
Statistics on NHS Stop Smoking Services: England, April 2007 to March 2008

Summary

This statistical report presents final results from the monitoring of the NHS Stop Smoking Services for the period April 2007 to March 2008. In 2007/08 new data items have been added to the collection. Information is now available for successful quitters by treatment option and ethnicity. Also, this is the first year that information on the use of varenicline (chamfix) as a pharmacotherapy has been included. Some information has also been provided in this report in relation to smoking prevalence and attitudes to smoking to help put these results into context.

The key results show that in England during the period April 2007 to March 2008:

- 680,289 people set a quit date through the NHS Stop Smoking Services, an increase of 13% since 2006/07
- At the 4 week follow-up 350,800 people had successfully quit (based on self-report), 52% of those setting a quit date. This compares with 319,720 successful quitters in 2006/07 (an increase of 10%)
- More women than men set a quit date in 2007/08 (373,000 compared with 307,289) and more women than men successfully quit (188,708 compared with 162,092), although the success rate of giving up smoking was slightly higher among men than women (53% and 51% respectively)
- Of those setting a quit date, success rates generally increased with age, from 38% of those aged under 18, to 60% of those aged 60 and over
- People from ethnic minority groups accounted for 3% of those setting a quit date in 2001/02 (7,366), compared to 6% in 2007/08 (37,734)
- The success rate of giving up smoking was highest among those in the Mixed and White ethnic groups (52% and 51% respectively) and lowest among those in the Black and Black British group (45%)
- Of the 18,977 pregnant women who set a quit date, 9,817 successfully quit (52%)
- Among Strategic Health Authorities (SHAs), North East SHA reported the highest number of successful quitters per 100,000 population (1,171 per 100,000) while South East Coast SHA reported the lowest (640 per 100,000)
- Among Primary Care Trusts (PCTs), Hartlepool PCT reported the highest number of successful quitters per 100,000 population (2,051 per 100,000), which was over double the average for England. Brent PCT reported the lowest number of successful quitters per 100,000 population (85 per 100,000)

- The majority of those setting a quit date received Nicotine Replacement Therapy (NRT) only (70%). A further 14% received varenicline (Champix) only, 3% received bupropion (Zyban) only and less than 1% received both NRT and bupropion. Six per cent of people setting a quit date did not receive any pharmacotherapy and the type of treatment was unknown for a further 6%
- Varenicline was the most successful pharmacotherapy in helping people quit. Of those who used varenicline 63% successfully quit, compared with 53% who received bupropion only, and 49% who received NRT. Fifty-five per cent of people who did not receive any type of pharmacotherapy successfully quit
- Expenditure on NHS Stop Smoking Services was almost £61 million in 2007/08 nearly £10 million higher than in 2006/07 and almost £36 million more than expenditure in 2001/02. The cost per quitter was £173 in 2007/08. This has increased by 8% since 2006/07 but is down overall since 2001/02 when the cost per quitter was £206

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1 Introduction

This statistical bulletin presents results from the NHS Stop Smoking Services in England for the period April 2007 to March 2008. The statistics presented in this bulletin supersede results previously published for this period and are the finalised figures for 2007/08.

The NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisors and trained nurses and pharmacists. These services complement the use of pharmacotherapies, Nicotine Replacement Therapy (NRT), bupropion (Zyban) and the more recently introduced varenicline (Champix).

Key results from the NHS Stop Smoking Services in 2007/08 are presented in Chapter 2, together with an analysis of trends in the performance of the service over recent years. In addition to this, various demographic characteristics are explored which include gender, age and ethnicity, including for the first time successful quitters by ethnic group. The chapter also reports on the use of NHS Stop Smoking Services by pregnant women.

Chapter 3 presents geographical patterns in NHS Stop Smoking Services looking at both regional and PCT level data. The chapter also provides some analysis of Spearhead PCTs.

Chapter 4 provides some information on the various treatments used in NHS Stop Smoking Services to help people stop smoking, including for the first time, successful quitters by type of pharmacotherapy received. The chapter

also reports on the costs associated with running the services.

Chapter 5 presents information from other sources, showing the prevalence of smoking, with various breakdowns, including ethnicity, pregnancy and Government Office Regions, from the General Household Survey and the Infant Feeding Survey. The chapter also presents information from the Office for National Statistics' Omnibus survey looking at the behaviour and attitudes of smokers wanting to give up smoking, attempts made to stop smoking and sources of stop smoking help and advice. This information may be of interest to those involved in the NHS Stop Smoking Services and also to those interpreting the statistics on NHS Stop Smoking Services.

Throughout the bulletin, references to sources for further information are given. The bulletin also contains five appendices. Appendix A sets out Government policy and targets in the area and Appendix B describes the technical aspects of the NHS Stop Smoking Services. Appendix C sets out the editorial notes in respect of tables. Appendix D contains sources of further information and useful contacts, as well as an overview of smoking cessation research and future collections. The return form used by the SHAs to submit data to the NHS Information Centre in 2007/08 is given in Appendix E.

Successful Quitters

Where 'successful quitters' are mentioned in this report, this refers to those people who successfully quit at the four-week follow-up. A client is counted as a 'self-reported 4-week quitter' if when assessed 4 weeks after the designated quit date, they declare that they have not smoked, even a single puff on a cigarette, in the past two

weeks. This information is collected on NHS Stop Smoking returns in line with requirements from the Department of Health (DH).

CO Monitoring

Clients who self-report as having quit at the 4-week follow up are required to have their Carbon Monoxide (CO) levels monitored as a validation of their quit attempt (unless the intervention was by telephone). This information is collected on NHS Stop Smoking returns in line with requirements from DH.

2 Key results

2.1 Introduction

This chapter presents the key results from the NHS Stop Smoking Services in 2007/08, together with an analysis of trends in the performance of the service over recent years. In addition to key results, this chapter also looks at various demographic characteristics of those using the service as well as the use of services by pregnant women.

2.2 Overall results

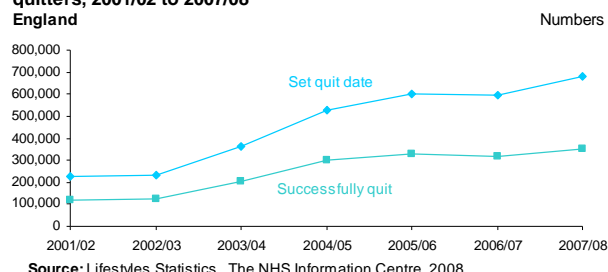
During the period April 2007 to March 2008, 680,289 people set a quit date through the NHS Stop Smoking Services and 350,800 people successfully quit, 52% of those setting a quit date. A further 27% (180,936) failed to quit, while 22% (148,553) were lost to follow up.

In 2007/08, 350,800 people successfully quit smoking with NHS Stop Smoking Services, the highest number ever recorded

Of the 350,800 successful quitters, carbon monoxide (CO) validation was attempted on 243,539 clients. Of those where an attempt was made to test, 86% were confirmed as successful quitters by CO validation. Therefore, 31% of people who set a quit date successfully quit with CO validation confirmed.

The number of people setting a quit date and the number of successful quitters were higher in 2007/08 than in 2006/07, when there were 600,410 people setting a quit date and 319,720 successful quitters (Table 2.1, Figure 2.1).

Figure 2.1 Number of people setting a quit date and successful quitters, 2001/02 to 2007/08

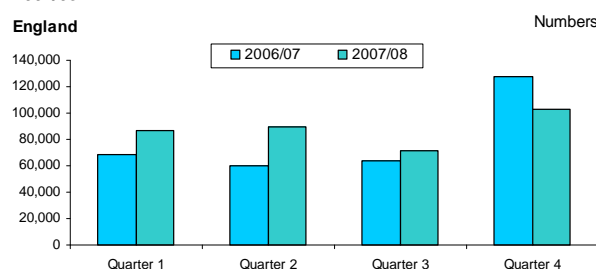


Source: Lifestyles Statistics. The NHS Information Centre, 2008

During quarter 4 (covering the period 1st January to 31st March 2008) more people set a quit date and successfully quit than in any other quarter in 2007/08, a pattern seen in previous years. The success rate in quarter 4 (53%) was also higher than in any other quarter in that particular year, again a pattern seen in previous years.

Both the number of people setting a quit date and those who successfully quit in quarters 1, 2 and 3 in 2007/08 were higher than in the same quarters in the previous year. However, numbers for quarter 4 were lower. This probably reflects the introduction of the smoking ban in public places in July 2007, resulting in a larger number of quitters earlier in the year (Table 2.2, Figure 2.2).

Figure 2.2 Number of successful quitters, by quarter, 2006/07 and 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

Results for 2007/08 showed the highest number of people setting a quit date per 100,000 population (1,656) and the highest

number of successful quitters per 100,000 population (854), since 2001/02 (Table 2.3).

2.3 Demographic characteristics

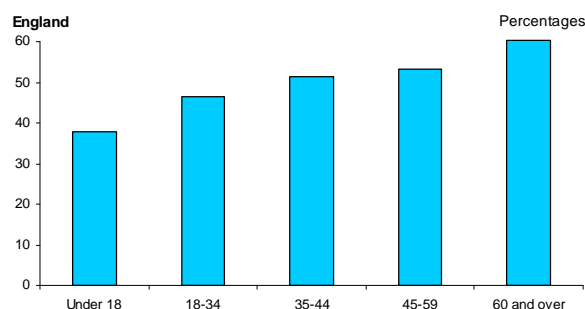
2.3.1 Results by gender

As in previous years, more women than men set a quit date with the services (373,000 compared with 307,289). Of those setting a quit date, again more women successfully quit than men (188,708 compared with 162,092), although the success rate of giving up smoking was slightly higher among men than women (53% and 51% respectively), a pattern also seen in previous years (Table 2.4).

2.3.2 Results by age group

The success rate of giving up smoking generally increased with age, from 38% for those aged under 18, to 60% of those aged 60 and over. A third of those under 18 were unsuccessful in their quit attempt. Rates for all other age groups were very similar (Table 2.5, Figure 2.3).

Figure 2.3 Percentage of successful quitters, by age group, 2007/08



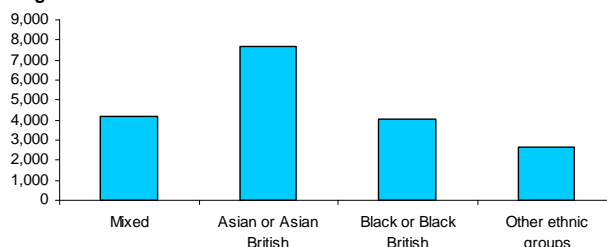
Source: Lifestyle Statistics. The NHS Information Centre, 2008

2.3.3 Results by ethnicity

As with previous years, the majority (85%) of people setting a quit date with the services were White (577,720). Among the ethnic minority groups, the Asian or Asian British ethnic group had the largest number of people setting a quit date (15,210). As

with those setting a quit date, the majority (84%) of successful quitters were White (296,120), while those in the Asian or Asian British ethnic group had the greatest number of quitters (7,673) among the ethnic minority groups. The success rate of giving up smoking was highest among those in the Mixed and White ethnic groups (52% and 51% respectively) and lowest among those in the Black and Black British ethnic group (45%) (Table 2.6, Figure 2.4).

Figure 2.4 Number of successful quitters, by ethnic minority group, 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

Although, overall there were more women than men setting a quit date through the services, among ethnic minority groups the opposite was reported. Only 13,935 women from ethnic minority groups set a quit date in 2007/08, compared to 23,799 men.

Among ethnic minority groups men were much more likely to set a quit date than women

There has been a steady increase in the number of people from ethnic minority groups setting a quit date through the services from 7,366 in 2001/02 (3% of all people setting a quit date) to 37,734 in 2007/08 (6% of all those setting a quit date) (Table 2.7).

Over five times as many people from minority ethnic groups set a quit date in 2007/08 compared to 2000/01

The number of people setting a quit date belonging to different ethnic groups varied quite widely between SHAs, obviously depending on the distributions of ethnic populations living in different areas. As might be expected, London had the largest number of people setting quit dates and quitting in each of the ethnic minority groups, accounting for 20% of all those setting a quit date and 19% of those quitting in that SHA (Table 2.8).

2.4 Use of services by pregnant women

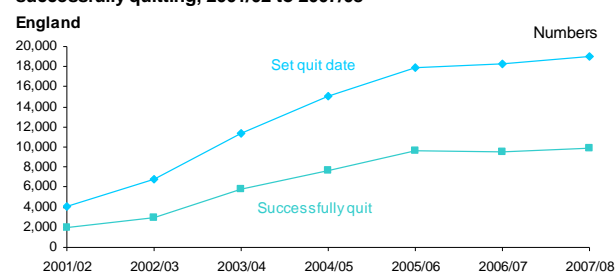
In 2007/08, 18,977 pregnant women set a quit date with NHS Stop Smoking Services, compared to 4,037 pregnant women in 2001/02. There has been an increase in the number of pregnant women setting a quit date in each year since 2001/02.

18,977 pregnant women set a quit date in 2007/08 compared with 4,037 in 2001/02

In 2007/08, 52% of pregnant women setting a quit date (9,817) successfully quit. There

was an 18% loss to follow-up among pregnant women which is lower than the loss to follow-up in the service overall (22%) (Table 2.9, Figure 2.6).

Figure 2.5 Number of pregnant women setting a quit date and successfully quitting, 2001/02 to 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

Results by SHA are given in Table 2.10. Both North West and East Midlands had almost three thousand pregnant women setting a quit date, while in East of England SHA, only 1,015 set a quit date. Quit rates varied significantly between the SHAs. Care should be taken when making these comparisons as pregnancy rates will vary by SHA (Table 2.10).

Summary: Key results

This chapter has shown that in 2007/08, more people set a quit date and successfully quit through NHS Stop Smoking Services than in any year since the service started.

Around half of those setting a quit date successfully quit, around a quarter failed to quit and approximately a fifth were lost to follow-up.

More women than men set a quit date and successfully quit through the services. However, success rates were found to be slightly higher among men than among women. Success rates were also found to generally increase with age.

As in previous years, the majority of people who set a quit date and successfully quit were White although there has been a steady increase in the number of people from ethnic minority groups setting a quit date since 2001/02.

The number of pregnant women setting a quit date and successfully quitting has increased since 2001/02.

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Table 2.1 People setting a quit date and outcome¹, 2001/02 to 2007/08

England	Numbers / Percentages						
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Numbers							
Number setting a quit date	227,335	234,858	361,224	529,567	602,820	600,410	680,289
Outcome at 4 weeks							
Number of successful quitters	119,834	124,082	204,876	298,124	329,681	319,720	350,800
Number who had not quit	57,161	56,106	82,381	120,232	144,658	150,290	180,936
Number not known/lost to follow up	50,340	54,670	73,967	111,211	128,481	130,400	148,553
CO validation²							
Number of successful quitters, where CO validation attempted	89,856	92,690	143,509	216,635	240,964	229,347	243,539
Number of successful quitters, confirmed by CO validation	79,767	83,163	127,493	191,251	210,415	198,052	208,742
Percentages							
Percentage setting a quit date	100	100	100	100	100	100	100
Outcome at 4 weeks							
Percentage of successful quitters	53	53	57	56	55	53	52
Percentage who had not quit	25	24	23	23	24	25	27
Percentage not known/lost to follow up	22	23	20	21	21	22	22
CO validation²							
Percentage of successful quitters, where CO validation attempted	40	39	40	41	40	38	36
Percentage of successful quitters, confirmed by CO validation	35	35	35	36	35	33	31

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone

Source:

The NHS Information Centre, Lifestyle Statistics.

Table 2.2 People setting a quit date and successful quitters¹, by quarter, 2001/02 to 2007/08

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
1 April to 30 June 2001	56,935	28,828	51
1 July to 30 September 2001	48,578	25,054	52
1 October to 31 December 2001	48,155	25,518	53
1 January to 31 March 2002	73,667	40,434	55
Total: April 2001 to March 2002	227,335	119,834	53
1 April to 30 June 2002	59,810	30,752	51
1 July to 30 September 2002	49,049	24,976	51
1 October to 31 December 2002	48,511	25,382	52
1 January to 31 March 2003	77,488	42,972	55
Total: April 2002 to March 2003	234,858	124,082	53
1 April to 30 June 2003	68,620	36,573	53
1 July to 30 September 2003	67,075	35,968	54
1 October to 31 December 2003	76,400	43,615	57
1 January to 31 March 2004	149,129	88,720	59
Total: April 2003 to March 2004	361,224	204,876	57
1 April to 30 June 2004	104,420	56,192	54
1 July to 30 September 2004	103,969	56,058	54
1 October to 31 December 2004	109,781	62,121	57
1 January to 31 March 2005	211,397	123,753	59
Total: April 2004 to March 2005	529,567	298,124	56
1 April to 30 June 2005	145,538	76,495	53
1 July to 30 September 2005	126,367	65,693	52
1 October to 31 December 2005	122,034	66,690	55
1 January to 31 March 2006	208,881	120,803	58
Total: April 2005 to March 2006	602,820	329,681	55
1 April to 30 June 2006	137,803	68,901	50
1 July to 30 September 2006	117,003	59,967	51
1 October to 31 December 2006	119,986	63,659	53
1 January to 31 March 2007	225,618	127,193	56
Total: April 2006 to March 2007	600,410	319,720	53
1 April to 30 June 2007	171,192	86,781	51
1 July to 30 September 2007	179,302	89,496	50
1 October to 31 December 2007	136,771	71,517	52
1 January to 31 March 2008	193,024	103,006	53
Total: April 2007 to March 2008	680,289	350,800	52

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. There have been some minor revisions to the provisional figures published in previous quarters. The number of people setting a quit date in 2007/08 Quarter 1 (April to June 2007) has been revised from 164,696 to 171,192. The number who had successfully quit at the 4 week follow up (self-report) has been revised from 82,974 to 86,781. The number of people setting a quit date in 2007/08 Quarter 2 (July to September 2007) has been revised from 173,460 to 179,302. The number who had successfully quit at the 4 week follow up (self-report) has been revised from 86,556 to 89,496. The number of people setting a quit date in 2007/08 Quarter 3 (October to December 2007) has been revised from 124,534 to 136,771. The number who had successfully quit at the 4 week follow up (self-report) has been revised from 64,530 to 71,517.

Source:

The NHS Information Centre, Lifestyle Statistics.

