

Southwark Tobacco Control Strategy 2024-2030

Smokefree Southwark 2030

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Foreword

Tobacco use remains one of the most significant public health challenges in Southwark, worsening health inequalities and disproportionately impacting the most vulnerable groups in our community.

This strategy aims to bring together local partners under an agreed set of actions that will set Southwark on a course to becoming a smokefree borough by 2030.

The Southwark Tobacco Control Strategy 2024–2030 ambitions are to reduce smoking prevalence to less than 5%, prevent the uptake of smoking and vaping among young people, and reduce the inequality gap for our most at-risk populations. It aligns with our broader vision for Southwark 2030, which focuses on reducing inequality, investing in prevention, and empowering communities.

Smoking remains the leading cause of preventable death and disease in the UK and we are committed to transforming this narrative. By committing to support for smokers to quit, implementing targeted initiatives to reach priority groups, robust enforcement measures against illegal sales, and efforts to prevent the uptake of smoking and vaping, we are in a position to make a significant impact.

We look forward to building on the progress made so far by continuing to lower smoking rates and supporting people in Southwark to live in a smokefree environment. By working together, we can create a fairer and healthier future for everyone in our borough.

Our collective efforts will ensure a legacy of health and equity that we can all be proud of. Let's drive forward with passion and determination, for a smokefree Southwark awaits.



Councillor Evelyn Akoto
Cabinet Member for Health and Wellbeing

Executive Summary

Southwark Tobacco Control Strategy (2024–2030)

Tobacco use and smoking is still a leading cause of death and disease nationally and in Southwark. Southwark has higher smoking prevalence than the London average and we have large disparities in smoking rates between socio-economic groups. This Strategy aims to provide a clear plan to reduce the harm caused by smoking in our Borough with a focus on smoking related health inequalities.

Vision & Ambitions: Southwark aims to become a smokefree borough by 2030, reducing adult smoking prevalence to less than 5% and addressing smoking related health inequalities. Target groups include individuals with mental health conditions, pregnant individuals, routine and manual workers, people experiencing homelessness, LGBTQ+ people, and others facing social and economic disadvantages.

This Strategy will be driven forward by Public Health in partnership with key stakeholders across the system. The action plan details which organisation is the lead for each action and who will support it.

Our Targets



1

To reduce adult smoking prevalence in Southwark to less than 5% by 2030



2

To reduce the inequality gap in smoking prevalence between our priority populations and the general population. Our priority populations being:

-People with mental health conditions

-Pregnant people

-Routine and manual workers

-People with drug and alcohol dependence

-LGBTQ+ people

-People living in social housing

-People experiencing homelessness

-New migrant groups

-Health Inclusion Groups



3

To reduce the uptake and prevalence of youth vaping

We Will Achieve This By

1. Supporting Smokers to Quit:

- **Developing Local Stop Smoking Services:** Utilizing Office for Health Improvement and Disparities (OHID) funding to enhance the accessibility and quality of local stop-smoking services based on best practice and local need in Southwark.
- **Successful Referrals:** Improve follow-up for patients initiating smoking cessation in hospitals to increase successful transfer into local stop smoking support and improve quit outcomes.
- **Partnership Working:** Encourage GP referrals and expand access through various touchpoints, including community pharmacies and outreach programmes.

2. Targeting Priority Groups:

- **Outreach & Engagement:** Increase service access for groups with higher smoking rates (our priority populations) using community partnerships and targeted outreach.
- **Tailored Support:** Employ advisors in our Smoking Cessation Services to lead on outreach, such as tobacco dependence advisors for mental health patients and outreach-based advisors for homeless and drug and alcohol treatment settings.
- **Data & Outcomes:** Enhance tracking of service use and outcomes by priority groups to adapt strategies effectively.

3. Preventing Youth Smoking & Vaping:

- **School-Based Education:** Implement prevention and support programs in schools, focusing on the risks of vaping and smoking.
- **Advocacy:** Support national initiatives to raise the legal smoking age annually and limit youth access to vapes.
- **Community Environments:** Collaborate to establish smoke-free zones in social housing, workplaces, and leisure areas.

4. Tobacco Control Enforcement:

- **Illegal Sales:** Continue test purchasing to prevent underage and illicit tobacco sales, with spot checks on vape labelling and lab testing for nicotine content compliance.
- **Collaborative Compliance Efforts:** Partner with police and trading standards for shisha bar compliance and wider tobacco control campaigns.

Monitoring & Evaluation: Progress against the action plan will be evaluated annually. A comprehensive review is planned for 2026 to adjust and update the strategy as needed

Chapter 1 - Why a Tobacco Control Strategy is important?

1.1 Why a Tobacco Control Strategy is important

Tobacco is known to be the greatest single killer globally with approximately 8 million deaths per year associated with its use, 64,000 in the UK alone¹. Tobacco smoking also poses great health risks to non-users through second-hand smoke and contributes to air pollution. In England, smoking is still the leading cause of preventable death and disease and accounts for half of the difference in life expectancy between the richest and poorest in society².

Great progress has been made in tobacco control. Smoking is at an all-time low in the UK with the prevalence halving from 26% in 2002 to 13.0% in 2022³. Yet there are differences in smoking prevalence across the population which drive health inequalities. Higher smoking rates are linked with socioeconomic disadvantage, meaning that the negative health and economic impacts of smoking are concentrated in the most disadvantaged communities, perpetuating existing inequalities⁴.

A smokefree future in the UK would see huge population health benefits, with life expectancy around 10 years longer for non-smokers than a typical life-long smoker. Men who have never smoked enjoy five extra years of life free from disability than current or ex-smokers, and this rises to 5.8 years for women⁵. In addition, quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%⁵.

Economic benefits in a smoke-free UK could see overall earnings 1.9% higher, boosting the UK economy by £19.1 billion every year due to increased productivity, and reduced illness and absences⁶.

¹ Stopping the start: our new plan to create a smokefree generation (2023) *Department of Health and Social Care*

² ASH: Inequalities and Smoking Report (2019)

³ OHID: Fingertips Public health data. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/401/are/E09000028/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

⁴ ONS: Deprivation and the impact on smoking prevalence 2017 to 2021:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/deprivationandtheimpactonsmokingprevalenceenglandandwales/2017to2021>

⁵ ILCUK: The impact of smoking on health and economic activity (2021)

⁶ CDC.Gov: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm

Tobacco smoking is a risk factor for numerous long-term conditions and is attributable to well over half of the deaths caused by chronic obstructive pulmonary disorder (COPD), lung cancer, and larynx cancer in Southwark as shown in Figure 1.

In addition to the diseases in Figure 1, tobacco smoking is also a risk factor for increased disability including asthma, back pain, rheumatoid arthritis, and Multiple Sclerosis (MS)⁷.

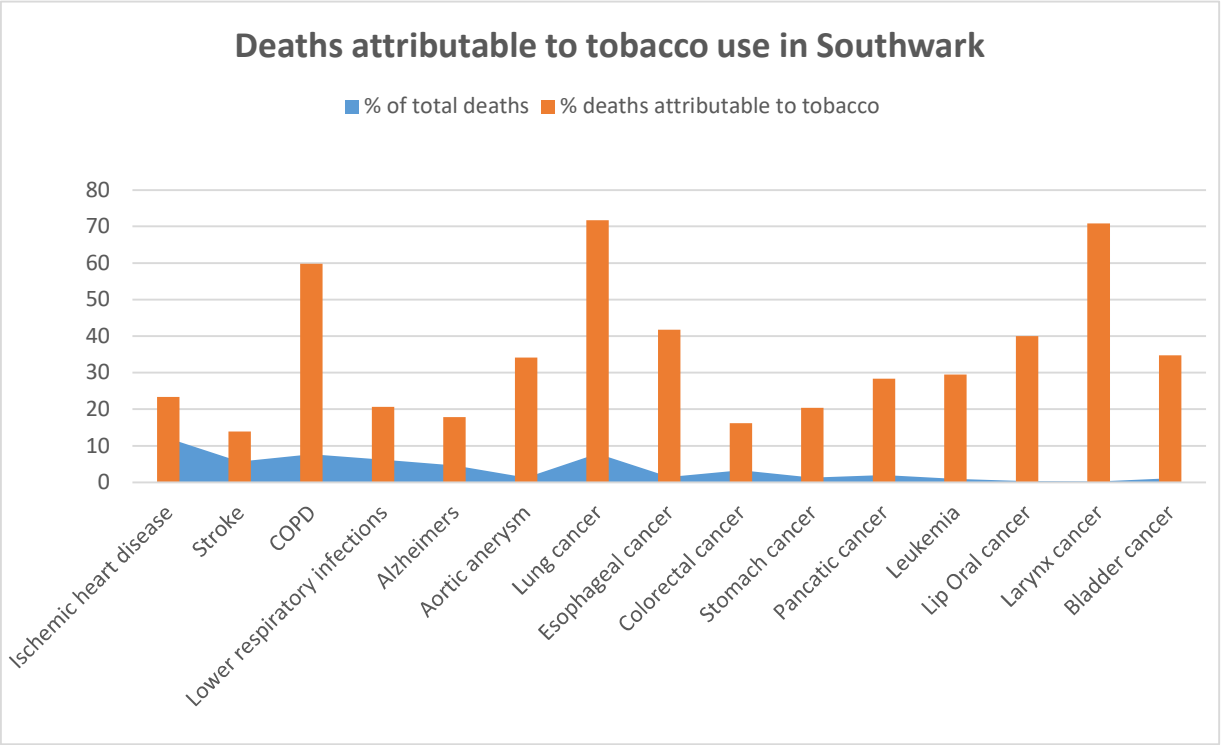


Figure 1. Percentage of deaths by disease and the percentage of these deaths that are attributable to tobacco use in Southwark. (Global Burden of Disease, Southwark⁸)

⁷ Manouchehrinia A, Tench CR, Maxted J, Bibani RH, Britton J, Constantinescu CS. Tobacco smoking and disability progression in multiple sclerosis: United Kingdom cohort study. Brain. 2013 Jul;136(Pt 7):2298-304. doi: 10.1093/brain/awt139. Epub 2013 Jun 11. PMID: 23757766; PMCID: PMC3692034.

