

HEALTH AND WELLBEING BOARD			
Report Title	Preventing the uptake of smoking among children and young people and reducing the number of people smoking		
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Class	Part 1	Date: 19 September 2013	

1. Purpose

1.1 The purpose of this report is to:

- update the Board on progress against this priority outcome
- inform the Board of future plans
- seek approval on proposed future actions by Board members

2. Recommendation/s

2.1 Members of the Health and Wellbeing Board are recommended to:

- Consider this report on progress regarding this priority outcome
- Ensure everyone in Lewisham knows how to access help to stop smoking by making a commitment to identify workforce members to be trained to deliver smoking brief interventions;
- Ensure sign up and representation on Smoke Free Future Delivery Group from all partners
- Champion ongoing initiatives to tackle illicit tobacco including enforcement and social marketing.

3. Policy Context

3.1 Reducing smoking prevalence was identified in Healthy Lives, Healthy People: A Public Health Strategy for England, (which informed the Health and Social Care Act 2012) and as an indicator in the Public Health Outcomes Framework, which sets out a vision for public health, desired outcomes and the indicators to measure improvement (1).

3.2 The Lewisham Smokefree Future Delivery Plan contributes to the following Lewisham Sustainable Community Strategy priorities: ambitious and achieving; safer; clean, green and liveable; healthy, active and enjoyable; empowered and responsible; and dynamic and prosperous and to the overarching aim of reducing inequality.

Smoking is one of the nine priority outcomes, identified in the draft Health and Well Being Strategy for Lewisham and the vision is that:

- In three years' time, there will be a reduction in the numbers of children and young people taking up smoking by 10%, more children living in smoke free homes, and a reduction in the use of illicit tobacco.
- In five years' time, the number of adults smoking will drop to less than 15%, and the numbers of children and young people taking up smoking will be reduced by 20%.
- In ten years' time, there will be very few smokers and very few children will live with smokers. It will be socially unacceptable to smoke indoors or in cars and very few young people will start smoking.

3.3 The Lewisham Children and Young People's Plan 2012-15 (4) identifies intervening early to reduce the numbers of children and young people starting smoking is an area of focus. There are a range of actions identified within the plan, which will reduce the impact of smoking and tobacco on children's lives. The outcomes identified for 2015 are:

- Staff can provide good quality, consistent and appropriate messages on the impact of tobacco
- Reduced levels of tobacco-related illness in children and young people.
- Even greater participation of children's centres and schools in tackling this issue.
- More homes will be smoke-free so that more children are kept safe from exposure to second-hand smoke
- Increased numbers of parents will stop smoking
- Fewer children and young people will start smoking.

4. Background

- 4.1 Smoking is the primary cause of preventable morbidity and premature death (2). Compared to England Lewisham had significantly more smoking attributable deaths in 2008-10 and hospital admissions in 2010/11 (3).
- 4.2 Currently about 20% of people over 18 smoke in England and about 22% of people smoke in Lewisham (approximately 43,000 smokers). This has fallen since a peak in the 1940s, but shows signs of levelling off more recently. Two thirds of smokers want to stop.
- 4.3 Reducing smoking is a priority for the Board this year, along with alcohol and obesity.

- 4.4 Reducing smoking prevalence and preventing the uptake of smoking among young people remains a challenge in Lewisham.
- 4.5 An estimated 710 young people in Lewisham started smoking in 2011 which is more than twice the national rate. Nationally, 12% of 15 year olds smoke, equivalent to 338 in Lewisham.
- 4.6 It is important to tackle youth take up because 80%+ of adult smokers start by the age of 19. Delaying onset may mean a young person does not start at all. The younger people are when they start to smoke, the greater the damage to health in later life and risk of premature death.
- 4.7 Young people overestimate prevalence and think about half the population smoke. The tobacco industry targets young people to maintain their customer base. It is estimated that they have to recruit 500 young people per day in the UK to do this. Smoking is over represented in relation to current prevalence in the media and the images do not reflect the reality of smoking.
- 4.8 Cigarettes are carefully marketed to young people and as a way to suppress appetite and stay slim, taking advantage of the desire to have the perfect body. Brands and flavours of cigarettes are specifically aimed at young people. Brands are an important form of advertising in countries like the UK where other forms of advertising have been regulated.
- 4.9 Children and young people are much more likely to smoke if their parents, siblings and friends smoke.
- 4.10 NICE recommends a comprehensive, multi layered approach to preventing uptake of smoking by children and young people. Ideally, there should be a combination of universal and targeted approaches and at different 'trigger points' at different ages and stages of a young person's development.
- 4.11 There is a significant market in illicit tobacco within SE London. The illicit tobacco market represents around 15% of the tobacco consumed and is a trade worth over £20 million p.a., above the UK average levels predicted by Her Majesty's Revenue & Customs (HMRC) (5). In Lewisham, 10% of the tobacco consumed by those surveyed was illicit. Thirteen out of every twenty smokers surveyed had been offered illicit tobacco. Around three in ten smokers reported that they bought illicit tobacco at least once in the last year, which implies a very high degree of acceptance of the illicit trade. The scale and value of the trade is likely to be supporting the presence of organised criminal gangs in the area and supporting other criminal activities ranging from drug trafficking to people trafficking, which has been confirmed in a 2011 report by HMRC.

