Health and Social Care Committee
Inquiry into Stroke Risk Reduction

SRR 12 – ASH Wales

ASH Wales submission: inquiry into stroke risk reduction

Health and Social Care Committee, National Assembly for Wales.

Introduction

Action on Smoking and Health (ASH) was established in London in 1971 by the Royal College of Physicians as a response to the dramatic rise in awareness of the dangers to health caused by smoking. ASH Wales was established in 1976 as a branch of ASH UK. In 2007 ASH Wales became an independent company limited by guarantee and a charity registered in Wales.

ASH Wales is the only voluntary organisation in Wales with the sole task of tackling the ill health caused by tobacco use. Our main aim is to achieve a reduction in and eventual elimination of the health problems associated with tobacco use.

The Vision of ASH Wales is:

> "ASH Wales is committed to achieving a life free from tobacco for all people in Wales"

The Mission of ASH Wales is:

> "Towards a Tobacco Free Wales"

Our recommendations

- **Focus on stroke prevention with the main focus of health promotion activities and tobacco control initiatives centred around young people and those who face economic deprivation in Wales**
- **In <u>all</u> acute services, stroke patients should have immediate access to smoking cessation advice and harm reduction aids**
- **Training of <u>all</u> health professionals across Wales to deliver tobacco control advice**
- **Tobacco control issues to be kept high on the public health agenda in Wales**
- **Close organisational work to achieve the aims of the forthcoming Welsh Tobacco Control Action Plan**

Background

Academic research has shown that the need to reduce smoking is vital to effectively reduce the risk of stroke. Smoking is the number two risk factor in most strokes (Shinton and Beevers, 1989) and nearly doubles the risk of having an ischemic stroke (Ockene and Miller, 1997), and combined with other health risk behaviours, was shown in an 11 year follow up, to more than double the risk of stroke (Myint et al, 2009). Smoking makes a significant independent contribution to the risk of stroke generally and to brain infarction specifically (Wolf *et al.,*1988). The relative risk of stroke increases with the number of cigarettes smoked (Shah and Cole, 2010). In addition, exposure to second hand smoke has been shown to increase the risk of acute stroke (Bonita et al., 1999; Hashimoto, 2011), particularly among older people (Glymour et al, 2008). However, benefits from quitting, in the form of reduced likelihood of stroke, can be seen, even in those who have smoked for many years (Hashimoto, 2011).

The number of adult deaths from Cerebrovascular Disease caused by smoking was 52,523 in 2000 across Wales and England (Peto *et al.,* 2006). The total estimated NHS costs of Cerebrovascular Disease attributable to smoking has been estimated by Allender *et al.,* (2009) using the WHO Global Burden of Disease Project Figures to be £113.6m in Wales in 2005-2006. The total cost of stroke being £516.5m. This means that smoking accounts for over one fifth of the total cost of Cerebrovascular Disease to the NHS in Wales. ASH Wales commissioned a leading economist to look at the cost of smoking to the NHS in Wales using actual population data. From this we can report that Circulatory disease including stroke accounts for £97million of the £235 million +, which was the total impact of smoking on hospital admissions in 2007 (Phillips, 2009). Aproximately 23% of the Welsh population smoke (National Statistics Wales, 2010), three percentage points higher than the UK as a whole (Robinson and Harris, 2009), and this is placing a substantial economic and social burden on the health system.

What are your views on the implementation of the Welsh Government's Stroke Risk Reduction Action Plan and whether action to raise public awareness of the risk factors for stroke has succeeded?

As noted in the Stroke Risk Reduction Action Plan (p.1), 'action is needed to increase...smoking cessation'. ASH Wales believes that current provision in smoking cessation needs strengthening in several areas in order to fully meet the key action points:

Key actions 4 and 5: Young people and smoking

ASH Wales believes that stroke campaigning and influencing should be directed at acute services and rehabilitation and also as a priority at reducing the risk factors associated with having a stroke and in particular targeted at reducing the uptake of smoking amongst young people. A recent unpublished ASH Wales survey of over 1,000 young people (aged 11-25) across Wales found that most young smokers were starting aged 12. The average age at which people in Wales start to smoke is between 11 and 12 years, and amongst Welsh 15 year olds, 27% of girls and 16% of boys report smoking at least weekly (HBSC, 2004). There needs to be a focus on these young people to ensure they become knowledgeable about their own health and take their own health decisions.

