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3 Smoking

3.1 Introduction

Significant progress has been made in tackling smoking in recent years, with prevalence (or rates of smoking) in England now at the lowest level for 50 years, at 17%. [1] Despite this, smoking remains a leading cause of preventable disease and death and is one of the most significant factors contributing to health inequalities.

Every year, smoking kills more than 100,000 people in the UK and almost 80,000 people in England. [2] Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. [3]

For every death caused by smoking, approximately 20 smokers are living with a smoking-related disease. [4] These include Alzheimer's disease, angina, asthma, Crohn's disease, gastric and duodenal ulcers, gum and tooth disease, osteoporosis, rheumatoid arthritis, cataracts, macular degeneration, psoriasis, reduced fertility, impotence, depression, sight loss, hearing loss, multiple sclerosis and diabetes. [5]

Tobacco smoking harms others too, through second hand smoke,[1] while smoking in pregnancy impairs foetal growth and development and increases the risk of stillbirth and infant mortality. [6] [7] [8]

Not all groups are affected by smoking in the same way. Some are at greater risk of harm (such as pregnant women) and others find it harder to give up (such as people living with a mental illness). In some communities, smoking appears to be promoted through cultural norms.

It is estimated that, in England, every year smoking costs society as much as £13.9 billion; annual costs in Hackney and the City are estimated at £68 million. [9] These costs are spread across health services, businesses, local government and the fire service.

It is for these reasons that tobacco control remains a priority in both Hackney's and the City's Joint Health and Wellbeing Strategies.

[1] Second hand smoke or 'passive smoking' is the inhalation of smoke that comes from someone else smoking.

Box 1: Definitions used in this section

CO validation - carbon monoxide (CO) validation is the most cost effective and least evasive method of measuring someone's smoking status. CO validation rates are important markers of service data quality.
CO validated 4 week quitter - the national outcome measure of stop smoking services is success rates at the four week post quit date. A smoker is counted as a 'CO validated 4 week quitter' if s/he is a self-reported quitter and his/her expired-air CO is assessed four weeks after the designated quit date (minus three days or plus 14 days) and found to be less than 10ppm (parts per million).
Deprivation quintile - populations are divided into quintiles based on socio-economic deprivation of place of residence, with the first 20% being the least deprived and the last 20% being the most deprived. The measure of deprivation used is Index of Multiple Deprivation (IMD 2015).
Smoking prevalence (or prevalence rate) - the proportion of individuals in a population who smoke.

3.2 Causes and risk factors

Risk of smoking is strongly linked to socio-economic status and all measures of deprivation. People in routine and manual occupations are more than twice as likely to smoke as people in managerial and professional occupations. [2] Among unemployed people, almost 40% smoke as do around 40% of people with longstanding mental health problems and more than 70% of people who are homeless or in prison. [10] [11]

Higher rates of smoking are also observed across many other indicators of social disadvantage. These include: [12]

- people with no qualifications
- people who live in rented housing
- people who receive income support
- lesbian, gay, bisexual, transgender and other sexual and gender minority (LGBT+) people.

The majority of smokers start while in their teens with very few smokers taking up the habit after the age of 20. [13] Many factors contribute to an increased likelihood of young people starting to smoke. These include living with parents or siblings who smoke, the level of exposure to tobacco industry marketing and the availability of cheap tobacco. [14] Parental and peer influences on young people's smoking were specifically identified in local survey data for Hackney. [15] Lower socio-economic status, higher levels of truancy and substance misuse are also associated with higher rates of youth smoking. [16]

In Hackney, other causes and risk factors for smoking include belonging to certain ethnic groups (such as Turkish, Vietnamese and Black Caribbean) where strong cultural norms around smoking and other tobacco use are deeply embedded.

See Section 3.4 for a more detailed description of smoking-related inequalities.

3.3 Local data and unmet need

3.3.1 Local service data

GP recorded smoking prevalence

Throughout this section, the GP recorded smoking prevalence rate is calculated as the number of recorded smokers as a proportion of the number with smoking status recorded.

In 2015/16, over 47,000 Hackney adult residents (23%) and just over 600 City of London adult residents (10%) were recorded as current smokers by their GP (Table 1).

Table 1: Hackney and the City of London residents recorded as smokers by their GP (age 16+, 2015/16)

	Number recorded as current smokers	Current smokers as a proportion of 16+ residents with smoking status recorded
Hackney	47,416	22.5%
City of London	607	10.3%

Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney and the City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Stop smoking services

See Section 3.7 for a description of stop smoking services (SSS) based in Hackney and the City of London.

In 2015/16, Hackney-based SSS saw 3,140 clients (not all of whom were Hackney residents) and City-based SSS saw 375 clients (again, not all of whom were City residents) (Table 2).

Most clients of Hackney SSS (84%) in 2015/16 were registered with a GP in Hackney; in the City of London, just 23% of SSS users were registered with a GP in the City or a neighbouring borough (figures for the first half of 2015/16 only). Some Hackney and City residents may have used SSS based outside these areas; we have no access to data on this.

Table 2: Use of SSS based in Hackney and the City of London (all ages, 2015/16)

	Number setting a quit date	Number of successful quitters (self-reported)	Number who had not quit	Number not known / lost to follow up	Number of successful quitters confirmed by CO validation
City of London	375	175	147	53	168
% of those setting quit date		47%	39%	14%	45%
Hackney	3,140	1,492	1,330	318	1,280
% of those setting quit date		48%	42%	10%	41%

Source: NHS Stop Smoking Service statistics [17]
Notes: 'Successful quitters' are those who have not smoked for four weeks

3.3.2 Estimated number of smokers

Adults

The 'official' measure of local smoking prevalence is based on the Annual Population Survey. Based on prevalence rates reported in the most recent survey (2015), it is estimated that roughly 43,000 adult residents of Hackney and 1,300 adult residents of the City of London smoke (Table 3). [1] Please note that the numbers for the City are likely to be an over-estimate (see table footnote).

Table 3: Estimated number of Hackney and City of London adult residents who smoke (age 16+, 2016)

	Prevalence	Estimated number
Hackney	20.5%	43,132
City of London	16.9%*	1,301

Source: Annual Population Survey (2014/15) prevalence applied to GLA SHLAA population projections [18]
Notes: *No value available for City of London, so England value used. Given low GP recorded smoking rates (Table 1) this is likely to be an over estimate.

Young people

Based on survey data, it is estimated that around 160 15 year old residents of Hackney and roughly two 15 year old residents of the City of London smoke regularly or occasionally. [19] A much larger number – around 640 in Hackney and eight in the City – are estimated to use other tobacco products, including shisha (Table 4).

Nationally, 5% of 11-15 year olds report being occasional or regular smokers, but we do not have robust local estimates for smoking prevalence in this age group. [20] As for 15 year olds, it is likely that local prevalence is lower (see Figure 21), but as a crude estimate, applying this national prevalence rate to the resident populations of both local authorities gives an estimate of 2,800 11-15 year old residents in Hackney who currently smoke, and 25 in the City.

Table 4: Estimated number of Hackney and City of London residents age 15 who smoke (2016)

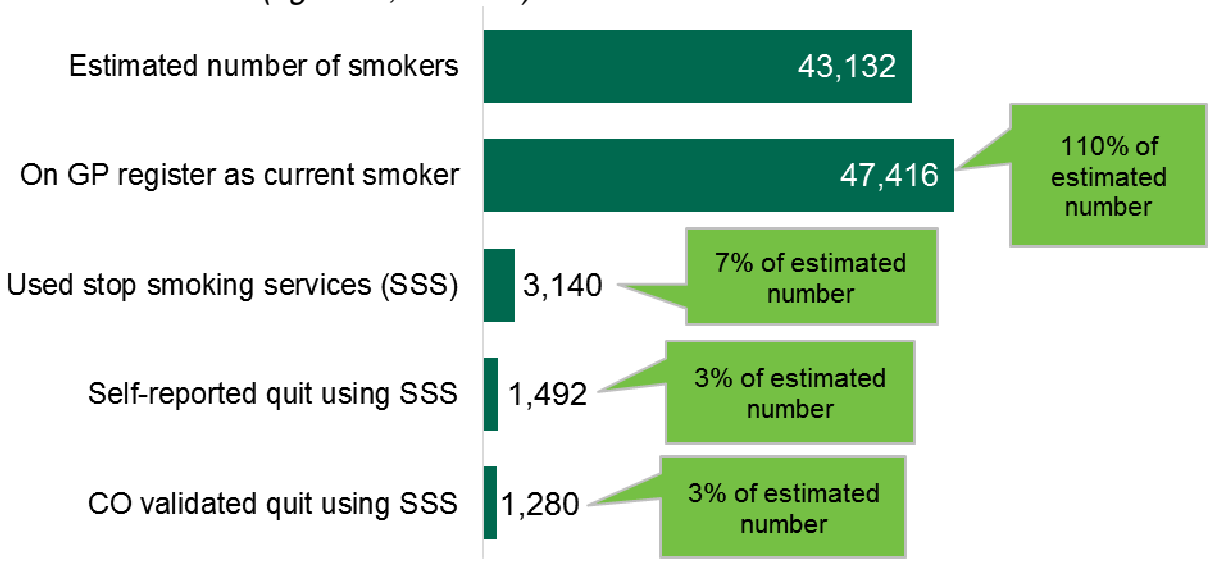
	Prevalence (City and Hackney combined)	Hackney estimated number	City estimated number
Current smokers	5.8%	157	2
Regular smokers	3.4%	92	1
Occasional smokers	3.2%	87	1
Use of e-cigarette	9.7%	262	3
Use of other tobacco products	23.6%	639	8

Source: What About YOUth survey (2014/15) prevalence applied to GLA SHLAA population projections [18]

3.3.3 Unmet need

Figure 1 compares Hackney's estimated number of smokers with known service use. It shows that more people are recorded by their GPs as current smokers than are suggested through survey data; this is typical for most areas and may be due to GP records not being updated when smokers quit. [21] Seven percent of the estimated number of smokers used SSS in 2015/16; just under half of these successfully quit.[2]

Figure 1: Estimated number of Hackney residents who are current smokers compared to known service use (age 16+, 2015/16)



Source: For local data see Table 1 and Table 2; for local estimates see Table 3.

We have no reliable local estimate for the City of London smoking prevalence rate, and no usable data on City of London residents' use of SSS, so we cannot directly compare estimated to met need. However, across Hackney and City based SSS combined, fewer than five service users in the first half of 2015/16 were registered with the one City GP practice (Neaman Practice) – which serves the vast majority (81%) of City residents. [22] This represents a very low uptake of local SSS in the City (less than 66 per 100,000 registered patients age 20+ compared with 608 per 100,000 in Hackney).

[2] Based on four week smoking status.

3.4 Inequalities

Data on smoking prevalence in this sub-section are based on GP recorded smoking status, as this is the only source that allows analysis by inequalities groups. These data are supplemented with SSS statistics, where available.

3.4.1 Age

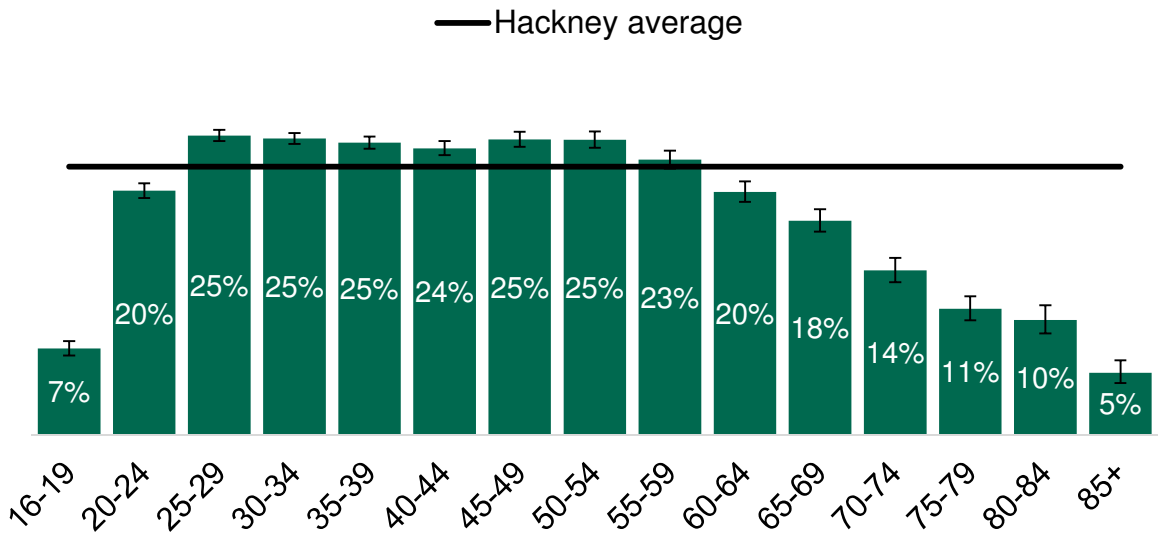
Hackney

There are clear differences in GP recorded smoking prevalence in Hackney across different age groups.