- 4.12 The estimates for the scale and value of the illicit tobacco trade contrast markedly with confirmed reports of illicit tobacco sales, which imply it is neither easily nor openly available. The market is largely covert in SE London, with 80% of smokers who bought illicit tobacco stating they were known to or introduced to the seller. Buying from someone's home now appears to be the most significant source of illicit tobacco in Lewisham, both in terms of frequency of purchases and volume of tobacco, followed by buying from a pub.
- 4.13 A delivery group, chaired by public health, with representation from a broad range of agencies has been meeting for the last couple of years, with an action plan focused on the following three strands:
- Preventing the uptake of smoking by children and young people
 - Reducing exposure to second hand smoke
 - Motivating smokers to quit

These are based on the national tobacco control strategy, maximise the use of the current evidence base and pilot initiatives and evaluate them where the evidence is less well developed.

5. Preventing the uptake of smoking among young people

- 5.1 In line with NICE guidance, Lewisham's approach is multi-layered.
- 5.2 **Tobacco regulation & enforcement:**
Lewisham Trading Standards ensure that the controls and restrictions upon the lawful supply of tobacco are complied with (such as the advertising and display of tobacco products, the sale of single cigarettes and the sale of tobacco to persons under 18).
- 5.3 They also play a key role in detecting and eliminating the availability of illicit tobacco (counterfeit, smuggled/ bootlegged, inadequately labelled etc) including so called 'niche products' such as shisha & non smoked tobacco items. This has recently been informed by findings of the recently commissioned survey on illicit tobacco intelligence findings.
- 5.4 Cheap tobacco undermines the pricing policy which aims to protect young people from taking up smoking. The cost of smoking is important to young people who have less disposable income. Tackling the illegal trade in tobacco products to protect children has been prioritised and is identified in the CYP Plan. Key future actions a social marketing campaign aimed at smokers and building capacity to detect and prevent the sale of illicit tobacco.
- 5.5 **Peer education:** Involving young people and using the influence of peers has been shown to be an effective method of changing their

behaviour. Evidence shows that giving young people information about health on its own does not change their behaviour.

- 5.6 Some of the young people who are looked up to by their peers may be the more extrovert and risk taking young people who are more likely to take up smoking themselves. Involving them as advocates against the tobacco industry is a way to keep them from smoking and to use their popularity to influence others.
- 5.7 In 2012/13 there were two specific peer education initiatives within the Lewisham delivery plan to influence young people not to take up smoking, informed by The Truth Campaign in the USA (6): training Year 8 students to be peer educators in 5 schools and using film-making about tobacco with young people.
- 5.8 The Year 8 peer education programme is based on the ASSIST programme (7) in the UK. It is designed for Year 8 students, an age when many young people start trying out smoking. It offered training about tobacco and skills students to pass on their knowledge to peers and to influence them not to take up smoking. Everyone in Year 8 completed a simple questionnaire to identify the students who were most influential with their peer group. A group of 12 to 16 students were selected to take part in the project. They were trained and talked to and presented to their peers in Year 8.
- 5.9 In 2012/13, Cut Films were commissioned by Lewisham Public Health to work with 4 groups of young people (Abbey Manor Pupil Referral Unit, Lewisham College 14-16s group, Young Carers and Bellingham Gateway Youth Centre) to involve them in making films to enter into their national anti tobacco film making competition. These groups were chosen as young people excluded from school are much more likely to take up smoking. The 4 groups learned about tobacco and smoking and made 5 films about tobacco use to enter into the competition. All were involved in decision making throughout the project.
- 5.10 LeSoCo group was supported by Cut Films to attend a reception at the House of Lords, after the 2013 AGM of the British American Tobacco with ASH (Action on Smoking and Health). They asked questions and met 2 Lewisham MPs, Joan Ruddock and Heidi Alexander.
- 5.11 In 2013/14 schools will be offered a tobacco peer education programme for young people to influence their peers not to start smoking alongside a menu of other initiatives including the Cut Films Competition. Cut Films will build on the work they started and continue to support targeted groups to take part. They will also contact every secondary school and college to integrate the Cut Films anti tobacco film making into the mainstream curriculum to involve many more young people in every school and college in Lewisham.