⁸ GBD Compare (2019): <https://vizhub.healthdata.org/gbd-compare/>

1.2 Local Picture and Priority Groups

Smoking prevalence in Southwark is still high at 13.7% in 2023, with the three-year average prevalence (which is a more reliable figure) at 12.4%⁹. This equates to roughly 34,000 adult smokers in Southwark and amounts to 570 deaths per year. Smoking prevalence in Southwark has fluctuated recently but declined steadily over the last 10 years with the 2011-2013 average rate at 18.9%, compared to 12.4% for 2021-2023. Southwark smoking prevalence is comparable to the national average (3-year range) which is 12.4% but above the London average of 11.6%. Despite improvements, smoking has not declined evenly across Southwark with many groups experiencing far higher rates, mirroring the socio-economic disparities and inequalities in the borough.

Groups that have been identified as having disproportionately high smoking rates or are at higher risk from the harms of smoking are detailed in this section. Identifying these groups will help to tailor the work of the tobacco control public health programme and allocate funding to reduce health inequalities from smoking.

People with a mental health condition

People with a mental illness are more likely to smoke than people in the general population¹⁰. Furthermore, people with a mental health condition are shown to smoke more heavily than the general adult smoking population. The high rates of smoking exacerbate the health inequalities already experienced by those with a mental illness. The benefits of quitting yield improvements in physical, mental and social circumstances. Data from South London and Maudsley Hospital (SLaM) –Southwark’s local mental health trust- show high demand for support with 68% of patients who smoke engaging with tobacco dependence treatment between September 2021 and March 2022.

Data from the Office for Health Improvement and Disparities (OHID) shows that the smoking prevalence amongst people with a long-term mental health condition in Southwark is generally trending downwards (Figure 2). The rate has reduced from 44.2% in 2013/14 to 26.4% in 2021/22. This is lower than the London average but is still higher than the national average. The rate has been

⁹ OHID: Fingertips Public health data. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/401/are/E09000028/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

¹⁰ ASH: Smoking and Mental Health Factsheet (2019)

historically high and is higher amongst those with more serious mental illness. SLAM's strategic ambition is that smoking among adults with a mental health condition declines to 15% by 2026.

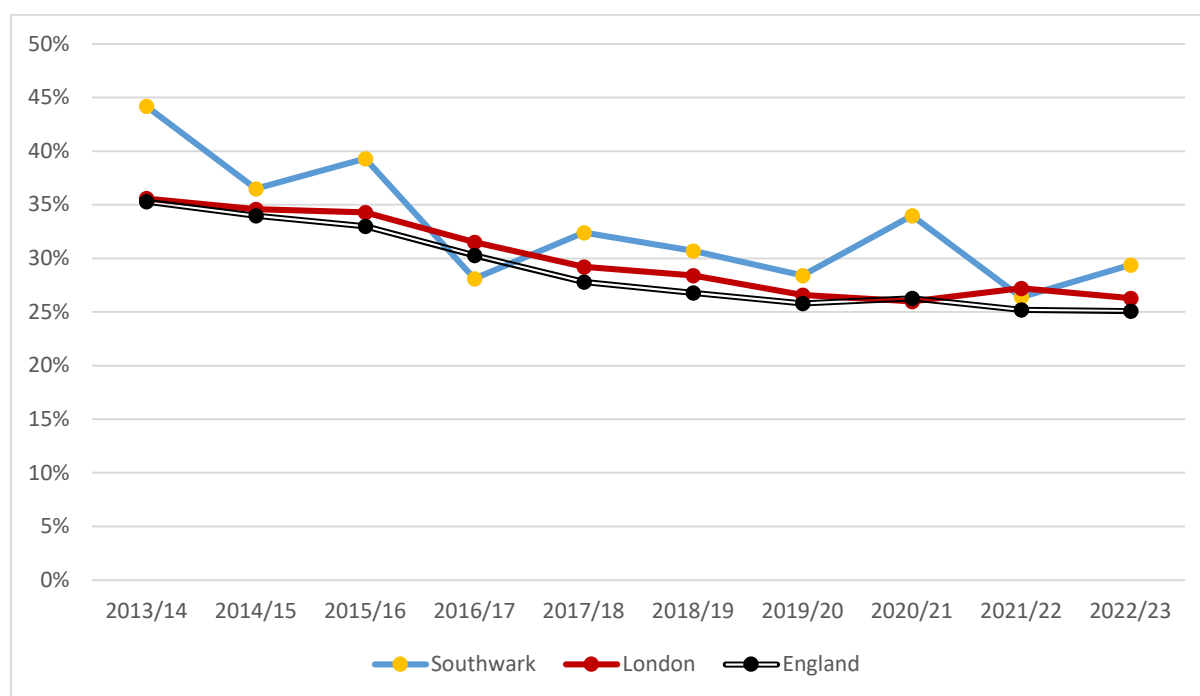


Figure 2. Comparison in smoking prevalence in adults with long-term mental health condition between Southwark, London, and England (Source: OHID Fingertips¹¹).

Routine & Manual Workers

Routine and manual workers, which includes labourers, HGV/van drivers, and hospitality staff have a historically high smoking rate compared to the general adult population. Smoking prevalence in routine and manual workers remains stubbornly high in Southwark and has not reduced in recent years as the wider adult population prevalence has. The latest figures from OHID fingertips (2022) shows that prevalence amongst routine & manual workers in Southwark is 26.7% which is double the next highest smoking rate by socioeconomic group (never worked or long term unemployed). In 2022/23, routine and manual workers accounted for 17% of Southwark stop smoking service users

¹¹ OHID: Fingertips Public health data. <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132885/pat/6/ati/401/are/E09000028/iid/93798/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

and 18% of all service users achieving a quit. Insight research work has been commissioned by Southwark's Public Health team to understand the barriers to stopping smoking in this group with the aim to overcome these challenges and increase engagement with local support services.

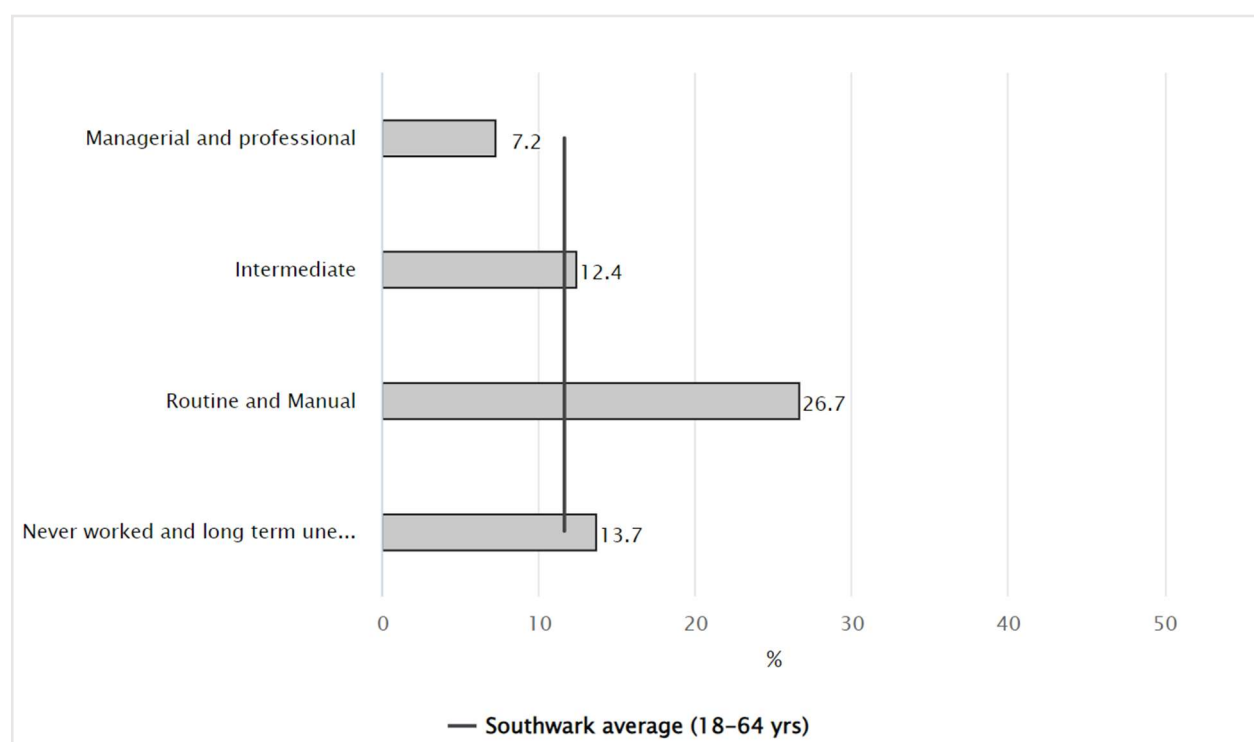


Figure 3. Comparison of smoking prevalence between routine and manual workers with other occupation types (Source: OHID Fingertips).

