



JSNA Factsheet: Health and Wellbeing Tobacco Control

Tower Hamlets Joint Strategic Needs Assessment 2013-2015

Executive Summary

Smoking is the principal cause of morbidity and mortality in the UK and is the major reason for the inequalities in death rates between rich and poor in the UK¹. This is particularly pertinent to Tower Hamlets which has high levels of deprivation and has disproportionately high disease burden compared to England as a whole. It is one of the most important factors in health inequalities that persist in Tower Hamlets.

Local picture

21.5% of residents report that they are current smokers. This is higher than the London average of 18.9% and the national average of 20%. ¹Three quarters of these would like to stop smoking. ²

Smoking is more common in deprived areas and is strongly associated with low educational attainment, unemployment, living in social housing, being illiterate in English and migration.

Effective Interventions

Reducing prevalence requires a comprehensive and co-ordinate tobacco control strategy which reduces the harm caused by tobacco. Refreshing and implementing the Tobacco Control Strategy will ensure a co-ordinated approach to prevent uptake of smokeless tobacco and smoking cessation in the borough. As part of this, there will be a particular focus on reducing tobacco uptake in adolescents and young people by reviewing and updating the borough's tobacco control plan for young people, including reducing the amount of counterfeit and contraband tobacco available to young people - source *Tower Hamlets Health and Wellbeing Board 2013 'Towards a Healthier Tower Hamlets.'*

As well as reducing access to tobacco and protecting the population from the harmful effects of second hand smoke there is a strong evidence base for effective smoking cessation services which increase success of quitting and remaining abstinent at 12 months.

NICE guidance on Brief interventions and referral for smoking cessation in primary care and other settings recommend people are opportunistically asked their smoking status and those identified asked how interested they are in quitting and If they want to stop, refer them to an intensive support service such as NHS Stop Smoking Services. If they are unwilling or unable to accept a referral, offer a stop smoking aid (pharmacotherapy).

Local Services

Smoking cessations services are being provided across the borough; these have been integrated into care pathways and enhanced services in primary and secondary and mental health care settings. Community Health Care professionals and Outreach workers are tailoring and delivering services to those with high rates of smoking, but low access to mainstream services.

¹ LHO 2012

² Tower Hamlets adults Health and Lifestyle Survey 2009

Recommendations

- Continue to motivate all tobacco users to seek support in quitting
- To continue to provide accessible and imaginative stop smoking services which are tailored to the needs of the communities and based on good practice
- To provide accessible and tailored services to people from high smoking prevalence groups, in particular people in ethnic minorities, routine and manual workers, pregnant women, those living with mental ill health, those living with long term conditions and young people (see JSNA factsheet on children and YP)
- Improve direct referral pathways into stop smoking services for all the above named groups
- To implement the display provisions in the Health Act for large shops from 2012 and all other shops from 2015
- To establish our approach on harm reduction in line with the NICE guidelines (2013)
- To encourage and support the effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco products
- Promote local action to identify the range of tobacco products on sale in communities to ensure that these products meet the requirements of tobacco legislation
- Consider the evidence for where children obtain tobacco products and explore what action is required to tackle the main sources
- Embed brief advice into all clinical pathways and the role of front line staff
- To continue to build on Trading Standards led initiatives to gather and act on intelligence around illicit tobacco and underage sales and to continue test purchasing and retailer education.
- Build knowledge on where children obtain tobacco products from and develop an appropriate strategy to address these sources
- Continue to improve referrals from secondary care in to the specialist stop smoking service

1. What is Smoking and Tobacco?

Definition of Tobacco

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine.²

Definition of Smoking

Smoking” means the smoking of anything that contains tobacco or any other substance or being in possession of anything lit which contains tobacco or any other substance.³

Who’s at risk and why

Smoking is the biggest single preventable cause of disease and premature death in the UK⁴. Preventing people from starting smoking is key to reducing the health harms and inequalities associated with tobacco use.

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD, bronchitis and emphysema) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.¹

Impact on individual

Smoking and breathing second-hand smoke (previously known as ‘passive smoking’) can affect the health of non-smokers. For example, it can exacerbate respiratory problems and trigger asthma attacks. Longer term, it increases the risk of lung cancer, respiratory illnesses (especially asthma), heart disease and stroke⁵

Impact on society

Each year in Tower Hamlets it is estimated that smoking costs society approximately £74.5 million. This is made up of £22.2 million from lost output due to premature death, £15.7 million loss of productivity; and cost to the NHS is £13.5 million as well wider costs from passive smoking, smoking related fires and littering

2. What is the local picture?

Prevalence statement

² World Health Organisation

³ HM (2006) Health Act, chapter 28

⁴ ASH website

⁵ International Agency for Research on Cancer 2002; Scientific Committee on Tobacco and Health 2004; US Environmental Protection Agency 1993.

