Breaking the Chain

A new approach in Tobacco Control

2017-2020

Southwark Health and Wellbeing Board

Contents

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Foreword

Southwark Council's vision is for a 'Fairer Future for All'.

Living longer and healthier lives is central to that vision and we know that smoking remains the single biggest cause of premature death and disease nationally. In addition, effective tobacco control is critical to any strategy to tackle health inequalities as smoking accounts for around half of the difference in life expectancy between the lowest and highest income groups.

Our new tobacco strategy '*Breaking the Chain*' sets out bold ambitions and a new approach to reducing smoking in our population while protecting young children from tobacco smoke and helping our young people to stay smoke free throughout their lives.

Everyone has a role to play in empowering our residents to be healthier. An effective tobacco control strategy needs all local partners to work together. With this strategy, we challenge ourselves and our partners to raise the quality of care and to identify further opportunities to work together for effective tobacco control across the whole borough. We are determined to reduce inequalities in health by targeting population groups with high rates of smoking and parts of the borough where cheap, illegal tobacco is being sold. We will also tackle underage sales to prevent young people taking up smoking. We also know it is difficult to stop smoking and we will improve the support for people who find it hardest to stop and who would benefit most. In particular, more support will be available to pregnant women, people with poor health and people on lower incomes.

Stopping smoking and remaining smoke free means longer healthier lives as well as more money in the pocket. It is my ambition to make Southwark a place where 'the healthier choice is the easier choice.' I very much want to break the chain and welcome Southwark's new Tobacco Strategy.

Councillor Maisie Anderson/other
Acting/Cabinet Member for Public Health, Parks and Leisure

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Executive Summary

Smoking is still the single biggest cause of premature death and disease nationally and locally. Half of all long-term smokers will die from smoking related diseases. In Southwark there were over 750 smoking related deaths and 1,650 smoking attributable hospital admissions in 2014. Smoking also has a significant economic impact on both health services and more widely to society as a whole. It is estimated that treating smoking-related illnesses costs NHS Trusts in Southwark £7m a year while the overall economic burden of tobacco use to the whole Southwark system is estimated to be far higher at £78 million a year. Smoking is also the single biggest cause of inequality of death rates between rich and poor in the UK.

Nationally, prevalence of adult smoking has been declining over recent decades, from a peak in 1974 of 45% to around 19% today. However, experience from other countries shows that more can be achieved and smoking prevalence can be reduced even further. In Southwark, just under 16% of all adults currently smoke, which is slightly lower than the national and London averages. However, this is still an estimated 46,000 adult smokers, the majority from disadvantaged communities.

Reducing smoking prevalence, particularly among the most deprived communities is a key ambition of the Southwark Health and Wellbeing Board. In 2016 it was agreed to work towards reducing adult smoking prevalence to 14.5% by 2019/20 and prevalence among routine and manual workers to 20.2% by 2019/20. These are ambitious targets that will require a new approach to tobacco control in Southwark. This approach will be firmly based on the evidence that in order to reduce population prevalence, a holistic approach is needed which incorporates prevention of children starting to smoke as well as help for existing smokers to stop. This will be achieved through a co-ordinated, multi-agency approach to tobacco control focussing on the following widely recognised strands of tobacco control:

1. Making smoking less affordable
2. Regulating tobacco products more effectively
3. Reducing exposure to second hand smoke
4. Stopping the promotion of tobacco products
5. Helping smokers to quit
6. Effective communications for tobacco control

The Southwark Stop Smoking Service will continue to be an important part of the approach to tackling smoking in the Borough but we will increase the focus of this service on the groups of smokers with the highest levels of need. These groups will include routine and manual workers, smokers with long term conditions and pregnant smokers. We will also improve the quality of the service by establishing an integrated referral pathway that ensures smokers receive the most appropriate service for their needs. We will also work to explore new, innovative approaches to supporting smokers to quit such as online and phone support. Services will also include appropriate harm reduction approaches, particularly for smokers who have had repeated attempts to quit, in line with NICE guidance and emerging evidence of the benefits of e-cigarettes.

Alongside the stop smoking service, we will work to strengthen enforcement of tobacco regulations, promote the establishment of smoke free environments including cars, playgrounds and homes as well as work with schools to prevent children from taking up smoking and continue to work with South East London boroughs to tackle illegal tobacco. Finally, we will ensure we communicate the risks of smoking, including novel tobacco products such as shisha, to all of our residents.

Together these approaches will help us to reduce our smoking prevalence, meaning smoking is seen as the exception rather than the norm. In this way we can 'break the chain' of smoking and achieve our first smoke free generation.

1 – Background

1.1 Adult smoking prevalence – the local and national picture

Smoking is still the single biggest cause of premature death and disease nationally and 1 in 2 smokers will die from smoking related diseases. In England, deaths from smoking are more numerous than the next six most common causes of preventable death combined.[1] Some of the most common diseases caused by smoking include lung and numerous other cancers, coronary heart disease, chronic obstructive pulmonary disease (COPD) and strokes.[2]

There are various sources of data available on smoking prevalence in adults in Local Authority areas. The ONS Annual Population Survey (APS) is recommended by Public Health England as a key source of information. According to the APS, adult smoking prevalence in Southwark in 2015 was 15.9%, which is lower than the figure from the same survey for England at 16.9%, and also the figure for London at 16.3%[3]. This figure has been declining over the past few years. Table 1 displays data from the Annual Population Survey and Integrated Household Survey which is no longer being updated since 2014.

Year	Integrated Household Survey	Annual Population Survey
2010	20.8%	No data
2011	19.6%	No data
2012	19.7%	19.9%
2013	20.7%	18.0%
2014	16.5%	16.8%
2015	No data	15.9%

Table 1. Adult smoking prevalence in Southwark.

There is some variation in adult smoking prevalence between Central London boroughs. For example Southwark's adult smoking prevalence is lower than Lambeth (21.2%) and Kensington and Chelsea (18.8%) and higher than Westminster (15%) and Wandsworth (13.7%).

