

CAMDEN JSNA: FOCUS ON

SMOKING

▪ APRIL 2017

Smoking is still the leading preventable cause of premature deaths and disability, and the biggest cause of health inequalities (the gap in health and wellbeing experienced by different groups).

Smoking prevalence in Camden has fallen over the last four years, as it has across London and England. It is estimated that around a fifth of the Camden population still smoke (approximately 38,200 current smokers aged 16+)¹.

In 2015-16, 1,640 smokers accessed stop smoking services, a lot fewer than in 2013-14 (2,790). The same trend has been noted nationally². However, a higher proportion of these smokers quit successfully. In 2015-16 61% of service users were successful in stopping smoking at 4 weeks, compared to 51% in 2013-14.

Facts and figures

- 20% of Camden's population (38,200 people registered with Camden GPs) are current smokers¹.
- Estimates from the Integrated Household Survey (2014) suggest a slightly lower prevalence of around 17%.

Measures for reducing inequalities

- Ensuring the new stop smoking service model and marketing and promotion are targeted towards groups with higher smoking prevalence and those who experience a particularly high burden of smoking related harms.
- Providing easy access to effective, evidence-based support.
- Using enforcement measures to reduce the availability of illicit cheap tobacco.

Population groups

- Men are more likely to be current or ex-smokers than women; 25% of men currently smoke compared to 16% of women.
- Long-term smoking is closely associated with inequality and social exclusion. Some ethnic groups have higher rates of smoking than the general population (e.g. Black Caribbean, Irish, Turkish).
- In Camden just under 4% (93) of pregnant women are smoking at the time of delivery, which is lower than London and England.

National & local strategies

- Smoking is a significant public health issue and the leading cause of preventable premature deaths and disability nationally.
- It is a vision of Public Health England to see a smoke free generation in England by 2025.
- The strategy for a *Smokefree Camden and Islington 2016-21* has three priorities: closing the gateways in; helping people out and reducing related harm.

SETTING THE SCENE: THE CAMDEN PICTURE

How many people smoke?

20% of Camden's population (38,200 people registered with Camden GPs) are **current smokers**. Estimates from the Integrated Household Survey (2014) suggest a slightly lower prevalence of around 17%.

MEN are more likely to be current or ex smokers than women. 25% of men currently smoke compared to 16% of women. This gap widens among the Bangladeshi population, where over 6 times more men smoke than women (86% vs 14%)¹.

Smoking & Deprivation

2x There is a well established association between deprivation and smoking. In 2012, **smoking prevalence** was almost **twice as high** in Camden's most deprived areas (26%) compared to the least deprived (14%)³.

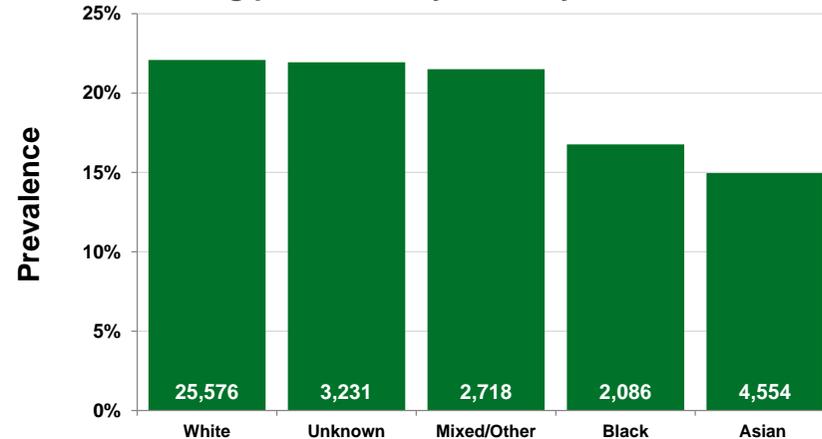
Other forms of tobacco - Shisha

12% of UK adults reported to have used Shisha at some point in their lives and an estimated 1% use it frequently (at least once or twice a month). Shisha smoke contains high levels of carbon monoxide, heavy metals and cancer-causing chemicals. Smoking shisha has many of the same health risks as cigarette smoking.

1/2 of frequent Shisha users are daily smokers⁴. Having ever used shisha is more common among **men, Asian and mixed ethnicities, younger** age groups and people from **higher socio-economic groups**⁴ and also among **university students** (8.7% report monthly use)⁵.

