

Overview of Tobacco Control in Southwark – October 2013

Issue being Addressed	Evidence Based Interventions	Target Group	What is Currently Happening?	What More Needs to be Done?
General exposure to Environmental Tobacco Smoke	Smokefree Environments	Whole population	Smokefree enclosed public places	<ul style="list-style-type: none"> - Totally Smokefree NHS premises & grounds - Explore Smokefree public places e.g. playgrounds & parks
Specific exposure to Environmental Tobacco Smoke	Smokefree Homes/Cars	Children & Young People, Housebound	Ad hoc smokefree homes initiative	<ul style="list-style-type: none"> - Comprehensive targeted smokefree homes implementation - Advocacy & promotion of smokefree cars
Socialisation of Smoking	Peer Education	Children & Young People	Incorporated into drug and alcohol education Peer education limited no support for settings outside school	<ul style="list-style-type: none"> - Update evidence around tobacco and shisha use - Targeted Peer education for children at risk
	Awareness Raising	Children & Young	No co-ordinated local	- Develop appropriate

	and Campaigns	People	campaigns for children & young people	communication to raise awareness of illicit tobacco and shisha
Access to tobacco	Tackling Underage tobacco sales	Children & Young People	Ad hoc test purchasing due to limited capacity	- Adequate resources to adopt a more systematic approach to underage sales
	Tackling Illegal tobacco sales	Children & Young People, Deprived communities	Ad hoc visits due to limited capacity	- Adequate resources to adopt a more systematic approach to underage sales - Social marketing campaigns on illegal tobacco
	Standardised packaging of cigarettes	Children & Young People	Alliance has expressed support for standardised packaging	- Alliance to continue to lobby as part of the Smokefree Coalition for standardised packaging
Smoking	Evidence based local referral smoking cessation care pathways including for priority groups	All smokers	Current referral pathway is limited and does not fully take into account treatment options for differing local needs	- Development of evidence based smoking cessation referral pathway which includes addressing specific needs of pregnant women, highly addicted, those with SMI and LTC
	Smoking Cessation	All smokers	Variable in Primary and	- Mandatory NCST Online Very

	- brief advice		Secondary care	Brief Advice for primary & secondary care staff
	1:1 Smoking Cessation + pharmacology (level 2)	All smokers, mild – highly addicted smokers	High lost to follow-up Variable success rates Long term abstinence unknown	- SLA quality standards to include refresher training - More complete recording of smoking status in primary & secondary care
	Group Smoking Cessation + pharmacology (level 3)	Moderate – Highly addicted smokers	Variable success rates, higher than level 2 but numbers small Long term abstinence unknown	- Review Level 3 service
	Specialist tailored smoking cessation +/- pharmacology	Pregnant women Highly addicted smokers with LTC, including mental health & substance misuse	CO validation for pregnant women now implemented with King's midwives Ad hoc evidence based /appropriate support in primary and secondary care	- Quality standards to include CO validation for those on disease registers - SSS recording mental health status
	Smoking Cessation/ Temporary Abstinence using pharmacology	Elective pre-operative smokers, Inpatients in community & acute settings. Prison inmates	Ad hoc – issue of impact of cost of NRT No locally agreed systematic approach to “Stop before the Op”	- Develop a locally agreed policy around “Stop before the Op” – could start roll out with specific units e.g. orthopaedic surgery

	Tobacco Harm reduction	Highly addicted smokers on disease registers, including mental health & substance misuse	NICE Guidance just released. Ad hoc harm reduction in acute	- Assess and scope the health, service resource impact of the introduction of a local tobacco harm reduction strategy

Conclusions

- To effectively reduce the prevalence and negative health impact of smoking a comprehensive approach is required. This involves working across different organisations.
- Southwark has enjoyed some good partnership working through the Tobacco Control Alliance. Achievements in recent years have included meeting the national 4 week targets and obtaining intelligence on illegal sales. Over the years, there has been a reduction in smoking prevalence in the borough
- However, health inequalities still exist, with some groups having up to twice the average smoking prevalence
- In light of more evidence and new guidance as well as opportunities for local authority and NHS to work more closely together, a more localised needs based approach can be taken
- There is good evidence on the cost-effectiveness of the interventions highlighted which relates to life years gained and QALYs.

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22nd October 2013