

# JSNA 2018 - Tobacco Control

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## 1. Introduction

Tobacco is harmful not only to smokers, but also to their families, friends, colleagues and wider society. Smoking is the primary cause of preventable illness and death in the UK, causing around 79,000 deaths. Smokers under the age of 40 have a risk of heart attack five times greater than for non-smokers.

Smoking causes around 80% of all deaths from lung cancer, bronchitis and emphysema, and about 14% of deaths from heart disease. More than one quarter of all cancer deaths can be attributed to smoking, including cancer of the lung, mouth, lip, throat, bladder, kidney, pancreas, stomach, liver and cervix. About a half of all life-long smokers will die prematurely. On average, cigarette smokers die 10 years younger than non-smokers.<sup>1</sup>

Smoking reinforces health inequalities and the harm it causes is not evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Men and women from the most deprived groups have greater than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as prevalent in people with longstanding mental health problems.

There are relatively high smoking levels among certain demographic groups, such as Bangladeshi, Irish and Pakistani men and Irish and Black Caribbean women. Smoking in pregnancy increases the risks of miscarriage, stillbirth or having a sick baby, and is a major cause of child health inequalities.

The success of tackling tobacco control is heavily reliant on partnership working with joined up solutions, such as the regulation of supply and demand, legislation, campaigns, media work, harm minimisation and personalised interventions, such as smoking cessation.

## 2. Policy Guidance

In March 2011, the Government launched a tobacco control plan for England.<sup>2</sup> This included an ambition to reduce smoking prevalence among adults to 18.5% or less by 2015; to 12% or less among 15 year olds by 2015; and to 11% or less among pregnant women by the end of 2015. These targets have been met.<sup>8</sup>

Other commitments that had been made have also now been implemented,<sup>3</sup> including the standardised packaging of tobacco (effective from May 2016), a ban on the sale

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<sup>1</sup> ASH factsheet, 2016

<sup>2</sup> Health Lives, Healthy People: a tobacco control plan for England (2011): <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

<sup>3</sup> ASH Fact Sheet on Tobacco Regulation: <http://ash.org.uk/category/information-and-resources/fact-sheets/>

of cigarettes from vending machines (October 2011) and a ban on the display of tobacco products at the point of sale (April 2015).<sup>4</sup>

Similar plans have been developed for the other countries in the UK:

- In Wales, the Welsh Government has set a target to reduce adult smoking rates to 16% by 2020.<sup>5</sup>
- The Scottish Government has published a new tobacco control strategy for Scotland which includes a target to reduce adult smoking prevalence to 5% or less by 2034.<sup>6</sup>
- In Northern Ireland, a new 10-year Tobacco Control Strategy was launched in February 2012.<sup>7</sup>

In July 2017, the Government launched an updated tobacco control plan for England with the vision of a smokeless generation, defined as a smoking prevalence of 5% or less.<sup>8</sup> By 2022, the Government aim to reduce smoking prevalence amongst adults from 15.5% to 12% or less; amongst 15 year olds from 8% to 3% or less; and from 10.7% to 6% or less amongst pregnant women.

In 2015, the Ealing Health and Wellbeing Board set ambitious targets to reduce the adult smoking prevalence to 13% by 2021, as measured through GP patient records and the Integrated Household Survey. The Ealing Tobacco Control 5-year Strategy (2016-21) was developed and implemented by the Tobacco Control Alliance. The strategy has been recently updated to mirror the government's National Tobacco Plan (published in July 2017) and ensure the national priorities are addressed in a local delivery action plan. The plan will be updated on a yearly basis to reflect progress.

## 2.1 Electronic cigarettes

An 'electronic cigarette' is a product that can be used for consumption of nicotine-containing vapour via a mouth piece, or any component of that product, including a cartridge, a tank and the device without cartridge or tank. E-cigarettes can be disposable or refillable by means of a refill container and a tank, or rechargeable with single use cartridges.<sup>9</sup>

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<sup>4</sup> ASH Briefing. Tobacco Displays at the Point of Sale

<sup>5</sup> Tobacco Control Action Plan for Wales (2012)

<sup>6</sup> Creating a Tobacco Free Generation – A Tobacco Control Strategy for Scotland (2013)

<sup>7</sup> Ten Year Tobacco Control Strategy for Northern Ireland (2012)

<sup>8</sup> Towards a Smoke free Generation – A Tobacco Control Plan for England 2017-2022 (2017):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/630217/Towards\\_a\\_Smoke\\_free\\_Generation\\_-\\_A\\_Tobacco\\_Control\\_Plan\\_for\\_England\\_2017-2022\\_2\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf)

<sup>9</sup> <https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products#keyterms>

The charity Action on Smoking and Health (ASH) estimates that there are currently 2.8 million adults in Great Britain using e-cigarettes (6% of the adult population). Of these, approximately 1.3 million (47%) are ex-smokers while 1.4 million (51%) continue to use tobacco alongside e-cigarettes. Current use of electronic cigarettes amongst self-reported non-smokers is negligible (0.1%) and only around 1% of non-smokers report ever trying electronic cigarettes. Awareness of electronic cigarettes is widespread among adults.

In May 2016, the Tobacco Products Directive implemented legislation for e-liquids used in vapes to contain a maximum of 20 mg/ml and tank sizes must be 2ml. The legislation also extended to re-fill bottles with a capped quantity of 10ml<sup>9</sup>.

In January 2016, the increasing use of e-cigarettes as a method of quitting or harm reduction led to the National Centre for Smoking Cessation and Training (NCSCT) creating a national document on the use of Nicotine Containing Products (NCPs) in combination with behavioural support to aid a quit attempt. Data from English smoking cessation services for the year 2014–15 show that 2,221 smokers used an unlicensed NCP alone and 1,932 used an unlicensed NCP in combination with a licensed stop smoking medicine to support their quit attempt. These are relatively small numbers of people, although there may be some underreporting, given that 450,582 quit attempts were made with the services during that 12 months. E-cigarettes can support people to quit smoking. Clients of stop smoking services who combined e-cigarettes with behavioural support had the highest quit-rates in 2014–15.<sup>10</sup>

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<sup>10</sup>Statistics on NHS Stop Smoking Services: England, April 2015 to March 2016: <http://www.digital.nhs.uk/catalogue/PUB21162>

### 3. Level of need in Ealing

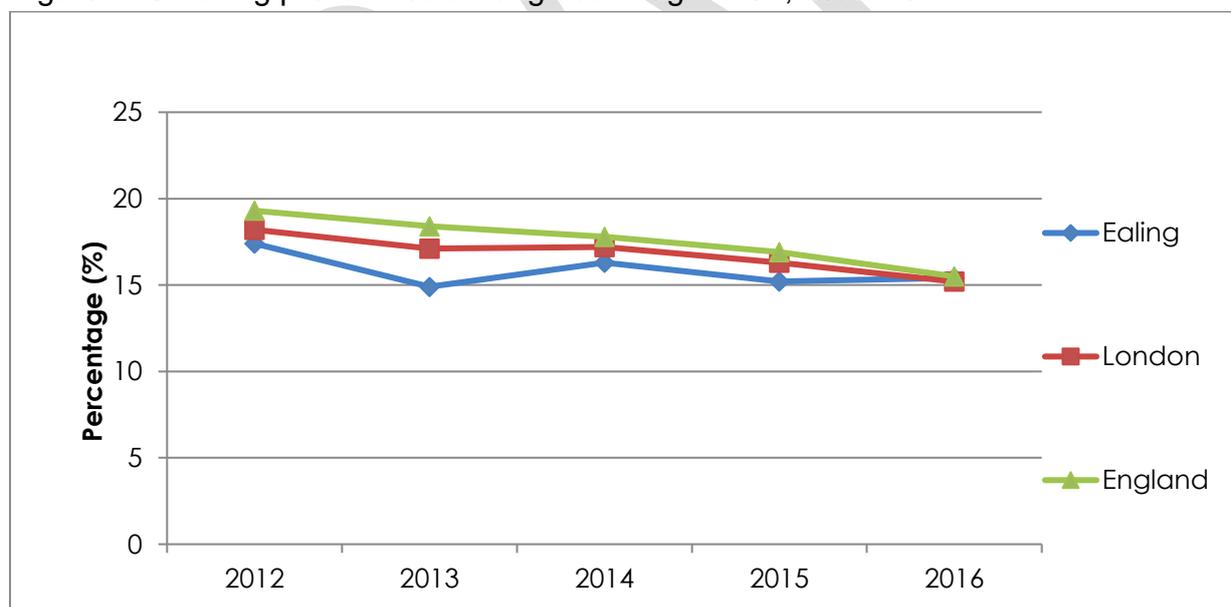
#### 3.1 Smoking Prevalence (survey data)

Nationally, smoking prevalence among adults continues to fall. Smoking prevalence in Ealing is currently 15.4%, which is lower than the averages across England (16.9%) and London (16.3%) (Figure 1). Smoking prevalence in routine and manual workers is 24.6% in Ealing, which is also lower than England (26.5%) and London (24.2%).<sup>11</sup>

Like most regions in England, smoking prevalence in Ealing has fallen steadily over the last ten years. This fall is likely to have been driven by the smoking ban, e-cigarettes and changing social attitudes. However, decreases in smoking prevalence have been less marked in more deprived groups. Hence, smoking remains an important driver of health inequalities.

