The Lambeth Tobacco Control Strategy (2010 – 2015)
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<td>To present the strategic direction for Tobacco Control in Lambeth over the next five years.</td>
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| **Author** | Teresa Salami - Adeti, Public Health Specialist, NHS Lambeth  
Bimpe Oki, Public Health Consultant, NHS Lambeth |
| **Planning** | Lambeth Tobacco Control Executive  
Roger Slaughter, Head of Consumer Protection, LB Lambeth  
Teresa Salami - Adeti, Public Health Specialist, NHS Lambeth  
Bimpe Oki, Public Health Consultant, NHS Lambeth |
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- London Borough of Lambeth Cabinet  
- The Lambeth Health & Wellbeing Partnership.  
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| Contact details | For further information about this document or other queries on Tobacco Control in Lambeth please contact: Bimpe Oki Public Health Consultant NHS Lambeth 1 Lower Marsh SE1 7NT bimpe.oki@lambethpct.nhs.uk |
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• London Borough of Lambeth (Consumer Protection, DAAT, Education services)
• Acute Services (Kings College Hospital, Guy’s and St Thomas’ Hospital South London and Maudsley NHS Trust)
• Lambeth Healthy Schools Partnership
• Metropolitan Police (Lambeth)
• Brixton Prison Service
• London Fire Brigade
The Vision for Tobacco Control in Lambeth

The Vision for Tobacco Control in Lambeth is to “reduce smoking and in turn reduce the social, economic, environmental and health costs of tobacco in Lambeth”.

The Lambeth Tobacco Control Executive, 2009
Executive Summary

Introduction: Smoking - A Brief Overview

Smoking remains the leading cause of death and preventable ill health worldwide. Using tobacco therefore remains a public health concern, and poses significant risks to active and passive smokers. Tobacco Control measures aim to reduce the harm that tobacco inflicts on smokers, their families, children and society as a whole. The national Tobacco Control Strategy for England builds on this to describe a smokefree vision for the next 10 years. A future where communities are free from the harms of tobacco use and where people lead healthier lives (DoH, 2010).

Tobacco Control: A Definition

*Tobacco Control is a range of supply, demand and harm strategies that aim to improve the health of the population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke.*

(Who, 2003)


The Lambeth Tobacco Control Strategy (2010 – 2015) aims to reduce smoking prevalence in Lambeth by approximately 2% by 2015 using a combination of evidenced based tobacco control interventions. Modelled data developed by NHS Lambeth Public Health and Commissioning demonstrates that by using a number of Tobacco Control interventions prevalence can be reduced annually. Addressing Health inequalities is key to the approach being taken in Lambeth and this will be observed through the targeting of the following population groups,
adult smokers with mental illness, pregnant smokers, Black and ethnic minority smokers, smokers in prison, Routine and manual workers who smoke.

Priorities for the next five years
The priorities have been developed through an evidence based approach including the review of evidence, recommendations and guidance from local evaluations, the Department of Health National Support Team for Health Inequalities, the National Tobacco Control Strategy, and National Stop Smoking Monitoring Guidance/Recommendations.2009/10. The priorities are framed within the National SmokeFree strategy’s 2010 objectives. Four priority areas have been agreed to tackle the use of tobacco in Lambeth namely:-

- Making it easier for smokers to quit
- Protecting families and communities from tobacco related harm,
- Stopping the inflow of young people recruited as smokers
- Partnership and Communication

The aim of the Lambeth Tobacco Control Strategy over the next five years is to reduce smoking prevalence delivered through the following objectives:

a) Discouraging young people from starting to smoke through the piloting of the ASSIST programme in schools in Lambeth.

b) Assisting smokers to quit, through the Lambeth NHS Stop Smoking Service, with targeted interventions to support routine and manual smokers, pregnant smokers and black and ethnic minority smokers.

c) Protecting families and communities from the harms of second hand smoke through the development of a comprehensive Smokefree Environment Programme.
d) Further developing the Lambeth Tobacco Control Alliance in the role of advocacy, raising awareness, quality assurance and driving forward the Tobacco Control agenda in Lambeth.
1. Introduction: Smoking - A Brief Overview

Smoking remains the leading cause of death and preventable ill health worldwide. With a choice of over 4000 chemical compounds, tobacco smoke presents a potent cocktail of carcinogens, poisons and irritants. Smoking tobacco is a very effective delivery system for mainstream smoke. Recent evidence has shown that a second delivery system, second hand smoke through side stream emissions, is just as harmful to health (BMA, 2007).

Smoking tobacco therefore remains a public health concern, and poses significant risks to active and passive smokers. Tobacco Control measures aim to reduce the harm that tobacco inflicts on smokers, their families, children and society as a whole. The harm caused by tobacco can be reduced by helping smokers to quit, by protecting adults and children from second hand smoke and from preventing people from starting smoking in the first place (BMA, 2007). It should be noted that smoking is responsible for half the difference in life expectancy across socioeconomic groups.

The UK Government produced its first tobacco control strategy in 1998 and detailed a comprehensive collection of Tobacco Control measures aimed at reducing smoking prevalence (Department of Health, 1998). Twelve years on much of what this strategy set out do has been achieved. Since this time there has been a noticeable reduction in national adult smoking prevalence from 28% to 21%. This, however, does not reflect a similar equitable decrease in disadvantaged adults who still smoke well above the national average. Prevalence is deceasing in routine and manual groups but more slowly than the general adult population. Prevalence is still higher than in non-manual groups (NHS Information Centre, 2009).
Lessons learnt from 1998 have re emphasised the importance of developing a practical comprehensive tobacco control strategy that fully embraces all aspects of prevalence reduction. This was echoed by the white paper Choosing Health (DoH, 2004) which focused on choice in achieving healthy lifestyle behaviours, notably the choice to breathe clean air. The National Tobacco Control Strategy for England builds on this to describe a smokefree vision for the next 10 years. A future where communities are free from the harms of tobacco use and where people lead healthier lives (DoH, 2010). From 2006 - 2009 a Lambeth Tobacco Control Strategy was implemented which aimed to contribute to the following national targets:

a) PSA Inequalities Target: By 2010 to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth.