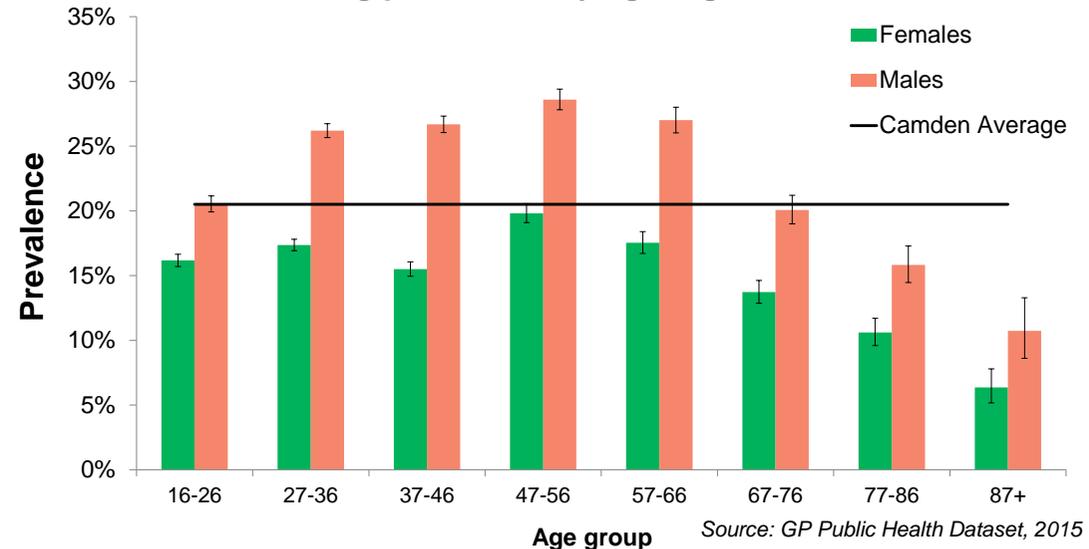
Key demographics

Smoking prevalence by ethnicity, Camden, 2015



Source: GP Public Health Dataset, 2015

Smoking prevalence by age & gender, Camden, 2015

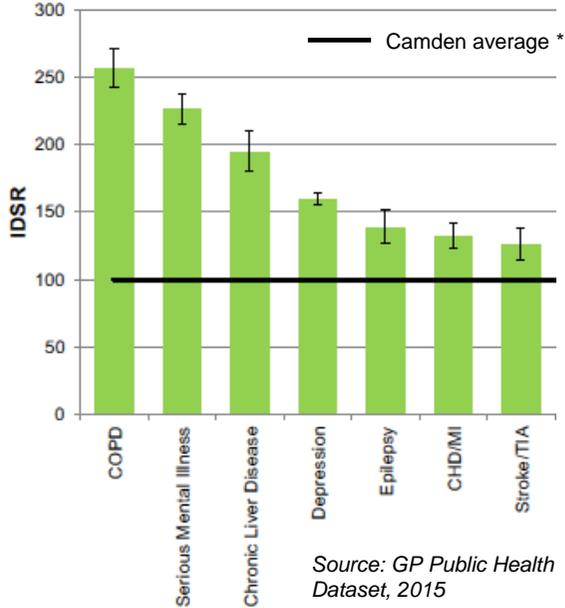


Source: GP Public Health Dataset, 2015

SETTING THE SCENE: THE CAMDEN PICTURE

The impact of smoking

Indirectly age-standardised ratio of smokers with long term conditions, Camden, aged 16+, 2015



The rate of **COPD** is about **2.5 times** higher in smokers when compared to the whole population. The rate of **serious mental illness** is about 2 times higher in smokers when compared to the whole Camden population.

Smokers also have higher rates of chronic liver disease, depression, epilepsy, coronary heart disease, and stroke when compared to the registered population.

* note: 'Camden average' refers to the whole Camden population registered with a GP practice

Vulnerable groups

Some groups of Camden's community have higher rates of smoking than the general population. For some groups, the burden of smoking related harm is particularly high, for instance, because of other health conditions or their age.

These groups include:

- People within socio-economically deprived areas
- Routine and manual workers
- Mental health service users
- People living with long term conditions (e.g. respiratory conditions)
- Hospital patients (particularly surgical patients)
- Pregnant women
- Children and young people

Smoking related mortality

50% Roughly half of all long term smokers die of a smoking-related illness.