There is a strong link between cigarette smoking and socio-economic group. Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK. Smoking accounts for over half of the difference in risk of premature death between social classes.<sup>12</sup>

Figure 1. Smoking prevalence among adults aged 18+, 2012-16



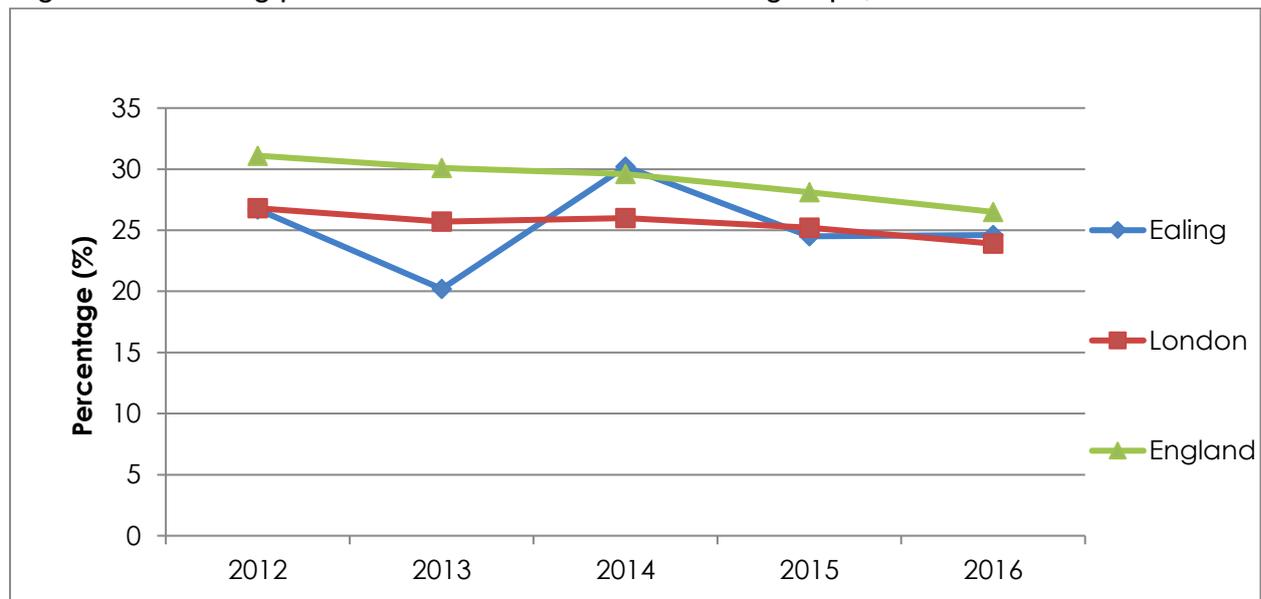
Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2017

<sup>11</sup> Public Health England Local Tobacco Control Profile: <https://fingertips.phe.org.uk/profile/tobacco-control>

<sup>12</sup> <http://www.ash.org.uk/current-policy-issues/health-inequalities/smoking-and-health-inequalities>

Comprehensive smoke free strategies have been less effective in certain groups such as routine and manual workers. In London and nationally, smoking prevalence in routine and manual groups decreased between 2015 and 2016, whilst the Ealing figure remained stable. Smoking prevalence among routine and manual groups is currently 24.6% in Ealing, compared to 23.9% in London and 26.5% nationally (Figure 2).

Figure 2. Smoking prevalence in routine and manual groups, 2012-16



Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2017

### 3.2 Ethnicity and smoking

Smoking rates are highest in deprived communities and yet reductions in smoking prevalence have been slower in these communities than other population groups.<sup>13</sup> Reducing the prevalence of smoking in low income groups, certain black and minority ethnic (BME) groups, and disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health.<sup>14</sup>

Ealing has a diverse population. Over the last 30 years there have been substantial increases in non-White population groups, including Asian/Asian British (up by 41%), Black/Black British (49%), Chinese (38%) and Other ethnic origin (87%). BME groups may experience barriers to accessing the stop smoking service because of issues such as lack of awareness, socio-economic status, and the language barrier. Younger adults (25-34 years) with who smoke access the service less frequently than older

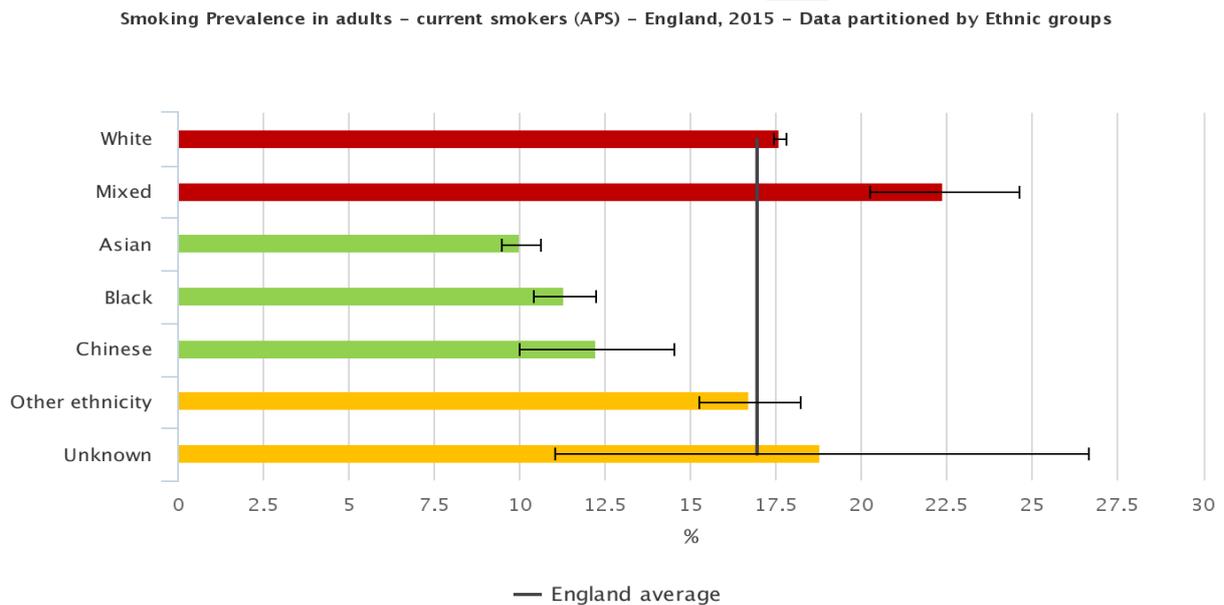
<sup>13</sup> NICE, Quick reference guide for smoking cessation services (2008)

<sup>14</sup> Working with Black and Minority Ethnic Communities: A guide for Stop Smoking Service Managers (2008)

adults. Women from BME backgrounds are less likely to use the service, possibly due to cultural norms.

Within England, smoking prevalence varies between ethnic groups. In 2015, people of White (17.6%) and mixed (22.4%) ethnic origin had significantly higher smoking prevalence than the England average. Smoking prevalence was significantly lower among Asian/Asian British (10.0%), Black/Black British (11.3%) and Chinese (12.2%) ethnic groups (Figure 3).

Figure 3. Smoking Prevalence by Ethnicity



Source: Local Tobacco Control Profiles, 2016

### 3.3 Smoking prevalence (GP records)

There were 426,086 registered people with Ealing’s 79 GP practices in 2015/16, of whom 346,577 were aged 15+. Of those aged 15+, 53,762 were listed as current smokers (15.5%). This represents a decrease from 2014/15, when 16.2% of population aged 15+ were smokers.

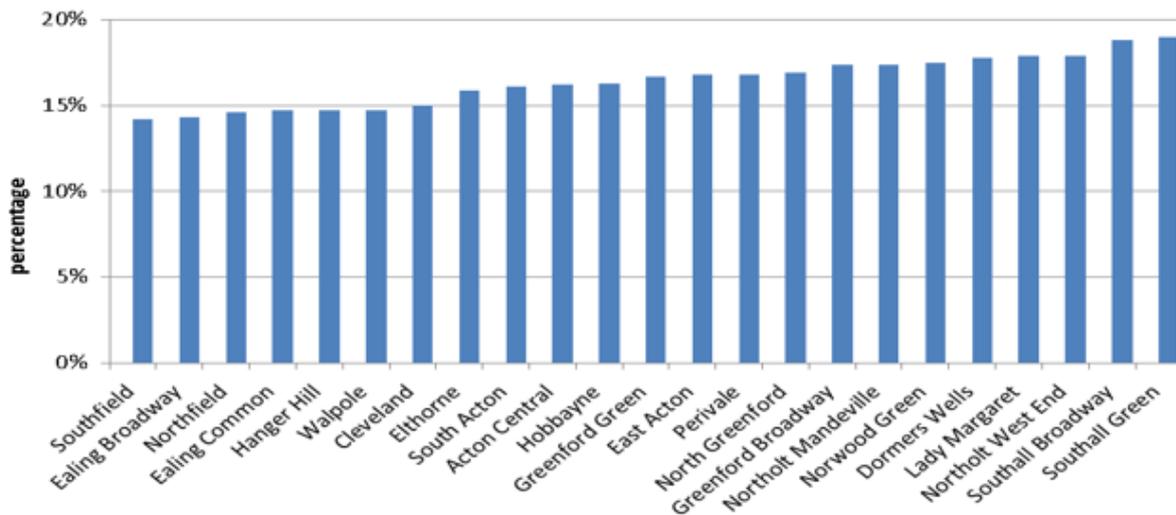
### 3.4 Smoking prevalence by electoral ward

Smoking prevalence across electoral wards of Ealing, with prevalence ranging between 14.2% and 19.0% (Figure 4). Wards with the highest prevalence are found in Southall (Dormers Well, Lady Margaret, Southall Green, Southall Broadway and Norwood Green).<sup>15</sup>

<sup>15</sup> ASH Ready Reckoner, Dec 2015 Update

Wards with the lowest prevalence are found in Central Ealing (Southfield, Ealing Broadway, Northfield, Ealing Common, Hanger Hill and Walpole). There are more smokers among the more disadvantaged populations of the borough. This reflects the significant health inequality caused by smoking.

