

Section 5: health promotion and preventative services

Smoking



a single version of the truth



Related briefings in the JSA for Health and Wellbeing

| Briefing (and hyperlink) | Section |
|--|--------------------------------------|
| Smoking | Children and Young People |
| Cancer | Burden of ill-health: general health |
| Cardiovascular disease (CVD) | Burden of ill-health: general health |
| Chronic obstructive pulmonary disease (COPD) | Burden of ill-health: general health |

Outcome Frameworks Summary

The Public Health Outcomes Framework for England, 2013-2016¹ outlines the overarching vision for public health as “to improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”. The following indicators from this framework are relevant to this section.

| Framework | Reference | Indicator |
|---------------|-----------|---|
| Public Health | 2.3 | Smoking status at time of delivery |
| Public Health | 2.9 | Smoking prevalence – 15 year olds |
| Public Health | 2.14 | Smoking prevalence – adults (over 18s) |
| Public Health | 4.4 | Mortality from cardiovascular diseases (including heart disease and stroke) |
| Public Health | 4.5 | Mortality from cancer |
| Public Health | 4.7 | Mortality from respiratory diseases |

Edition

| Edition | Version no. | Changes/Comments |
|---------|-------------|------------------|
| 2012/13 | | |
| 2013/14 | | |

Executive summary

The prevalence of smoking is declining (currently 17.2% of adults in Wiltshire are smokers). However, there are still around 650 deaths from smoking related causes each year in Wiltshire and smoking is still the biggest cause of premature death (e.g. from lung cancer). Therefore smoking cessation (and other tobacco control measures) are vital in improving the health of the population. The Smokefree Wiltshire Tobacco Control Alliance aims to continue joint working on tobacco issues and focusing on raising awareness of the risks of smoking around children and minimise smoking in the home.

Why this area is important

Smoking is the principal avoidable cause of premature deaths in the UK and is also associated with long term conditions, such as Chronic Obstructive Pulmonary Disease (COPD), various forms of cancer including lung cancer, as well as Cardiovascular Diseases (CVD) including coronary heart disease and stroke. Exposure to second-hand smoke is also known to increase the risk of various conditions (including lung cancer, cardiovascular disease and stroke). According to research funded by the British Heart Foundation (BHF), treating disease caused directly as a result of smoking costs the NHS over £5 billion per year, which equates to 5.5% of the overall NHS budget².

Healthy Lives, Healthy People: A Tobacco Control Plan for England³ sets out what the coalition Government 'will do to support efforts to reduce tobacco use over the next five years, within the context of the new public health system'. This strategy has 3 new ambitions:

- Reduce smoking prevalence among adults in England: To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015, meaning around 210,000 fewer smokers a year.
- Reduce smoking prevalence among young people in England: To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- Reduce smoking during pregnancy in England: To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth).

It supports comprehensive tobacco control across the six strands categorised by the World Bank:

- Stopping the promotion of tobacco;
- Making tobacco less affordable;
- Effective regulation of tobacco products;
- Helping tobacco users to quit;
- Reducing exposure to second-hand smoke; and
- Effective communications for tobacco control.

What are the needs of the population?

Tobacco control profiles

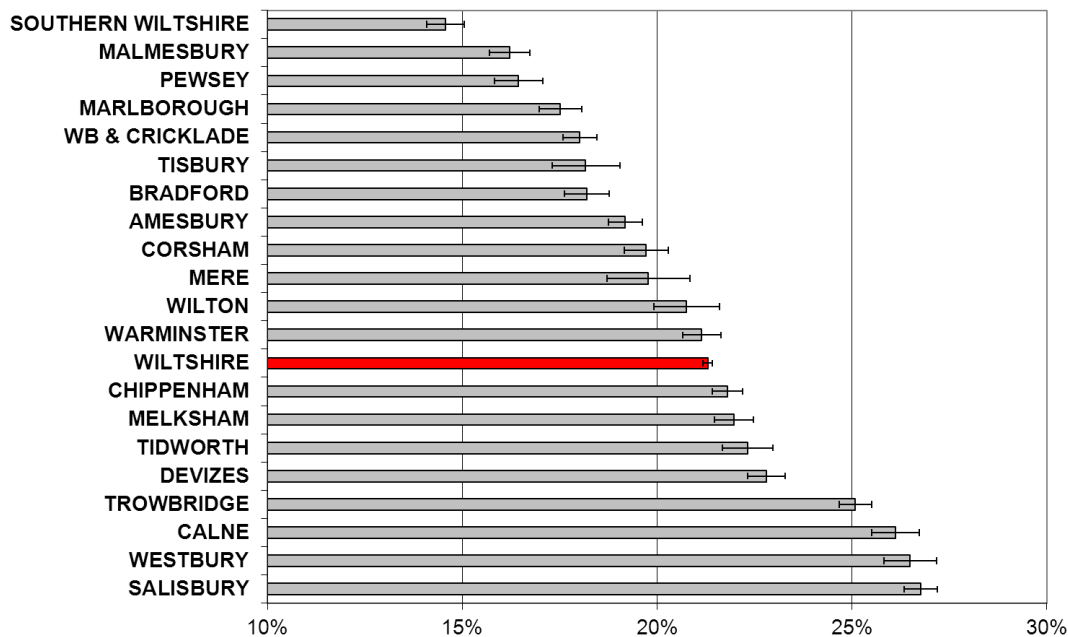
Local Tobacco Control Profiles were developed by the London Health Observatory (LHO) on behalf of the Public Health Observatories in England. These profiles provide a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. They have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities.

Wiltshire's profile and further information is available on the Wiltshire Intelligence Network⁴

Smoking prevalence

Modelled estimates⁵ based on data from the Integrated Health Survey for England 2011/12 suggest that 17.1% of adults in Wiltshire are smokers compared to 19.2% for the South West region and 20.0% for England. Prevalence in all three areas has fallen since the 2010/11 survey. Data for 2012/13⁶ estimates that 13.8% of pregnant women in Wiltshire are smoking in pregnancy, higher than in the South West (13.1%) and England as a whole (13.1%). Smoking levels are significantly higher among routine and manual workers compared to the rest of the population and according to the Tobacco Control profile⁷ stood at 25.9% for Wiltshire in 2011/12. Lower than England (30.3%) and the South West (30.2%).