The target is underpinned by two more detailed objectives:

- Starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between routine and manual groups and the population as a whole.
- Starting with local authorities, by 2010 to reduce by at least 10 per cent the gap in life expectancy between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and the population as a whole.

b) The reduction of smoking prevalence from 26% to 21% by 2010, with a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less (thus contributing to 800,000 people stopping smoking).

Between 2006 and 2009, the Lambeth Tobacco Control Strategy achieved / contributed to the following:

- A reduction in local smoking prevalence from 35% - 28%
• Attainment of 4 week Quit target in 2009
• A partnership approach to the delivery of Tobacco Control

1.1 Aims of the Lambeth Tobacco Control Strategy (2010 – 2015)
The Lambeth Tobacco Control Strategy 2010 - 2015 aims to build on the work of the past three years to further reduce smoking prevalence and reduce health inequalities. Recommendations from both the National Support Team – Health Inequalities and the evaluation of the 2006 - 2009 Lambeth Tobacco Control Strategy; as well as the recommendations contained within the National Tobacco Control Strategy for England (DoH, 2010) will provide guidance on how these aims can effectively be achieved.

The Lambeth Tobacco Control Strategy 2010 - 2015 (henceforth known as ‘the Strategy’) aims to reduce smoking prevalence in Lambeth from a modelled baseline of 28% to 26% by 2015 (a baseline of 28% is based on an amalgamation of prevalence estimates from various evidenced sources).

1. Stop the inflow of young people recruited as smokers: reducing smoking in 11-15 year olds to 1% or less and to 8% or less in 16 -17 year olds by 2020.
2. Motivate and assist every smoker to quit: in order to reduce adult smoking rates to 10% or less by 2020 and halve prevalence in routine and manual groups, pregnant women and the most disadvantaged.
3. Protect families and communities from tobacco related harm: increasing to 2/3rds the number of homes where parents do not smoke, but are entirely smoke free indoors by 2020.

The Tobacco Control Strategy objectives over the next five years are:
a) Discouraging young people from starting to smoke through the piloting of the ASSIST programme in schools in Lambeth alongside other Children and Young People interventions.

b) Assisting smokers to quit, through the Lambeth NHS Stop Smoking Service, with targeted interventions to support routine and manual smokers, pregnant smokers and black and ethnic minority smokers.

c) Protecting families and communities from the harms of second hand smoke through the development of a comprehensive Smokefree Environment Programme.

d) Further developing the Lambeth Tobacco Control Alliance in the role of advocacy, raising awareness quality assurance and driving forward the Tobacco Control agenda in Lambeth.
2. The Impact of Smoking – The National Picture

The UK government determined to tackle smoking in 1998 through deliverables cited in the White Paper: Smoking Kills (DoH, 1998) later followed by Choosing Health, (DoH, 2004). The former outlined the United Kingdom’s first comprehensive Tobacco Control strategy. This confirmed that no single measure was sufficient to reduce prevalence and control tobacco use. It advocated the need for a co-ordinated range of measures. According to the White Paper six areas required close attention, often referred to as the “World Bank’s six strands”. These strands were embraced by the Department of Health and are as follows:

- Clean Air Spaces {Environmental Tobacco Smoke (ETS)}
- Support for Smoking Cessation
- Reducing the availability and supply of cheap tobacco
- Reducing Tobacco Promotion
- Tobacco Regulation
- Communications and education

Each area successfully supports the other in reducing smoking prevalence in all age bands.

Building on from Smoking Kills, an evidence based National Strategy for England was published in February 2010. The national strategy built on successes of previous years setting out three objectives to deliver its vision of a Smoke Free England. These being:

- To stop the inflow of young people recruited as smokers
- To motivate and assist every smoker who wishes to quit
- To protect families and communities from tobacco related harm

Smoking prevalence in the UK currently measures at 21%; 22% of men and 20% of women (ONS, 2009). Prevalence has been falling by about one percentage
point every two years since 1994, after which it levelled out at about 27 per cent before resuming a slow decline in the 2000’s. Smoking remains highest in the 20 – 24 age groups, however the difference relative to the next age group, those aged 25 to 34, has reduced in recent years (ONS, 2007).

In England in 2008, 29% of those in manual groups were smokers compared with 31% in 1998 (NHS Information Centre, 2009). This would suggest that the targets set in the Cancer Plan have been met i.e. to reduce smoking prevalence in manual groups to 26% by 2010.

The General Household Survey also revealed that two thirds of its respondents had started smoking before the age of 16, and that there was a link between underage use and socio economic status. Considering that Lambeth has a young and deprived population it is a logical assumption that a similar picture exists locally. The National Strategy is driven by key national and local policies including the Smoke Free Strategy for England, 2010, and The Marmot Review 2010 which summarises interventions that are most likely to work to break the cycle of intergenerational effects of inequity.

2.1 Smoking Mortality

One fifth of all UK deaths nationally are caused by smoking. Half of all regular smokers are killed by tobacco, one in two dying before the age of 70 (losing approximately 21 years of life) and half in later life (LHO, 2009). Smokers consuming between 1 and 14 cigarettes a day have 8 times the risk of dying from lung cancer; those smoking more than 25 cigarettes a day have 25 times this risk and smokers have two to three times the risk of a heart attack, compared with non-smokers.

Data from the London Health Observatory suggests that smoking causes:

- 84% of deaths from chronic obstructive pulmonary disease
84% of all deaths from lung cancer

- a third of all deaths from cancer, including cancer of the mouth, lip, tongue, stomach, lung, liver, pancreas, kidney, bladder, cervix, and leukaemia
- a 10 - 16 fold raised risk of peripheral vascular disease (causing around 2,000 amputations each year)
- 17% of deaths from coronary heart disease.

