Tobacco Needs Assessment 2024

Findings, local implementation and recommendations

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Outline of the presentation

- Background to the report
- Findings from the Tobacco Needs Assessment for City and Hackney
- Key recommendations
- City and Hackney tobacco control priorities and plans
- New stop smoking service provider
- Discussion

Background

Purpose:
- **To refresh of our local tobacco control plans**
- **To guide the work of the local Tobacco Control Alliance**
- **To inform the re-commissioning of a local stop smoking service**

Methods:
- **Quantitative data analysis**
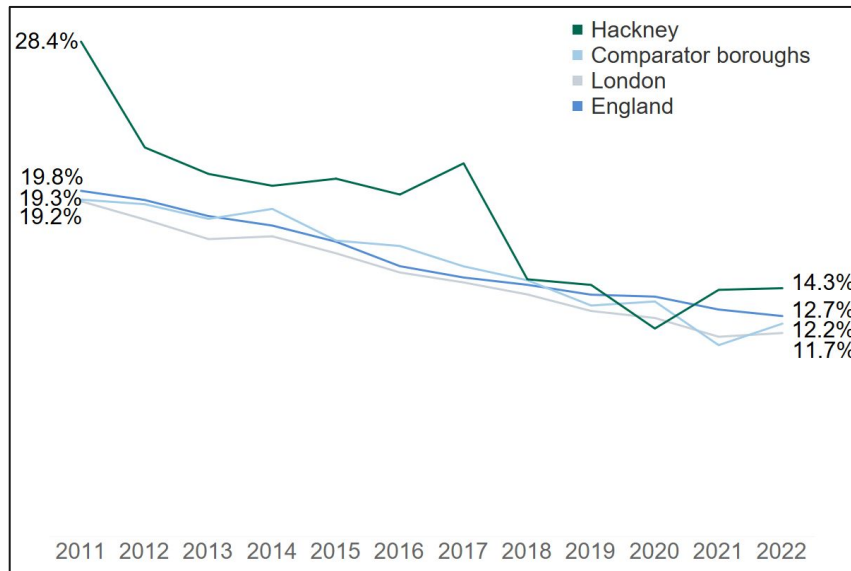- **Insight work with groups with high smoking rates and/or limited access to the service**

TOBACCO NEEDS ASSESSMENT FOR CITY AND HACKNEY

2024

Findings from the Tobacco Needs Assessment for City and Hackney: local data

The decline in local smoking prevalence appears to have stalled compared to London/national trends

Prevalence of smoking amongst residents aged 18+ over time, Hackney, 2011-2022

Legend:
- Hackney
- Comparator boroughs
- London
- England

28.4%
19.8%
19.3%
19.2%

14.3%
12.7%
12.2%
11.7%

2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

- Smoking prevalence in Hackney has more than halved between 2011 and 2020, but this decline has stalled in the two years to 2022.

- The number of smokers in Hackney is estimated to range between 28,900 (APS) and 51,700 (GP), depending on the source and methodology used.

- Annual Population Survey (APS) data is the 'official' published source and used to estimate number of smokers, plus for trends and comparison purposes; local GP data is used for the detailed inequalities analysis.

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Characteristics of residents with higher smoking rates

Sex	Men (+26%)	Occupation	Manual and routine occupations (+76%)
Age	No reliable data for <18, highest GP-recorded prevalence age 25-29 (+13%) Smoking prevalence relatively stable up to age 59, then declines with age	**Housing tenure**	Social (+49%) and private (+46%) renters
Ethnicity*	Bangladeshi men (+19%) Black Caribbean men (+30%) 'Other' black men (+16%) White and black Caribbean - men (+39%) & women (+50%) 'Other' mixed ethnicity - men (+19%) & women (+16%) 'Other' white ethnicity - men (+19%) & women (+35%) British women (14%) Irish women (25%)	**Other groups**	People with severe mental illness (SMI +92%) People engaged in substance use (+223%) People who are homeless (+149%) Gay, lesbian and bisexual people (National data +50%, heterosexual comp.)
Deprivation	Residents in most deprived areas		Data source: Smoking prevalence in adults (18+) - current smokers (APS), OHID Fingertips, 2023 and Clinical Commissioning Group, 2023.