Lifestyle data collected by the Target Group Index survey was modelled to estimate the percentage of people who smoked in each Community Area in Wiltshire in 2009. In Salisbury, Westbury, Calne and Trowbridge over 25% of people smoke whereas in Southern Wiltshire less than 15% of the population are considered to be smokers.

Figure 1: Percentage of smokers by Community Area, 2009

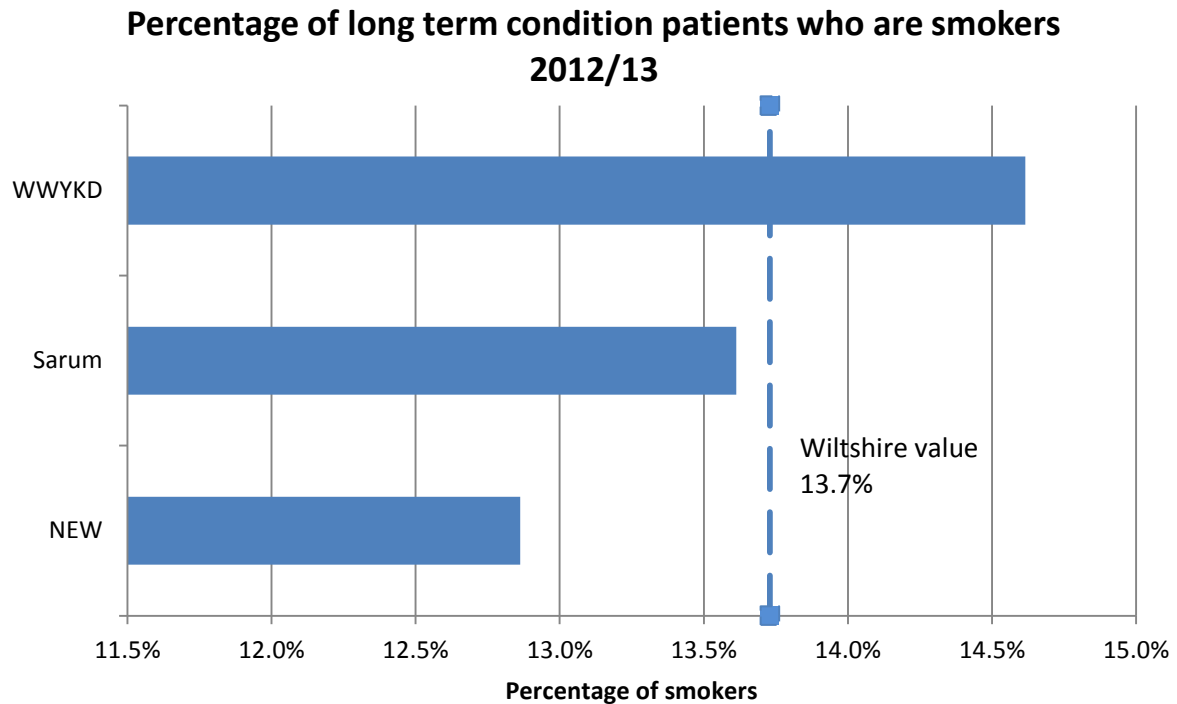
National data and trends

In England smoking prevalence among adult males has dropped from 65% in 1948 to 42% in 1980 and 20% in 2010⁸. Over the same period the prevalence in adult females has also dropped, from 41% in 1948 to 19% in 2010. Smoking prevalence is higher among younger adults and peaks at 27% in 25-34 year olds for males and 30% for 20-24 year olds for females. Only 13% of those aged 60 or over smoke. The prevalence gap between manual and non-manual workers has persisted over the last two decades. In 1992 33% of manual workers smoked compared to 23% of non-manual workers. By 2010 smoking rates had dropped in both groups (26% and 15%) but an approximate 10% point gap remained. It is likely that trends in Wiltshire have followed the national pattern.

Further statistics on smoking, including smoking in pregnancy and at the time of delivery; stop smoking services; a smoking prevalence can be found on The Health & Social Care Information Centre website.⁹

Quality and Outcomes Framework

An alternative source of prevalence information is the QoF¹⁰ data. This too is limited, for example, by only considering patients on long term condition registers,¹¹ but has the advantage of remaining current as it only considers patients whose smoking status has been updated in the previous 15 months. The following chart shows the percentage of people with long term conditions who are smokers in each Clinical Commissioning Group locality. On this basis NEW (North and East Wiltshire) has the lowest percentage of smokers (12.9%) and WWYKD (West Wiltshire, Yatton Keynell and Devizes) the highest (14.6%).

Figure 2: % of patients with long term conditions who are smokers (2012/13)

Figures from QoF indicate that 93.8% of NHS Wiltshire CCG with long term conditions, who smoke, were offered stop smoking services in the previous 15 months.

Smoking related conditions

The Cancer Registry estimates that between 2009 and 2011 about 249¹² people each year develop lung cancer in Wiltshire. Figure 3 compares premature mortality (before the age of 75) from lung cancer in Wiltshire (2010-2012) with the South West region and England. Lung cancer mortality in Wiltshire is significantly lower than England as a whole for both males and females, and lower than the South West as a region but not significantly so. Figure 4 shows the trend in mortality from lung cancer. Rates for males have decreased since 2002 and are still following a general downward trend. Rates for females have remained largely unchanged between 2002 and 2010; however Wiltshire does seem to be experiencing a slight increase.