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[1] https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england
[2] http://www.nhs.uk/chq/Pages/2344.aspx?CategoryID=53
[3]http://www.tobaccoprofiles.info/profile/tobaccocontrol/data#gid/1000110/pat/6/ati/101/page/1/par/E12000007/are/E09000022

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1.2 Children and Young People

The vast majority of smokers started when they were young. Two thirds of smokers say they began before they were legally old enough to buy cigarettes (18 years) and 9 out of 10 before 19 years of age.[4] However, there are positive signs that smoking rates among young people are decreasing. For example, in the Southwark Health Related Behaviour Survey (2014), 77% of 12-15 year old pupils stated that they had never smoked at all.[5] The 23% of children who had tried smoking at least once compares to a 1982 national estimate that 53% of 11-15 year olds had smoked at least once. The 2014/15 national What About Youth (WAY) survey estimated that only 4.5% of Southwark 15 year olds are current smokers, significantly lower than the England figure of 8.2%.[6]

The WAY survey also estimated the prevalence of use of e-cigarettes at 15 years of age and this was 12.9% in Southwark, which again was significantly lower than the national figure of 18.4%. Finally, the use of other tobacco products, including shisha, was estimated to be 20.8%, significantly higher than for England at 15.2%, although similar to most Local Authority areas of London and London as a whole at 21.0%.

Shisha use among young people in Southwark is known to be high with 46% of 12-15 year old pupils in the Health Related Behaviour Survey (2014) reporting that they had used shisha, 16% in the last month. Evidence suggests that the levels of harm are similar to that of cigarette smoking and that the behaviour is addictive, although quantitative evidence of use and health impact is still relatively sparse.[7]

Rates across the UK have dropped significantly over recent decades. With sustained tobacco control activities and social and economic changes, prevalence in England has more than halved from a peak in 1974 of 45% to around 19% today.[8] However, experience from other countries shows that smoking prevalence can be reduced even further. For example, Australia, Sweden and parts of the USA have reduced smoking prevalence to 15%, 15% and 11.9% respectively. Australia has the lowest prevalence of smoking in 14-17 year olds in the world at 2.5%.[9]

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[4] http://ash.org.uk/localtoolkit/docs/cllr-briefings/Children.pdf
[5] A summary report of the Health Related Behaviour Survey 2014 (SHEU)
[6] http://www.tobaccoprofiles.info/tobacco-control#page/0/gid/1938132900/pat/6/par/E12000007/ati/102/are/E09000028
[7] Shisha Smoking in South East London Dr G Power October 2014
[8] ASH Factsheet 'Who smokes and how much' ash.org.uk/files/documents/ASH_108pdf
[9] http://www.ash.org.uk/

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1.3 Routine and manual workers

Sir Michael Marmot states tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. It is known that smoking rates are much higher among poorer people with 13% of people in managerial and professional occupations smoking compared to up to 30% of those in routine and manual roles.

According to the APS, 25.3% of Southwark residents in routine and manual occupations smoke. This is similar to the estimate for England of 26.5% and London at 24.2%. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Consequently, tackling tobacco use is central to realising the commitment to improve the health of the poorest, fastest.[10] Smokers from lower socioeconomic groups are not less likely to try to give up smoking. However, they are less likely to succeed.[11] This suggests that some groups may face social and economic barriers that may inhibit their ability to quit. In Southwark, smokers from lower socioeconomic groups are more likely to be lost to follow-up in the stop smoking service. A number of studies have sought to understand barriers to accessing services and explore how they can be overcome. One study[12] revealed these smokers feared being judged and failure and demonstrated a lack of knowledge about services and medication available. It was recommended that services be promoted in personalized, non judgemental and flexible manner to address these issues. A further study[13] found that smokers wanted help with their nicotine addiction but also with their wider life circumstances.

1.4 Smoking in pregnancy

Smoking in pregnancy can cause serious health problems for mother and baby.[14] Evidence shows that smoking can contribute to miscarriage, antenatal problems, premature delivery, still birth and low birth weight. Long-term maternal smoking in pregnancy is linked to delayed development, learning difficulties and respiratory problems.

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[10] The Marmot Review 2010 'Fair lives, healthy society: strategic review of health inequalities in England post 2010'
[11] Kotz, D., West, R. Explaining the social gradient in smoking cessation: it's not in the trying but in the succeeding. *Tob Control.* (2009) **18**(1):43-46.
[12] Roddy E, Antonak m, Britt en J, Molyneux A and Lewis S 2006 Barriers and motivators to gang access to smoking cessation services amongst disadvantaged smokers. Health Education Research 6: 147
[13] Wiltshire, S, Bancroft A, Pany O & Amos A 2003 'I came back here ans started smoking again: perceptions and experiences of quitting smoking amongst disadvantaged smokers. Health Education Research 18(3) 292-303
[14] Quitting smoking in pregnancy and following childbirth 2010 NICE

According to PHE local tobacco control profiles, smoking among women at time of delivery in Southwark was 3.1% in 2014/15, which was lower than national and London figures. Data from local services in Southwark showed that in 2015/16, out of 4,549 bookings with a midwife, 224 stated they were smokers (5%). This figure is thought to be considerably lower than prevalence in the general population because many women will have quit before becoming pregnant or before their first appointment with the midwife.

1.5 Long term conditions

Long-term conditions (LTCs, also called chronic conditions) are health problems that require on-going management over a period of years or decades[15]. LTCs include asthma, chronic obstructive pulmonary disease (COPD), chronic heart disease, diabetes, cancer, HIV/AIDS, depression and severe mental illness. Around 17.5 million people in England have at least one long-term condition. Stopping smoking reduces the risk of disease progression. It is the best form of treatment for many long term conditions and is an effective intervention. Stop smoking advice needs to be a routine component of long-term condition treatment. People with a LTC are significantly more likely to see their GP (accounting for approximately 80% of GP consultations) and to be admitted as an inpatient and stay in hospital longer.