Table 2.3 People setting a quit date and successful quitters^{1,2} per 100,000 population^{3,4}, 2001/02 to 2007/08

England	Numbers	
	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over
2001/02	575	303
2002/03	590	312
2003/04	902	511
2004/05	1,312	739
2005/06	1,479	809
2006/07	1,461	778
2007/08 ⁵	1,656	854

1. May include clients who are aged 15 and under

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

3. The rate of people who set a quit date/ successfully quit at 4 weeks (based on self report) per 100,000 of population aged 16 and over uses estimated resident population mid-year figures based on the ONS revised 2007 methodology published in August 2007

4. Information on ONS Population data is available at <http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=601>

5. The rate of people who set a quit date/ successfully quit at 4 weeks (based on self report) per 100,000 of population aged 16 and over in 2007/08 uses estimated resident population mid-2006 figures as 2007 figures were not available at time of publication

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.4 People setting a quit date and outcome¹, by gender, 2007/08

England	Numbers / Percentages					
	Total	Males	Females	Total	Males	Females
Number setting a quit date	680,289	307,289	373,000	100	100	100
Outcome at 4 weeks						
Number of successful quitters	350,800	162,092	188,708	52	53	51
Number who had not quit	180,936	78,159	102,777	27	25	28
Number not known/lost to follow up	148,553	67,038	81,515	22	22	22
CO validation²						
Number of successful quitters, where CO validation attempted	243,539	112,021	131,518	36	36	35
Number of successful quitters, confirmed by CO validation	208,742	96,671	112,071	31	31	30

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.5 People setting a quit date and outcome¹, by age group, 2007/08

England	Numbers / Percentages					
	Total	Under 18	18-34	35-44	45-59	60 and over
Numbers						
Number setting a quit date	680,289	20,823	194,641	166,213	184,694	113,918
Outcome at 4 weeks						
Number of successful quitters	350,800	7,852	90,214	85,640	98,520	68,574
Number who had not quit	180,936	6,895	52,290	42,921	49,727	29,103
Number not known/lost to follow up	148,553	6,076	52,137	37,652	36,447	16,241
CO validation²						
Number of successful quitters, where CO validation attempted	243,539	5,050	59,602	59,998	70,552	48,337
Number of successful quitters, confirmed by CO validation	208,742	4,281	50,174	51,494	60,721	42,072
Percentages						
Percentage setting a quit date	100	100	100	100	100	100
Outcome at 4 weeks						
Percentage of successful quitters	52	38	46	52	53	60
Percentage who had not quit	27	33	27	26	27	26
Percentage not known/lost to follow up	22	29	27	23	20	14
CO validation²						
Percentage of successful quitters, where CO validation attempted	36	24	31	36	38	42
Percentage of successful quitters, confirmed by CO validation	31	21	26	31	33	37

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.6 People setting a quit date and successful quitters¹, by ethnic group², 2007/08

England	<i>Numbers / Percentages</i>		
	<i>Number setting a quit date</i>	<i>Number who had successfully quit at 4 week follow-up (self-report)</i>	<i>Percentage who had successfully quit at 4 week follow-up (self-report)</i>
Total	680,289	350,800	52
White	577,720	296,120	51
British	555,193	284,538	51
Irish	6,484	3,288	51
Any other white background	16,043	8,294	52
Mixed	8,169	4,215	52
White and Black Caribbean	2,862	1,281	45
White and Black African	1,041	441	42
White and Asian	1,228	542	44
Any other mixed background	3,038	1,951	64
Asian or Asian British	15,210	7,673	50
Indian	4,730	2,436	52
Pakistani	4,987	2,382	48
Bangladeshi	2,879	1,544	54
Any other Asian background	2,614	1,311	50
Black or Black British	8,869	4,013	45
Caribbean	4,446	2,000	45
African	2,849	1,337	47
Any other Black background	1,574	676	43
Other ethnic groups	5,486	2,677	49
Chinese	605	302	50
Any other ethnic group	4,881	2,375	49
Not stated	64,835	36,102	56

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. These categories are based on those used for the 2001 census. Further guidance on collecting ethnicity category data is available from:
<http://www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalDevelopment/fs/en>.

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.7 People setting a quit date, by ethnic group¹ and gender, 2001/02 to 2007/08

England							Numbers
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Total	227,335	234,858	361,224	529,567	602,820	600,410	680,289
White	214,059	221,234	330,505	473,082	528,348	513,056	577,720
Mixed	1,354	1,501	2,656	4,548	6,024	7,881	8,169
Asian	3,002	3,415	5,911	9,905	12,998	14,674	15,210
Black	1,948	2,102	3,766	6,385	8,953	9,046	8,869
Other	1,062	1,234	2,563	3,174	4,373	5,434	5,486
Not known	5,910	5,372	15,823	32,473	42,124	50,319	64,835
Men	98,234	99,895	155,456	227,532	261,635	266,311	307,289
White	91,408	92,776	139,299	198,896	223,103	220,645	253,461
Mixed	530	572	1,165	2,026	2,593	3,604	3,865
Asian	2,356	2,607	4,557	7,769	10,175	11,535	12,101
Black	868	933	1,769	2,935	4,428	4,588	4,619
Other	565	711	1,386	1,822	2,424	3,083	3,214
Not known	2,507	2,296	7,280	14,084	18,912	22,856	30,029
Women	129,101	134,963	205,768	302,035	341,185	334,099	373,000
White	122,651	128,458	191,206	274,186	305,245	292,411	324,259
Mixed	824	929	1,491	2,522	3,431	4,277	4,304
Asian	646	808	1,354	2,136	2,823	3,139	3,109
Black	1,080	1,169	1,997	3,450	4,525	4,458	4,250
Other	497	523	1,177	1,352	1,949	2,351	2,272
Not known	3,403	3,076	8,543	18,389	23,212	27,463	34,806

1. These categories are based on those used for the 2001 census. Further guidance on collecting ethnicity category data is available from:
http://www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalDevelopment/DevelopmentInPersonalSocialServices/DevelopmentPersonalSocialServicesArticle/fs/en?CONTENT_ID=4015020&chk=V04W/1

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.8 People setting a quit date and successful quitters¹, by ethnic group², Government Office Region and Strategic Health Authority, 2007/08

	England										Numbers / Percentages		
	England	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South Coast	South Central	
Number setting a quit date													
All persons	680,289	53,094	126,961	66,545	51,704	83,846	64,523	93,481	61,962	78,173	37,928	40,245	
White	577,720	50,863	112,914	59,904	44,031	73,539	53,895	60,596	55,876	66,102	32,605	33,497	
Mixed	8,169	90	680	459	365	1,174	920	3,480	273	728	367	361	
Asian	15,210	105	1,383	1,205	964	3,253	751	6,415	202	932	278	654	
Black	8,869	30	507	285	311	1,251	390	5,401	184	510	194	316	
Other	5,486	39	487	194	315	508	187	3,262	117	377	203	174	
Not known	64,835	1,967	10,990	4,498	5,718	4,121	8,380	14,327	5,310	9,524	4,281	5,243	
Number who had successfully quit at 4 week follow-up (self-report)													
All persons	350,800	24,441	59,275	35,440	29,142	40,167	36,378	48,825	33,138	43,994	21,940	22,054	
White	296,120	23,499	53,727	32,141	24,815	35,603	29,061	31,101	29,868	36,305	18,290	18,015	
Mixed	4,215	38	263	263	174	474	749	1,671	142	441	247	194	
Asian	7,673	48	595	569	483	1,419	414	3,551	95	499	159	340	
Black	4,013	14	219	163	154	536	212	2,336	91	288	98	190	
Other	2,677	16	185	91	161	228	100	1,628	51	217	120	97	
Not known	36,102	826	4,286	2,213	3,355	1,907	5,842	8,538	2,891	6,244	3,026	3,218	
Percentage who had successfully quit at 4 week follow-up (self-report)													
All persons	52	46	47	53	56	48	56	52	53	56	58	55	
White	51	46	48	54	56	48	54	51	53	55	56	54	
Mixed	52	42	39	57	48	40	81	48	52	61	67	54	
Asian	50	46	43	47	50	44	55	55	47	54	57	52	
Black	45	47	43	57	50	43	54	43	49	56	51	60	
Other	49	41	38	47	51	45	53	50	44	58	59	56	
Not known	56	42	39	49	59	46	70	60	54	66	71	61	

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date
 2. These categories are based on those used for the 2001 census. Further guidance on collecting ethnicity category data is available from: <http://www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalDevelopment/fs/en>.

Source: Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.9 Pregnant women setting a quit date and outcome¹, 2001/02 to 2007/08

England	Numbers / Percentages						
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Numbers							
Number setting a quit date	4,037	6,770	11,325	15,060	17,920	18,341	18,977
Outcome at 4 weeks							
Number of successful quitters	1,941	2,993	5,756	7,702	9,586	9,547	9,817
Number who had not quit	1,523	2,598	3,700	4,715	5,472	5,561	5,833
Number not known/lost to follow up	573	1,179	1,869	2,637	2,862	3,233	3,327
CO validation²							
Number of successful quitters, where CO validation attempted	1,117	1,886	3,759	5,104	5,379	6,247	6,036
Number of successful quitters, confirmed by CO validation	983	1,699	3,196	4,617	4,739	4,997	4,934
Percentages							
Percentage setting a quit date	100	100	100	100	100	100	100
Outcome at 4 weeks							
Percentage of successful quitters	48	44	51	51	53	52	52
Percentage who had not quit	38	38	33	31	31	30	31
Percentage not known/lost to follow up	14	17	17	18	16	18	18
CO validation²							
Percentage of successful quitters, where CO validation attempted	28	28	33	34	30	34	32
Percentage of successful quitters, confirmed by CO validation	24	25	28	31	26	27	26

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 2.10 Pregnant women setting a quit date and successful quitters¹, by Government Office Region and Strategic Health Authority 2007/08

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
England	18,977	9,817	52
North East	1,725	646	37
North West	2,987	1,115	37
Yorkshire and the Humber	1,919	889	46
East Midlands	2,964	2,184	74
West Midlands	2,441	974	40
East of England	1,015	545	54
London	1,373	737	54
South West	1,799	1,000	56
South East	2,754	1,727	63
South East Coast	1,301	703	54
South Central	1,453	1,024	70

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

3 Geographical patterns

3.1 Introduction

The chapter presents information from the NHS Stop Smoking Services at a sub-national level, providing analysis for Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs).

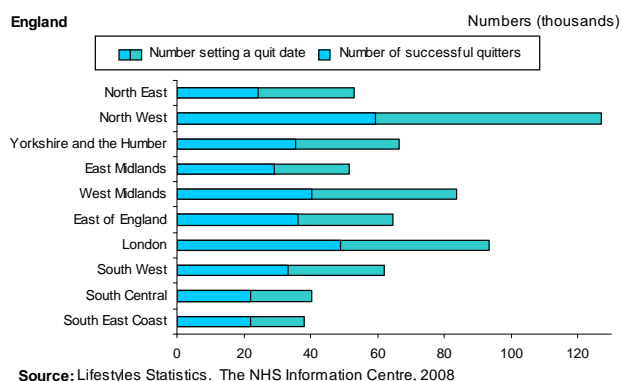
In 2006, SHAs and PCTs were restructured. The 28 SHAs became 10 new SHAs in July 2006, and 303 PCTs became 152 PCTs in October 2006. Where trends are described, this chapter discusses the use of NHS Stop Smoking Services since 2006/07 for the SHA and PCT structures which are now in place. Information on pre-2006 SHA and PCT structures can be found in previous editions of this report¹.

When looking at results from the Stop Smoking Services in different regions, figures should be interpreted with caution as the areas are obviously of different population sizes and composition. Also, different measures (for example numbers setting a quit date per 100,000 population or quit rates) will highlight different areas as being either successful or less successful compared with other areas.

3.2 Strategic Health Authorities

North West SHA had both the highest number of people setting a quit date (126,961) and the highest number of people successfully quitting (59,275) in 2007/08. Quit rates varied between 46% and 58% with South East Coast SHA reporting the highest percentage of successful quitters and North East SHA reporting the lowest (Table 3.1, Figure 3.1).

Figure 3.1 People setting a quit date and successful quitters, by Strategic Health Authority, 2007/08



In order to take into account the different population sizes of the SHAs, information on the number of those setting a quit date and the number who successfully quit per 100,000 population is given in Table 3.2. North East SHA reported both the highest number of people setting a quit date (2,545 per 100,000) and the highest number of people who successfully quit (1,171 per 100,000). South East Coast SHA reported the lowest number of both those setting a quit date (1,107 per 100,000) and successful quitters (640 per 100,000) (Table 3.2).

To provide further comparative analyses, the most recent information on smoking prevalence from the General Household Survey 2006², population estimates and Stop Smoking Services results collected by the NHS Information Centre are used to provide estimates of the number of quitters per 100,000 smokers. This analysis is only available for Government Office Regions (GORs) and therefore South East GOR cannot be split into South Central and South East Coast SHAs. Results of the analysis show that North East GOR had the highest number of quitters per 100,000 smokers (4,800), while South West GOR had the lowest (3,300) (Table 3.3).

3.2.1 Strategic Health Authority trends

All SHAs reported an increase in numbers using the NHS Stop Smoking Services between 2006/07 and 2007/08 and successfully quitting with the exception of London SHA which reported a slight decrease in the numbers successfully quitting over this period (Table 3.4).

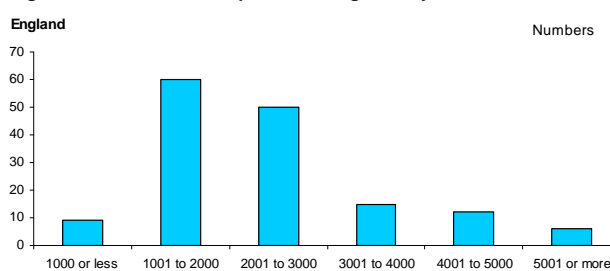
The number of people setting a quit date per 100,000 population has also increased in all SHAs since 2006/07. The number of people who successfully quit per 100,000 population also increased over the same period among all SHAs with the exception of London SHA which reported a slight decrease (Table 3.2).

3.3 Primary Care Trusts

Four PCTs reported more than 10,000 people setting a quit date in 2007/08 (County Durham, Liverpool, Hampshire and Devon) while 6 reported more than 5,000 quitters (County Durham, Leeds, Lincolnshire, Hampshire, Derbyshire County and Devon).

Figure 3.2 shows how the number of quitters in each of the 152 PCTs is distributed. For example, nine delivered 1,000 or less, six delivered 5001 or more (as described above) while 60 delivered between 1001 and 2000. The nine PCTs that reported 1,000 or less quitters were Brent, Bassetlaw, Kingston, North Lincolnshire, North East Lincolnshire, Croydon, Richmond & Twickenham, City & Hackney Teaching and Darlington (Figure 3.2).

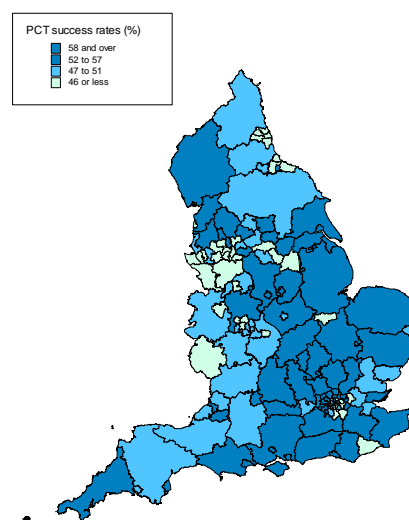
Figure 3.2 Distribution of quitters among Primary Care Trusts, 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

Quit rates ranged from 27% to 83% with two PCTs reporting quit rates less than 30% (City & Hackney and Croydon) and six reporting quit rates of 70% or more (East & North Hertfordshire, West Hertfordshire, Enfield, Barking & Dagenham, Blackburn with Darwen and Redbridge) (Figure 3.3).

Figure 3.3 Success rate of those setting a quit date, by Primary Care Trust, 2007/08



Data Sources: ONS Boundary Files 2006, Neighbourhood Statistics Model Based Estimates of Healthy Lifestyle Behaviours. The NHS Information Centre

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Hartlepool PCT had the highest number of both those setting a quit date per 100,000 population (4,541 per 100,000) and successful quitters per 100,000 population (2,051 per 100,000) in 2007/08, which was over double the average for England.

Brent PCT reported both the lowest number of people setting a quit date and successful quitters per 100,000 population (Table 3.5).

3.3.1 Spearhead PCTs

This section looks at NHS Stop Smoking Services within Spearhead PCTs, and compares them with services delivered within non-Spearhead PCTs and nationally.

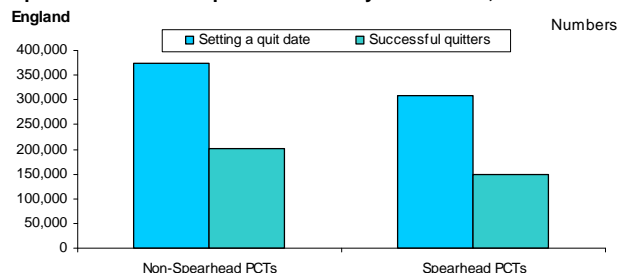
The government defines Spearhead areas as those with the worst health and deprivation in England based on indices of deprivation, premature mortality from cancer and cardiovascular diseases, and life expectancy. They are identified as the Local Authority (LA) areas that are in the bottom fifth nationally for three or more of the following five indicators: male life expectancy at birth; female life expectancy at birth; cancer mortality rate in those aged under 75; CVD mortality rate in those aged under 75; index of multiple deprivation 2004 (LA summary) average score. Spearhead PCTs are identified as those that overlap geographically with the Spearhead LAs. For a minority of these PCTs (14 out of 62), only part of the PCT area overlaps with the Spearhead LAs.

The government has set PSA targets³ to reduce health inequalities, including targets to reduce geographical inequalities in life expectancy and premature mortality from

cancer and cardiovascular diseases which aim to see faster progress on average in Spearhead areas compared to the England average.

PCTs defined as Spearhead PCTs reported a lower number of people setting a quit date (307,456) and successful quitters (149,657) than non-Spearhead PCTs (372,833 and 201,143). They also reported a lower rate of successful quitters (49%) than non-Spearhead PCTs (54%) and that reported for England as a whole (52%) (Table 3.6, Figure 3.4).