Smoking can contribute to the development and worsening of the many chronic conditions highlighted above.

Smoking-related death rates are two to three times higher in low-income groups than in wealthier socio-economic groups.

Smoking among young children

There is an estimated number of **76 regular smokers** in Camden **aged 15**⁶.

Smoking prevalence among 15 year olds (3.9%) is not significantly different to the London average (3.4%), but is significantly lower than the national average (5.5%)⁶.

Smoking during pregnancy

4% of pregnant women in Camden (93 women in total) have reported to be **current smokers**. This proportion is lower than the averages for both London (5%) and England (11%).

Smoking is an important modifiable risk factor in pregnancy. Smoking can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality.

FUTURE NEED



At a local level, smoking prevalence in Camden is forecasted to remain stable over the course of the next decade. There is forecast to be a small decrease from 16% in 2015 to an expected level of 15% by 2030.

At a national level, evidence shows that smoking prevalence in England is following a downward trend. However, people from lower socio-economic groups have higher rates of smoking than the general population and appear to be less successful at quitting smoking⁷. This is why smoking prevalence in these groups is also declining, but not as fast as in the general population.

Use of Stop Smoking Services

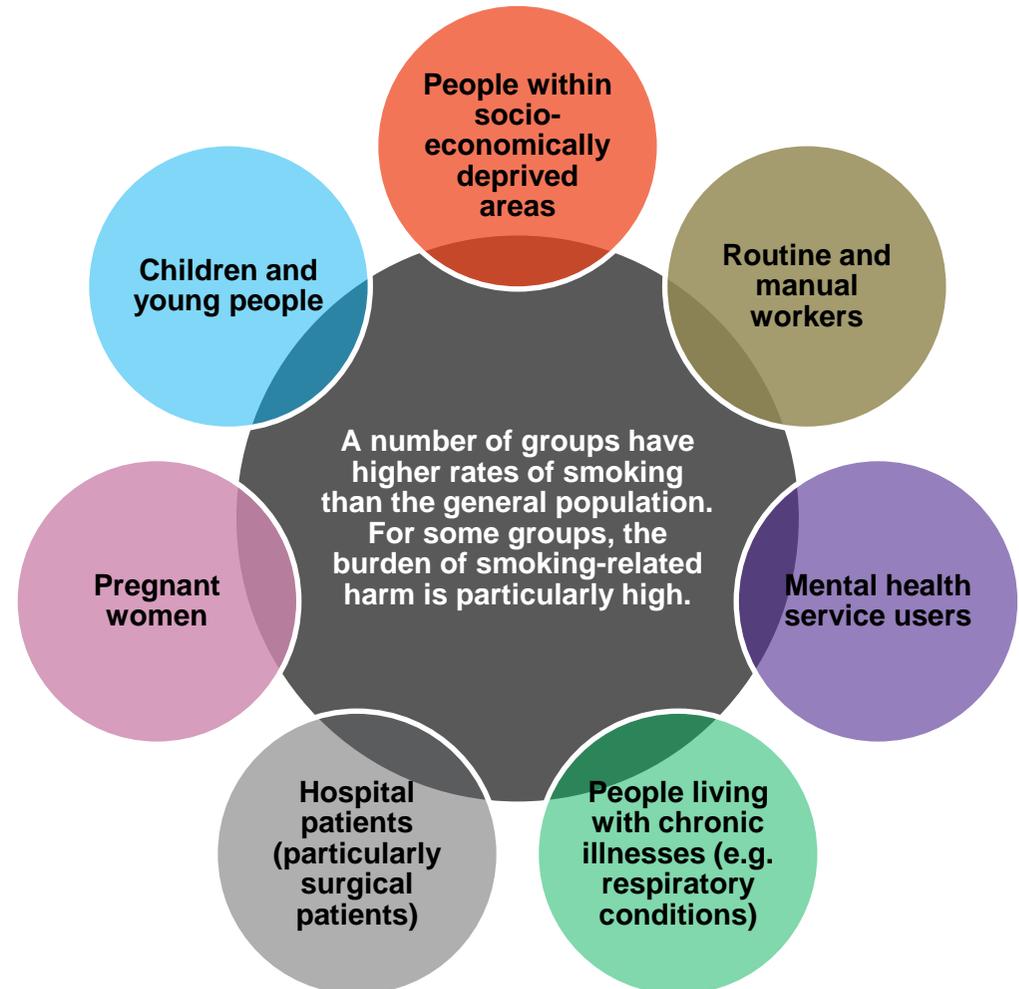
- The Camden stop smoking service has seen a significant decline in numbers of people accessing support in the last 2 years. The national trend is similar, with services seeing a 45% drop in service users in 2013-14 compared to 2011-12⁸ and a further 15% decrease in 2015-16 compared to 2014-15⁹. However, success rates of those accessing the service remain high.
- The redesigned Camden and Islington stop smoking service, launching in April 2017, aims to increase access of smokers from groups with higher rates of smoking than the general population (e.g. residents from deprived areas, routine and manual workers, people with mental health conditions) and those for whom the burden of smoking-related harm is particularly high (e.g. pregnant women). Also, it aims to increase the reach of the service, by working with local community organisations who will provide brief interventions to smokers.

