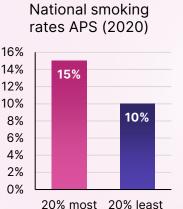
# Impact of smoking on Core20PLUS5



## **Guide for NHS Dorset ICB**

## Core20: Above-average smoking rates among the most deprived reduces their healthy life expectancy and increases pressure on the NHS



deprived deprived

In your ICS smoking rates among the routine and manual population are 15%1

Annually smoking causes

- 7,434 hospital admissions<sup>2</sup>
- 3.035 premature deaths<sup>3</sup>

Additional impact on communities

- Costs society 208.66M a year 4
- 29,876 smoking households live in poverty <sup>5</sup>
- 2,908 people out of work due to smoking<sup>6</sup>
- 15,268 people receive informal care from friends and family because of smoking<sup>7</sup>

## **PLUS:** The most deprived groups have the highest smoking rates

National smoking rates among:

- Homeless (77%)8
- People entering prison  $(80\%)^9$
- 11–16-year-olds with a mental disorder (22%)10
- Social housing (26%)<sup>11</sup>

ICS smoking rates for those receiving addiction treatment:

- opioids 52%<sup>12</sup>
- alcohol 34%<sup>13</sup>

### What your ICB can do:

- 1. Prioritise implementation of the NHS LTP funded tobacco dependency treatment pathways in maternity, mental health and acute inpatient services by 23/24 with mainstreaming by 24/25. Current timeline for implementation variable across the system. ICB leadership is needed to drive action.
- 2. Ensure prevention plans are developed in collaboration with local government, the system leader for public health and focus on tobacco and inequalities. The NHSE 22/23 operating guidance requires plans to include action on tobacco. ASH recommendations here.
- 3. Sign the NHS Smokefree Pledge a public commitment to tackling smoking by NHS leaders on behalf of their organisations. Nationally the Pledge has been endorsed by the NHSE Chief Executive, ADPH, AoMRC, BMA, FPH and RCM.
- 4. Support regional models for tobacco control. Collaboration with local government on a regional footprint has been proven to be a costeffective way to tackle smoking and reduce inequality. ASH report and summary.

### 5: Five clinical areas of focus are all impacted by smoking



## 1. Maternity

Smoking is the leading modifiable risk factor for poor birth outcomes

In your ICS 10%<sup>14</sup> of women smoke at time of delivery ~ 599 women annually15

### 2. Severe Mental Illness

Smoking is the leading cause of the 10-20 vear reduction in life expectancy for people with SMI.

In your ICS 40% of people with SMI smoke<sup>16</sup>

## 3. Chronic respiratory

illness Around 86% of all COPD deaths are

caused by smoking

In your ICS 403 people a year die from COPD<sup>17</sup>

## 4. Early cancer diagnosis

Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths

In your ICS 450 people a year die from cancer caused by smoking<sup>18</sup>

# 5. Hypertension

VIC

Smoking cessation is embedded in NICE auidelines on hypertension because smokers' CVD risk is double that of nonsmokers.

In your ICS 143 people a year die from CVD caused by smoking<sup>19</sup>

Find out more **Find out more**  Find out more

**Find out more** 

**Find out more** 

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