Figure 3: Lung cancer deaths in under 75s, 2010-12

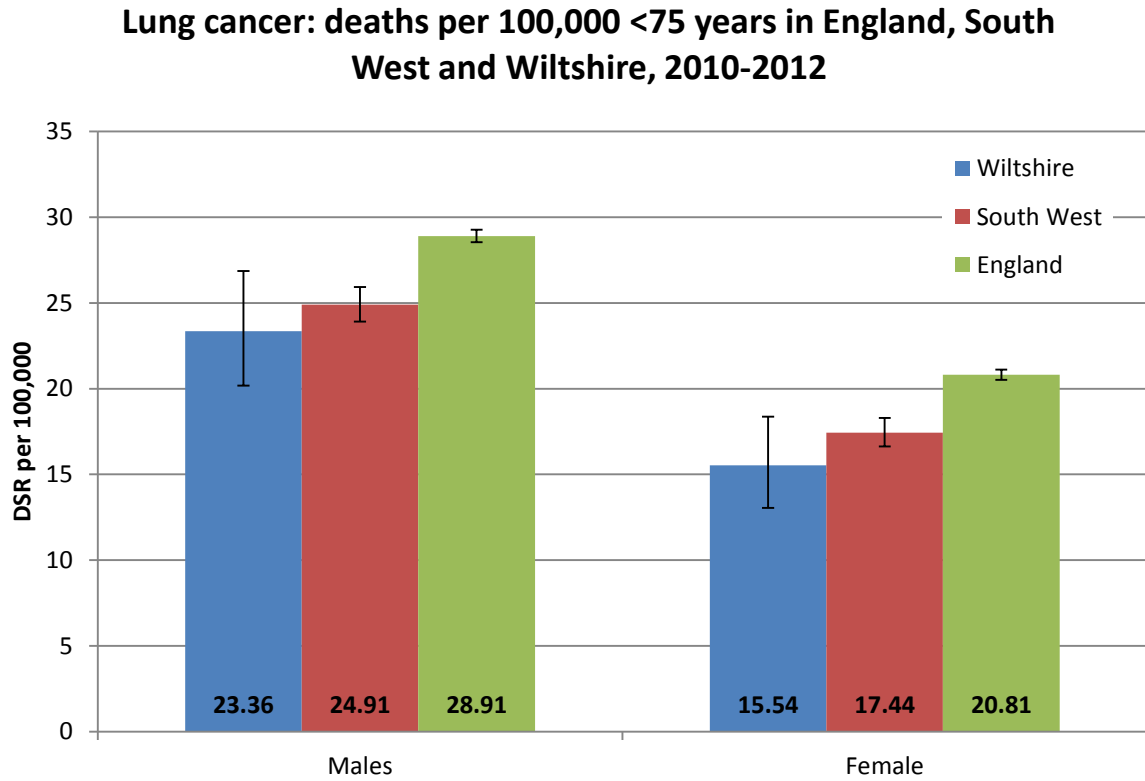
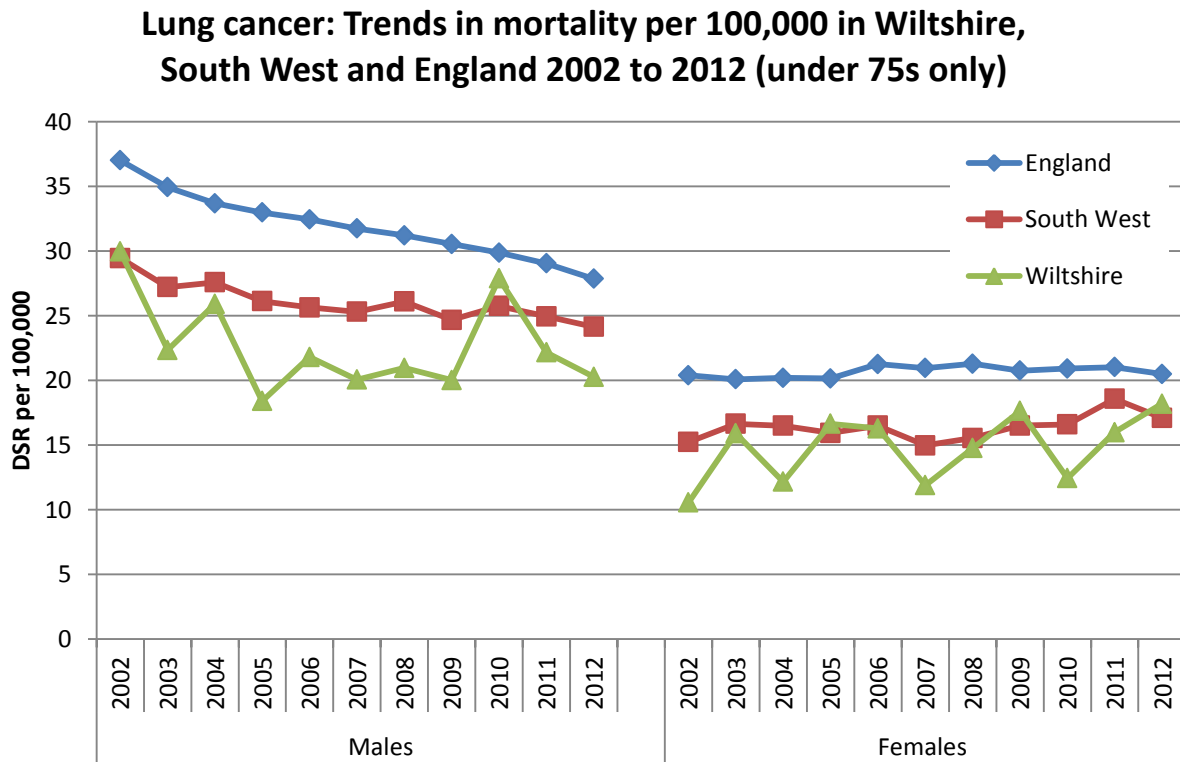


Figure 4: Lung cancer deaths in under 75s, 2002-2012



Chronic Obstructive Pulmonary Disease (COPD) is the collective term for a range of conditions that result in long term damage to the lungs. The most common forms of COPD are bronchitis and emphysema. COPD is largely preventable. Its main cause is smoking. Although active or passive smoking may exacerbate asthma, the condition is not as easily preventable as COPD.