In 2008 over 80,000 people in England died from a smoking related disease. Approximately a fifth of all deaths in middle age can be attributed to smoking (NHS Information Centre, 2009)

2.2 Smoking Morbidity

In England among adults aged 35 and over an estimated 445,100 hospital admissions were attributable to smoking in 2006/07. This accounts for a total of 5% of all hospital admissions among this age group alone. Smoking can be attributed to:

- 26 % (107,600) of all admissions with a primary diagnosis of respiratory diseases.
- 16 % (139,600) of all admissions with a primary diagnosis of circulatory diseases.
- 13 % (163,200) of all admissions with a primary diagnosis of cancer (LHO, Statistics on Smoking, 2009).

Aside from causing ill heath and premature death there is evidence to show that smoking reduces the benefits of other medical treatments. Smokers present for surgery younger than their non smoking counterparts. Smoking also affects post-operative recovery (Fung, 2005).

The risks for ill health and disease can be reduced by stopping smoking and by doing so people can avoid smoking-related disease, and live longer. By giving up smoking at any age life years can be gained.
Table 1: Years of Life gained by Stopping Smoking 30 – 60 years

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<th>Age at which stopped smoking</th>
<th>Age of life gained</th>
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<tr>
<td>30 years</td>
<td>10 years</td>
</tr>
<tr>
<td>40 years</td>
<td>9 years</td>
</tr>
<tr>
<td>50 years</td>
<td>6 years</td>
</tr>
<tr>
<td>60 years</td>
<td>3 years</td>
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(Doll et al, 2004)

2.3 Economic Burden associated with Tobacco use

Between 1998 and 2005 smoking cost the NHS between £1.4 – 1.7 billion annually. By 2006/7 this figure had risen to £2.7 billion. It should be noted however that in the same year cost savings resulting from a reduction in smoking prevalence were an estimated £380 million (ASH et al, 2008).

Smoking also has financial implications for users and their families, especially those on low incomes. A smoker can spend in excess of £1,500 per annum if they smoke an average of 20 cigarettes per day. Approximately 55% of lone mothers on Income Support smoke an average of five packets of cigarettes a week (Health Development Agency, 2005).

Smuggled and illegal tobacco products represent a serious challenge. There are no manufacturing controls on counterfeit branded tobacco and it is highly likely that these are even more harmful due to adulterants, heavy metals and higher tar tobacco. These products tend to be sold cheaply undermining smoking deterrents such as increased taxes on tobacco. There are strong links to organised crime as the product volumes and amounts of money involved are colossal. Contraband cigarettes tend to be aimed specifically at low-income areas, thus increasing the health inequalities gap (CIEH & ASH, 2004).
Tobacco can be seen to have negative effects on both the local and national economy. Large sums of money continue to be spent on staff sickness throughout the workforce and through hospital admissions for smoking related illnesses (Health Development Agency, 2005). Further risks associated with smoking include, fire damage, litigation, and high insurance premiums (Health Development Agency, 2005).

2.4 Smoking in Vulnerable Groups

2.4.1 Pregnant Smokers

In 2005, 32% of mothers smoked 12 months before or during pregnancy and 17% smoked throughout their pregnancy. Smoking in this target group is most prevalent in routine and manual households and mothers under 20 years of age (Boiling et al, 2007). Smoking in pregnancy is the largest cause of neonatal and infant ill health and death in the UK. It increases the risks of still birth, ectopic pregnancy, miscarriage, cot death, low birth weight, neonatal cleft lip and parental death. Mothers who smoke during pregnancy are also less likely to breast feed or tend to breast feed for shorter periods and produce less milk than non-smoking mothers who do not smoke (BMA, 2007).

Although focus has been placed on mothers smoking, it should be noted that fathers and potential fathers should also be targeted, as a father who smokes during pregnancy also exposes the unborn child to second hand smoke. (Boiling et al, 2007).
2.4.2 Young smokers

Approximately 80% of adult smokers start smoking in their teens. Evidence suggests that taking up smoking in adolescence greatly raises the risk of lung cancer compared with those who start after the age of 20 years (LHO, 2009).

Findings from the Lambeth Tobacco Control Strategy (2006-2009) Evaluation have identified the need to gain a more in-depth understanding of the needs of young people in order to stop them from starting to smoke and to support cessation. Smoking in young people between the ages at 11-15 has remained static since 2003 at 9%. However this figure fell to 6% in 2007. These figures represent smoking across a range of ages but mask the intensity of smoking behaviour occurring at different ages. Smoking appears to be concentrated amongst 14 and 15 year olds, who are especially at risk for initiation. Additionally
these figures represent prevalence amongst “mainstream” young people and not the vulnerable or disadvantaged. In 2003 it was estimated that 32% of 11 - 17 years in care smoked (BMA, 2007). Young people who are vulnerable are recognised as being vulnerable to risk taking behavior including unsafe sex, self-harming, and substance and alcohol misuse.

It would therefore appear that smoking in young people does not occur in isolation of other risky behaviors such as alcohol and illegal drugs (Smoking, Drinking & Drug use in Young People, 2007). Statistics have demonstrated that amongst 11 - 15 year olds in England, in 2007:

- The proportion who had never smoked rose from 47% in 1982 to 67% in 2007
- Six per cent of children reported that they were regular smokers (smoked at least once a week)
- Regular smokers smoked on average 6 cigarettes a day
- Girls were more likely to have ever smoked than boys (36% compared to 31%) and to smoke regularly (8% compared with 5%)

2.4.3 Routine and Manual Groups
People in deprived circumstances, men, young people, unskilled and manual workers are more likely to smoke than the general population. Almost every indicator of social deprivation predicts smoking. There are large differences between ethnic groups and between men and women in different ethnic groups (even after adjusting for age structures). The proportion of the smoking population declines with age. The stark reality of this is because people give up and smokers die.