Figure 2 shows that recorded smoking prevalence is lower in residents in their late teens, steeply increasing for residents age 20-24. Prevalence rates are roughly constant from age 25 to 54, after which point prevalence declines with age. However, regarding smoking in pregnancy, teenage mothers in England are six times more likely to smoke than older mothers. [23]

While the low recorded smoking prevalence among 16-19 year olds may reflect a genuinely lower prevalence at younger ages (at age 15, less than 6% of Hackney teens report smoking – see Figure 21, page 26), it is likely that there is also a degree of under-reporting. Only 63% of residents in this age group had their smoking status recorded (compared to over 95% in almost all other age brackets) and we also know that nationally two thirds of adult smokers begin smoking before the age of 18. [2]

Figure 2: Proportion of adult Hackney residents recorded as smokers by their GP, by age (2016)

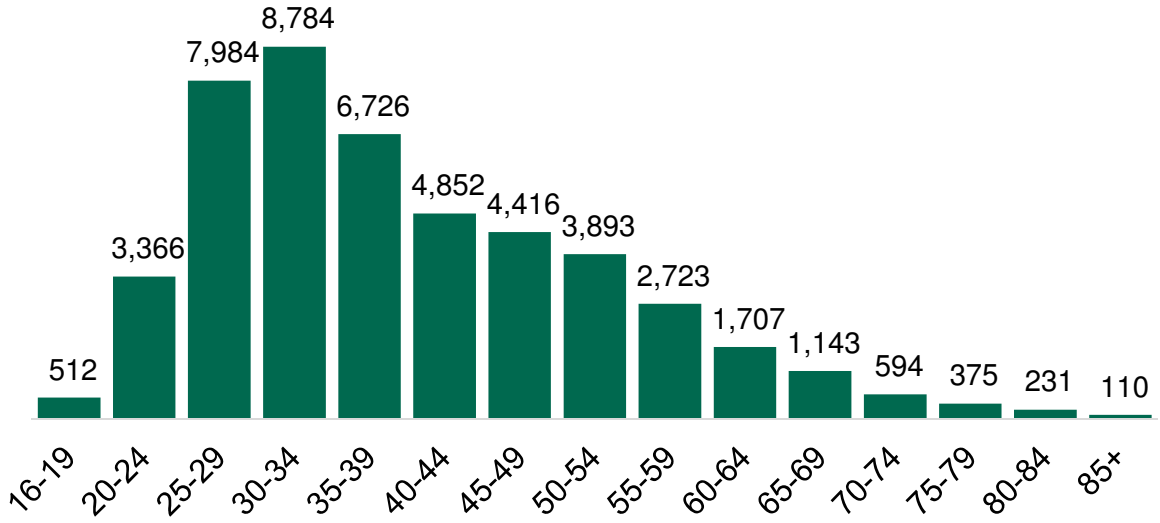


Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Due to Hackney's young age profile, the same prevalence *rate* across the 25-54 age range does not translate into the same *number* of smokers in each age bracket. Figure 3 shows

that the number of smokers increases steeply to a peak at age 30-34 (reflecting the greater number of residents in this age bracket), after which numbers decline. [24]

Figure 3: Number of adult Hackney residents recorded as smokers by their GP, by age (2016)



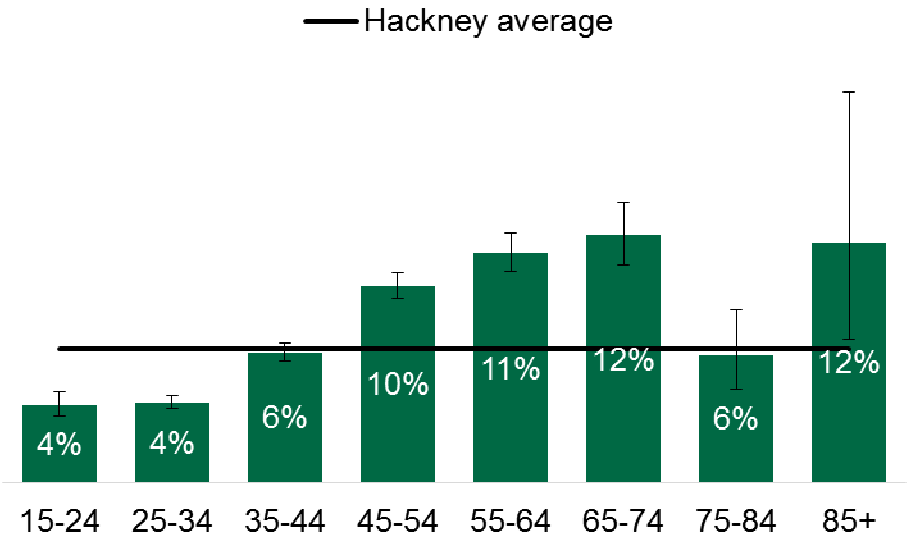
Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

The likelihood of using SSS among smokers in Hackney appears to increase with age. Figure 4 shows that just 4% of the total number of recorded smokers under the age of 35 used SSS in 2015/16, increasing to 12% in the 65-75 age range. Numbers are too small for the 75+ age groups to draw strong conclusions about rates of service use among these smokers.

If smoking prevalence rates in the 16-19 age bracket are under-recorded (see discussion of Figure 2 above), then this may point to even lower rates of service use among younger residents who smoke – and, therefore, greater unmet need.

Younger users of SSS in Hackney are also less likely to be recorded as successful quitters than other clients - 33% of 15-24 year olds quit in 2015/16, compared to an average of 48% over all age groups. There is some evidence that, in general, chances of successfully quitting increase with age, but statistical uncertainty around the estimates is too great to draw strong conclusions in this respect.

Figure 4: Hackney SSS use as a proportion of the number of Hackney residents recorded as smokers by their GP, by age (2015/16)



Sources:

- GP data extracted from the GP register by CEG, Blizard Institute, April 2016. Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.
- Local SSS data recorded through SONAR system, extracted July 2016. Data covers all SSS based in Hackney, no information available on borough of residence.

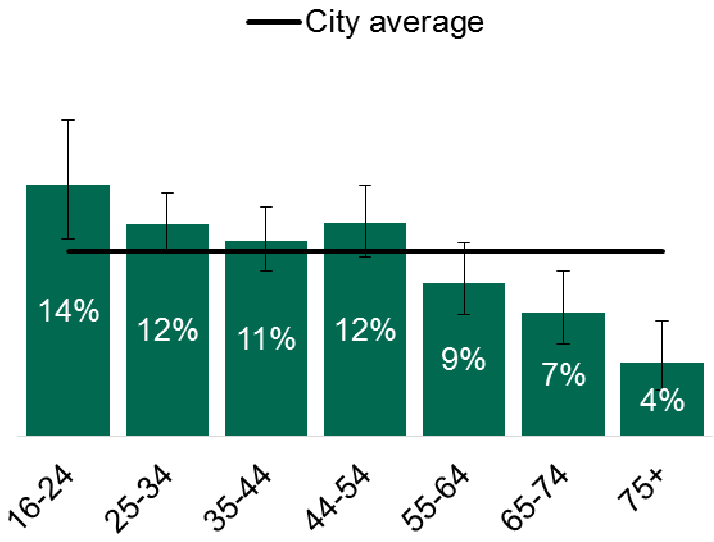
Notes: Records available for analysis are not linked so we do not know if all those using the SSS are (a) Hackney residents and/or (b) recorded as smokers by their GP.

City of London

Figure 5 shows that, in contrast to Hackney, the recorded smoking prevalence rate in City residents aged 16-24 is higher than the local authority average; although, due to the small numbers involved, smoking prevalence is statistically similar in all age groups up to age 54. Smoking prevalence declines with age in those aged over 55, dropping to less than half the borough average in those aged 75+.

As in Hackney, a much smaller proportion of younger residents have their smoking status recorded by their GP - 64% of 16-19 year-olds and 86% of 20-24 year-olds, compared to over 95% in all other age groups.

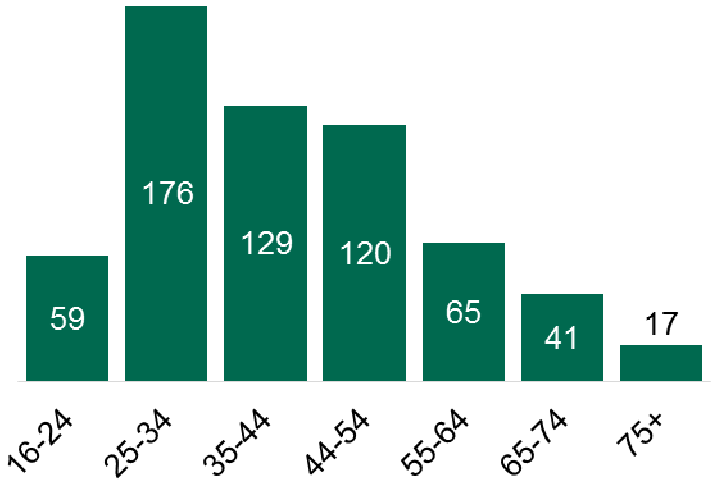
Figure 5: Proportion of adult City residents recorded as smokers by their GP, by age (2016)



Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 6 shows that while prevalence *rates* are fairly steady across the 25-54 age range, the *number* of smokers declines steadily from a peak in the 25-34 age bracket, reflecting the age profile of the City. [22]

Figure 6: Number of adult City residents recorded as smokers by their GP, by age (2016)

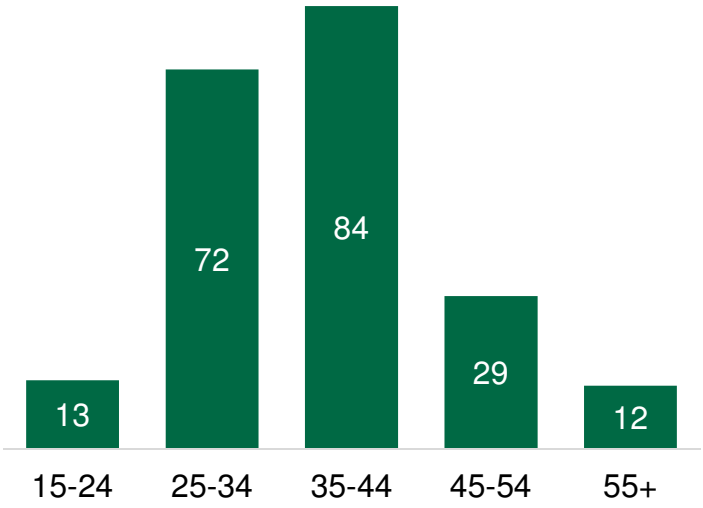


Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

As the majority of users of City SSS are not City residents, we do not have a comparable population of smokers against which to estimate rates of SSS use. However, we can report total numbers of City SSS clients by age. Figure 7 shows that the greatest number of clients is in the 35-44 age group followed by the 25-34 age group, with just under three-quarters of

all clients falling into these two categories. This likely reflects heavy service use by City of London daytime workers.

Figure 7: City of London SSS use, by age (2015/16)



Source: Local SSS data recorded through SONAR system, extracted July 2016.
Notes: Data covers all SSS based in the City, no information available on borough of residence.

3.4.2 Ethnicity and gender

In general, smoking prevalence rates in men are higher than in women, but this varies considerably by ethnic group. For this reason, ethnicity and gender are considered here together, as considering either one without the other may mask important areas of need.

Hackney

As Figure 8 shows, the gender difference in smoking prevalence varies significantly across ethnic groups in Hackney - from men being 30% more likely to smoke (in White British residents) to men being 400% more likely to smoke (in Pakistani communities).

Key points from Figure 8 are summarised below.

- In all White ethnic groups, both men and women have higher smoking prevalence than their respective borough averages. Men are around a third more likely to smoke than women; and smoking prevalence rates in White Irish men and Other White men are among the highest in the borough.
- In Mixed ethnic groups, rates are high for those of Mixed White and Black Caribbean heritage and low in those of Mixed White and Black African heritage (especially among women.
- In South Asian groups, men are much more likely to smoke than women, with prevalence rates between one and a half and four times higher in men. Smoking prevalence is low among women in all groups. Pakistani men are slightly more likely to smoke than the average for all male residents and Bangladeshi men slightly less likely. Tobacco use may be underestimated in this community as cigarette smoking may be less prevalent than use of smokeless tobacco (such as chewing tobacco) which still carries health risks. [25]

- In Black ethnic groups, there is a sharp difference between Black African and Black Caribbean residents. Black African men and women are both much less likely to smoke than average. However, Black Caribbean men have among the highest smoking prevalence rates in the borough (34%) and Black Caribbean women are only slightly less likely to smoke than the female average.
- In Other ethnic groups, rates are lower than average, with men between one and two times more likely to smoke than women.

Further analysis of GP recorded data on Turkish and Kurdish residents (not presented in Figure 8) shows that men in these groups have extremely high rates of GP recorded smoking (39% and 37% respectively). Turkish women also have a relatively high smoking prevalence rate (26%), while the rate in Kurdish women is similar to the borough average (at 17%). Turkish and Kurdish residents may be counted in either the Other White or the Other broad ethnic group, so cannot be directly linked to one of the groups discussed above.

Additional analysis of GP recorded smoking prevalence rates in Vietnamese residents (again, not shown in Figure 8) reveals that male prevalence is high at 32%, while among females prevalence is very low at 6%.

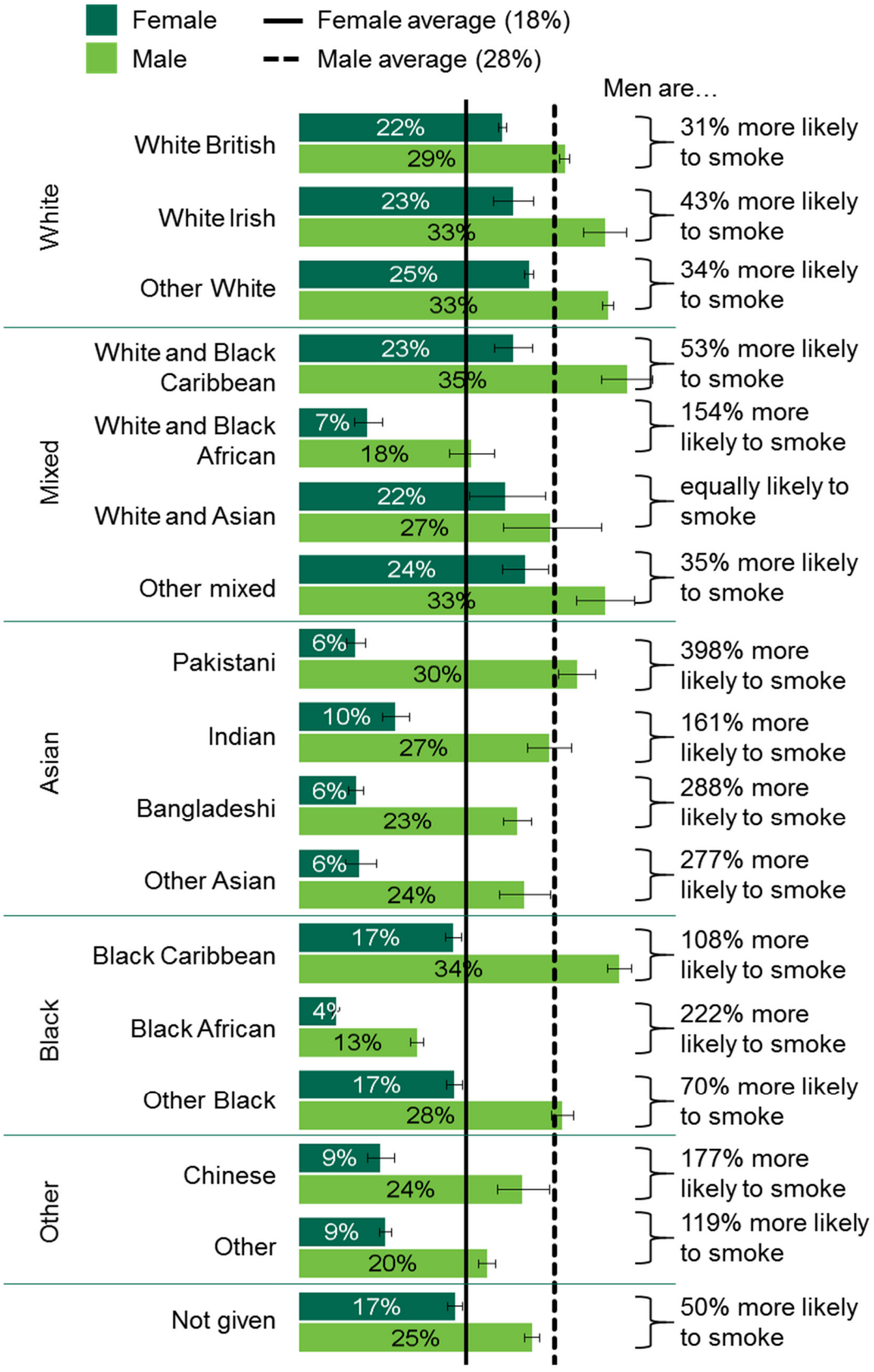
Figure 9 shows that in terms of *numbers* of smokers:

- most adult Hackney smokers are White (over 13,000 women and 16,000 men), which reflects both the borough population profile and the higher rates of smoking in these groups
- there are significant numbers of Black residents who smoke (roughly 2,500 women and 4,500 men), again reflecting the local population profile as well as higher rates of smoking in the Black Caribbean community; in particular, there are more recorded Black Caribbean smokers than Black African smokers, despite Black African residents making up a larger proportion of the population.