Pregnant Women and People

In Southwark, the rate of smoking at the time of delivery is 4.3% which is less than half the national rate (9.1%). This equates to roughly 138 women who smoked during pregnancy in Southwark in 2021. The Government's national target was to reduce the smoking rate at time of delivery to 6% or less by 2022. Southwark has exceeded this target; however, pregnant women remain a high priority group due to the serious health implications of perinatal smoking.

Smoking during pregnancy is linked to health problems in babies including birth defects, low birth weight, preterm delivery, and miscarriage¹². Babies whose mothers smoke during pregnancy are

¹² Hackshaw, A., Rodeck, C., & Boniface, S. (2011). Maternal smoking in pregnancy and birth defects: a systematic review. *Human reproduction update*, 17(5), 589-604.

about three times more likely to die from sudden infant death syndrome. Furthermore, babies whose mothers smoke while pregnant or who are exposed to second-hand smoke after birth have weaker lungs than other babies, which increases the risk for many health problems¹³.

Drug and Alcohol Users

Smoking rates are high amongst adults who are in contact with drug and alcohol treatment services nationally and locally. Data shows that smoking prevalence amongst adults accessing substance misuse services in Southwark ranges from 39.9% for alcohol treatment to 84.7% for opiate misuse treatment (Figure 4). A 2022 study found that in England, smoking prevalence and cigarette dependence increased with level of alcohol consumption¹⁴. Studies including people who are dependent on illegal drugs (opiates, cannabis, cocaine and MDMA) have shown smoking rates as high as 90%. A meta-analysis of 21 studies has shown that addressing tobacco use in clients of substance abuse services can improve their alcohol and drug outcomes and advocates for policies that support smoking cessation in substance misuse services¹⁵.

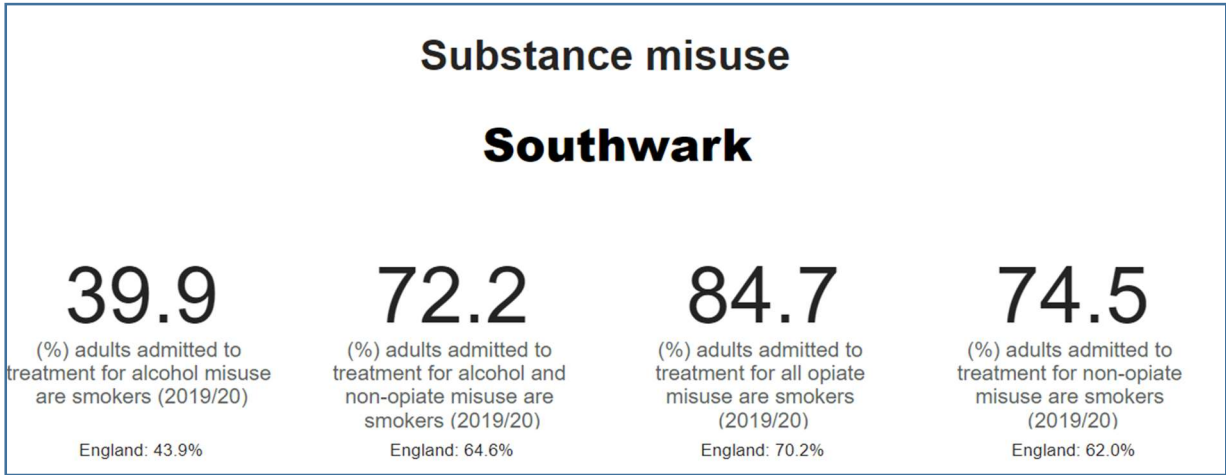


Figure 4. Smoking status of adults admitted to treatment for substance misuse services. (OHID: Adult substance misuse treatment statistics 2021 to 2022)

¹³ Centers for Disease Control and Prevention: Smoking During Pregnancy (2020)
¹⁴ Garnett, C. et al (2022). Characterising smoking and smoking cessation attempts by risk of alcohol dependence: A representative, cross-sectional study of adults in England between 2014-2021. *The Lancet Regional Health–Europe*, 18.
¹⁵ McKelvey, K. et al (2017). Impact of quitting smoking and smoking cessation treatment on substance use outcomes: An updated and narrative review. *Addictive behaviors*, 65, 161-170.

People Living in Social Housing

Living in social housing is associated with a higher likelihood of smoking. At 39%, Southwark has a large proportion of households which are rented through the Council or a housing association (social and affordable rent) compared with 17% nationally¹⁶. The remaining 61% of households are either privately owned or privately rented housing.

In Southwark, smoking prevalence is 18.7% among people living in social or council housing which is double the rate than of people living in privately rented housing (9.1%), this goes down to 6.2% among mortgage owners, and then halves again to 3.2% among outright owners⁸. For those living in social or council housing this a smoking rate 6 times higher than outright homeowners, which highlights the deep inequalities in smoking rates between these groups. Smokers living in social housing try to quit more than smokers in other housing types but are less likely to succeed due to facing more barriers to quitting¹⁷.

A report by Action on Smoking and Health (ASH) shows that the gap in smoking rates between people living in social housing and people living in other types of housing has worsened in recent years, exacerbating inequalities¹⁴. As almost 40% of Southwark residencies are social or council housing, this is a group we will prioritise to lower tobacco related harm.

People experiencing homelessness

Southwark has an estimated homeless population of 6,700 (including all those in temporary accommodation and rough sleepers)¹⁸. The public health implications of homelessness are significant with homelessness being closely associated with substance misuse, mental health conditions, and HIV risk¹⁹. Smoking amongst people experiencing homelessness is drastically higher than the general adult population with some estimates of prevalence being over 80% compared to 12.7% in the general adult population, nationally²⁰. Smokers experiencing homelessness face multiple barriers to quitting and are also more likely to partake in risky smoking behaviours such as

¹⁶ ONS: Housing, England and Wales: Census 2021

¹⁷ Smoking and Social Housing: Supporting residents, addressing inequalities (2022)

¹⁸ At least 271,000 people are homeless in England today - Shelter England:

https://england.shelter.org.uk/media/press_release/at_least_271000_people_are_homeless_in_england_today

¹⁹ Polcin, D. L. (2016). Co-occurring substance abuse and mental health problems among homeless persons: Suggestions for research and practice. *Journal of social distress and the homeless*, 25(1), 1-10.

²⁰ Pratt, R., Pernat, C., Kerandi, L., Kmiecik, A., Strobel-Ayres, C., Joseph, A., ... & Okuyemi, K. (2019). The impact of the social environment on smoking cessation for smokers experiencing homelessness. *BMC Public Health*, 19(1), 1-8.

smoking discarded cigarettes, sharing cigarettes, and asking strangers for cigarettes. Around half of smokers experiencing homelessness want to quit but support is often not tailored to meet the needs of this group²¹.

LGBTQ+ people

In England, people who are lesbian or gay are 1.4 times more likely to smoke than people who are heterosexual (21.9% vs 15.2%) and this trend is expected to be similar in Southwark.²² Young LGB+ people are also more likely to smoke, start smoking at a younger age and smoke more heavily²³. Southwark ranked the fourth highest in England for non-heterosexual (LGB+) sexual identity at 8.1% or more than 1 in 12 residents aged 16+²⁴. Overall, LGB+ prevalence is highest in 16–24 year olds for women and 35–44 year olds for men.

Southwark ranked 5th highest in England for trans/non-binary identity at 1.2% or 1 in 80 residents aged 16+. Whilst there is a lack of robust research on smoking among transgender people, surveys do show transgender people are more likely to smoke²⁵.

Children and young people (smoking and vaping)

Smoking is an addiction usually adopted in adolescence with over 80% of adult smokers taking up smoking before aged 20²⁶. Despite a considerable drop in underage smoking rates from around 20% to 3.6% over the last 20 years, the rise in youth vaping has introduced new challenges²¹. The health concerns related to youth vaping may include respiratory health problems as well as nicotine addiction which is associated with cognitive impairment and neurodevelopmental problems²⁷. There are fears that youth vaping may have a gateway effect into cigarette smoking. The evidence, however, is mixed with some studies reporting an increase in experimental smoking among young people who started vaping, but no data to suggest long-term use²⁸. Research suggests that vaping

²¹ Room to Breathe, Executive Report: groundswell (2017)

²² ONS: Adult smoking habits in the UK (2019)

²³ Corliss HL, Wadler BM, Jun HJ, Rosario M, Wypij D, Frazier AL, Austin SB. Sexual-orientation disparities in cigarette smoking in a longitudinal cohort study of adolescents. *Nicotine Tob Res.* 2013 Jan;15(1):213-22.