It should be noted that smokers from Routine and Manual groups make up 44% of the overall smoking population (Willis, Croghan & Chambers, 2009).
3. Smoking in Lambeth

Lambeth is one of the most densely populated boroughs in the country. Its population stands at approximately 283,879 (GLA, 2007). GLA projections suggest the population will grow by 15% to 317,000 by 2028. The health of people in Lambeth compared to England is poor. Life expectancy in males and females is lower than England’s. Deaths from smoking, early deaths from heart disease, stroke and cancer appear higher than the rest of England. Historically smoking prevalence has been measured using synthetic estimates. In 2008 the LHO estimated prevalence in Lambeth to be 28.1% based on modeled estimates from the Health Survey for England (2003-2005).

Table 2: Model-Based Estimates of Smoking Prevalence, 2003-2005 (HSE, 2007)

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<th></th>
<th>Upper</th>
<th>Lower</th>
<th>Estimate</th>
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<tr>
<td>Lambeth</td>
<td>31.9%</td>
<td>24.6%</td>
<td>28.1%</td>
</tr>
<tr>
<td>London</td>
<td>25.1%</td>
<td>21.6%</td>
<td>23.3%</td>
</tr>
<tr>
<td>England</td>
<td>24.7%</td>
<td>23.4%</td>
<td>24.1%</td>
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More recently the London Boost of the Health Survey for England in 2006 (July 2009) placed prevalence in Lambeth at 25.9%. For the purposes of measuring smoking prevalence in Lambeth and consistency with the NHS Lambeth Commissioning Strategy Plan and the refreshed Lambeth Joint Strategic Needs Assessment, the synthetic estimate of 28% will be used to refer to current local prevalence. This will also enable comparisons to be made with national figures.

Within Lambeth the main indicators for measuring heath inequalities are life expectancy, infant mortality and premature deaths from cancer & circulatory diseases. Smoking contributes significantly to all of these.
3.1 Who Smokes in Lambeth

Understanding who smokes in Lambeth comes from amalgamating evidence from a number of sources including national surveys such as the Health Survey for England, the School Health Education Unit Survey (SHEU survey) and Health Equity Audits. Based on these sources smoking is likely to be most common in:

- Men
- Young people and young adults
- Afro Caribbean groups
- Populations living in deprived areas
- People living in unstable circumstances (e.g. refugees, asylum seekers, prisoners, and homeless, mentally ill, unemployed)

There are a number of factors which influence smoking both locally and nationally. The following represents a summary of factors which could influence smoking behaviour in Lambeth residents.

- **Environment** – An environment that supports smoking influences smoking behaviour. For example 25% of 11-15 year olds that smoke live with 2-3 smokers compared with 4% of 11-15 year olds living with non smokers. (Ref: 2008, the Health and Social Care Information Centre).
- **Age** - The 20-24 age groups has the highest prevalence of smokers (ONS, 2007). It should also be noted that 95% of regular smokers start before the age of 25 (ONS, 2008). In Lambeth the 25 – 34 age group shows the highest levels of prevalence, (HEA, 2007).
- **Gender** – men smoke more than women (marginal difference) (ONS, 2009) In Lambeth men (34%) show higher smoking prevalence than women (29%) HEA, 2007).
- **Sexual orientation** – Gay, lesbian & transgender persons smoke more than the general population (Epidemiology Programme Evaluation, 2007)
• **Socio economic status** – poverty, housing, low educational attainment, being a single parent, manual work (Epidemiology Programme Evaluation, 2007).

• **Occupation:** Routine & Manual Workers account for 44% of all smokers (Willis, Croghan & Chambers, 2009).

• **Ethnicity:** According to the 2005 GHS data 24% of Afro Caribbean's smoked compared to 11% of Black African and 26% of White British, prevalence across all ethnicities stood at 25%. Nationally black smokers (Black and Black British ethnic group) have the lowest success rate in quitting smoking in comparison to other ethnic groups (Statistics on Stop Smoking: England, 2009). Locally black smokers who set quit dates tend to form the bulk of smokers lost to follow up (Lambeth HEA, 2007). However, this group's access of Stop Smoking support has increased since 2005.

• **Pregnancy:** Smoking in pregnancy in Lambeth is anticipated to be much higher than the national average of 17% (Boiling et al, 2007) based on the impact of deprivation levels in Lambeth.

According to the LHO Boost report 2009, Lambeth’s smoking prevalence lies between 23 and 25.9%. Compared to our statistical neighbours Lambeth has lower prevalence than Lewisham (26 %) but similar prevalence to Southwark. Within this report Bromley, Greenwich and Tower Hamlets all have prevalence figures between 23 and 25.9%, with Bexley presenting within the parameters of 21% and 22.9%.

3.2. **Evidence of Effective Interventions that can be applied to Lambeth**

This section summarises the areas around which interventions should be prioritised at a local level and that can be applied to the borough of Lambeth. The evidence supports a range of interventions across all these areas to ensure that an effective Tobacco Control approach is adopted.
3.2.1. **Protect families and communities from tobacco related harm.**

Smoke Free Environments support smokers who wish to quit and protect individual, families and communities from the effects of second hand smoke. They foster safer environments by not exposing non-smokers to the toxins from second hand smoke. It has been estimated that completely Smoke Free environments are effective in reducing smoking prevalence.

**Why is this important?**

- Smoke Free Environments can reduce prevalence by approximately 4%.
- They support smokers to quit.
- They promote cleaner and safer environments.
- Smoke Free environments save lives - passive smoking kills approximately 617 people a year.

