. We are already using banners at targeted premises around the borough such as local parks and leisure centres to promote the stop smoking service telephone number. We will also review and rebuild the tobacco alliance's pages on the **www.croydon.gov.uk** website and ensure we have an article on the Croydon Crunch website outlining the financial benefits of stopping smoking and linking it to the stop smoking service's website: **www.croydonstopsmokingservice.co.uk**

The Department of Health produces a range of messages and images which all use the smoke free national branding. Wherever possible local tobacco control alliances are encouraged to use this imagery in any advertising they produce. Currently NHS Croydon's stop smoking service uses this branding extensively when advertising the service.

Each one of the four objectives that make up Croydon's tobacco control strategy has a distinctive communications element attached to it. A summary of this is shown in the table opposite:

The Croydon tobacco control alliance is committed to improving the way it communicates with the general public. In order to ensure that the messages are relevant and delivered in the most appropriate format for the different population groups within the borough we will continue to utilise the principles of social marketing and work closely with all the relevant communications departments to support this work.

### How will we deliver?

The successful delivery of Croydon's tobacco control strategy depends on close co-operation between many organisations. The tobacco control alliance, a multi-agency group which includes representatives from NHS Croydon, the council and the local pharmaceutical committee will oversee its implementation and monitor performance against outcomes. The alliance meets quarterly and is jointly chaired by Croydon Council's executive director of community services and the joint director of public health.

The alliance is accountable to the local strategic partnership through the Healthy Croydon partnership, one of the eight theme partnerships within Croydon's local strategic partnership.

Strategic objective	Communication method	Timescale
Reduce the uptake of smoking in young people	Websites (see above); leaflets; face-to-face; texts	To be developed during 2009
Reduce access to tobacco products through effective enforcement	Work with council communications department to ensure all trading standards successes are publicised and celebrated	To be developed during 2009
Provide support for smokers wishing to stop	<p>Pubs and clubs campaign includes distribution of lighters and beer mats with key numbers and information</p> <p>Ensure that all successes such as the council quit group are reported in relevant communications such as The Loop.</p> <p>Banners in strategic positions around the borough</p> <p>Distributing 65,000 leaflets to key organisations.</p> <p>A social marketing campaign comprising posters on telephone boxes; decaux boards etc. and leaflets including targeted information such as 'Stop before the op'</p> <p>Information stands in the Whitgift Centre; North End and at all major events including the Croydon Mela.</p> <p>Information at major employers such as the council; Nestlé; Mayday hospital advertising quit services on posters and information on payslips.</p> <p>Level 1 training for frontline staff</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing Winter 2008</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
Protect children and adults from secondhand tobacco smoke	Information in leaflets; websites; level 1 training for frontline staff	Ongoing

## | Appendix 1: Smoking prevalence in Croydon

Local data indicates that Croydon has a similar level and pattern of smoking to the rest of the United Kingdom.

Like other diverse communities, Croydon shows considerable variation in the prevalence of smoking according to age, gender, socioeconomic status and ethnicity.

The main sources of information about smoking prevalence in Croydon are:

- **GP data.** Smoking status is recorded for over 90% of people aged 16 and over on practice computer systems in Croydon.
- **The annual patient survey.** A postal questionnaire is sent to approximately 37,000 people every year and achieves a response rate of about 35%.
- **The birth notifications and family needs assessment databases,** which provide information on smoking in pregnancy.

These data sources allow us to estimate the prevalence of smoking in Croydon for various groups of the population.