Electronic cigarettes

- E-cigarettes cannot be prescribed to smokers because there are currently no medicinally licensed products available on the market. However, e-cigarettes are now the most commonly used stop smoking aid¹⁰.
- Data from stop smoking services in 2015-16 show that smokers accessing services in Camden and Islington had the highest success rates when using licensed nicotine replacement therapy together with an e-cigarette¹¹.
- The new stop smoking service will position itself as 'e-cigarette friendly' to encourage smokers who want to use a self-purchased e-cigarette to also access evidence-based support.

WHAT INFLUENCES THIS TOPIC?

- There are clear links between smoking and inequality and therefore health inequalities. Smoking is responsible for around half the difference in life expectancy between the richest and poorest¹². Smoking-related death rates are two to three times higher in low-income groups than in wealthier socio-economic groups¹³. Smoking also contributes to increased poverty for the less affluent smokers in our communities.
- Smoking is a killer; half of all long-term smokers die of a smoking-related illness. Smoking can contribute to the development and worsening of several health conditions (e.g. respiratory conditions, heart disease, lung cancer and other cancers, rheumatoid arthritis, gum disease). Stopping smoking greatly improves outcomes for people with these conditions – it is almost never too late to quit.
- Smoking prevalence is twice as common among people with mental health problems, and more so in those with more severe illness. People with mental health problems use 42% of all tobacco consumed in the UK, due to heavier nicotine dependency. However, smokers with mental ill health are just as likely to want to quit as smokers without mental ill health.
- Chronic obstructive pulmonary disease (COPD) is the name for a group of respiratory conditions which make it harder to breathe. The main cause of COPD is smoking. Stopping smoking slows down the progression of COPD, whilst the risk of smokers developing it falls to about half. Among Camden’s registered population, 90% of people with COPD are smokers or ex-smokers¹. Camden has a slightly higher rate of emergency hospital admissions for COPD than London and similar to England¹⁴.



WHAT WORKS

Smoking prevalence can decrease through a combination of wider national and local tobacco control measures, and the provision of specialist stop smoking services. Evidence shows that specialist stop smoking services offering behavioural support alongside pharmacotherapy provide smokers with a highly effective and cost-effective treatment for tobacco dependence¹⁵⁻¹⁸.

Compared to ten years ago, smoking prevalence has fallen significantly in Camden in line with the national trend. During that time, stop smoking services were established and have played a key role in helping smokers to quit, with evidence-based behavioural support and treatments. The combination of pharmacotherapy and structured behavioural support provided by trained stop smoking advisors increases the chance of quitting by up to four times, compared to trying to stop smoking without help¹⁹. Long term abstinence rates more than triple when quitting with the stop smoking service, compared to quitting without support²⁰.

Tobacco control measures in Camden are informed by the three strands of the **Smokefree Camden and Islington strategy for 2016-21**

Several factors influence smokers' motivation and ability to change behaviour and offer opportunities to stop smoking²¹

- **Social marketing:** it is a key driver to change smokers' motivation to quit, through mass media, social media and other campaigns.
- **Availability of cheap tobacco:** the financial cost of smoking is a key factor influencing whether smokers choose to continue to smoke or decide to quit. Minimising the availability of cheap (illicit) tobacco is therefore an important measure.
- **Brief advice** from a healthcare professional is still one of the most important triggers to quitting, especially if it involves the offer of support.
- **De-normalising smoking:** smoking bans in key locations such as where children play, and enforcement of smoke free legislation also contribute to influencing behaviour change.