Smuggled tobacco represents a serious challenge for public health nationally. This type of practice floods the country with cheap tobacco undermining smoking deterrents such as increased taxes on tobacco. Contraband cigarettes are aimed specifically at low-income areas, thus increasing the health inequalities gap (CIEH & ASH, 2004). Underage sales are targeted at youths under 18 years. Smoking in one’s teens increases the likelihood of addiction and continued smoking behaviour into adulthood.

Across the UK a significant amount of tobacco is sold illegally avoiding both tax, and duty. The market share of hand rolled tobacco is 47%. The UK has some of the most expensive cigarettes in the world; however smuggled and illegal tobacco dilutes this impact. Illicit sale also fuels organised crime and attracts young adults and disadvantaged communities (SmokeFree England Strategy, 2010). The London Borough of Lambeth Consumer Protection department lead this area of work in Lambeth and work closely with HM Revenue and Customs.
Addressing illegal sales in Lambeth was prioritised through the Local Area Agreement stretch target for Tobacco Control (2007 -2010)

3.2.2. Stopping the inflow of young people recruited as smokers
As stated in previous sections the General Household Survey revealed that two thirds of its respondents had started smoking before the age of 16, and that there was a link between underage use and socio economic status. Considering that Lambeth has a young and deprived population it can be hypothesized that a similar picture exists locally.

Why is this important?

- Smoking in young people is associated with the uptake of other risky behaviours such as alcohol misuse.
- Young smokers are at risk for the same diseases and conditions as adults who smoke
- Young people from disadvantaged and vulnerable groups are more at risk.
- Cost implications should be considered in line with the number of potential bed days taken for COPD & Cancers.
- Each year 250,000 people take up smoking the majority of who are 18 years and younger (Smoke Free England Strategy, 2010).
- Approximately 100,000 16 year olds in the UK smoke (17%) (Smoke Free England Strategy, 2010).
- Very few adults take up smoking in adulthood; they are more likely to take up smoking in their teens (Smoke Free England Strategy, 2010).
- Smoking in pregnancy is strongly linked with infant mortality and significant ill health impacts on both mother and baby.
- Pregnant smokers and Young people feature as priority target groups in the current strategy.
In Lambeth tobacco use prevention is done mainly through schools as part of the Healthy Schools Programme. It has been highlighted that further work could be done outside the school environments e.g. through clubs and youth groups.

3.2.3. **Motivate and assist every smoker to quit**

Stop Smoking support can be delivered in a number of ways ranging from very brief support to intensive support. There is strong evidence for one to one support (success rate 22% - 52%), closed group support (success rate 32% - 74%) and telephone support (success rate 22% - 51%) (NHS Stop Smoking Service Monitoring Guidance 09/10). Locally Lambeth has undertaken 2 Health Equity Audits on its Stop Smoking Service and tested out models for engaging with routine and manual groups in order to address inequalities and make it easier for disadvantaged smokers to quit.

*Why is this important?*

There is good evidence to support the long and short term benefits of quitting smoking. There is also significant evidence to support the cost effectiveness of quitting to both the smoker and the health care provider.

Evidence shows that a combination of behavioural support from a stop smoking adviser and a cessation pharmacotherapy can increase a smokers of stopping by up to four fold (West et al, 2000). Offering choice to service users through a variety of cessation methods has the potential to improve abstinence rates. Evidence further supports the effectiveness of group behavioural support for smokers to quit e.g. Nicotine Replacement Therapy, Telephone counselling and tailored self help materials (Valery et al, 2008). There are a number of other evidenced pharmacotherapies including Varenicline and Buproprion.

Lambeth has had a Stop Smoking Service which since 2000. Over the years Lambeth Stop Smoking Service has been able to provide support to thousands of smokers who want to quit. Smokers from disadvantaged backgrounds generally
find it harder to quit and are more addicted to nicotine. This strategy therefore reinforces the need to target disadvantaged communities to ensure that they can access treatment and that cessation treatment is suitable for their needs.

3.2.4. Partnership & Communication

In 2009 Lambeth was commended for its Tobacco Control partnership work by the National Support Team for Health Inequalities. 2009 also marked the year that Lambeth met its four week quit target.

*Why is this important?*

Effective partnerships are essential to the effective delivery of the tobacco control agenda. The importance of partnership has been highlighted as being a key characteristic of high performing PCTs. PCTs with high numbers of quitters have been cited as having excellent stakeholder engagement (Healthcare Commission, 2007). Adequate infrastructure and fully engaged partnerships have also been cited to characterise success. This Strategy therefore seeks to continue to build on its partnership and collaborative work over the next five years.

“Establishing a communications strand as part of a strategic approach to tobacco control is vital and needs to take account of internal and external communications: internal to ensure that all partners are on message, external to ensure that clear and consistent messages around tobacco control are being relayed to the general public . . . .” (pg29, D0H, 2008).

The Lambeth Tobacco Control Alliance was established in 2005. The Alliance is a partnership of organisations committed to reducing smoking in Lambeth and addressing health inequalities and has been responsible for driving forward the tobacco control agenda in Lambeth.
4. Tobacco Control Priorities for the Next Five Years

The Lambeth Tobacco Control priorities for the next five years have been developed through an evidence based approach including the review of evidence, recommendations and guidance from local evaluations, the NST, the National Tobacco Control Strategy, and National Stop Smoking Monitoring Guidance. The priorities are categorised under the three national strategy objectives. Lambeth has identified four priorities.

(a) Making it easier for smokers to quit.
By helping adults to quit, we can also prevent young people from taking up smoking. The home environment is very important, young people are much more likely to smoke if they live with smokers. For this reason, supporting adult smokers to quit is a key. Smokers from disadvantaged backgrounds and specific community groups find it harder to quit. Lambeth Tobacco Control Stakeholders therefore will facilitate the provision of equitable, quality assured, evidence based services and target identified priority groups for more intensive support.