In 2013, QOF data for Southwark showed that 42.9% of people on the mental health register smoked, 19.5% of those on the cardiovascular disease register and 42.5% on the COPD register.

1.6 Health burden of smoking

According to the PHE local tobacco control profiles, there were a total of 753 smoking related deaths per year in Southwark between 2012 and 2014, which is a rate of 316.8 per 100,000 people. Despite the slightly lower estimated prevalence, this is higher than the national and London figures of 274.8 per 100,000 and 261.4 per 100,000 respectively (Table 2).

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[15] Department of Health 2005 The NHS Improvement Plan: Putting People at the Heart of Public Service. Department of Health.

Condition	Southwark	England	Significant difference
Lung cancer	72.2	59.5	Yes
COPD	71.9	51.7	Yes
Heart disease	30.1	29.7	No

Table 2. Estimated deaths caused by smoking per 100,000 people by condition.

There were also 1,659 smoking attributable hospital admissions in Southwark in 2014/15, which was also higher than the rate for both England and London.

1.7 Economic burden of smoking

Whilst tax on tobacco contributes over £10 billion annually to the Treasury, the true costs to society from smoking are thought to be far higher, estimated at £13.74 billion.[16] This cost is made up of the cost of treating smokers on the NHS (£2.7 billion) and also the loss in productivity from smokers taking breaks from work (£2.9 billion) and increased absenteeism (£2.5 billion), the cost of cleaning up cigarette refuse (£342 million), the cost of fires (£507 million), and finally lost economic output from smokers who die young (£4.1 billion).

ASH have developed a ready reckoner tool for estimating the economic burden of smoking at a local level and it estimates that treating smoking-related illnesses costs NHS Trusts in Southwark £7m per annum.[17] The overall economic burden of tobacco use to the whole Southwark system is estimated at £78 million a year.

In terms of cost to the local NHS, recent return on investment modelling by the Healthy London Partnership estimated that for every 100 smokers who quit, the NHS would save £73,400. In Southwark, this would mean savings of £2.9million over 5 years if 10% of all current smokers quit.[18]

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[16] Featherstone, H. and Nash, R. (2010) Cough up; Balancing tobacco income and costs in society. Policy exchange.
[17] http://ash.org.uk/localtoolkit 2014
[18] Commissioning for Prevention: South East London SPG. Optimity Advisors on behalf of the Healthy London Partnership, 2016.

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2 – Tobacco Control Ambitions

In 2013 Southwark Council signed the Local Government Declaration on Tobacco Control making it the first London Council to do so. This involved a number of commitments, including working to reduce smoking prevalence and smoking related health inequalities in the Borough. Southwark CCG and Kings Health Partners later signed an NHS commitment of support for this work including to work closely with local partners and actively participate in local tobacco control networks.

In January 2016, the Southwark Health and Wellbeing Board agreed two ambitious targets to reduce prevalence of smoking in the adult population and among those in routine and manual workers.

- ***Smoking prevalence among adults in Southwark****: Reduce adult (aged 18 or over) smoking prevalence to 14.5% by 2019/20.*

- ***Smoking prevalence among routine and manual working adults****: Reduce smoking prevalence among routine and manual workers to 20.2% by 2019/20.*

Progress towards these targets will be monitored by the Southwark Health and Wellbeing Board using data obtained from the PHE Tobacco Control Profiles. Tables 3 and 4 provide the historical and projected progress towards achievement of these targets.

Period	2012	2013	2014	2015	2016	2017	2018	2019
Southwark (%)	**19.9**	**18.0**	**16.8**	**15.9**	**15.5**	**15.2**	**14.8**	**14.5**
London (%)	18.2	17.1	17.2	16.3	15.6	15.0	14.5	13.9
England (%)	19.3	18.4	17.8	16.9	16.5	16.0	15.4	14.8

Table 3. Adult smoking prevalence by year. (Sources: Historical prevalence – APS, Projections and targets – Southwark Health and Wellbeing Board, January 2016)

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Period	2012	2013	2014	2015	2016	2017	2018	2019
Southwark (%)	**27.7**	**22.6**	**21.4**	**25.3**	**24.0**	**22.7**	**21.4**	**20.2**
London (%)	25.8	24.9	25.3	24.2	23.5	22.9	22.2	21.5
England (%)	29.5	28.5	28.0	26.5	26.0	25.5	25.0	24.4

Table 4. Routine and manual smoking prevalence by year. (Sources: Historical prevalence – APS, Projections and targets – Southwark Health and Wellbeing Board, January 2016)

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3 – What works in tobacco control

There are six internationally recognised strands of tobacco control which have become the core of tobacco control policies across the world. The six strands are:

- Making smoking less affordable
- Regulating tobacco products more effectively
- Reducing exposure to second hand smoke
- Stopping the promotion of tobacco products
- Helping smokers to quit
- Effective communications for tobacco control

The most successful strategies are those aimed at changing behaviour on a population level through effective regulation and enforcement, reinforced by co-ordinated local action and support for current smokers to quit.

3.1 Making smoking less affordable

Research has consistently shown that cigarette price increases, through taxation, reduce tobacco consumption. The UK now has the most expensive cigarettes in the EU apart from Ireland with the average cost of a pack at £9.40 in 2016, 74% of which was tax. Even though the price is high, tobacco is still more affordable than it was in the 1960s relative to income. High prices can particularly deter children from smoking, since young people do not possess a large disposable income and have been shown to be more price sensitive than adults. Tackling illegal tobacco is also important for helping to reduce inequalities in health.

An issue with raising the price of cigarettes through taxation is that the beneficial effects can be undermined by a supply of illegal tobacco and during challenging economic times people are more likely to look for alternatives fuelling the market for illegal tobacco. It is estimated that in excess of 114 million illicit cigarettes with a street value of over £22 million are sold each year in the South East London area.[19]

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[19] Illicit tobacco in South East London: A survey of smokers. (2013) South East London Illegal Tobacco Cluster.