Admissions to hospital

National and local authority figures¹³ are available that show the percentage of admissions that are attributable to smoking. Wiltshire has a significantly lower smoking attributable hospital admissions rate (1,061 per 100,000) compared to England (1,326 per 100,000). Although these percentages will be different for local populations, depending on the admissions case-mix and local smoking prevalence rates, they can be used to provide an approximate picture of the burden from smoking related conditions. The following table shows the number of admissions during 2010/11 and the number estimated to be attributable to smoking.

| CCG locality | All admissions (age 35 plus) | | Admissions attributable to smoking (age 35 plus) | | |
|------------------|------------------------------|---------------|--|--------------|--------------|
| | Male | Female | Male | Female | Total |
| NEW | 12,389 | 14,335 | 884 | 454 | 1,337 |
| Sarum | 11,162 | 12,986 | 796 | 411 | 1,207 |
| WWYKD | 12,845 | 14,978 | 916 | 474 | 1,390 |
| Wiltshire | 36,396 | 42,299 | 2,596 | 1,339 | 3,934 |

Source: CCG JSA 2011

Mortality

National and local authority figures¹⁴ are available that show the percentage of deaths that are attributable to smoking. Wiltshire has a significantly lower smoking attributable mortality rate (167 per 100,000) compared to England (211 per 100,000). Although these percentages will be different for local populations, depending on the mortality profile and local smoking prevalence rates, they can be used to provide an approximate picture of the mortality attributable to smoking related conditions. The following table shows the mortality from smoking related causes in people aged 35 or over for the 3-year period 2007-9.

| CCG locality | Number of deaths (age 35 or over) from smoking related causes | Total number of deaths (age 35 or over) | Percentage of deaths attributable to smoking related causes |
|------------------|---|---|---|
| NEW | 645.7 | 3,919 | 16.5% |
| Sarum | 640.1 | 3,958 | 16.2% |
| WWYKD | 753.4 | 4,417 | 17.1% |
| Wiltshire | 2039.2 | 12,294 | 16.6% |

Source: CCG JSA 2011

The Health Profile for Wiltshire, 2013¹⁵, contains a similar measure of the annual mortality rate in the same period but standardised for age. This measure shows that Wiltshire had 651 smoking related deaths per annum which is 164 per 100,000 population. This is statistically significantly less than the England figure of 201 per 100,000.

Current service provision

Tobacco control initiatives in Wiltshire

The Smokefree Wiltshire Tobacco Control Alliance (also known as Smokefree Wiltshire) is a partnership including Wiltshire Council, children centres, voluntary sector, schools, employers, the military and fire & rescue, amongst others. Wiltshire Council has worked in partnership with Smokefree South West on particular campaigns including the 'South West Smokefree Homes campaign' to raise awareness of the risks of smoking around children and minimise smoking in the home. The result has been a reported:

- 6% drop in numbers of people smoking in the home in the South West since the campaign was launched (Source 2012 Annual YouGov survey);
- 29% of smokers claimed to have made some change in their smoking behaviour as a result of the campaign – that's an estimated 180,000 people (Source: LVQ Research);
- 50% of smokers are now claiming 'I never smoke in the home' - up from 42% before the campaign was launched (Source: LVQ Research).

The general trend in England, including Wiltshire, in recent years has been that of a decline in smoking in adults. In 2011-12, the Stop Smoking Service in Wiltshire achieved its target to support more than 2,900 people to stop smoking. However, based on population projections and the natural history of tobacco related conditions, it is predicted that the demand for treatment for smoking-related diseases will increase in the next three years. The Stop Smoking Service is particularly focusing on treating patients with, or at risk of developing, long term conditions including COPD, (chronic obstructive pulmonary disease) diabetes and those smokers with mental health conditions or and expecting mothers.”

Smoking cessation service

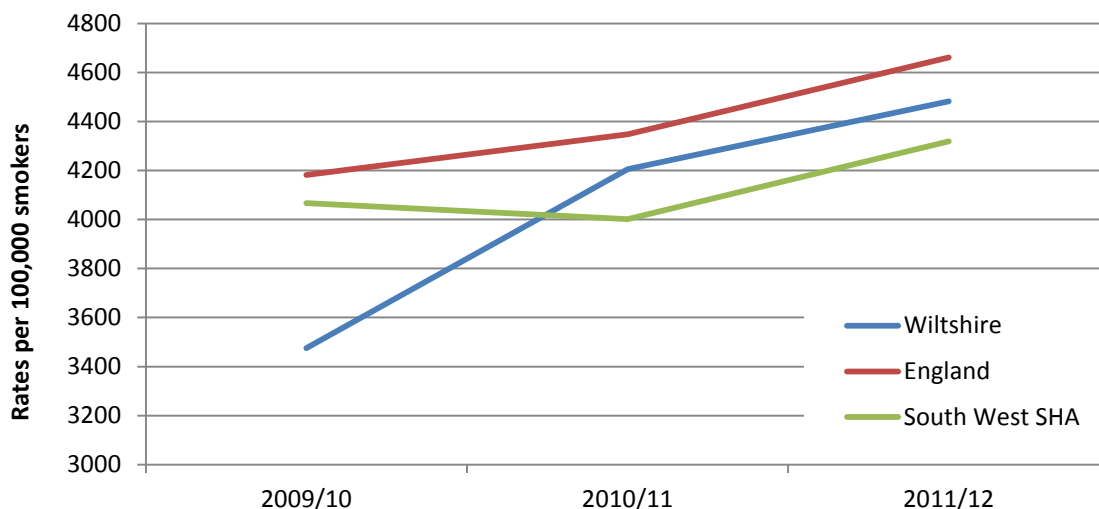
Over 2012/13 5,183 people (2,583 males and 2,600 females) were supported by the Wiltshire Council Stop Smoking Service to set a quit date. In total, 56% of these people were successful (self-reported) quitters (57% of males and 55% of females) and in 73% of cases this was confirmed by a Carbon Monoxide reading. Of the overall number of quit dates set, 34% were in the routine and manual group – highlighting that services have been well targeted at this hard to reach group. The successful quit rate for routine and manual smokers was 57% in 2012/13, which was higher than the national average quit rate of 55% for 2011/12 for this group.