(b) Stopping the inflow of young people recruited as smokers
An estimated 200,000 children and young people start smoking in England every year; and most adult smokers start smoking regularly before the age of 18. Lambeth Tobacco Control Stakeholders have therefore prioritised the need to focus on preventing young people from taking up smoking in the first place (DoH, 2010; DoH, 2008).

(c) Protecting families and communities from tobacco related harm
Second hand smoke is a serious health hazard, and there is no safe level of exposure. Second hand smoke consists of over 4,000 chemicals, including over 50 known carcinogens. Medical and scientific evidence shows that exposure to second hand smoke increases the risk of serious medical conditions, that affect
families and communities such as lung cancer, childhood respiratory disease, sudden infant death syndrome (SIDS) (DoH, 2010).

(d) Partnership and Communication
The Tobacco Control Toolkit for London Tobacco Control Alliances clearly refers to the need for effective partnerships and communication (2010). NHS Lambeth and Lambeth Council have also both agreed to the NST – Health Inequalities recommendations (March 2009) which clearly stipulated the need for a Tobacco Control Communications Strategy and the need to continue to build on the partnership efforts of the Lambeth Tobacco Control Alliance. Lambeth Tobacco Control Stakeholders have therefore prioritised Communication and Partnership as imperative elements of the local Tobacco Control agenda.

Table 3: A Summary of Lambeth Tobacco Control Priorities (2010 – 2015)

<table>
<thead>
<tr>
<th>Making it easier for smokers to quit</th>
<th>To stop the inflow of young people recruited as smokers</th>
<th>Protecting families and communities from tobacco related harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers Of All Ages</td>
<td>Underage Sales</td>
<td>Illegal Sales</td>
</tr>
<tr>
<td>Targeted programmes for routine &amp; manual and black and ethnic minority smokers; smoking in secondary care; adult smokers with mental illness, pregnant smokers, smokers identified through NHS Health Checks and young smokers</td>
<td>Young People Tobacco Use Prevention</td>
<td>Smokefree Environments</td>
</tr>
</tbody>
</table>

COMMUNICATION & PARTNERSHIP WORKING
4.1 Governance

The Lambeth Tobacco Control Alliance represents a partnership of organisations committed to reducing smoking in Lambeth and addressing health inequalities. The Alliance reflects representation from a range of organisations including (but not exclusively) NHS Lambeth, LB Lambeth, Lambeth Community Services, Guy’s and St. Thomas’ NHS Trust, King’s College NHS Trust, the voluntary sector, the Metropolitan Police, SLaM, the Prison Service, London Fire Brigade and HM Customs and Excise.

The Lambeth Tobacco Executive represents the business/leadership body of the borough wide Tobacco Control Alliance. The Executive will continue to be responsible for the quarterly monitoring of the Tobacco Control work plans and overall strategy evaluation (process and outcomes) as well as an advocacy & partnership assessment of organisations committed to reducing smoking in Lambeth and addressing health inequalities. The Executive is accountable to the Health and Wellbeing Partnership (H&WBP) (a sub group of the Local Strategic Partnership) and reports into this group on a quarterly and annual basis. The H&WBP are the lead forum for smoking prevalence in Lambeth and have pledged their strategic support to the work of the Executive.

The action plans contained in the next section will be refreshed annually using evidence based tools. Over the next five years Lambeth will work in partnership with its stakeholders to further deliver agreed actions from the Smoke Free England National Strategy, 2010.

The Action Plan below is set out for the year 2010 - 2011 only, the expectation is that an annual action plan will be developed each year of the Strategy taking into account new policies, guidance and emerging needs. Please note that this Strategy and Year 1 action plan has undergone an equality impact assessment as part of the consultation process.

**Objective 1: Making it easier for smokers to quit**

**Indicator: Achieve 2842 quitters by March 2011.**

*Please see the Smokefree Delivery Plan 2010 -15 for full details of these Actions*

<table>
<thead>
<tr>
<th>Plans for Action</th>
<th>Expected Outcomes</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(a) The delivery of an integrated, equitable, effective, evidence based stop smoking programme for Lambeth through an enhanced Lambeth Stop Smoking Service under the umbrella of Smoke free Lambeth*</td>
<td>Local GP and Pharmacy level 2 providers delivering stop smoking services in line with evidenced protocols and standards devised by the LSSS. The delivery of a local Stop Smoking Training Programme based on National Smoking Cessation training Standards.</td>
<td>Lambeth Stop Smoking Service (LSSS) GPs and, Lambeth Community Health LSS</td>
<td>April 2010 – March 2011</td>
</tr>
<tr>
<td>1 (b) Reducing health inequalities through targeted stop smoking</td>
<td>Tailor made stop smoking services for prioritised target groups:</td>
<td>LSSS</td>
<td>April 2010 – March 2011</td>
</tr>
<tr>
<td>interventions and services to:</td>
<td>Pregnant Smokers BME Communities Routine &amp; Manual Workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Objective 2: Stopping the inflow of young people recruited as smokers

**Indicator:** Establish underage sales baseline and trajectories

<table>
<thead>
<tr>
<th>Plans for Action</th>
<th>Expected Outcomes</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| 2(a) * Systematised and concerted underage sales programmes of action; improving data collection, awareness raising and development of baseline indicators.  
*Please see the Lambeth Trading Standards Service Plan 2010/11 for further details of this action* | A baseline and trajectories prepared by Lambeth Trading Standards in partnership with local and national Tobacco Control stakeholders by March 2011 to support the implementation of the delivery plan. | London Borough of Lambeth Consumer Protection Department | April 2010 – March 2011 |
| 2(b) Undertake a Health Needs Assessment with young vulnerable people exploring tobacco cannabis and alcohol use. | Recommendations relating to the needs of vulnerable young smokers | NHS Lambeth Public Health Department | April 2010 – July 2011 |
| 2(c) Implementation of evidenced models to prevent uptake and support quit attempts in young people e.g. ASSIST programme | Evaluation of the ASSIST programme | Lambeth Stop Smoking Service | April 2010 – March 2011 |
**Objective 3: To protect local families and communities from tobacco related harm**