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Many smokers in Southwark are offered illegal tobacco. In 2013, 56% of the smokers surveyed in Southwark stated that they had bought illegal tobacco in the last year. The prevalence of having brought illegal tobacco was highest in Southwark when compared with the other SE Boroughs.[16] It was estimated that over £8m was spent by smokers on illegal tobacco in the borough in 2013. The cigarettes were available at an average price of around £4.00 per pack of 20 cigarettes although this was often far lower if larger quantities were brought.

SE London Illegal Tobacco Network partners have an important role to play in intelligence-gathering and analysis, enforcement, public education and engagement in the area of tackling illegal tobacco. Working across a wider geographical area including multiple London boroughs is likely to be more cost-effective and have a greater impact.

3.2 Regulating tobacco products more effectively

Legislation introduced in the UK in 2007 increased the legal age of purchase of tobacco products from 16 to 18 years. This contributed to a drop in the proportion of 11-15 year olds who said they had brought cigarettes in shops, however 2010 national data showed that a high proportion (58%) of 'regular' smokers in this age group still report purchasing cigarettes from shops.[20] Other tobacco legislation includes restrictions on the sale of niche tobacco products such as paan and snuff. From 2016 onwards, there is also new legislation relating to sale of e-cigarettes, requiring all nicotine vapourisers containing over 20mg/ml of nicotine to be licensed as medicines.

The effective enforcement of tobacco control legislation is a key element of any comprehensive tobacco control strategy. Laws are already in place to regulate the way that tobacco products are presented for sale and ensure that tobacco is not sold to people under the age of 18. A key role of local authorities is the enforcement of tobacco legislation.

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[20] NHS Information Centre; Smoking, drinking and drug use among young people in England in 2010. National Centre for Research

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3.3 Reducing exposure to second hand smoke

Exposure to second hand smoke is hazardous to health, especially for children. Smokefree legislation was introduced in 2007 in England and has been highly effective in reducing exposure to second hand smoke in work and public places. It has also resulted in significant reduction in the number of hospital admissions for heart attacks.[21]

The burden of disease from second hand smoke can be further minimised by both encouraging smokers to quit, and by encouraging further smoke free environments, especially those that impact children, such as their homes and cars. In Southwark steps have also been taken to prevent smoking in playgrounds and to promote smoke free homes. The London Healthy Schools programme also supports schools to introduce effective smoke free policies.

New legislation preventing smoking in private vehicles when children are present became law on 1 October 2015. As with the introduction of the smoke free legislation in 2007, if the public and particularly smokers are aware of the new legislation, then compliance is expected to be high. There will be continuing roles for the Southwark Tobacco Control Alliance to complement the awareness campaigns of Public Health England to drive local awareness and support for the new law and to work with local police to support enforcement.

3.4 Stopping the promotion of tobacco products

UK Legislation in 2002 (Tobacco Advertising and Promotions Act) has banned most direct and indirect advertising of cigarettes. A point of sale display ban in supermarkets came into force in April 2012 and was extended to smaller retailers in 2015.

The UK is set to become the second country in the world and the first in Europe to require cigarettes to be sold in plain, standardised packaging, following the lead of Australia which implemented the measure in December 2012. The UK implemented this measure in May 2016.

There is strong evidence to suggest that standardised packaging will increase the impact of health warnings, reduce false and misleading messages that one type of cigarette is less harmful

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[21] Sims, M., Maxwell, R., Bauld, L and Gilmore, A. The short-term impact of smokefree legislation in England: a retrospective analysis on hospital admissions for myocardial infarction. BMJ (2010) 340:2161

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than another, and reduce the attractiveness of smoking to young people.[22]

Shisha is known to be an attractive option for young people in Southwark with 46% of 12-15 year olds in Southwark secondary schools stating they have used shisha at least once before. The London Shisha Action Group was developed in 2016 to provide a comprehensive approach to shisha regionally. Southwark has already contributed to reducing the prevalence of shisha in SE London through a shisha survey with published results and the trading standards team is required to audit the number of shisha outlets annually and enforce smoke free laws and the Health Act 2006 at shisha bars. In comparison to cigarette smoking the evidence currently available regarding the impact of shisha on individual health and as a public health issue in London is limited. However, shisha has been recognised as an emerging threat to public health in the UK and internationally. [23]

Southwark young peoples' substance misuse service has been active in providing educational activities in secondary schools based on a peer education model whereby pupils identified as 'influential' within their peer groups are trained to talk with their peers (year 8) about tobacco, cannabis and alcohol. They also do a formal presentation to their class. Southwark Healthy Schools Partnership also works to inform teachers and PSHE leads on smoke free policies, emerging evidence regarding e-cigarettes and facts about shisha and illegal tobacco.

3.5 Helping people to quit smoking

Stop smoking services are one of the most cost effective interventions in public health care, and evidence shows that people are four times more likely to quit smoking if they have support.[24] Treating nicotine dependence also produces a good return on investment compared to the cost of treating a wide range of smoking related chronic conditions.[25]

In 2015/16 a total of 2,317 smokers set a quit date through the Southwark Stop Smoking Service with 770 (33%) successfully quitting. This represents 5% of all current smokers in Southwark although, in line with national experiences, the number of smokers accessing the service has

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[22] Smokefree Action Coalition Briefing on Standardised Packaging for Cigarettes and Tobacco Products

[23] Public Health Implications of Shisha Smoking in London July 2013. Dr Mohammed Jawad Department of Primary Care and Public Health, Imperial College London.