- 5.12 Staff working with children and young people will have training on preventing uptake of smoking.
- 5.13 **Reduce exposure to second hand smoke:** The CYP Plan includes the provision of training on smoke-free homes and cars to staff working with children and families.
- 5.14 The proportion of homes that are smoke free is one of the outcomes proposed for inclusion in the new outcomes frameworks for health visiting and children's centre services. This will ensure that promotion of smoke free homes is a key element of the work of these services.
- 5.15 **Motivating smokers to quit:** People trying to stop smoking are 4 times more likely to succeed with treatment which combines behavioural support and medication than if they 'go it alone'. (8)
- 5.16 The Stop Smoking Service in Lewisham was set up in 2000 and provides smoking cessation support in a variety of settings (including GP surgeries, pharmacies, community centres and hospital) through its network of over 100 trained advisers. The quit target of 1800 was reached in 2012/13 after two years of not achieving the target.
- 5.17 From April 2007 to March 2012 almost 18,000 quit dates were set by 13,000 smokers and 46% of those resulted in a successful quit. The number of quit dates set per year has increased, but the success rate (the proportion of the quit dates set that result in a successful quit) has fallen, this is in line with the situation nationally. The majority of quit dates were set in GP practices, followed by pharmacies, with the highest success rates in GP practices and specialist services (more intensive support to heavily addicted smokers, including pregnant smokers and people with mental health problems).
- 5.18 The CYP plan has prioritised a number of actions to promote the Stop Smoking Service (SSS) including: children's services promoting the service to parents; proactively offering support to pregnant women and their partners to help them stop smoking; Primary schools sending information on the SSS to parents/ carers and inviting the service into schools.
- 5.19 In addition to this, the Stop Smoking Service has plans to raise awareness among other providers of the support available to help smokers quit through brief intervention training. This training will enable front line workers to be confident about discussing smoking and signposting service users to the Stop Smoking Service.

6. Financial implications

- 6.1 It has been estimated that the cost to Lewisham of smoking is between £51.2- £62m per annum based on an estimated 42,600 smokers (9,10).

NHS	Over 50,000 GP visits each year Almost 10,000 outpatient clinic visits Over 28,000 prescriptions Almost 1,700 hospital admissions	£9-13m
Societal Costs	Smoking-related litter in the borough	£1.7m
	Smoking related fires in Lewisham homes	£3m
Smoking-related productivity losses cost Lewisham businesses	short term as a result of smoking breaks	£14m
	additional smoking-related sick days (on average two additional days per smoker per year)	£3.5-£12m
	long term as a result of premature smoking-related mortality	£20m
Total		£51.2-62m

6.2 The expenditure on tobacco interventions is less than £1m, excluding the cost of prescribed medication, such as nicotine replacement therapy. Most of the tobacco control budget is spent on commissioning Stop Smoking Services (£529k at a cost of £294 per quit). More recently £100k has been allocated to prevention such as tackling the sale of illicit tobacco, peer education with 12 to 13 year olds in Year 8 and using film with young people to raise the issue of smoking. A part time Tobacco Control Programme Manager, with responsibility for leading the programme and commissioning Stop Smoking and Tobacco Control services is also funded (£40k).

6.3 The key benefits of stop smoking services, preventing premature morbidity and mortality, are seen in the longer term; where as the financial cost in providing services is required in the short term.

6.4 In the first 2 years of investing in a local stop smoking services¹ the following savings² would be made in Lewisham;

- £400,000 (NHS and business costs)
- 1200 sick days
- 50 hospital admissions
- 1600 GP visits

6.5 In the short term (2 years) the cost of each smoking death averted is £140,000. However when viewed over a lifetime providing stop smoking services both saves money and lives (that would have been lost to smoking).

6.6 Similarly in the short term the cost of each Quality Adjusted Life Year (QALY)³ gained is £28,000 but over the course of a lifetime providing

¹ Includes NHS Stop Smoking Service, GP brief interventions (brief, opportunistic advice and information to raise awareness and support behaviour change) and other interventions such as text to stop, phone and internet support and self help books.

² Gross

stop smoking services reduces premature morbidity and saves money (in the treatment of smoking-related illness).