**Indicator: Establishment of a proposed plan by March 2011**

<table>
<thead>
<tr>
<th>Plans for Action</th>
<th>Expected Outcomes</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>3(a) Scope, explore and plan the delivery of a comprehensive Smoke Free Environment Programme</td>
<td>Options appraisal and recommendations for the programme delivery plan produced.</td>
<td>NHS Lambeth Public Health Department</td>
<td>July 2010 – March 2011</td>
</tr>
<tr>
<td>3(b) Deliver an evidenced based Stop Smoking Pregnancy Service for pregnant women and their partners (see Lambeth Stop Smoking Service Business Plan 10/11)</td>
<td>Delivery of an evidenced based service for pregnant smokers in line with agreed target (ref: 1b)</td>
<td>Lambeth Stop Smoking Service</td>
<td>April 2010 – March 2011</td>
</tr>
<tr>
<td>3(c) *Deliver an evidence based underage sales and enforcement programme. *See Lambeth Council Trading Standards Service Plan 2010/11 for further details on this action</td>
<td>Delivery of an evidenced based Illegal &amp; underage Sales programme in line with agreed target. (ref: 2a)</td>
<td>London Borough of Lambeth Consumer Protection Department</td>
<td>April 2010 – March 2011</td>
</tr>
<tr>
<td>3(d) Build and maintain partnership links between HMRC and the Lambeth Tobacco Control Alliance</td>
<td>Collaborative links developed between HMRC and Lambeth Trading Standards</td>
<td>Lambeth Tobacco Control Alliance, London Borough of Lambeth Consumer Protection Department</td>
<td>April 2010 – March 2011</td>
</tr>
</tbody>
</table>
**Objective 4a: Prepare and scope a consistent, coherent and co-ordinated communication approach as evidenced through a Comprehensive Tobacco Control Appraisal**

Indicator: Not Applicable

<table>
<thead>
<tr>
<th>Plans for Action</th>
<th>Expected Outcomes</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a (1) Scope and explore a locally agreed coordinated Tobacco Control communications plan; incorporating NHS branding and external expertise from NHS London and the National Social Marketing Centre</td>
<td>A jointly developed Tobacco Control communications options appraisal plan for Tobacco Control across Lambeth, linking all Tobacco Control strands and Tobacco Control stakeholders in Lambeth. Commissioned through the Tobacco Control Executive and endorsed by the Health and Wellbeing Partnership Board &amp; The Senior Management Team.</td>
<td>Lambeth Tobacco Control Executive and Health Promotion Information and Knowledge team – communication</td>
<td>April 2010 – March 2011</td>
</tr>
</tbody>
</table>

**Objective 4b. Develop and maintain a strong partnership approach to Tobacco Control delivery**

Indicator: Red Amber Green Rating Measurement using the validated evidenced based self assessment tool

<table>
<thead>
<tr>
<th>Plans for Action</th>
<th>Expected Outcomes</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
</table>
6. Appendix

This Appendix section consists of:

- A Summary of national guidance and recommendations
- A Summary of UK Tobacco Control Policy Drivers
- A Summary of local Lambeth Intelligence on Tobacco Control

6.1 A Summary of National Guidance

The 2010 - 2015 Tobacco Control Strategy has been informed by the national guidance and recommendations listed in the tables below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH14 Preventing uptake of smoking by children &amp; young people, NICE 2008</td>
<td></td>
</tr>
<tr>
<td>PH5 Workplace interventions to promote smoking cessation NICE, 2007</td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation in Primary Care, pharmacies, local authorities and workplaces, particularly for manual working groups and hard to reach communities. NICE,</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer causes risks and prevention: Smoking cessation. NHS Evidence 2009</td>
<td></td>
</tr>
<tr>
<td>PH1 Brief interventions and referral for smoking cessation in primary care and other settings. NICE, 2006</td>
<td></td>
</tr>
<tr>
<td>High Quality Care for All NHS Next Stage Review, Darzi, 2008</td>
<td></td>
</tr>
<tr>
<td>10 High Quality Impact Actions for Tobacco Control Alliances (DoH, 2008)</td>
<td></td>
</tr>
<tr>
<td>Functionality/self assessment tool adapted (with permission) from the South East Tobacco Control Regional Group</td>
<td></td>
</tr>
<tr>
<td>National Support Team, Health Inequalities. Recommendations, March 2009</td>
<td></td>
</tr>
<tr>
<td>NHS Stop Smoking Services, Service and Monitoring Guidance 2009/10PH14 Mass media and point of sales measures to prevent the uptake of smoking by children and young people. NICE, 2008</td>
<td></td>
</tr>
</tbody>
</table>
6.2 A summary of UK Tobacco Control Policy Drivers