Figure 4. Smoking prevalence at electoral ward level in 2014

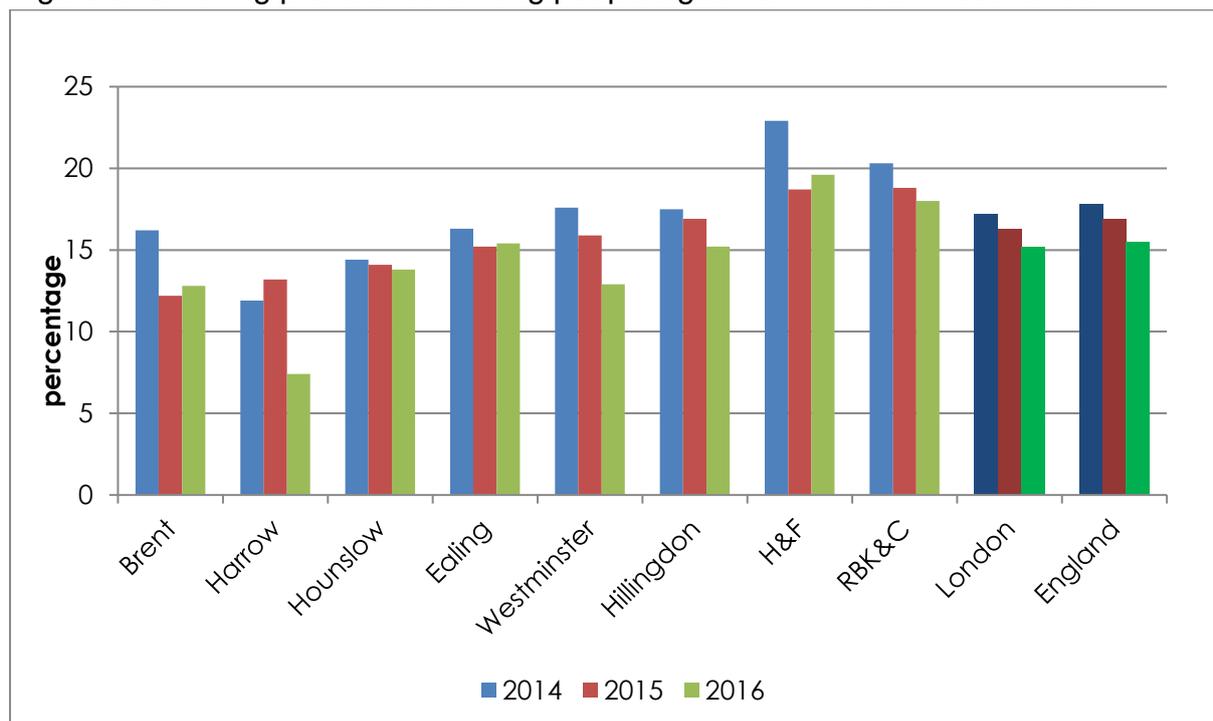


Source: ASH Ready Reckoner, Dec 2015 Update

### 3.5 Smoking prevalence by North West London borough

Across North West London, Ealing has the third highest smoking prevalence among people aged 18+ (15.4%) (Figure 5). This is higher (but not to a statistically significant level) than the London (15.2%) and England (15.5%). Boroughs with smoking prevalence higher than Ealing are Hammersmith & Fulham (19.6%) and Kensington & Chelsea (18.0%).

Figure 5. Smoking prevalence among people aged 18+ in North West London



Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2017

### 3.6 Tobacco Control Profile for Ealing

Ealing has shown considerable improvement in achievement of 4-week and CO-validated smoking quitters in the 2017 Local Tobacco Control Profile as compared to 2012 (Figure 6). For most indicators in the Profile, Ealing perform better than England and London. However, Ealing performance is worse than the England average in the following indicators

- 1) **Completeness of NS-SEC recording by stop smoking services:** 80.3% in Ealing compared to 91.1% in England
- 2) **Oral Cancer registrations:** higher than national average
- 3) **Smoking attributable hospital admissions:** the number of smoking related hospital admissions have gone up by 15% in Ealing from 2,269 in 2014/15 to 2,609 in 2015/16.

The rate of deaths from lung cancer and COPD has fluctuated in Ealing over the last 14 years, but it has reduced over this time and stayed below the national and regional figures.

Figure 6. Tobacco Control Profile for Ealing

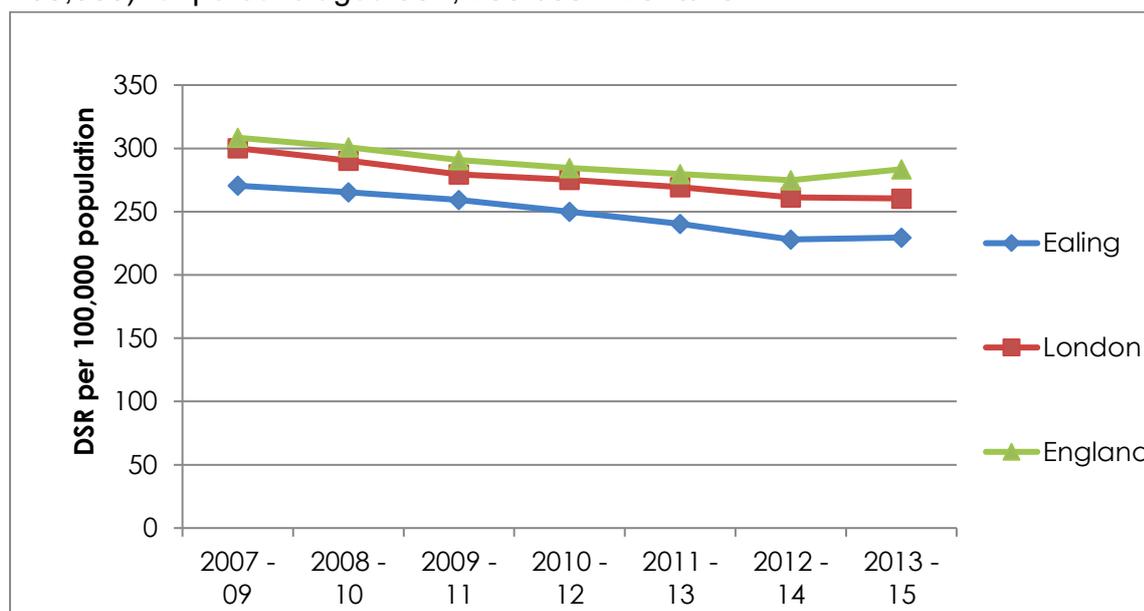
Indicator	Period	Ealing		London	England			
		Count	Value	Value	Value	Worst	Range	Best
		Smoking Prevalence (APS)	2016	-	15.4%	15.2%	15.5%	24.2%
Smoking prevalence - routine & manual	2016	-	24.6%	23.9%	26.5%	36.2%		7.8%
Successful quitters at 4 weeks	2015/16	1,776	4,345	2,910	2,598	482		5,788
Successful quitters (CO validated) at 4 weeks	2015/16	1,327	3,247	2,024	1,854	442		4,984
Completeness of NS-SEC recording by Stop Smoking Services	2015/16	2,269	80.3%	84.9%	91.1%	46.7%		100%
Smoking status at time of delivery	2015/16	169	3.6%	5.0%	10.6%	26.0%		1.8%
Low birth weight of term babies	2015	148	3.1%	3.0%	2.8%	4.8%		1.3%
Smoking prevalence age 15 years - regular smokers (WAY Survey)	2014	-	-	-	8%	-	-	-
Smoking prevalence age 15 years - occasional smokers (WAY Survey)	2014	-	-	-	5%	-	-	-
Lung cancer registrations	2013-15	442	69.9	77.3	78.9	156.9		39.7
Oral cancer registrations	2013-15	117	16.1	14.9	14.5	23.6		9.3
Deaths from lung cancer	2013-15	333	52.3	55.6	58.7	110.8		33.0
Deaths from chronic obstructive pulmonary disease	2013-15	246	40.4	49.9	52.6	101.4		30.1
Smoking attributable mortality	2013-15	884	229.5	260.4	283.5	506.0		183.3
Smoking attributable deaths from heart disease	2013-15	115	27.6	26.5	28.9	58.2		17.9
Smoking attributable deaths from stroke	2013-15	34	8.1	8.9	9.4	22.3		5.0
Smoking attributable hospital admissions	2015/16	2,609	1,821	1,597	1,726	3,142		955
Cost per capita of smoking attributable hospital admissions	2011/12	6,846,368	41.9	39.1	38.0	59.3		23.0

Source: Local Tobacco Control Profiles, 2017

### 3.7 Deaths attributable to smoking

Deaths attributable to smoking have decreased in Ealing over recent years, which is in line with the London and England trend. Over the last decade, the mortality rate due to smoking has remained significantly lower than the London and England rates (Figure 7).