* Some groups with higher prevalence are hidden within broader ethnicity categories. They include **Turkish/Kurdish/Cypriot (+50% men/+59% women)**, **Eastern (+53% men, +60% women) and Western European (+18% men, +40% women)**, **Vietnamese (+ 25% men only)**, and **Gypsy/Roma/Traveller (+106% women only**, data for males not reported due to small numbers).

There is wide variation in smoking prevalence between different areas in Hackney

GP recorded prevalence of current smokers (18+) by primary care network (PCN, A) and LSOA (B), City of London and Hackney, 2022
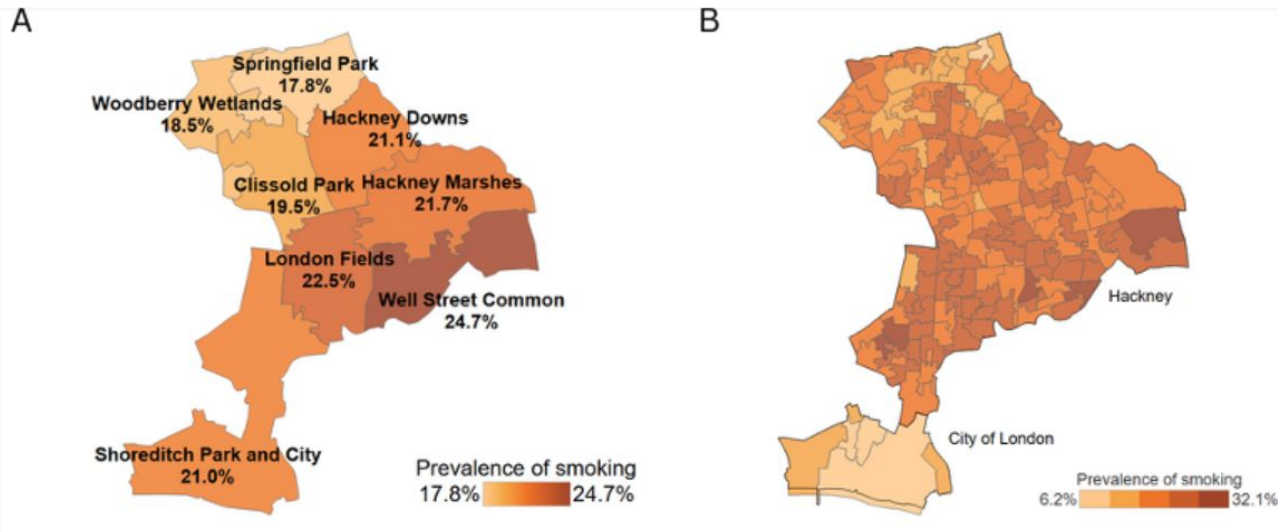
- The highest % of smokers is recorded in the south east of Hackney, in Well Street Common Primary Care Network (PCN)/Neighbourhood (A)

- There is also significant variation *within* PCN areas/at lower level geography (B)

Data source: Clinical Effectiveness Group, East London Database, 2022.
Notes: Lower Layer Super Output Areas (LSOAs) are small geographical areas consistent in population size (between 1000 and 1500 residents).

Drivers of starting smoking and quitting

Motivation to start:

- Cultural norms
- Peers influence

Barriers to quit:

- Difficulty breaking addictive habit
- Misperception that smoking relieves stress
- Enjoying the habit
- Smoking as a coping mechanism
- Smoking to reduce isolation and boredom
- Cultural norms
- Peers influence

Motivations to quit:

- Positive impact on health after quitting
- Smoking financial costs
- Availability of support via non-health settings (reduces stigma)
- Role model for children
- Peer support

Data source: Local insight work, City and Hackney, 2023; ASH Bluegrass Attitudes, behaviours and perceptions of support for quitting in disadvantaged groups, 2022.