Figure 3.4 People setting a quit date and successful quitters, within Spearhead and Non-Spearhead Primary Care Trusts, 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

Summary: Geographical patterns

This chapter has shown that in 2007/08, North East SHA reported the highest number of people setting a quit date and successfully quitting per 100,000 population and South East Coast SHA reported the lowest. The numbers of people setting a quit date and successfully quitting varied across the regions.

The number of people setting a quit date per 100,000 population has increased in all SHAs since 2006/07 and by the most in North West SHA. The number of people who successfully quit per 100,000 population also increased over the same period among all SHAs with the exception of London SHA

Four PCTs reported more than 10,000 people setting a quit date in 2007/08 while six reported more than 5,000 quitters. Nine PCTs reported less than 2,000 people setting a quit date and nine PCTs reported less than 1,000 quitters.

Quit rates ranged from 27% to 83% among PCTs with two PCTs reporting quit rates of less than 30% and six reporting quit rates higher than 70%.

PCTs defined as Spearhead PCTs reported a lower rate of successful quitters than non-Spearhead PCTs.

References:

1. Statistics on NHS Stop Smoking Services in England, April 2006 to March 2007 (annual report). Available at: www.ic.nhs.uk/pubs/sss0607annualrep
2. The General Household Survey 2006. The Office for National Statistics. Available at: www.statistics.gov.uk/StatBase/Product.asp?vlnk=5756
3. PSA Delivery Agreement 18: Promote better health and wellbeing for all. HM Government. Available at: www.hm-treasury.gov.uk/media/5/A/pbr_csr07_psa18.pdf

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Table 3.1 People setting a quit date and outcome¹, by Government Office Region and Strategic Health Authority, 2007/08

	England										Numbers / Percentages		
	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South Central	South Coast	South East Coast	South Coast
Numbers													
Number setting a quit date	53,094	126,961	66,545	51,704	83,846	64,523	93,481	61,962	78,173	40,245	37,928		
Outcome at 4 weeks													
Number of successful quitters	24,441	59,275	35,440	29,142	40,167	36,378	48,825	33,138	43,994	22,054	21,940		
Number who had not quit	10,965	45,520	14,711	9,123	26,544	14,199	20,085	19,197	20,592	11,952	8,640		
Number not known/lost to follow up	17,688	22,166	16,394	13,439	17,135	13,946	24,571	9,627	13,587	6,239	7,348		
CO validation²													
Number of successful quitters, where CO validation attempted	21,601	40,893	28,902	22,271	29,846	18,803	31,503	19,788	29,932	14,680	15,252		
Number of successful quitters, confirmed by CO validation	18,179	25,487	23,701	20,640	29,028	17,370	27,977	18,282	28,078	13,334	14,744		
Percentages													
Percentage setting a quit date	100	100	100	100	100	100	100	100	100	100	100		
Outcome at 4 weeks													
Percentage of successful quitters	52	47	53	56	48	56	52	53	56	55	58		
Percentage who had not quit	27	36	22	18	32	22	21	31	26	30	23		
Percentage not known/lost to follow up	22	17	25	26	20	22	26	16	17	16	19		
CO validation²													
Percentage of successful quitters, where CO validation attempted	36	41	32	43	36	29	34	32	38	36	40		
Percentage of successful quitters, confirmed by CO validation	31	34	20	40	35	27	30	30	36	33	39		

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Carbon Monoxide (CO) validation measures the level of carbon monoxide in the bloodstream and provides an indication of the level of use of tobacco: it is a motivational tool for clients as well as validation of their smoking status. CO validation is attempted on all clients who self-report as having successfully quit at the 4 week follow-up, except for those who were followed up by telephone

Source: Lifestyle Statistics. The NHS Information Centre, 2008

Table 3.2 People setting a quit date and successful quitters^{1,2}, per 100,000 population^{3,4}, by Government Office Region and Strategic Health Authority, 2006/07 and 2007/08

England	2006/07		2007/08		Numbers
	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over	Number setting a quit date per 100,000 of population aged 16 and over	Number of successful quitters per 100,000 of population aged 16 and over	
England	1,461	778	1,656	854	
North East	2,421	1,146	2,545	1,171	
North West	1,909	937	2,284	1,066	
Yorkshire and the Humber	1,339	694	1,599	852	
East Midlands	1,238	687	1,469	828	
West Midlands	1,647	853	1,946	932	
East of England	1,268	736	1,425	803	
London	1,508	824	1,541	805	
South West	1,310	720	1,473	788	
South East	1,044	605	1,175	661	
South Central	1,117	661	1,248	684	
South East Coast	976	553	1,107	640	

1. May include clients who are aged 15 and under

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

3. The rate of people who set a quit date/ successfully quit at 4 weeks (based on self report) per 100,000 of population aged 16 and over uses estimated resident population mid-2006 figures based on the ONS revised 2007 methodology published in August 2007

4. Information on ONS Population data is available at <http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=601>

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 3.3 People successfully quit^{1,2} and estimated quitters per 100,000 smokers^{3,4}, by Government Office Region, 2007/08

England	Numbers	
	Number successfully quit	Estimated quitters per 100,000 smokers
England	350,800	3,900
North East	24,441	4,800
North West	59,275	4,300
Yorkshire and the Humber	35,440	3,700
East Midlands	29,142	4,200
West Midlands	40,167	4,200
East of England	36,378	4,200
London	48,825	3,800
South West	33,138	3,300
South East	43,994	3,400

1. May include clients who are aged 15 and under

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

3. This table uses estimated resident population mid-2006 figures based on the ONS revised 2007 methodology published in August 2007 along with General Household Survey 2006 estimates of prevalence among adults aged 16 and over to calculate estimated quitters per 100,000 smokers

4. Information on ONS Population data is available at:
<http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=601>

Sources:

General Household Survey 2006. Office for National Statistics
 Lifestyle Statistics. The NHS Information Centre, 2008

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Table 3.4 People setting a quit date and successful quitters¹, by Government Office Region and Strategic Health Authority, 2006/07 and 2007/08

England	Numbers / Percentages					
	2006/07			2007/08		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
England	600,410	319,720	53	680,289	350,800	52
North East	50,515	23,900	47	53,094	24,441	46
North West	106,115	52,105	49	126,961	59,275	47
Yorkshire and the Humber	55,739	28,874	52	66,545	35,440	53
East Midlands	43,564	24,174	55	51,704	29,142	56
West Midlands	70,990	36,742	52	83,846	40,167	48
East of England	57,419	33,344	58	64,523	36,378	56
London	91,516	50,022	55	93,481	48,825	52
South West	55,110	30,292	55	61,962	33,138	53
South East	69,442	40,268	58	78,173	43,994	56
South Central	36,002	21,319	59	40,245	22,054	55
South East Coast	33,440	18,949	57	37,928	21,940	58

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 3.5 People setting a quit date and successful quitters^{1,2}, per 100,000 population, by Strategic Health Authority and Primary Care Trust, 2007/08

England	Numbers / Percentages					
	Number setting a quit date	Number who of successful quitters	Percentage who successfully quit	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}	
England	680,289	350,800	52	1,656	854	
North East SHA	53,094	24,441	46	2,545	1,171	
County Durham PCT	5ND	11,279	5,501	49	2,744	1,338
Darlington PCT	5J9	2,005	996	50	2,509	1,246
Gateshead PCT	5KF	2,842	1,168	41	1,822	749
Hartlepool PCT	5D9	3,292	1,487	45	4,541	2,051
Middlesbrough PCT	5KM	2,550	1,368	54	2,310	1,239
Newcastle PCT	5D7	5,113	2,352	46	2,278	1,048
North Tyneside PCT	5D8	5,108	2,352	46	3,195	1,471
Northumberland Care Trust	TAC	5,037	2,414	48	1,974	946
Redcar & Cleveland PCT	5QR	2,430	1,134	47	2,153	1,005
South Tyneside PCT	5KG	3,495	1,347	39	2,830	1,091
Stockton-On-Tees Teaching PCT	5E1	4,062	1,765	43	2,681	1,165
Sunderland Teaching PCT	5KL	5,881	2,557	43	2,566	1,116
North West SHA	126,961	59,275	47	2,284	1,066	
Ashton, Leigh & Wigan PCT	5HG	7,018	2,886	41	2,847	1,171
Blackburn with Darwen PCT	5CC	2,569	1,888	73	2,405	1,768
Blackpool PCT	5HP	3,684	1,501	41	3,162	1,288
Bolton PCT	5HQ	5,724	2,320	41	2,758	1,118
Bury PCT	5JX	2,611	1,368	52	1,792	939
Central & Eastern Cheshire PCT	5NP	6,919	3,091	45	1,894	846
Central Lancashire PCT	5NG	6,764	3,658	54	1,849	1,000
Cumbria PCT	5NE	3,566	2,270	64	874	556
East Lancashire PCT	5NH	5,369	3,407	63	1,762	1,118
Halton & St. Helens PCT	5NM	6,455	3,262	51	2,710	1,369
Heywood, Middleton & Rochdale PCT	5NQ	4,992	2,186	44	3,072	1,345
Knowsley PCT	5J4	5,111	2,324	45	4,265	1,939
Liverpool PCT	5NL	11,053	4,959	45	3,084	1,384
Manchester PCT	5NT	9,424	4,080	43	2,553	1,105
North Lancashire PCT	5NF	4,925	2,803	57	1,800	1,024
Oldham PCT	5J5	4,687	2,428	52	2,746	1,423
Salford PCT	5F5	5,851	2,038	35	3,302	1,150
Sefton PCT	5NJ	4,980	2,399	48	2,204	1,062
Stockport PCT	5F7	5,222	2,167	41	2,299	954
Tameside & Glossop PCT	5LH	3,055	2,033	67	1,537	1,023
Trafford PCT	5NR	3,821	1,332	35	2,247	783
Warrington PCT	5J2	4,307	1,419	33	2,764	911
Western Cheshire PCT	5NN	2,994	1,348	45	1,553	699
Wirral PCT	5NK	5,860	2,108	36	2,336	840
Yorkshire & Humber SHA	66,545	35,440	53	1,599	852	
Barnsley PCT	5JE	5,066	2,231	44	2,809	1,237
Bradford & Airedale PCT	5NY	8,521	4,335	51	2,233	1,136
Calderdale PCT	5J6	3,103	1,620	52	1,957	1,022
Doncaster PCT	5N5	4,908	2,654	54	2,100	1,136
East Riding of Yorkshire PCT	5NW	1,795	1,208	67	658	443
Hull PCT	5NX	2,687	1,772	66	1,294	854
Kirklees PCT	5N2	6,108	3,092	51	1,936	980
Leeds PCT	5N1	8,107	5,392	67	1,315	875
North East Lincolnshire PCT ⁵	5AN	1,283	761	59	1,001	594
North Lincolnshire PCT	5EF	995	652	66	792	519
North Yorkshire & York PCT	5NV	8,854	4,414	50	1,370	683
Rotherham PCT	5H8	4,602	1,939	42	2,265	954
Sheffield PCT	5N4	5,938	2,856	48	1,375	661
Wakefield District PCT	5N3	4,578	2,514	55	1,761	967
East Midlands SHA	51,704	29,142	56	1,469	828	
Bassetlaw PCT	5ET	1,272	508	40	1,406	561
Derby City PCT	5N7	4,432	2,554	58	2,338	1,347
Derbyshire County PCT	5N6	9,446	5,766	61	1,611	983
Leicester City PCT	5PC	4,732	2,380	50	2,060	1,036
Leicestershire County & Rutland PCT	5PA	7,272	4,169	57	1,326	760
Lincolnshire PCT	5N9	9,646	5,283	55	1,705	934
Northampton PCT	5PD	4,839	2,772	57	905	518
Nottingham City PCT	5EM	3,463	2,039	59	1,459	859
Nottinghamshire County PCT	5N8	6,602	3,671	56	1,229	684

Table 3.5 (continued) People setting a quit date and successful quitters^{1,2}, per 100,000 population, by Strategic Health Authority and Primary Care Trust, 2007/08

England		Number setting a quit date	Number who of successful quitters	Percentage who successfully quit	Numbers / Percentages		
					Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}	
West Midlands SHA		83,846	40,167	48	1,946	932	
	Birmingham East & North PCT	5PG	6,975	3,621	52	2,287	1,187
	Coventry Teaching PCT	5MD	4,747	2,220	47	1,921	898
	Dudley PCT	5PE	4,952	2,419	49	2,007	981
	Heart of Birmingham Teaching PCT	5MX	5,887	2,829	48	2,887	1,387
	Herefordshire PCT	5CN	2,673	1,201	45	1,833	824
	North Staffordshire PCT	5PH	2,450	1,269	52	1,404	727
	Sandwell PCT	5PF	5,547	2,300	41	2,436	1,010
	Shropshire County PCT	5M2	4,616	2,263	49	1,951	956
	Solihull Care Trust	TAM	3,319	1,626	49	2,037	998
	South Birmingham PCT	5M1	5,817	2,742	47	2,117	998
	South Staffordshire PCT	5PK	6,820	3,613	53	1,391	737
	Stoke on Trent PCT	5PJ	4,410	2,062	47	2,194	1,026
	Telford & Wrekin PCT	5MK	3,649	1,696	46	2,854	1,326
	Walsall Teaching PCT	5M3	4,726	2,201	47	2,351	1,095
	Wanwickshire PCT	5PM	6,809	3,310	49	1,604	780
	Wolverhampton City PCT	5MV	4,300	1,718	40	2,264	905
	Worcestershire PCT	5PL	6,149	3,077	50	1,367	684
East England SHA		64,523	36,378	56	1,425	803	
	Bedfordshire PCT	5P2	4,565	2,635	58	1,414	816
	Cambridgeshire PCT	5PP	5,336	2,866	54	1,109	596
	East & North Hertfordshire PCT	5P3	4,291	3,561	83	1,017	844
	Great Yarmouth & Waveney PCT	5PR	2,895	1,499	52	1,678	869
	Luton PCT	5GC	2,037	1,365	67	1,402	940
	Mid Essex PCT	5PX	4,481	2,162	48	1,541	743
	Norfolk PCT	5PQ	7,727	4,036	52	1,260	658
	North East Essex PCT	5PW	4,751	2,246	47	1,825	863
	Peterborough PCT	5PN	2,830	1,284	45	2,191	994
	South East Essex PCT	5P1	4,286	2,281	53	1,606	855
	South West Essex PCT	5PY	6,278	3,202	51	2,037	1,039
	Suffolk PCT	5PT	7,604	4,083	54	1,604	861
	West Essex PCT	5PV	2,807	1,596	57	1,274	725
	West Hertfordshire PCT	5P4	4,635	3,562	77	1,097	843
London SHA		93,481	48,825	52	1,541	805	
	Barking & Dagenham PCT	5C2	2,289	1,611	70	1,814	1,277
	Barnet PCT	5A9	6,037	3,244	54	2,303	1,238
	Bexley Care Trust	TAK	2,061	1,366	66	1,166	773
	Brent Teaching PCT	5K5	327	188	57	148	85
	Bromley PCT	5A7	2,872	1,240	43	1,196	516
	Camden PCT	5K7	4,130	2,011	49	2,151	1,048
	City & Hackney Teaching PCT	5C3	3,320	887	27	1,961	524
	Croydon PCT	5K9	2,794	762	27	1,047	286
	Ealing PCT	5HX	2,615	1,597	61	1,051	642
	Enfield PCT	5C1	3,192	2,312	72	1,414	1,024
	Greenwich Teaching PCT	5A8	3,221	1,455	45	1,827	825
	Hammersmith & Fulham PCT	5H1	3,106	1,882	61	2,159	1,308
	Haringey Teaching PCT	5C9	3,249	2,239	69	1,786	1,231
	Harrow PCT	5K6	2,042	1,266	62	1,182	733
	Havering PCT	5A4	2,725	1,211	44	1,482	659
	Hillingdon PCT	5AT	3,096	1,906	62	1,557	959
	Hounslow PCT	5HY	3,107	1,852	60	1,766	1,053
	Islington PCT	5K8	3,279	1,932	59	2,112	1,245
	Kensington & Chelsea PCT	5LA	2,723	1,043	38	1,808	693
	Kingston PCT	5A5	1,035	626	60	810	490
	Lambeth PCT	5LD	4,712	1,781	38	2,112	798
	Lewisham PCT	5LF	3,567	1,854	52	1,739	904
	Newham PCT	5C5	4,186	1,946	46	2,205	1,025
	Redbridge PCT	5NA	2,400	1,688	70	1,212	853
	Richmond & Twickenham PCT	5M6	1,150	782	68	795	540
	Southwark PCT	5LE	3,879	1,370	35	1,761	622
	Sutton & Merton PCT	5M7	2,744	1,308	48	888	423
	Tower Hamlets PCT	5C4	3,650	2,058	56	2,164	1,220
	Waltham Forest PCT	5NC	3,013	1,898	63	1,721	1,084
	Wandsworth PCT	5LG	2,306	1,241	54	978	526
	Westminster PCT	5LC	4,654	2,269	49	2,305	1,124

Table 3.5 (continued) People setting a quit date and successful quitters^{1,2}, per 100,000 population, by Strategic Health Authority and Primary Care Trust, 2007/08

England		<i>Numbers / Percentages</i>				
		Number setting a quit date	Number who of successful quitters	<i>Percentage who successfully quit</i>	Number setting a quit date per 100,000 of population aged 16 and over ^{3,4}	Number of successful quitters per 100,000 of population aged 16 and over ^{3,4}
South East Coast SHA						
		37,928	21,940	58	1,107	640
	Brighton & Hove City PCT	5LQ	3,563	2,097	59	1,690
	East Sussex Downs & Weald PCT	5P7	2,065	1,396	68	764
	Eastern & Coastal Kent PCT	5QA	7,997	4,462	56	1,374
	Hastings & Rother PCT	5P8	2,988	1,363	46	2,071
	Medway PCT	5L3	2,711	1,333	49	1,362
	Surrey PCT	5P5	3,920	2,227	57	453
	West Kent PCT	5P9	6,790	4,571	67	1,284
	West Sussex PCT	5P6	7,894	4,491	57	1,259
South Central SHA						
		40,245	22,054	55	1,248	684
	Berkshire East PCT	5QG	3,548	1,743	49	1,167
	Berkshire West PCT	5QF	2,913	1,637	56	815
	Buckinghamshire PCT	5QD	3,246	1,864	57	817
	Hampshire PCT	5QC	11,846	6,202	52	1,158
	Isle of Wight PCT	5QT	2,247	1,185	53	1,959
	Milton Keynes PCT	5CQ	2,170	1,337	62	1,199
	Oxford PCT	5QE	6,799	4,063	60	1,379
	Portsmouth City Teaching PCT	5FE	3,851	2,061	54	2,369
	Southampton City PCT	5L1	3,625	1,962	54	1,897
South West SHA						
		61,962	33,138	53	1,473	788
	Bath & North East Somerset PCT	5FL	1,597	1,023	64	1,097
	Bournemouth & Poole PCT	5QN	3,283	1,805	55	1,322
	Bristol PCT	5QJ	4,132	2,178	53	1,212
	Cornwall & Isles Of Scilly PCT	5QP	6,659	3,973	60	1,532
	Devon PCT	5QQ	10,747	5,208	48	1,749
	Dorset PCT	5QM	4,180	2,902	69	1,254
	Gloucestershire PCT	5QH	5,925	2,966	50	1,260
	North Somerset PCT	5M8	2,583	1,314	51	1,570
	Plymouth Teaching PCT	5F1	4,114	2,120	52	2,016
	Somerset PCT	5QL	8,226	4,166	51	1,949
	South Gloucestershire PCT	5A3	2,479	1,226	49	1,212
	Swindon PCT	5K3	2,203	1,157	53	1,431
	Torbay Care Trust	TAL	1,926	1,092	57	1,744
	Wiltshire PCT	5QK	3,908	2,008	51	1,088

1. May include clients who are aged 15 and under

2. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date. The figures presented here are based on self-report of smoking status by the client at the 4 week follow-up.