Figure 7. Deaths attributable to smoking, directly age-sex standardised rate (per 100,000) for persons aged 35+, 2007/09 – 2013/15



Source: ONS mortality file, ONS LSOA single year of age population estimates and smoking status from Integrated Household Survey, relative risks from The Information Centre for health and social care, Statistics on Smoking, England 2010. Published by PHE, Local Tobacco Control Profiles, 2017

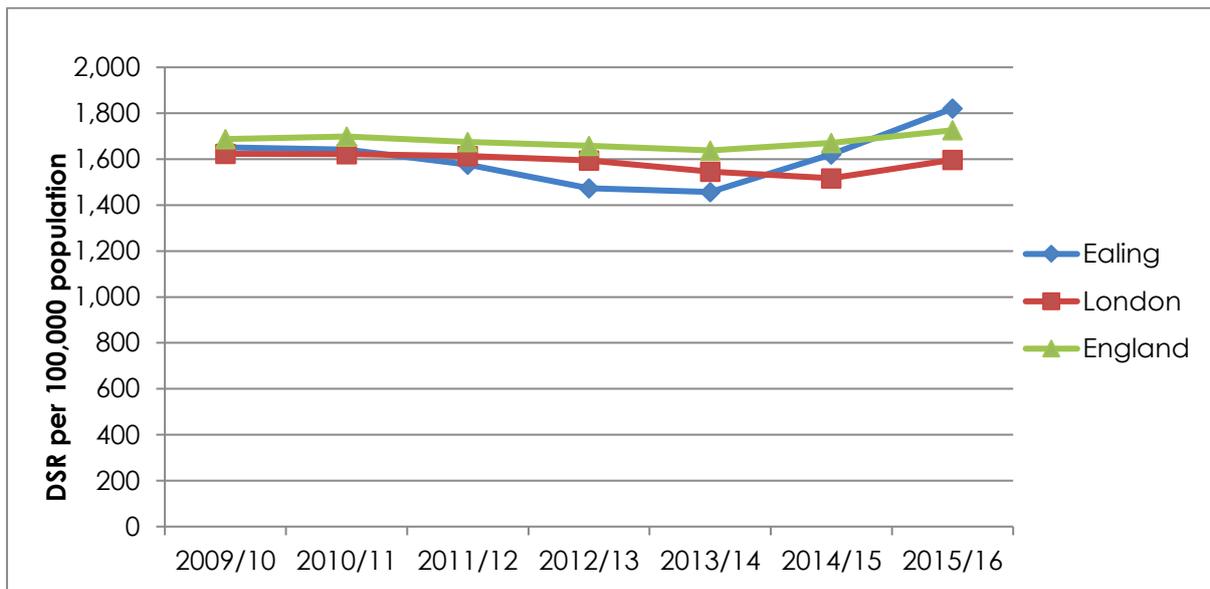
### 3.8 Hospital treatment and the costs of smoking related illness

An estimated 460,000 adult admissions to hospitals in England every year are due to smoking. Treatment for diseases caused by smoking cost the NHS more than £5 billion per year (around 5% of the annual NHS budget) even though smoking is preventable and treatable. Many hospital admissions, therefore, are an avoidable drain on NHS resources. However, the proportion of smokers who receive treatment for smoking are low.<sup>16</sup>

In 2013/14, Ealing had lower smoking related hospital admissions (1,457 per 100,000 people) than both London and England. However, in 2015/16, the rate of smoking related hospital admissions in Ealing has risen to 1,821 per 100,000, which is 14% above the London rate and 6% higher than the England rate (Figure 8).

<sup>16</sup> NICE guidance on smoking cessation in hospitals could have a major impact on cutting smoking rates

Figure 8. Smoking attributable hospital admissions per 100,000 population aged 35+, 2009/10 - 2015/16



Source: Local Tobacco Control Profiles, 2017

### 3.9 Cost of smoking attributable hospital admissions and Return on Investment

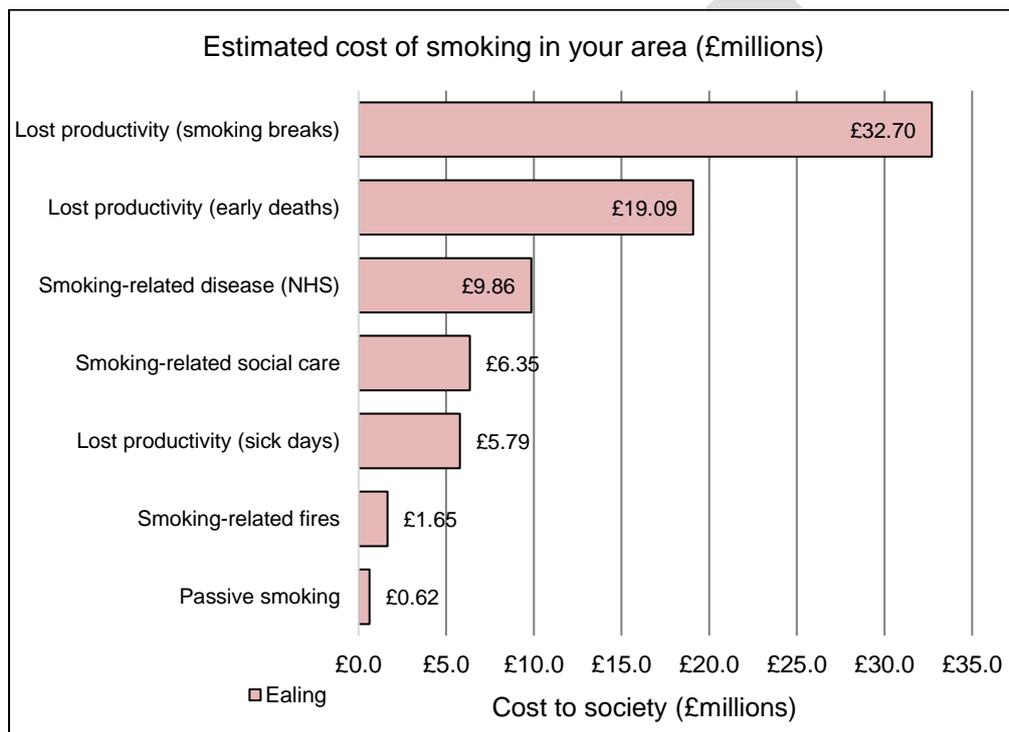
In 2011/12, the cost per capita of smoking related hospital admissions in Ealing was £41.90, which was higher than London (£39.10) and England (£38.00).<sup>17</sup>

As of August 2016, NICE's return on investment (ROI) tool<sup>18</sup> indicates that the total annual cost of tobacco in Ealing is £76.1 million (Figure 9).

<sup>17</sup> Source: Health and Social Care Information Centre - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - mid-year population estimates; Published by PHE, Local Tobacco Control Profiles, 2016

<sup>18</sup> <http://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools>

Figure 9. Findings from NICE's return on investment (ROI) tool



**Cost of smoking to social care**

**The total additional spending on social care as a result of smoking for adults aged 50 and over during 2015/16 in Ealing was approximately:**  
**£ 6,345,865**

Research shows that smoking not only contributes to the social care bill but also has a significant impact on the wellbeing of smokers who need care on average nine years earlier than non-smokers.

Total local authority spending on social care for adults aged 50 and over in 2015/16:  
**£ 3,464,029**  
 This equates to 158 state-dependant individuals

Total spending by self-funded individuals aged 50 and over on social care in 2015/16:  
**£ 2,881,836**  
 This equates to 78 self-funded individuals

The information in this extract synthesises data based on an analysis by Howard Reed of Landman Economics, for Action on Smoking and Health, entitled "The Cost of Smoking to the Social Care System in England" June 2014. The full report was updated in January 2017 and can be downloaded at: [www.ash.org.uk/SocialCareCosts](http://www.ash.org.uk/SocialCareCosts)

In addition, a further 1,071 individuals receive informal care from friends and family, the impact of which cannot be estimated here.

## 4. Current Interventions in Ealing

### 4.1 Smokefree with Public Health England

Jointly with Public Health England (PHE), the One You Ealing service has produced implementation guidance for mental health services in England. It gives detailed guidance for providers on how to go smoke-free, detailing the benefits of a smoke-free environment for people's mental health, how to develop and implement smoke-free policies and how to tackle common challenges. The West London Mental Health Trust (WLMHT) experience of implementing a smoke-free policy are referenced throughout the guidance as an example of good practice.

### 4.2 Illicit tobacco project

Between April and July 2016, the West/North West London Illegal Tobacco Group commissioned a survey across boroughs in North West London to gain insights into the market for illegal and illicit tobacco. Smokers were interviewed and the survey was conducted in shopping areas/tube stations across Ealing. Information was collected about individuals attitudes towards illicit tobacco and whether they had ever been offered or bought illicit tobacco. Results from the survey were used to inform enforcement and health priorities and strategies on illegal tobacco. Of 195 people who responded to the survey, 29% had been offered illicit tobacco in last 12 months.

The KEEP-IT-OUT campaign was run to highlight the impact of illicit tobacco trade in the borough.

### 4.3 Smoke free Homes

The 2015 Ealing Healthy Schools Survey showed an increase in the proportion of children who identify their home as 'smoke free', with 75% of respondents stating that no one smoked in the house. Smokefree Homes and Cars awareness packs were developed, branded with local information. The Packs encouraged smokers to sign a pledge that they would maintain smoke free homes and cars. A total of 86 pledges were signed in 2015-16.

To reduce the exposure of passive smoking, One you Ealing worked closely with Ealing Council to create voluntary bans in playgrounds across the borough. This project demonstrated positive results with residents welcoming the change. In October 2016, a mandatory smoking ban in playgrounds was introduced with permanent signage installed across all Ealing park playgrounds.

The cost of smoking related fires in Ealing is around £2 million per year. Staff at two Fire Stations in the borough have been trained to deliver very brief advice and to refer individuals to stop smoking services.

## 4.4 Shisha

Smokefree Ealing has developed a shisha harms leaflet which highlights the negative health impact of smoking shisha. In collaboration with Trading Standards, Smokefree Ealing are devising a label/tag to be placed on shisha pipes to raise awareness of the dangers of smoking shisha. It is hoped that shisha bar owners will cooperate with this intervention allowing shisha smokers greater information at the point of use.

Trading Standards have a key responsibility to ensure the labelling of the shisha product meet the legal requirements, that the premises are displaying correct price lists and that age restriction notices are displayed. The Environmental Health team (Health & Safety Division) lead in raising awareness and assessing compliance with the Health Act 2006 (the primary piece of legislation underpinning the smoking ban in commercial premises). As regulatory services, both team strive to make businesses complaint with respective legislations to make smoking as 'safe as possible'.

With respect to Shisha premises, the Food & Workplace Safety Team continue to work with local businesses within the borough. Since the beginning of 2016, the team has provided advice and guidance to all known Shisha premises within the borough (over 50 premises).

