The End of Smoking

A brief guide for local authority members and officers and their partners on Health and Wellbeing Boards

Win-win-win-win

The smoking epidemic continues to cause immense harm to individuals, families and communities throughout England. Smoking kills, impoverishes, and ratchets up inequalities.

But none of this need be the case. The smoking epidemic is the product of human ingenuity: a toxic synthesis of technology and mass marketing. And just as we created this epidemic, so we can end it.

Local authorities are in the front line. Working with their partners and communities, local authorities can define the vision and strategy to deliver a smokefree generation, the first in hundreds of years.

The community dividends of a fully-fledged tobacco control strategy are huge as the effects of smoking on communities are so great. Tackle smoking effectively and you will:

- lift thousands of households out of poverty
- increase local productivity and economic prosperity
- protect children from harm
- reduce inequalities
- improve quality of life in your community
- save thousands of lives

see 'Quick facts on the harms of smoking', page 15

To do this, you need to address the needs not only of the people who turn up to your stop smoking services, but of all the smokers in your local population and the people whose lives they affect. This guide offers a basic route-map down this path.

Seize the day

Cuts to the public health grant and to local authority spending have put pressure on local authorities' tobacco control work. Yet most local authorities in England have fought hard to sustain their commitment to reducing the harms of smoking in their communities.

This is an important time to review and renew your local tobacco control strategy:

- Six years after the public health transition, local authorities have gained confidence in their role in promoting public health and reducing inequalities. Their leadership on child health, housing and economic regeneration, and their many community relationships and assets, are invaluable in tackling smoking.
- Sustainability and Transformation Partnerships and Integrated Care Systems require a population view of health in which all partners work to define a shared vision and a strategy for achieving it. The smoking epidemic provides a clear focus for collaboration between local government and the NHS as it remains the leading preventable cause of population ill-health. In time, collaborations within STPs and ICSs could unlock resources for a population-based strategy.
- The NHS Long Term Plan has prioritised preventative action and highlighted the contribution the NHS can make to tackling tobacco dependence, especially for hospital inpatients, pregnant women and long-term users of mental health services. In time, this will bring new opportunities for reducing local inequalities in smoking prevalence.

Develop a strategic vision for your population of smokers now, with all local partners, and you will be on the front foot when new resources come onstream.

You have the public on your side. In 2019, 77% of adults in England felt that what the government was doing to limit smoking was 'about right' or 'not enough' while only 7% thought the government was doing 'too much'.

ASH Smokefree GB Survey, YouGov, 2019

Raise the bar

Local authorities do not always set targets for reducing smoking prevalence in their local population, focusing instead on the number of smokers who quit through their stop smoking services. A smoking prevalence target may be considered to be beyond the influence of local government.

This has the effect of shrinking local ambition and the scope of local action.

Although smoking rates are affected by many factors, including national policy and taxation, local authorities can and do have an impact on prevalence. Setting an ambitious goal for population prevalence will help you to define a strategy that potentially has an impact on all your local smokers.

Smoking is the leading cause of health inequalities in your population. If you want to reduce these inequalities, you have to tackle the high rates of smoking among people in lower socio-economic groups, people with mental health conditions, people with long-term conditions and other disadvantaged groups.

So what might an ambitious, measurable target look like?

Reduce smoking prevalence to below 5% in all socio-economic groups by 2029.

It can be done. This guide describes a route to achieving this target, based on modeling of the smoking epidemic developed by the Smoking Toolkit Study of University College London (www.smokinginengland.info).

If smoking prevalence in your area is high, 2029 may be unrealistic. But, in every local authority in England, a future without smoking can now be conceived and planned for.

Beyond the JSNA

Your JSNA should tell you quite a bit about the needs of the smokers in your population. Data is not always easy to come by but hopefully it will answer some or all of the following questions:

- How many smokers are there in the local population?
- What is the inequality in smoking prevalence across socio-economic groups?
- How many young people smoke?
- How many people with mental health conditions smoke?
- How many pregant women smoke?
- How many smokers use stop smoking services?
- How many households are pushed into povety by smoking?
- What is the local cost of smoking to society?