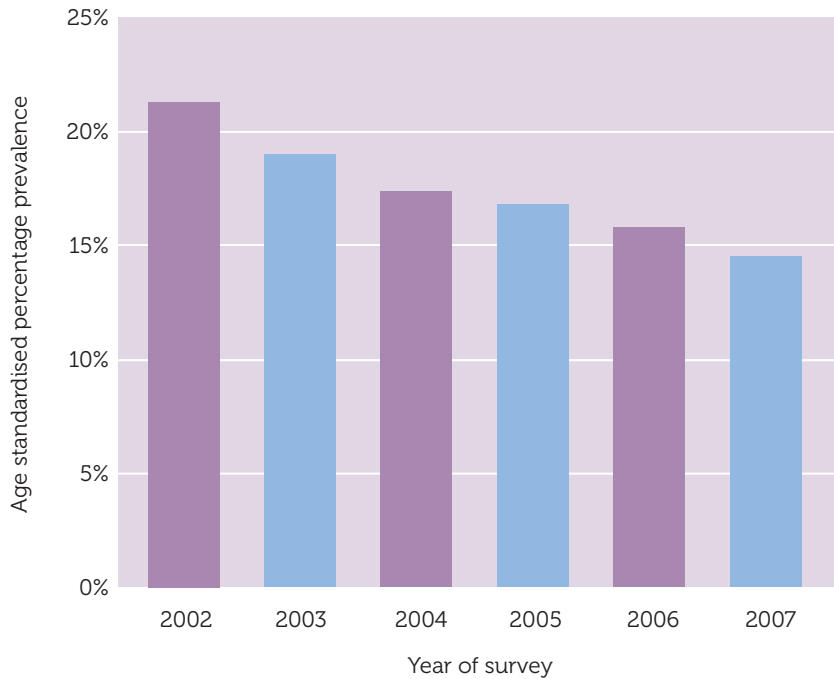
According to general practice data, 21.2% of people registered with Croydon GPs smoked in 2009. This was a decrease from 22.7% in 2007. This data is based on a patient's last recorded smoking status. The quality of this data is dependent on how recently patients have visited their GP and whether they have correctly reporting their smoking status. It can therefore only be used as a guide to smoking prevalence in Croydon.

Data from the patient survey shows a decrease between 2002 and 2007 (Figure 1), but is likely to be less accurate than general practice data, because it is dependent on the characteristics of patients who respond to the survey as being representative of Croydon as a whole.

### Smoking and age

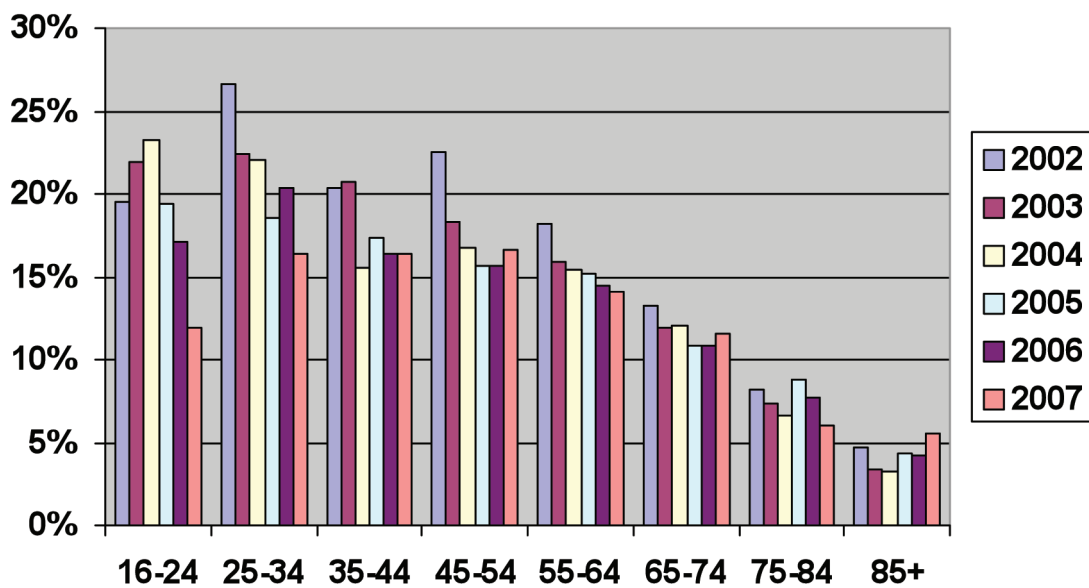
Figure 2 shows that smoking prevalence is highest in the 16 to 34 year olds and decreases with age. The figure also shows that smoking in the 16-24 year olds increased between 2002 and 2004, whereas rates in all other age groups declined. The data used is taken from the annual GP patients survey. The age profile of patients from the GP sample who responded to the survey is biased towards the older age groups, which means that it probably underestimates smoking prevalence in the borough, however it gives a general picture of the variation in smoking rates by age.