## 4.4 Targeted Smoking Cessation Service

### 4.4.1 Polish Clinic

Due to the high prevalence of smoking within the Polish community, Smokefree Ealing currently runs a targeted clinic from a Polish café in Ealing to support equity of access. Smokefree Ealing aim to normalise the intervention amongst this population. The need for a dedicated clinic was highlighted in outreach and currently runs on Tuesdays. Of 45 clients seen in the clinic, 17 (37%) have quit smoking (which is above the Department of Health target).

### 4.4.2 BME clinic

Smokefree Ealing currently runs a targeted clinic from Acton Health Centre, which aims to support the needs of the Somali and South Asian community. The need for a dedicated clinic was highlighted in outreach and currently runs on Mondays. The clinic benefits from staff who can speak a range of languages, including Arabic.

### 4.4.3 Somali clinic

Southall has one of the largest Somali communities in Ealing. The Green Centre was identified during an outreach event as an ideal location to support the needs of local people. Smokefree Ealing has run a clinic every Tuesday for the last four years at this location. The service has used a business hub within the vicinity to target the local Somali population. Imams within local mosques support the intervention with targeted information about the clinics on behalf of the service.

#### *4.4.4 Severe Mental Illness clinic in primary care*

Severe Mental Illness (SMI) clinics were set up as part of an Ealing Clinical Commissioning Group SMI project to reduce smoking prevalence among people with SMI. GPs in Ealing were invited to host these clinics and currently 6 GPs participated in the project. Clinics ran for 12 weeks at each surgery and Health Care Assistants (HCAs) were trained to deliver smoking cessation interventions among people with SMI. The project finished at the end of March 2017. HCAs are now able to continue supporting their patients post-project. 134 patients were seen and 62 patients went on to set a quit rate. The clinic obtained a quit rate of 64% (40 client quit smoking) in 2016/17.

#### *4.4.5 Severe Mental Illness in secondary care*

A Mental Health Specialist works across the three WLMHT hospital inpatient sites, providing Smokefree training for ward staff and support to deliver the service within wards. The Specialist is also involved in Smokefree policy implementation. Regular Smokefree meetings are held with the head of inpatient care and service managers to review policy. Care Quality Commission (CQC) checklist guidance is used to improve stop smoking services on wards. An e-cigarette project has been implemented for inpatients. Patient surveys are being administered in April 2017 along with staff surveys around the Smokefree initiative.

A total of 148 people accessing inpatient services with WLMHT, quit smoking in 2016/17.

#### *4.4.6 Young Peoples Clinic*

The 2014/15 What About Youth (WAY) survey estimated that 5.4% of 15-year olds in Ealing are current smokers, which is significantly lower than the England average (8.2%). The WAY survey also estimated the prevalence of e-cigarettes use among 15-year olds to be 10.6% in Ealing, which is significantly lower than the national average (18.4%). Conversely, the use of other tobacco products, including shisha and waterpipes, was estimated to be significantly higher than the England average (18% v 15.2%).

The Ealing Tobacco Control Strategy has highlighted the need to de-normalise tobacco use in order to protect young people from the harm of tobacco. Due to the

high prevalence of young smokers in the community (as reported by the school), a clinic was set up at Villiers High School in Southall. This clinic is available by appointment only and is coordinated by the school and a young people's specialist from Smokefree Ealing. In 2016/17, the clinic saw 49 clients aged below 18. Of these, 26 (53%) were successful in quitting smoking.

Cut films are an award winning anti-tobacco youth charity working with young people, schools and youth groups. Working in partnership with local authorities, they aim to persuade young people against smoking. They provide workshops where young people learn the facts about tobacco and then use their newfound knowledge to create short adverts or films which are shared with friends and family as part of a local and national film competition.

In 2014, Smokefree Ealing commissioned Cut Films to deliver 10 workshops, which was extended in 2015 to 50 workshops in a variety of settings, from secondary and primary to youth centres. In 2015, 16 films were entered into the local competition and around 180 young people took part in the project.

In 2017, Smokefree Ealing proposed to support and fund local Youth Centres in making short films and joining the competition. Part of the proposal was to promote the project through posters and evaluate the impact on peers and benefits of getting involved.

#### *4.4.6 Chewing Tobacco Clinic (Smokeless products)*

Smokeless tobacco is defined as a product containing tobacco that is placed in the mouth or nose and not burned. Smokeless tobacco is traditionally used by South Asian communities and is associated with health problems including nicotine addiction, mouth and oral cancer, periodontal disease, heart attack, stroke and problems in pregnancy.<sup>19</sup>

Within Ealing, Southall has been identified as having large South Asian and Middle Eastern communities and chewing tobacco is well known in these communities. Southall Broadway Health Centre provides a clinic to help reduce the prevalence of smokeless products. The clinic runs on Mondays and on average approximately 20 patients per year who chew tobacco are seen at this clinic. Staff at the clinic support users with behavioral interventions. Ten clients have successfully stopped using chewing tobacco with support of the clinic.

In March 2016, a Substance Misuse and Smokeless Tobacco up-skilling event was held and 62 Ealing health professionals attended the event. The event focussed on types of smokeless tobacco (e.g. chewing tobacco) used in Ealing by different communities and what support can be offered to users. The key objectives were to

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<sup>19</sup> NICE Guidance PH39: Smokeless tobacco cessation for South Asian Communities  
<https://www.nice.org.uk/guidance/ph39>

improve awareness of the harm of using smokeless tobacco products, to develop a targeted smokeless tobacco group for Bangladeshi and Pakistani residents of the Islamic faith and to provide a cessation service to the population with a holistic approach within a faith setting.

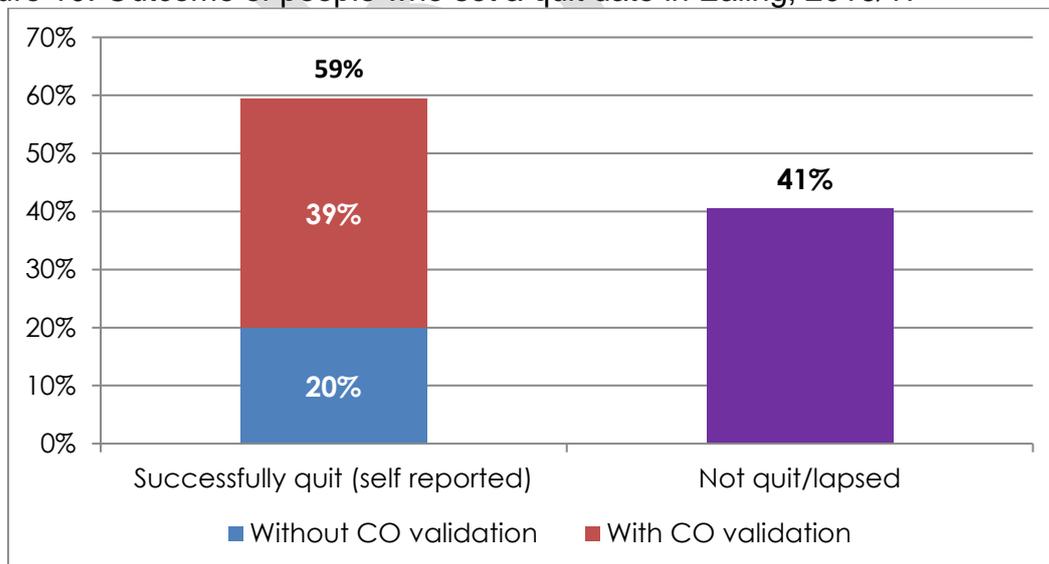
## 4.5 Smoking Cessation Service user outcomes

### 4.5.1 Successful smoking quitters and carbon monoxide verification

WLMHT have been commissioned to deliver a smoking cessation service in Ealing, which includes the wider tobacco control agenda. During 2016/17, of the 2,448 smokers who set a quit date, 1,455 had successfully quit smoking 4-week later (Figure 10). This translates to a successful quit rate of 59%, which compares favourably to England (51%) and London (49%). Average successful quit rates vary across regions of England from 45% to 61%.<sup>20</sup>

Of the 1,455 people who had successfully quit smoking at the 4-week follow-up, 963 (66%) had their status confirmed by carbon monoxide (CO) verification. This is below the national minimum expectation of 85%. In 2015/16, Ealing had 75% of all quitters verified by CO test, which was below neighbouring boroughs' results: Brent had 89, Harrow 82%, Hillingdon 81% and LBHF 78%. Hounslow measured below Ealing's rate with 69%. By comparison, national CO verification rate for 2015/16 was 71% for England and 70% for London.

Figure 10. Outcome of people who set a quit date in Ealing, 2016/17



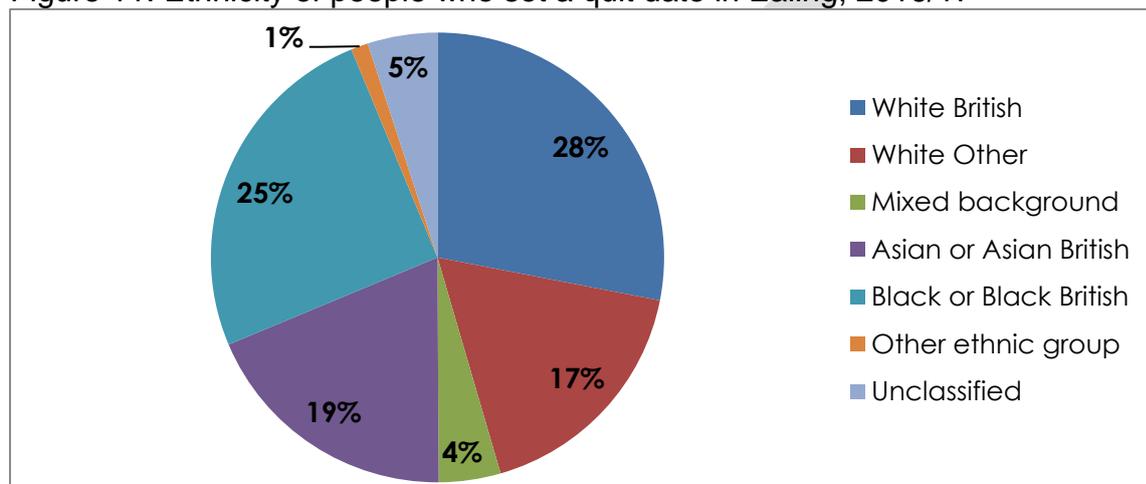
### 4.5.2 Demographic characteristics of people who set a quit date

<sup>20</sup> Source: HSCIC: Statistics on NHS Stop Smoking Services, England

Of the 2,448 smokers who set a quit date in 2016/17, 803 (33%) were female and 1645 (67%) were male. Ealing differs to England, where the majority of people who set a quit date are female. Of those who set a quit date in Ealing, 448 (56%) females and 1,007 (61%) males self-reported quitting after 4 weeks. This rate of self-reported successful quitting is higher than England (52% of men and 50% of women).