Over 2011/12 Wiltshire performed statistically significantly better than the England average at the ‘Successful Quitter (CO Validated)’ indicator¹⁶. This is in contrast to 2009/10 where its rate was significantly lower than the England average. Wiltshire is now also performing above the regional average for this indicator.

Like 2009/10 and 2010/11, Wiltshire’s rate for the ‘Successful Quitters at 4 weeks’ was significantly lower than the England average¹⁷ in 2011/12. However, Wiltshire has shown a significant improvement in absolute rates over 2009/10 to 2011/12, so that it is now performing better than the regional average (Figure 5).

Wiltshire has achieved its smoking cessation targets for both 2009/10 and 2010/11. Wiltshire’s statistically significantly lower rate in 2009/10 and 2010/11 than the England value comes by virtue of the fact some areas nationally have exceeded their targets by more than Wiltshire¹⁸. However, this may be explained by Wiltshire’s lower smoking prevalence. Over 2010/11 prevalence was 18.5% according to the Integrated Household Survey, compared to 20.7% nationally. Areas with higher prevalence’s may have less entrenched smokers who are more easily recruited to stop smoking programmes and are more likely to quit successfully, which is then reflected in higher quit rates. Also of note is the fact this indicator is not age-standardised.

Figure 5: Successful quitters at 4 Weeks



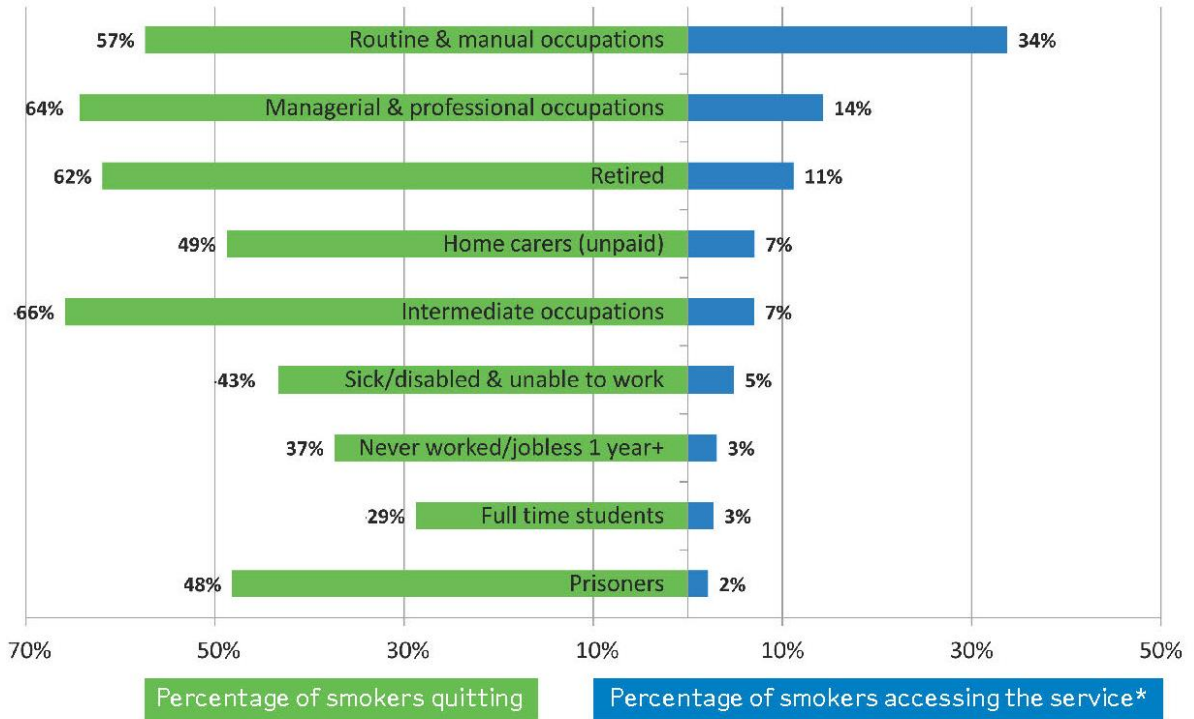
The following table shows for 2012/13 the people setting a quit date and those who successfully quit (at 4 weeks) in relation to the population aged over 15, where their practice has been recorded.

| | Pop'n aged 15 or over | Number of people setting a quit date | Number of people setting a quit date per 1,000 population (aged 15+) | Number of people quitting smoking | Number of people quitting smoking per 1,000 population (aged 15+) | % of people setting a quit date successfully quitting smoking |
|------------------|-----------------------|--------------------------------------|--|-----------------------------------|---|---|
| WILTSHIRE | 391,637 | 5,183 | 13.2 | 2902 | 7.4 | 56.0% |

Data source: Wiltshire stop smoking service and ONS 2012 mid-year estimate

Figure 6 and 7 shows the age and socio-economic status of smokers who accessed the service in 2012/13 and their success rate.