There is a stable trend in the recorded smoking prevalence among pregnant women

- In 2021/22, 4.5% of pregnant women were recorded as smokers at the time of delivery in City and Hackney combined (N=173).

- This is similar to London and Hackney's statistical neighbours, but lower than England (9%).

- Reported smoking prevalence at time of delivery has been relatively stable in the last 10 years locally.

- The high number of births in the local Orthodox Jewish community, where smoking rates among women are thought to be low, is likely to skew recorded smoking prevalence in Hackney.

- The rate of low birth weight, which can be a consequence of smoking in pregnancy, is also relatively stable in Hackney and broadly in line with regional and national trends.

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Nicotine containing e-cigarettes (vapes)

- In 2023 around 21% of children aged between 11 and 17 had tried vaping, up from 16% in 2022 and 14% in 2020.

- Adults (18+) regular e-cigarette use was estimated at around 7% of the population in 2022.

- Latest evidence-based advises to prevent non-smokers from taking up vaping, it does recommend e-cigarettes as a safe and effective tool to quit tobacco smoking.

- Government response to consultation on youth vaping recommended to ban disposable vapes, restrict flavours, playing packaging and change how displayed in shops to reduce appeal to children and young people.

- Hackney Trading Standards officer is leading the way in informing the Government's response to enforcement of vapes.

Data source: ASH, Use of e-cigarettes among young people in Great Britain, 2021.

Local insight revealed:

- the use of disposable vapes may be common among young people

- there are common misperceptions locally (as elsewhere) about the relative risks of e-cigarettes vs tobacco smoking, which may be discouraging smokers from trying e-cigarettes as a quit aid.

Findings from the Tobacco Needs Assessment for City and Hackney: the local response

Tobacco Control Alliance Partnership Priorities 2023-2026

1	Re-set our **strategic approach** through senior level re-engagement, and ensure alignment of tobacco control priorities with the Health & Wellbeing Strategy implementation plan and City & Hackney Place Based Partnership delivery plan
2	Develop and implement a proactive, coordinated approach to local **communications** about smoking - consistent messaging, maximise use of all available channels, focused on high prevalence communities/groups, measure impact
3	Co-design a new **stop smoking service** that is explicitly focused on reducing stubborn **inequalities** in smoking prevalence and addresses the needs of disadvantaged communities
4	Ensure careful coordination (and effective communication) of NHS and local authority funded **tobacco dependency and stop smoking treatment pathways**
5	Review/refresh our approach to **smokefree environments** - including promotion of smokefree homes (including training and comms) and social housing public spaces, and refresh of NHS and local authority smokefree policies
6	Better enable **young people** to live smoke free by 'denormalising' smoking - targeted comms for parents who smoke, continue work to reduce supply of illegal tobacco (and vapes), education outreach, youth engagement (e.g. system influencers, youth leaders, young black men inspirational leaders)
7	Review and strengthen system-wide action to address **illegal and niche tobacco** use
8	Improve local understanding of how to maximise the benefits and balance the risk of using **e-cigarettes** and agree a partnership position to inform our local communications and service delivery

Treatment, care and support

Local Stop Smoking Service

- Commissioned by Public Health
- Telephone and in person
- Range of community settings:
  - GP practices
  - community pharmacies (via walk-in)
  - hospitals
  - other outreach locations.

Local insight revealed:

- It is important to offer a variety of **options for accessing support** to quit, including different locations and formats (virtual and in person)

- the importance of **self-referral** for many patients

- **peer support following a quit attempt** can help to reduce relapse

- a **harm reduction approach** may be more effective than an abrupt quit **for some groups** (e.g. those with SMI)

- **awareness of the service is lower among younger age groups**

- **social media** could be used to **attract** young people to health services

The current local stop smoking service performs above NICE standards.