Wider tobacco control measures are essential to address all the factors which affect smokers' behaviour

- Effective communications on tobacco control and stop smoking services
- Undermining the supply of cheap (illicit) tobacco
- Regulation of tobacco products
- Compliance with legislation on underage sales
- Creating more smoke free environments

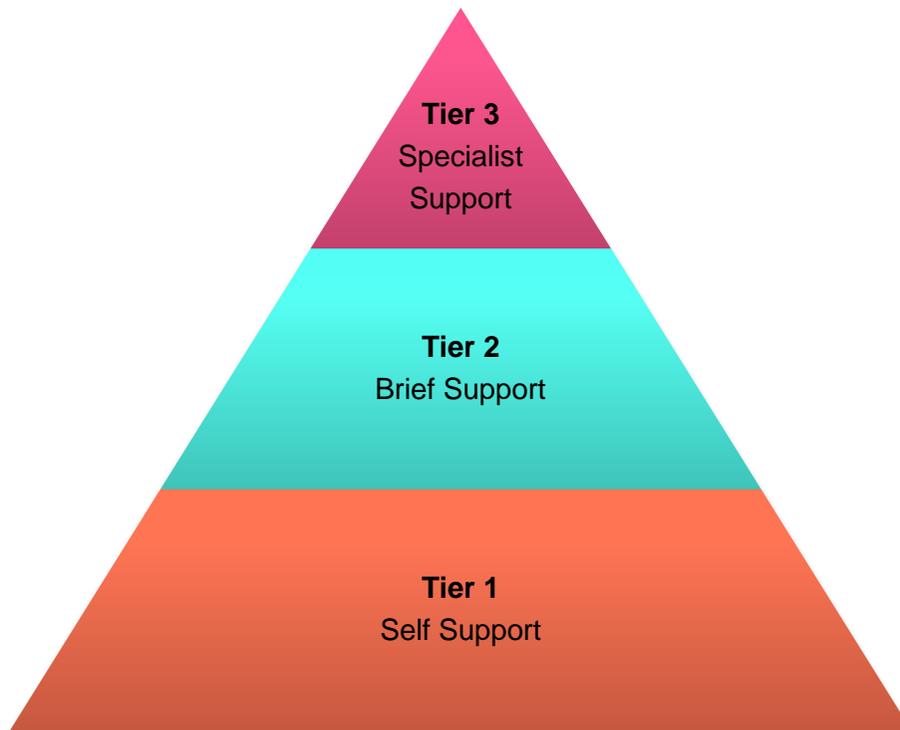
Closing the gateways in
Educate young people and families about the harms of tobacco smoking and the risks of shisha use, to help young people choose not to smoke.

Helping people out
Provide effective support for smokers to quit that also reaches those most at risk of poor health or health inequality to change their smoking behaviours.

Reducing related harm
Ensure that families are aware of the dangers of exposure to second-hand smoke; achieve a cleaner environment; disrupt illegal sales; and enforce smoke free legislation.

ASSETS AND SERVICES: STOP SMOKING SERVICE

- In 2015/16 the number of people accessing NHS stop smoking services declined nationally for the fourth consecutive year⁹. This could be related to the increased use of e-cigarettes to stop smoking, as well as other factors such as reduced revenue for advertising local stop smoking services²².
- Camden and Islington Public Health did a review of stop smoking services in 2016 to decide how to change the service offer to better suit smokers' needs and therefore attract more smokers to the service²³. This review was based on existing evidence and engaged members of the public (smokers and ex-smokers) and key stakeholders in the boroughs. The review recommended that the boroughs should adopt a new service model that provides more flexibility and better meets the varying needs of smokers: the **Stop Smoking+** model²⁴.
- A new provider (Solutions4Health) was commissioned and will start working across Camden and Islington in April 2017 with responsibility for Stop Smoking Services and the coordination of stop smoking support from primary care and community settings. This provider will adopt the **Stop Smoking+** model.