Additional analysis shows that there are over 3,000 Turkish smokers (roughly 1,300 women and 1,900 men), almost 200 Kurdish smokers (roughly 50 women and 140 men) and almost 250 Vietnamese smokers (roughly 50 women and 190 men) in Hackney.[3]

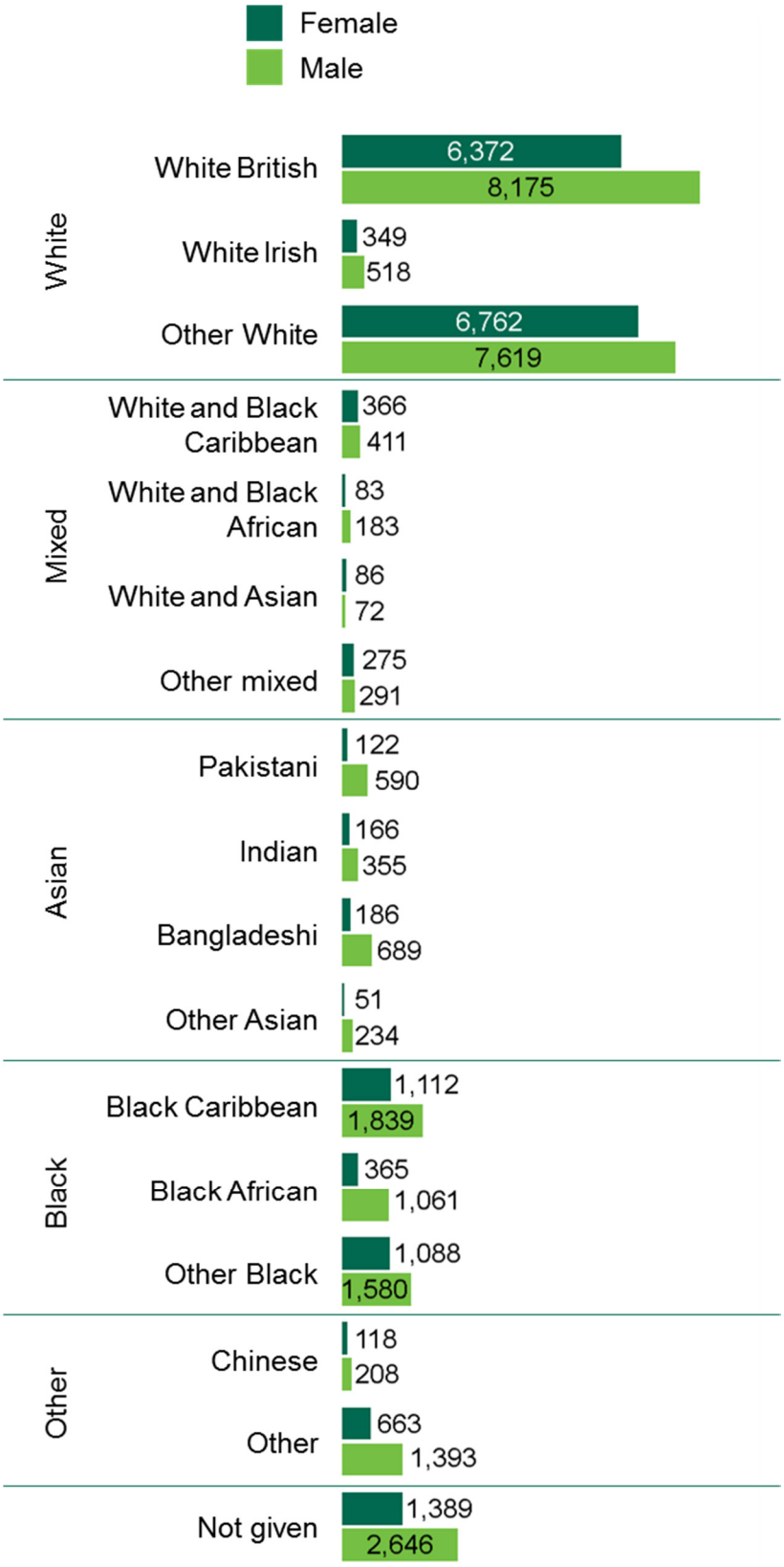
[3] It is likely that Turkish and Kurdish residents are undercounted in official data sources such as the Census and GP records. The actual number of Turkish and Kurdish smokers may be larger. [56] [57]

Figure 8: Proportion of adult Hackney residents recorded as smokers by their GP, by ethnicity and gender (age 16+, 2016)



Source: GP data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 9: Number of adult Hackney residents recorded as smokers by their GP, by ethnicity and gender (age 16+, 2016)



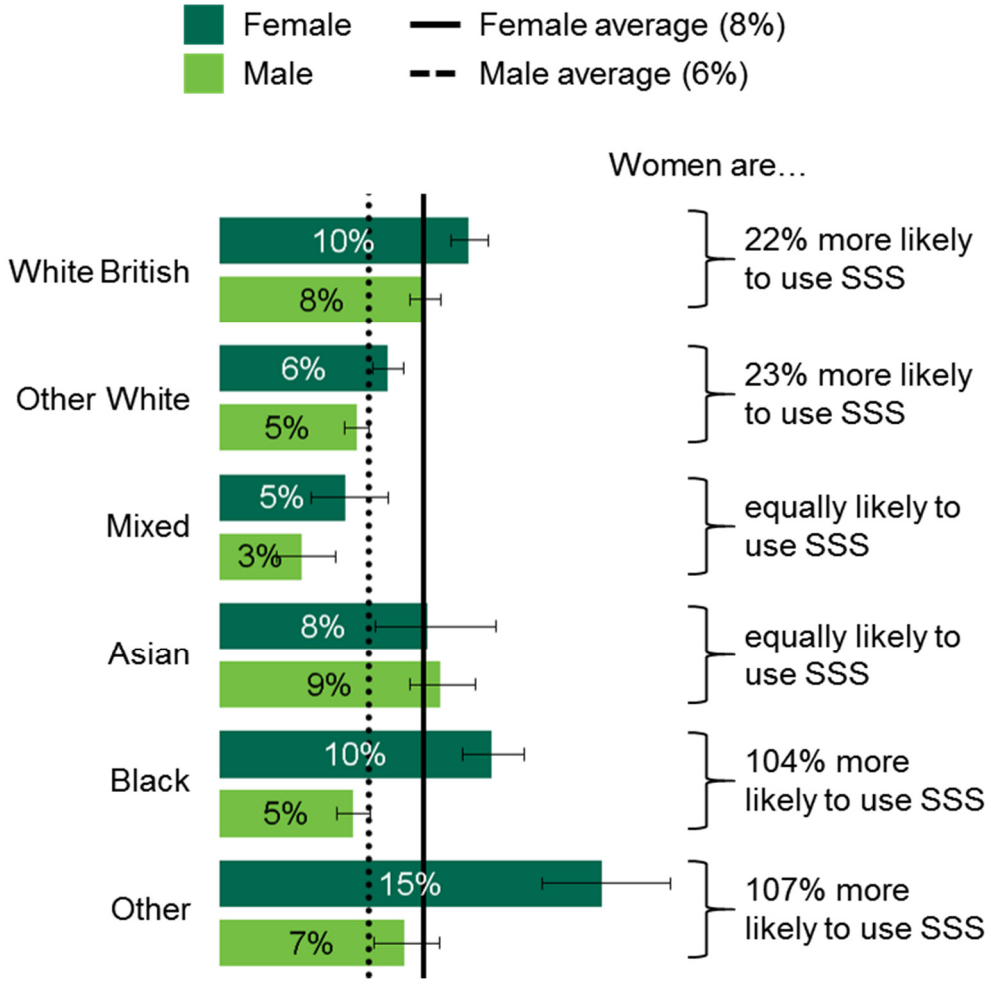
Source: GP data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

As well as being less likely to smoke, women are also more likely to use SSS and, as with smoking prevalence, this varies by ethnicity (Figure 10).

The greatest differences in rates of SSS use between genders are seen in Black and Other ethnic groups, where women are twice as likely as men to be using local services.

We are unable to disaggregate the data into ethnic subgroups (such as Black African and Black Caribbean) due to differences in the way data has been recorded in the GP and SSS systems. This means that caution must be taken in interpreting these results, as we know that some subgroups have very different smoking behaviours (as shown in Figure 8).

Figure 10: Hackney SSS use as a proportion of the number of Hackney residents recorded as smokers by their GP, by broad ethnic group (age 16+, 2015/16)



Source: Local SSS data recorded through SONAR system, extracted July 2016.
Notes: Data covers all SSS based in Hackney, no information available on borough of residence.

City of London

As for Hackney, smoking prevalence rates in the City are higher in men than in women, and the difference again varies across ethnic groups – prevalence is similar for men and women in Other White groups, whereas Asian men are three times as likely to smoke as Asian women.

Figure 11 shows smoking prevalence across gender and ethnicity for the City. Due to small numbers, residents have been amalgamated into broad ethnic groups. Caution should therefore be taken when generalising from these results, as we know from Hackney's data that there can be very different smoking behaviours in different ethnic subgroups.

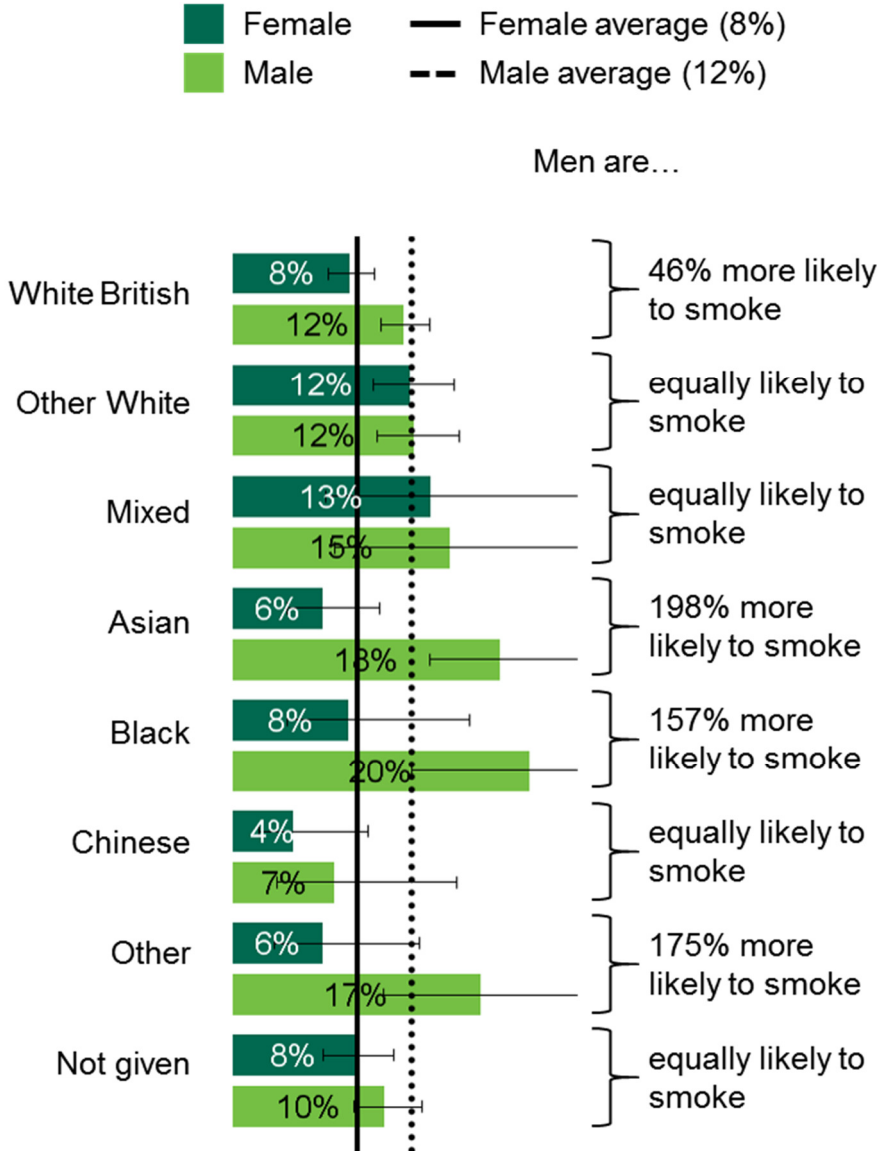
Key findings from Figure 11 are summarised below.

- White British men and women have similar prevalence rates to their respective local authority averages. Smoking prevalence among men is about one and a half times that of women.
- Other White men and women are roughly equally likely to smoke, but the prevalence rate among women is higher than the average for the City (among men it is similar to the local authority average).
- While there is a lot of statistical uncertainty around Black and Asian smoking prevalence rates due to the small numbers involved, we can still see that Black and Asian men are more likely to smoke than Black and Asian women. As in Hackney, it is important to note that tobacco-related harm may be under-estimated in some communities by focusing on cigarette smoking. [25]
- Due to small numbers, not much can be concluded about smoking prevalence in Mixed and Other ethnic groups in the City.

Figure 12 shows that the greatest *number* of GP recorded smokers in the City are White British (around 250 people – roughly 90 women and 160 men). Other White residents make up the next largest group in absolute numbers (around 130 smokers – similar numbers of women and men).

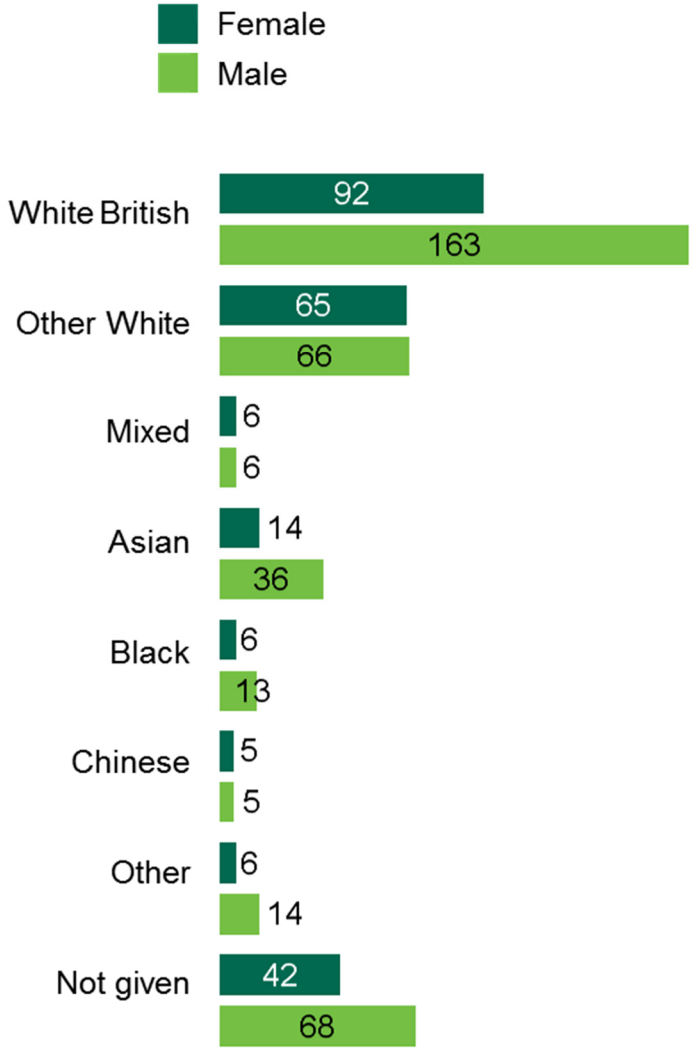
As the majority of users of City SSS are not City residents, we do not have a comparable population of smokers against which to estimate rates of SSS use. However, data from 2015/16 show that just over twice as many men (142) as women (68) used City SSS, with the vast majority of users being White British (61% of women and 73% of men). Again, this is likely to reflect heavy SSS use among the daytime City worker population.