²⁴ Southwark Census 2021: *Gender identity and sexual orientation*.

²⁵ LGBT People – Action on Smoking and Health: <https://ash.org.uk/uploads/HIRP-LGBT-community.pdf?v=1652365376#:~:text=Whilst%20there%20is%20a%20lack,Corliss%20et%20al%2C%202013>).

²⁶ ASH: Youth Smoking Factsheet

²⁷ Lyzwiniski, L. N., Naslund, J. A., Miller, C. J., & Eisenberg, M. J. (2022). Global youth vaping and respiratory health: epidemiology, interventions, and policies. *NPJ Primary Care Respiratory Medicine*, 32(1), 14.

²⁸ Sun, R., Méndez, D., & Warner, K. E. (2023). Association of electronic cigarette use by US adolescents with subsequent persistent cigarette smoking. *JAMA Network Open*, 6(3), e234885-e234885.

is displacing smoking at a population level by diverting young people to vaping instead. Evidence from the USA does show an association between vaping and future marijuana and synthetic cannabinoid use, whilst no studies have been conducted in the UK, a similar trend is likely to exist²⁹³⁰³¹. The gateway association between youth vaping and experimental smoking and marijuana use may be explained by shared risk factors for vaping and smoking such as a genetic liability to develop nicotine addiction and environmental, psychological and social causes³².

In 2024, 18% of 11-17 year olds in the UK had tried vaping, compared to 20% in 2023. The majority only vaped once or twice (9.5%), while 7.2% were currently vaping (3% less than once a week, 4.2% more than once a week) with the remainder (1.3%) reportedly no longer vaping³³. We currently do not have data on youth vaping in Southwark but will commit to gathering this in schools through the Lancaster model and SHUE survey.

New Migrant Groups

This strategy identifies the need to support smokers who have recently migrated to Southwark or come from a culture where smoking is the norm. At the time of the Census in 2021, 40% of Southwark residents had been born in a country outside the UK. Many of these new migrants are smokers and come from countries where smoking rates are far higher than the UK particularly Eastern European, and Middle Eastern countries³⁴.

Health Inclusion Groups

Inclusion health is a term that is used to describe population groups that experience social exclusion and multiple overlapping risk factors for poor health and includes people experiencing homelessness, people with drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the criminal justice system, and victims of modern slavery.³⁵ A 2023 survey by Southwark Travellers Action Group found that 28% of Gypsy, Roma and

²⁹ Ren, M., & Lotfipour, S. (2019). Nicotine gateway effects on adolescent substance use. *Western Journal of Emergency Medicine*, 20(5), 696.

³⁰ Chadi, N., et al (2019). Association between electronic cigarette use and marijuana use among adolescents and young adults: a systematic review and meta-analysis. *JAMA pediatrics*, 173(10), e192574-e192574.

³¹ Tai, H., et al. (2020). The Future of Substance Abuse Now: Relationships among Adolescent Use of Vaping Devices, Marijuana, and Synthetic Cannabinoids. *Substance Use & Misuse*, 56(2), 192–204. <https://doi.org/10.1080/10826084.2020.1849305>

³² Mendelsohn, C. P., & Hall, W. (2023). What are the harms of vaping in young people who have never smoked?. *International Journal of Drug Policy*, 117, 104064.

³³ ASH: Use of vapes among young people in Great Britain (2024).

³⁴ Tobacco Consumption Statistics – European Commission: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Tobacco_consumption_statistics

³⁵ NHS England. Inclusion Health Groups: [NHS England » Inclusion health groups](#)

Travellers in Southwark said they smoke regularly and 5% said they smoke socially which is over double the general adult prevalence in Southwark.

Other health inclusion groups not mentioned above have anecdotally been identified as having high smoking rates. Public Health commissioners and stakeholders will continue to identify and support these groups. Southwark's Joint Strategic Needs Assessment on Health & Wellbeing of Asylum Seekers and Refugees recognises the need to improve identification of asylum seekers/refugees with tobacco related or substance misuse needs and acquire more accurate data to support commissioners of tobacco, alcohol and drug misuse services to meet the needs of these populations³⁶.

1.3 Local cost/Economic impact

As well as the damaging health effects of tobacco use, there is also a significant economic cost related to tobacco use. ASH estimate that each year smoking costs Southwark over £300 million (Figure 4). These costs are accumulated from an estimated £236 million in productivity loss, as smoking negatively affects earnings and employment prospects as well as increasing the number of sick days taken. Smoking causes a huge strain on the healthcare system with £6.4 million spent on smoking related hospital admissions and the cost of treating smoking-related illnesses. Many smokers require care because of smoking-related illness with estimated social care costs of £55.9 million to the local authority. Smoking materials are a risk for accidental fires. Smoking related fires result in losses of £1.8m annually in Southwark. On an individual basis, average annual spend on cigarettes per smoker is £2,451. This is a substantial amount, especially as smokers are more likely to be on lower incomes and live in more deprived areas¹⁴.

³⁶ <https://www.southwark.gov.uk/assets/attach/230579/The-Southwark-Asylum-Seeker-and-Refugee-JSNA-June-2023.pdf>

ASH Ready Reckoner Spring 2024: Costs of smoking to society

ASH estimates that smoking costs Southwark **£301M** per year



of adults in Southwark smoke, which is about 28.9K people.

MORE STATISTICS ABOUT THE COST OF SMOKING

An estimated **£70.1M** is spent by consumers on purchasing tobacco (legal and illicit) annually in Southwark.

The national average spend on tobacco is around **£2,486** per smoker.

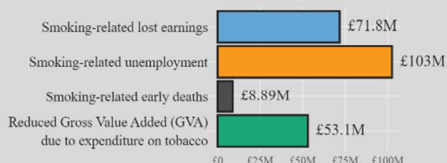
The Green Book Quality-Adjusted Life Year (QALY) value applied to the intrinsic value of life gives an estimated loss of **£109M** due to premature deaths from smoking in Southwark. This figure is not included in any totals on this page.



Health (in white):
£6.37M; 2.1%
Fires (in grey):
£1.78M; 0.6%

IMPACT OF SMOKING ON PRODUCTIVITY

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of **£236M**.



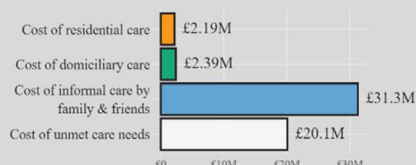
HEALTHCARE COSTS DUE TO SMOKING

The combined cost of smoking-related medical treatment via hospital admissions and primary care services is **£6.37M**.



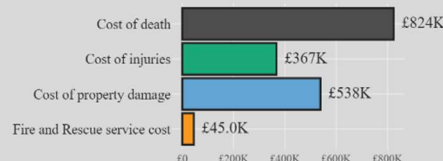
SOCIAL CARE COSTS DUE TO SMOKING

Many current and former smokers require care in later life as the result of smoking-related illnesses. The estimated cost is **£55.9M**.



FIRE COSTS DUE TO SMOKING

Smoking materials are a major contributor to accidental fires. Smoking-related fires result in annual losses of **£1.78M**. About 11 Smoking-related fires are attended by the Fire and Rescue Service each year.



Revenue from cigarette and hand-rolled tobacco taxation (excluding VAT) only brings in about **£36.3M** per year

Figure 5. ASH Ready Reckoner tool showing smoking related costs to Southwark (2024)

Chapter 2 – Tobacco Control: The Current Landscape

2.1 National & Regional Landscape

National Government Plans

In October 2023 the Prime Minister announced major plans towards becoming a smokefree nation by raising the legal age of cigarette sales by one year every year from 2027, effectively preventing those born after 1 January 2009 from ever being sold cigarettes. Also announced was the commitment to double local authority stop smoking service funding, increase funding for illicit tobacco enforcement, increase funding for awareness raising campaigns, and to launch a consultation on measures to reduce youth vaping. These commitments will make becoming smokefree by 2030 far more achievable and will protect future generations from the harms of smoking. In the first King's Speech of the new Government in 2024, a commitment was announced to take work towards creating a 'smokefree generation' forward through the reintroduction of the Tobacco and Vapes Bill.

These updates followed the Minister for Public Health's initial response to the recommendations from the Khan Review, which included:

- A national "Swap to Stop" scheme to support 1 million adult smokers to quit smoking by switching to vaping.
- Pledge to offer financial incentives to all pregnant women who smoke by the end of 2024.
- All mental health practitioners will be able to signpost to specially developed digital resources to support people with mental health problems to quit smoking
- Backing joined-up working between the NHS and local authorities to support smokers to quit, facilitated by Integrated Care Boards.
- Announced a government consultation on the introduction of mandatory pack inserts with messages and information to help smokers quit, later this year.
- New funding to support Trading Standards to tackle illicit vapes and underage vaping.