This is all vital information. But to fully understand the needs of smokers in your locality, and what you can do to meet these needs, there's another question you should ask, one that your JSNA is unlikely to answer.

How many smokers in your population try to quit each year, and how do they go about it?

To end the epidemic – and all the suffering, poverty and exclusion associated with it – smokers have to quit. The more who try, and the more they succeed, the quicker smoking prevalence will fall. Individually, however, smokers have their own ideas about how best to go about it.

Each to their own

Here's the picture for the whole of England, but it's probably a reasonable guess for your local population.

Currently only 30% of smokers per year make a serious attempt to quit. Most of these are unsuccessful. So only 5% of smokers successfully quit each year. Of these successful quitters:

- 2% quit through stop smoking services
- 8% get some professional advice and use medication
- 14% use nicotine replacement therapy they bought at a pharmacy
- 35% succeed on their own without any help
- 41% use an e-cigarette

Smoking Toolkit Study, University College London

These numbers primarily reflect the volume of people who try these approaches, not the effectiveness of the methods themselves. Specialist stop smoking services are easily the most effective approach to quitting smoking – three times as effective as trying on your own – but they are used by comparatively few smokers, and those smokers who do use them tend to be the most addicted and so struggle to quit even with the best possible support.

Happily the most common quitting method used by smokers is no longer the least effective, as more people now use e-cigarettes than try without any help.

Stop smoking services are an essential service, especially for disadvantaged and highly addicted smokers. They are also cost effective. But 98% of smokers currently do not use them. Increasing footfall to these services is important but, to end the epidemic, you have to consider the needs of this 98% as well.

If at first you don't succeed

The simplest way to increase the quit rate across your whole population of smokers is to increase the rate at which people *attempt* to quit.

Although most quit attempts end in relapse, there is no other way out of smoking. You have to try, and keep trying, if you're going to quit. Every successful quit begins with a serious quit attempt.

Any population increase in smokers' quit attempts will be reflected in greater uptake of stop smoking services, higher sales of nicotine replacement therapy and e-cigarettes, and more prescriptions from GPs for NRT, varenicline and bupropion. One way or another, more quit attempts will always translate into more quits.

Currently in England only 30% of smokers make at least one quit attempt every year. At this rate, we will get to 5% smoking prevalence by 2043.

If 50% of smokers made an annual quit attempt, we could get to 5% smoking prevalence by **2029**.

Smoking Toolkit Study, University College London

Something for everyone

The table opposite maps local tobacco control activity onto the three main drivers of a smokefree future: reducing smoking uptake and relapse, increasing smokers' quit attempts, and increasing the effectiveness of smokers' quit attempts. It might seem odd that stop smoking support is mapped onto reducing smoking uptake. But getting adults to quit is the best way to prevent young people from becoming smokers.

You may already be doing quite a lot to incentivise smokers' quit attempts:

- Everything that you do to discourage smoking, from keeping cheap, illicit tobacco off the streets to promoting smokefree public environments, gives smokers an additional incentive to make another quit attempt.
- Stop smoking services and professional advice help to keep smokers focused on quitting, from the brief advice that GPs give their patients to the reassurance and encouragement that specialist stop smoking advisers give to their clients when they relapse.

If, however, you really want to maximise the number of quit attempts made by smokers in your population, you need to do more: you need to actively communicate hope.