Figure 1: Smoking prevalence by year of patient survey, Croydon, 2002-2007



Source: GPAQ patient survey, 2002- 2004

Figure 2: Smoking prevalence by age group by year of patient survey, Croydon, 2002-2007



Source: GPAQ patient survey, 2002- 2004

### Smoking and deprivation

Figure 3 shows a map of smoking prevalence throughout the borough, and indicates that the highest rates of smoking are in the more deprived wards. The more deprived an area is (the higher the index of multiple deprivation score) the more smoking prevalence increases (figure 4). People living on lower incomes are more likely to take up smoking; less likely to quit; more dependent on nicotine; and more heavily exposed to other people's smoke. Death rates from tobacco are now two to three times higher among disadvantaged social groups than the more affluent, and poorer people can also expect to experience more illness and disability problems.

### Smoking and ethnicity

Table 1 shows levels of smoking in Croydon by ethnic group (2002-2004). This indicates that in Croydon rates are highest in predominantly white groups. However, the wide classifications used may mask variations within each category. In Britain, rates of smoking vary considerably among minority ethnic communities, with some groups having lower rates than the national average, and some having much higher rates, including Bangladeshi and black Caribbean men. These differences emphasise the importance of culture and religion and of the impact of socio-economic factors (NHS Croydon 2003).

**Table 1: Smoking prevalence by ethnic group in Croydon**

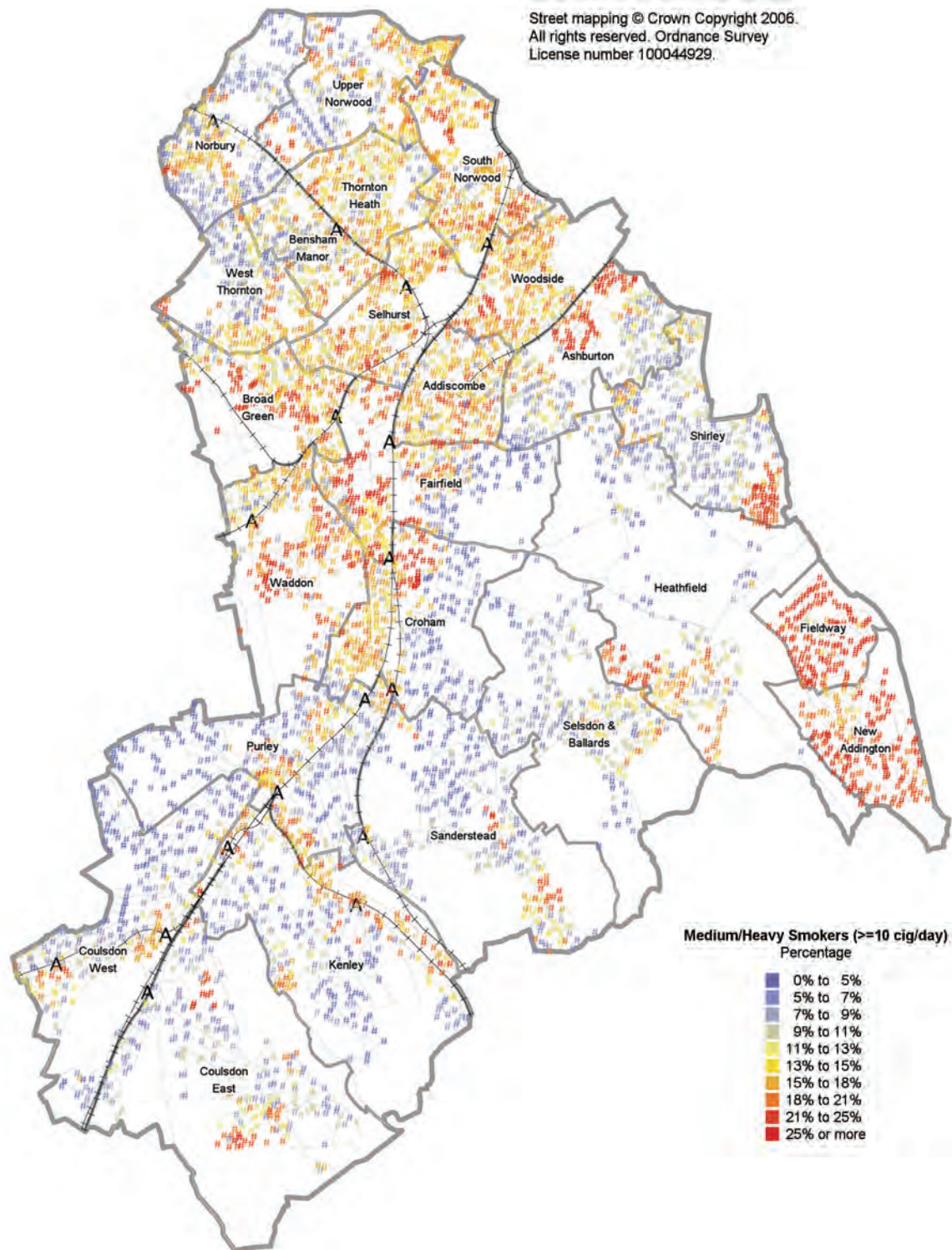
Ethnic group	Patients who smoke - GP data (ages 16+; age - standardised rate per 100)	Persons who smoke - survey data (ages 16+; age-standardised rate per 100)
White British	28.6%	21.8%
White Irish and white other	26.3%	
Mixed	24.0%	
Asian & Asian British	11.6%	9.3%
Black & black British	14.5%	11.9%
Chinese and other ethnic groups	18.2%	13.8%