System-wide working

The South East London (SEL) ICB oversees the Tobacco Dependence Oversight Group (TDOG), a collaborative effort that unites key partners in tobacco control across the six South East London boroughs. TDOG's primary responsibilities encompass the supervision of planning, implementation, and monitoring of the Long-Term Plan (LTP) tobacco objectives within SEL's acute physical health settings, maternity care, and mental health services, in close partnership with Local Authority Stop Smoking Services. Additionally, TDOG takes a broader role in advancing the tobacco control agenda across SEL and actively fosters stronger collaborative relationships within this network.

Vital 5 and Core20Plus5

Strategic oversight and implementation of the Vital 5 and Core20Plus5 are key work streams of Southwark ICB relating to smoking cessation and tobacco control. The Vital 5 focuses on the five leading causes of poor health in our communities: Smoking, Alcohol, Obesity, high blood pressure, and mental health conditions. Many long-term conditions and diseases could be prevented and managed by addressing these five risk factor areas. Vital 5 checks are being conducted across the borough via an outreach model with the smoking section focusing on very brief advice and making a referral into the stop smoking service. The Vital 5 checks are a way to engage with smokers who otherwise may not engage with Southwark's services. Southwark are part of a SEL-wide working group focusing on partnership work to address smoking as part of the Vital 5, the key aims of the group are to:

- To develop a SEL tobacco control strategic framework, achieving a smokefree SEL by 2030.
- To motivate and support more smokers to quit ensuring equitable access for all, acting as a hub of excellence for ICS-level tobacco control.
- To ensure full implementation and sustainability of the LTP tobacco commitments within SEL NHS trusts.

The Core20PLUS5 is an approach to drive action and reduce healthcare inequalities amongst the Core20: 20% most deprived populations, PLUS: those with protected characteristics and [inclusion health groups](#), 5: the five clinical areas (maternity, severe mental illness, respiratory disease, cancer and hypertension). Smoking Cessation is shown to be a key thread that positively impacts all of the clinical areas. Our key priority groups in this strategy therefore are based on the Core20PLUS groups.

NHS Long Term Plan

The NHS published their Long Term Plan (LTP) in 2019, which details the plan to lower smoking rates and support smokers in hospital. The LTP commits to providing NHS-funded tobacco dependency treatment to all inpatients who smoke. It is based on evidence from 'The Ottawa Model for Smoking Cessation' which screens the smoking status of all admitted hospital patients, followed by brief advice, personalised bedside counselling, nicotine replacement therapy (NRT) and/or pharmacotherapy, and follow-up for 6 months after discharge. This has been shown to improve long-term quit rates by 11%³⁷. Smokers who are supported in hospital are referred to local stop smoking services upon discharge from hospital. This has resulted in an increase in referrals to Southwark's local stop smoking service and a real opportunity to support more smokers who have initiated a quit attempt in hospital.

SEL Nicotine Vaping Position Statement

The following position statement on vaping was co-developed by members of the SEL Tobacco dependence oversight group to align the advice on vaping across SEL:

"Nicotine vaping (also known as the use of e-cigarettes) is an effective aid to help people stop smoking tobacco cigarettes and should be made accessible for people who smoke and want to quit³⁸. Vaping poses only a small fraction of the risk of smoking³⁹. As such, e-cigarettes should be included in tobacco dependence treatment pathways in primary and secondary care settings. Other effective smoking cessation aids include combination NRT, Varenicline and behavioural support¹⁸.

Dual use (concurrent smoking and vaping) should be avoided unless it is part of a short-term transition period from smoking to vaping. Completely switching from smoking to vaping should be encouraged¹⁹.

People who completely switch should use e-cigarettes for as long as they need them, to prevent them relapsing back to smoking.

³⁷ Mullen, K., Manuel, D., Hawken, S., Pipe, A., Coyle, D., Hobler, L., Younger, J. Wells, G. & Reid, R. (2017) Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes. Tobacco Control. 26 (3), 293-299

³⁸ [NICE \(2023\)](#) Tobacco: Preventing uptake, promoting quitting and treating dependence

³⁹ [McNeill et al. \(2022\)](#) Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022; a report commissioned by OHID.

At the same time, we recognise that vaping is not risk free and use among non-smoking populations, should be discouraged (unless someone would otherwise take up smoking).¹⁹.

Vaping is not for children and people under 18 years of age. We support the enforcement of existing legislation to prevent the uptake of vaping and/or smoking in this age group⁴⁰.”

2.2 Smoking Cessation Services in Southwark

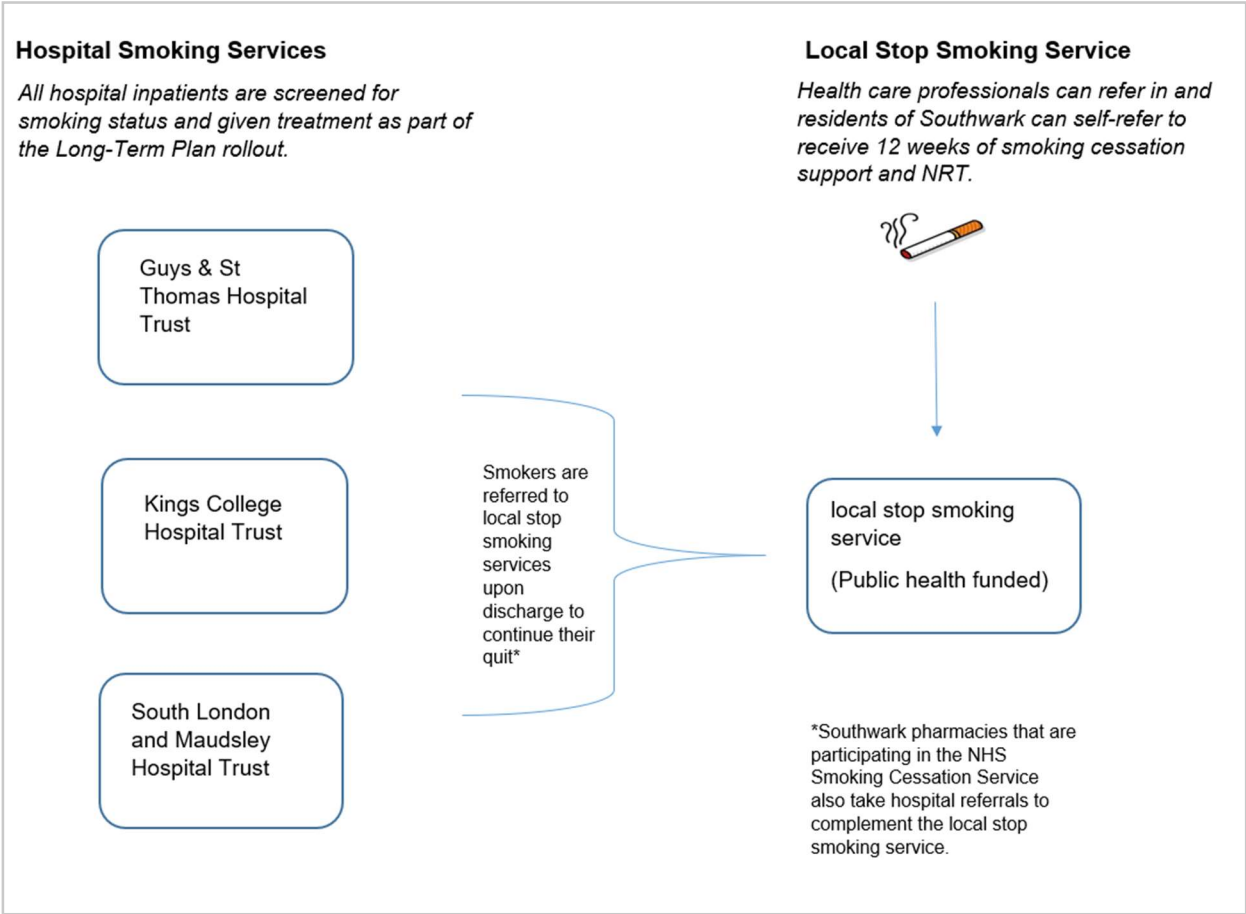


Figure 6. Diagram of referral pathways into local stop smoking service

⁴⁰ Hartmann-Boyce et al. (2022) Electronic cigarettes for smoking cessation. *Cochrane Database Systematic Reviews*; 9:CD010216.

Local Stop Smoking Service

Southwark Council commission a local stop smoking service that supports people who live, work, or are registered to a GP in the borough to quit in the community without needing to attend hospital settings. The service aims to provide accessible and free person-centred support for all smokers in the borough following the National Centre for Smoking Cessation Training (NCSCT) 12-week programme and National Institute for Health and Care Excellence (NICE) Guidance.

Southwark residents can receive face to face support through the stop smoking service's participating pharmacies and leisure centre clinics, or virtual support through the universal telephone service. Referrals are largely from hospital trusts at 68% followed by Self Referrals at 15%, GP and other healthcare referrals at 9%, and lung health check referrals at 8%.

In 2022/23, 639 people set a quit date with the Southwark stop smoking service including our pharmacy providers, with 328 people going on to achieve a 4 week quit. This is a 51% quit rate, which is slightly lower than the quit rate nationally (54%). Of the 328 successful 4-week quitters: 18.6% had a mental health condition; 2% were pregnant smokers; and 18% worked in a routine & manual occupation.