[24] National Centre for Smoking Cessation and Training briefing Stop Smoking Services: increased chances of quitting' 2012 www.ncsct.co.uk/usr/pub/Briefing%208.pdf

[25] Godfrey et al. (2005) The cost-effectiveness of the English smoking treatment services: evidence from practice. *Addiction*, **100**(2)

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been decreasing in recent years. The reasons for this downturn are unknown although there are a number of factors which may have contributed:[26]

- Changes in national mass media messages promoting population level quit attempts rather than advertise the local stop smoking services
- Changes in commissioning arrangements for stop smoking services
- Increased use of nicotine vaporisers (e-cigarettes)

Area	Number of smokers	Number setting quit date	Quitters
England	9.6 million	382,500 (3.9%)	195,170
London	1.2 million	66,605 (5.5%)	32,685
Southwark	46,000	2,317 (5%)	770

Table 5. Smokers accessing Stop Smoking Services in 2015.

In 2013 NICE published guidance on tobacco harm reduction.[27] While recognising that quitting smoking is always the best option for smokers, the NICE guidance supports the use of licensed nicotine containing products (NCPs) to help smokers not currently able to quit to cut down and as a substitute for smoking, where necessary indefinitely.

E-cigarettes are now one of the leading methods for harm reduction. A comprehensive review stated that e-cigarettes are around 95% less harmful than smoking.[28] At present there is no evidence that e-cigarettes are acting as a route into smoking for children and non smokers. The National Centre for Smoking Cessation and Training will provide training and support to stop smoking practitioners to improve their skills and confidence in advising clients on the use of e-cigarettes.

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[26] NCSCT 2014 Local Stop Smoking Service and Delivery Guidance Public Health England
[27] National Institute for Health and Care Excellence (2013) *Tobacco: harm reduction approaches to smoking (PH45).*NICE: http://publications.nice.org.uk/tobacco-harm-reduction-approaches-to-smoking-ph45
[28] E-Cigarettes: an evidence update August 2015 A Report Commissioned by PHE

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> *"I want to quit when I don't enjoy it any more"*
>
> *"I am a smoker and bored of smoking – I would like to give up"*
>
> *"I have tried so many things"*   *"I started again due to stress"*
>
> *"In terms of a service, it must be flexible and tailored to me and my life and help me do it my way"*

Comments from Southwark residents (2015 public consultation).

3.6 Effective communications for tobacco control

As part of a holistic tobacco control approach, social marketing campaigns have been shown to be effective, particularly at driving quit attempts. They can educate about the harms of smoking and second hand smoke but also keep the public informed of changes to smoking related legislation such as smoke free cars nationally or local initiatives to increase smoke free areas such as playgrounds and homes.

An effective example of local communications for tobacco control was the 2015 Keep It Out campaign which was commissioned by the South East London Illegal Tobacco Network (SELITN) of which Southwark is an active member. The objective was to test whether social marketing could offer a useful additional tool to reduce the prevalence of cheap illegal tobacco in South East London. The pilot campaign sought to establish whether an effective social marketing campaign could be delivered on a relatively small budget by exploiting social media and by collaborating across multiple boroughs to gain maximum impact. Analysis of its impact clearly indicates that the Keep It Out campaign proved to be a very cost effective means of communicating key messages to South East London communities.[29]

Insights gained during the engagement element of the project also implied that there is potential for 'nudging' positive behaviour change in these communities i.e. reducing levels of buying and increasing levels of reporting for illegal tobacco.

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[29] South East London Illegal Tobacco Network 'Keep it Out Campaign 2015'

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Photo: Keep It Out Campaign and sniffer dogs, Potters Field, November 2015

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4 - Review of current approach to tobacco control in Southwark

4.1 Summary of current approach

Work has focused upon implementing the strands of tobacco control through collaboration and strengthening partnerships. Partnership work occurs through the Tobacco Control Alliance. Lambeth Tobacco Control Alliance and Southwark Tobacco Control Alliance merged into one Alliance in 2013 (Appendix 1). The SE London Illegal Tobacco Network was also developed in 2012 across 6 boroughs and Southwark provided support by chairing and leading on communication. Key successes in local tobacco control have been:

- Surveys to understand prevalence of illegal tobacco and shisha in the borough
- Improved joint enforcement across SE London
- Local illegal tobacco 'Keep it Out' campaign across SE London
- 5% of the smoking population accessing the stop smoking service
- Improvements in stop smoking data collection through introduction of Quit Manager
- NCSCT referral system and very brief advice e-training in secondary care
- Reductions in adult smoking prevalence

4.2 Review of tobacco control in Southwark

Tobacco control approaches in Southwark were reviewed in 2015. Several methods were used which were:

- CLeaR assessment
- Health equity audit
- Rapid review with the Tobacco Control Collaborating Centre
- General public consultation.

4.2.1 CleaR assessment

The CLeaR assessment is an evidence based improvement model which supports the development of local action in reducing smoking prevalence and the use of tobacco. CLeaR stands for the three linked domains of the model: Challenge your services, Leadership and Results (see figure 2). Southwark completed the CLeaR assessment in 2015 supported by the Association of Directors of Public Health. Southwark Public Health and Trading Standards filled in the self assessment tool and then took part in the peer assessment process. The areas identified for development were:

- Develop key performance indicators for all elements of tobacco control not only the stop smoking services.
- Improve quality of service in GP and pharmacy.
- Provide local enforcement with resources to tackle the covert market of illegal tobacco.

Figure 2: CLeaR Model

4.2.2 Stop Smoking Service Health Equity Audit – Lambeth and Southwark 2011-14

A Health Equity Audit is a review procedure, which examines how health determinants, access to relevant health services and related outcomes are distributed across the population relative to need. A health equity audit reviewed the Lambeth and Southwark Stop Smoking Service using data from 2011-14.

Findings from this work were:

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- Most ethnic groups and deprivation groups are accessing the service in line with need.

- Areas for improvement identified were:

  - Data quality (co verification, standard occupational and socio-economic classifications)
  - Men and people aged 20-39 are potentially not accessing the service in line with need.
  - 'Loss to follow-up' clients were mainly smokers of working age, more deprived, not supported with medication and to a lesser extent, men.
  - Unsuccessful 4 week quit clients were mainly working age, most vulnerable groups (long term unemployed, sick and disabled), not supported with medication and to a lesser extent men (particularly Caribbean ethnic group).