3. The rate of people who set a quit date/ successfully quit at 4 weeks (based on self report) per 100,000 of population aged 16 and over uses estimated resident population mid-2006 figures based on the ONS revised 2007 methodology published in August 2007

4. Information on ONS Population data is available at <http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=601>

5. In 2007 North East Lincolnshire was renamed as North East Lincolnshire Care Trust Plus with the PCT code TAN

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 3.6 People setting a quit date and successful quitters¹, within Spearhead PCTs² and England, 2007/08

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
England	680,289	350,800	52
Non-Spearhead PCTs	372,833	201,143	54
All Spearhead PCTs ³	307,456	149,657	49
Whole Spearhead PCTs ⁴	225,813	105,920	47

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date. The figures presented here are based on self-report of smoking status by the client at the 4 week follow-up

2. The Spearhead Group is identified in terms of Local Authority Districts (LADs) (those LADs in the 'worst' fifth of LADs for at least 3 out of 5 selected health and deprivation indicators). PCTs included in the Spearhead PCTs group are those which overlap geographically with LADs in the Spearhead Group, following the October 2006 reorganisation of PCTs. For more information please see Appendix D

3. Includes all 62 PCTs that overlap geographically with Spearhead LAs, including 14 PCTs where only part of the PCT area overlaps with Spearhead LAs

4. Only includes those PCTs where the whole PCT area overlaps with Spearhead LAs (48 out of the 62 Spearhead PCTs)

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

4 Treatment and expenditure

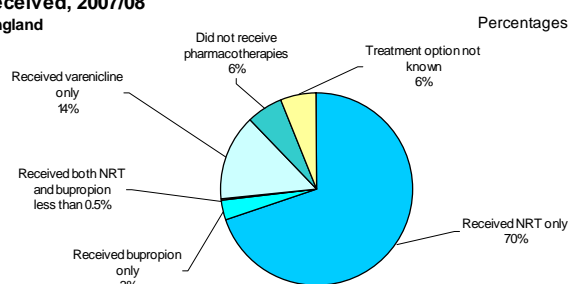
4.1 Introduction

This chapter looks at the types of pharmacotherapy used within the NHS Stop Smoking Services, including for the first time the success rates of these treatments and information about the use of varenicline (Champix). The chapter also provides information on the costs of the services.

4.2 Treatment

Of the 680,289 people who set a quit date in 2007/08, 596,665 (88%) received some kind of pharmacotherapy; either Nicotine Replacement Therapy (NRT), bupropion (Zyban) (or both together) or varenicline. Among the pharmacotherapies used, 70% of people setting a quit date had taken NRT only, 14% had taken varenicline, 3% bupropion and less than 1% had received both NRT and bupropion. Only 6% of people setting a quit date did not receive any pharmacotherapy and the treatment option was not known for the remaining 6% (Figure 4.1).

Figure 4.1 People setting a quit date by type of pharmacotherapy received, 2007/08
England



Source: Lifestyle Statistics. The NHS Information Centre, 2008

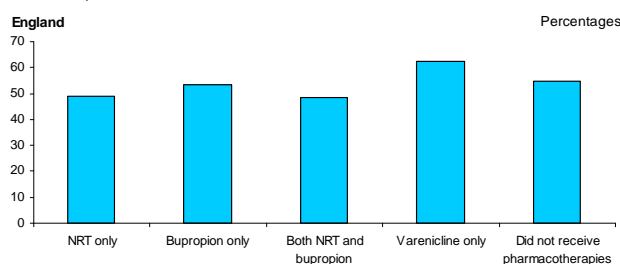
Almost nine out of ten people who set a quit date received pharmacotherapies in 2007/08

Data on successful quitters by type of pharmacotherapy used was collected for the first time in 2007/08.

Of the 350,800 people who successfully quit in 2007/08, 305,717 (87%) received some kind of pharmacotherapy. Among the pharmacotherapies used, 66% of people quitting had taken NRT, 17% had taken varenicline, 3% bupropion and less than 1% had received both NRT and bupropion. Only 7% of successful quitters did not receive any pharmacotherapy and the treatment option was not known for 6% of successful quitters.

Varenicline was the most successful pharmacotherapy used to help people quit smoking in 2007/08. Of those who used varenicline 63% successfully quit, compared with 53% who received bupropion only, and 49% who received NRT only. Fifty five per cent of people who did not receive any type of pharmacotherapy successfully quit (Table 4.1, Figure 4.2).

Figure 4.2 Percentage of successful quitters by type of pharmacotherapy received, 2007/08



Source: Lifestyle Statistics. The NHS Information Centre, 2008

4.2.1 Trends in treatment used

The proportion of people setting a quit date receiving NRT has increased over the years (from 63% in 2001/02 to 83% in 2006/07) but fell in 2007/08 to 70%. The proportion receiving bupropion has fallen from 19% in 2001/02 to 3% in 2007/08.

Those who did not receive any pharmacotherapies has also fallen since 2001/02, from 11% to 6% in 2007/08 (Table 4.2).

4.2.3 Geographical patterns of treatment used

The use of different pharmacotherapies varied among the regions. West Midlands SHA reported the highest proportion of people setting a quit date receiving NRT only (77%), while Yorkshire & the Humber SHA had the lowest (62%). Yorkshire & the Humber SHA and South West SHA had the highest proportion receiving bupropion only (both 5%). Twenty two per cent of those setting a quit date in North West SHA and Yorkshire & the Humber SHA reported using varenicline while London SHA reported only 8%. Eleven per cent of those people setting a quit date in London SHA did not receive any type of pharmacotherapy (Table 4.3).

As with results seen for those setting a quit date, West Midlands SHA reported the highest proportion of successful quitters receiving NRT only (76%) and Yorkshire & the Humber SHA had the lowest (56%). Twenty eight per cent of those people in North West SHA who successfully quit received varenicline while London SHA reported only 9%. Thirteen per cent of people in London SHA who successfully quit did not receive any type of pharmacotherapy (Figure 4.3).

Figure 4.3 Percentage of successful quitters who received varenicline, by SHA, 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

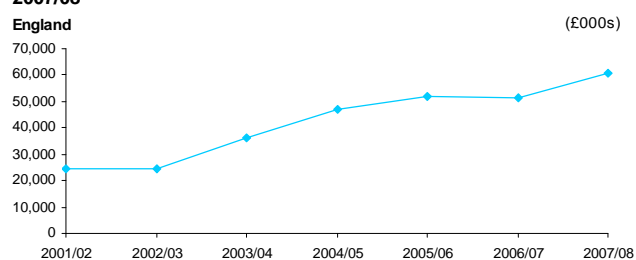
As with the recording of the ethnic groups, recording of treatment option was varied. For example, 9% of people setting a quit date and 10% of people who successfully quit in London SHA were recorded as treatment option not known (Table 4.4).

South Central SHA achieved a constantly high percentage of successful quitters for all types of treatment used. North West SHA reported the lowest percentage of people who successfully quit using NRT or bupropion (43% and 46% respectively). East Midlands reported the lowest quit rates for those people who used both NRT and bupropion (41%) while North East SHA reported the lowest quit rates for those using varenicline (59%) (Table 4.5).

4.3 Expenditure on NHS Stop Smoking Services

The total expenditure on NHS Stop Smoking Services in England in 2007/08 (excluding NRT, bupropion and varenicline prescriptions) was almost £61 million, nearly £10 million higher than in 2006/07 and almost £36 million more than in 2001/02 (Figure 4.4).

Figure 4.4 Expenditure on NHS Stop Smoking Services, 2001/02 to 2007/08



Source: Lifestyles Statistics. The NHS Information Centre, 2008

The cost per quitter was £173 in 2007/08. This has increased by 8% since 2006/07 but is down overall since 2001/02 when the cost per quitter was £206 (Table 4.6).

**In 2007/08, the cost per quitter was
£173**

London SHA reported the highest expenditure in 2007/08 at just over £11 million and also reported the highest cost per quitter at £228. North East SHA reported the lowest expenditure at just over £3 million while East of England SHA reported the lowest cost per quitter (£119) ([Table 4.7](#)).

Summary: Treatment and expenditure

This chapter has shown that in 2007/08 almost nine in ten people using NHS Stop Smoking services received some kind of pharmacotherapy. Among the pharmacotherapies used, over two-thirds of people who successfully quit used NRT.

Varenicline was the most successful pharmacotherapy used to help people quit in 2007/08, with almost two-thirds of people using it successfully quitting.

The proportion of people setting a quit date who received NRT increased between 2001/02 and 2006/07 but fell in 2007/08. The proportion receiving bupropion and the proportion who did not receive any pharmacotherapy have fallen since 2001/02.

West Midlands SHA reported both the highest proportion of people setting a quit date and successful quitters who received NRT only. Over a quarter of those in North West SHA who successfully quit used varenicline.

The total expenditure on NHS Stop Smoking Services in England in 2007/08 was almost £61 million. The cost per quitter was £173, this has increased since 2006/07 but is down overall since 2001/02.

London SHA reported the highest expenditure and also had the highest cost per quitter in 2007/08. North East SHA reported the lowest expenditure while East of England SHA reported the lowest cost per quitter.

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- 4.4 People successfully quit and type of pharmacotherapy received, by Government Office Region and Strategic Health Authority, 2007/08
- 4.5 Percentage of people successfully quit by type of pharmacotherapy received, Government Office Region and Strategic Health Authority, 2007/08
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- 4.7 People successfully quit, total expenditure and cost per quitter, by Government Office Region and Strategic Health Authority, 2007/08

Table 4.1 People setting a quit date and successful quitters¹, by type of pharmacotherapy received^{2,3}, 2007/08

England	Numbers / Percentages		
	Number setting a quit date	Number of successful quitters	Percentage who successfully quit
Numbers			
Total	680,289	350,800	52
Number who received NRT only	474,311	231,601	49
Number who received bupropion (Zyban) only	22,348	11,923	53
Number who received both NRT and bupropion (Zyban)	2,747	1,329	48
Number who received varenicline (Champix) only	97,259	60,864	63
Number who did not receive pharmacotherapies	42,647	23,367	55
Number where treatment option not known ⁴	40,977	21,716	53
Percentages			
Total	100	100	.
Percentage who received NRT only	70	66	.
Percentage who received bupropion (Zyban) only	3	3	.
Percentage who received both NRT and bupropion (Zyban)	0	0	.
Percentage who received varenicline (Champix) only	14	17	.
Percentage who did not receive pharmacotherapies	6	7	.
Percentage where treatment option not known ⁴	6	6	.

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. 'Received' means obtained by prescription, purchase or supply free of charge

3. In the period April 2007 to March 2008, 1,755,871 prescription items of NRT products, 107,467 items of Bupropion and 612,073 items of Varenicline Tartrate were prescribed by GPs and other non-medical prescribers (excluding dentists) in England and dispensed in the community. The Net Ingredient Cost (NIC) over this time was £35.9 million for NRT products, £3.9 million for Bupropion and £21.7 million for Varenicline Tartrate - a total of £61.5 million. This information is taken from PACT (Prescription Analysis and Cost) data from the Prescription Pricing Division (PPDA) of the NHS Business Services Authority accessed by The Information Centre. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community. The Net Ingredient Cost is the basic cost of a drug and does not take account of discounts, dispensing costs, fees or prescription charge income. PACT data only covers NRT, Bupropion and Varenicline Tartrate received on prescription. It does not include NRT obtained via other sources such as local voucher schemes, patient group directive or purchased over the counter.

4. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known if they received pharmacotherapies

5. "0" denotes less than 0.5%

6. "." denotes not applicable

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 4.2 People setting a quit date and type of pharmacotherapy received^{1,2}, 2001/02 to 2007/08

England	Numbers/Percentages						
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Numbers							
Number setting a quit date	227,335	234,858	361,224	529,567	602,820	600,410	680,289
Number who received NRT only	142,260	175,674	277,041	424,509	494,105	496,932	474,311
Number who received bupropion (Zyban) only	44,286	26,773	30,158	33,931	30,559	27,395	22,348
Number who received both NRT and bupropion (Zyban)	4,513	3,487	3,791	4,182	4,036	3,810	2,747
Number who received varenicline (Champix) only ³	.	.	.	.	.	.	97,259
Number who did not receive pharmacotherapies	24,389	19,784	27,623	35,472	40,306	38,617	42,647
Number where treatment option not known ⁴	11,887	9,140	22,611	31,473	33,814	33,656	40,977
Percentages							
Total setting a quit date	100	100	100	100	100	100	100
Percentage who received NRT only	63	75	77	80	82	83	70
Percentage who received bupropion (Zyban) only	19	11	8	6	5	5	3
Percentage who received both NRT and bupropion (Zyban)	2	1	1	1	1	1	0
Percentage who received varenicline (Champix) only ³	.	.	.	.	.	.	14
Percentage who did not receive pharmacotherapies	11	8	8	7	7	6	6
Percentage where treatment option not known ⁴	5	4	6	6	6	6	6

1. 'Receipt' means obtained by prescription, purchase or supply free of charge

2. NRT became available on NHS prescription in April 2001; previously NRT was available through the Stop Smoking Services on a voucher scheme. Bupropion was first available on prescription as a Stop Smoking Services product in June 2000

3. Varenicline (Champix) was introduced in 2006 and was first collected from NHS Stop Smoking Services in the 2007/08 collection

4. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known whether they received NRT and/or bupropion

5. "0" denotes less than 0.5%

6. "." denotes not applicable

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 4.3 People setting a quit date and type of pharmacotherapy received¹, by Government Office Region and Strategic Health Authority, 2007/08

	England							Numbers/Percentages			
	England	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South Coast
Numbers											
Number setting a quit date	680,289	53,094	126,961	66,545	51,704	83,846	64,523	93,481	61,962	78,173	40,245
Number who received NRT only	474,311	38,985	85,165	41,520	35,173	64,582	43,777	64,058	47,164	53,887	27,941
Number who received bupropion (Zyban) only	22,348	961	3,139	3,111	1,925	1,820	2,590	2,696	3,109	2,997	1,405
Number who received both NRT and bupropion (Zyban)	2,747	267	609	193	258	194	311	199	304	412	161
Number who received varenicline (champix) only ²	97,259	8,603	27,913	14,763	6,075	9,289	7,317	7,432	6,341	9,526	4,298
Number who did not receive pharmacotherapies	42,647	2,136	6,049	2,675	3,389	6,606	3,063	10,298	3,057	5,374	2,726
Number where treatment option not known ³	40,977	2,142	4,086	4,283	4,884	1,355	7,465	8,798	1,987	5,977	3,714
Percentages											
Percentage setting a quit date	100	100	100	100	100	100	100	100	100	100	100
Percentage who received NRT only	70	73	67	62	68	77	68	69	76	69	68
Percentage who received bupropion (Zyban) only	3	2	2	5	4	2	4	3	5	4	4
Percentage who received both NRT and bupropion (Zyban)	0	1	0	0	0	0	0	0	0	1	1
Percentage who received varenicline (champix) only ²	14	16	22	22	12	11	11	8	10	12	11
Percentage who did not receive pharmacotherapies	6	4	5	4	7	8	5	11	5	7	7
Percentage where treatment option not known ³	6	4	3	6	9	2	12	9	3	8	9

1. 'Receipt' means obtained by prescription, purchase or supply free of charge

2. Varenicline (Champix) was introduced in 2006 and was first collected from NHS Stop Smoking Services in the 2007/08 collection

3. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known whether they received NRT and/or bupropion

4. "0" denotes less than 0.5%

Source:
Lifestyle Statistics. The NHS Information Centre, 2008

Table 4.4 People successfully quit¹ and type of pharmacotherapy received², by Government Office Region and Strategic Health Authority, 2007/08

	England										Numbers/Percentages		
	England	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South West	South East	South Central	South East Coast	
Numbers													
Number of successful quitters	350,800	24,441	59,275	35,440	29,142	40,167	36,378	48,825	33,138	43,994	22,054	21,940	
Number who received NRT only	231,601	17,758	36,714	20,010	18,538	30,538	23,020	31,673	24,433	28,917	14,877	14,040	
Number who received bupropion (Zyban) only	11,923	467	1,432	1,651	1,054	848	1,470	1,451	1,809	1,741	802	939	
Number who received both NRT and bupropion (Zyban)	1,329	123	272	93	105	93	176	88	133	246	79	167	
Number who received varenicline (Champix) only ³	60,864	5,073	16,653	9,677	4,025	5,660	5,003	4,465	3,981	6,327	2,747	3,580	
Number who did not receive pharmacotherapies	23,367	820	3,035	1,762	2,132	2,617	1,638	6,314	1,625	3,424	1,374	2,050	
Number where treatment option not known ⁴	21,716	200	1,169	2,247	3,288	411	5,071	4,834	1,157	3,339	2,175	1,164	
Percentages													
Percentage of successful quitters	100	100	100	100	100	100	100	100	100	100	100	100	
Percentage who received NRT only	66	73	62	56	64	76	63	65	74	66	67	64	
Percentage who received bupropion (Zyban) only	3	2	2	5	4	2	4	3	5	4	4	4	
Percentage who received both NRT and bupropion (Zyban)	0	1	0	0	0	0	0	0	0	1	0	1	
Percentage who received varenicline (Champix) only ³	17	21	28	27	14	14	14	9	12	14	12	16	
Percentage who did not receive pharmacotherapies	7	3	5	5	7	7	5	13	5	8	6	9	
Percentage where treatment option not known ⁴	6	1	2	6	11	1	14	10	3	8	10	5	