Summary of the Stop Smoking+ model ²³

The Stop Smoking+ model

- **Tier 3 Specialist support:** A clinical service for smokers who are highly dependent and who are likely to have had multiple failed quit attempts and to have multiple/complex needs. Consists of a comprehensive and intensive clinical intervention, including stop smoking medicines, motivational interviewing and counselling delivered by highly trained specialist advisors.
- **Tier 2 Brief support:** A clinical service for smokers who want help to stop, but are not willing or able to put in much time for face-to-face contact. Consists of at least one session of up to 30 minutes and one follow up with a specialist advisor, and includes stop smoking medicines and behavioural support, as well as written materials, internet or app support.
- **Tier 1 Self support:** For smokers interested in stopping smoking without face to face professional help. Consists of clear easy-to-access advice on how to quit provided through the internet or written materials.

ASSETS AND SERVICES: STOP SMOKING SERVICE



Stop smoking services are provided in four different settings in Camden: specialist community clinics, GP practices, pharmacies, and hospitals. Stop smoking services are distributed across the borough.



From 2017 a network of advisors will be developed in voluntary and community organisations, offering brief support for smokers to quit with advice and medication (tier 2). Specialist services will provide extended support to highly dependent smokers in the community (tier 3).



Stop smoking services provide pharmacotherapy and use behaviour change techniques and activities to maximise motivation to quit, minimise the desire to smoke and develop coping strategies to deal with high-risk situations, stress and other factors which may cause a relapse into smoking. This increases the chances of being successful by up to 4 times.



Apart from face to face support, smokers can access advice online and by phone:

www.smokefreelifecamdenandislington.org.uk

020 3633 2609

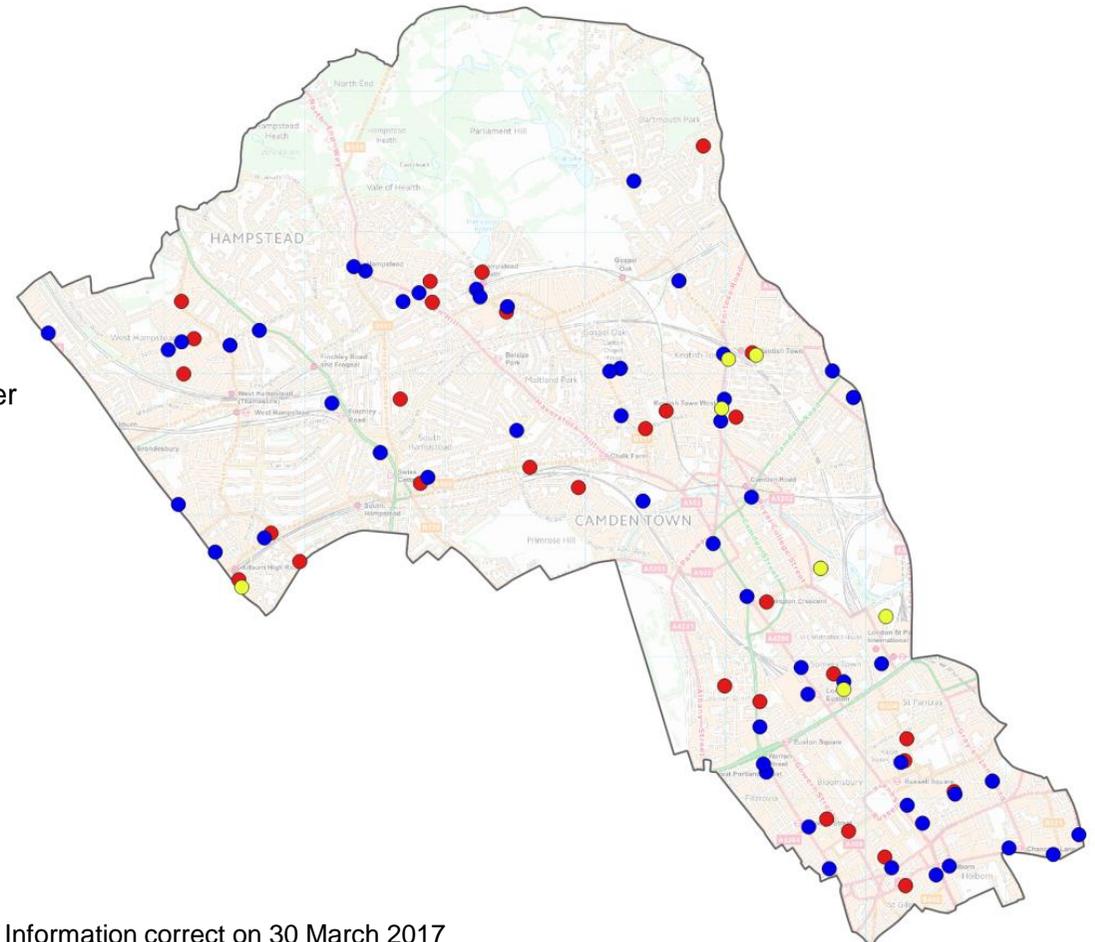
Text QUIT to 66777



Information and access to stop smoking support is promoted through social media, such as Twitter and Facebook.