	Drivers of a smokefree future		
	Reduce uptake	Increase smokers' quit attempts	Increase the success of smokers' quit attempts & prevent relapse
Make smoking unappealing to both smokers and non-smokers ('denormalise' smoking)	✓	✓	✓
Enforcement of smokefree regulations	✓	✓	✓
Promotion of smokefree environments including smokefree homes	✓	✓	✓
Enforcement and promotion of good trading practice	✓	✓	✓
Control of the supply of illicit tobacco	✓	✓	✓
Online, social and mass media	✓	✓	✓
Communicate hope: promote the annual quit attempt		✓	
Professional-client encounters of all kinds		✓	
Communication and engagement through all council services		✓	
Online, social and mass media		✓	
Provide diverse stop smoking support		✓	✓
Specialist stop smoking services		✓	✓
Brief advice and medicines		✓	✓
Treating tobacco dependency in the NHS		✓	✓
Telephone/app and online advice		✓	✓
Communication about quitting aids including e-cigarettes		✓	✓

Communicate hope

When smokers try to quit and fail, they may be discouraged from trying again. They know they should quit, they want to quit, but many have such poor expectations that they don't try to quit.

Messaging which focuses on the importance of quitting will mean little to these smokers. Instead, smokers need to be reassured that it will be worth their while trying again, that they should never give up on giving up. One way to do this is to encourage smokers to try to quit at least once a year:

"Have you made your annual quit attempt yet?"

This question assumes that the listener has tried to quit before and may have to try to quit again, and validates this experience. It acknowledges the difficulty of the task but also the wisdom of pursuing it, over and over again. It normalises the idea of long-term repeated quit attempts. It is a message of hope.

Local authorities and their partners on Health and Wellbeing Boards are well-placed to communicate this message and to link it to a broad service offer that supports people to choose the means of quitting that they are most comfortable with. For many smokers this will not always be the most effective method available but, given that all methods are likely to fail on a single quit attempt, what matters is that these choices are well-informed, easy to make, and easy to repeat.

Case studies are especially useful in communicating hope. Individual smokers' stories of how they quit, often after many failed attempts, can inspire other smokers to try once more.

Sweat your assets

Local authorities have a wealth of connections to, and relationships with, local communities. These can all be employed to communicate with smokers, encourage them to quit, and direct them towards quitting support.

The face-to-face contacts professionals have with service users and members of the public are invaluable opportunities to promote quitting. Professionals who are trained to give 'very brief advice' to smokers are well-placed to do this, and the training is itself brief and low cost. However no training is needed to ask people if they have made their annual quit attempt. As the question acknowledges the possibility of failure, it is also a comfortable question for professionals to ask without judgment.

Community facilities are great locations to communicate hope. Consider what you could achieve working with:

- social housing providers
- social care providers
- voluntary and community sector providers and networks
- children's centres
- libraries and cultural services
- leisure and sports facilities

Local authorities' communications teams can ensure that your commitment to a smokefree future is communicated as a matter of routine, incorporating messaging about the annual quit attempt and the local service offer. Any success the local authority has in tackling the harms of tobacco can be a springboard for this communication.

The long view and the big picture

If you want to end the smoking epidemic, you need to take a whole-systems approach:

- working in partnership
- to define a comprehensive strategy, with an ambitous goal, and a clear plan of action
- which addresses the needs of all the smokers in your population

You may have done this already. It is, perhaps, what Health and Wellbeing Boards were designed for. Local tobacco control alliances have also led collaborative tobacco control strategies. But this might be a good time to scrutinise, review and renew those strategies. See opposite for some questions you might want to ask.

Partnership with the NHS is key to ending the smoking epidemic. The Long-term Plan has renewed interest within the NHS in the treatment of tobacco dependence. Investment in services for people with mental health conditions, hospital inpatients and expectant mothers will be an important addition to the local offer to smokers. But the NHS is already a huge resource for a population approach to tackling smoking thanks to the millions of daily professional-client contacts, especially in primary care.

This is also a good time to consider the priority of smoking within the development of integrated care systems. This is a clear and present opportunity for planning a cross-sector population approach to ending the smoking epidemic.

There are many areas of tobacco control work which are best pursued at regional level including mass media communication, control of illicit tobacco and, potentially, enforcement of trading standards. Regional support for tobacco control already exists, in a variety of forms, in some parts of England. In the North East and in Yorkshire and Humber, regional targets of 5% smoking prevalence by 2025 have already been set. Where this support does not exist, some form of regional collaboration is likely to be worth exploring.