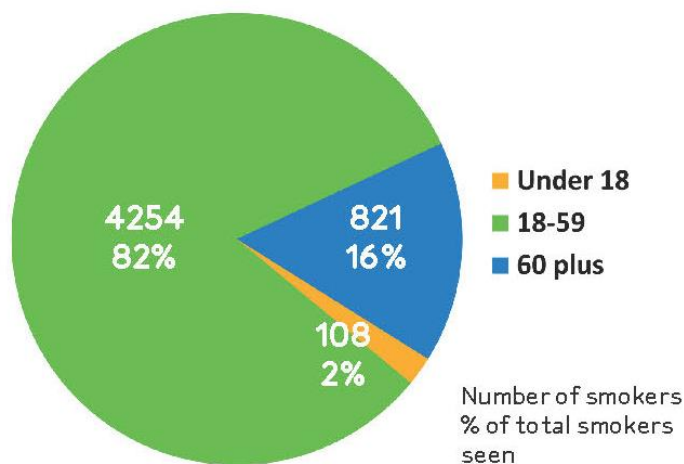
Figure 6
Socio-economic status of smokers



* 14% of service users did not have a socio-economic status recorded
 ** (e.g. call centre staff, nursery auxiliary, secretary)

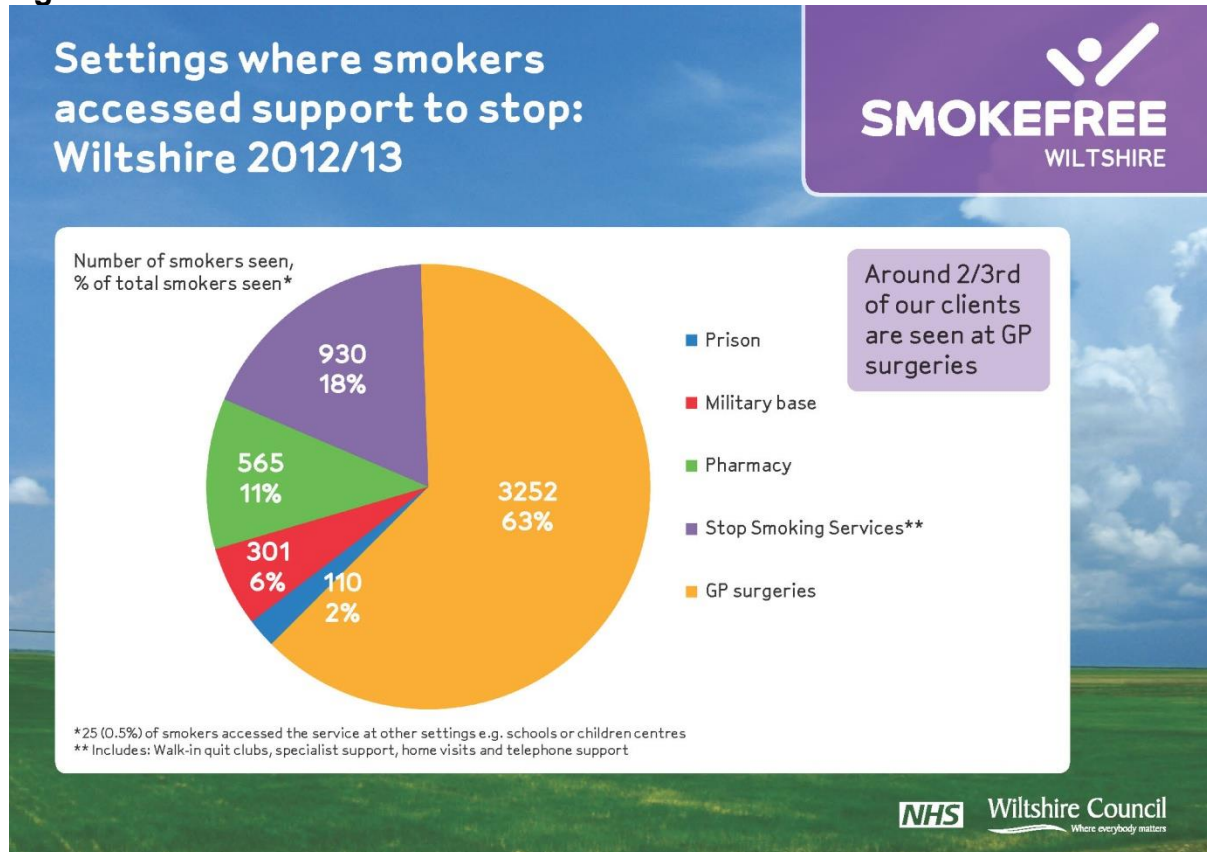
Figure 7

Age of smokers



In 2012/13 the majority of successful quitters, 49% used only Nicotine Replacement Therapy (NRT) and 66% used only Varenicline (Champix) both alongside support from the Service. Figure 8 shows where people accessed support to stop smoking.

Figure 8



Pregnant women were provided with support, with 134 setting a quit date, and 63 self confirmed as having quit successfully at four week follow-up in 2012/13. The successful quit rate for pregnant women was 47%, above the national average of 45%. In 2011/12 47% (60 pregnant women) quit successfully in Wiltshire.

In 2012/13¹⁹ NHS Wiltshire (now part of Wiltshire Council) spent £404,801 (excluding NRT, Bupropion (Zyban) and Varenicline (Champix) on prescription) on smoking cessation services; which works out as £138 per quitter (down from £146 per quitter in 2010/11). This is lower than the South West (£172 per quitter) and England (£220 per quitter).

What do service users / the public think?

The 'What Matters to You' Survey was carried out in December 2011 asking Wiltshire residents to comment on a range of topics that affect life where they live. The survey asked questions about residents' local neighbourhoods, their lifestyle and health, council spending and the natural environment.

Nine percent of respondents smoked and of these 38% were looking to give up and a further 25% to cut down. 8% of respondents lived with a smoker and of these 70% wanted to persuade them to give up or cut down.

Younger respondents were more likely to smoke and 29% of under 25s said they did compared to 10% of those aged 25 to 74 and only 4% of those aged 75 or over. The 35-44 age group had the highest percentage who wanted to give up (55%) and the over 75s were least likely to have wanted to give up or cut down and 71% said this. Banning smoking was less supported amongst older age groups.