Sources:

Miquet Oct 2004-Feb 2005

Patient survey, 2002-2004

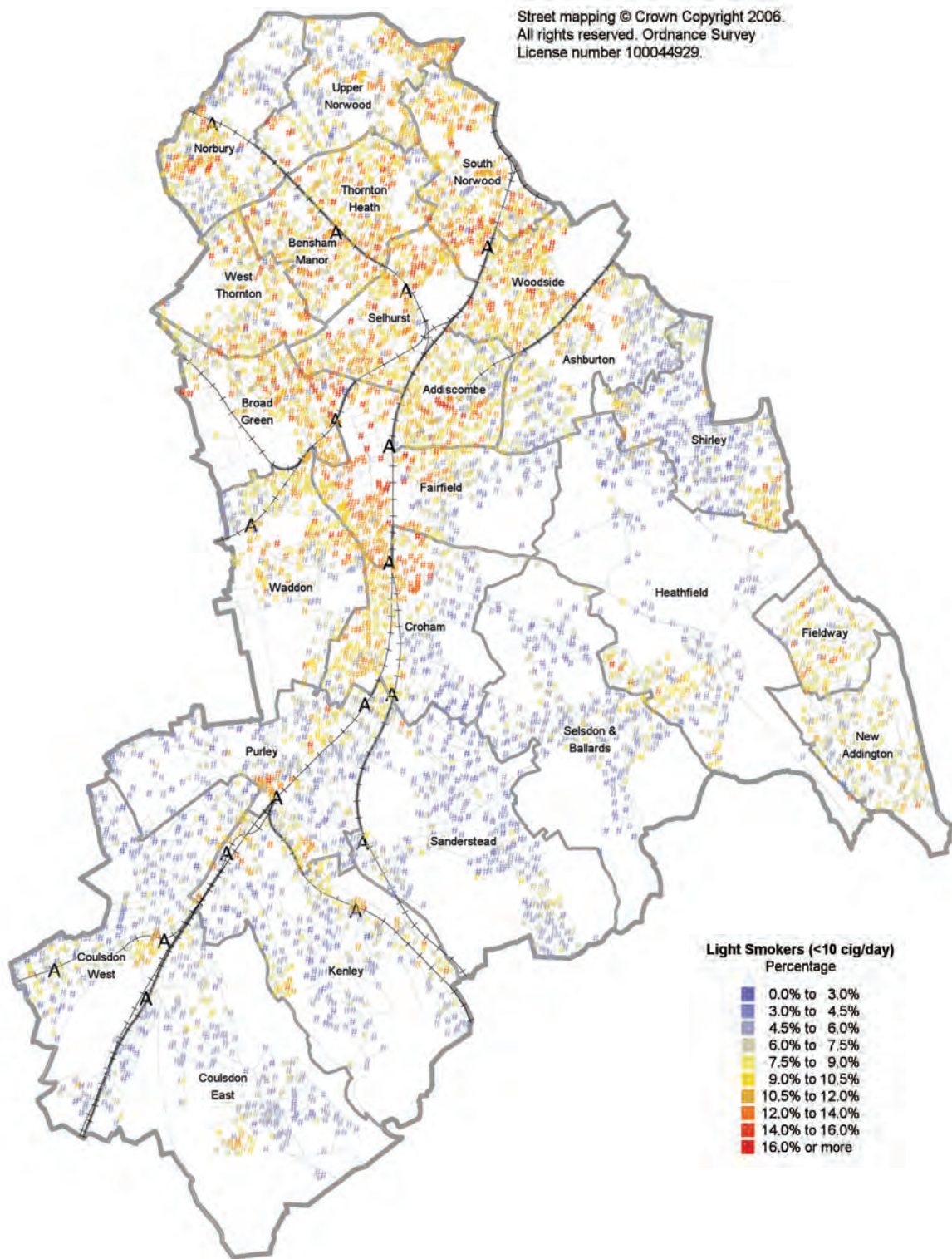
Figure 3: People who smoke more than ten cigarettes a day, Croydon, 2006