Stop smoking support in Camden

- Specialist Clinics
- Pharmacies
- GP Clinics



Information correct on 30 March 2017

Key facts	Setting the scene	Future need	What influences?	What works?	Assets & services	Targets & outcomes	The Voice	Gaps	Further info
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ASSETS AND SERVICES: WIDER TOBACCO CONTROL

Smoke free environments

- Second hand smoke has many adverse effects and there is no safe level of exposure²⁵.
- Studies have shown that under some circumstances, tobacco smoke affects air quality in outdoor locations just as much as indoor locations²⁶.
- Smoke free spaces where people live, work, play and access leisure services de-normalise smoking and protect the health of people who are vulnerable to poor air quality. Smoke free environments can encourage smokers to cut down or quit and support people who are in the process of quitting.
- There is a need to raise awareness and motivate smokers to take smoking outside the home and keep their home and car smoke free. Having a smoke free home is voluntary but evidence has shown that smoke free homes reduce the visibility of smoking, especially for children, and promote a wider non-smoking norm²⁷. In Camden, almost a third of school children surveyed in 2015 said they are exposed to second hand smoke at home²⁸.

Smokefree playgrounds

- A promotional campaign was launched in Camden in Autumn 2015. Laminated signage went up in park and housing estate playgrounds, asking people not to smoke. This is a voluntary ban of smoking in playgrounds, to encourage children to lead healthy, active lives and de-normalise smoking.



Tackling cheap and illicit tobacco

- Illicit tobacco undermines other tobacco control measures, such as taxation and age of sales regulation, and therefore makes it easier for children to start smoking and become addicted to tobacco at an early age.
- Illicit/ cheap tobacco is more affordable for people with lower incomes who are also more likely to smoke. It encourages people to smoke more, where otherwise they would not afford it.
- Criminal activity in the illicit trade is not restricted within borough boundaries; to tackle it effectively, co-ordinated partnerships across larger geographical areas are needed.
- Camden Trading Standards and Camden and Islington Public Health are partners in the North and East London Illicit Tobacco Group. This partnership of 8 London boroughs coordinates joint awareness campaigns and intelligence-led enforcement activity, shares best practice whilst making the best use of existing resources. The group also commissions new insight research when appropriate, to understand the problem better and inform decisions about local and regional strategies.

Shisha

- Compliance with the smoke free legislation remains high in Camden. However, Camden has seen an increase in the number of premises selling shisha in recent years, some of which break the law by allowing smoking in enclosed areas, allowing children to smoke and selling illicit shisha tobacco .
- As of February 2017 there were 12 premises known to be selling shisha in Camden.
- Camden Trading Standards and Business Compliance teams have a proactive approach to tackling the problem of illegal shisha premises, which has resulted in a number of premises closing down or stopping the sale of shisha.

TARGETS & OUTCOMES

- The Camden and Islington Smokefree Strategy 2016–2021 sets ambitious targets for the number of people smoking and accessing the smoking cessation services in the borough.
- In addition to this, the local contract with the community provider that will start on April 1st 2017 sets specific targets regarding number of people accessing the service, number of people quitting, and number of people who are followed-up after accessing the service.



Reduce smoking among **pregnant women** in Camden to 3% (from 5.5%) by **2021**
Camden and Islington Smokefree Strategy 2016–2021



Reduce regular and occasional smoking among **15 year olds** to 5% in Camden (from 7.1%) by **2021**
Camden and Islington Smokefree Strategy 2016–2021



Reduce prevalence in all key **target groups** with above average smoking prevalence by at least 25% by **2021**
Camden and Islington Smokefree Strategy 2016–2021



More than 1,000 people who live, work, study or access health services in Camden and Islington will have **quit smoking in 2017/18**
Smoking Cessation Community Contract 2016/18

THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THE ISSUE?