Smokers → SMOKEFREE City&Hackney → Persons setting a quit date → Persons successful at 4-weeks

- The current stop smoking service consistently achieves impressive performance compared to London and England.

- In 2022/23, 76 persons per 1,000 smokers set a quit date in Hackney. This was way higher than in London and England (both with 30 persons per 1,000 smokers).

- In the same period, 52% of those who set a quit date in Hackney successfully quit at 4-week (self-reported). This is similar to London 53% and England (54%), and above the national standard (35% minimum).

- The rates of successful quitters are broadly similar across all socio-demographic groups.

Some groups of smokers are 'underrepresented' in the local stop smoking service.

Sex	Men	Occupation	Not possible to analyse
Age	Younger adults (18-39)	Housing tenure	Not possible to analyse
Ethnicity*	'other' white* 'other' black 'other' Asian and 'any other ethnicity'	Other groups	People with severe mental illness People engaged in substance use is not possible to analyse People who are homeless Sexual orientation is not possible to analyse
Deprivation	Residents in least deprived areas	Geographic area	People living in Shoreditch Park and City PCN.

* The main groups within the 'other white' category are Turkish, Kurdish or Cypriot (making up more than 40% of this category), followed by people from Eastern Europe (at least 15% of this category) and Western Europe (accounting for more than 12%).

Quick update - new stop smoking service (from 1 July 2024)

Thrive Tribe
- A community based organisation located in East London providing comprehensive health and wellness services across England, in particular as stop smoking specialists
- (Up to) 5 year contract commences 1 July 2024

Focus on community engagement and outreach
- A centerpiece of the service specification
- Across the lifecycle of the programme
- Joint work with (new) dedicated community outreach & engagement lead hosted by Hackney Council
- Capacity building to support direct delivery by community partners (focus on VCS but not exclusively) - annual ring fenced budget to support this work
- Outreach delivery targeting areas with historically lower provision and high smoking prevalence, in response to local need

Local Initiatives

Local NHS tobacco dependency treatment (TDT) services

- Homerton Healthcare NHS Foundation Trust (acute and maternity) and
- East London Foundation Trust (mental health)

Prevention work in schools

Primary and secondary schools receive lessons on the harms of smoking and the use of nicotine-containing electronic cigarettes

Smokefree policies

- Hackney Council

- Homerton Healthcare NHS Foundation Trust

Trading standards enforcement

Senior Trading Standards Officer focused on illicit tobacco and alcohol enforcement, including enforcement work around underage and illicit sales of e-cigarettes

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Recommendations

Recommendations Summary

1. Addressing smoking inequalities requires strong, sustained collaboration.
2. Prioritise preventing smoking initiation and aiding young smokers to quit, with focus on whole-school approaches and peer-led initiatives.
3. De-normalize smoking through a robust tobacco control plan, advocating for smoke-free public spaces and reaffirming partnership commitments.
4. Tailor support for high-prevalence communities to quit, partnering with relevant organizations and leveraging Family Hubs.
5. Continue funding evidence-based community stop-smoking services, offering flexible support, harm reduction, and transparent vaping information.
6. Improve reporting of smoking status in GP records for targeted very brief advice and referrals to quit support.
7. Sustain investment in enforcement to curb illicit tobacco and e-cigarette supply, preventing underage sales and associated harms.
8. Launch a coordinated campaign to clarify vaping misconceptions, highlighting its effectiveness for adult smokers while discouraging non-smokers and youth from uptake.
9. Implement a local communications strategy to promote quit attempts, emphasizing tobacco harms and support availability.

Questions for discussion

Q1. How can the Health and Wellbeing Board - as a collective body and as leaders within your organisations - use your influence to implement the recommendations of the needs assessment?

Q2. How can we better align our local tobacco control plans with the implementation of Hackney's Health & Wellbeing Strategy priorities (improving mental health, increasing social connection, supporting greater financial security)?

Thank you

For follow-up questions or support around tobacco control, please contact City and Hackney Tobacco Lead:

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