Figure 11: Proportion of adult City residents recorded as smokers by their GP, by ethnicity and gender (age 16+, 2016)



Source: GP data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 12: Number of adult City residents recorded as smokers by their GP, by ethnicity and gender (age 16+, 2016)



Source: GP data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

3.4.3 Disability and long-term illness

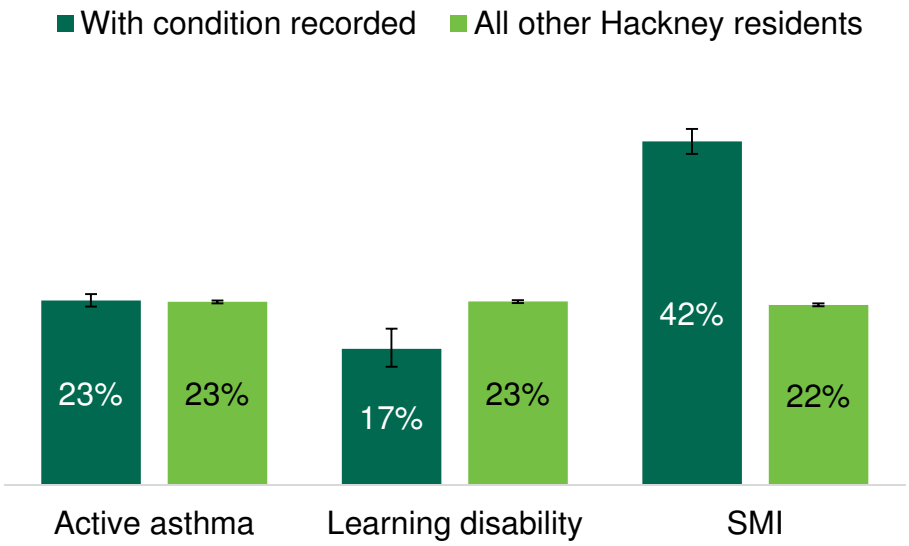
Hackney

Figure 13 presents GP recorded smoking prevalence in Hackney for a selection of different disability/long-term illness groups. The figure shows that those with active asthma are equally likely to smoke as those without, those with a learning disability recorded by their GP are less likely to smoke, and those with Serious Mental Illness (SMI)[4] are twice as likely to smoke as those without SMI. Nearly 100% of those with active asthma, learning disability and/or SMI have their smoking status recorded, compared to 96% of those who have none of these conditions.

[4] This is a technical term used to mean only bipolar disorder, schizophrenia and other psychoses.

For more information on smoking and learning disabilities, see the forthcoming 'City and Hackney adult learning disabilities needs assessment'. For more information on smoking and mental health, see the 'Mental health and substance misuse' chapter of the JSNA. A breakdown of SSS use is not available by disability or long-term health condition.

Figure 13: Proportion of adult Hackney residents recorded as smokers by their GP, by selected disability (age 16+, 2016)

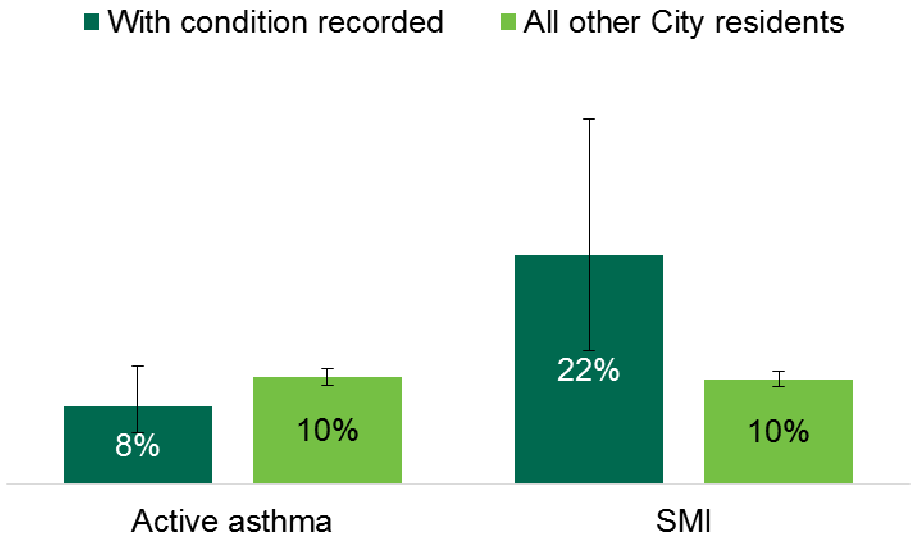


Source: GP data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

City

In the City of London, GP recorded smoking prevalence rates are much lower, but Figure 14 shows that similar patterns can still be seen in those with active asthma (similar rates to those without) and those with SMI (higher smoking prevalence rates than those without). Learning disability data has been suppressed due to very small numbers in the City. Again, nearly 100% of those with active asthma and/or SMI have their smoking status recorded, compared to 96% of those who have neither of these conditions.

Figure 14: Proportion of adult City residents recorded as smokers by their GP, by selected disability (age 16+, 2016)



Source: GP data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

3.4.4 Socio-economic disadvantage

While smoking prevalence overall has declined significantly in recent years, both locally and nationally (see Section 3.5), it remains much higher in disadvantaged and socially marginalised groups.

In England, the premature death rate is more than three times higher in the lowest compared to the highest socio-economic groups. Smoking is a key driver of this inequality - more than half of the difference in premature deaths between the highest and lowest socio-economic groups is attributable to differences in smoking prevalence rates. [26]

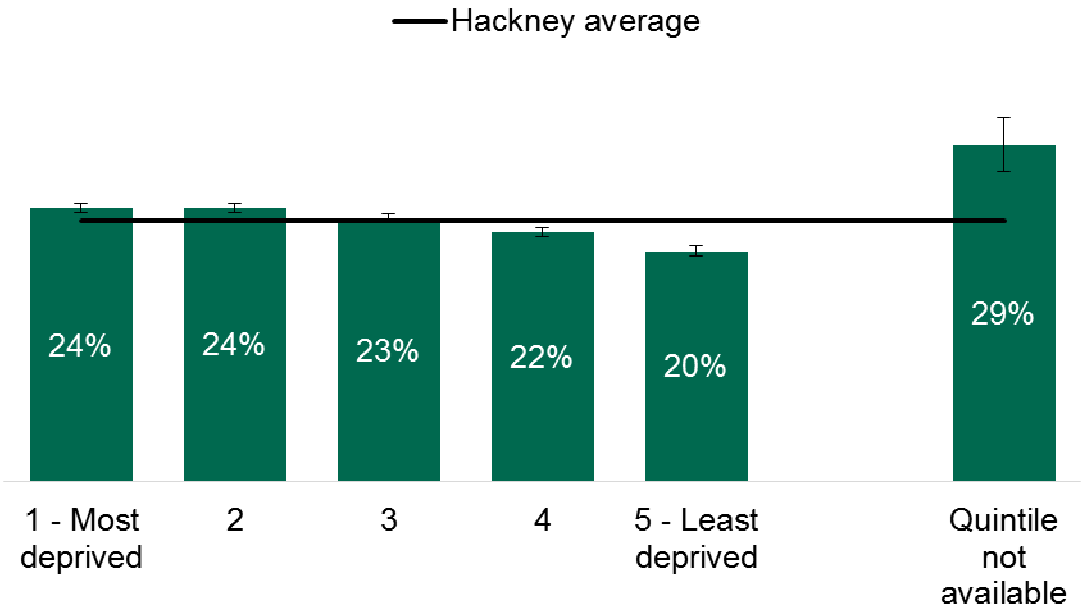
The higher prevalence of smoking in deprived communities is compounded by more frequent and more intensive smoking in these groups. On average, smokers in lower socio-economic groups start smoking earlier in the day, smoke more cigarettes per day, and consume more nicotine per cigarette than more affluent smokers. [27] [28]

This inequality is also reflected in smoking in pregnancy, with pregnant women in unskilled occupations being five times more likely to smoke than professionals. [23]

Hackney

Hackney is among the most deprived local authorities in England and its smoking prevalence is comparatively high (see section 3.5). [24] Figure 15 shows that inequalities by deprivation also exist *within* Hackney, with residents in the most deprived quintile being 19% more likely to smoke than those in the least deprived quintile. However, it should be noted that GP recorded smoking prevalence in the least deprived quintile locally is still higher than national GP recorded prevalence rates. [21]

Figure 15: Proportion of adult Hackney residents recorded as smokers by their GP, by local deprivation quintile[5] (age 16+, 2016)



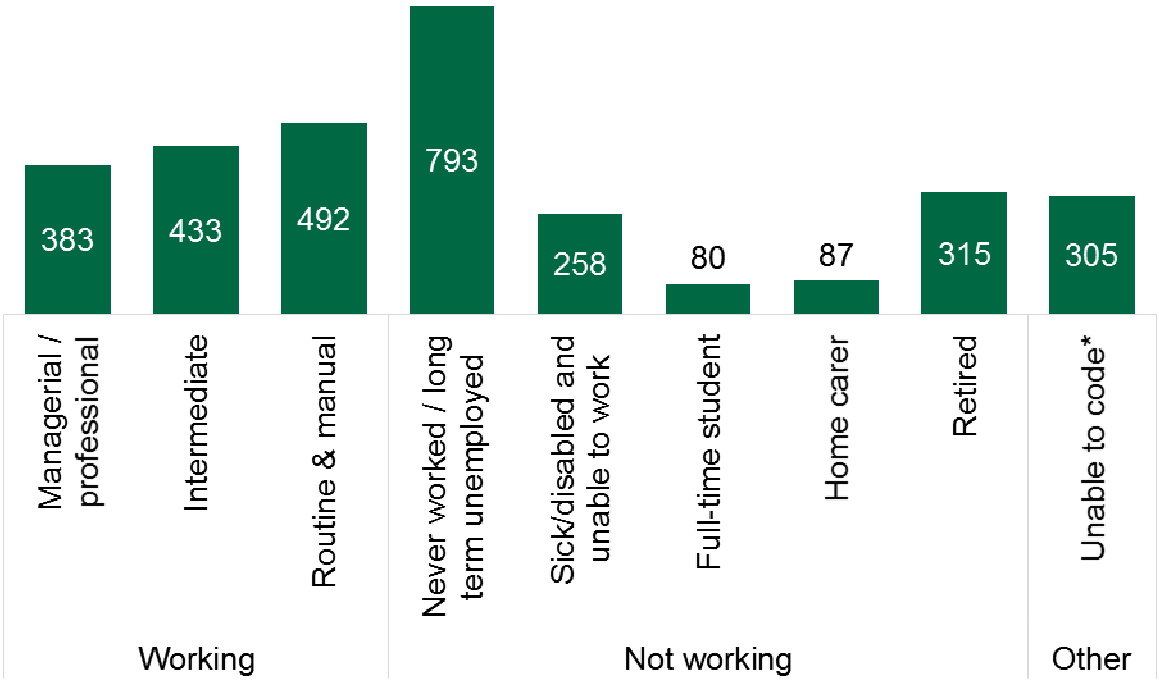
Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

It is not possible to analyse use of SSS by deprivation quintile of residence, as we do not have SSS users' addresses. However, data on occupation of SSS users is available and displayed in Figure 16. Here we see the largest numbers of service users in the 'never worked/long-term unemployed' category. Over a third (38%) of SSS users with occupation coded are either in this category or 'sick/disabled and unable to work', whereas just 11% of the total adult population in Hackney are in these occupation groupings. It is not possible to say from these local data whether the higher use of SSS in these groups is due to higher smoking prevalence, a greater likelihood of using such services, or both.

SSS users who are employed or retired are more likely to have successfully quit after four weeks (51-55%) than those who are otherwise not working (35-45%).

[5] Local deprivation quintiles are computed over City, Hackney, Tower Hamlets and Newham – the most deprived quintile is the most deprived 20% of areas over the four local authorities.

Figure 16: Number of Hackney SSS users, by occupation type (all ages, 2015/16)



Source: Local SSS data recorded through SONAR system, extracted July 2016.
Notes: Data covers all SSS based in Hackney, no information available on borough of residence.

City of London

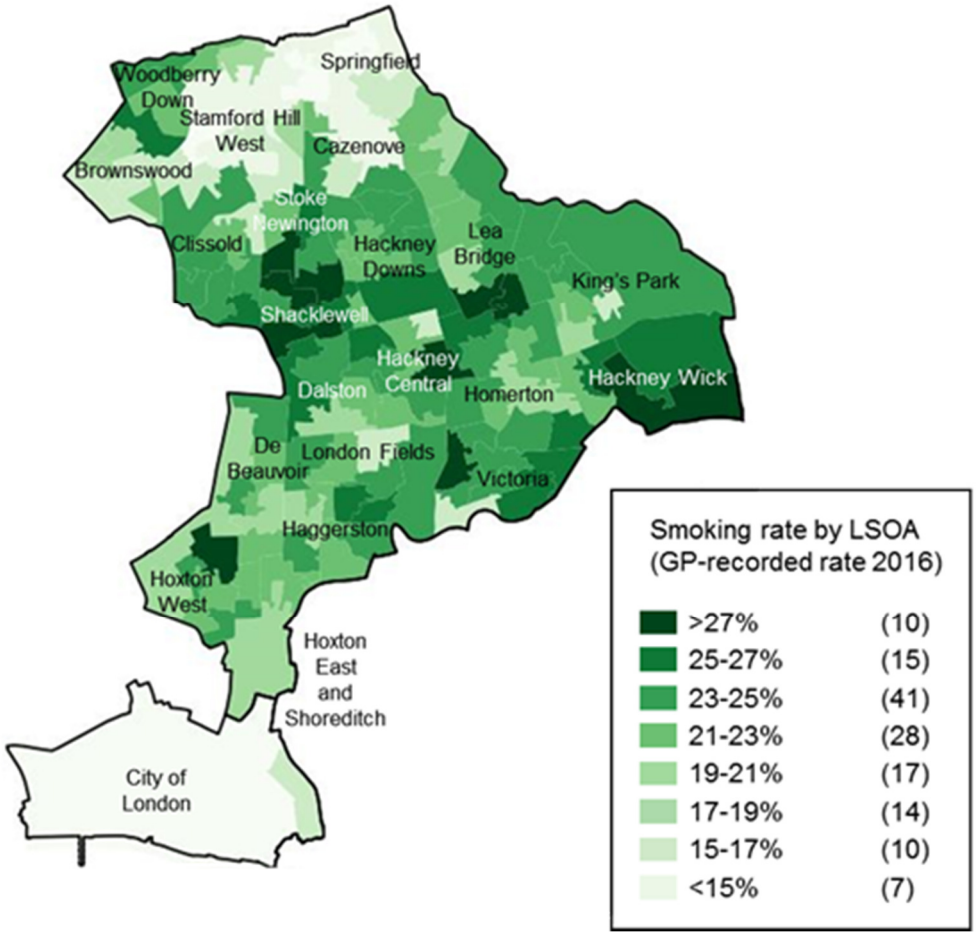
It is not possible to analyse City data by area deprivation.

