

**SOUTHWARK SMOKING DATA AND OPTIONS FOR 5 YEAR SMOKING
PREVALENCE OUTCOME AMBITIONS**

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INTRODUCTION

1. Smoking is the single most preventable cause of ill health, health inequalities and premature mortality in the borough. Household spending on tobacco contributes to poverty and illicit tobacco fuels crime and can disrupt community safety.
2. The Public Health Outcomes Framework provides annual local smoking prevalence for the general population and for those routine and manual occupations. This offers the opportunity to assess current achievement and the ability to set future targets. Latest figures (2014) show that smoking prevalence in Southwark is lower than the London and England average both for the general adult population (16.3%) and for routine and manual workers (23.4%).
3. Over the last decade, the focus locally has been mainly on stop smoking services and 4 week quits. Smoking cessation is a highly cost effective intervention, however on its own, it will not deliver a reduction in smoking prevalence. A comprehensive tobacco control approach is required of which smoking cessation is just one of the evidence based interventions. An evidence based approach includes all of the following components:
 - Stopping the promotion of tobacco
 - Making tobacco less affordable
 - Effective regulation of tobacco products
 - Helping tobacco users to quit
 - Reducing exposure to secondhand smoke
 - Effective communications for tobacco control.
4. Southwark Health and Wellbeing Board has requested for proposals for ambition outcomes for smoking. This paper provides a brief explanation of how Public Health has come up with the 5 year ambition options for smoking outcomes and what these are. It is important to note that significant effort is required to implement the evidence based interventions which may require additional investment to reinforce a comprehensive tobacco control approach, beyond just stop smoking services.

LATEST SMOKING RELATED DATA

5. There are no longer national targets for smoking. Over the last decade efforts were made to achieve nationally set 4 week quit targets through local Stop Smoking Services. The Public Health Outcomes enables local areas to track progress and are focused around smoking prevalence. The most up to date smoking related Public Health Outcomes (IHS, 2014) reveal a reduction in smoking

prevalence nationally, regionally and locally. Southwark has had a significant reduction from 20.7% to 16.5%. There has also been a reduction in smoking prevalence in routine and manual workers from 29.3% to 23.4%. The reason for this is unclear and this data will continue to be monitored to ascertain if these figures are just anomalies for the year 2014.

Table 1: Smoking Related Public Health Outcomes

	England	London	Southwark
Smoking prevalence (18+)	18.0%	17.0%	16.5%
Smoking prevalence (routine and manual)	28.0%	25.3%	23.4%
Smoking prevalence at age 15	8.2%	6.1%	4.5%
Smoking status at time of delivery	11.4%	4.8%	3.1%

- Southwark continues to record, collate and submit 4 week quit data. Nationally and in London there has been a reduction in the number of people setting a quit date since 2011/12, however quit rates have been quite satisfactory and consistent over the years (51% for England and 50% for London). The situation in Southwark is similar with respect to fewer numbers setting the quit dates but the average quit rates has gone down. In 2014, 2,769 smokers set a quit date and 1,050 were successfully quit at 4 weeks (37%). This is equivalent to 1,124 per 100,000 population setting a quit date and 426 per 100,000 population quitting.

Table 2: Southwark Stop Smoking Service Quit Data (2011/12 – 2014/15)

Year	No Setting a Quit	No. of Quitters	Success rate
2011-12	4224	1685	39.9%
2012-13	3842	1538	40%
2013-14	3208	1369	43%
2014-15	2769	1050	37%

- Stop Smoking data is collected on a quarterly basis; for 2015/16, quarters 1 and 2 data are now available. A total of 1,016 smokers have set a quit date with 332 quit at 4 weeks (33% success). The data shows the variation in quit rates for the different providers.

Table 3: Southwark Stop Smoking Service Data 2015/16 Quarter 1 (April – June 2015)

Provider	Setting Quit Dates	Quitters	Success Rate
GP Practices	385	73	19%
Pharmacies	74	38	51%
GSTT Specialist	58	31	53%
SLAM	33	25	75%
Total	550	167	30%

Table 4: Southwark Stop Smoking Service Data 2015/16 Quarter 2 (July - Sept 2015)

Provider	Setting Quit Dates	Quitters	Success Rate
GP Practices	297	66	22%
Pharmacies	76	53	70%
GSTT Specialist	63	33	52%
SLAM	30	13	43%
Total	466	165	35%

8. Public Health has conducted a Health Equity Audit on the Southwark Stop Smoking Service (2011 – 2014). Analysis showed that positively, most smokers from ethnic and deprivation groups were accessing the service in line with need. However, men and those aged between 20 and 29 years old were not accessing the service in line with need. In terms of successful 4 week quits, smokers of working age, vulnerable and deprived groups and to a lesser extent men and those from the Caribbean ethnic group were less likely to be quit at 4 weeks.