What is your ambition for your population of smokers?

Do you have targets beyond those for your stop smoking services?

How well do you understand the needs and preferences of your local population of smokers, especially in relation to quitting support?

Does your current strategy address the needs of all local smokers?

What are you doing to reduce the demand and supply of illegal tobacco, and to keep smoking unappealing?

What are you doing to increase the number of quit attempts that local smokers make?

How diverse is the local support available to smokers who want to quit?

Have you made the most of your many professional relationships and community assets?

Does your communications strategy include regular communication of your commitment to a smokefree future?

How integrated is your tobacco control strategy with the work of the NHS? How joined up are local services and patient pathways?

Is smoking a priority in the development of your integrated care system?

Are there components of your strategy that would be better delivered at a regional or supra-local level?

Tools and resources

ASH Local Resources

- Councillors' briefings
- Making the case for strong local tobacco control
- Health Inequalities Resource Pack
- Ready Reckoner for calculating local costs to society of tobacco
- Local tobacco alliance resources
- WHO Framework Convention on Tobacco Control Article 5.3 toolkit

PHE Local Tobacco Control Profiles

- Detailed local and comparative data on smoking and its harms

PHE CLeaR Improvement Model

- A detailed self-assessment tool for local action on tobacco control
- Plus 'deep dives' on illicit tobacco & compliance with regulations, pregnancy, and acute, mental health and maternity services

PHE Tobacco Commissioning Support Pack

- Comprehensive guidance for local commissioners

NICE smoking flowchart

- An interactive map of everything NICE says on smoking and tobacco

NCSCT training and briefings

- The National Centre for Smoking Cessation and Training offers online and face-to-face training plus a range of guidance on smoking cessation methods

Illicit Tobacco Partnership

- Resources for Trading Standards and others involved in tackling illicit tobacco

Quick facts on the many harms of smoking

Inequalities

- Smoking is the leading cause of health inequalities in England. One in four people in routine and manual jobs smoke compared to one in 10 in managerial and professional roles.

Marmot 2010: ***Fair Society Healthy Lives,*** *NHS Digital:* ***Statistics on Smoking 2018***

Poverty

- In England 418,000 households and 324,000 dependent children would be lifted out of poverty if adult smokers in these households quit smoking.

ASH Smoking and Poverty Calculator

Productivity and prosperity

- Each year in England around £8.4 billion is lost from the national economy as a result of smoking-related sick days, smoking breaks and lost economic activity due to smoking-related premature deaths.

ASH Ready Reckoner 2018

Child health and wellbeing

- The exposure of children to secondhand tobacco smoke in England results in 300,000 additional GP appointments every year and is a leading cause of sudden infant death and childhood asthma.

Royal College of Physicians 2010: ***Passive Smoking and Children***

Quality of life

- Quitting smoking improves mental health: quitting is associated with reduced depression, anxiety and stress and improved positive mood.

G Taylor et al ***BMJ*** *2014. 348:g1151*

Premature deaths and illness

- Smoking causes nearly 78,000 premature deaths in England every year. For every person who dies from smoking another 20 are living with smoking-related diseases.

NHS Digital: ***Statistics on Smoking 2018,*** *US Surgeon General 2010:* ***How Tobacco Causes Disease***

This guide was funded by the Department of Health and Social Care and produced with expert input from representatives of:

Action on Smoking and Health
Bath and North East Somerset Council
Breathe 2025
Cancer Research UK
Fresh
Greater Manchester Health and Social Care Partnership
Leeds City Council
Lincolnshire County Council
Middlesbrough Stop Smoking Service
National Centre for Smoking Cessation and Training
Newcastle City Council
NHS England
Nottingham City Council
Primary Care Respiratory Society
Public Health England
Royal College of Physicians
University College London
West Yorkshire and Harrogate Cancer Alliance
West Yorkshire Tobacco Board