Alongside this, tobacco products should not be available to children, with penalties for retailers and other adults supplying children. This should be monitored through testing by Welsh Trading Standards. Additionally it is essential that the Welsh Government uses its devolved powers to legislate on:

- removing tobacco vending machines in order to prevent young people accessing tobacco products (Wales Heads of Trading Standards, 2009). And:
- removing cigarette displays in shops, which are known to be attractive to young people, increasing their risk of becoming smokers (Henriksen, 2002).

ASH Wales believes that the Welsh Government should petition the UK Government to ensure that cigarettes are sold in plain packaging in order to support adults and children to quit smoking, or not to begin (Wakefield et al, 2008).

The ASH Wales (unpublished) 2011 Youth Smoking Survey identified that almost three quarters of young smokers thought that it was essential that youth specific cessation services were available. Accordingly, these should be created.

Key Action 4,6 and 26: Cessation and disadvantaged groups

It is the case that smoking rates are highest in areas of economic deprivation in Wales. The Welsh HBSC (Health Behaviours of School Children, 2004) report into tobacco, cannabis and alcohol clearly states that there is a positive association between socio-economic status and health outcomes and those that smoke are more likely to be from Social Class D or E. Tobacco is the leading cause of health inequalities for these groups and therefore more needs to be done to reduce these inequalities. If smoking as a factor was removed the differences in survival between the wealthiest and those living in deprivation is relatively small. In order to reduce health inequalities it is imperative that there is more emphasis on preventative measures to enable the less well off to stop smoking or never start and thus reduce their risk of Cerebrovascular Disease.

In addition, there is evidence that health promotion advice needs to be culturally sensitive and, as such, there is a need for services tailored towards BME groups

(Begh et al., 2009). ASH Wales believe that the use of community pharmacies could be further utilized as a way to signpost people in hard to reach groups towards cessation services.

Key Action 4: Post-stroke cessation services

In the wider health professional sense and in all Stroke Units in Wales there needs to be training of all health professionals to deliver tobacco control advice to stroke patients. In all acute services there needs to be immediate access for stroke patients to smoking cessation advice and harm reduction aids including Nicotine Replacement Therapy. It is important that people feel they are able to access information around tobacco control from a wide range of sources including from hospitals, schools, youth clubs, G.P. surgeries and in the community in order to have an impact on smoking prevalence rates in Wales.

Key Action 4: reducing exposure to environmental tobacco smoke

As part of the Welsh Government's draft Tobacco Control Action Plan, reducing exposure to second hand smoke is identified as one of four strategic action areas. ASH Wales believes that it is essential that the final Tobacco Control Action Plan continues to focus upon this area. Furthermore, specific steps could be taken in order to further reduce exposure to environmental tobacco smoke, particularly for young people: making playgrounds smoke-free; supporting smokers to make their homes smoke-free; and considering making prisons and mental health units smoke-free.

Key Actions 7, 8 and 9: Brief intervention training for smoking cessation

In order to support smokers to make a quit attempt, it is essential that, as stated in the stroke action plan, Brief Intervention training (a one day course), becomes mandatory for all health and social care professionals and community workers. Furthermore, it should become a necessary component of professional training for all health care professionals in Wales.
Regarding the cost of providing brief intervention, and other face to face interventions, to smokers, Parrott and Godfrey (2004) state: 'The overwhelming evidence is that face to face cessation interventions provide excellent value for money compared with the great majority of other medical interventions.' Accordingly, the cost of providing such training should be considered an investment.

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ASH Wales, September 2011.

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