Southwark's stop smoking service offers NRT and nicotine vaping starter kits alongside behavioural support. In 2022/23 the most successful quit aids in Southwark were e-cigarettes (54%) followed by multiple NRT (53%), NRT and E-cig combined (50%), single NRT (50%), and no medication (33%).

National data on smoking prevalence by ethnicity shows that people of Mixed ethnicity have the highest rate (17.0%) followed by White ethnicity (13.2%) with Black ethnicity having the lowest smoking rate at (4.7%). There is no data on smoking prevalence by ethnicity in Southwark however service access and outcomes will be monitored to ensure the service is equitable.

Allen Carr's Easyway

Allen Carr's Easyway is an evidence based smoking cessation intervention recommended by the National Institute for Health and Care Excellence. It is delivered in a one day 5-6 hour seminar session and uses cognitive behavioural therapy and cognitive restructuring techniques to change people's beliefs and behaviours towards smoking. It's an alternative option to the standard stop smoking service and provides residents with a choice on which option is best for them and will give them the best chance of quitting.

It has been piloted in Southwark from October 2023 to March 2024 and achieved very successful outcomes with 63% of attendees having quit smoking at 4 weeks follow up. Allen Carr's Easyway stop smoking seminars have been recommissioned in Southwark, utilising OHID tobacco grant funding.

Trading Standards Work

Trading Standards play a key role in tobacco control and vaping regulations, and will be crucial to Southwark driving down smoking rates and achieving the goal of creating a smokefree generation by 2030. The role of trading standards in reducing smoking rates and tobacco related harm includes:

- Enforcing tobacco-related legislation e.g. display at point of sale, health warnings, and standardised packaging regulations.
- Enforcing legislation concerning the supply of e-cigarettes and related nicotine containing products.
- Enforcing underage sales legislation for age-restricted products, including tobacco and nicotine vaping products.
- Reducing the availability of illegal tobacco products

Southwark Trading Standards team take part in Operation CeCe. This is a joint HMRC-National Trading Standards operation which has been working to seize illicit tobacco since January 2021. As part of Operation CeCe, London Trading Standards seized illicit tobacco (hand rolled and cigarette sticks) with a revenue value of around £500,000 in 2021/22. In 2023, Public Health and Trading Standards collaborated on a test purchasing operation to measure the sales of vaping devices to underage customers. Compliance had improved from 20% in a previous year, to 82% in 2023, however more work is needed to ensure no vaping devices are sold to under 18s. This work will continue to be funded by Public Health in order to address the issue of underage sales.

Recent research from University College London's Department of Behavioural Science and Health suggests that smokers who use cheap tobacco are less likely to try to quit and policy measures that reduce smokers' access to these cheaper sources of tobacco could help to increase the rate of quit attempts among smokers and accelerate progress toward the government's smokefree 2030 target⁴¹.

⁴¹ Jackson SE, Cox S, Brown J. Trends in cross-border and illicit tobacco purchases among people who smoke in England, 2019–2022. *Tobacco Control* Published Online First: 18 July 2023. doi: 10.1136/tc-2023-057991

CLeaR Assessment

The CLeaR assessment is an evidence-based improvement model that supports the development of local action in reducing smoking prevalence and the use of tobacco. CLeaR stands for the three linked domains of the model: Challenge your services, Leadership, and Results.

Members of the strategy steering group in Southwark completed the CleaR self-assessment to review current work in the borough and to identify priority areas that require action or resources. The main area identified for development is **Prevention** with need for additional work on preventing uptake of smoking in children and young people in school settings. This is followed by **Prevalence**, with no evidence to show improvement in smoking prevalence amongst certain groups including routine and manual workers. These findings have helped to inform the action plan.

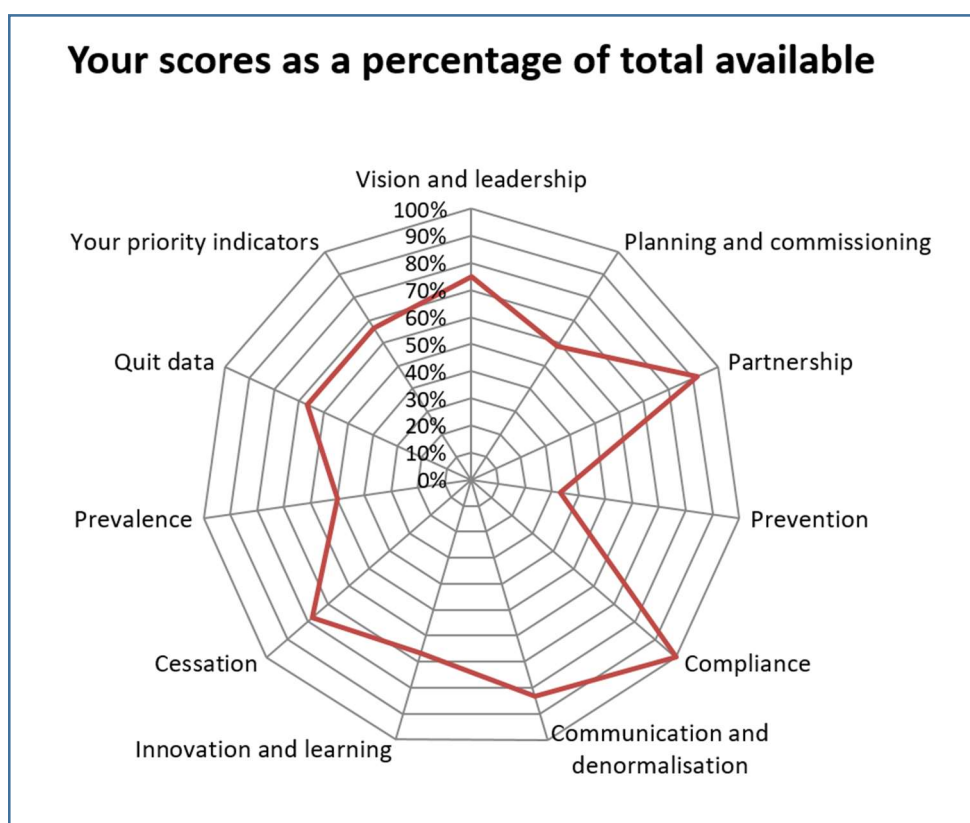


Figure 7: CLeaR Self-Assessment Tool results for Southwark

Chapter 3 – Our Ambitions

The vision in Southwark

The overarching ambition of this strategy is to provide a clear blueprint of our plans to reduce the number of smokers in Southwark, with an emphasis on our identified priority groups, ultimately making Southwark a smokefree Borough.

Therefore, in line with the ambitious national targets of reducing smoking prevalence to less than 5% nationally by 2030, we have set out the following ambitions:

Targets



① To reduce adult smoking prevalence in Southwark to less than 5% by 2030



② To reduce the inequality gap in smoking prevalence between our priority populations and the general population. Our priority populations being:

- People with mental health conditions
- Pregnant people
- Routine and manual workers
- People with drug and alcohol dependence
- LGBTQ+ people
- People living in social housing
- People experiencing homelessness
- New migrant groups
- Health Inclusion Groups



③ To reduce the uptake and prevalence of youth vaping

We will achieve this by

1	Supporting smokers to quit
2	Targeting priority groups to reduce smoking inequalities
3	Preventing the uptake of smoking and youth vaping
4	Tobacco Control enforcement

Forecasting Smoking Rates in Southwark

Current Southwark Adult Smoking Prevalence = 13.7% (2023) or 12.4% (3 year range)

This is roughly 34,000 smokers out of around 250,000 adults in Southwark. To achieve below 5% smoking prevalence by 2030, the total number of smokers in the Borough would need to reduce to 12,500 which equates to 21,500 people giving up smoking between 2023 (most recent smoking data figures) and 2030.

= 3,050 quitters per year for 7 years (+/- correction for however many take up smoking, and how many smokers die).

ASH estimate that only 5% of smokers manage to quit per year despite 30% making a serious attempt to quit⁴². If only 5% of smokers managed to quit per year this would mean Southwark would fall short of the smokefree 2030 target. This is likely to occur if no actions are taken to improve services or quit rates.

Southwark 2030

Southwark 2030 is the Council-wide shared vision for the borough. The Southwark 2030 strategy includes three principles which are reducing inequality, empowering people, and investing in prevention. These are embedded into this tobacco control strategy which will also contribute towards the Southwark 2030 goals of a healthy environment, a good start in life and staying well.

⁴² ASH: The end of smoking (2022).

Chapter 4 – What is needed to achieve our targets

In order to achieve our vision of a smokefree borough by 2030 we recognise that continual commitment across the system is needed with an emphasis on both treatment and prevention. Based on the most recent evidence and NICE guidance, four key impact areas have been developed. These are:

- 1. Supporting smokers to quit**
- 2. Targeting priority groups to reduce smoking inequalities**
- 3. Preventing the uptake of smoking and youth vaping**
- 4. Tobacco Control enforcement**

4.1 Supporting smokers to quit

With roughly 34,000 smokers in Southwark, and the ambition being to reduce this number to below 12,500 by 2030, we will need to provide smoking cessation support to as many smokers as possible and give them the best possible chance of staying smokefree. Utilizing the additional 5-year funding allocation from central government to improve service accessibility, capacity, and quality is crucial. Increasing public knowledge of the support available will be key to achieving our goals as well as developing improved access and pathways into services with a 'no wrong door' approach.