GP data combined with Mosaic postcode classification (on average 50% MIQUEST data and 50% Mosaic data is used for each postcode).

Source: Mosaic, Experian® Ltd; GP information systems, NHS Croydon

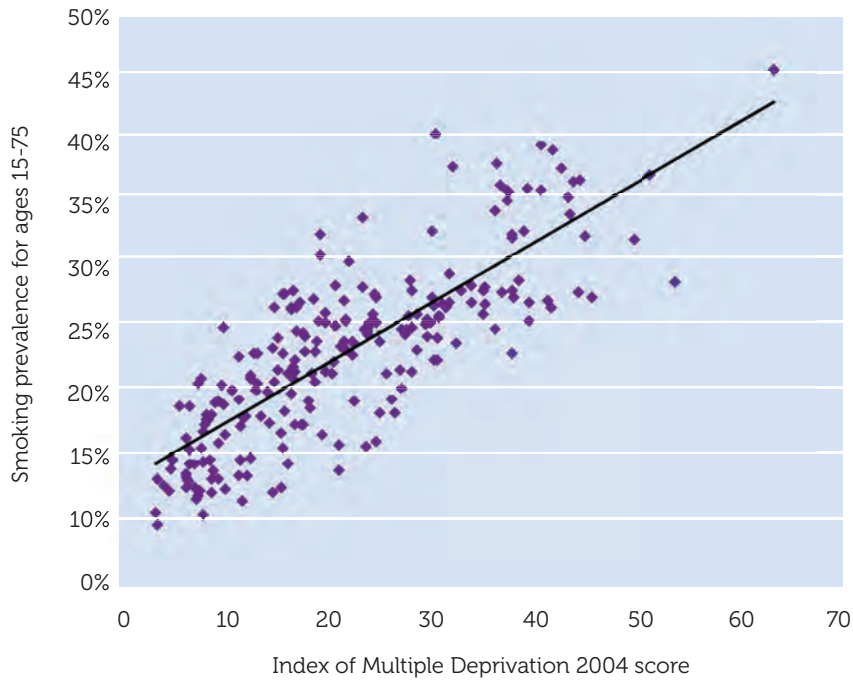
Figure 4: People who smoke less than ten cigarettes a day, Croydon, 2006



GP data combined with Mosaic postcode classification (on average 50% MIQUEST data and 50% Mosaic data is used for each postcode).

Source: Mosaic, Experian® Ltd; GP information systems, NHS Croydon

Figure 5: Correlation between multiple deprivation and smoking prevalence at super output area level in Croydon