9. The results of the Health Equity Audit (HEA) suggests that the Southwark Stop Smoking Service is generally accessible to majority of the smokers who need it most, however they are less likely to be quit at 4 weeks. Although further investigation is required, the low quit rates currently seen in quarters 1 and 2 (2015/16) may be as a result of those now accessing the service being from more disadvantaged groups. They are likely to be more heavily addicted to tobacco and so may require intensive support beyond the service being offered. Based on the findings of the HEA and the review on tobacco control, Public Health has provided recommendations for the future commissioning of stop smoking services to ensure a service model supports those at greatest need.

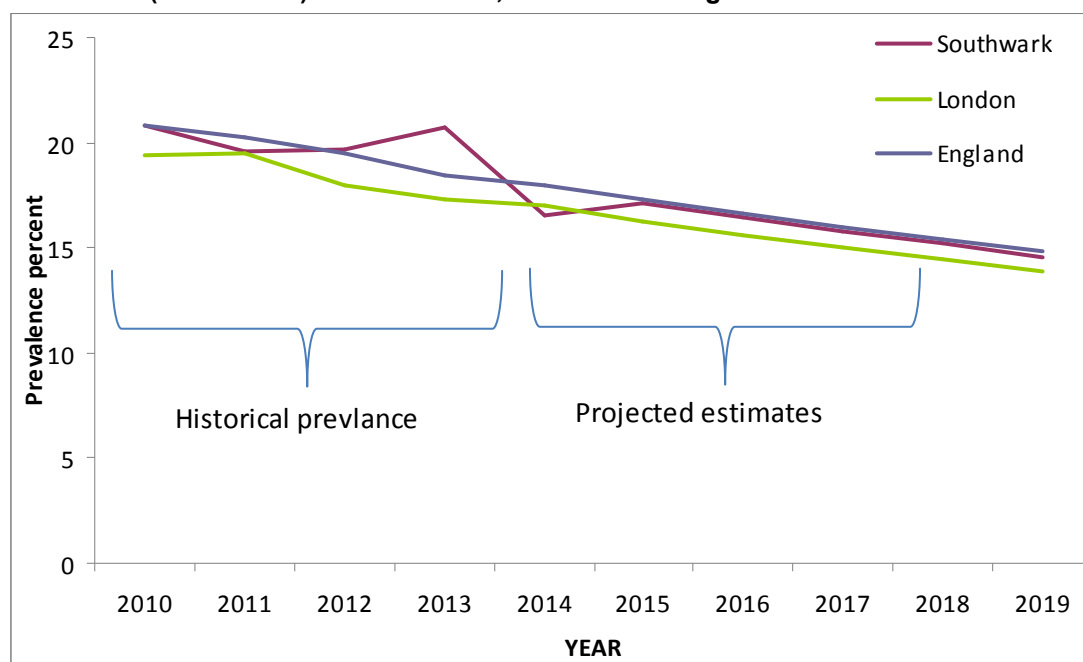
MODELLING APPROACH

10. Smoking prevalence data are published in the Public Health Outcomes. The figures are derived from the Integrated Household Survey. Public Health looked at historical patterns of smoking prevalence from 2010 to the most recent 2014. Using the actual trends, projections were made for different scenarios; looking at what the continued current trend would look like in 5 years time. As smoking

prevalence continues to decrease, it will become even more challenging to seek faster reductions; in addition clarification is still required regarding the significant prevalence reduction seen in 2014 to ensure this is not just an anomaly. Public Health has therefore sought to take a pragmatic approach regarding the appropriateness of identifying any specific ambition outcomes. Assumptions for the modelling have been made on the basis that the current regional and national interventions and trends continue.

AMBITION OUTCOMES FOR SMOKING PREVALENCE (ADULT POPULATION)

Chart 1: Trajectories showing actual Smoking Prevalence (2010 – 2014) and Projected Prevalence (2015 - 2019) for Southwark, London and England