The estimated prevalence of smokers in TH is estimated at 21.5% (LHO, 2012) , but it is likely to be higher based on local self reporting.

Reducing tobacco use is a strategic priority for NHS Tower Hamlets, a three year implementation plan on the tobacco strategy has been completed and a refreshed plan is underway.

Smoking prevalence varies throughout the borough

The following table illustrates the number of smokers listed on GP registers as smokers and the prevalence of smokers in each Local Area Partnership (LAP) or network.

LAP	1	2	3	4	5	6	7	8
Prevalence %	27	26	31	22	29	27	30	23
Number of smokers (16 plus)	5358	4802	5339	5273	5111	4950	6066	7682

Table 1. Smoking prevalence by network (Healthy Lifestyle Survey 2009)

Mortality statement

Smoking is the principal cause of morbidity and mortality in the UK and is the major reason for the inequalities in death rates between rich and poor in the UK⁶. This is particularly pertinent to Tower Hamlets which has high levels of deprivation and has disproportionately high disease burden compared to England as a whole. It is one of the most important factors in health inequalities that persist in Tower Hamlets.

3. What are the effective interventions?

National strategy statement

The “Healthy Lives, Healthy People” Tobacco control plan for England 2011 has set the following three national ambitions to focus tobacco control work across the whole system to reduce the prevalence levels and improve

⁶ HDA 2007

lives.

- 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).

Source http://www.ncsct.co.uk/publication_public-health-outcomes-framework.php

Nice Guidance

Nice has published many guidelines based on the evidence around intervention, prevention and treatment.

Very Brief Advice

Very brief advice should be given. These typically take between 2- 5 minutes and may include one or more of the following:

- simple opportunistic advice to stop
- an assessment of the patient's commitment to quit
- an offer of pharmacotherapy and/or behavioural support NICE public health intervention guidance – Brief interventions and referral for smoking cessation in primary care and other settings.
- Provision of self-help material and referral to more intensive support such as the NHS Stop Smoking Services.

School-based interventions to prevent the uptake of smoking among children and young people

The national context on young people; The 'Smoking kills' white paper set targets to reduce the number of children aged 11–15 who were regularly smoking. The targets were: to reduce the total smoking from 13% (in 1996) to 11% by 2005 and to 9% by 2010⁷

Nice guidance recommendations:

- **Deliver interventions** that aim to prevent the uptake of smoking as part of PSHE (drugs education) and activities related to Healthy Schools or Healthy Further Education status.
- Offer evidence-based, peer-led interventions aimed at preventing the uptake of smoking such as the ASSIST (A Stop Smoking in School Trial⁸) programme.

⁷ DOH, *Smoking Kills* (1998) Available at

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006684

⁸ Campbell R, Starkey F, Holliday J et al. (2008) An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *Lancet* (371) 9624: 1595–602.

Audrey S, Halliday J, Campbell R (2006) It's good to talk: adolescent perspectives of an informal, peer-led intervention to reduce smoking. *Social Science and Medicine* (63): 320–34.

Audrey S, Halliday J, Campbell R (2008) Commitment and compatibility: teacher's perspectives on the implementation of an effective school-based, peer-led smoking intervention. *Health Education Journal* (67): 74–90.

- Adult-led interventions. Integrate information about the health effects of tobacco use, as well as the legal, economic and social aspects of smoking, into the curriculum.

Harm Reduction

Nice Guidance on harm reduction was introduced in June 2013. The aim of the guidance is to provide assistance for highly dependant smokers and for those from some population segments such as those living with mental ill health. Full information can be found at <http://www.nice.org.uk/PH45>

Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities

- NHS Stop Smoking Services have helped large numbers of people to quit smoking. However, smoking cessation rates are still lower among people in routine and manual groups than among those in higher socioeconomic groups. This suggests that some groups face social and economic barriers that may inhibit their ability to quit. Reducing smoking prevalence among people in routine and manual groups, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other public health measure.

Individual behavioural counselling involves scheduled face-to-face meetings between someone who smokes and a counsellor trained in smoking cessation. This form of counselling is effective as the service is tailored to the target audience

4. What are we doing locally to address this issue?

NHS Tower Hamlets has adopted three approaches within its strategy;

1. Preventing the uptake of tobacco use
2. Commissioning a range of cessation services in order to meet the diverse needs of the community
3. Protecting people from the effects of tobacco and second hand smoke.