This will require support from colleagues and partners across the health system in Southwark with an under-utilised asset being GPs and healthcare practitioners. GPs across Southwark see hundreds of patients every day, many of whom will smoke. Last year the number of referrals from primary care was 128; we would like to work with GPs to increase this.

The number of referrals from hospital trusts is high. However, with only around 35% of those referred by the trusts going on to access local stop smoking service support, we are missing out on the opportunity to help hundreds of smokers who have started their quit attempt in hospital. By improving speed of first contact post-discharge and improving patient knowledge of what to expect, we can increase the number going on to receive support. Clear and smooth patient transfers from hospital into community support will be needed to minimise dropouts, with community pharmacies in the national scheme, as well as Southwark's local stop smoking service pharmacy and other providers playing a key role in this.

Our key actions for supporting smokers to quit include:

- Continually improving the local stop smoking service, ensuring high-quality and evidence-based support are provided
- Working across the system to increase successful referrals and ensure clear pathways into the service are available
- Providing a range of evidence-based support service options that are available in a variety of settings
- Ensuring best evidenced smoking cessation aids are available including varenicline, cytisine, and vapes
- Supporting people who smoke shisha and use other forms of tobacco to quit
- Training healthcare workers and the wider workforce in Making Every Contact Count

4.2 Targeting priority groups to reduce smoking inequalities

To reduce the inequality gap in smoking prevalence between our priority populations and the general population, a targeted approach to groups who experience greater health inequalities and have higher smoking rates is essential. Outreach work into communities and local services whilst utilizing the national swap to scheme will be an effective strategy to engage with our priority groups. The OHID smoking grant will be used to increase investment in community outreach-based approaches to smoking cessation. This will include funding new advisors to engage and support the priority groups outlined in chapter 1, utilising local service and VCSE organisations who work most closely with these populations. Taking advantage of ongoing programmes such as Vital 5, MECC, NHS Health Checks, and the health outreach van continues to be an effective way to communicate the smoking service offer to a wide range of residents.

Our key actions for targeting priority groups to reduce smoking inequalities

- Increased engagement and outreach work with our priority populations to ensure equitable access to services with a focus on marginalised groups and those who experience greater health inequalities.
- Improving local knowledge of smoking cessation services through promotion and communications campaigns with a focus on underserved groups.
- Working with SLaM to employ a tobacco dependence advisor providing support to people living in the community with a mental health condition

- Working closely with homeless hostels and drug and alcohol treatment services in Southwark to support smokers in these settings.
- Improving local service data recording of service access and quit outcomes amongst priority populations.
- Working closely with programmes such as Vital 5, and NHS health checks to continually upskill staff in delivering smoking cessation advice and referrals

4.3 Preventing the uptake of smoking and youth vaping

The number of under 18s who currently vape is greater than those who currently smoke (7.6% compared to 3.6% in 2023) which presents an emerging challenge in dissuading youth vaping, whilst encouraging the uptake of vaping for adult smokers as a quit aid. To better understand the scale of this issue locally it is important that data on vaping rates amongst young people is routinely collected using existing school surveys and that specific targets are set following this.

The national plans to make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products will be hugely influential in further reducing youth smoking but this is still a number of years away. In the meantime, every day in England, 280 young people start smoking which is over 100,000 people each year. This takes us further away from reaching our goals and creating a smokefree generation in Southwark. As Southwark is a relatively young borough, it is imperative that we focus on educating young people in Southwark about the harms of tobacco smoking to prevent the addiction in the first place as well as reducing the appeal and access to vapes.

Smoking not only harms the smoker but also those around them due to the inhalation of second-hand smoke, which is especially harmful for children. Children copy behaviour including smoking behaviours, but research suggests that if smokefree becomes the norm and there is no smoking in sight, children are less likely to start smoking themselves⁴³. Therefore, advocating and supporting the government's planned restrictions on smoking is a priority.

World Health Organisations Framework Convention on Tobacco Control (Article 8) advocates the implementation of smoke free policies to reduce tobacco use as this will: save lives and improve public health; reduce the public's exposure to second-hand smoke; reduce cigarette consumption and help smokers quit; make smoking less socially acceptable; and prevent young people taking up smoking⁴⁴.

⁴³ Kalmthout DV. For a healthy start in life, children need smoke-free environments: Progress of the Generation Smoke-Free campaign in Belgium since its launch in 2018. Tobacco Prevention & Cessation. 2023;9(March):6. doi:10.18332/tpc/155920.

⁴⁴ WHO Framework Convention on Tobacco Control (FCTC) Article 8: protection from exposure to tobacco smoke

Our key actions for preventing the uptake of smoking and youth vaping include:

- Tackling youth vaping and youth smoking in schools by rolling out peer support and prevention assemblies
- Working with schools to create smoke-free and vape-free school zones
- Encouraging smoke-free policies in social housing, work, and leisure places
- Engage with children and young people to understand their smoking and vaping behaviours and beliefs, and use this information to shape targeted communications and messaging for this age group.
- Supporting pregnant smokers and parents with young children to quit
- Advocacy and lobbying for national legislation to make e-cigarettes less appealing to young people and to prevent the next generation from ever being legally sold tobacco products

4.4 Tobacco control enforcement

An intelligence-led approach to tobacco control enforcement is essential in achieving our targets. Robust enforcement of underage sales legislation through test purchasing is a key part in our drive to reduce youth smoking and vaping. Most smokers take up the habit before the age of 18 and so test purchasing to identify retailers selling cigarettes and vapes to young people is vital for prevention. This should be paired with periodic testing of vaping products for compliance with nicotine concentration guidelines and traces of heavy metals. This way we can prevent businesses from selling vaping products to underage users and reduce the sales of non-compliant vapes.

Trading Standards and Public Health have begun to work closely together to plan for the effective spend of additional tobacco enforcement funding and to act on the newly developed national strategy to tackle illicit tobacco.

Our key actions for tobacco control enforcement include:

- Continue test purchasing work to gather intelligence, and reduce the sales and trade of illicit tobacco
- To improve intelligence of illegal vape sales and potential risk areas, supporting Trading Standards to educate, inform, and deter retailers from selling non-compliant vapes/e-cigarettes
- Increased test purchasing operations to identify and deter underage sales of vapes and tobacco to children and young people
- Collaborating on SEL and London-wide tobacco control across a wider geographical/regional footprint
- Collaborate with community safety, police, and trading standards to conduct tobacco compliance inspections at shisha bars and unlicensed establishments.

4.5 Monitoring and evaluation

Progress on the Southwark Tobacco Control Strategy action plan will be reviewed annually by the Children and Adult Board. The action plan will be reviewed and refreshed in 2026 and 2028. Key actions and measures of success will be reported to the Health and Wellbeing board through Southwark's Joint Health and Wellbeing Strategy 2022-2027. The measures that are being reported are:

1. To reduce smoking prevalence in Southwark to less than 5% by 2030 in line with national and local strategy ambitions.
2. To increase the number of smokers setting a quit date with our stop smoking service to 2275 by 2028 in line with the OHID Local Authority Stop Smoking Grant targets.

Chapter 5: Action Plan

1. Supporting Smokers to Quit

Action	Outcome measure	How action will be achieved	KPI	Delivery date	Lead (Supported by)
To increase the number of smokers setting a quit date with our stop smoking service to 2275 by 2028 in line with the OHID Local Authority Stop Smoking Grant targets	Access to stop smoking services and number of quit dates being set	<ul style="list-style-type: none"> Adding capacity to the Stop Smoking Service and fostering a model of continuous improvement. Recruitment of 2x full time advisors using OHID funding Ongoing provider training and skills sharing 	Increase in number of quit dates set to 2275 across Southwark stop smoking services	2028	Public Health and Stop Smoking Service providers
Increase in referrals from a range of sources including Primary Care, NHS health checks, and Vital 5 checks	Number of referrals from different settings	<ul style="list-style-type: none"> Building up relations with primary care using OHID funding to pilot an incentive scheme for successful referrals. 	10% increase in GP referrals	2026	Public Health (Primary care, SEL ICB, Community health ambassadors)
Contribute to SEL-wide communications campaigns to raise awareness of local stop smoking service support	Successful co-production and launch of marketing campaign materials	<ul style="list-style-type: none"> A SEL communication and engagement plan (aligned with national and regional approaches) and a 	Increase in self-referrals by 5%	April 2026	South East London Borough Leads group (SEL ICB)

		communication guide to be developed			
Reduce the attrition rate in hospital patients accessing local stop smoking services post-discharge	Increased uptake of local stop smoking services following hospital discharge	<ul style="list-style-type: none"> Improved communication of what to expect in local service as well as faster initiation of first appointment to minimise drop-out Hold information sharing meetings between TDA's and local services. Incentivise successful hospital referrals through BetterPoints app 	An increase in quit dates set from total referrals received from 35% to 55% by 2027	2027	NHS Hospital Trusts and Public Health
Providing a range of evidence-based support service options that are available in a variety of settings and to people who use alternative forms of tobacco such as shisha	Increase in number of quit dates set, and 4 week quits achieved	<ul style="list-style-type: none"> Re-commissioning Allen Carr's Easyway seminars Ensuring all services are widely available both in person and virtually and to people use all forms of tobacco 	In line with OHID targets we aim to achieve: 2,275 quit dates	2028	Public Health, Allen Carr's Easyway, Stop Smoking Service Providers
Ensuring the most evidence based quit aids are being offered including nicotine vapes, Cytisine, and Varenicline	Quit rates	<ul style="list-style-type: none"> Including Cytisine and Varenicline as medication options. Disseminating factual information on safety of vapes 	Smoking service quit success increased by 5%	2026	Public Health, Stop Smoking Service Providers (SEL ICB)