4.2.3 Commissioners rapid review and providers stakeholder event

A key recommendation from this review was that a new, targeted model of stop smoking services that focuses on priority groups of quitters is required. The current model does not promote enough referrals to specialists and loss to follow up is an area of concern. The rapid review indicated low levels of prescription and this is also an area for improvement.

4.2.4 Public consultation

General public: The public consultation (conducted by activ.mob.) revealed that generally people did not see smoking as a bad thing as it did not impact on the community in the same way as alcohol and drunken behaviour.

'I'd rather my son smokes a joint than have a beer"

'If I drink, it changes me. I can't look after my baby... Smoking doesn't do that"

Comments from Southwark residents (2015 public consultation).

Tobacco and cannabis are often mixed to smoke and cannabis was viewed as herbal rather than harmful.

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> *It's medical, you can add herbs for your health"*
>
>
> *"I buy the healthier option"*

Comments from Southwark residents (2015 public consultation).

The consultation also revealed that there was a lack of awareness about the stop smoking service and there was confusion about the offer and who provides it. It was commonly thought that minimal additional support is required once a smoker has a strong enough motivation to quit. Finally, it was revealed that current quitting methods are not thought to be working under the pressures of real life.

> *Your life becomes obsessed with clock watching, when you need another patch… just like if you're on a diet and give up chocolate"*

Comments from Southwark residents (2015 public consultation).

Health is the biggest motivator for change as explained in the diagram below by activ.mob.
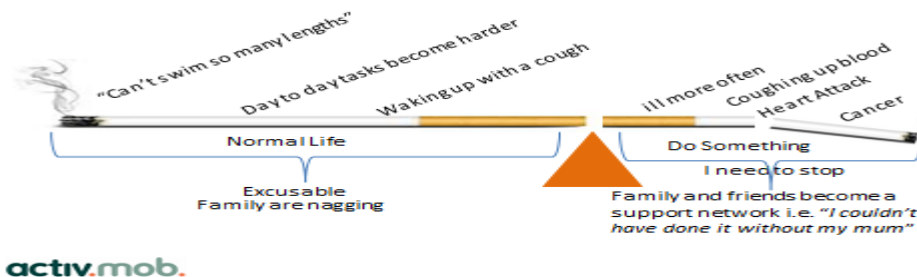
Target Groups: Smokers in target groups stated they wanted someone to go back to who understands *'me and my condition'*. The support needs to be regular and intensive. It is not just about smoking but the whole lifestyle so that people can see the bigger picture.

Kings Health Partners[30] make a big contribution to smoking reduction in patients, staff and students. Kings Health Partners is committed to Value Based Health Care. Value is defined as outcomes that matter to patients and carers over the full cycle of care divided by the cost of achieving those outcomes. The tobacco strategy by Kings Health Partners aligns closely with Southwark Health and Wellbeing Board tobacco outcomes and has informed this strategy.

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[30] Kings Health Partners is an Academic Health Science Centre

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5 – A new approach to tobacco control

Reduced Smoking Prevalence

Reduced Social Norms for Smoking

Prevent the uptake of smoking | **Help current smokers to quit**

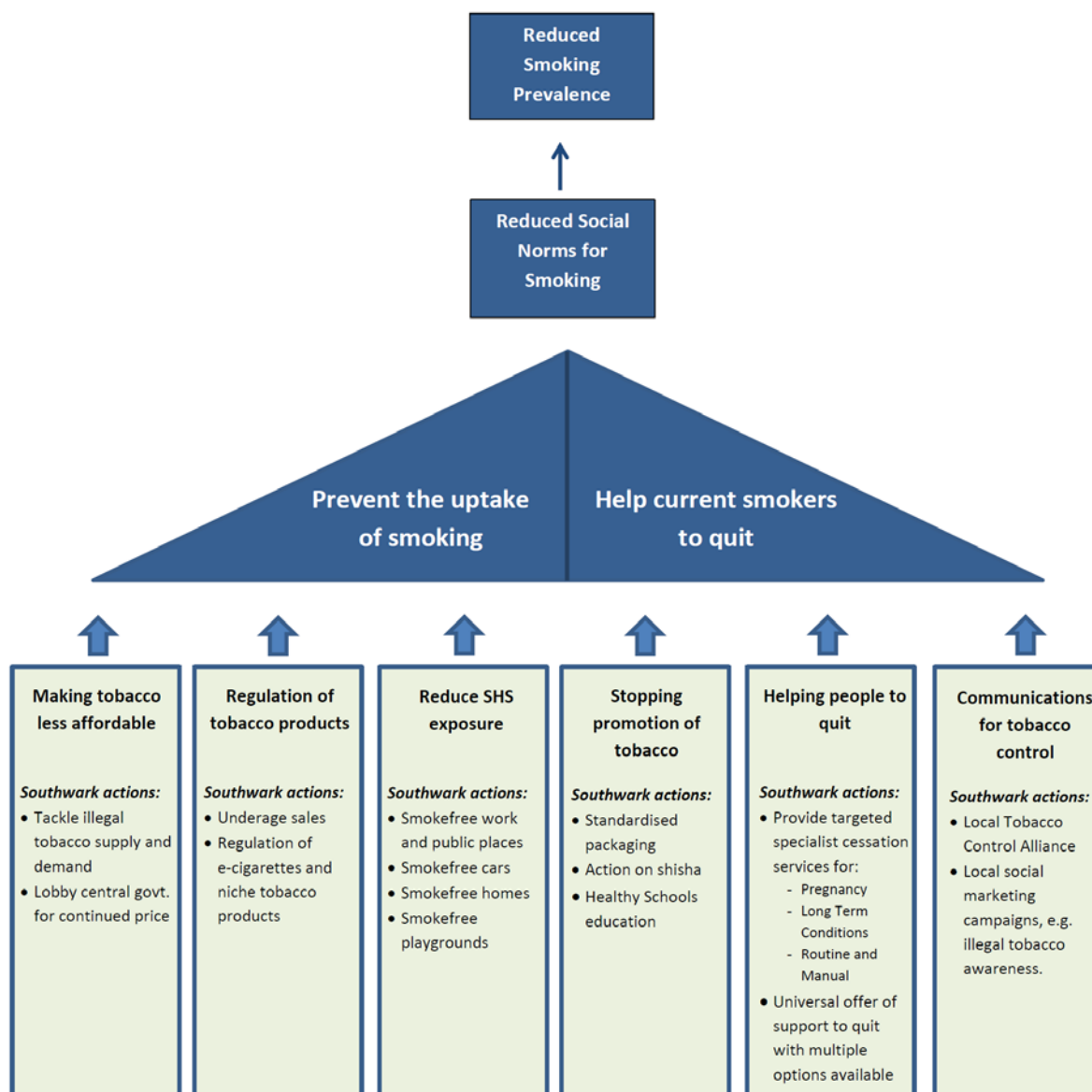| **Making tobacco less affordable**	**Regulation of tobacco products**	**Reduce SHS exposure**	**Stopping promotion of tobacco**	**Helping people to quit**	**Communications for tobacco control**
Southwark actions: • Tackle illegal tobacco supply and demand • Lobby central govt. for continued price	*Southwark actions:* • Underage sales • Regulation of e-cigarettes and niche tobacco products	*Southwark actions:* • Smokefree work and public places • Smokefree cars • Smokefree homes • Smokefree playgrounds	*Southwark actions:* • Standardised packaging • Action on shisha • Healthy Schools education	*Southwark actions:* • Provide targeted specialist cessation services for: - Pregnancy - Long Term Conditions - Routine and Manual • Universal offer of support to quit with multiple options available	*Southwark actions:* • Local Tobacco Control Alliance • Local social marketing campaigns, e.g. illegal tobacco awareness.