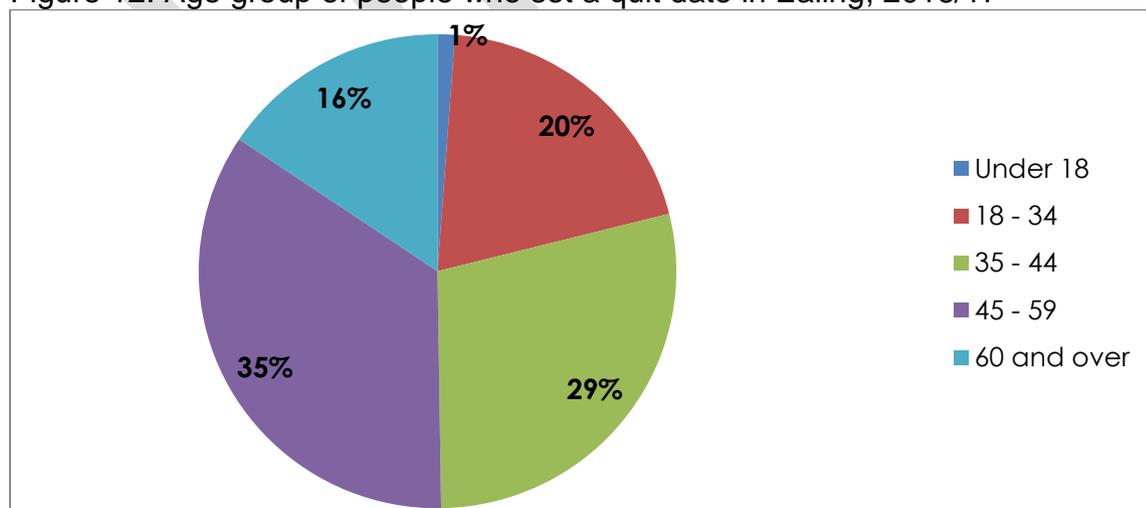
Of all people who set a quit date, 1,639 (67%) were from BME groups (Figure 11). One in four people (25%) who set a quit date were Black/Black British and one in five (19%) were Asian/Asian British.

Figure 11. Ethnicity of people who set a quit date in Ealing, 2016/17



There was a relatively even spread of ages among people who set a quit date (Figure 10).

Figure 12. Age group of people who set a quit date in Ealing, 2016/17



#### 4.5.3 Demographic characteristics of people who successfully quit smoking

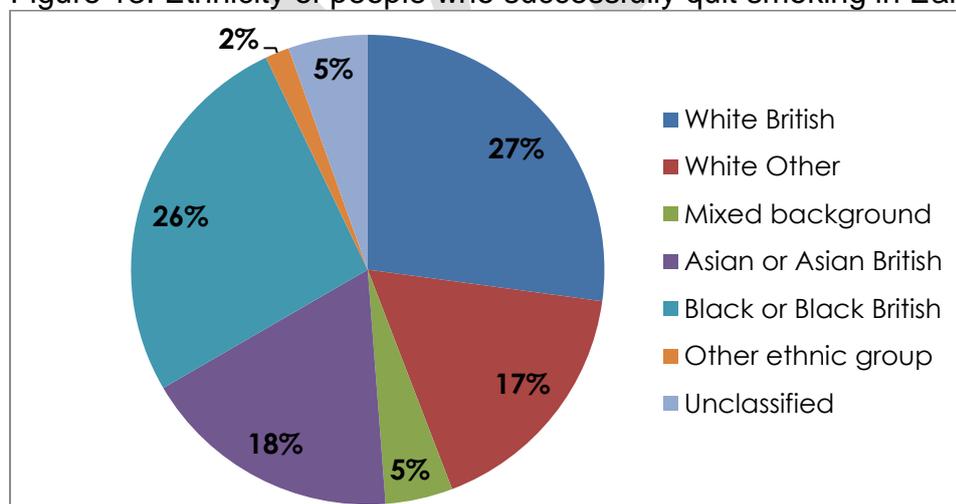
Among those who set a quit date, success rates tended to increase with increasing age. The highest success rates were seen among males and females aged 60+ (Table 1). Nationally in 2015/16, successful quit rates generally increased with age between 43% for under 18s and 57% of those aged 60+.

Table 1: Proportion of successful smoking quitters by age in Ealing, 2016/17

Age Band	Number who set a quit date	Successfully quit after 4 weeks		Successfully quit after 12 weeks	
		Number	%	Number	%
Under 18	30	17	56.7%	4	13.3%
18 - 34	525	290	55.2%	89	17.0%
35 - 44	726	417	57.4%	138	19.0%
45 - 59	813	504	62.0%	145	17.8%
60+	354	227	64.1%	86	24.3%
<b>Total</b>	<b>2448</b>	<b>1455</b>	<b>59.4%</b>	<b>462</b>	<b>18.9%</b>

Of all successful smoking quitters at the 4-week review, 395 (27%) were White British, and 981 (67%) were from BME groups (Figure 13). This is almost identical to the proportion of each that set a quit date (Figure 11).

Figure 13. Ethnicity of people who successfully quit smoking in Ealing, 2016/17



There was considerable variation in quit rates between ethnic groups. The highest quit rate (80%) was among people of Other ethnic origin and the lowest was among Asian/Asian British (56%) and White British (57%) people. Considering ethnicity and gender together, the highest quit rate (86%) was seen among males of Other ethnic origin and the lowest among White British women (52%).

Nationally, during 2015/16, Asian/Asian British people had the highest quit rate (54%) and people of Mixed ethnic heritage had the lowest (47%). In London during 2015/16, White ethnic groups had the highest quit rate (50%) and people of Mixed ethnic heritage and Black/Black British groups had the joint lowest quit rate (47%).

#### *4.5.4 Pregnant women who successfully quit smoking*

Of the 20 pregnant women who set a quit date, 12 (60%) had successfully quit at the 4-week follow-up. This compares favourably to the proportion of pregnant women who successfully quit in England (45%) and London (47%).

#### *4.5.5 Nicotine Containing Products to support quitting*

A third (33%) of successful quitters received a single licensed Nicotine Containing Product (NCP) only. A further 28% of successful quitters received a combination of NCPs. A further 17% of successful quitters received Varenicline (Champix) only and there was one prescription for Bupropion (Zyban).

Successful quit rates were comparable across groups who received different types of NCP: 62% for those who used a single NCP only; 57% for those who received a combination of licensed products; and 58% for those who used Varenicline (Champix).

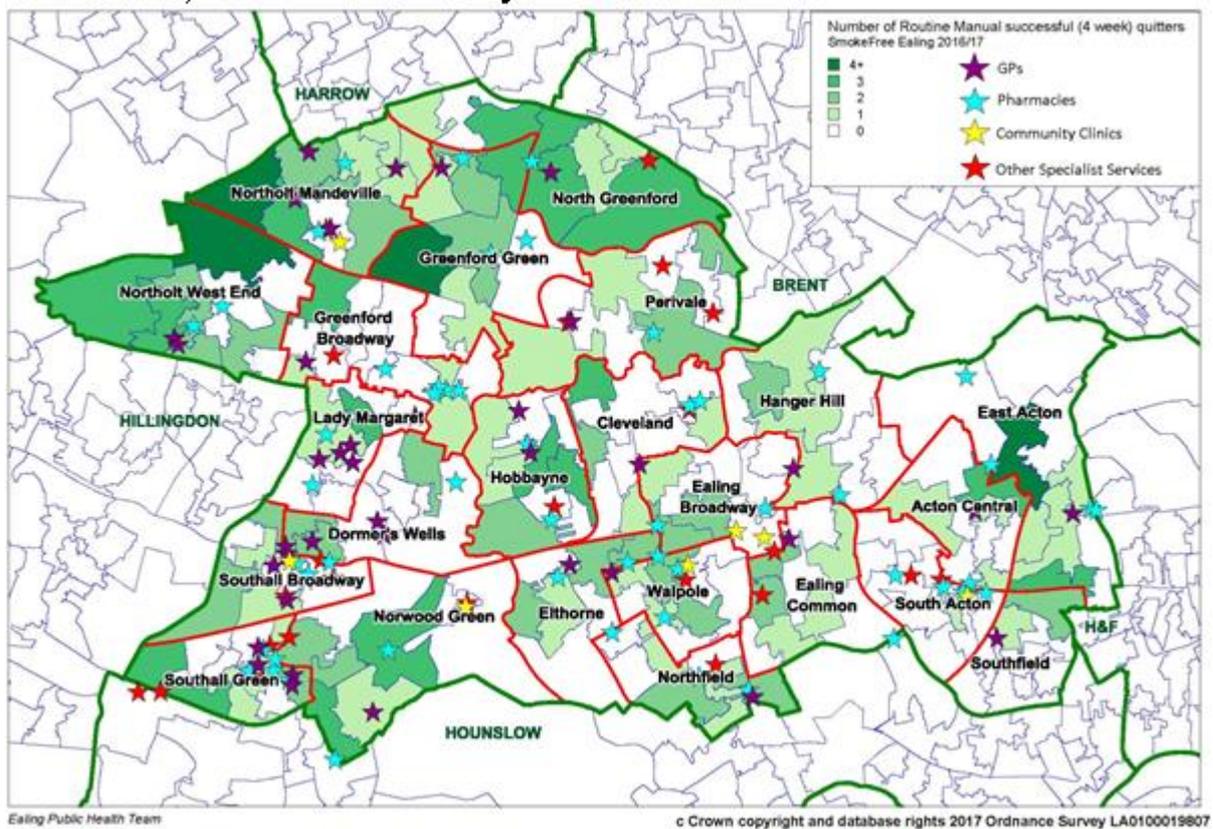
In Ealing, nearly nine in every ten patients who did not receive any NCP products successfully quit. Nationally, this figure was 54%.