Intervention and Prevention

- From 2009-2012 D.A.S.L was commissioned to provide a pilot smoking cessation service to pupils aged 12-16 in 4 schools across Tower Hamlets. The project was named 'Bright Sparks' and offered 1:1, groups, workshops, satellite clinics and football sessions incorporated with health messages (latter in partnership with Air Football). We hope to provide in school cessation groups based on this model
- Some school personnel have been trained to deliver stop smoking support to pupils
- **ASSIST** (informal school based peer-led intervention for smoking prevention).¹⁵ Commissioned through NHS EL&C Tower Hamlets Public Health and delivered by LBTH Youth & Connexions Services in 12 secondary schools in Tower Hamlet

Illicit Tobacco and Enforcement

- Illicit tobacco (contraband and counterfeit cigarettes) and underage sales are enforced by LBTH Trading Standards. Trading Standards raise awareness of the age of sale for tobacco during routine visits to retailers and are introducing a 'Responsible Trader' scheme including the voluntary adoption of a 'Challenge 25' policy. Trading Standards officers also carried out 123 underage sales test purchases in 2012-13, 15.5% of which resulted in a sale and are dealt with by a variety of sanctions including warnings, undertakings, licensing reviews and prosecutions. 173 advisory visits were carried out during which Illicit tobacco was searched for, resulting in 7 seizures.

Primary Care

All GP practices have trained advisors to deliver stop smoking advice and prescribe Nicotine Replacement therapy; additionally staff are able to refer to the specialist service. (Please see specialist service for further details). All frontline staffs are trained to provide very brief intervention advice. Practices are also incentivised to ascertain smoking status and record it.

Secondary Care

Specialist Clinics provide help to highly dependent smokers and smokers who require extra support. Smoking cessation advice is being delivered to Inpatients at the Royal London Hospital.

Hospital staff have been trained to ask about smoking status and record this and signpost to stop smoking service and a direct electronic referral system has been implemented in wards across the hospital.

Community Services

Community health staff, including pharmacists and some dentists, have been trained to deliver Stop Smoking Service and prescribe NRT. Referrals can also be made to the specialist clinic for smokers who require additional support.

Health Trainers and Community health professionals are providing cessation support to smokers with a Mental Health conditions.

Pregnancy Service

Pregnant smokers have access to a dedicated provider tailored specifically for them, Referrals are made via the Midwife or GP, and self-referrals are also acceptable. Pre, Ante and Postnatal support is delivered.

Workplaces

Stop Smoking advisors are providing tailored and flexible packages to workplaces, focusing on routine and manual workers; thus allowing smokers to be treated on site; and reducing absenteeism and increasing productivity.

Help for vulnerable groups;

Bangladeshi Community

- The Bangladeshi community in Tower Hamlets has the highest smoking and tobacco chewing rates – 60 per cent of all Bangladeshi men in the borough smoke and 50 per cent of women chew tobacco in Paan, which is used as a digestive aid.

- The Bangladeshi Tobacco Cessation Project provides culturally sensitive support. As well as providing nicotine replacement, advice and support, they are also able to provide male and female workers where appropriate. The majority of the service users are Bengali or Sylheti speaking.

Smokers living with COPD

- Two local specialist stop smoking groups were recently run for smokers living with COPD.

Smokers living with mental ill health

- Brief intervention smoking training has been delivered to front line staff working in mental health settings.
- A direct referral pathway has been developed within mental health settings.

5. What evidence is there that we are making a difference?

Cessation

- There is a 98% compliance with the Health Act 2006
- Over 5,000 people are accessing stop smoking services and this is the highest per 100,000 population in London
- No. of patients setting a quit date in GP practices has tripled in the last 18 months and the quit rate has risen significantly from 17% in 2010 to 45% in 2012 (DOH returns, 2009 & 2012)
- Referrals from secondary care into the specialist stop smoking service have increased
- The quality of smoking cessation services across the borough has improved
- The two local groups for smokers living with COPD produced a 60% quit rate

Bangladeshi Stop Tobacco Project (BSTP)

From 2012 - 13 the BSTP support 766 Bangladeshi men and women to set a quit date which led to 496 quits (65%)

Prevention /Education

Analysis of pre and post **ASSIST** questionnaires in 7 participating schools and 1 control school suggests that the intervention had the following effects;

- A preventative effect on the adoption of pro-smoking attitudes;
- Led to a decrease in the amount of smoking that young people thought was going on around them
- Made it more possible for pupils to hang on to their convictions that they could resist when offered cigarettes

There was no significant increase in reported levels of smoking in the intervention schools compared to a significant increase in the control school . If widely implemented is likely to have a positive effect on the uptake of smoking amongst young people¹⁶

Under age sales

LBTH Trading Standards report that the rate of underage sales in the Borough has fallen incrementally from 38% in 2008/09 to 15.5% in 2012-13. This brings the Borough in line with the national average (15%*) and below the London average (20%) suggesting that the policy of advice and test purchasing/prosecution appears to be working (Tobacco Control Survey, England and Wales 2010/11).