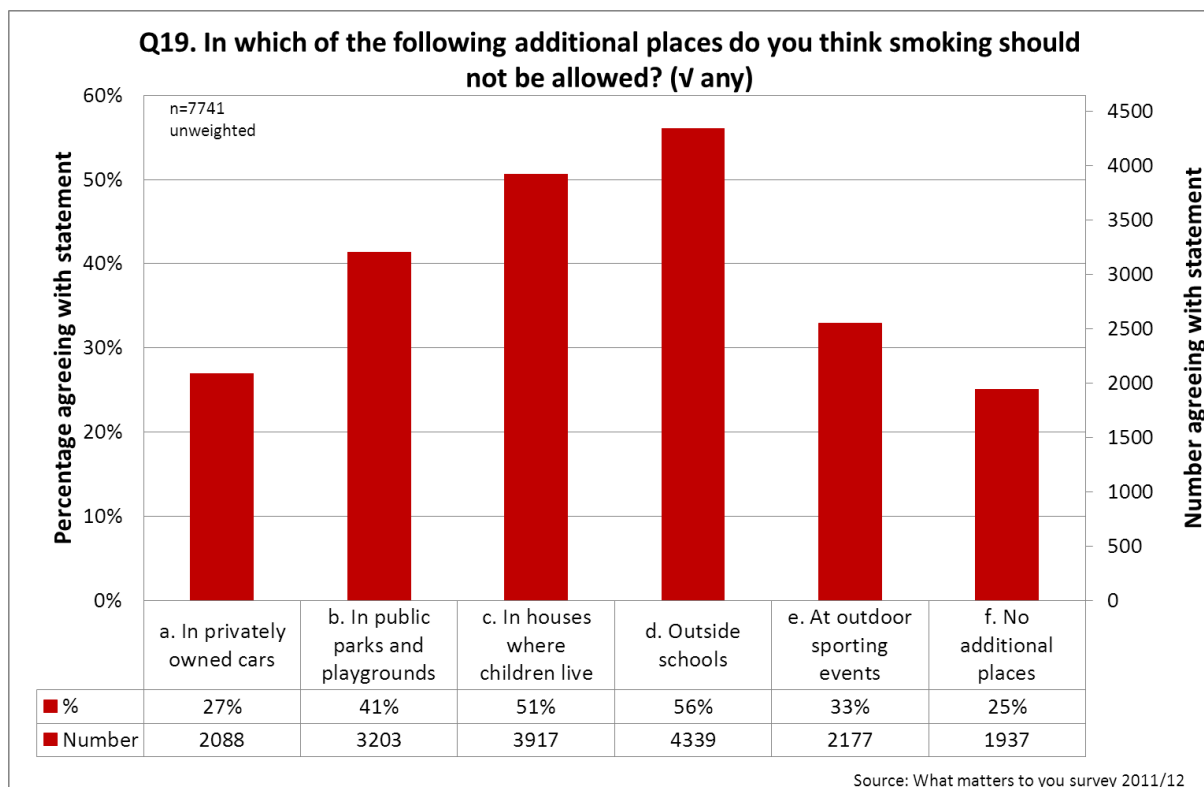
Twelve percent of people in the most deprived quintile of Wiltshire’s population said they smoked compared to 9% overall.

Results for individual Community Areas were broadly in line with the overall Wiltshire results in most cases, exceptions included:

- Tidworth: where more people smoked.
- Bradford: where fewer people smoked.
- Melksham: where more people lived with a household member who smoked.
- Tisbury: where of the people who smoked more wanted to cut down.

At least a quarter of people thought smoking shouldn’t be allowed in each of the 5 places mentioned. 25% thought smoking shouldn’t be banned in any additional places. Outside schools was the most popular place (56%) out of those suggested for smoking to be banned.

Figure 9: Where people think smoking should not be allowed



As can probably be expected the opinions of smokers and non-smokers differed significantly as to whether smoking shouldn't be allowed in any more places. 53% of smokers thought smoking shouldn't be banned in any additional places compared to 22% of non-smokers. Outside schools was the most popular place out of those suggested for smoking to be banned in each of the smoking status groups.

| In which of the following additional places do you think smoking should not be allowed? | % of these groups (of respondents) who agree smoking should not be allowed | | |
|---|--|-------------------------|-------------|
| | Smokers | Household member smokes | Don't smoke |
| a. In privately owned cars | 10% | 22% | 29% |
| b. In public parks and playgrounds | 12% | 31% | 45% |
| c. In houses where children live | 33% | 44% | 53% |
| d. Outside schools | 33% | 50% | 60% |
| e. At outdoor sporting events | 10% | 25% | 37% |
| f. No additional places | 53% | 38% | 22% |

What works and what resources are there?

NICE guidance

The National Institute for Health and Clinical Excellence (NICE) has issued the guidance documents on smoking cessation which are available from the Action on smoking and health (ASH) website: <http://www.ash.org.uk/stopping-smoking/for-health-professionals/nice-guidance-on-smoking>

NICE local government public health briefings: tobacco²⁰

This briefing summarises NICE's recommendations for local authorities and their partner organisations, on preventing people from taking up smoking and helping people to stop smoking. It is particularly relevant to health and wellbeing boards. This briefing is based NICE guidance published up to July 2012 about tobacco control and smoking cessation. It was written with advice from NICE's Local Government Reference Group, and using feedback from council officers and elected members.

<http://publications.nice.org.uk/tobacco-phb1>

Interventions for promoting smoking cessation during pregnancy

A Cochrane review into Interventions for promoting smoking cessation during pregnancy concluded: "smoking cessation interventions in pregnancy reduce the proportion of women who continue to smoke in late pregnancy, and reduce low birthweight and preterm birth. Smoking cessation interventions in pregnancy need to be implemented in all maternity care settings. Given the difficulty many pregnant women addicted to tobacco have quitting during pregnancy, population-based measures to reduce smoking and social inequalities should be supported." The review can be found here:

http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001055/pdf_fs.html

Tackling inequalities

The Health Inequalities National Support Team (HINST) produced a report entitled “Tobacco Control Strategies to Reduce Inequalities in Mortality” which assists in identifying strengths and effective practice and making tailored recommendations on how to address gaps in service delivery. The report is available here:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130868

The Department of Health issued a guidance document in 2009 titled ‘Tackling Health Inequalities’ aimed at targeting routine and manual smokers in support achieving smoking prevalence and health inequality targets. It provides a firm rationale as to why targeting routine and manual smokers will in turn help reduce smoking prevalence.

