



**Association of Directors of Public Health North East
Position Statement on helping smokers to quit
August 2023**

The Association of Directors of Public Health North East (ADPHNE) is the North East regional arm of the representative body for Directors of Public Health in the UK. This position statement sets out the ambition to create a system wide approach which normalises quitting and ensures that smokers are supported appropriately in their efforts to quit.

Background

Smoking tobacco will kill up to 2 out of 3 long term users. Tobacco remains the single biggest cause of preventable illness and death with approximately 4,300 people in the North East dying each year from smoking. Recent figures from Cancer Research UK indicate one person dies every 2 hours from smoking related conditions and it's estimated it's responsible for around 3,100 cancer deaths each year. That's a third (33%) of all cancer deaths in the region.

Smoking tobacco products remains a significant driver of health inequalities. Our priority for tobacco control must be to reduce the number of people who smoke this known and uniquely lethal product. While significant progress has been made in the North East in reducing population prevalence since the introduction of the comprehensive approach to tobacco control, persistent inequalities remain and with areas of deprivation having much higher smoking rates than more affluent areas. The 2030 Smokefree ambition is to achieve 5% smoking prevalence across all populations but based on current predictions using data up to 2021, this won't be achieved until 2039, while it is estimated that in the most deprived quintile in England it may take four times longer to achieve 5% than in the least deprived¹.

We know that most smokers in our region wish to quit²:

- 77% regret they ever started to smoke
- 46% say they *really* want to stop smoking
- 53% are trying to either quit (13%) or cut down (40%)
- 81% want to quit for health and 46% want to also quit for financial reasons

In 2021, 36% of smokers in England made at least one attempt to quit, but this is still far too low a rate to achieve 5% smoking prevalence by 2030. One in twenty smokers successfully quits each year. Of these, 10% get professional advice and use medication, 14% use nicotine replacement therapy bought at a pharmacy, 35% succeed on their own without formal help, and 41% use an e-cigarette. Smokers who use a specialist stop smoking service are three times more likely to succeed than if they try quitting unaided³.

¹ CRUK

² Fresh

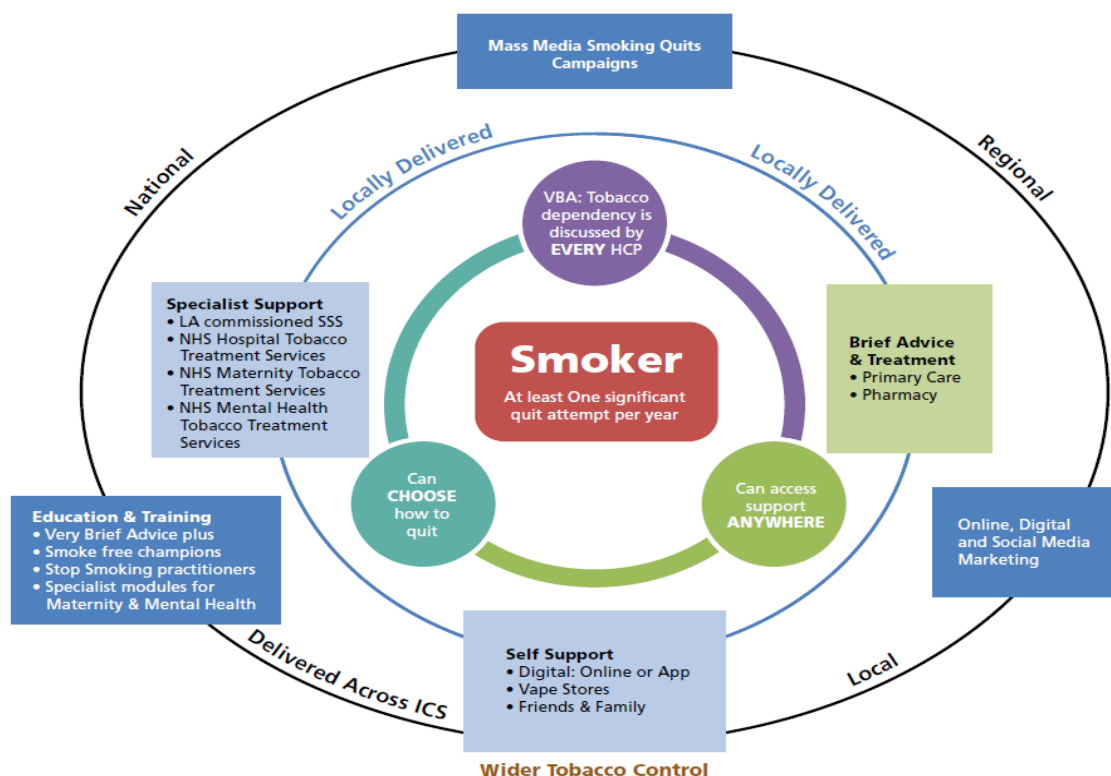
³ PHE, Models of delivery for stop smoking services Options and evidence