Virtually all (93%) of those using City-based SSS in 2015/16 had their occupation coded as managerial/professional. Based on recorded GP practice, most of these are not City residents.

3.4.5 Location within Hackney and the City

Figure 17 shows there are comparatively low rates of smoking recorded by GPs in the City of London and the north of Hackney - with the exception of Woodberry Down in the north west of Hackney, which has similar smoking prevalence to most of the rest of the borough.

Figure 17: Map of GP recorded smoking prevalence in Hackney and the City of London, by locality (age 16+, 2016)[6]

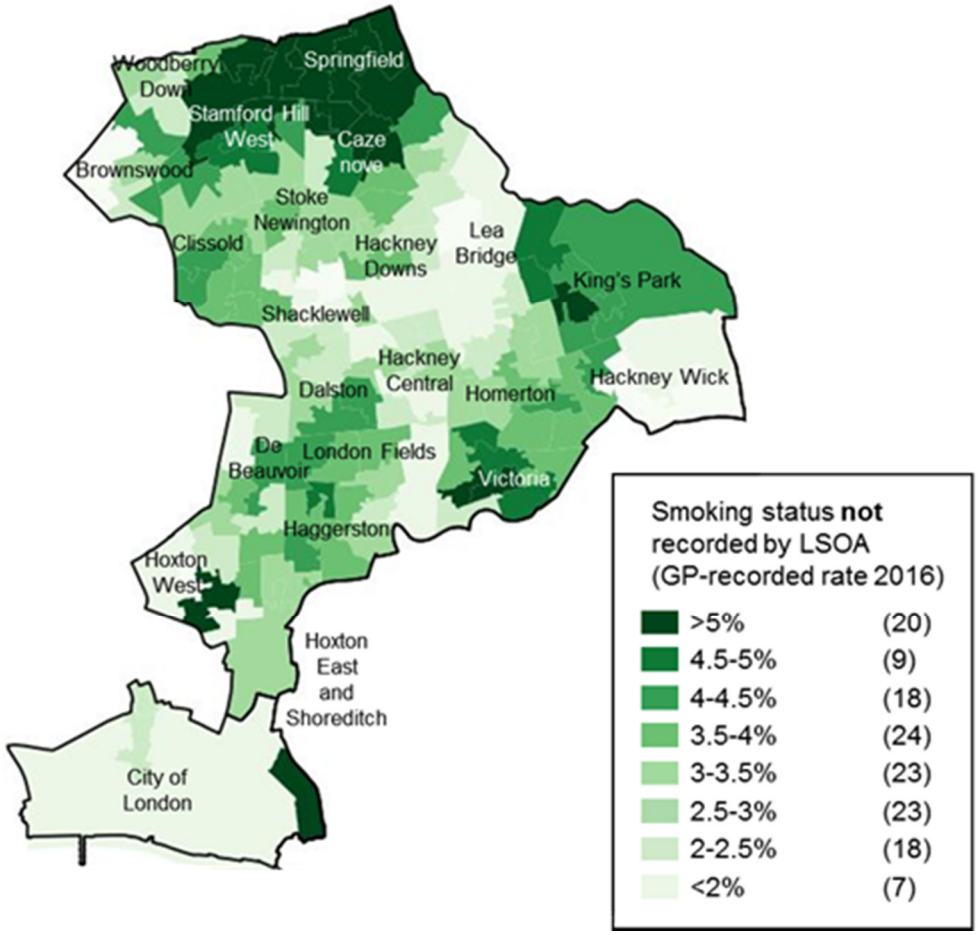


Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City and Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Figure 18 highlights a potential need in the north of Hackney for GPs to improve the recording of patients' smoking status - comparatively lower rates of recording of adult (16+) smoking status are shown in this area. Similarly lower rates of recording of smoking status are also shown in the Portsoken area in the east of the City of London.

[6] Rates are shown by Lower Super Output Area (LSOA). These are neighbourhoods of around 1,500 people used for statistical purposes.

Figure 18: Map of rates of smoking status not recorded by GP, by locality (age 16+, 2016)



Source: Local service data extracted from the GP register by CEG, Blizard Institute, April 2016.
Notes: Data covers City and Hackney residents registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

3.5 Comparisons with other areas and over time

Public Health England (PHE) produces the Local Tobacco Control Profiles[7] - a free, online tool that allows users to compare local and national figures on a number of different indicators. A selection of indicators from this tool are displayed below.

3.5.1 Smoking prevalence

All adults

Figure 19 shows that Hackney has a higher proportion of current adult smokers than London or England (based on the 'official' measure of smoking prevalence), and is at the higher end of its statistical peers. No comparable data on the 'official' measure of smoking prevalence are available for the City.

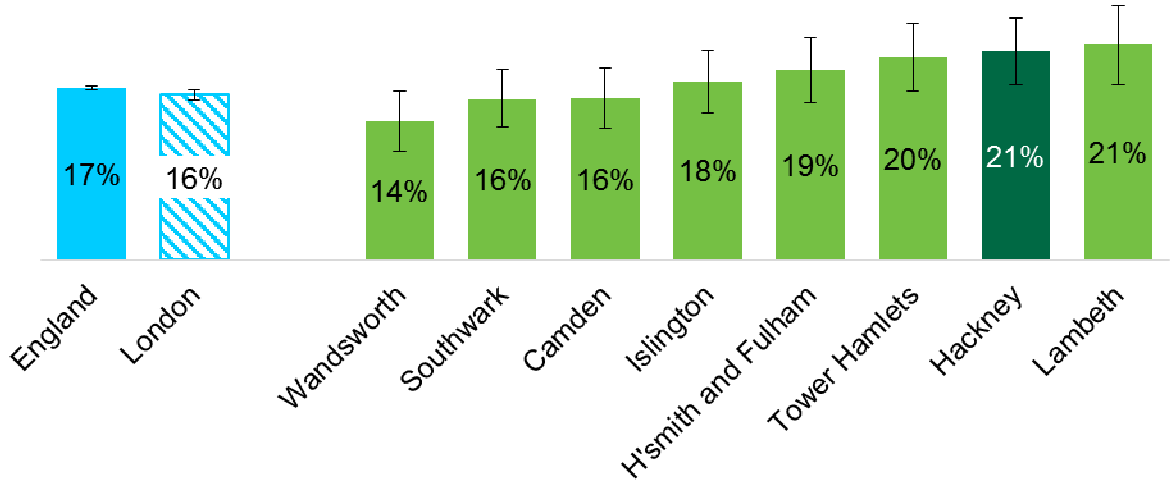
PHE also publish comparable data on GP recorded smoking prevalence (as presented elsewhere in this section). These data show similar patterns to the 'official' measure, except that GP recorded smoking prevalence is higher across all areas and Hackney has the

[7] http://www.tobaccoprofiles.info/

highest rates of all its statistical peers on this measure. The City's GP recorded smoking prevalence rate is much lower than the England and London average (11% compared with 19% and 18%, respectively).

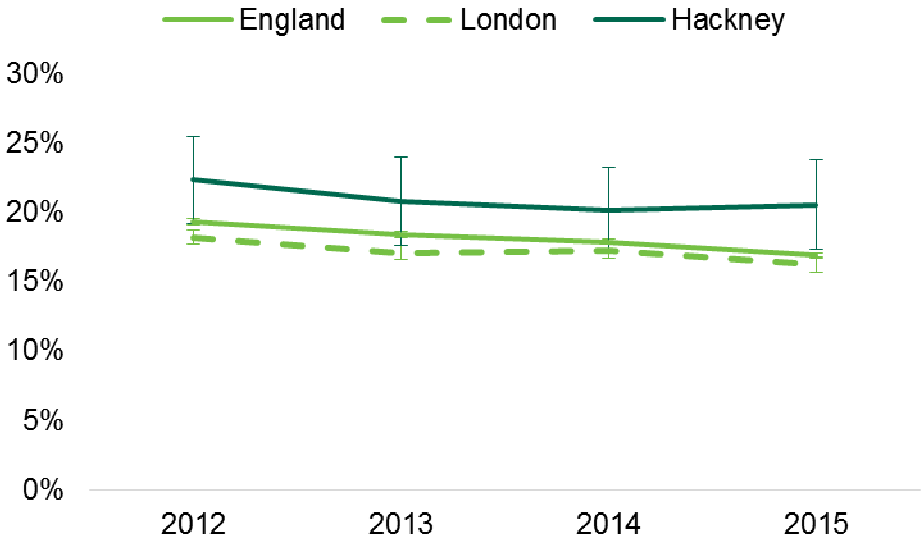
Figure 20 shows that national and London prevalence rates have declined since 2012, but there is too much statistical uncertainty around Hackney's data to conclude whether similar patterns have been observed locally (similar trend data are not available for GP recorded smoking prevalence).

Figure 19: Estimated proportion of adults who are current smokers (age 18+, 2015)



Source: Annual Population Survey, analysis by Public Health England
Notes: Value not available for City of London

Figure 20: Estimated proportion of adults who are current smokers (age 18+, 2012-2015)



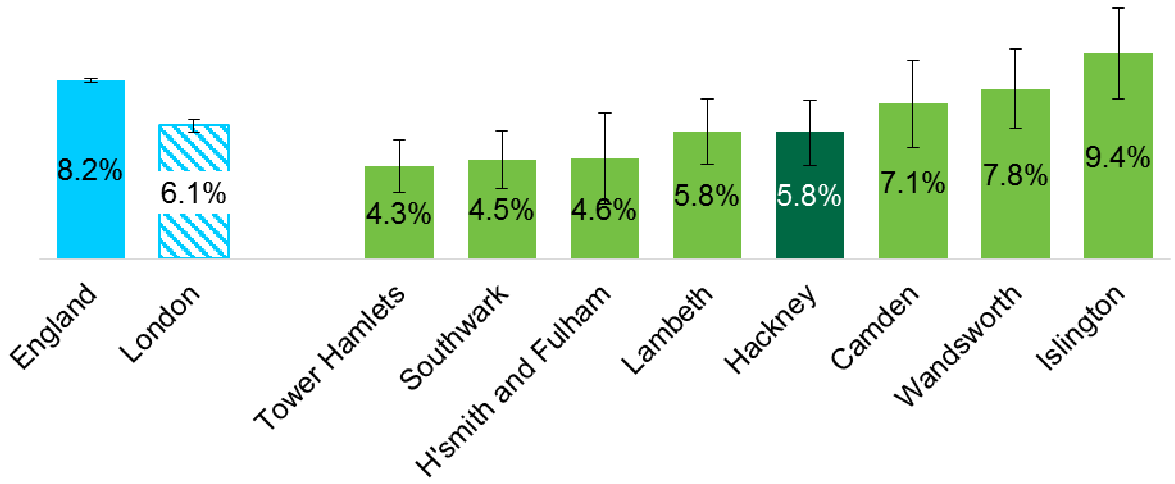
Source: Annual Population Survey, analysis by Public Health England
Notes: Value not available for City of London

Young people

Figure 21 shows that, in common with much of London, Hackney has a lower smoking prevalence rate in its young people than the national rate. Hackney lies in the middle of its statistical peers on this measure. No data are available for the City.

No trend data are available on this indicator.

Figure 21: Estimated proportion of 15 year olds who are current smokers (2014/15)



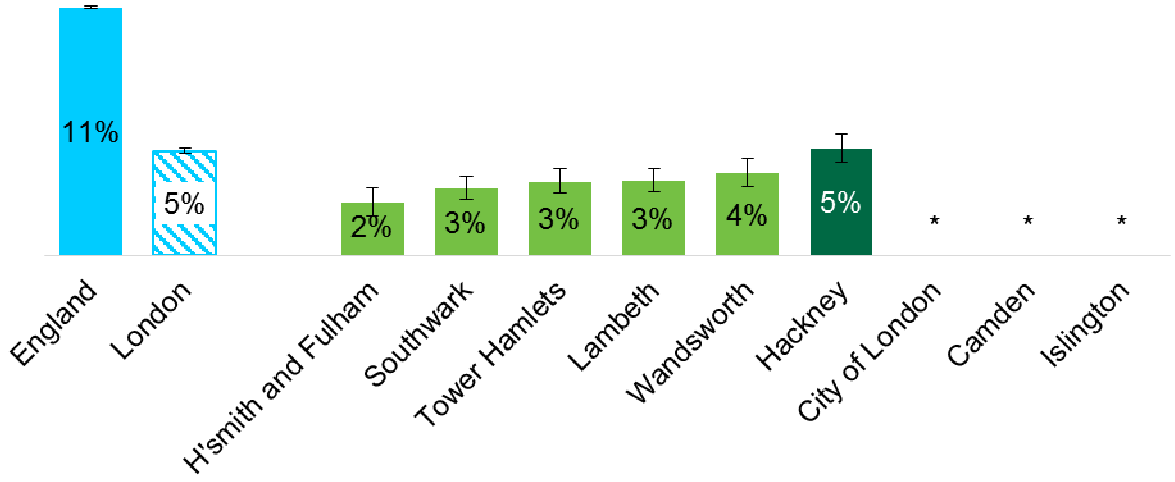
Source: Data from What About YOUth (WAY) survey, analysis by Public Health England.
Notes: Value not available for City of London

Smoking in pregnancy

Figure 22 shows that the recorded rate of smoking in pregnant women at time of delivery in Hackney is similar to London and much lower than (about half that of) the England average, but at the higher end of its statistical peers (where data are available). However, it is important to note that methods of recording smoking status vary considerably (a mix of self-report at delivery or based on recorded smoking status at booking). In addition, the high numbers of births in the local Orthodox Jewish community (see 'Children and young people' JSNA chapter), where smoking rates are thought to be low, is likely to skew the overall rate in Hackney. Comparisons presented here should therefore be treated with considerable caution.