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_4008268

Premature deaths due to smoking – the picture in the South West

This bulletin provides estimates of numbers and rates by Local and Unitary Authority area and electoral ward over a three-year period (2003–05). Variations by age, gender, disease type, deprivation and geography are presented. It aims to support those working to reduce premature deaths (i.e. deaths between the ages of 35 and 69) due to tobacco smoking in the South West.

<http://www.swpho.nhs.uk/resource/view.aspx?RID=41894>

Measuring smoking prevalence in local populations

This briefing provides brief overviews of potentially useful sources of local-level smoking data, option appraisals for local-level surveillance of smoking and pointers to help local organisations meet their local smoking prevalence information needs:

<http://www.apho.org.uk/resource/item.aspx?RID=87192>. This has been supplemented with another briefing which examines sources of other types of smoking-related data that can add to the picture of smoking-related activity in a local population. It includes information relating to smoking-related hospital admissions and mortality, prescribing data, smoking-related behaviour and attitudes towards smoking, statistics on Stop Smoking Services and the Smoking Toolkit Study:

<http://www.apho.org.uk/resource/item.aspx?RID=87076>

Smoking statistics and cancer

The Cancer Research UK website presents a range of smoking statistics including cancer and smoking, history of smoking and percentage of population smoking. Also given are smoking statistics by age, socio-economic group, ethnic group, geographical variations and children. Finally, there is information on passive smoking and tobacco control:

<http://info.cancerresearchuk.org/cancerstats/types/lung/smoking/lung-cancer-and-smoking-statistics>

Smokefree

Smokefree Wiltshire is an alliance of Wiltshire organisations working towards reducing the prevalence of smoking and the exposure of non-smokers to tobacco smoke. It comes under the auspices of the Healthier Wiltshire Health & Wellbeing Partnership: <http://www.smokefreewiltshire.org.uk/index.htm>

The Smokefree Action Coalition is a group of organisations committed to promoting public health. We came together initially to lobby for smokefree workplaces and are now committed to reducing the harm caused by tobacco more generally

<http://www.smokefreeaction.org.uk/index.html>

Stop Smoking Service: monitoring and guidance

Guidance²¹ was published in 2011/12 which provided best practice guidance relevant to the provision of all publically provided stop smoking interventions and set out fundamental quality principles for the commissioning and delivery of services which can be used to inform the development of local commissioning and provision arrangements. It also included full details of the data requirements for local stop smoking services.

An update to this guidance was published to cover 2012/13 arrangements:

<https://www.gov.uk/government/publications/stop-smoking-service-monitoring-and-guidance-update-published>

Challenges for consideration

- Lung cancer deaths in females are not decreasing
- Nationally the inequalities gap between manual and non-manual workers has not closed in the last two decades.
- Smoking cessation services will need to be targeted at an ever decreasing and 'harder core' group of smokers.

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¹ Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

² <http://www.nelm.nhs.uk/en/NeLM-Area/News/2009---June/09/Smoking-related-disease-costs-NHS-5bn/?id=510748>

³ Healthy Lives, Healthy People: A Tobacco Control Plan for England³ (Department of Health, 2011)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917

⁴ <http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=51290&type=full&servicetype=Attachment>

⁵ Tobacco Control Profile for Wiltshire, Copyright (c) 2012-13, Public Health England (PHE), July 2013.

url:

<http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=55630&type=full&servicetype=Attachment>

⁶ Tobacco Control Profile for Wiltshire, Copyright (c) 2012-13, Public Health England (PHE), July 2013.

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<http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=55630&type=full&servicetype=Attachment>

⁷ Tobacco Control Profile for Wiltshire, Copyright (c) 2012-13, Public Health England (PHE), July 2013.

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<http://www.intelligencenetwork.org.uk/EasysiteWeb/getresource.axd?AssetID=55630&type=full&servicetype=Attachment>

⁸ Copyright © 2012. The Health and Social Care Information Centre, Lifestyles Statistics. All rights reserved.

⁹ <http://www.hscic.gov.uk/home>

¹⁰ Quality and Outcomes Framework, Copyright © 2013, The Health and Social Care Information Centre, Prescribing Support Unit. All rights reserved.

¹¹ coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses

¹² National Statistics. The Health and Social Care Information Centre. © Crown Copyright. January 2013

¹³ <http://www.tobaccoprofiles.info/>

¹⁴ <http://www.tobaccoprofiles.info/>

¹⁵ Wiltshire Health Profile 2013, APHO and Department of Health. © Copyright 2013.

<http://www.apho.org.uk/resource/item.aspx?RID=127163>

¹⁶ Tobacco Control Profile for Wiltshire, Copyright (c) 2011-12, LHO on behalf of the Public Health Observatories in England, London Health Observatory, 2012.

¹⁷ Tobacco Control Profile for Wiltshire, Copyright (c) 2011-12, LHO on behalf of the Public Health Observatories in England, London Health Observatory, 2012.

¹⁸ Tobacco Control Profile for Wiltshire, Copyright (c) 2011-12, LHO on behalf of the Public Health Observatories in England, London Health Observatory, 2012.

¹⁹ Statistics on Stop Smoking 2012/13. Copyright © 2013. The Health and Social Care Information Centre, Lifestyle Statistics.

²⁰ Local government public health briefings: tobacco, National Institute for Health and Clinical Excellence, 15 July 2012. url: <http://guidance.nice.org.uk/phb3/>

²¹ Stop smoking service delivery and monitoring guidance 2011/12, Department of Health, March 2011.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125389