#### *4.5.6 Occupational groups who successfully quit smoking*

Of all people who successfully quit, the largest occupational group represented (421 or 29%) were those who had never worked or were long term unemployed. The most successful occupational groups of quitters were full-time students (62%) and managerial/professional (62%) and the lowest quit rates were seen among people who were unable to work (56%). The quit rate among routine and manual workers was 59%.

Smoking prevalence among routine and manual workers is higher than among the general population. Routine and manual workers made up 15% of all successful quitters in 2016/17 and SmokeFree Ealing will aim to increase that in future years. Routine and manual workers from a variety of locations across Ealing were helped by SmokeFree Ealing (Figure 14).

Figure 14. Residential location of successful quitters who are routine/manual workers, 2016/17



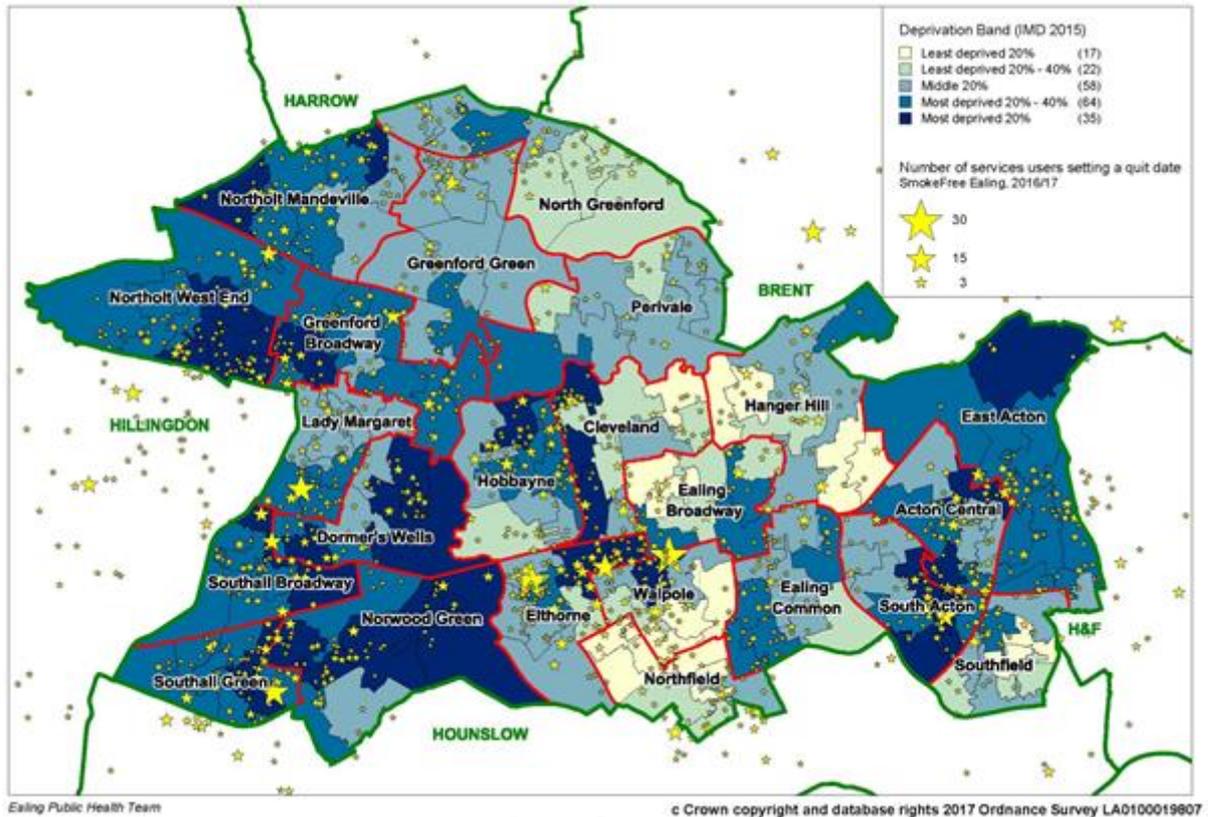
#### 4.5.7 Deprivation levels of people who successfully quit smoking

Over half (62%) of all successful quitters came from deprived areas. Of successful quitters who were Ealing residents, 29% came from the most deprived areas, 35% from quite deprived areas, 23% from average areas, 8% from quite affluent areas and 4% from the most affluent areas. People who lived in areas with average deprivation levels had the highest successful quit rate (64%).<sup>21</sup>

Figure 15 shows the residential location of people who set a quit date alongside levels of deprivation (based on the Indices of Multiple Deprivation (2015)).

<sup>21</sup> Based on Indices of Multiple Deprivation 2015. Most deprived areas = bottom 20%, quite deprived areas = bottom 20-40%, average areas = middle 40%, quite affluent areas = highest 20-40% and most affluent areas = highest 20%

Figure 15. Residential location of people who set a quit date and deprivation level, 2016/17



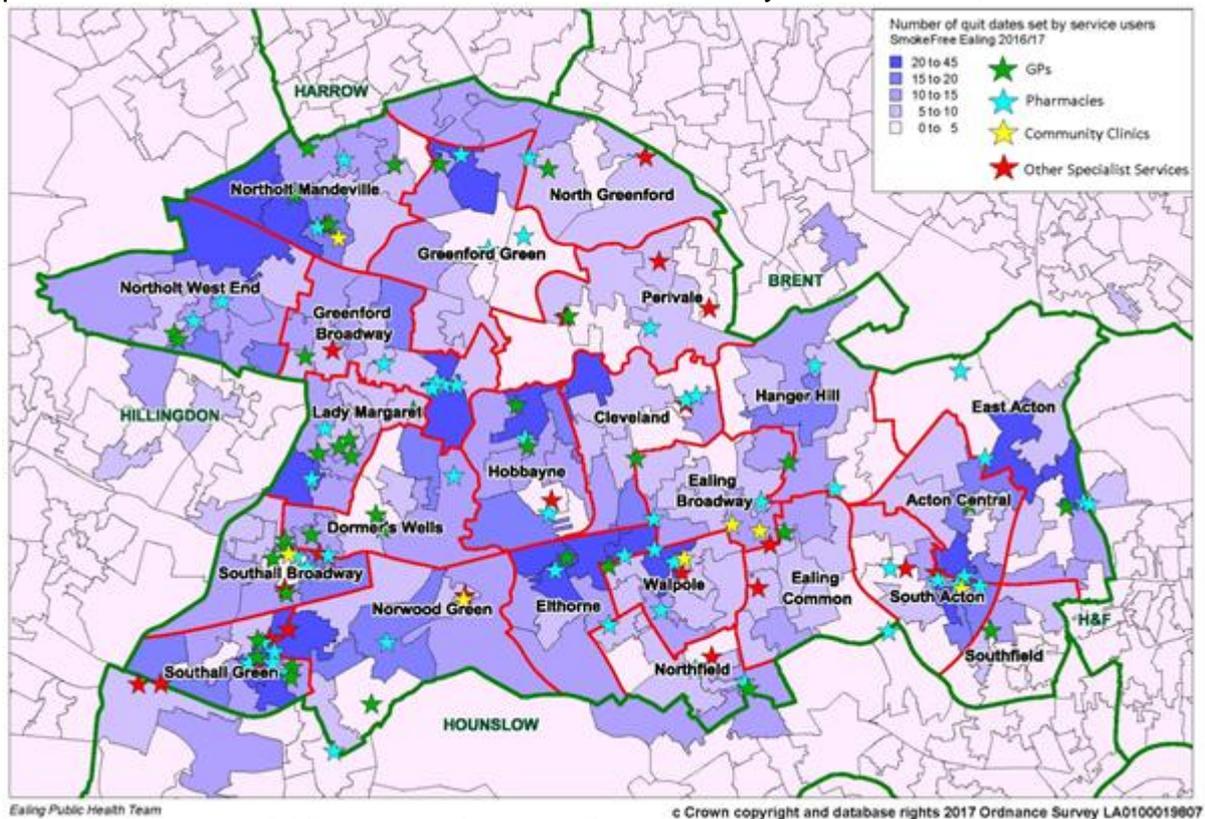
#### 4.5.8 Service setting

Successful quit rates differ between service setting. The highest successful quit rate was seen among people attending other intervention settings (77%),<sup>22</sup> followed by Ealing community clinics (67%), pharmacies (56%) and GPs (52%).

The residential location of people who set a quit date can be seen compared to the location of different service setting locations (Figure 16).