These figures demonstrate that most smokers never attend a stop smoking service, even though this will boost the chances of success. We have seen sustained reductions in the number of smokers accessing LA SSS to support their quit attempts (from 63,300 in 2011/12 to 13,086 in 2021/2), which further suggest that smokers are changing how, when and where they choose to make their quit attempts.

However, because we know that most smokers wish to quit, it remains vital that an appropriate range of effective support is available to maximise the number and success of quit attempts as a key strand of the comprehensive tobacco control approach. The evidence above should prompt a shift of focus onto a system approach to quitting, so that we can also consider what can be done for the entire local population of smokers, not just the minority of smokers who are persuaded and able to get to a stop smoking service (ASH HIC). This approach can also take account of the opportunities provided by new initiatives to encourage quitting such as those through the NHS LTP, the roll out of the Tobacco Dependence Treatment Service, and e-cigarette initiatives such as Swap to Stop.

Our position on helping smokers to quit

As the Association of Directors of Public Health North East, we recognise that Local Authority commissioned support services vary across the region for many reasons but agree that our collective aim for stop smoking support is that we should seek to maximise our contribution to system wide efforts, including collaboration with Fresh and NHS partners, to create environments locally, and over time regionally, in which making an annual quit attempt becomes the norm. There is a great opportunity to link existing and emerging support initiatives to create a system which puts smokers needs at the centre and provides a more seamless experience (see diagram). This should be viewed as a key part of the push to achieve smokefree 2030 and reduce smoking related health inequalities.



The vision for holistic support to quit smoking across the North East and North Cumbria ICS

Local Authorities should review their approach to ensure that scarce resources are targeted to produce effective, efficient, and equitable provision of support for smoking populations with the highest levels of need.

We suggest that ideally three methods of stopping should be available to cover the full spectrum of support to cater for all smokers' needs and preferences:

1. Specialist Support and treatment – provided ideally by dedicated advisors, targeted, and tailored to specific groups in need as identified by health equity audit (for example, those living with severe mental illness, co-morbid substance misuse issues or learning disability/autism groups)
2. Brief advice and treatment – for those needing some encouragement and guidance
3. Self-Support – for the majority who need basic evidence -based information or advice

While a 12-week supported quit attempt remains the evidence-based intervention of choice, it is important to recognise that this is clearly not the preferred route for many smokers as demonstrated by significant reductions in access to SSS. A targeted approach will require adaptation to meet the needs of specific population groups where traditional 12-week support may be unrealistic. Services should be designed to meet the needs of the smoker, providing greater flexibility to meet the needs of the individual.

For example, people with Severe Mental Illness may be put off by the traditional abstinence approach and may engage better with a period of supported reduction before a quitting date or may require longer term support. This will require more creative thinking about success measures, such as placing greater emphasis on engagement and quit attempts over 4-week quit rates.

As part of this approach, smokers should be:

- Encouraged, repeatedly and consistently, to make as many quit attempts as necessary, but at least annually – if many more people try to quit more often, more people will succeed, even though the likelihood of success of any individual quit attempt is relatively low
- Provided with the information they need to make their choice of which method best suits them, what it will require of them and what the benefits will be
- Steered towards products, such as stop smoking medications and e-cigarettes, that give them a better chance of quitting
- Aware of their choices of stop smoking support across the system, ranging from local authority, primary and secondary care and pharmacy

Many partners beyond stop smoking services can help in this task including communications teams and front-line workers. With our extensive reach into local communities and considerable communications capability, we can make a considerable impact.

The Regional Tobacco Commissioners Network is the support network for this position statement and its aims. Members will provide regular feedback at the Network to assure ADPHNE of progress.