Shisha initiative

From 2009-2012, there were 73 shisha places were attended, 56 closed voluntarily, 17 were prosecuted resulting in closures. Over 305 people with an age range of 16-20 were identified during this period at shisha premises and were sent a written warning and health advice. In 2012/13 there 16 shisha premises were reported and investigated, interventions and enforcement actions reduced the number to 1 legal and 1 illegal premises with prosecution pending.

6. What is the perspective of the public on services?

- Social marketing into the perspectives of Mental Health service users and smoking services were performed, the report identified that they require a more visible service tailored for their needs; the current service is being redesigned with stakeholder engagement to tailor the service to meet their needs.
- Smokers living with COPD in Network 4 of the Borough were asked for feedback on local stop smoking groups set up for their client group. They welcomed the groups if accessible and comfortable.

7. What are the priorities for improvement over the next 5 years?

The Government is supporting comprehensive tobacco control in England across the six internationally recognised strands, which are:

1. Stopping the promotion of tobacco
2. Making it less affordable
3. Effective regulation of tobacco products
4. Helping tobacco users quit
5. Reducing exposure to second hand smoke

6. Effective communication for tobacco control.

- **Stopping the promotion of tobacco products**

- Implement the tobacco displays provision in the Health Act 2009 in large shops from April 2012 and for all other shops from April 2015
- Consult on plain packaging options – recently rejected by the Government (July 2013) but ongoing debate
- Examine the impact that smoking accessories advertising has on smoking
- Work with media re portrayal of smoking in media
- Review role of the internet re promotion
- Encourage local areas to work towards de-normalising smoking

- **Making tobacco less affordable**

- Supportive of the role of tax
- HMRC needs to work with local authority
- Supports protocol of illicit trade
- Use of evidence based marketing campaigns to reduce illicit tobacco use
- Local authority to identify niche tobacco and to ensure that duty is paid
- Examine what people are smoking (i.e. smoking cheaper cigarettes)
- Explore imposing restrictions on what can come in to the country

- **Regulation of tobacco products**

- Supportive of age of sale
- Supportive local enforcement
- Local action on niche tobacco to ensure that products meet tobacco legislation and comply with the law
- Review to find out local intelligence of where young people get their tobacco from
- New EU directive on reduced ignition propensity on cigarettes and re labeling of tobacco

- Need to review regulation on nicotine containing products

- **Helping people stop**

- Link in with the government marketing communications to motivate tobacco users to think about quitting and guide them to the most effective support
- Ensure that commissioning decisions are linked to data
- Use the National Centre for Smoking Cessation Training (NCSCT) as gold standard for local training and service delivery; full details can be found at <http://www.ncsct.co.uk/>
- Services should ensure cost effectiveness whilst still adhering to good practice
- Develop guidance on cessation of smokeless tobacco
- Need to look at different models of quitting- e.g. tailored quit plans, e.g. cut down to quit
- Implement the harm reduction approach for segments of the population eg those living with mental ill health
- Local activity should embed brief advice into all front line activity

- **Reducing exposure to second hand smoke**

- Raise awareness and provide information to the Tower Hamlets population on the importance of second hand smoke both for adults and children
- Having local smoke free ambassadors to encourage people to make their homes/family cars smoke free
- NHS/Local authority premises to look at extending smokefree outdoor areas
- To review arrangements in prisons

- **Effective communication for tobacco control**

- Three year marketing strategy will be produced by mid 2011. Aim remains to motivate tobacco users to quit, to signpost them to the most effective service, to reduce the uptake of tobacco by young people, to communicate the harm of second hand smoke and to encourage smokers to make their homes and cars smoke free
- Clear consistent messaging through existing channels, reach those with highest risk using local campaigns in line with national ones

- **Information and Intelligence**

- Develop clear picture of local prevalence across all wards and population groups in particular for young people on which data is currently non comprehensive

8. What more do we need to know?

- There needs to be further work into delivering the service to the vulnerable; older people and housebound people
- Further work on niche products, education awareness surrounding these areas and shisha
- Uptake of services across different population groups – why aren't some segments of the local population still not accessing stop smoking services?

9. Key Contacts & Links to Further Information

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