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. 'Receipt' means obtained by prescription, purchase or supply free of charge

3. Varenicline (Champix) was introduced in 2006 and was first collected from NHS Stop Smoking Services in the 2007/08 collection

4. A client is counted as 'treatment option not known' if he/she is lost to follow-up at 4 weeks and it is not known whether they received NRT and/or bupropion

5. "0" denotes less than 0.5%

Source:
Lifestyle Statistics. The NHS Information Centre, 2008

Table 4.5 Percentage of people successfully quit¹ by type of pharmacotherapy received², Government Office Region and Strategic Health Authority, 2007/08

England						Percentages
	Received NRT only	Received bupropion (Zyban) only	Percentage who received both NRT and bupropion (Zyban)	Percentage who received varenicline (chamfix) only	Percentage who did not receive pharmacotherapies	
England	49	53	48	63		55
North East	46	49	46	59		38
North West	43	46	45	60		50
Yorkshire and the Humber	48	53	48	66		66
East Midlands	53	55	41	66		63
West Midlands	47	47	48	61		40
East of England	53	57	57	68		53
London	49	54	44	60		61
South West	52	58	44	63		53
South East	54	58	60	66		64
South Central	54	59	67	68		77
South East Coast	53	57	49	64		50

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. 'Receipt' means obtained by prescription, purchase or supply free of charge

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 4.6 People successfully quit¹, total expenditure² and cost per quitter for NHS Stop Smoking Services, 2001/02 to 2007/08

England	Numbers / £						
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Number of successful quitters	119,834	124,082	204,876	298,124	329,681	319,720	350,800
Total expenditure (£000s)	24,694	24,499	36,201	47,069	51,927	51,234	60,806
Cost per quitter (£)	206.07	197.44	176.70	157.89	157.51	160.25	173.34

1. A client counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Total expenditure and cost per quitter excludes NRT, bupropion (Zyban) and varenicline (Champix) on prescription

3. Financial figures presented do not take into account inflation and are presented in cash terms only

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

Table 4.7 People successfully quit¹, total expenditure² and cost per quitter, by Government Office Region and Strategic Health Authority, 2007/08

England	Numbers / £		
	Number successfully quit	Total expenditure (£000s)	Cost per quitter (£)
England	350,800	60,806	173.34
North East	24,441	3,091	126.48
North West	59,275	10,891	183.73
Yorkshire and the Humber	35,440	6,776	191.19
East Midlands	29,142	3,975	136.40
West Midlands	40,167	8,180	203.65
East of England	36,378	4,312	118.54
London	48,825	11,152	228.42
South West	33,138	4,282	129.20
South East	43,994	8,147	185.19
South Central	22,054	3,695	167.55
South East Coast	21,940	4,452	202.92

1. A client is counted as having successfully quit smoking at the 4 week follow-up if he/she has not smoked at all since two weeks after the quit date

2. Total expenditure and cost per quitter excludes NRT, bupropion (Zyban) and varenicline (Champix) on prescription

3. Financial figures presented do not take into account inflation and are presented in cash terms

Source:

Lifestyle Statistics. The NHS Information Centre, 2008

5 Smoking prevalence, prescriptions and attitudes to smoking

5.1 Introduction

This chapter presents information on the prevalence of smoking in England, among men and women, ethnic groups, pregnant women and in different regions. The chapter also reports on prescriptions for pharmacotherapies used to help people quit and attitudes towards stopping smoking.

Information on smoking prevalence is taken from the General Household Survey (GHS). This is a national survey covering adults aged 16 and over living in private households in Great Britain. The latest GHS report¹ is based on the 2006 survey which ran from January to December 2006. A wide range of topics are covered in the GHS, which provide a comprehensive picture of how we live and the social change we experience in Great Britain. Each year questions are asked about adults' smoking habits.

Information on smoking behaviours before and during pregnancy is collected as part of the Infant Feeding Survey. This survey is carried out in the United Kingdom every five years with the main focus on the prevalence of breast feeding. The latest report; Infant Feeding Survey 2005², is based on data collected from a sample of mothers who registered the birth of a child during August and September 2005.

Information on prescription items for pharmacotherapies prescribed by GPs and other non-medical prescribers (excluding dentists) in England, to help people quit smoking, which are dispensed in the community are accessed from the Prescription Pricing Division (PPD) of the

Business Services Authority (BSA) by the NHS Information Centre³.

Data on adults' smoking behaviour, attitudes and knowledge are collected as part of the Office for National Statistics' (ONS) Omnibus Survey. The latest information is reported in Smoking: Adults' Behaviour and Knowledge in 2007⁴. Topics covered by the survey include respondents' views on giving up smoking and attempts to stop smoking.

5.2 Smoking prevalence

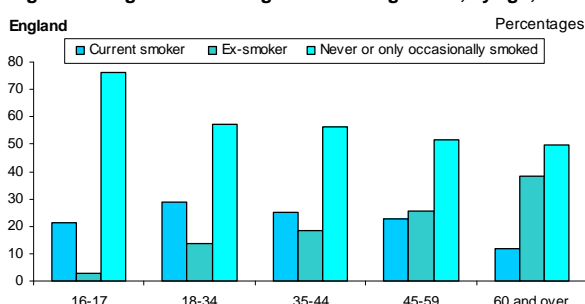
5.2.1 Smoking Status

The latest GHS report shows that in 2006, the prevalence of smoking in England was higher among men than women (23% compared with 21%). Section 5.4 shows that men and women are equally likely to report wanting to quit smoking but, as seen in [Chapter 2](#), more women than men quit through NHS Stop Smoking Services although quit rates are similar.

In England in 2006, 23% of men and 21% of women were smokers

Among adults, prevalence of cigarette smoking was highest in the 18 to 34 age group (29%) and lowest among those aged 60 and over (12%). Those aged 60 and over were most likely to be ex-smokers (38%), while younger people (aged 16 and 17) were most likely to report never or only occasionally smoking (76%) ([Table 5.1](#), [Figure 5.1](#)).

Figure 5.1 Cigarette smoking status among adults, by age, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS)
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5.2.2 Ethnic groups

Table 5.2 shows the prevalence of smoking among different ethnic groups in Great Britain using analysis included in the GHS 2005 report⁵. To enable this analysis, data has been combined for the years 2001 to 2005. The highest prevalence of smoking was among those in the White and Asian ethnic group (32%), Other Mixed (31%) and Other White (30%) groups. This compares to 11% among those in the Black African group and 10% in the Indian ethnic group.

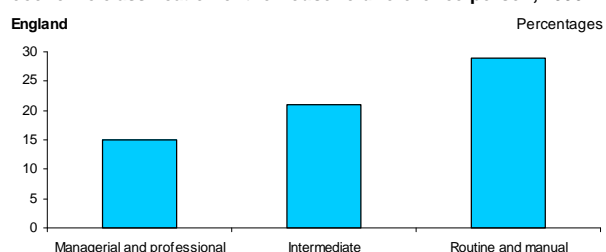
For many ethnic groups the prevalence of smoking was much lower among women than among men. The largest difference was among those of Bangladeshi origin, where 45% of men reported smoking, compared with only 7% of women (Table 5.2).

5.2.3 Socio-economic classification

The NHS Cancer Plan⁶ published in 2000 focuses on the need to reduce the comparatively high rates of smoking among those in manual socio-economic groups, which result in much higher death rates than among non-manual workers. The government PSA target 18 set in October 2007 includes a target to reduce smoking prevalence among routine and manual groups to 26% or less by 2010 for those aged 16 and over⁷.

Smoking prevalence amongst those in routine and manual households fell by four percentage points between 2001 and 2006, from 33% to 29%. This was also the case for managerial and professional households (from 19% in 2001 to 15% in 2006). The decrease in prevalence was somewhat greater among those in intermediate households, where it fell from 27% to 21% over the same period. Hence, those in routine and manual households were still most likely to report smoking in 2006 (Table 5.3, Figure 5.2).

Figure 5.2 Prevalence of cigarette smoking among adults, by socio-economic classification of the household reference person, 2006



Source: General Household Survey 2006, Office for National Statistics (ONS)
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5.2.4 Smoking prevalence by region

In the GHS 2006 a table is presented to show smoking prevalence by region by combining data from 2004 to 2006 in order to enable more robust regional comparisons to be made.

For men, the North East, North West and Yorkshire and the Humber reported the highest prevalence of smoking in 2004-2006 ranging from 26% to 27%. Among women, prevalence in the North East (28%) was significantly higher than in every other region of England. The prevalence of cigarette smoking was lowest among women in the West Midlands, the East of England, London and the South East (all 20%) (Table 5.4).

5.2.5 Smoking during pregnancy

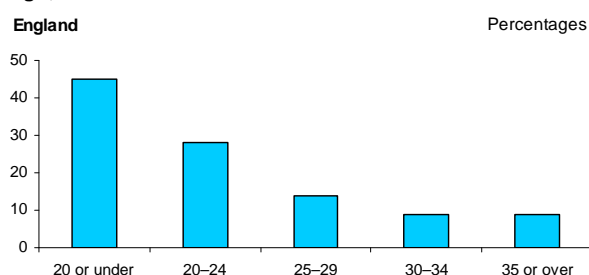
Efforts to reduce the proportion of women who smoke during pregnancy was recognised as a priority in the Smoking Kills White Paper⁸. This set a target to reduce the proportion of women in England who continue to smoke during pregnancy to 15% by 2010, with a fall to 18% by 2005 (from a baseline of 23% in 1995).

Information from the IFS² gives an indication of the number of women who smoke during their pregnancy in England. Results from the 2005 IFS show that 32% of new mothers surveyed smoked in the 12 months before or during their pregnancy and 17% had smoked throughout pregnancy, a fall from 19% in 2000. Of those mothers who smoked, 49% reported giving up smoking before or during their pregnancy in 2005 (Table 5.5).

17% of mothers smoked throughout their pregnancy in England in 2005

Figure 5.3 shows that younger mothers are most likely to smoke throughout pregnancy; 45% of mothers aged 20 or under reported smoking throughout pregnancy, compared with 9% of mothers aged 30 and over. For most age groups, the proportion of mothers who smoked throughout pregnancy fell between 2000 and 2005. However, for those mothers aged 20 or under the percentage increased from 39% in 2000 to 45% in 2005 (Figure 5.3).

Figure 5.3 Smoking throughout pregnancy by mother's age, 2005



Source: Infant Feeding Survey 2005. The Information Centre

A similar pattern was seen among mothers who gave up before or during pregnancy, as 34% of smokers aged 20 and under gave up smoking compared with 58% of smokers aged 35 and over. The proportion giving up increased between 2000 and 2005 for all ages except for younger mothers aged under 25 (Table 5.6).

5.3 Pharmacotherapy costs

Information on prescriptions for pharmacotherapies used to help people quit smoking are available from PACT (Prescription Analysis and Cost) data from the Prescription Pricing Division (PPD) of the NHS Business Services Authority, accessed by The NHS Information Centre³. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community.

In total, there were 2.5 million prescription items to help people stop smoking in 2007/08. Of these, 1.8 million were for Nicotine Replacement Therapy (NRT), 107 thousand for bupropion and 612 thousand for varenicline. Prescription items for both NRT and bupropion have decreased since 2006/07.

In 2007/08 the Net Ingredient Cost (NIC) of all pharmacotherapies used to help people quit smoking was £61 million. This compares to £45 million in 2006/07 and £16 million in 2000/01. The increase

between 2006/07 and 2007/08 is due to the introduction of varenicline in late 2006.

The average NIC per item was £25 in 2007/08, slightly higher than the NIC in 2006/07 when it was £22 but 34% lower than in 2000/01 (£38) (Table 5.7).

The Net Ingredient Cost (NIC) of all pharmacotherapies to help people stop smoking in England was £61 million in 2006/07 compared with £16 million in 2000/01

5.4 Giving up smoking

5.4.1 Views on giving up smoking

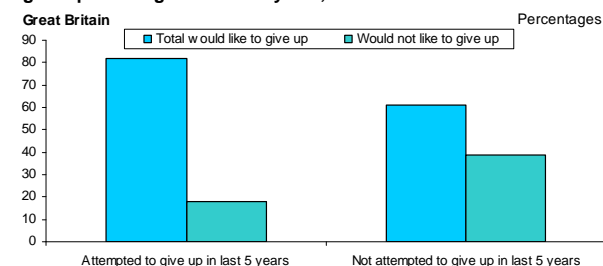
Results from the Omnibus survey show that in Great Britain, in 2007, 74% of adult smokers said that they would like to give up smoking, with 25% saying they would like to give up very much indeed, whereas 26% of smokers reported that they would not like to give up. Although it appeared that men were more likely than women to want to give up smoking, the difference was not statistically significant (Table 5.8).

In 2007, 74% of adult smokers said that they would like to give up smoking

Views on wanting to give up smoking were related to whether or not the smoker had previously tried to give up smoking. Results show that those who had attempted to give up smoking in the last five years were more likely to want to give up than those who hadn't made an attempt to quit in the last five years (82% compared with 61%). Thirty-four per cent of those who made an attempt to quit in the last five years said they would like to give up very much indeed, compared to 13% of those who

hadn't made an attempt in the last five years. Only 18% of those who attempted to give up in the last five years said they would not like to give up smoking, compared with 39% of those who had not made an attempt (Table 5.9, Figure 5.4).

Figure 5.4 Views on giving up smoking, by whether have tried to give up smoking in the last 5 years, 2007

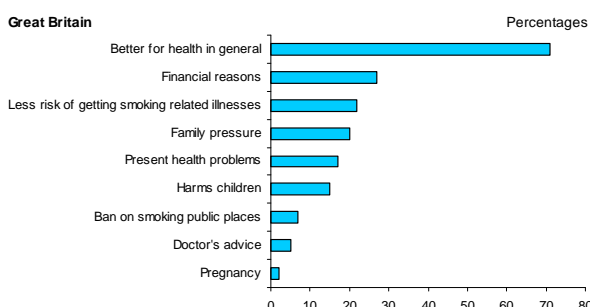


Source: Smoking-related Behaviour and Attitudes, 2007. The Office for National Statistics
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5.4.2 Main reason for wanting to give up smoking

Those who wanted to give up smoking were also asked why they wanted to do so, and up to three of their answers were recorded. The majority of respondents wanted to give up for at least one health reason (86%). Of these health reasons: 71% wanted to give up for their general health, 22% wanted to reduce the risk of getting smoking related illnesses and 17% said it was because of present health problems. Twenty-seven per cent of respondents said they could not afford to smoke or considered smoking was a waste of money. Family pressure and concern over harming children's health were also relatively common reasons given (Table 5.10, Figure 5.5).

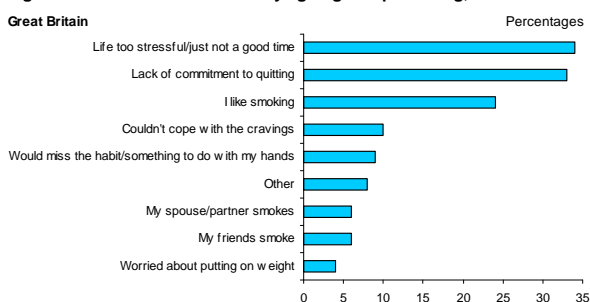
Figure 5.5 Main reasons for wanting to stop smoking, 2007



Source: Smoking-related Behaviour and Attitudes, 2007. The Office for National Statistics
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Smokers who wanted to give up smoking were also asked why they had never tried to stop or why they had not succeeded in stopping for more than one day. Thirty-four per cent said they found life too stressful and 33% cent said that they had a lack of commitment to quitting. A further 24% said that they liked smoking and 10% could not cope with the cravings⁴ (Figure 5.6).

Figure 5.6 Main reasons for not trying to give up smoking, 2007



Source: Smoking-related Behaviour and Attitudes, 2007. The Office for National Statistics
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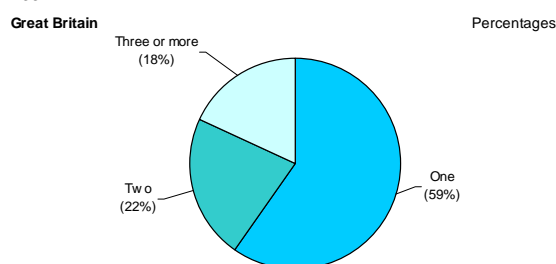
5.4.3 Attempts to stop smoking

Sixty per cent of smokers in 2007 reported making a serious attempt to stop smoking in the past five years, a significant increase since 1999, when the question was first included (52%)⁴.

Of those respondents who had attempted to give up smoking in the last year, just 18% attempted to give up three or more times, with 22% attempting on two occasions, and 59% reporting one attempt to give up smoking in the last year⁴ (Figure 5.7).

In 2007, 18% of smokers had attempted to give up smoking three or more times in the last year

Figure 5.7 Number of attempts to give up smoking in the last year, 2007



Source: Smoking-related Behaviour and Attitudes, 2007. The Office for National Statistics
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Following on from the number of attempts to quit smoking, respondents were asked the length of time they had given up for the last time they stopped smoking. In 2007, around a fifth (19%) of respondents had given up smoking for one week before smoking again. Around half (52%) said that they had given up for between 2 weeks and 6 months, and 28% reported giving up for 6 months or more, although only 7% had given up smoking for 2 years or more (Table 5.11).