<sup>22</sup> Other settings included: Psychiatric Hospital Setting (26/26), Hospital Setting (21/27), Dental Setting (6/9), School Setting (6/7), Community Psychiatric Setting (4/5), Workplace Setting (1/1), Maternity Setting (1/1), Military Base Setting (1/2), Other/Unknown (19/33)

Figure 16. Residential location of people who set a quit date and location of pharmacies, GPs and community clinics, 2016/17



## 4.6 Smoking Prevention

It is estimated that each year around 207,000 children in the UK start smoking. Among adult smokers, about two-thirds report that they took up smoking before the age of 18 and over 80% before the age of 20.<sup>23</sup> Plain packaging legislation on tobacco products was introduced in May 2016 to deter young people from taking up smoking. This supports the continued need for smoking prevention interventions and NICE Guidance PH23: School-based interventions to prevent smoking recommends that both prevention and stop smoking activities should take place in school.<sup>24</sup>

The Ealing Health Related Behaviour Survey is conducted in schools and asks detailed questions about the health beliefs and behaviour of the pupils. Results from the Health Related Behaviour Survey 2015 in Ealing reported that:<sup>25</sup>

<sup>23</sup> Young People & Smoking ASH. [http://www.ash.org.uk/files/documents/ASH\\_108.pdf](http://www.ash.org.uk/files/documents/ASH_108.pdf)

<sup>24</sup> <https://www.nice.org.uk/guidance/ph23>

<sup>25</sup> Health Related Behaviour Survey 2015

- 1% of Year 6 pupils think they *will* smoke when they are older, whilst 8% think they *may* smoke when they are older
- 10% of High School pupils responded that they have smoked in the past or smoke now
- 13% of High School pupils responded that they have smoked shisha

Ealing stop smoking services have worked collaboratively with health promotion officers in schools to incorporate tobacco control topics into the personal, social, health and economic (PSHE) education curriculum. This will include a range of topics suitable for Key stage 1 and 2 to help further educate young people on the dangers of smoking and increasing confidence to resist peer group pressure.

School based workshops are conducted across both primary and secondary age children, creating an interactive platform for children to learn and discuss tobacco issues. These have been conducted in a number of schools across the borough.

Smoking prevention work is also conducted in youth centres. Westside Ealing host health events with young adult smokers to offer them a platform to discuss motivations to quit, health queries and accessing services. Children identified as young carers have been found to have higher incidence of either smoking themselves or living in a smoking environment. As a result, Ealing services have organised awareness raising sessions at young carer events to highlight pathways to support and offer education.

To de-normalise smoking among children and young people, Ealing introduced a voluntary smoking ban across all park playgrounds. Following a successful pilot, permanent signage has been installed.

#### **4.7 Secondary care**

Stopping smoking at any time has considerable health benefits. For people in contact with secondary care services, there are additional advantages such as shorter hospital stays and fewer complications.<sup>26</sup> West London Mental Health Trust (WLMHT) have incorporated a number of efforts to highlight these benefits among staff:

- Ninety-six members of staff across respiratory, pulmonary and cardiac ward teams have been provided with Very Brief Advice training.
- Staff routinely advise and encourage smoking cessation as part of the pre-assessment before surgery.

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<sup>26</sup> NICE Guidance PH48 Smoking cessation in secondary care: acute, maternity and mental health services

- Smoking cessation is now included in standard student nurse training when working in WLMHT.
- Regular health promotion events are held at WLMHT sites to encourage both staff and patients to engage in smoking cessation.
- Occupational Health has included smoking cessation as part of their health awareness day for all WLMHT staff members

Ealing smoking services supported WLMHT in reviewing its Smokefree policy to ensure that both employees and patients have access to appropriate stop smoking support. Ward staff are trained in managing a patient's nicotine withdrawal, will encourage use of NRT to enable compliance with the Smokefree Policy, and signage has been improved to increase awareness of the Trust's Smokefree grounds.

A part-time stop smoking advisor is based at Ealing hospital to support inpatients to manage their nicotine withdrawals or to quit smoking. Most referrals have come from Respiratory, Cardiac and the Acute Medicine Unit. There is an in-house electronic referral system via the staff intranet which has been successful in enabling staff to refer patients effectively. A drop-in clinic is also available to staff and the public to assist in their stop smoking attempt.

#### **4.8 Pregnancy**

Smoking during pregnancy can cause serious pregnancy-related health problems including an increased risk of miscarriage, premature birth, still birth, low birth-weight and complications during labour<sup>27</sup>.

With respect to the use of services by pregnant women, nationally in 2015/16, 17,443 pregnant women set a quit date with the services, compared to 18,887 in 2014/15 and 17,920 in 2005/06. This represents a reduction of 8 per cent on 2014/15 and 3 per cent on 2005/06.

The number of pregnant smokers setting a quit date has reduced in recent years. This reduction in footfall has been largely attributable to the break-up of the local health economy and movement of the maternity ward away from Ealing.<sup>28</sup>

The maternity service in Ealing went through major organisational changes in 2015 and is now provided by a cohort of various trusts, including the London Northwest

<sup>27</sup>NICE Guidance PH26: Quitting smoking in pregnancy and following childbirth  
<http://www.nice.org.uk/guidance/ph26>

<sup>28</sup> Statistics on NHS Stop Smoking Services: England, April 2015 to March 2016:  
<http://www.digital.nhs.uk/catalogue/PUB21162>

Healthcare Trust (Northwick Park). The other participating trusts that are supporting Ealing's pregnant women are West Middlesex Hospital, Queen Charlotte Hospital, Hillingdon Hospital, Chelsea & Westminster & St Mary's Paddington.

Midwives based in Ealing receive localised brief intervention training on smoking in pregnancy. This enables them to provide pregnant smokers with brief advice on smoking and to refer them for local stop smoking support. The training also equips midwives to conduct carbon monoxide (CO) screening for all pregnant women and provide appropriate advice in accordance with the CO results. The outcome of CO screening and referrals are recorded in patient notes and electronic systems.

Referred pregnant smokers are offered help in community clinics, participating pharmacies, and GP surgeries. Support may include behavioural support and nicotine replacement therapy (in accordance with NICE guidelines).

To improve engagement in the early stages of pregnancy, GP clinicians that provide a stop smoking service are involved in a 'Best Practice' upskilling event. This aims to improve communication skills with expectant mothers regarding smoking and second hand smoke, and to challenge assumptions regarding the use of NRT during pregnancy. Practices that refer into stop smoking services are informed of the benefits of asking all mothers on their smoking status and referring as early as possible for the best outcomes for mother and baby.

#### **4.9 Mental health**

There are 34,415 adults who have a common mental health disorder in Ealing and 15,504 people are likely to have two or more psychiatric disorder. These figures are to increase by nearly 3% by 2020<sup>29</sup>.

Mental health is the highest spend area in Ealing and it is higher than the national average. Addressing the high smoking prevalence among people with mental disorder offers the potential for substantial cost savings to the NHS as well as benefits in quality of life for individuals. To reduce these problems West London Mental Health Trust (WLMHT) implemented a no smoking policy from January 2016. This prevents any individual smoking within any rooms, buildings or communal outside areas.

Smokefree Ealing provides free stop smoking support for Mental Health patients to improve their quality of life. The intervention addresses their wellbeing, physical

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<sup>30</sup>. Butler J, et al: Smoking characteristics of a homeless population. Substance Abuse 2002, 23(4):223–231.

activities and mental health medication use. All staff must complete smoking cessation training to effectively refer to appropriate clinics.

Alongside the no smoking policy, the hospitals have increased accessibility to stop smoking services with clinics. These have been implemented on each ward with trained mental health smoking advisors. To improve the variety of products available to clients accessing the service a further two NRT products have been added for prescription by the Trust, meaning there are now six available NRT products. All advisors are offered mentoring whilst providing the service, which helps to improve the quality of information and support given to the patients.

A secondary line of treatment has been developed, which allows e-cigarettes to be used on the ward as a method of harm reduction. These are supplied via an adapted vending machine to allow patient to purchase smoking equivalents. All staff have been appropriately trained and updated on the operational policy regarding e-cigarettes.

#### **4.10 Workplaces**

Reducing levels of smoking among employees will help to reduce some illnesses and conditions that contribute to sickness absence, such as cardiovascular and respiratory diseases. This will result in improved productivity and lower costs for employers.<sup>30</sup>

On-site training is offered to WLMHT Occupational Health or senior staff. This helps with both referring clients into the clinic raising awareness of available support among staff.

Smokefree Ealing supports Ealing Council in rollout of the Healthy Workplace Charter, which has been installed in ten workplaces across Ealing. There are plans to expand the Healthy Workplace Charter into civil service organisations including the police and probationary workers.

#### **4.11 Ealing Tobacco control Alliance**

The Ealing Tobacco Control Alliance was re-launched in summer 2013. Membership includes Trading Standards, Environmental Health, Public Health, NHS representatives from mental health and respiratory services, the Smoking Service,

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<sup>30</sup> NICE Guidance PH5: Workplace interventions to promote smoking cessation  
<https://www.nice.org.uk/guidance/ph5>

school health representatives, Ealing Fire services, youth & Connexions and locally elected members.

In March 2013, the Alliance undertook the CLear assessment, which is an evidence based improvement model which helps to develop local action to reduce smoking prevalence and the use of tobacco.

In August 2014, Ealing Council signed the Local Government Declaration on Tobacco Control.

In October 2014, Ealing Council removed its smoking shelter and enforced smoke free grounds at Perceval House.

In September 2016, Ealing council installed permanent signage across all park playgrounds and play centres declaring them smoke free.

## 5 Identified needs and intervention gaps

The following key unmet needs have been identified from data analysis and evaluation of current interventions as above:

- The service should focus more on the vulnerable groups including BME groups, routine and manual workers and pregnant women. It is recommended that stop smoking clinics and outreach service are delivered in locations that are accessible for target groups. Targeted marketing should be used and specific to wards.
- Certain BME groups are not accessing the service and BME groups have lower quit rates. Younger adults (25-34 years) with higher smoking prevalence are not accessing the service as much as older adults. Smokefree Ealing should have a robust communications plan to raise awareness around smoking cessation services for BME community users.
- There is limited data on young people locally. Interventions need to focus on this group.

## 6 Recommendations

To be agreed.