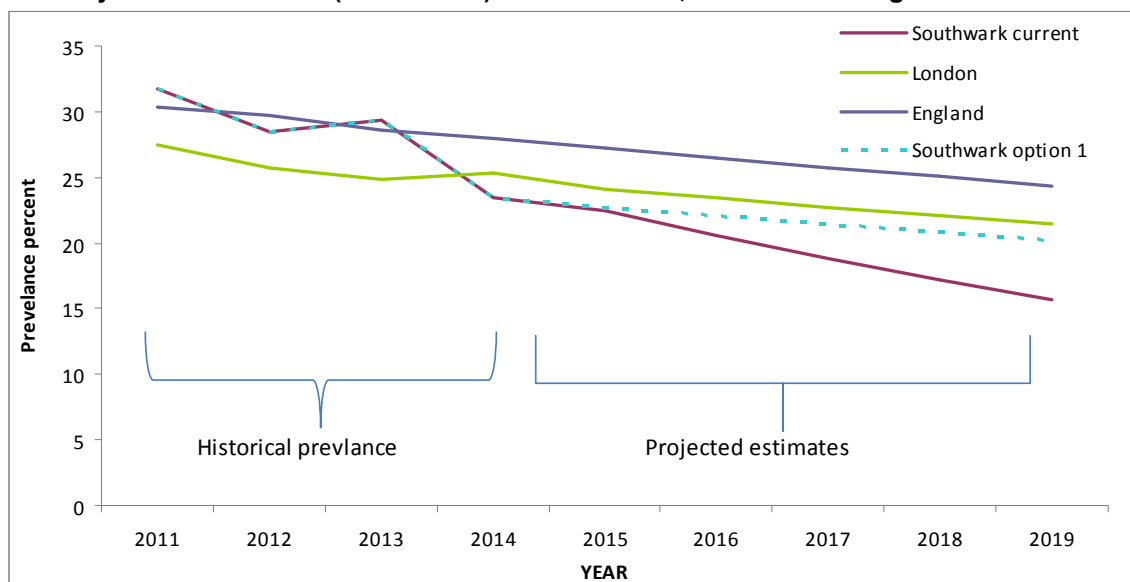
11. Smoking prevalence in Southwark is slightly lower than the London average for the adult population (16.3%). Current trends indicate a reduction in prevalence. There was a significant reduction in Southwark smoking prevalence in 2014 and it is unclear how real this is. Public Health has therefore used the London average to model future trends for Southwark.
12. Based on current trends, if at a minimum, the level of local investment as well as national and local efforts are maintained, then we could see an almost 23% reduction over 5 years for the general adult population to a **smoking prevalence of 14.5% by 2019/20**. This appears to be a realistic but sufficiently ambitious outcome.

Table 5: Actual Smoking Prevalence (2010-2014) and Projected Smoking Prevalence (2015-2019) for the Adult Population in Southwark, London and England

Period	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Southwark (%)	20.8	19.6	19.7	20.7	16.5	17.2	16.5	15.8	15.2	14.5
London (%)	19.4	19.5	18.0	17.3	17.0	16.2	15.6	15.0	14.5	13.9
England (%)	20.8	20.2	19.5	18.4	18.0	17.3	16.6	16.0	15.4	14.8

AMBITION OUTCOMES FOR SMOKING PREVALENCE (ROUTINE AND MANUAL OCCUPATIONS)

Chart 2: Actual Smoking Prevalence for Routine and Manual Occupations (2010 – 2014) and Projected Prevalence (2015 - 2019) for Southwark, London and England



13. Smoking prevalence in Southwark (2014) of 23.4% is lower than the London and national average both for the general population (16.3%) and for routine and manual workers. Due to the sharp decline in the proportion of smokers in this group in 2014 and without any further clarification of the validity of this figure, Public Health has modelled a future trajectory to similar to the expected rate of decline for London.

14. A 5 year smoking prevalence ambition of **20.2% by 2019/20** for routine and manual workers, equivalent to a 26% reduction is being proposed. Working towards this 20.2% prevalence outcome by 2019/20 (much lower than the 5 year London and England projected averages) will require significant effort and additional investment to reinforce a comprehensive tobacco control approach, beyond just stop smoking services.

Table 6: Actual Smoking Prevalence (2010-2014) and Projected Smoking Prevalence (2015-2019) for Routine and Manual Occupations in Southwark, London and England

Period	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Southwark (%)		31.8	28.5	29.3	23.4	22.5	20.5	18.8	17.2	15.7
London (%)		27.5	25.7	24.9	25.3	24.1	23.4	22.8	22.1	21.5
England (%)		30.3	29.7	28.6	28.0	27.2	26.5	25.7	25.1	24.4
Southwark Option 1(%)		30.3	29.7	28.6	28	22.8	22.1	21.5	20.8	20.2

SUMMARY OF PROPOSED AMBITIONS

15. Smoking Prevalence Adult Population

- **Smoking Prevalence of 14.5% by 2019/20** (23% reduction over 5 years)

16. Smoking Prevalence Routine and Manual Occupations

- **Smoking Prevalence of 20.2% by 2019/20** (26% reduction over 5 years)

RECOMMENDATIONS

The Health and Wellbeing Board is requested to:

17. Agree the proposed 5 year smoking prevalence ambition outcomes for the general adult population and those in routine and manual occupations
18. Agree in principle, commitment to implement sustained evidence based interventions and seeking to securing the associated resources necessary. As smoking makes a significant contribution to health inequalities in the borough, it is important that there are appropriate resources to support those who may be at greater risk of smoking.