5.4.4 Sources of help and advice

In 2007, over a half (53%) of current smokers had sought some kind of help or advice on how to stop smoking. Of current smokers, around two-fifths (41%) said that they had read leaflets and/or booklets on how to stop smoking and 16% said that they asked a doctor or another health professional for help. Nine per cent reported that they had been referred to or self referred to a stop smoking group and 5% said they called a smokers' helpline.

Overall, 32% of respondents reported taking NRT or other prescribed drugs to help them stop smoking. This was a

significant increase from previous years, with only 12% in 2000 being prescribed NRT or other drugs⁴. Most of this increase was due the increase of free prescriptions for NRT. In 2007, 10% of current smokers reported being given free prescriptions for NRT ([Table 5.12](#)).

5.5 Views on second-hand smoke

All respondents were asked whether they thought second-hand smoke increases an adult non-smoker's risk of having certain diseases. In 2007, the majority of respondents (over 80%) thought that it would increase the risk of lung cancer, bronchitis and asthma. A smaller proportion (74%) thought it would increase the risk of heart disease, and 69% thought it would increase the risk of coughs and colds ([Table 5.13](#)).

Summary: Smoking prevalence, prescriptions and attitudes to smoking

The information presented in this chapter has shown that the prevalence of smoking is higher among men than women and is highest in the 18 to 34 age group and lowest among those aged 60 and over.

Amongst ethnic groups, the highest prevalence of smoking was found among those in the White and Asian ethnic group, Other Mixed and Other White groups and the lowest among those in the Black African and Indian ethnic groups.

Although there has been a slight decrease in the prevalence of smoking among those in routine and manual households since 1998, this group was still the most likely to report smoking in 2006.

Men in the North East, North West and Yorkshire and the Humber reported the highest prevalence of smoking in 2004-2006 and among women, prevalence in the North East was significantly higher than in every other region of England.

Around a third of new mothers in 2005 smoked in the 12 months before or during their pregnancy and 17% smoked throughout pregnancy.

In 2007/08, there were 2.5 million prescription items prescribed in primary care settings to help people stop smoking in England at a cost of £61 million. The cost has increased since 2006/07 when it was £45 million. This increase is due to the introduction of varenicline in late 2006.

In 2007, around three quarters of adult smokers in Great Britain said that they would like to give up smoking with the main reason given being the impact on health.

Three-fifths of smokers said they had made a serious attempt to stop smoking in the past five years, a significant increase since 1999, when the question was first included.

In 2007, over a half of current smokers had sought some kind of help or advice on how to stop smoking.

Over three quarters of adults thought that second-hand smoking would increase the risk of lung cancer, bronchitis and asthma but a smaller proportion were aware of the increase of the risk of heart disease, and coughs and colds.

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Table 5.1 Cigarette smoking status among adults¹, by age and gender, 2006

England	Percentages					
	All ages	16-17	18-34	35-44	45-59	60 and over
All adults¹						
Current smoker	22	21	29	25	23	12
Ex-smoker	24	3	14	19	25	38
Never or only occasionally smoked	54	76	57	56	52	50
Men						
Current smoker	23	20	32	26	24	12
Ex-smoker	27	2	13	20	28	49
Never or only occasionally smoked	49	78	55	53	48	39
Women						
Current smoker	21	22	26	24	22	12
Ex-smoker	21	3	14	17	23	30
Never or only occasionally smoked	59	75	60	59	55	59
<i>Weighted bases (000s)</i>						
<i>All adults</i>	36,613	1,155	9,364	7,225	9,055	9,813
<i>Men</i>	17,162	606	4,358	3,443	4,322	4,434
<i>Women</i>	19,451	549	5,006	3,782	4,734	5,380
<i>Unweighted bases</i>						
<i>All adults</i>	14,292	375	3,174	2,699	3,702	4,342
<i>Men</i>	6,599	190	1,392	1,241	1,748	2,028
<i>Women</i>	7,693	185	1,782	1,458	1,954	2,314

1. Aged 16 and over

2. Results for 2006 include longitudinal data (see Appendix D)

Source:

General Household Survey 2006. Office for National Statistics

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Table 5.2 Prevalence of cigarette smoking among adults¹, by ethnic group and gender, 2001-2005

	Great Britain								
				Weighted bases (000s)			Unweighted bases		
	All adults	Men	Women	All persons	Men	Women	All persons	Men	Women
Total	25	27	24	41,412	19,330	22,082	83,738	38,714	45,024
White									
White British	26	27	25	36,814	17,164	19,650	75,033	34,704	40,329
Other white	30	34	26	1,417	646	772	2,708	1,210	1,498
Mixed									
White and Black Caribbean	28	25	29	96	39	57	181	75	106
White and Black African	33	38	26	49	26	23	93	47	46
White and Asian	32	31	33	82	43	38	156	79	77
Other Mixed	31	39	26	80	32	48	150	59	91
Asian or Asian British									
Indian	10	17	4	650	324	325	1,302	639	663
Pakistani	16	25	6	433	215	219	853	416	437
Bangladeshi	26	45	7	134	65	69	243	119	124
Other Asian	17	26	9	265	130	135	495	239	256
Black or Black British									
Caribbean	24	31	19	420	177	242	780	321	459
African	11	18	5	413	191	222	731	320	411
Other Black	17	19	16	52	21	32	89	33	56
Chinese or Other ethnic group									
Chinese	21	34	8	168	84	84	294	140	154
Other	27	33	19	337	172	165	630	313	317

1. Aged 16 and over

2. Shaded figures indicate estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer

Source:

General Household Survey 2005. Office for National Statistics

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Table 5.3 Prevalence of cigarette smoking among adults¹, by gender and socio-economic classification of the household reference person, 2001 to 2006

England							Percentages	
	2001	2002	2003	2004	2005 ²	2006 ³	Weighted bases 2006 (000s)	Unweighted bases 2006
All adults⁴	27	26	25	25	24	22	36,612	14,291
Managerial and professional	19	19	18	19	17	15	15,184	6,192
Intermediate	27	26	26	24	23	21	6,734	2,585
Routine and manual	33	31	32	31	31	29	12,889	4,902
Men⁴	28	27	27	26	25	23	17,163	6,598
Managerial and professional	21	20	20	20	18	17	7,358	2,961
Intermediate	29	27	28	26	24	22	3,053	1,150
Routine and manual	34	32	34	32	32	32	5,982	2,238
Women⁴	25	25	24	23	22	21	19,451	7,693
Managerial and professional	17	17	17	17	16	14	7,826	3,231
Intermediate	26	25	24	22	22	20	3,682	1,435
Routine and manual	31	31	30	30	29	28	6,907	2,664

1. Aged 16 and over

2. 2005 data includes last quarter of 2004/5 data due to survey change from financial year to calendar year

3. Results for 2006 include longitudinal data (see Appendix D)

4. Where the household reference person was a full time student, had an inadequately described occupation, had never worked or was long-term unemployed these are not shown as separate categories but are included in the total.

Source:

General Household Survey 2006. Office for National Statistics

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Table 5.4 Cigarette smoking status among adults¹, by gender and Government Office Region, 2004-2006

England	Current cigarette smokers						Current non-smokers of cigarettes		Percentages	
	All current smokers	Heavy (20 or more per day)	Moderate (10-19 per day)	Light (fewer than 10 per day)	Ex-regular cigarette smokers	Never or only occasionally smoked cigarettes	Weighted bases (000s)	Unweighted bases		
All adults										
England	23	7	10	7	24	53	36,028	45,394		
North East	28	10	12	5	21	51	1,841	2,314		
North West	26	7	11	7	23	52	4,828	6,307		
Yorkshire and the Humber	25	8	10	6	23	52	3,744	4,806		
East Midlands	24	7	10	7	22	54	3,354	4,394		
West Midlands	22	7	10	6	24	54	3,561	4,559		
East of England	22	6	9	7	26	52	4,006	5,236		
London	22	5	8	9	19	59	4,963	5,164		
South East	21	6	9	7	27	51	5,982	7,673		
South West	24	6	10	8	27	49	3,750	4,941		
Men										
England	25	8	10	7	28	48	16,875	21,042		
North East	27	10	11	5	24	49	847	1,048		
North West	26	8	11	7	27	47	2,225	2,873		
Yorkshire and the Humber	27	10	10	6	25	48	1,749	2,232		
East Midlands	24	8	9	7	26	50	1,627	2,101		
West Midlands	24	9	10	6	29	47	1,670	2,123		
East of England	24	8	10	6	30	46	1,884	2,431		
London	25	6	9	9	23	53	2,287	2,357		
South East	23	7	10	6	31	46	2,826	3,584		
South West	24	6	9	8	32	43	1,758	2,293		
Women										
England	22	5	10	7	20	58	19,152	24,352		
North East	28	10	13	5	18	53	994	1,266		
North West	25	6	11	8	19	56	2,602	3,434		
Yorkshire and the Humber	24	7	10	6	21	55	1,997	2,574		
East Midlands	24	5	11	7	19	58	1,726	2,293		
West Midlands	20	5	10	6	19	60	1,891	2,436		
East of England	20	4	8	7	22	58	2,122	2,805		
London	20	4	7	8	16	64	2,676	2,807		
South East	20	4	9	7	24	56	3,156	4,089		
South West	23	6	10	8	22	55	1,991	2,648		

1. Aged 16 and over

Source:

General Household Survey 2006. Office for National Statistics

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Table 5.5 Smoking during pregnancy, 2000 and 2005

England	Percentages	
	2000	2005
Smoked before or during pregnancy	35	32
Smoked throughout pregnancy	19	17
<i>Base: All mothers¹</i>	4,921	5,896
Gave up smoking before or during pregnancy	45	49
<i>Base: All mothers who smoked before or during pregnancy</i>	1,720	1,905

1. Excludes mothers who did not supply sufficient information for classifying their smoking status

Source:

Infant Feeding Survey 2005. The Information Centre

Table 5.6 Smoking during pregnancy, by mother's age, 2000 and 2005

England	Percentages									
	Percentage who smoked before or during pregnancy		Percentage who smoked throughout pregnancy				Percentage who gave up before or during pregnancy		Base: All mothers who smoked before or during pregnancy	
	2000	2005	2000	2005	Base: All mothers ¹		2000	2005	2000	2005
All mothers ²	35	32	19	17	4,940	5,896	45	49	1,720	1,905
20 or under	64	68	39	45	341	424	38	34	217	288
20 to 24	52	49	29	28	863	1,137	44	42	447	554
25 to 29	36	29	19	14	1,391	1,534	45	52	497	451
30 to 34	25	23	12	9	1,523	1,682	50	59	373	383
35 and over	23	20	12	9	808	1,108	48	58	187	224

1. Excludes mothers who did not supply sufficient information for classifying their smoking status

2. Includes some mothers for who age was not recorded

Source:

Infant Feeding Survey 2005. The Information Centre

Table 5.7 Prescription items¹ and Net Ingredient Cost² of pharmacotherapies prescribed by GPs and other non-medical prescribers to help people quit smoking, by type of pharmacotherapy received³, 2000/01 to 2007/08⁴

England ^{6,7}	Numbers/£			
	All pharmacotherapies ³	Nicotine Replacement Therapies (NRT)	Bupropion (Zyban)	Varenicline (Champix) ⁵
Number of prescription items (000s)				
2000/01	411	44	367	.
2001/02	1,178	989	189	.
2002/03	1,292	1,169	124	.
2003/04	1,599	1,480	118	.
2004/05	2,044	1,908	136	.
2005/06	2,205	2,076	129	.
2006/07	2,079	1,938	119	22
2007/08	2,475	1,756	107	612
Net Ingredient Cost (NIC) (£000s)				
2000/01	15,624	930	14,694	.
2001/02	28,988	21,719	7,269	.
2002/03	30,359	25,630	4,729	.
2003/04	37,019	32,486	4,534	.
2004/05	46,093	40,942	5,151	.
2005/06	48,092	43,465	4,627	.
2006/07	44,817	39,743	4,315	760
2007/08	61,479	35,883	3,882	21,714
Average Net Ingredient Cost (NIC) per item (£)				
2000/01	38	21	40	.
2001/02	25	22	38	.
2002/03	23	22	38	.
2003/04	23	22	38	.
2004/05	23	21	38	.
2005/06	22	21	36	.
2006/07	22	21	36	34
2007/08	25	20	36	35

1. Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item

2. The Net Ingredient Cost (NIC) of all pharmacotherapies is the basic cost of the treatments and does not take account of discounts, dispensing costs, fees or prescription charge income

3. All pharmacotherapies includes Nicotine Replacement Therapy (NRT), bupropion (Zyban) and Varenicline (Champix)

4. These data are PACT (Prescription Analysis and Cost) data from the Prescription Pricing Division (PPD) of the NHS Business Services Authority, accessed by The Information Centre. PACT covers all prescriptions prescribed by GPs and other non-medical prescribers (excluding dentists) in England which are dispensed in the community. PACT data only covers NRT, Bupropion and Varenicline Tartrate received on prescription. It does not include NRT obtained via other sources such as local voucher schemes, patient group directive or purchased over the counter. Bupropion and Varenicline Tartrate are only available on prescription so should not be obtained via other sources.

5. Varenicline (Champix) was first introduced towards the end of 2006/07. Data shown for 2007/08 represents the first full year of data for this treatment. See Appendix D for further information

6. Prescriptions written in England but dispensed outside England are included

7. Including unidentified Doctors (not possible for the Prescription Pricing Division of the Business Service Authority to allocate to a SHA)

Source:

Prescribing Analysis and Cost (PACT) from the Prescription Pricing Division of the Business Service Authority (PPD of

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Table 5.8 Views on giving up smoking, by gender, 2007^{1,2}

Great Britain	Percentages		
	All adults	Men	Women
Would like to give up:			
Very much indeed	25	27	23
Quite a lot	24	27	21
A fair amount	14	12	16
A little	11	11	10
Total would like to give up	74	77	70
Would not like to give up	26	23	30
<i>Unweighted bases</i>	514	250	264
<i>Weighted bases (000s)</i>	10,249	5,497	4,752

1. Adults aged 16 and over who currently smoke

2. Figures have been weighted to population totals. See Appendix D for more information

Source:

Smoking-related Behaviour and Attitudes, 2007. Office for National Statistics

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Table 5.9 Views on giving up smoking, by whether or not respondents have tried to give up smoking in the last 5 years, 2007^{1,2}

Great Britain	Percentages		
	Total	Attempted to give up in last 5 years	Not attempted to give up in last 5 years
Would like to give up:			
Very much indeed	25	34	13
Quite a lot	24	27	20
A fair amount	14	11	17
A little	11	10	12
Total would like to give up	74	82	61
Would not like to give	26	18	39
<i>Unweighted bases</i>	<i>514</i>	<i>311</i>	<i>203</i>
<i>Weighted bases (000s)</i>	<i>10,249</i>	<i>6,170</i>	<i>4,079</i>

1. Adults aged 16 and over who currently smoke and have made a serious attempt to give up smoking in the last five years

2. Figures have been weighted to population totals. See Appendix D for more information

Source:

Smoking-related Behaviour and Attitudes, 2007. Office for National Statistics

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Table 5.10 Main reasons for wanting to stop smoking, by gender, 2007^{1,2,3}

Great Britain	Percentages		
	All adults	Men	Women
Better for health in general	71	75	67
Less risk of getting smoking related illnesses	22	26	18
Present health problems	17	15	20
At least one health reason	86	87	83
Financial reasons	27	27	26
Family pressure	20	23	16
Harms children	15	13	18
Ban on smoking public places	7	6	8
Doctor's advice	5	5	4
Pregnancy	2	0	4
Other	1	1	2
Gave more than one reason	58	61	55
<i>Unweighted bases</i>	<i>379</i>	<i>190</i>	<i>189</i>
<i>Weighted bases (000s)</i>	<i>7,554</i>	<i>4,220</i>	<i>3,334</i>

1. Adults aged 16 and over who want to give up smoking
2. Percentages sum to more than 100 as smokers could give more than one answer
3. Figures have been weighted to population totals. See Appendix D for more information

Source:

Smoking-related Behaviour and Attitudes, 2007. Office for National Statistics

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**Table 5.11 Length of time gave up for the last time stopped smoking,
2007^{1,2}**

Great Britain	Percentages
A week	19
2 weeks	10
3-4 weeks	13
5-9 weeks	12
10-25 weeks	17
6-12 months	17
More than 1 year, but less than 2	4
2 years or more	7
<i>Unweighted bases</i>	419
<i>Weighted bases (000s)</i>	8,188

1. Adults aged 16 and over who have ever tried to stop smoking

2. Figures have been weighted to population totals. See Appendix D for more information

Source:

Smoking-related Behaviour and Attitudes, 2007. Office for National Statistics

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Table 5.12 Sources of help and advice used in the last year, 2007^{1,2,3}

Great Britain	Percentages
Read leaflets/ booklets on how to stop	41
Asked doctor or other health professional for help	16
Called a smokers' telephone helpline	5
Been referred/ self-referred to stop smoking group	9
Bought non-prescription NRT	16
Free non-prescription NRT	4
Paid for prescription NRT	3
Free prescription NRT	10
Prescribed other 'stop smoking' drugs	2
Had any NRT/ other prescribed drugs to help stop smoking	32
Sought any help or advice	53
Did not seek help or advice	47
<i>Unweighted bases</i>	<i>520</i>
<i>Weighted bases (000s)</i>	<i>10,405</i>

1. Adults aged 16 and over who currently smoke and have failed to give up smoking or have not tried

2. Figures have been weighted to population totals. See Appendix D for more information

3. Percentages sum to more than the total saying they sought help or advice as people could give more than one answer

Source:

Smoking-related Behaviour and Attitudes, 2007. Office for National Statistics

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Table 5.13 Views on whether second-hand smoking increases a non-smoking adult's risk of certain medical conditions, 2007^{1,2}

Great Britain	Percentages
Lung cancer	
Increases risk	88
Does not increase risk	10
Can't say	3
Bronchitis	
Increases risk	85
Does not increase risk	12
Can't say	3
Asthma	
Increases risk	80
Does not increase risk	16
Can't say	4
Heart disease	
Increases risk	74
Does not increase risk	20
Can't say	6
Coughs and colds	
Increases risk	69
Does not increase risk	27
Can't say	4
Diabetes	
Increases risk	19
Does not increase risk	62
Can't say	19
<i>Unweighted bases</i>	<i>2,275</i>
<i>Weighted bases (000s)</i>	<i>46,138</i>

1. Adults aged 16 and over

2. Figures have been weighted to population totals. See Appendix D for more information

Source:

Smoking-related Behaviour and Attitudes, 2007. Office for National Statistics

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Appendix A: Government policy and targets

Introduction

The government's strategy on tobacco consists of a wide range of measures including helping people to give up smoking, increasing tobacco taxation to reduce affordability, mass media health promotion campaigns, legislative provisions through the Health Act 2006 to make virtually all enclosed public places and workplaces smokefree from summer 2007; a virtually comprehensive ban on tobacco advertising promotion and sponsorship since February 2003.

