MRC/CSO Social and Public Health Sciences Unit Consultation Response

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| **Title of consultation** |
| Proposed changes to how smoking-attributable risk is calculated |
| **Name of the consulting body** |
| Public Health England |
| **Link to consultation** |
| [https://www.gov.uk/government/consultations/proposed-changes-to-how-smoking-attributable-](https://www.gov.uk/government/consultations/proposed-changes-to-how-smoking-attributable-risk-is-calculated) [risk-is-calculated](https://www.gov.uk/government/consultations/proposed-changes-to-how-smoking-attributable-risk-is-calculated) |
| **Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?** |
| Smoking remains a major contributor to socioeconomic differences in health and mortality. As such, the Unit and, in particular, its Inequalities programme has long standing interest in the social and regional patterning of smoking at national and international levels. The method used for calculating smoking attributable deaths in Scotland is consistent with the method that has been used by Public Health England and will likely be impacted by the proposed changes. |
| **Our consultation response** |
| 1.  Do you agree with the proposal to update the relative risks in the way outlined?  **Yes**  2.  Do you agree with the rationale for inclusion and exclusion of particular conditions within our analysis aligned to the Royal College of Physicians report?  Yes 3.  Which of the three options for mental health would you prefer?  Include Mental Health conditions as per the calculations in this document with clear caveats  4.  Do you have any other comments or points that you would like us to consider?  It is appropriate to use the relative risks obtained from more up-to-date analyses from  systematic reviews of the associations between smoking and various diseases along with meta-analyses of effect sizes forming the bases of the Royal College of Physicians’ Hiding in |

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| plain sight: Treating tobacco dependency in the NHS report published in 2018 in place of the previously used estimates available from ‘The Health Consequences of Smoking: A Report of the Surgeon General’ which reviewed studies conducted until 2000. The Royal College of Physicians’ report provides relative risks that are based on results from 1) the 2016 systematic review and meta-analysis of 19 current US and European cohort studies reported by the CHANCES (Consortium on Health and Ageing: Network of Cohorts in Europe and the United States) consortium and relating to cancer at seven sites: lung, head and neck, colorectal, gastric, pancreatic, breast, and prostate; and 2) the pooled relative risks for cancer in relation to smoking from meta-analyses of 293 observational studies, published between 1961 and 2003, of smoking effects on cancer at 13 sites (Oral cavity, Pharynx, Oesophagus, Stomach, Liver, Pancreas, Nasal-sinuses and nasopharynx, Larynx, Lung, Cervix, Kidney, Lower urinary tract, and Myeloid leukaemia) recognised to be related to tobacco smoking by the International Agency for Research on Cancer (IARC). A further rationale for the use of more recent data is that cigarettes have changed in composition over recent decades, as have the way people smoke them (Harris, J.E., Thun, M.J., Mondul, A.M. and Calle, E.E., 2004. Cigarette tar yields in relation to mortality from lung cancer in the cancer prevention study II prospective cohort, 1982-8. BMJ, 328(7431), p.72.  (<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC314045&blobtype=pdf>).  As indicated, of the three options for mental health, we prefer ‘Include Mental Health conditions as per the calculations in this document with clear caveats’. The basis for this is that differential incompleteness of the Hospital Episode Statistics data for psychiatric illness admissions is not evident (Thompson, A., Shaw, M., Harrison, G., Ho, D., Gunnell, D., & Verne, J. (2004).  Patterns of hospital admission for adult psychiatric illness in England: Analysis of Hospital Episode Statistics data. British Journal of Psychiatry, 185(4), 334-341. doi:10.1192/bjp.185.4.334  [https://www.researchgate.net/publication/8256525\_Patterns\_of\_hospital\_admission\_for\_adult\_](https://www.researchgate.net/publication/8256525_Patterns_of_hospital_admission_for_adult_psychiatric_illness_in_England_Analysis_of_Hospital_Episode_Statistics_data) [psychiatric\_illness\_in\_England\_Analysis\_of\_Hospital\_Episode\_Statistics\_data](https://www.researchgate.net/publication/8256525_Patterns_of_hospital_admission_for_adult_psychiatric_illness_in_England_Analysis_of_Hospital_Episode_Statistics_data)). However, we  do recommend exploration of inclusion in the calculations of further data sources for mental health conditions to inform future changes to the calculation. |
| **When was the response submitted?** |
| 30/10/2020 |
| **Find out more about our research in this area** |
| <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/staff/michaelgreen/#publications> <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/staff/linsaygray/#publications> <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/staff/elisewhitley/#publications> |
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