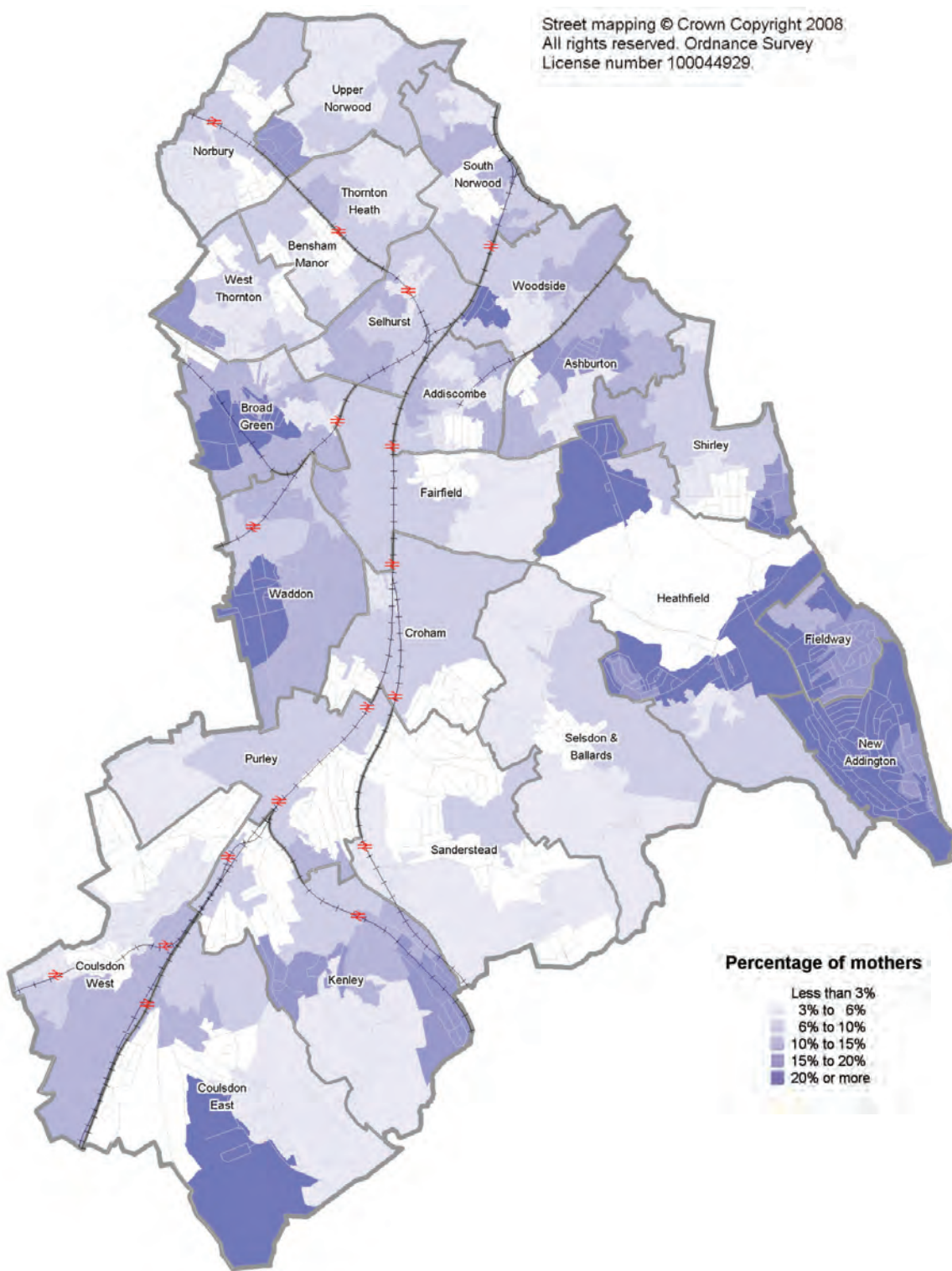


### Smoking and pregnancy

Smoking during pregnancy has adverse effects on foetal growth, and babies born with low birth weight are significantly more likely to die during the first year of life than those with average birth weight. In addition smokers have more complications during pregnancy and labour than non-smokers (NHS Croydon 2003). Figure 5 shows the variation in rates of smoking in pregnancy between wards in Croydon, with higher levels in the most deprived wards.



Figure 6: Map of smoking during pregnancy by super output area, Croydon, 2005-2007



Source: Birth notifications Database

### Health impact of smoking in Croydon

Nationally, it has been estimated that smoking is responsible for

- 80% of deaths from lung cancer
- 80% of deaths from bronchitis/emphysema
- 17% of deaths from coronary heart disease
- 30% of all deaths from cancer (ASH 2005a)

These figures show that approximately 450 Croydon residents died each year between 2002 and 2004 because of their smoking habit, and many will have done so prematurely.

In addition, many people become disabled by the consequences of smoking, for example smokers have a 10-16 times greater risk of developing peripheral vascular disease which may lead to amputation of one or both legs. Other effects of smoking include a reduced sense of taste and smell, early aging, poor dental hygiene, and slower recovery from wounds (ASH 2005a)

Figure 3: deaths attributable to smoking in Croydon, 2002-2004