Gaining resident feedback to understand service users' experiences of the stop smoking services and integrating resident feedback into a model of continuous improvement.	Service improvement	<ul style="list-style-type: none"> Develop and utilise a standardised questionnaire for local stop smoking services across SEL boroughs to gain user feedback 	Gain feedback from over 50 service users	2026	Public Health, Stop Smoking Service Providers (Community Health Ambassadors)
Integrating formal evaluation into streams of work to develop learnings and inform the commissioning of future pieces of work, and to inform wider work across the Council	Service improvement	<ul style="list-style-type: none"> Conducting an evaluation of the outreach advisor role and wider service using a SEL-wide evaluation framework. 	Completion of evaluation by end of 2025	2025	Southwark Insight and Intelligence Team, Public Health, and Commissioning.
Offer training for healthcare workers and the wider workforce in Making Every Contact Count	Improving access	<ul style="list-style-type: none"> Working with MECC providers and wider workforce to promote uptake and value of MECC. Tracking referrals made directly from MECC 	Number of MECC training places used. Establishment of data recording from MECC referrals	2026	Public Health

2. Targeting priority groups to reduce smoking inequalities

Action	Outcome measure	How action will be achieved	KPI	Delivery date	Lead (supported by)
Increased engagement and outreach work with our priority populations to ensure equitable access to services with a focus on marginalised groups and those who experience greater health inequalities.	Number of people accessing stop smoking services from priority populations.	<ul style="list-style-type: none"> Utilizing OHID grant to fund a full-time outreach worker. Complete a service equality impact assessment to help identify underserved groups. 	>10% increase in number accessing service from priority groups where data is available.	2027	Public Health, Stop Smoking Service Providers
Piloting new initiatives for smoking cessation in partnership with other SEL boroughs with a focus on those at increased risk of respiratory diseases and those accessing the emergency department.	Numbers being referred or directly supported through initiatives.	<ul style="list-style-type: none"> Rolling out smoking cessation support in emergency department setting (CoSTED model) Co-funding a full-time smoking advisor as part of the targeted lung health check programme 	Linking populations from both projects into smoking cessation services.	April 2025	South East London Borough Leads group (SEL ICB, NHS Trusts, TLHC Team)
Working with SLaM to employ a tobacco dependence advisor providing support to people living in the community with a mental health condition	Number of smokers with a mental health condition supported	<ul style="list-style-type: none"> Embedding a TDA to work in the community setting with SLaM Take direct referrals from SLam inpatient team 	Supporting 100 smokers with a mental health condition in 2025	2026	SLaM and Public Health

Working closely with homeless hostels and drug and alcohol treatment services in Southwark to support smokers in these settings.	Number of smokers supported in these setting	<ul style="list-style-type: none"> Embedding an outreach worker in these settings to provide weekly support 	Supporting 100 smokers in these settings in 2025	2026	Public Health, Drug and Alcohol Team, Homeless hostel leads (Groundswell, CGL)
Improving local service data recording of access and quit outcomes amongst priority populations.	Improved data recording	<ul style="list-style-type: none"> Working with QuitManager and service providers to record more relevant data from users. 	Recording of service data for all priority groups	2025	Public Health (QuitManager)
Wider roll out of swap to stop scheme to target priority groups.	Mobilisation of swap to stop	<ul style="list-style-type: none"> Utilising swap to stop opportunity and training partners to deliver VBA 	Using full allocation of swap to stop vapes by end of financial year	2025	Public Health, Stop Smoking Service Providers

3. Preventing the uptake of smoking & youth vaping

Action	Outcome measure	How action will be achieved	KPI	Delivery date	Lead (supported by)
Tackling youth vaping and youth smoking in schools by rolling out peer support groups and prevention assemblies	Awareness and knowledge	<ul style="list-style-type: none"> Roll out of 'Catch your Breath' programme in Southwark schools leading to an Increase in knowledge of harms of vaping amongst young people 	Number of prevention assemblies delivered in schools. Changes in intention to vape.	2026	Stop Smoking Service Lead (Public Health)
Creating smoke-free and vape-free school zones	smokefree environments	<ul style="list-style-type: none"> Develop a toolkit for schools on smoke and vape free schoolzones. 	>3 schools designed and implemented a smoke/vape free schoolzone policy	2028	Public Health, Education (Southwark schools)
Encouraging smoke-free policies in social housing, workplaces, and leisure places	Smokefree environments	<ul style="list-style-type: none"> Working with these groups to support implementation of smokefree policies 	Increase in smokefree policies in these settings	2030	Public Health (relevant Council divisions)
Engage with children and young people to understand their smoking and vaping behaviours and beliefs, and use this information to shape targeted communications and support for this age group.	Increase in knowledge and data on youth smoking and vaping	<ul style="list-style-type: none"> Utilizing existing surveys such as the Lancaster Model and SHUE survey to include relevant vaping and smoking questions. Begin collecting and reporting local youth vaping prevalence 	Establishment of youth vaping data collection in Southwark.	2026	Public Health, Education

		amongst 11-17 year olds.			
Commitment to reducing youth vaping rates to below the national average (once data is collected)	Youth vaping prevalence	<ul style="list-style-type: none"> Comparing youth vaping rates with national average and implementing interventions such as catch your breath to reduce this Focusing on schools and wards with above average vaping rates 	Reduction in vaping rates amongst 11-17 year-olds to below 18% (ever tried vaping) and 7.2% (currently vaping).	2026	Public Health, Education
Supporting pregnant smokers and parents with young children to quit smoking	Increased quits	<ul style="list-style-type: none"> Ensure easily accessible support is available in perinatal settings 	Increased number of people quitting smoking during and after pregnancy	2027	NHS Hospital Trusts (Stop Smoking Service, Public Health)
Supporting and advocating for national legislation to make e-cigarettes less appealing to young people and to prevent the next generation from ever being legally sold tobacco products	Implementation of national smokefree policies	<ul style="list-style-type: none"> Signing ASH open letter to Prime Minister. Joining and sharing wider advocacy efforts. 	Contribution to efforts in ensuring the bill is passed.	2025	London Tobacco Alliance, Action on Smoking and Health (Public Health)

4. Tobacco Control Enforcement

Strategy/Action	Outcome measure	How action will be achieved	KPI	Delivery date	Lead (supported by)
To continue enforcement work targeting illegal vape sales and potential risk areas, supporting Trading Standards to educate, inform, and deter retailers from selling non-compliant vapes/e-cigarettes	Improved sales compliance	<ul style="list-style-type: none"> Inspection at premises dealing in vapes, spot checks of vape device labelling compliance. Lab testing of vapes for compliance with regulatory specifications including nicotine concentration. 	At least 30 vape premises inspections annually	2026	Trading Standards (Public Health)
Continue tobacco test purchasing work to gather intelligence on supply sources, and reduce the sales and trade of illicit tobacco	Improved sales compliance	<ul style="list-style-type: none"> Covert test purchases Utilising specialised sniffer dogs to find hidden illicit tobacco. Collaborating with HMRC. 	<ul style="list-style-type: none"> 2 specialised sniffer dog operations per year 2 covert test purchasing operations annually 	2026	Trading Standards (Public Health)
Conduct underage and Challenge 25 test purchasing operations to identify and deter underage sales of vapes and tobacco to under 18s	Improved sales compliance	<ul style="list-style-type: none"> Continue test purchasing work to gather intelligence on where underage tobacco and vape sales are being made 	Underage / Challenge 25 test purchasing at 30 premises per year	2028	Trading Standards (Public Health)

Collaborating on local and regional tobacco control and communication initiatives	Improved collaboration and communications	<ul style="list-style-type: none"> ▪ Involvement in SEL enforcement campaigns and communications. 	Participation in one tobacco control enforcement campaign per year	2030	Trading Standards, London Trading Standards
Collaboration between police and trading standards to conduct tobacco compliance inspections at shisha bars and unlicensed establishments.	Improved sales compliance and community safety.	<ul style="list-style-type: none"> ▪ Routine shisha compliance and police supported visits per year. 	<ul style="list-style-type: none"> ▪ Improve compliance in shisha establishments in Southwark. ▪ Visit at least 5 identified premises per year 	2030	Trading Standards, Police, Community Safety (Public Health)