Subject:	The evidence underpinning smoking cessation interventions]		
Reason for briefing note:	To present evidence of the effectiveness of smoking cessation services to the Adult Services and Health Overview and Scrutiny Panel.	wm.gov.uk	vog.	
Responsible officer(s):	Teresa Salami-Oru, Consultant in Public Health		Ro	
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning	MMM	of N	
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SUMMARY

Smoking remains the biggest single lifestyle cause of preventable mortality and morbidity, therefore helping residents to stop smoking contributes to both length and quality of life. Stop smoking services are the most cost effective public health intervention as evidenced by National Institute for Health and Care Excellence (NICE). These interventions enable local authorities to tackle their mandated duty, to improve life expectancy and reduce health inequalities, with a focus on prevention and assistance for those most in need.

1. BACKGROUND

- 1.1 The Health and Social Care Act 2012 places a duty on local government to improve and reduce the gap in life expectancy between those in the most and least affluent wards.
- 1.2 The Royal Borough has commissioned stop smoking services since 2013 because these interventions are cost effective and support our mandated duties to improve life expectancy and reduce health inequalities; with a focus on prevention and assistance for those most in need. Smokers are four times more likely to be successful at quitting if they receive behavioural support than if they quit on their own. Research shows that targeting priority smoking groups, e.g. pregnant women, is the best way to tackle smoking prevalence.

2. DETAILS

- 2.1 The Royal Borough commissions a stop smoking service targeting, persons who are pregnant, have a long term conditions, are mentally ill or under the age of 18, see appendix 1 for the evidence relating to the effectiveness of smoking cessation services. As at February 2018, the service supported 163 residents to quit, with a year-end target of 200 quits.
- 2.2 The service uses a number of measures to support smokers to quit such as providing brief intervention training to acute and primary care professionals and delivering easily accessible face to face support to quit through mobile clinics on high streets, shopping centres local GP surgeries, pharmacies and colleges. The service also leads a number of campaigns over the course of the year to promote uptake. Full details can be found on the Royal Borough public health microsite.
- 2.3 Smoking is the single biggest cause of premature death and preventable morbidity in England, as well as the primary reason for the gap in healthy life expectancy between rich and poor. It is estimated that smoking is attributable for over 16% of all premature deaths in England and over 9% of years of life lost due to ill health, disability or premature death (Global Burden of Disease 2015). A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.
- 2.4 An estimated 12.2% of RBWM's adult residents smoke, which is significantly better than the national prevalence rate. The rates differ between men and women, with approximately 16% of men smoking

in RBWM, compared to less than 9% of women. There are also noticeable differences in smoking prevalence rates between socio-economic groups both locally and nationally. While 9% of RBWM residents in a managerial and professional occupation are current smokers, 22% of people in a routine and manual occupation smoke.

2.5 Evidence has identified that smoking also affects pregnant woman, due to the detrimental effects on the growth and development of the baby and health of the mother. The proportion of mothers who smoke in RBWM is significantly better than the national picture. In 2015/16, 8.6% of RBWM mothers were smokers at the time of delivery, compared to 10.6% nationally. A total of 546 deaths in RBWM were attributable to smoking in 2013-15, at a rate of 217 per 100,000 population aged 35 and over. This remains significantly better than the national rate of 284 per 100,000 (PHE Local Tobacco Control Profiles).

APPENDIX 1: EVIDENCE TABLE

Target Group	Evidence sources	Comments	
Relevant to all target groups and general population	Stop smoking services. Public health guideline [PH10] February 2008	Details the evidence of effectiveness underpinning smoking cessation interventions.	
Young people	The National Institute for Health and Care Excellence. Smoking prevention in schools [PH23]. https://www.nice.org.uk/guidance/PH23 The National Institute for Health and Care Excellence. Smoking: preventing uptake in children and young people [PH14]. https://www.nice.org.uk/guidance/PH14 Health & Social Care Information Centre Smoking, Drinking and Drug Use Among Young People in England – 2014 http://www.hscic.gov.uk/catalogue/PUB17 879/smok-drin-drug-youn-peop-eng-2014- rep.pdf Public Health Research Consortium. A Review of Young People and Smoking in England http://phrc.lshtm.ac.uk/papers/PHRC_A7- 08_Final_Report.pdf	Risk factors associated with increased likelihood of smoking initiation among young people include associated, exposure to parent, carer, sibling and peer smoking, lower socio economic status, higher levels of truancy and substance misuse. Smoking prevention is therefore not achieved by youth targeted interventions alone. School based interventions; mass media interventions and enforcement to restrict illegal access to tobacco among young people are effective.	
Vascular dementia	Smoking, dementia and cognitive decline in the elderly, a systematic review. Peters R1, Poulter R, Warner J, Beckett N, Burch L, Bulpitt C.	Smoking increases risk of Alzheimer's disease and may increase risk of other dementias. This reinforces need for smoking cessation, particularly aged 65 and over.	
Pregnant women	 NICE 26 – Quitting Smoking in Pregnancy and Following childbirth.(2010) <u>http://www.nice.org.uk/guidance/pH26</u> Challenge Group Report (2013). Smoking cessation in pregnancy: A call to action NICE 48 -Smoking: acute, maternity and mental health services. Public health guideline 	NICE provided evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services. Smoking during pregnancy is strongly associated with a number of factors including age and social economic position. Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy.	
Persons with Mental Health Problems	NICE 48 -Smoking: acute, maternity and mental health services. Public health	People with mental health problems smoke significantly more and are more dependent on	

Target Group	Evidence sources	Comments
	guideline	nicotine than the population as a whole, with levels about three times those observed in the general population. NICE provided evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services.
Long term conditions	Smoking and long term conditions ASH (accessed 24/4/17) Stop Smoking Service Activity Data 2013- 2016	Activity data from the stop smoking service 2013 to 2016 shows that persons with hypertension, asthma and depression were more likely than other persons with a long term condition (LTC) to set a quit date. People suffering from asthma who smoke experience higher rates of hospitalisation, worse symptoms and more rapid decline in lung function than those with asthma who do not smoke. Smoking significantly increases the risk of heart disease and stroke. Smokers are 2-4 times more likely to have a stroke.