Stop smoking service review

- A review of stop smoking service provision in Camden and Islington took place from April to October 2016. The review engaged with:
 - Local smokers and ex-smokers to capture their perspectives, in particular: Smokers and ex-smokers from Irish, Turkish-speaking, White and Black Caribbean communities; people with long term conditions, including COPD and serious mental illness; routine and manual workers; pregnant women. Smokers who use or have used electronic cigarettes to stop smoking tobacco.
 - Key stakeholders from statutory and community organisations and stop smoking service providers.

How many people were engaged with

- 6** Focus groups took place with residents from both Camden and Islington. An online survey was completed by young people aged 15-23.
- 110** Stakeholders from Camden and Islington completed an online survey
- 19** Telephone interviews took place.
- 65** Camden and Islington residents and local stakeholders took part in two community inquiry/ co-creation events.

What residents think about smoking

- Local residents who participated in focus groups understand that smoking is bad for them.
- They mentioned negative effects like cost, impacts on health and on family and the smell of smoke.
- Residents also spoke of the positives of smoking (secondary gains) in their lives: smoking as a stress relief, relieving boredom, as a reward for getting a task done and being positively linked with their social lives.
- The majority of residents felt unhappy they smoked, especially people with long term conditions and routine and manual workers.
- Most people had attempted to quit at some point but few had been successful and few had had any professional support.

Attitudes about electronic cigarettes

- Residents' knowledge about e-cigarettes was limited and confused.
- There were concerns about the efficacy, safety and cost of e-cigarettes.
- They were also concerned that by continuing to use nicotine they were not really addressing their nicotine addiction and that long-term use developed a reliance/ habit.

Recommendations for a new stop smoking service²³

- The review recommended a complete rebrand of the stop smoking service and the implementation of a three-tiered model of stop smoking support (Professor Robert West's *Stop Smoking+* model).
- Local residents told us that this new model offers better choice, flexibility and a range of options that better meet the needs of smokers.
- Marketing the service to priority public groups, including social media marketing, tailors messages to resonate with particular groups and can influence their decision to use the service. A strong digital presence and innovative service options were relevant across many different priority groups.
- It was recommended that the stop smoking service positions itself as being 'e-cigarette friendly', to encourage those smokers using e-cigarettes to quit to also access behavioural support.

GAPS: UNMET NEEDS

What are the gaps

Some population groups have a particular need for smoking cessation support – pregnant women, adults with long term conditions, adults from manual occupations

Declining numbers of smokers using smoking cessation services

Smokers want choice, flexibility, and a range of options that meet their individual needs, rather than a 'one size fits all' model of service

Increased number of people trying to quit using e-cigarettes and not accessing services

What we are doing

The new service in place from April 1st 2017 will completely rebrand in order to encapsulate what it does clearly and positively, inspire motivation, have public appeal and has the health of the community as its core. This rebranding will inspire more smokers to access the service for support.

Implementation of an ongoing training and development programme for healthcare professionals, which will increase the identification and referral of smokers to smoking cessation services and the provision of smoking cessation support by these professionals

Marketing the service to priority public groups, including social media marketing, will tailor messages to resonate with particular groups and can influence their decision to use the service

The new smoking cessation service will position itself as being 'e-cigarette friendly' to encourage those smokers using e-cigarettes to quit to also access behavioural support

FURTHER INFORMATION

Stop smoking services:

- [The National Institute for Clinical Excellence \(NICE\), "Public Health Guidance 10 - Smoking Cessation Services"](#)
- [National Centre for Smoking Cessation and Training and Public Health England. Local stop smoking services. Service and delivery guidance. 2014](#)

Tobacco Control

- Department of Health. Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control. May 2008
- Department of Health: Healthy Lives, Healthy People. A Tobacco Control Plan for England. March 2011.
- Action on Smoking and Health. Smoking Still Kills. Protecting Children, Reducing Inequalities. 2015
- Harker, K, Cheesman H. The Stolen Years. The Mental Health and Smoking Action Report. Action on Smoking and Health, April 2016

Key local documents

- [Smokefree Camden & Islington 2016-21 – Tobacco Control Strategy](#)
- [Healthier Futures with Hitch Marketing. A review of Stop Smoking Service provision in the boroughs of Camden and Islington. November 2016](#)

Camden Stop Smoking Service

- W: www.smokefreelifecamdenandislington.org.uk
- T: 020 3633 2609

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About Camden's JSNA

[Open Data Camden](#) brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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