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en

6- Strand Tobacco Control Strategy

The government has developed a comprehensive 6-strand Tobacco Control Strategy to tackle the smoking epidemic. Each strand has a measurable impact on reducing smoking prevalence:

- Reducing exposure to second-hand smoke;
- Reducing tobacco advertising and promotion;
- NHS Stop Smoking Services and wider availability of Nicotine Replacement Therapy (NRT);
- National smoking communication campaigns and education;
- Regulating tobacco products;
- Reducing availability and supply of tobacco.

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/fs/en

Smoking Kills

A White Paper: 'Smoking Kills' was published in December 1998. It outlined the government's policies on smoking and a range of measures to be implemented to tackle smoking, such as a programme of public education to persuade smokers to quit and non-smokers not to start.

To measure the success of the White Paper, smoking prevalence targets have been set for children, pregnant women, all adults and adults in routine and manual groups:

- To reduce adult smoking in all social classes so that the overall rate falls from 28 per cent to 24 per cent or less by the year 2010; with a fall to 26 per cent by the year 2005; This target has been superseded by the Public Service Agreement (PSA) described in the next section.
- To reduce smoking among children from 13 per cent to 9 per cent or less by the year 2010; with a fall to 11 per cent by the year 2005;
 - Target met: Latest figure, for 2006, is 9%

- To reduce the percentage of women who smoke during pregnancy from 23 per cent to 15 per cent by the year 2010; with a fall to 18 per cent by the year 2005.
 - Interim target met: Latest figure, for 2006, is 17%

Another measure proposed in the White Paper was to produce an Approved Code of Practice on smoking in the workplace. This defined the kind of smoking policies employers need to operate to comply with existing health and safety legislation. The Department of Health (DH) 'Health Check' annual report, produced in 2002, suggested that a workplace smoking ban in England might reduce smoking prevalence by four percentage points.

www.archive.official-documents.co.uk/document/cm41/4177/4177.htm

Public Service Agreements

In October 2007, the government published a new Public Service Agreement (PSA), PSA Delivery Agreement 18: Promote better health and wellbeing for all. One of the indicators aims is to reduce smoking prevalence among adults. The national target is to reduce adults' (aged 16 and over) smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less.

www.hm-treasury.gov.uk/media/5/A/pbr_csr07_psa18.pdf

- Latest figure, for 2006 among all adults is 22% and those among routine and manual groups 29%.

The NHS Plan

The NHS Plan was published in July 2000 and committed the government to the introduction of a number of measures by 2001. These included a major expansion in smoking cessation, so that by 2001 the NHS would provide a comprehensive smoking cessation service.

www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf

The Cancer Plan

The NHS Cancer Plan was published in September 2000. The Cancer Plan is particularly committed to reducing the health inequalities gap through setting new national and local targets for the reduction of smoking rates.

In addition to the existing 'Smoking Kills' target of reducing smoking in adults from 28% to 24% by 2010, new national and local targets to address the gap between socio-economic groups in smoking rates and the resulting risks of cancer and heart disease were set out in The Cancer Plan including a target:

- To reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010
- www.dh.gov.uk/assetRoot/04/01/45/13/04014513.pdf
- Latest figure, for 2006, is 28%.

Priorities & Planning Framework

In 2002, DH published the Priorities and Planning Framework (PPF) which set out key targets for the NHS for the three years 2003/04 to 2005/06. The PPF included a target of 800,000 smokers successfully quitting at the 4 week follow-up (based on self-report), with the help of

local NHS Stop Smoking Services over the three year period. The PPF also includes a target to deliver a one-percentage point reduction per year in the proportion of women continuing to smoke throughout pregnancy.

By 2010 the PPF requires all PCTs to:

- Reduce the proportion of women continuing to smoke throughout pregnancy, focusing especially on smokers from disadvantaged groups. This contributes to the national target to reduce, by at least 10%, the gap in mortality between 'routine' and 'manual' groups and the population as a whole, starting with children aged under one year

www.dh.gov.uk/assetRoot/04/07/02/02/04070202.pdf

Choosing Health

The White Paper 'Choosing Health: Making healthier choices easier' was published in November 2004. It was intended to build on the commitments in the 1998 White Paper 'Smoking Kills' and sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. Action to tackle tobacco includes making smoke-free environments the norm, further restrictions on tobacco advertising, tougher action on shops that sell cigarettes to children and introducing hard hitting picture warnings on tobacco packets.

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor

NHS Stop Smoking Services

NHS Stop Smoking Services were set up in Health Action Zones in 1999/2000 and rolled out across England from 2000/01.

Results from monitoring the NHS Stop Smoking Services for the period April 2003 - March 2006, show that the total number of people who had successfully quit at the 4 week stage was 832,700. This meets and exceeds the three-year target of 800,000 successful quitters.

In December 2005, the government announced that Nicotine Replacement Therapy (NRT) would be made available to more people than before, following a change in the guidance for the use of NRT. Patient groups including adolescents over 12 years, pregnant or breast feeding women and patients with heart, liver and kidney disease are now able to use NRT in their attempt to give up smoking.

In September 2006, the European Commission approved Champix, generic name *varenicline*, as a new pharmacotherapy to help adults quit smoking. The National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommends the use of Champix in the NHS.

The establishment and development of Stop Smoking Services in the NHS is an important element of the government's overall tobacco control strategy to help reduce smoking prevalence.

www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Tobacco/TobaccoGeneralInformation/TobaccoGeneralArticle/fs/en?CONTENT_ID=4002192&chk=5Xx9q6

Tobacco Advertising and Promotion Act

The Tobacco Advertising and Promotion Act 2002 became law in November 2002. The key provisions of the Act came into force in February 2003. The Act bans the advertising and promotion of tobacco products, including sponsorship. Regulations prohibiting tobacco advertising on the internet came into force in September 2006.

www.opsi.gov.uk/ACTS/acts2002/20020036.htm

Tobacco Products Regulations

The Tobacco Products (Safety) Regulations 2002 began to come into force in December 2002 and were mandatory from September 2003. The key measures of the new legislation require manufacturers to cover 30% of the front and 40% of the back of tobacco packaging with stark health warnings, and prohibit the use of terms such as 'low-tar' and 'light'.

The White Paper 'Choosing Health' committed the government to consult on introducing picture warnings on to tobacco packs. The consultation concluded in August 2006. The UK government plans to introduce these picture warnings during 2008.

www.opsi.gov.uk/si/si2002/20023041.htm

Tackling Tobacco Smuggling

The Tackling Tobacco Smuggling Strategy was highly successful, cutting the illicit cigarette market to 16% by 2003/04. The original target was a reduction in the illicit market to 17% cent by 2005/06, and meeting this target two years early led the government to set a new, more challenging target in 2004 for the strategy to reduce the illicit share to 13% by 2007/08. In 2006, the government published its 'New responses to new challenges: Reinforcing the Tackling Tobacco Smuggling Strategy' which details a comprehensive response to the new challenges emerging as the illicit market in tobacco adapts and develops.

www.hm-treasury.gov.uk/media/b/9/433.pdf

customs.hmrc.gov.uk/channelsPortalWebApp/downloadFile?contentID=HMCE_PROD1_025361

Children and Young Persons Act

Under the Children and Young Persons (Protection from Tobacco) Act 1991, it is illegal to sell any tobacco product to anyone under the age of 16. The Tobacco Enforcement Protocol launched by the government in September 2000 sets out best practice for local Trading Standards Officers to prevent underage sales of tobacco, and proposes an annual survey of enforcement practice.

Under new law, from 1st October 2007 it was made illegal to sell tobacco products to children under the age of 18.

www.opsi.gov.uk/ACTS/acts1991/Ukpga_19910023_en_1.htm

www.opsi.gov.uk/si/si2007/20070767.htm

Tackling Health Inequalities

Tackling Health Inequalities: A Program for Action was published in July 2003. It sets out plans to tackle health inequalities over the next three years. It establishes the foundations required to achieve the target of reducing inequalities in health outcomes by 10% by 2010, as measured by infant mortality and life expectancy at birth. Key interventions that will contribute to this target are those to reduce smoking among manual groups and to reduce the percentage of women who smoke during pregnancy.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008268

The Health Act 2006 (smoke-free environments)

The Choosing Health White Paper made a commitment to make smoke-free environments the norm both at work and at leisure.

The Health Act 2006 makes legislative provisions for virtually all enclosed public places and workplaces to be smoke free. In England, public places and workplaces became smoke-free on the 1st July 2007. Scotland became smokefree earlier than England on the 26th March 2006. Wales introduced their smoking ban on April 2nd 2007, and Northern Ireland on 30 April 2007.

The government will monitor these changes and there will be a review after three years.

Following consultations, the government has announced that it will increase the age at which tobacco can legally be sold from 16 to 18 and will strengthen sanctions against retailers for sales of tobacco to people who are under-age. This legislation will come into effect on October 1st 2007.

Separate from the provisions of the Health Act 2006, and in line with the commitment in the Choosing Health White Paper, all government departments and the NHS were smoke-free by the end of 2006.

www.opsi.gov.uk/acts/acts2006/pdf/ukpga_20060028_en.pdf

Reducing exposure to second-hand smoke and smoke-free legislation

The Health Act 2006 made virtually all enclosed public places and workplaces in England smoke-free with effect from 1st July 2007. Penalties for breaches of the smoke-free law are for failing to display no-smoking signs, smoking in an enclosed public space / workplace and for failing to prevent smoking in enclosed public places and workplaces.

Detailed information on smoke-free legislation is available at the dedicated website:

www.smokefreeengland.co.uk/

A report examining the impact of the smokefree law, one year on since it was introduced is available at the following link:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085811

A report to the Department of Health on preliminary findings relating to air quality in English bars before and after implementation of smokefree legislation introduced is available at the following link:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085815

Consultation on the future of tobacco control

The Cancer Reform Strategy 2007 announced the government's intention to consult on the next steps in tobacco control and the further regulation of tobacco products, and to consult with stakeholders on measures to reduce the significant harm to health caused by smoking for those who are addicted to nicotine and not able to quit altogether.

The consultation paper is available to download at the following link:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085114

Appendix B: Technical notes

NHS Stop Smoking Services

NHS Stop Smoking Services (previously called Smoking Cessation Services) were launched in Health Action Zones (HAZ) in 1999/00, and were set up in all Health Authorities in England in 2000/01.

Monitoring of the NHS Stop Smoking Services is carried out via quarterly monitoring returns. The quarterly reports present provisional results from the monitoring of the NHS Stop Smoking Services, until the release of the annual bulletin when all quarterly figures are finalised.

Services monitored

Stop Smoking Co-ordinators are required to monitor in all Stop Smoking Services in England. Brief interventions by GPs, health professionals and other relevant practitioners are provided in the normal course of the professional's duties rather than comprising a "new" service, and monitoring information about clients in receipt of such interventions is not therefore required centrally.

Quit date

It is recognised that in certain cases some time may need to be spent with clients before they are ready to set a quit date. However only actual quit attempts are counted for national monitoring.

Support

Advisers normally offer weekly support for at least the first four weeks of a quit attempt: this may be by telephone where appropriate.

When has a client successfully quit smoking?

On the basis that the clinical viewpoint tends to be that a client should not be counted as a "failure" if he/she has smoked in the difficult first days after the quit date, a client is counted as having successfully quit smoking if he/she has not smoked at all since two weeks after the quit date.

Follow-up

The four week follow-up (and CO validation, if appropriate) must be completed within six weeks of the quit date. Persons not contacted within this time are treated as lost to follow-up for evaluation purposes.

Carbon Monoxide (CO) validation

CO monitoring is normally carried out with all clients of the Stop Smoking Services who self-report as not having smoked since two weeks after the quit date, at the four week follow-up. CO monitoring would not be undertaken where follow-up was carried out by telephone.

Data collection

In October 2007, updated guidance for NHS Stop Smoking Services was published and was updated in February 2008. The new guidance is intended for everyone involved in managing, commissioning or delivering NHS stop smoking services. It was developed by means of a collaboration with representatives from SHAs, PCTs, the NHS Information Centre and academics from the field of smoking cessation.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079644

In 2000/01, there were minor discrepancies between the then quarterly and annual returns, which could not be resolved (see Annex B: Technical Notes in 2000/01 bulletin). Consequently, trend tables show trends from 2001/02 onwards.

In 2006/07 detailed monitoring information was collected by Primary Care Trusts (PCTs) and submitted to the Strategic Health Authorities (SHAs): the Strategic Health Authorities were responsible for checking the data they received. The NHS Information Centre then carried out further validation checks on the data submitted by the Strategic Health Authorities, in order to check consistency, identify any errors, and resolve queries, so that the data were as accurate as possible.

In 2007/08 monitoring arrangements were the same as 2006/07. See the 2002/03 statistical bulletin for details of monitoring arrangements for 2002/03 and earlier years, available at:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4082245&chk=jcPKwB

NHS performance ratings for PCTs: The annual health check

The annual health check is the most important of the Healthcare Commission's activities to drive improvements in healthcare for patients. It involves assessing and rating the performance of each NHS trust in England during the financial year from 1 April to 31 March.

Results from the 2006/07 NHS Performance Ratings for PCTs were published by the Healthcare Commission on 18 October 2007, and included 4 week smoking quitters as a key target. The measure employed was the number of 4 week quitters (based on self report) achieved compared to local plans.

<http://www.healthcarecommission.org.uk/healthcareproviders/serviceproviderinformation/annualhealthcheck/theannualhealthcheck2006/07and2005/06.cfm>

The results of the 2007/08 annual health check will be published on 16 October 2008. Key information relating to the 2007/08 annual health check is available at the link below:

<http://www.healthcarecommission.org.uk/healthcareproviders/serviceproviderinformation/annualhealthcheck/annualhealthcheck2007/2008.cfm>

Enhancements to monitoring ethnicity

In light of the 2001 Census, Department of Health (DH) policy was amended to collect information on ethnicity based on 16+1 categories rather than 5+1 categories used in previous years. In 2003/04 the monitoring return included the option of either 5+1 or 16+1 categories as a transitional period; from 2004/05 onwards the collection of 16+1 categories has been mandatory.

Up to 2003/04, the following “5+1” categories were used:

- White
- Mixed
- Asian
- Black
- Other
- Not stated

For 2003/04 onwards, the following “16+1” categories were used:

White

- British
- Irish
- Any other white background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other ethnic groups

- Chinese
- Any other ethnic group

Not stated

Further information on collection ethnicity category data is available from:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalDevelopment/DevelopmentInPersonalSocialServices/DevelopmentPersonalSocialServicesArticle/fs/en?CONTENT_ID=4015020&chk=V04W/1

Health Action Zones (HAZ)

Due to the ending of the HAZ initiative in 2003, data are no longer presented by HAZ.

Information at HAZ level is published in previous editions of this bulletin. Available at:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4032542&chk=GhPZ%2By

Restructuring of Health Authorities to Strategic Health Authorities (SHAs)

From 1 April 2002 the NHS was reorganised. The 95 former Health Authorities (HAs) were disestablished on 31 March 2002, and replaced by 28 SHAs. At this time, the 28 SHAs encompassed around 303 Primary Care Trusts (PCTs). A table showing the mapping of the 'old' Health Authorities to the new Strategic Health Authorities was contained in Annex C of the DH Statistical Bulletin: 'Statistics on smoking cessation services in England, April 2001 to March 2002' available at:

www.dh.gov.uk/PublicationsAndStatistics/Statistics/StatisticalWorkAreas/StatisticalPublicHealth/StatisticalPublicHealthArticle/fs/en?CONTENT_ID=4015512&chk=PztXzK

Re-structuring SHAs and PCTs

In 2006, SHAs and PCTs were restructured. The 28 SHAs became 10 new SHAs in July 2006, and 303 PCTs became 152 PCTs in October 2006. Where trends are described, this report discusses the use of NHS Stop Smoking Services since 2006/07 for the SHA and PCT structures which are now in place. Information on pre-2006 SHA and PCT structures can be found in previous editions of this report.

Prescriptions dispensed

Information on items prescribed in primary care settings in England are obtained from the Prescribing Analysis and Cost Tool (ePACT) system supplied by the Prescription Pricing Division (PPD) of the Business Services Authority (BSA) and extracted by the Prescribing Support Unit, part of NHS Information Centre. The ePACT system covers prescriptions prescribed by GPs, nurses, pharmacists and others in England and dispensed in the community in the UK. Prescriptions written in England but dispensed outside England are included. Prescriptions written in hospitals/ clinics that are dispensed in the community, prescriptions dispensed in hospitals and private prescriptions are not included in ePACT data.

Prescriptions are written on a prescription form known as a FP10. Each single item written on the form is counted as a prescription item. Net Ingredient Cost (NIC) is the basic cost of a drug. It does not take account of discounts, dispensing costs, fees or prescription charges income.

Nicotine Replacement Therapy (NRT) and bupropion (Zyban)

Prior to April 2001, Nicotine Replacement Therapy (NRT) was available through Stop Smoking Services on a voucher scheme, and only a few NRT products were available on prescription. All NRT products became available on NHS prescription from April 2001. The data in this bulletin does not include NRT provided under the voucher scheme. Bupropion (Zyban) was made available on NHS prescription in June 2000. Therefore, figures for 2000/01 are not for a full year. For more information about NRT products and bupropion generally, see the following website:

gosmokefree.nhs.uk/what-suits-me/patches-gum-and-more/

Nicotine Replacement Therapy (NRT)

- Patches: these work by releasing a steady dose of nicotine into the blood stream, via the skin. Some patches are intended to be worn during the day only and other "24-hour" patches are designed for 24-hour use in order to help stave off early morning cravings.
- Gum: this should be chewed gently and then "parked" in the cheek so that nicotine is absorbed through the lining of the mouth.
- Nasal spray: this is the strongest form of NRT and is a small bottle of nicotine solution, which is sprayed directly into the nose. Absorbed faster than any other kind of NRT, this can help heavier smokers, especially where other forms of NRT have failed.
- Microtab: a small white tablet put underneath the tongue and left. It works by being absorbed into the lining of the mouth.
- Inhaler: this resembles a cigarette. Nicotine cartridges are inserted into it, and inhaled in an action similar to smoking. It is particularly suitable to those people who miss the hand-to-mouth movements of smoking.