Figure 1. Strategic approach to reducing smoking prevalence in Southwark *(Note: SHS = Second hand smoke)*

In order to meet the challenging smoking prevalence targets set by the Health and Wellbeing Board and to implement findings from the 2015 reviews, there is a need to establish a new strategic approach to tobacco control in Southwark. The evidence base is clear that in order to impact on population prevalence a holistic, comprehensive approach to tobacco control is required including all six of the internationally recognised strands of tobacco control. In Southwark, this will mean placing a greater focus on the prevention of uptake of smoking, particularly among young people, alongside efforts to assist current smokers to quit. It will also involve remodelling the Stop Smoking Service to provide a more integrated service with an increased focus on helping key target groups to quit. *(Figure 1.)*

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The six strands of tobacco control will be delivered in Southwark under four work streams:

1. Preventing the uptake of smoking amongst young people

2. Helping tobacco users to stop

3. Reducing harm from second hand smoke, especially to children

4. Communications and evaluation

These work streams will be coordinated by the tobacco control alliance, which will continue to provide a strong platform for developing partnership working between stakeholders across the Borough.

The overarching ambition of the strategy is to de-normalise smoking in order to deliver a smoke free generation. This will require tobacco to become less visible, desirable and acceptable to every Southwark resident. This, ultimately, can prevent the perpetuation of smoking from one generation to the next.

Work stream 1: Preventing uptake of smoking amongst young people

Two thirds of people who smoke begin while under 18.[31] For this reason, preventing children and young people from taking up tobacco use is a priority.

Strategies will be:

I. Continue to implement a programme of test purchasing for underage sales among retailers in Southwark and promote proof of age cards to young people across the borough.

II. Effective regulation in regards to standardised packaging legislation.

III. Effective regulation of illegal shisha cafes and bars in Southwark and provide a social marketing campaign on shisha to promote public awareness.

IV. Ensure schools are aware of emerging issues in tobacco through the Healthy Schools Partnership and review future steps for peer support work among secondary school pupils.

V. Work with HM Revenue & Customs (HMRC) and trading standards to reduce supply and demand of illegal tobacco products.

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[31] PHE 2015 Health Matters: smoking and quitting in England

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Strategy/action	Outcomes	Lead	Target groups impacted
Carry out test purchasing and promote the uptake of the London proof of age card	All retailers have access to age check material and comply to legislation Young people apply for the London proof of age card	Regulatory Services (Trading Standards)	Children and young people
Effective introduction and regulation of standardised packaging legislation	All retailers sell standardised packets of cigarettes	Regulatory Services (Trading Standards)	Whole population
Record the number of shisha cafes and bars annually and ensure they comply with regulations Provide a social marketing campaign to promote knowledge and awareness around shisha	Knowledge of the trend of shisha cafes and bars locally Target population are aware of the harms of shisha	Regulatory Services (Trading Standards) Public Health	Children and young people Whole population
Primary and secondary schools networks are presented with emerging issues in tobacco and information is disseminated	Schools have evidence based knowledge around e-cigarettes, shisha, illegal tobacco and the current trends in smoking and methods of working with young people	Healthy Schools Partnership, Public Health	Children and young people Parents Teachers
Partnership work with HMRC and SE London Illegal Tobacco Network (SELITN)	A reduction in the supply and demand for illegal tobacco locally	Regulatory Services (Trading Standards)	Whole population

In view of Southwark's local ambitions to reduce population prevalence and reduce inequalities caused by smoking as well as recent local and national trends of decreasing numbers of smokers accessing services, there is an opportunity to remodel the service in Southwark. The 2015 rapid review showed there is a desire to develop a service with an increased focus on helping smokers in key target groups to quit.

Strategies will be:

I. Develop detailed commissioning plans to establish an approach that moves away from focusing on overall number of quitters delivered, to focusing on identified priority groups. These priority groups based upon the national key priority groups[32] are:

    o Routine and manual workers
    o Pregnant women
    o Smokers with LTCs including mental health conditions

II. Establish well developed, integrated care pathways with a single referral point which ensures smokers receive the service best suited to their needs.