- 6.7 Over a lifetime local stop smoking services provide an additional 10 QALYs, or years of perfect health per 1000 smokers in the borough.
- 6.8 In the short term local stop smoking services would cost⁴ £19 per smoker⁵ in the borough but save £3 per smoker over a lifetime solely in NHS costs. Taking into account the savings in health gain⁶ local stop smoking services would cost £6 per smoker in the short term and save money by 5 years; providing a net saving of £216 per smoker over a lifetime.
- 6.9 The benefits (including both healthcare savings and health gains) of local stop smoking services outweigh the costs within 5 years; over a lifetime the benefits outweigh the costs almost ten times (benefit:cost ratio of 9.83).
- 6.10 Providing local stop smoking services would provide a saving of £1.64 and £9.83 within 5 years and a lifetime respectively considering both NHS savings and the value of health gains.

7. Legal implications

- 7.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

8. Crime and Disorder Implications

- 8.1 The concerns associated with the sale of illicit tobacco and criminal gangs have been described previously in this report.

9. Equalities Implications

- 9.1 Increasingly smoking is one of the most significant causes of health inequalities. There is a strong link between cigarette smoking and socio-economic group, with those in lower socio-economic groups being more likely to smoke, least able to afford it and least able to give it up. Currently smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.

³ One QALY is equal to one year of life in perfect health

⁴ Net

⁵ All smokers in the borough (not just those who access services or quit)

⁶ Health gain calculated by assigning a monetary value to a QALY and multiplying by the number of QALYs gained.

Smoking is also strongly associated with mental health, it is estimated that psychiatric patients have a smoking prevalence of two to three times higher than the general population.

In 2010 Marmot highlighted tobacco control as central to any initiative looking to reduce health inequalities.

- 9.2 A Health Equity Audit of the Stop Smoking Service was recently undertaken. It considered the use and success of the service from April 2007 to March 2012 by age, gender, ethnicity, socioeconomic group and location. In addition the views of service users and advisers were sought on factors that may affect the use and success of the service.
- 9.3 It showed that although more women than men set quit dates men were more likely to quit successfully. Contrary to popular assumption men were more likely to use GP-based stop smoking advisers than women. Men were also more successful in quitting than women when using a GP-based service, though women were more successful than men when using pharmacy-based services. Older women seem to be underrepresented in users of the service when taking into account their smoking prevalence.
- 9.4 Over the last five years the rate of increase in the number of smokers using the SSS has been highest in those from most deprived areas. The importance of the role of specialist level three stop smoking advisers in reducing inequalities is evident as smokers from deprived areas and black African smokers are more likely to quit with their support in comparison to other providers of support.
- 9.5 Smokers from ethnic minorities are overall better represented amongst users of the service than in 2000-2005. Indian men, Chinese men, white Irish men and black Africans of both genders are least represented amongst users of the service currently. White Irish male smokers have a higher success rate than other ethnicities.
- 9.6 As is the case nationally younger smokers are both less likely to use Lewisham's Stop Smoking Services and less successful. Smokers aged 50-59 are five times more likely to quit (using the SSS) than those aged 15-19.

10. Environmental Implications

- 10.1 The main environmental implications from smoking are smoking litter (estimated at 40% of all litter) and indoor pollution, leading to passive smoking. Reducing smoking prevalence would lead to a decrease in both indoor pollution and outdoor smoking litter.

11. Conclusion

11.1 In summary, whilst smoking prevalence in Lewisham is reducing, there are still some groups with high rates of heavily addicted smokers. It is clear that reducing smoking prevalence and reducing the uptake by young people remains a challenge in Lewisham. The Tobacco Control programme in Lewisham includes a number of evidenced based initiatives and cost effective services, in line with best practice, with clear targets and indicators. The amount spent on tobacco control initiatives in Lewisham has increased over the past few years however the costs of smoking to Lewisham are much higher. As outlined in the recommendations there are a number of actions which the Board can take to continue and strengthen the work programme being taken forward by the Lewisham Smokefree Future Delivery Group.

Background Documents

- (1) Healthy Lives, Healthy People: A Public Health Strategy for England 2012, DH
- (2) Lewisham JSNA www.lewishamjsna.org.uk
- (3) London Health Observatory, Tobacco Profiles: www.lho.org.uk
- (4) London Borough of Lewisham, Lewisham Children and Young People's Plan: It's Everybody's Business, 2012-15
- (5) A survey commissioned in 2012 by Trading Standards & Public Health teams across South East London
- (6) R Campbell, F Starkey, J Holliday, S Audrey, M Bloor, N Parry-Langdon, R Hughes, L Moore, 2008 An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial www.thelancet.com Vol 371 May 10, 2008
- (7) www.protectthetruth.org/truthcampaign.
- (8) Robert West et al National Centre for Smoking Cessation and Training 2010
- (9) NICE tool 2012
- (10) Action on smoking smoking cost tool 2011

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