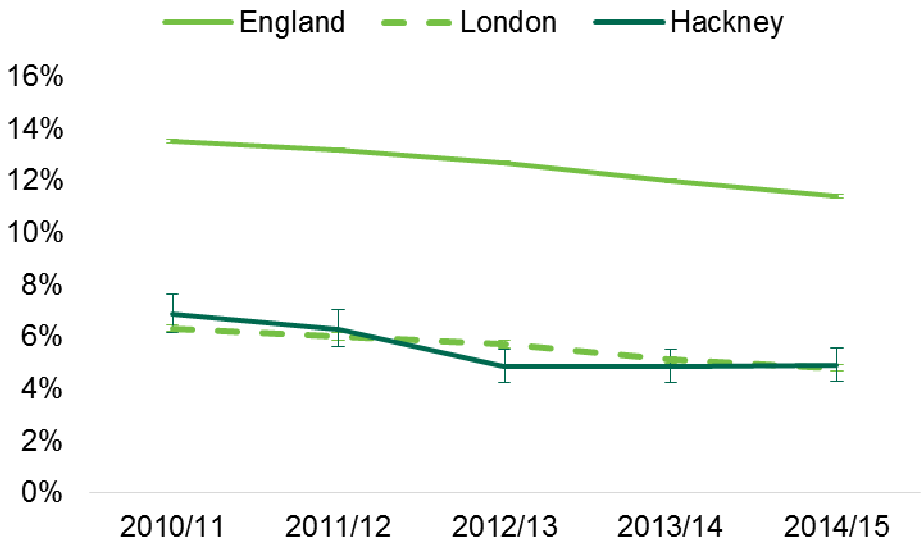
Figure 23 shows that recorded rates of smoking at delivery have declined locally, regionally and nationally over the period 2010/11 to 2014/15, with Hackney's prevalence rate remaining similar to London's at around half the rate of England.

Figure 22: Proportion of people giving birth who are current smokers at time of delivery (2014/15)



Source: NHS Digital, analysis by Public Health England
Notes: *Value not available for City of London, Camden or Islington

Figure 23: Proportion of people giving birth who are current smokers at time of delivery (2010/11-2014/15)



Source: Data from NHS Digital, analysis by Public Health England. [21]
Notes: Value not available for City of London

3.5.2 Health outcomes

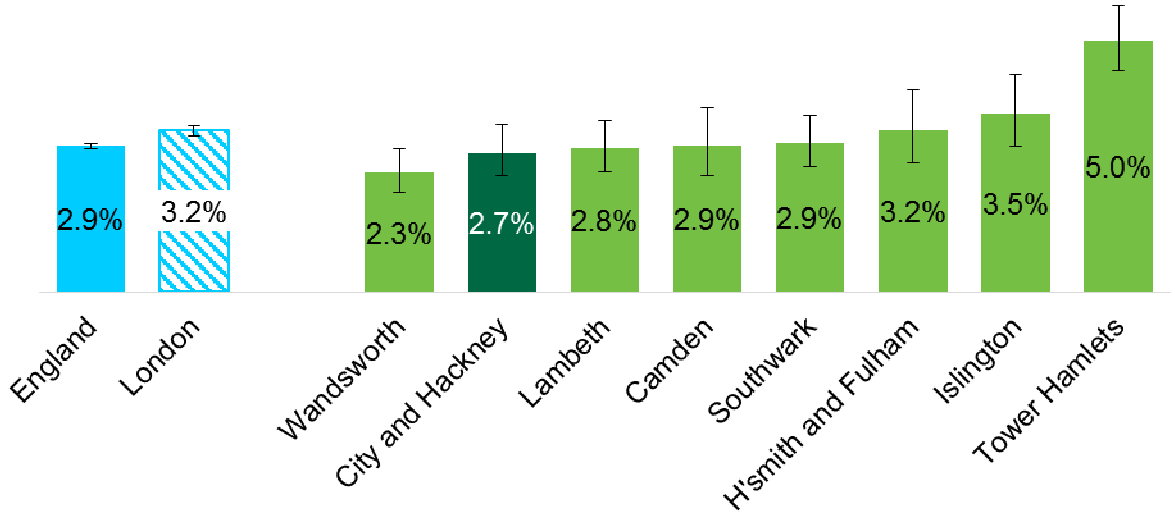
Low birthweight

As mentioned in the introduction, smoking during pregnancy is a well-known cause of poor foetal growth and low birthweight, which puts babies at increased risk of ill health and death. [29]

Figure 24 shows that the proportion of babies born with low birthweight in Hackney and the City is similar to London and England, and at the lower end of Hackney's statistical peers.

Figure 25 suggests that the proportion of babies born with low birthweight has declined locally since 2005, although there is variation year on year due to small numbers.

Figure 24: Proportion of live, full-term (37+ weeks) babies with low birthweight (<2500g) (2014)



Source: Data from ONS, analysis by Public Health England
Notes: Values not available separately for Hackney and City

Figure 25: Proportion of live, full-term (37+ weeks) babies with low birthweight (<2500g) (2005-2014)

Source: Data from Office for National Statistics (ONS), analysis by Public Health England.
Notes: Values not available separately for Hackney and City.

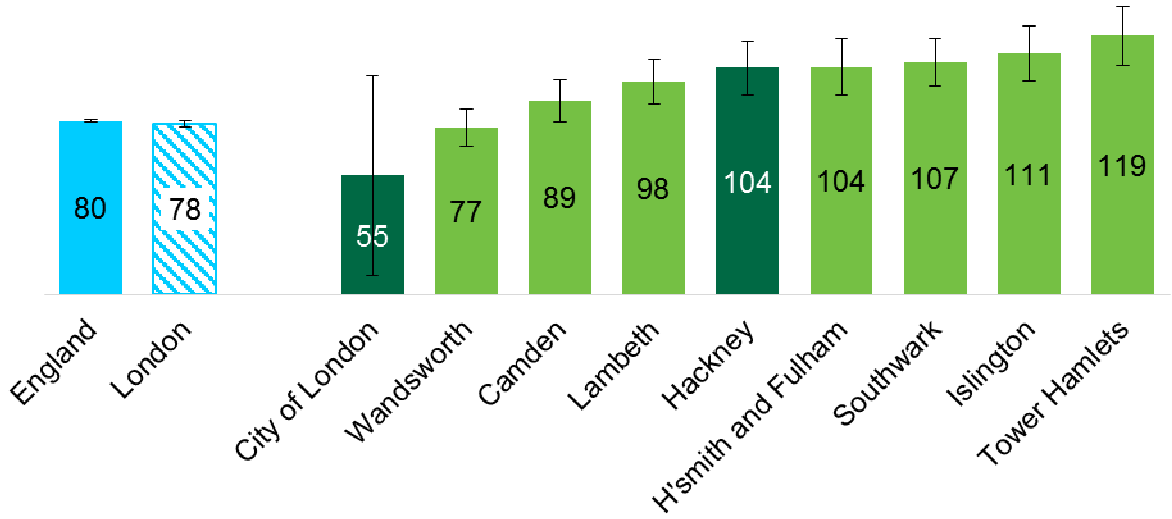
Lung cancer registrations

Lung cancer registrations are presented here as one indicator of the local smoking-related health burden in adults. The 'Adult health and illness' chapter of the JSNA presents data on a number of other health outcomes linked to smoking (including cardiovascular disease and chronic obstructive pulmonary disease, or COPD).

Figure 26 shows that Hackney, in common with most of its statistical peers, has much higher lung cancer registration rates than London and England. Due to the small size of the resident population, there is considerable statistical uncertainty around the figures for the City of London.

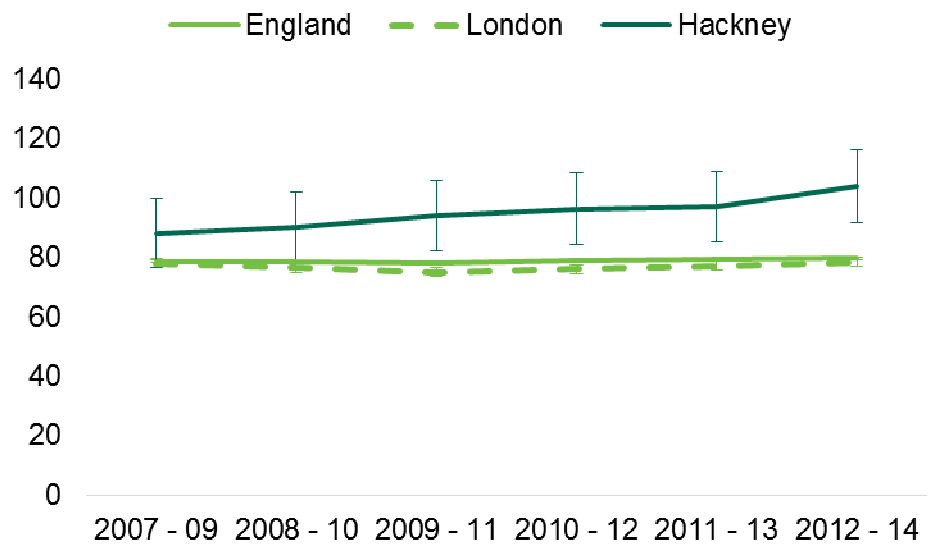
Figure 27 shows that, since 2009-11, Hackney's lung cancer registration rates have been consistently higher than the London and England averages. There has been a slight rise in rates over time, although there is variation year on year due to small numbers. Again due to statistical uncertainty, local trend data for the City are not presented.

Figure 26: Age-standardised registration rate for lung cancer per 100,000 population (2012-14)



Source: Data from National Cancer Registration Service, analysis by Public Health England. [21]

Figure 27: Age-standardised registration rate for lung cancer per 100,000 population (2007-09 to 2012-14)



Source: Data from National Cancer Registration Service, analysis by Public Health England.

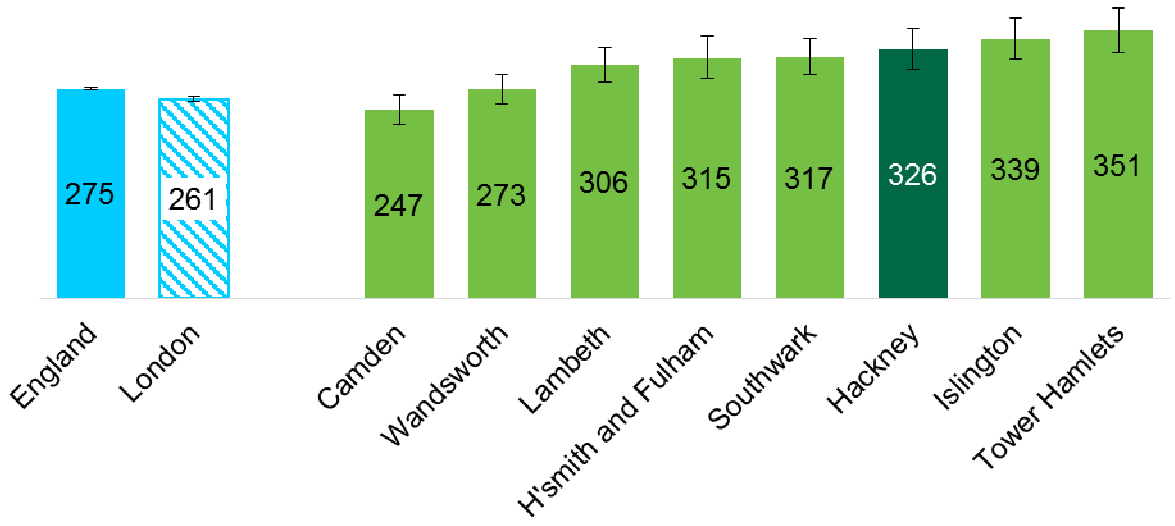
Smoking attributable mortality

Figure 28 shows that Hackney's smoking attributable mortality rate is higher than London and England, but similar to most of its statistical peers. It is important to note that there is a time lag between smoking behaviour and smoking attributable mortality, and so what we are seeing here largely reflects the effects of smoking from over 20 years ago in the local population. [30]

Figure 29 shows that nationally and regionally smoking attributable mortality has fallen over the period 2007-09 to 2012-14. Due to small numbers, it is not possible to say whether the trend has also been a downward one locally. What we can say is that smoking attributable mortality has been consistently higher in Hackney than London and England in recent years.

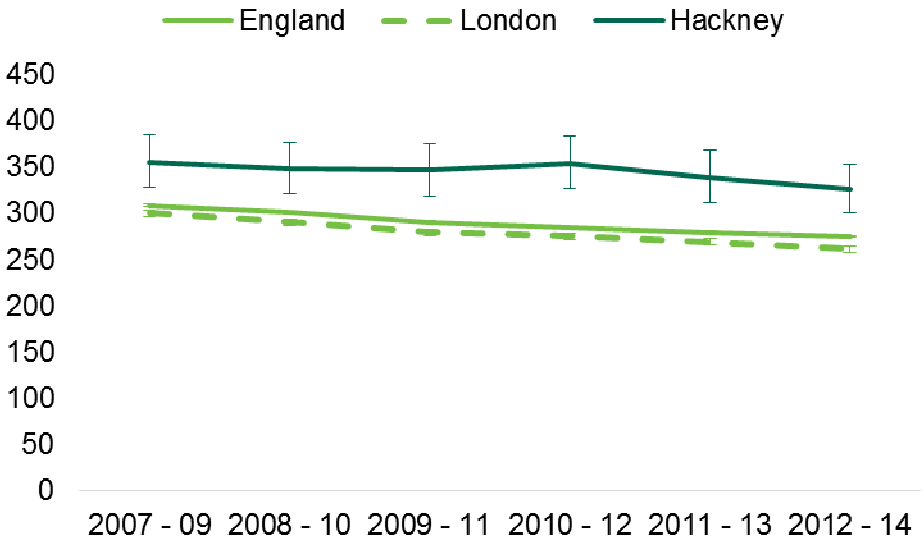
No comparable data are available for the City.

Figure 28: Deaths attributable to smoking per 100,000 population (age 35+, 2012-14)



Source: Data from ONS, analysis by Public Health England

Figure 29: Deaths attributable to smoking per 100,000 population (age 35+, 2012-14)



Source: Data from ONS, analysis by Public Health England
Notes: Value not available for City of London

3.5.3 Stop smoking services (SSS)

Use of services

Comparison and trend data on SSS reflect use of services based within the local authority area, *not* the use of services by residents of that local authority. For Hackney, this does not make a big difference: the vast majority of those using Hackney-based SSS are residents of the borough. However, most of those using City based SSS are not City residents, so this indicator cannot be used to gauge how well City residents' needs are being met (see Section 3.3.1).

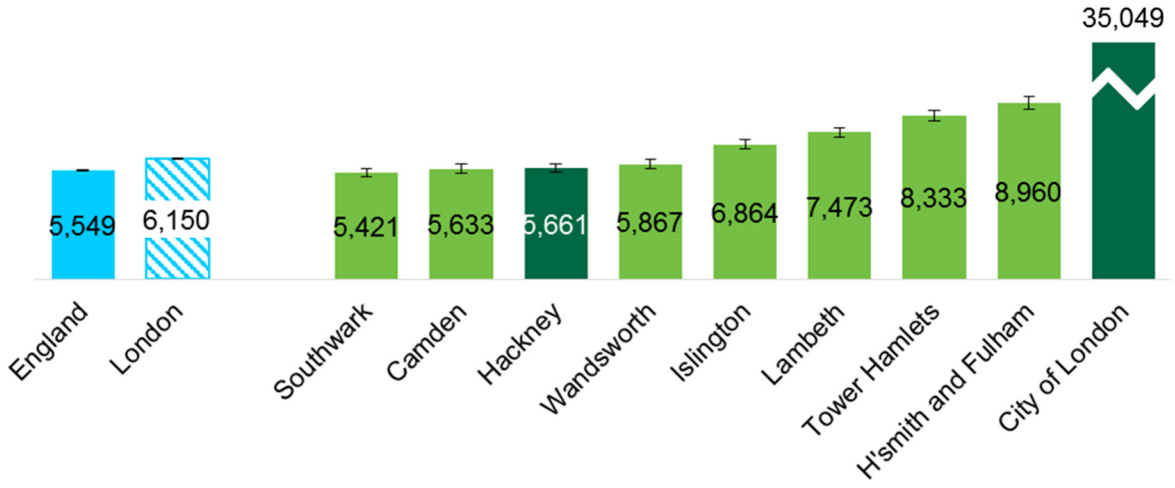
Figure 30 shows that around 6% of the total number of Hackney smokers (almost 6,000 per 100,000 resident smokers) used local SSS in 2014/15. This is lower than the London rate

and to the lower end of Hackney's statistical peers, though similar to the England average. This figure also suggests that the City of London has a very high rate of SSS use as a proportion of the resident population. However, as alluded to above, this is a misleading statistic as it reflects the high use of services by daytime City workers.