III. Provide a quality stop smoking service which is monitored and evaluated regularly to ensure quality is maintained and the service is enhanced. Quality standards are met which include:

- CO verification levels
- Improved prescribing and use of the full range of products in primary and secondary care
- Appropriate levels of training are maintained
- High levels of data coverage from all elements of the service (for example standard occupational and socio-economic classifications, recording of sexual orientation, homelessness)
- Reduce lost to follow-up, particularly in lower socio-economic groups.
- All providers meet the NCSCT recommended minimum of 20 smokers seen per year

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[32] NCSCT 2014 Local Stop Smoking Service and Delivery Guidance Public Health England

IV. Review the literature and explore the feasibility of providing online and phone based support for quitters, contributing to pan-London work to explore new models of delivering services.

V. Longer-term follow-up of quitters using the Stop Smoking Service at 12 weeks will be introduced as an important marker of success as it is likely to be more representative of health improvements made, particularly for priority groups. The 4 week quit rate will remain an important performance indicator for assessing the success of services as it allows for local, national and historical comparisons to be made. The feasibility of commissioning services based on health related outcomes will also be considered.

VI. Local Stop Smoking Services will also include appropriate harm reduction approaches, particularly for smokers who have had repeated attempts to quit, in line with NICE guidance and the emerging e-cigarette evidence.

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Strategy/action	Outcomes	Lead	Target groups impacted
Remodel the stop smoking service	Effective and quality stop smoking service producing long term quitters	Southwark Council Commissioning	Target groups of smokers Children and young people
Developed integrated care pathways	The service has one point of referral. Smokers receive continuous, effective cessation treatment including at transition points across the care pathway	CCG	Target groups of smokers
Quality improvements	Quality standards are met	Public Health and Kings Health Partners	Target groups of smokers Whole population
Feasibility study of online phone based support for quitters	New models of delivering the service is explored	Public Health	Whole population
Offer 12 weeks of support and recording 12 week quit on quit manager	Target population receive longer support with medication	Stop Smoking Service	Target groups of smokers
Harm reduction with use of e-cigarettes becomes part of the service	Smokers reduce the number of cigarettes smoked and use safer alternatives	Stop Smoking Service	Whole population

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There is no safe level of exposure to second hand smoke. This means protecting non-smokers and smokers, especially children, is a priority. Reducing the number of places where people are able to smoke also contributes to de-normalising the behaviour.

Strategies will be:

I.   Encourage smokers to change their behaviour so that they do not smoke in their homes.

II. Perform operations to assess the compliance with new 2015 legislation preventing smoking in cars transporting children.

III. Branding of smoke free environments for children and young people.

IV. Continue to monitor compliance with the 2007 smoke free legislation in enclosed work and public places.

Strategy/action	Outcomes	Lead	Target groups impacted
Disseminate second hand smoke information to health professionals, children and family services and people who have relapsed	To reduce the exposure to second hand smoke within the home, chiefly amongst households with resident smokers	Public Health	Whole population Children and young people
Annual operation to assess compliance with smoking in cars transporting children	Southwark residents are aware of the law around smoking in cars when transporting children	Regulatory Services	Children and young people
University and college campuses are smoke free zones	Campuses are smoke free	Public Health	Young People
2007 smoke free legislation and butt litter legislation is enforced	Work and enclosed public places are smoke free	Regulatory Services	Whole population

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Work stream 4: Communications and evaluation

Tobacco control communication is led by Public Health England (PHE). They define the purpose of their marketing programmes to: 'Motivate and support millions more people to make and sustain changes that improve their health'[33]. Local campaigns support national campaigns to enhance regional and national messages.

Evaluation is an essential aspect of tobacco control to ensure work is effective and target groups know the clear messages about tobacco.

Strategies will be:

I. Tobacco Control Alliance will advise and oversee the development of activities and promote clear communication across all partners.

II. Delivering robust monitoring of all activities such as shisha and illegal tobacco to allow course correction during delivery and robust evaluation to allow delivery against ambitions and learning to be reported.

III. Target local and national campaigns at routine and manual workers.

IV. Repeat local survey to monitor illegal tobacco use prevalence.

V. Develop a systematic approach to identifying opportunities for research and evaluation related to tobacco across all partners.

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[33]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326548/PHE_StrategyDoc_2014_10.pdf

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Strategy/action	Outcomes	Lead	Target groups impacted
The Alliance will advise on the development of activities relating to tobacco control	Co ordinated approach to the different strands of work and work is based on best practice	Public Health	Wider population
Quarterly monitoring reports submitted to the Alliance and challenge meetings	Course correction during delivery is achieved	Public Health	Wider population
Map out routine and manual employers and approach work places in order to deliver information to smokers alongside the wider health agenda	Routine and manual workers are aware of the local stop smoking service and can easily access them	Public Health	Target groups
Repeat the local illegal tobacco survey. Explore ways to obtain illegal tobacco prevalence routinely.	Current illegal tobacco use prevalence is recorded	Public Health	Wider population

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Appendix A

Lambeth and Southwark Tobacco Control Alliance

Core Purpose

The Alliance will advise and oversee the development of activities relating to tobacco control in Lambeth and Southwark. The Alliance will ensure a coordinated approach to the different strands of work and that work is based on best practice. The Alliance will champion tobacco control at a local level. Input will depend on the local needs of the London Borough of Lambeth and the London Borough of Southwark.

Membership

Lambeth and Southwark Council (Regulatory Services: Trading Standards, Health and Safety, Environmental Health and Licensing, Children and Young People Services, Public Health, Commissioners)

NHS Lambeth CCG

NHS Southwark CCG

Kings Health Partners

Guys & St Thomas NHS Foundation Trust

Kings College NHS Foundation Trust

South London and Maudsley NHS Foundation Trust

Lambeth and Southwark Fire Service

Lambeth and Southwark Metropolitan Police

Brixton Prison Service

HR Revenue and Customs

Employment Agencies and Local Business

Schools and Higher Education Institutions

The Voluntary Sector

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