This table summarises the key Tobacco Policy Drivers in the UK since 1998

<table>
<thead>
<tr>
<th>A SmokeFree Future: A Comprehensive Tobacco Control Strategy for England, Department of Health, 2010</th>
<th>This strategy outlines a national vision for a smoke free future for the next 10 years using three measurable objectives to realise this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choosing Health Delivery plans, Department of Health, 2005</td>
<td>This document outlines the key steps to be taken over the next three years to deliver the Choosing Health White Paper. The Department of Health will report on progress every six months.</td>
</tr>
<tr>
<td>UK Choosing Health: Making healthy choices easier - A White Paper, Policy Document, 2004</td>
<td>This public health White Paper sets out the Government's proposals to tackle a range of health issues including smoking. The key tobacco policies include a proposal to ban smoking in all workplaces; a commitment to maintain, and maximise use of, the stop smoking clinics; greater enforcement of the law to stop sales of tobacco to children; plans for pictorial health warnings and further efforts to combat tobacco smuggling.</td>
</tr>
<tr>
<td>Smoking Kills: A White paper on tobacco, Policy Document 1998</td>
<td>10th December 1998: the UK government publishes its comprehensive tobacco policy - covering tobacco advertising and marketing, taxation, smoking cessation, anti-tobacco campaigns, and passive smoking in the workplace and public places, international aspects, and protection of children and establishing a range of targets.</td>
</tr>
<tr>
<td>The NHS Cancer Plan, Policy Document September 2000</td>
<td>The NHS Cancer Plan seeks to address issues relating to cancer, from prevention, to detection and treatment of the disease. The document recognises smoking to be a major contributor to prevalence of the disease and hence sets out targets for improving prevention which include reducing tobacco use in disadvantaged groups.</td>
</tr>
<tr>
<td>Fare Society Healthy Lives, Marmot Review, 2010 <a href="http://www.marmot-review.org.uk/">http://www.marmot-review.org.uk/</a></td>
<td>The Review summarises under 6 main policy headings, interventions that are most likely to work to break the cycle and intergenerational effect of inequity: Give every child the best start in life (this is the highest priority of all 6). Enable all children, young people and adults to maximise their capabilities and have control over their lives. Create fair employment and good work for all. Ensure a healthy standard of living for all. Create and develop healthy and sustainable places and communities. Strengthen the role and impact of ill health prevention.</td>
</tr>
<tr>
<td>Saving Lives: Our Healthier Nation, Policy Document July 1999</td>
<td>This policy document sets out a broad strategy for improving health and tackling health inequalities. It also sets out targets for the reduction of cancer and coronary heart disease and stroke by 2010.</td>
</tr>
</tbody>
</table>

Taken from [http://www.ash.org.uk/ash_p96fxuuk.htm#overall_policy](http://www.ash.org.uk/ash_p96fxuuk.htm#overall_policy)
6.3 A Summary of Local Intelligence on Tobacco Control in Lambeth

A range of methods and approaches has been used to further understand tobacco use in Lambeth and are summarised below. Further detail on any of these is available on request.

(i) **Health Equity Audits of the Lambeth Stop Smoking Service (2005 & 2007)**

A Health Equity Audit of the Lambeth Stop Smoking Service (SCS) was conducted in 2005 and another in 2007. In 2007 the HEA findings from the audit identified 9 key recommendations. Please see the 2007 HEA Report for further details.

(ii) **Models for engaging with Routine & Manual Workers**

From 2006 – 2008 NHS Lambeth implemented a Men’s Health Programme. The Workplace health element of the programme has now been acknowledged as an example of good practice for engaging with routine and manual workers to achieve healthy lifestyle change, by NHS London and colleagues across the region.

(iii) **The Evaluation of the 2006 - 2009 Tobacco Control Strategy**

This document was created to review the successes and challenges of the Lambeth Tobacco Strategy over the previous 3 years. The process also aimed to provide a clear steer for the Tobacco Control Agenda 2009 onwards. The evaluation used the 10 High Quality Impact Actions for Tobacco Control Alliances (DoH, 2008) and a Functionality/self assessment tool adapted (with permission) from the South East Tobacco Control Regional Group. Outcomes included 12 high impact recommendations for strategic planning.
(iv) **Antenatal Cessation Care Pathway Review, 2008**
A Cessation Smoking in pregnancy Care Pathway Review was conducted in 2008. This document reviewed the Cessation Care Pathway for pregnant women in Lambeth. Document outcomes included 10 high impact changes for smoking in pregnancy.

(v) **Lambeth Stop Smoking Service Media Campaign “Make Smoking History” Evaluation, 2009**
The 2009 evaluation of the above campaign demonstrated that the 08/09 media campaign was highly successful in that it contributed to Lambeth meeting its 4 week quit target for the first time in 9 years.

(vi) **Exploring the Health Perceptions of Black and Minority Ethnic Adults in Lambeth**
A Qualitative study looking at health behaviour in black adults in Lambeth was completed in 2006. This study built on the findings from the HEA conducted in 2005 and the recommendations from the LHO which stated that Spearhead PCT’s (such as Lambeth) needed to improve the health of minority groups at greatest risk of heart disease and stroke as a matter of priority. Findings from the study presented some black adults dropped out of services and why they found it difficult to stop smoking (Salami-Adeti, 2006). Three dominant, highly related themes appeared to influence their smoking behaviour. These were culture, white society and Lay health beliefs.

(vii) **The National Support Team – Health Inequalities Visit**
The National Support Team for Health Inequalities visited Lambeth in March 2009. The NST proposed a series of recommendations which can be seen upon request. The Lambeth Tobacco Alliance was commended in March 2009 by the National Support Team for Health Inequalities as an example of good partnership practice across London.
7. References

1) Breaking the Cycle of Children’s exposure to second hand smoke. BMA, 2007


4) Greater London Authority Round Population Projections, ONS 2007

5) Health Survey for England Volume 1 Healthy lifestyles: knowledge, attitudes and behaviour. A survey carried out on behalf of The NHS Information Centre (2007)

6) Lambeth Schools Health Education Unit Survey Data, 2008


8) Office for National Statistics, Local Population Data, 2009


14) NHS Cancer Plan, Department of Health, 2000
15) Saving Our Lives, Our Healthier Nation, Department of Health, 1999


20) Black adult’s perceptions of health in relation to smoking behaviour in Lambeth. Unpublished, 2006


27) Tobacco Control Toolkit. Chartered Institute of Environmental health & Action on Smoking and Health. 2005


33) NHS Stop Smoking Services- Service and Monitoring Guidance 2010/11. NHS Tobacco Programme, Chambers, M. 2009


36) "No Ifs No Buts" Improving Services for Tobacco Control, London Health Care Commission. 2007