Nationally published data show that the rate of SSS use in Hackney dropped by around 30% in just one year, between 2013/14 and 2014/15. In the City, the fall was even more marked, at over 40%. There was also a decline in the London and national rates over this period, but not to the same degree. [21]

Local data collected over a longer time period (2009/10 to 2015/16) show that, while the number of people accessing City and Hackney SSS fell quite dramatically up to 2014/15 (a total drop of 58% over five years), there was a significant uplift in numbers in 2015/16 (see Figure 31).

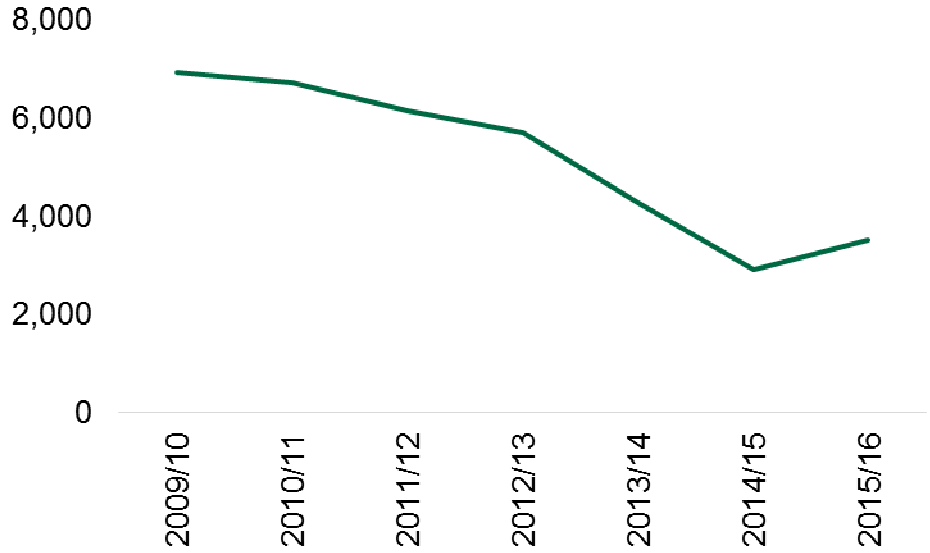
Figure 30: Number of people using borough services who set a quit date[8] per estimated 100,000 resident smokers (2014/15)



Source: Data from NHS Digital, analysis by Public Health England

[8] All people who use SSS set a quit date, so this is the same as the number of people who sign up to the service.

Figure 31: Number of people setting a quit date with City and Hackney SSS (2009/10 to 2015/16)



Source: Data compiled from local NHS Digital (formerly HSCIC) returns for City and Hackney
Notes: Values not available separately for Hackney and City

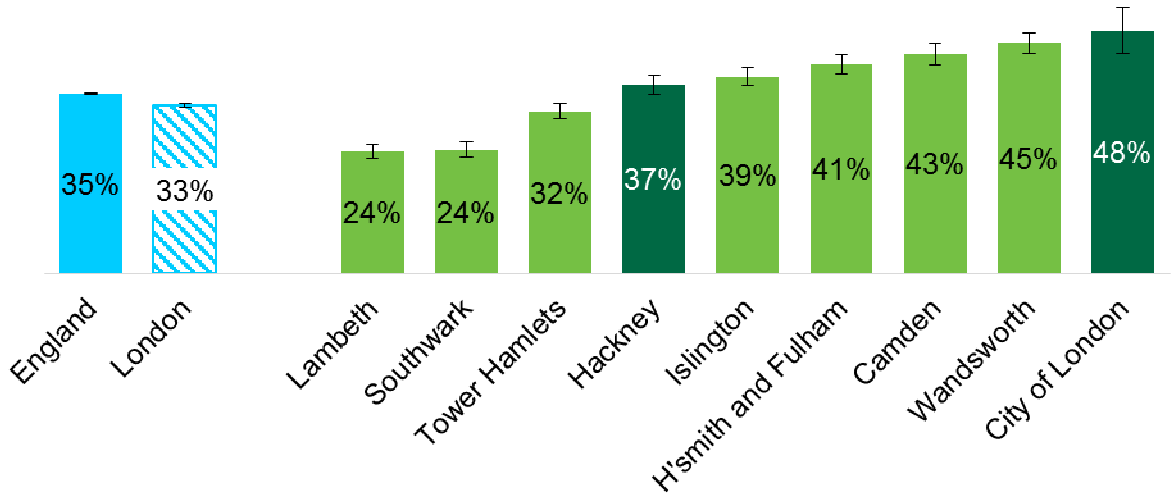
Quit rate

Figure 32 shows that, in 2014/15, just over a third (37%) of those using Hackney-based SSS had quit after four weeks of accessing support – slightly higher than London, similar to England, and in the middle of Hackney's statistical peers. Quit rates were significantly higher in City of London SSS, at 48%.

Figure 33 shows that Hackney's successful quit rate increased between 2013/14 and 2014/15. Over the same period, quit rates fell in the City of London, as well as across London and England as a whole.

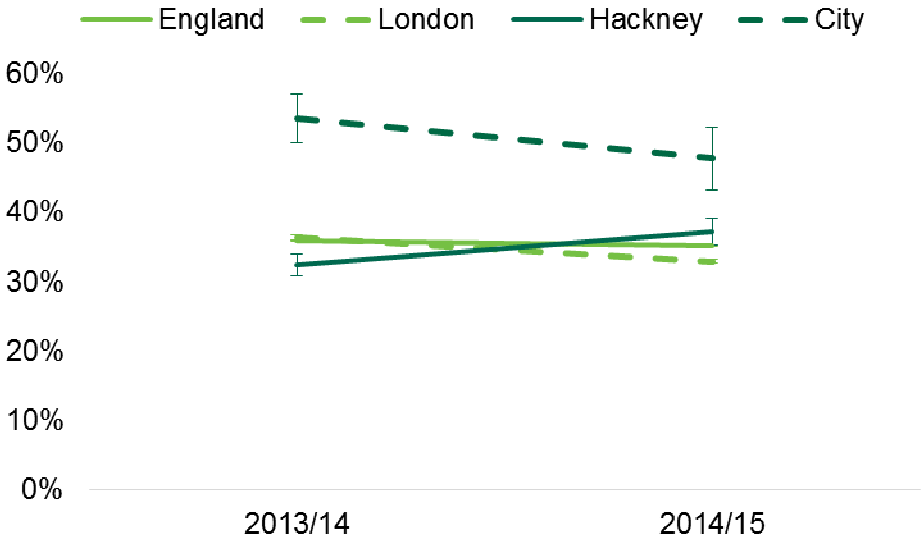
As mentioned previously, local data are available over a slightly longer time period, and shows that quit rates for users of local SSS have been steadily improving across Hackney and the City since 2010/11 (Figure 34). Quit rates for Hackney and the City combined were 47% in 2015/16.

Figure 32: Proportion of those using SSS who successfully quit (4-week CO2 validated quit rate) (2014/15)



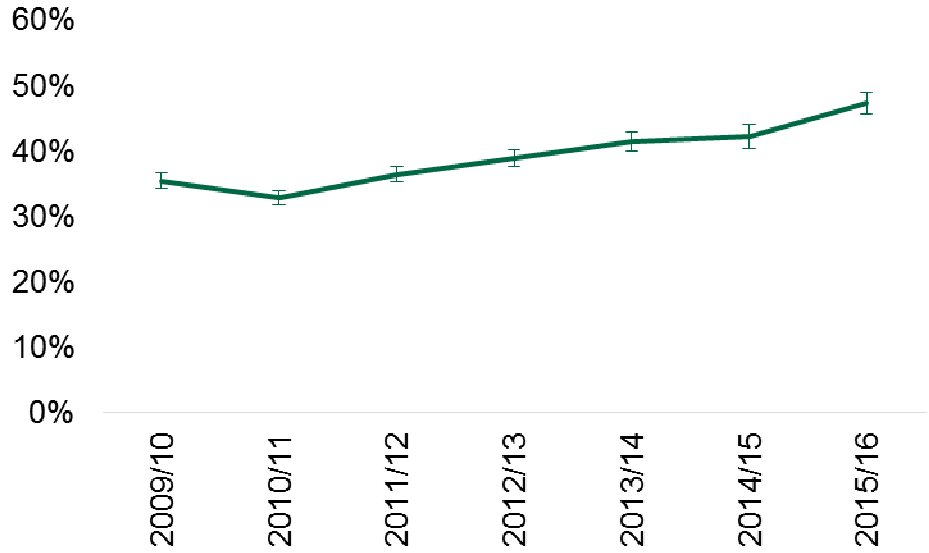
Source: Data from NHS Digital, analysis performed locally

Figure 33: Proportion of those using SSS who successfully quit (4-week CO2 validated quit rate) (2013/14 to 2014/15)



Source: Data from NHS Digital, analysis performed locally

Figure 34: Proportion of those using City and Hackney SSS who successfully quit (4-week CO2 validated quit rate) (2009/10 to 2015/16)



Source: Data compiled from local NHS Digital (formerly HSCIC) returns for City and Hackney
Values not available separately for Hackney and City

3.6 Evidence and good practice

The National Institute for Health and Care Excellence (NICE) has published a wealth of evidence-based guidance on smoking and tobacco control – see Box 2.

Box 2: NICE guidance related to smoking

- PH5 Smoking: workplace interventions (2007)
- PH10 Stop Smoking Services (2008)
- PH14 Preventing the uptake of smoking by children and young people (2008)
- PH15 Cardiovascular disease: identifying and supporting people most at risk of dying early (2008)
- PH23 School-based interventions to prevent smoking (2010)
- PH26 Stopping smoking in pregnancy and after childbirth (2010)
- QS43 Smoking: supporting people to stop (2013)
- PH45 Smoking harm reduction (2007)
- PH 48 Smoking: acute, maternity and mental health services (2013)

All available on the NICE website.[9]

3.6.1 Prevention of smoking uptake

Young people are more likely to start smoking if they live with a parent, carer or sibling who smokes (see Section 3.2 for discussion of risk factors for smoking uptake). Other factors that influence smoking uptake include smoking by friends and peer group members, the ease with which young people can obtain cigarettes (often illegally), exposure to tobacco marketing and depictions of smoking in films, television and other media. [7] Therefore, to be successful in preventing smoking uptake, it is not sufficient to focus on youth targeted

[9] www.nice.org.uk/guidance/lifestyle-and-wellbeing

interventions alone. Working on the other elements of tobacco control such as tackling the sale of cheap or illegal tobacco and proxy purchasing, and reducing exposure to second hand smoke through legislation and smoke-free policies, also help to prevent smoking uptake. [31]

School-based interventions have been shown to be effective in reducing uptake and NICE have published guidance which sets out a number of relevant recommendations. These include the implementation of whole school smoke-free policies, incorporating education about the harms from smoking into the curriculum and supporting young person led interventions. [32] NICE also recommends targeted mass media campaigns to prevent smoking uptake among young people. [33]

3.6.2 Identification and early intervention

All health and social care services (and frontline staff in other public services) can play a key role in identifying smokers, delivering very brief advice (VBA) and referring people to local SSS. [34] [35] This in line with the Making Every Contact Count (MECC) agenda and with NICE guidance on identifying and supporting people most at risk of dying early from cardiovascular disease (CVD). [36] [37] In particular, owing to the links between CVD, social deprivation and smoking, targeting adults who are disadvantaged and at high risk of premature death from CVD is recommended.

Given the significant harms from smoking in pregnancy, NICE recommends that all pregnant women should be given a CO test by midwives at their booking appointment. All women who smoke, have stopped smoking within the last two weeks or who have a CO reading of 7ppm or above,[10] should be referred (via an opt out system) to the local SSS. [38]

3.6.3 Treatment, care and support

Targeted, high quality SSS are a key component of cost-effective tobacco control strategies at local and national level, and essential to the reduction of health inequalities. Research shows that people who access evidence-based SSS are four times as likely to quit as if they tried to go it alone. [39]

Recommendations on delivery of SSS from NICE include the following. [40] [41]

- SSS should target, and be accessible to, relevant minority ethnic and socially disadvantaged communities in the local population.
- Performance (i.e. quit rate) targets need to be realistic for both the number of people using the service and the proportion who successfully quit smoking, and should reflect the demographics of the local population.
- Services should aim to treat at least 5% of the estimated local population of people who smoke or use tobacco in any form each year, and aim for a success rate of at least 35% of service users having quit at four weeks (validated by carbon monoxide monitoring) – four week quitters are much more likely to remain smoke-free.

[10] It is unclear as to what constitutes the best cut-off point for determining smoking status. Some suggest a CO level as low as 3 ppm, others use a cut-off point of 6–10 ppm. NICE guidance suggests 7 ppm.

- The most effective intervention involves a combination of behavioural support from a trained stop smoking practitioner plus licensed pharmacotherapy (such as Champix or nicotine replacement therapy, or NRT).
- Success should be validated by a CO monitor reading of less than 10 ppm at the four week point. This does not imply that treatment should stop at four weeks.

In order to maximise referrals to SSS, formalised systems should be in place to enable the monitoring of referral sources, and to help identify areas where referral rates could be improved. [42]

Specific guidance is also available on provision of SSS in acute, maternity and mental health settings. [43] As mentioned previously, people with SMI are much more likely to smoke than the general population; they are more likely than average to anticipate difficulty in quitting and less likely to succeed. However, there is good evidence of the effectiveness and safety of SSS strategies specifically designed for people with SMI. [44]

For those people who are not ready, willing or able to stop in one step, harm reduction interventions can support them in moving closer to becoming smoke-free. [45]

In addition to the abundance of NICE guidance available on delivery of local SSS, various resources are available for providers and commissioners of SSS on the National Centre for Smoking Cessation and Training (NCSCT) website. [46]

3.6.4 E-cigarettes

Over recent years, electronic cigarettes (EC) have become a very popular stop smoking aid in the UK and many people have found them helpful for quitting. Long term health effects are still not known, but a recent review of the latest evidence highlighted the fact that use of EC is much less harmful than smoking tobacco. [47] In April 2016, the Royal College of Physicians Tobacco Advisory Group published a report which recommended that EC should continue to be supported by government and promoted as a tobacco harm reduction strategy. [48]

Recent guidance has been published on use of EC within SSS, use of EC in public places and workplaces and use of EC in pregnancy. [49] [50] [51]

3.6.5 Workplace interventions

The workplace presents an opportunity to encourage and facilitate action on smoking. The London Healthy Workplace Charter provides a framework for action to help employers build good practice in health and work in their organisation. The business benefits of having a healthy, fit and committed workforce are now clearly recognised. These include lower absence rates, fewer accidents, improved productivity, staff who are engaged and committed to the organisation and fitter employees as they grow older. The Charter works by recognising good practice at three tiers: ‘commitment’, ‘achievement’ and ‘excellence’. The standards for smoking are outlined in Table 5.

