Setting the Scene

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Domestic arrangements

- Fire alarm
- ON SILENT MODE PLEASE
A history of tobacco control in Glasgow and Clyde

- Glasgow 2000
- Smoking Concerns
- Glasgow Tobacco Strategy (2005-10)
- Glasgow Tobacco Strategy (2009-14)
- Smokebusters
- Starting Fresh Pharmacy Service
- Smokefree Services
- Quit Your Way
Trends in smoking in NHS GGC
Health and wellbeing survey 2018

Figure 3.6: Trends for Smoking – 2008 to 2017/18

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2011</th>
<th>2014/15</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS GGC</td>
<td>32.6%</td>
<td>29.0%</td>
<td>24.8%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Bottom 15%</td>
<td>41.6%</td>
<td>42.5%</td>
<td>37.9%</td>
<td>30.3%</td>
</tr>
<tr>
<td>Other areas</td>
<td>28.7%</td>
<td>23.3%</td>
<td>19.2%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>
Smokefree by 2034 - progress

Smoking prevalence: 2008-2015 and
Projected smoking prevalence towards 2034 target
Data based on the Scottish Health Survey (SHeS)
NHS GGC smoking prevalence, by area
(Health and wellbeing Survey 2018)

- Glasgow: Ruchill/Possilpark: 30.9%
- Glasgow North East: 28.0%
- Glasgow: Parkhead/Dalm...
- Glasgow: Greater Gorbals: 27.4%
- Glasgow: Garthamlock/Ru...
- Glasgow: Govanhill: 26.1%
- Glasgow City: 25.6%
- Glasgow North West: 25.1%
- Glasgow South: 24.4%
- NHS GGC: 24.2%
- Inverclyde: 21.5%
- NHSGGC: 20.4%
- Inverclyde: 20.3%
## Profile of a smoker in NHS GGC today
(NHS GGC Health and wellbeing survey 2018)

<table>
<thead>
<tr>
<th>More likely:</th>
<th></th>
<th>Less likely:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have a LTLI</td>
<td></td>
<td>To have +ve general health</td>
</tr>
<tr>
<td>To experience food insecurity</td>
<td></td>
<td>To have adequacy of income</td>
</tr>
<tr>
<td>To have difficulty meeting living costs</td>
<td></td>
<td>To feel valued</td>
</tr>
<tr>
<td>To have no qualifications</td>
<td></td>
<td>To have +ve physical well-being</td>
</tr>
<tr>
<td>To get all income from state benefits</td>
<td></td>
<td>To feel in control of decisions</td>
</tr>
<tr>
<td>To be treated for more than one illness</td>
<td></td>
<td>To have +ve mental and emotional well-being</td>
</tr>
<tr>
<td>To feel lonely</td>
<td></td>
<td>To be economically active</td>
</tr>
</tbody>
</table>
Reducing smoking prevalence in NHS GGC

- Focus on prevention, protection and cessation
- Current smokers who stop long-term make by far the biggest contribution to overall changes in smoking prevalence (55%) rather than non-smokers who would be prevented from starting to smoke (27%).

![Diagram showing smoking prevalence statistics]
Smoking cessation activity

Number of quit attempts, 4-week quits and 12-week quits

Quit rates
- 4-week quit rate (%)
- 12-week quit rate (%)

Measure Names
- Quit attempts
- 4-week quits
- 12-week quits
Summary

- Long history of tobacco control work in NHS GGC
- Still delivering evidence based practice
- It has had impact but not enough
- We should be and are focusing on cessation
- But numbers through services are dropping and not enough to significantly reduce prevalence
- To support the smokers and to improve our trajectory towards 2034 target we need to do something different
The role of E-cigarettes in NHS GGC?