Bupropion (Zyban)

This drug works by suppressing the part of the brain that gives the smoker a nicotine buzz when smoking a cigarette. It reduces the cravings as well as the usual withdrawal symptoms of anxiety, sweating and irritability.

Varenicline (Champix)

Champix, generic name *varenicline*, is a prescription pill designed to help smokers stop smoking. Varenicline works primarily in two ways. Firstly, it reduces the smoker's craving for nicotine by binding to nicotine receptors in the brain and reduces the symptoms of withdrawal. Secondly, it reduces the satisfaction a smoker receives when smoking a cigarette. It is taken orally.

The European Commission approved varenicline on September 29th, 2006 as a pharmacology to help adults quit smoking, based on the results from clinical trials. In trials, 44% of the group treated with varenicline had stopped smoking after being treated for 12 weeks, as opposed to 11% of smokers taking the placebo. Over the same duration, it was also shown to be twice as effective as Bupropion (Zyban), the other main pharmacology to help people quit smoking.

The National Institute for Health and Clinical Excellence (NICE) issued guidance in August 2007, which recommended the use of varenicline in the NHS.

Appendix C: Editorial notes

For the purpose of clarity, figures in the bulletin are shown in accordance with the NHS Information Centre publication conventions.

These are as follows:

- . not applicable
- .. not available
- zero
- 0 less than 0.5

Numbers greater than or equal to 0.5 are rounded to the nearest integer. Totals may not sum due to rounding.



The
Information
Centre
for health and social care

Appendix D: Further information

This annual bulletin draws together statistics on NHS Stop Smoking Services for the year 2007/08. The next annual bulletin will be published in 2009. Publication dates for 2008/09 are listed below:

- Statistics on NHS Stop Smoking Services, April 2008 to June 2008 (Q1) – W/C 6/10/2008;
- Statistics on NHS Stop Smoking Services, July 2008 to September 2008 (Q2) – W/C 19/01/2009;
- Statistics on NHS Stop Smoking Services, October 2008 to December 2008 (Q3) – W/C 13/04/2009;
- Statistics on NHS Stop Smoking Services, April 2008 to March 2009 (Annual) – W/C 17/08/2009.

Constructive comments on this report would be welcomed. Questions concerning any data in this publication, or requests for further information, should be addressed to:

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Boar Lane
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LS1 6AE

Telephone: 0845 300 6016
Email: enquiries@ic.nhs.uk

This bulletin is available on the internet:
www.ic.nhs.uk/pubs/sss0708annualrep

The 2005/06 and 2006/07 annual NHS Stop Smoking Services bulletins, also published by the NHS Information Centre can be found at:
www.ic.nhs.uk/pubs/sss0607annualrep
www.ic.nhs.uk/pubs/SSS0506

Editions prior to that were published by the Department of Health. Information about their statistics and surveys is available on the Department of Health's website at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_4032542

General Household Survey

The General Household Survey (GHS) is a continuous survey carried out by ONS. It collects information on a range of topics from people living in private households in Great Britain. Questions about smoking were included in the survey in alternate years since 1974. Following a review of the GHS, questions on smoking have been included in the questionnaire every year from 2000 onwards.

The GHS 2006 report presents information about trends in cigarette smoking. It also discusses variations according to personal characteristics such as gender, age, socio-economic classification and economic activity status.

Move to calendar year

Previous GHS reports were based on data collected over a full financial year from April to the following March. In 2005, the timeframe for the survey was changed from a financial year basis to calendar year basis. Where questions were the same in 2005 as in 2004/05, the final quarter of the 2004/05 collection has been added to the nine months of the 2005 survey data in order to provide estimates based on a full calendar year, and to ensure any seasonal variation is accounted for.

The response rate for the 2006 survey was 76 per cent, giving an achieved sample size of 9,731 households and 18,214 adults aged 16 and over, of whom 16,736 gave a full interview in person.

Longitudinal data

Another change in 2005 was that, in line with European requirements, the GHS adopted a longitudinal sample design, in which households remain in the sample for four years (waves) with one quarter of the sample being replaced each year. Thus approximately three quarters of the 2005 sample were re-interviewed in 2006. A major advantage of the longitudinal component of the design is that it is more efficient at detecting statistically significant estimates of change over time than the previous cross-sectional design. This is because an individual's responses to the same question at different points in time tend to be positively correlated, and this reduces the standard errors of estimates of change.

General Household Survey 2006: Smoking and Drinking among Adults, 2007. Office for National Statistics, 2008. Available at:

http://www.statistics.gov.uk/downloads/theme_compendia/GHS06/Smokinganddrinkingamongadults2006.pdf

Infant Feeding Survey

Statistics on smoking behaviour among women before and during pregnancy are available from the Infant Feeding Survey. The Infant Feeding Survey (IFS) covers the population of new mothers in the United Kingdom and is carried out every 5 years, the first in 1975. In 2005, the survey was conducted by the British Market Research Bureau (BMRB) with an initial sample size of around 9,973 in England.

The main aim of the survey is to provide figures on the incidence, prevalence and duration of breastfeeding and other feeding practises. The survey also collects information on the smoking and drinking behaviours of women before, during and after pregnancy. Early results from IFS 2005 were published in 2006, and the full report was published in 2007.

Infant Feeding 2005. The Information Centre. 2007. Available at:
www.ic.nhs.uk/pubs/ifs2005

Omnibus Survey

The Omnibus Survey is a multi-purpose continuous survey carried out by the Office for National Statistics on behalf of a range of government departments and other bodies. In 2007, interviews for the smoking module of the survey were conducted with around 1,200 adults aged 16 and over, in private households in Great Britain each month.

In 2007, data collected included: views about giving up smoking, attempts to give up smoking and attitudes towards smoking restrictions.

Smoking-related behaviour and attitudes, 2007. Office for National Statistics, 2008. Available at:
http://www.statistics.gov.uk/downloads/theme_health/smoking2007.pdf

2008/09 NHS Stop Smoking Services collection

The NHS Information Centre currently collects quarterly data from local Stop Smoking Services via aggregated SHA returns. For the 2008/09 collection, all data will be collected at a PCT level directly from PCTs using a web-based tool.

By collecting PCT level information we will be able to provide much more detailed figures for use by PCTs enabling them to put their own performance in a national context without adding to the burden of current collection, indeed we would hope to reduce that burden for SHAs. The NHS Information Centre will be responsible for the collection of the data from PCTs including chasing any late returns, informing PCTs of developments and key dates and validating the data. To avoid different versions of the data, data relevant to the SHA will be shared prior to publication so they can still meet existing monitoring requirements.

Additional data items will also be collected as part of the 2008/09 collection. These include:

- Intervention types and settings;
- Socio-economic groups;
- Exception reporting system.

Research

The Department of Health commissioned an evaluation to complement the routine monitoring of the NHS Stop Smoking Services. The study began in November 2000 and reported in April 2005 in a supplement of the journal *Addiction*¹. It was conducted by a team of researchers led by Professor Ken Judge of the University of Glasgow and examined issues of service development and impact. There was a particular focus on the extent to which target groups of smokers are being reached and the relationship between different types or models of service

and success rates. This study built on an evaluation of services in Health Action Zones in 1999/00 and a study of Stop Smoking Services in Trent region². The evaluation included a pilot study examining 52 week success rates.

The evaluation of the NHS Stop Smoking Services programme concluded that equality of access to treatment is very good and that the services have the potential to make a real, if modest, impact on health inequalities. The evaluation also found that around 15 per cent of smokers who set a quit date with the services can be expected to still be non-smokers after a year.

A series of presentations from the 2006, 2007 and 2008 UK National Smoking Cessation Conference, covering recent and ongoing research into smoking cessation, can be found on the UK National Smoking Cessation Conference website:

www.uknsc.org/2006_UKNSCC/intro.html

www.uknsc.org/2007_UKNSCC/intro.html

www.uknsc.org/2008_UKNSCC/intro.html

The presentations cover a wide range of topics, including research into directing resources to help people quit, lapsing and relapsing, the role of pharmacologies to help people quit smoking in reducing health inequalities, best practice for smoking cessation in pregnancy and a Stop Smoking Services plan to maximise the effects of smoke free legislation.

References:

1. Addiction, Volume 100, Supplement 2. McNeill A, Raw M, Bauld L, Coleman T
2. National Survey of the new smoking cessation services in England. Pound E, Coleman T, Cheater F, McNeill A. Health Education Journal; 2003; 62(3): 246-255

Appendix E: Statistical return form for 2007/08

ROCR ref: ROCR/0R/0028/007

The Information Centre: Stop Smoking Services Quarterly Monitoring Return 2007/08

This quarterly return should be completed for each Strategic Health Authority (SHA). Data should be collected at PCT level and aggregated to SHA level. The returns should be completed on a responsible PCT basis (see note on the basis for data collection below). It is important that this return is submitted to The Information Centre within the deadline specified.

This return has been approved by the Review of Central Returns Steering Committee (ROCR).

The basis for data collection

Data should normally be collected on a responsible PCT basis. This should be determined by the PCT to which a client's GP practice belongs. If a client is not registered with a GP, then the collection should be on the basis of the PCT in which the client resides.

The only exception to this general rule is where clients receive a cessation service at or near their workplace, which may be some distance from their home. For example, a cessation service might be provided for commuters at their workplace in a large city. In such circumstances it is likely that clients will be drawn from a range of places in the surrounding area e.g. commuters to London who live all around the south-east of England.

Where a service is judged to meet these criteria, the pragmatic solution to monitoring this activity is that the PCT providing (and often paying for) the service should include these clients in their monitoring returns. Such activity will therefore count towards their local targets. We would expect local target-setting to take this factor into account as far as possible.

Further information on the NHS smoking cessation services programme and the monitoring scheme can be found from:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008602&chk=SYvQYW

Quarter to which this return relates

1 April to 30 June 2007	<input type="text"/>	1 October to 31 December 2007	<input type="text"/>
1 July to 30 September 2007	<input type="text"/>	1 January to 31 March 2008	<input type="text"/>

Strategic Health Authority

Name of coordinator

Telephone

Fax

E-mail address

If you have any queries regarding this form please contact
 Lily Bond
 The Information Centre for health and social care, 2 South
 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE
 Telephone: 0113 2547 013
 Fax: 0113 2547165
 E-mail: surveyteam@ic.nhs.uk

Part 1 - Summary data for individual clients

Part 1A Number of people setting a quit date and successful quitters during the quarter by ethnic category and gender

Part 1A	(1)	(2)	(3)	(4)	(5)	(6)
Ethnic category and gender	Males setting a quit date	Females setting a quit date	Total persons setting a quit date	Males successfully quit	Females successfully quit	Total persons successfully quit
a White						
01 British						
02 Irish						
03 Any other White background						
04 Sub-total						
b Mixed						
05 White and Black Caribbean						
06 White and Black African						
07 White and Asian						
08 Any other mixed background						
09 Sub-total						
c Asian or Asian British						
10 Indian						
11 Pakistani						
12 Bangladeshi						
13 Any other Asian background						
14 Sub-total						
d Black or Black British						
15 Caribbean						
16 African						
17 Any other Black background						
18 Sub-total						
e Other ethnic groups						
19 Chinese						
20 Any other ethnic group						
21 Sub-total						
f Not Stated						
22 Not Stated						
23 Total						

Notes:

1. In 2007/08 ethnic category must be collected using the 16+1 categories.
2. Pregnant women **should be included** in Part 1A, but not separately identified.
3. If a person sets more than one quit date in the quarter then the person should be included only once in Part 1A.
4. For clients using bupropion (Zyban), it is recommended that a 'target stop date' (i.e. quit date) is set within the first 2 weeks of therapy, usually in the second week, e.g. day 8.
5. For clients using Champix, current license specification and preliminary guidance indicates that the quit date should fall on the 8th day after commencement of dosing with Champix.

Part 1 - Summary data for individual clients

Part 1B: Number of people setting a quit date during the quarter by age and gender and outcome at 4 week follow-up

		(7)	(8)	(9)	(10)	(11)	(12)
		All ages	Under 18	18-34	35-44	45-59	60 and over
Males							
31	Total number setting a quit date in the quarter						
32	Number who had successfully quit at 4 week follow-up (self-report)						
33	Number who had not quit at 4 week follow-up (self-report)						
34	Number not known/lost to follow-up						
35	Number who had successfully quit at 4 week follow-up (self-report), where confirmation of non-smoking status by CO validation was attempted						
36	Number who had successfully quit at 4 week follow-up (self-report), where non-smoking status confirmed by CO validation						

Notes:

- 1. The total number setting a quit date in the quarter in Part 1B should match the total persons data in Parts 1A and 3.**
2. If a person sets more than one quit date in the quarter, then the outcome of the latest quit attempt should be used in Part 1B.
3. Pregnant women should be included in Part 1B as well as in Part 1C.
4. The number who had successfully quit at 4 week follow-up should include everyone who has not smoked since two weeks after the quit date.
5. Age group should be based on age at quit date.
6. Number not known/lost to follow-up should include all clients whom it has not been possible successfully to follow-up during the period four to six weeks from the quit date.
7. "Confirmed by CO validation" means a CO reading of less than 10 ppm.

Part 1B: (Continued)

		(13)	(14)	(15)	(16)	(17)	(18)
		All ages	Under 18	18-34	35-44	45-59	60 and over
Females							
37	Total number setting a quit date in the quarter						
38	Number who had successfully quit at 4 week follow-up (self-report)						
39	Number who had not quit at 4 week follow-up (self-report)						
40	Number not known/lost to follow-up						
41	Number who had successfully quit at 4 week follow-up (self-report), where confirmation of non-smoking status by CO validation was attempted						
42	Number who had successfully quit at 4 week follow-up (self-report), where non-smoking status confirmed by CO validation						

Notes:

1. The total number setting a quit date in the quarter in Part 1B should match the total persons data in Parts 1A and 3.
2. If a person sets more than one quit date in the quarter, then the outcome of the latest quit attempt should be used in Part 1B.
3. Pregnant women should be included in Part 1B as well as in Part 1C.
4. The number who had successfully quit at 4 week follow-up should include everyone who has not smoked since two weeks after the quit date.
5. Age group should be based on age at quit date.
6. Number not known/lost to follow-up should include all clients whom it has not been possible successfully to follow-up during the period four to six weeks from the quit date.
7. "Confirmed by CO validation" means a CO reading of less than 10 ppm.

Part 1 - Summary data for individual clients

Part 1C: Number of pregnant women setting a quit date during the quarter and outcome at 4 week follow-up

(19)

	Number
43 Total number setting a quit date in the quarter	
44 Number who had successfully quit at 4 week follow-up (self-report)	
45 Number who had not quit at 4 week follow-up (self-report)	
46 Number not known/lost to follow-up	
47 Number who had successfully quit at 4 week follow-up (self-report), where confirmation of non-smoking status by CO validation was attempted	
48 Number who had successfully quit at 4 week follow-up (self-report), where non-smoking status confirmed by CO validation	

Notes:

1. Pregnant women should be included in Parts 1A and 1B as well as in Part 1C.
2. The number who had successfully quit at 4 week follow-up should include everyone who has not smoked since two weeks after the quit date.
3. This table should include all women who are pregnant at the time of the quit date.
4. Number not known/lost to follow-up should include all clients whom it has not been possible successfully to follow-up during the period four to six weeks from the quit date.
5. "Confirmed by CO validation" means a CO reading of less than 10 ppm.

Part 1 - Summary data for individual clients

Part 1D: Number of people setting a quit date and successful quitters during the quarter who received NRT and/or bupropion (Zyban) or Champix (varenicline)

	(20) Number setting a quit date	(21) Number successfully quit
49	Number who received NRT only	
50	Number who received bupropion (Zyban) only	
51	Number who received Champix (varenicline) only	
52	Number who received both NRT and bupropion (Zyban) either concurrently or consecutively	
53	Number who did not receive either NRT and/or bupropion (Zyban) or Champix (varenicline)	
54	Number where treatment option not known	
55	Total number of people setting a quit date and successful quitters during the quarter	

Notes:

1. Pregnant women who receive NRT should be included in this table but not separately identified.
2. 'Received' means obtained by prescription, purchase or supply free of charge.
3. If a client is lost to follow-up at 4 weeks and it is not known if they received NRT and/or bupropion (Zyban), or Champix (varenicline) then they should be included at "Number where treatment option not known".
4. The sum of the top six boxes should equal the total number of people setting a quit date in the quarter.
5. **The total number of people setting a quit date in Part 1D should match the total persons data in Part 1A.**

Part 2: Summary financial information on smoking cessation services

Part 2A: Financial allocations for year

(22)

Type of allocation	£
56 PCT allocation for smoking cessation for year	
57 Other monies allocated to smoking cessation, including any underspend carried over from the previous year	
58 Total allocation	

Part 2B: Cumulative total spend on smoking cessation services in the year up to the end of the quarter (£)

(23)

59

Notes:

1. Parts 2A and 2B should include all monies from whatever source which have been specifically allocated to, or spent on, smoking cessation services e.g. additional funding such as Neighbourhood Renewal Funding.
2. Figures should be to the nearest pound.

Part 3: Information at Primary Care Trust level for Local Delivery Plan Returns (LDPRs)

	(24)	(25)	(26)	(27)
No	PCT Code	Name	Total number setting a quit date	Total number successfully quit at 4 week follow-up
-		Total for SHA:		60
1				61
2				62
3				63
4				64
5				65
6				66
7				67
8				68
9				69
10				70
11				71
12				72
13				73
14				74
15				75
16				76
17				77
18				78
19				79
20				80
21				81
22				82
23				83
24				84
25				85

Notes:

1. One line in the table should be completed for each PCT in your Strategic Health Authority.
2. The totals for all PCTs will be calculated automatically in Excel; they should match the totals at Parts 1A and 1B.

**Statistics on NHS Stop Smoking Services:
England, April 2007 to March 2008
Price: Free**

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