Table 5: Healthy London Workplace Charter – tobacco standards [52]

Level of Achievement	Requirements
Commitment level	The organisation's management team is aware of its duties under smoke-free legislation and is in compliance.
	All staff are aware of the smoke-free and tobacco control laws and how they are applied in their workplace.
	Sources of further information and support to quit smoking are regularly available.
	A smoke-free policy is in place and all staff are aware of it and kept informed of any changes.
Achievement level	Building managers, reception staff, ground staff and those operating in communal areas are aware of how to report breaches of the smoke-free policy.
Excellence level	All open areas (outdoor) are clearly signposted as smoke-free and steps are taken to prevent smoking in these areas.
	There is active promotion of 'stop-smoking' services and staff are given time to attend.

There is specific NICE guidance on how to encourage and support employees to stop smoking. Recommendations are outlined below. [53]

- Employers should develop a smoking cessation policy, provide employees with information on local SSS, publicise local interventions and allow staff time off to attend smoking cessation services.
- Employees and their representatives should encourage employers to provide advice, guidance and support to help employees who want to stop smoking.

3.6.6 Wider tobacco control

The most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach at both national and local level. [54] The Department of Health's 2011 report 'Healthy Lives, Healthy People: A Tobacco Control Plan for England' sets out required actions across the following eight areas: [55]

- limiting the availability of tobacco
- restricting tobacco promotion
- preventing smoking uptake, particularly by young people
- eradicating sales of counterfeit and illegal products
- enforcing underage sales legislation
- educating the public about the dangers of tobacco use
- motivating and helping smokers to quit
- reducing exposure to second hand smoke and potential dangers from fire.

A new national tobacco control plan is expected to be published very soon. In 2015, Action on Smoking and Health (ASH) published a report, 'Smoking Still Kills', which set out a number of recommendations for consideration to inform the new plan (see Box 3).

Box 3: Smoking Still Kills: protecting children, reducing inequalities [12]

This report sets out a number of short-term objectives and longer-term aims and develops the agenda for tobacco control launched in 2008 with the 'Beyond Smoking Kills' report.
The main recommendations include:

- new targets for a renewed national strategy to accelerate the decline in smoking prevalence over the next decade
- an annual levy on tobacco companies to be introduced and for the money raised to be used to pay for measures such as mass media campaigns and stop smoking services
- good quality, evidence-based SSS to be accessible to all smokers, particularly those from lower socio-economic groups and disadvantaged populations
- the tax escalator on tobacco products to be increased to 5% above the level of inflation
- mass media campaigns and social marketing campaigns to target lower socio-economic groups and disadvantaged populations, and adequate resources to be provided to ensure that their reach, duration and frequency are in line with best practice
- the number of homes occupied by adult smokers and dependent children that are smoke-free to be increased to 80% by 2020 and 90% by 2025
- short anti-smoking films to be shown before films and programmes that portray smoking and can be seen by children and young people, including those viewed in cinemas, on TV and on pay to view internet.

3.7 Services and support available locally

In Hackney, the Health and Wellbeing Board has strategic oversight for tobacco control and oversees delivery of a comprehensive action plan, which covers:

- prevention
- implementation of smoke-free policies
- training for frontline line workers to deliver brief advice and signpost to SSS
- delivery of evidence-based SSS
- targeted communication campaigns
- reducing the availability and supply of illegal/cheap tobacco
- effective local regulation of tobacco sales.

In the City of London, a multi-agency Healthy Behaviours Steering Group oversees the delivery of tobacco control activities. Regular updates (once a year) are provided on tobacco control to the Health and Wellbeing Board. The focus of tobacco control activity in the City is on two groups – resident populations and the large number of people who come into the City every day to work. This includes advice, targeted work with local businesses and smoking cessation interventions.

3.7.1 Prevention of smoking uptake

Hackney previously participated in Cut Films, a youth anti-tobacco project that uses media to engage, educate and motivate young people not to take up the habit or (if they have) to quit.

School-based prevention work will continue through the new City and Hackney Children and Young People's Health and Wellbeing Service (starting autumn 2016), which will offer sessions on smoking and other tobacco use (e.g. shisha) to all primary and secondary schools and other youth settings in Hackney. This will be done by trained outreach workers and, where applicable, by a school health link worker.

Outreach workers from Young Hackney's[11] Substance Misuse Service are also trained up in smoking prevention and can run sessions either stand-alone or as part of their prevention work on other risky behaviours.

Recent prevention pilots that have been funded in Hackney are described in Box 4. Learning from these pilots will inform the prevention offer through the new City and Hackney Children and Young People's Health and Wellbeing service described above.

Box 4: Smoking prevention pilots funded through the Healthier Hackney Fund

Hackney Council's public health grants programme, the Healthier Hackney Fund, awarded funding to four smoking prevention projects in 2015/16. These were:

- the Clapton Boys Club 'Breathe Life' programme which worked with boys from the Orthodox Jewish community
- an intergenerational project with the Vietnamese and Chinese community run by the Chinese Community Centre
- a theatre production project followed by workshops that was delivered in six schools by the Chain Reaction theatre company
- a multi-media project run by YOH (a youth led community organisation) working with children and young people who are in (or associated with) gangs, primarily in the Kurdish and Turkish communities.

3.7.2 Identification and early intervention

The NHS Health Check service targets adults aged 40-74 to assess their risk of CVD and offer early preventative advice and support to reduce this risk. As part of the NHS Health Check people are asked about a range of health behaviours, including smoking status, and are referred to appropriate local services (including SSS). The NHS Health Check in Hackney is commissioned by the council's Public Health Team and delivered primarily through GP practices; in the City, it forms part of an integrated lifestyle service and is delivered through the one GP practice in the City as well as a number of outreach locations (for residents and City workers).

Smoking status is also assessed in primary care on a regular basis in people with long-term conditions (and on GP disease registers) or identified to be 'at risk' of CVD or diabetes. Locally, there are incentives in place for GPs to refer identified smokers to SSS.

[11] Young Hackney is the council's service for all young people aged 6–19. It aims to help all of Hackney's young people to enjoy their youth and become independent and successful adults. Young Hackney runs activities for young people across the borough, and offers advice and support to young people who need it, on subjects like education, employment, housing or health.

Nationally recognised training on VBA is also available locally through Hackney's SSS model (see below), for all health professionals and organisations working in the City of London and in Hackney. Examples of staff groups trained in the past two years include outreach workers in the substance misuse team, community wardens and staff working in supported accommodation.

Hackney Public Health Team and City and Hackney Clinical Commissioning Group worked together to develop a new smoking CQUIN for 2016-17 with Homerton hospital. [12] In addition to setting performance targets on proportion of staff trained to deliver VBA, the CQUIN also aims to ensure a robust and consistent data collection system which can identify smokers and/or those at risk of CO exposure in the maternity service - in particular, providing a more reliable source of data on smoking status at delivery. Performance targets include the proportion of pregnant women with smoking status recorded by a CO monitor at booking and between 36 and 38 weeks. It also includes targets on the proportion of women identified as smokers at time of booking referred to local SSS.

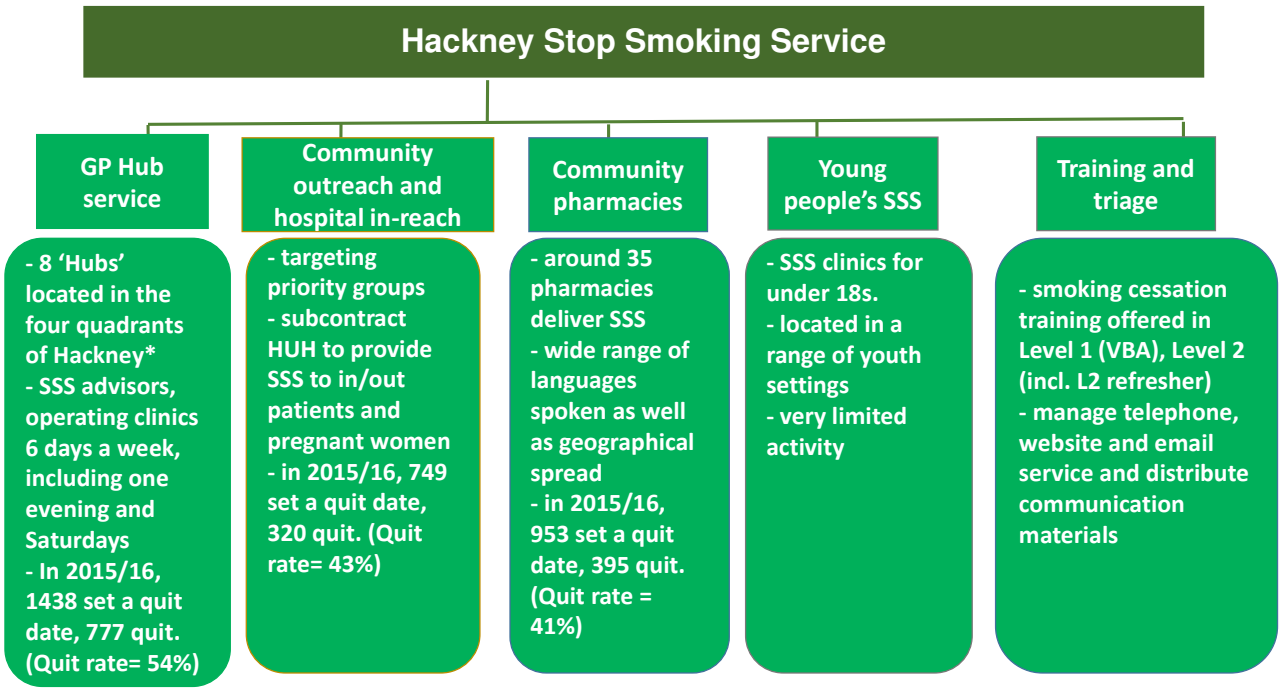
3.7.3 Treatment, care and support

The main components of the SSS delivered in Hackney since 2014 (commissioned by the council's Public Health Team) are described in Figure 35. The community outreach and hospital in-reach service provides support for priority groups who are the most likely to smoke and/or at increased risk of the harms from smoking - including certain minority ethnic groups, routine and manual workers, pregnant and post-partum women, as well as staff and patients at the East London Foundation Trust (ELFT).

Hackney SSS are 'e-cigarette friendly' - that is, users of EC can access behavioural support to quit (but e-cigarettes are not supplied).

[12] CQUIN stands for 'commissioning for quality and innovation'. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

Figure 35: Stop Smoking Services in Hackney



* Note: GP practices are organised by geographic location into four quadrants

In the City of London, SSS are delivered as part of the integrated Square Mile Health partnership, which also provides support for alcohol and/or drug problems. SSS are delivered through pharmacies and also in specialist community clinics. As in Hackney, the

City SSS is 'e-cigarette friendly', but as part of a local pilot goes one step further and also provides vouchers for the purchase of e-cigarettes for use as part of a supported quit attempt.

Box 5. Case Study - Proud to be a Hackney quitter

Ali Akpinar successfully quit in September 2015 after 20 years as a smoker. Ali was born in Turkey and moved to London about fifteen years ago. Ali started smoking while serving in the Turkish military.

"Being in the military was a very dark and scary experience. I had a shock one night and one of my friends offered me a cigarette to calm me and it just started from there. I never thought I would carry on smoking long term".

Lots of Ali's friends and family smoke and smoking is very common among the Turkish and Kurdish communities in Hackney, especially for men. Ali was apprehensive about quitting, partly as it is so engrained in his culture but he was given the encouragement he needed after his wife successfully gave up with the support of the Hackney SSS. Ali was ready to give up and was growing increasingly concerned about the impacts of smoking on his health.

"I didn't feel good, I couldn't walk for more than 10 minutes without getting out of breath and my friends and family all used to tell me that I looked unwell."

Since giving up smoking three months ago, Ali has already noticed some positive changes in himself.

"I'm already breathing more easily, I know after six months I will feel even better. I've also got my taste back and I'm starting to enjoy my food again."

Alongside the health benefits, Ali and his wife could save up to £3,000 a year collectively with the money they will save by not smoking. Ali would like to use these savings towards buying a house in Turkey for their son.

Ali was concerned about going to the stop smoking service as he thought there might be language barriers between himself and an advisor. Luckily for Ali he was able to get support from a native Turkish speaker, Pinar, alongside using the medication Champix and nicotine patches to fight cravings and withdrawal symptoms.

Looking forward, Ali knows that there may be bumps along the road, but he is optimistic he will be able to manage the cravings.

"I now tell all my friends to go to the service. I tell them how bad smoking is for their health. If they're not sure I reassure them and I tell them that the advisers are really friendly, helpful and supportive and they help you with which products are the best for you."

For more stories on Hackney quitters, go to the Smoke-free Hackney website.[13]

[13] http://www.smoke-freehackney.org/proud-hackney-quitters

3.8 Service gaps and opportunities

The previous sub-section described a comprehensive programme of tobacco control activity across Hackney and the City. The following areas have been identified as requiring ongoing support and focus over the coming year in order to minimise gaps in service provision, build on current practice and make use of upcoming opportunities.

- *Smoking in pregnancy and after childbirth*: continue to support pregnant women who smoke to quit and remain smoke-free after child birth, facilitated through Hackney's Smoking in Pregnancy and after Childbirth task and finish group
- *Illegal tobacco and enforcement:* focus on eradicating sales of cheap/illegal tobacco; raising awareness among the public about the harms related to the sale of cheap tobacco and encouraging the reporting of premises that sell it; increasing the perception of risk of getting caught among retailers who sell it, in partnership with regional and pan London networks
- *Prevention:* implement new approaches through integrated youth health and wellbeing services and local pilots
- *Targeted work with communities at high risk of smoking and related harms*: community engagement to better understand and address entrenched behaviours
- *Smoke-free policies:* support Homerton hospital to become fully smoke-free by 2017; and work with Tower Hamlets and Newham Public Health Teams to ensure effective implementation of the smoke-free policy at ELFT and improve referral pathways following discharge into the community.

Hackney Council has just been awarded London Healthy Workplace Charter status (at 'commitment' level) and the City of London Corporation has already been awarded 'achievement' under the Charter. In the City, this builds on the well-established Business Healthy programme, which provides resources and advice on promoting staff wellbeing. These initiatives provide an excellent platform to work with local employers to support staff who smoke to quit (and prevent others from taking up the habit), making the most of the workplace as a health promoting setting.

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