



Tobacco **FREE** Lancashire

A Three-Year Tobacco Control Strategy for Lancashire 2014-2016

'Making tobacco less desirable, acceptable and accessible in Lancashire'

Foreword

As Lancashire Portfolio Leaders for Health, we are pleased to endorse this tobacco control strategy which has been developed in partnership with a wide range of stakeholder organisations and agencies interested in working together to reduce the devastating impact that tobacco has in Lancashire.

Tobacco smoking is the single largest preventable cause of ill health, premature death and health inequalities in the communities we serve. One in two long-term smokers die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 16 years of life and experiences many more years of ill-health than a non-smoker¹.

Smoking kills over 80,000 people each year in England and 2,212 adults aged 35 years and over in Lancashire alone^{2,3}. This is greater than the total number of deaths from alcohol, obesity, illegal drugs, murder, suicide, road traffic accidents and HIV infection combined³.

Reducing health inequalities resulting from smoking and protecting successive generations of young people from the harm done by tobacco therefore remains a public health priority in Lancashire. We are committed to this strategy and look forward to working with all partners to help in its delivery.

Chair of Tobacco Free Lancashire Alliance, Lancashire County Council

Chair of Tobacco Free Lancashire Alliance, Blackburn with Darwen Council

Chair of Tobacco Free Lancashire Alliance, Blackpool Council

Tobacco Free Lancashire Membership

This Tobacco Control Strategy has been collectively developed and adopted by the following organisations:

Blackburn with Darwen Clinical Commissioning Group
Blackburn with Darwen Council
Blackpool Clinical Commissioning Group
Blackpool Council
Blackpool Teaching Hospitals NHS Foundation Trust
Burnley Borough Council
Cumbria and Lancashire Public Health Collaborative
Chorley Borough Council
Chorley & South Ribble Clinical Commissioning Group
East Lancashire Clinical Commissioning Group
East Lancashire Hospitals NHS Trust
Fylde Borough Council
Fylde and Wyre Clinical Commissioning Group
Greater Preston Clinical Commissioning Group
Hyndburn Borough Council
Lancashire Care NHS Foundation Trust
Lancashire Constabulary
Lancashire County Council
Lancashire Fire & Rescue
Lancashire North Clinical Commissioning Group
Lancashire Teaching Hospitals NHS Foundation Trust
Lancaster City Council
Pendle Borough Council
Preston City Council
Pennine Care NHS Foundation Trust
Ribble Valley Borough Council
Rossendale Borough Council
South Ribble Borough Council
Southport and Ormskirk Hospital NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
West Lancashire Borough Council
West Lancashire Clinical Commissioning Group
Wyre Borough Council

Together they build a strategic partnership within Lancashire to support Tobacco Control programmes and action to reduce smoking prevalence and niche tobacco use, protect adults and children from exposure to second-hand smoke and help all residents to live tobacco free lives.

1. Overview

Tobacco Free Lancashire

Tobacco Free Lancashire is a partnership made up of representatives from Local Authorities, the County Council, NHS Trusts and Clinical Commissioning Groups, Lancashire Constabulary, Lancashire Fire and Rescue and other partner organisations across Lancashire County, Blackburn with Darwen and Blackpool. It is chaired by elected members of Lancashire County Council, Blackpool Council and Blackburn with Darwen Council to ensure direct alignment and effective communication with the respective Health and Wellbeing Boards.

In Lancashire, we recognise that a variety of tobacco products are used by our population. The use of niche and smokeless tobacco products, such as shisha, pan, gutkha and nass amongst many others, remain a concern in communities such as Blackburn, Accrington, Burnley and Preston⁴. It is for this reason that we call ourselves ‘Tobacco Free Lancashire’, rather than ‘Smokefree Lancashire’.

We work collaboratively across a multitude of organisations throughout the county to reduce the harm caused by tobacco.

Tobacco Use in Lancashire

Tobacco use remains one of the most significant public health challenges. While rates of smoking have continued to decline over the past decades, nationally one in five adults (20.0%) still smoke⁵. However as table 1 illustrates, smoking rates remain higher in Lancashire than England as a whole in adults⁵, pregnant women⁶ and young people^{7,8}. There are around 268,308 current adult smokers in Lancashire⁹. However, two-thirds of smokers (63%) want to quit and welcome support to do so¹⁰.

Table 1: Smoking Prevalence Rates in Lancashire

	Blackburn with Darwen	Blackpool	Lancashire County	England
Adult Smoking Prevalence ⁵	27.2%	25.9%	21.2%	20.0%
Smoking at time of Delivery ⁶	15.5%	27.5%	16.8%	12.0%
Young People Smoking Prevalence ^{7,8}	21.0%	16%	16%	11%

The vast majority of people who smoke become addicted as children before they are legally old enough to buy cigarettes; with two thirds initiating under the age of 18, the legal age of sale, and almost two-fifths under 16 years¹¹.

Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V^{12,13}. Adults in routine and manual

occupations are around twice as likely to smoke as those in managerial and professional occupations (27% vs 13% respectively)⁵.

People on low incomes start smoking at a younger age and are more heavily addicted, spending up to 15% of their total weekly income on tobacco⁵. Similarly, women who smoke in pregnancy are also more likely to be younger, single, of lower educational achievement and in unskilled occupations¹⁴. Smokers from routine and manual groups comprise 44% of the overall smoking population and reducing smoking in this group is critical to reducing inequalities.

Smoking rates are also higher among Bangladeshi and Irish males¹⁵ (40% and 30% respectively), prisoners¹⁶ (80%) and people living with a mental health condition. Nationally, a third (32%) of people with depression or an anxiety disorder and 40% for those with probable psychosis smoke¹⁷. Even higher rates are experienced in inpatient settings, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers¹⁸. Reducing health inequalities resulting from smoking therefore remains a public health priority in Lancashire.

In recent years, smoking rates have remained somewhat stagnant and we need to take new and braver action to drive smoking rates down further¹.

Impact of Second-hand Smoke

Tobacco smoke contains over 4,000 chemicals, 69 of which are carcinogenic. Tobacco smoke not only damages a smoker's health but also the health of the people around them. Breathing other people's smoke is called second-hand smoking (SHS).

The World Health Organisation (WHO) has listed SHS as a human carcinogen to which there is no safe level of exposure¹⁹. Thirty minutes exposure to SHS reduces blood flow to the heart in fit, healthy adults. Long term exposure increases a non-smoker's risk of developing heart disease and lung cancer by a quarter and stroke by three-quarters^{20,21}.

Children are especially at risk from the effects of second-hand smoke because they have smaller vessels and their organs are still developing.

Therefore they breathe faster and breathe in more toxic chemicals than adults²². Children exposed to second-hand smoke are at increased risk of bronchitis, asthma symptoms, middle ear infections (glue ear), meningitis and sudden infant death syndrome (cot death)²².

It is estimated that there are 3,902 additional incidents of childhood diseases each year within Lancashire, directly attributable to SHS^{9,22}:

- 464 new cases of lower respiratory tract infection in children under two years old
- 2,890 new cases of middle ear infections in children of all ages
- 534 new cases of wheeze and asthma in children
- At least 14 new cases of bacterial meningitis

Financial Impact of Tobacco in Lancashire

Smoking is the primary cause of preventable ill health and premature death from respiratory diseases, circulatory disease and cancer (appendix 1) accounting for 2,212 deaths in adult aged 35 years and over each year in Lancashire alone³. One in 20 of hospital admissions are smoking related²³ and the estimated lifetime cost of treating a smoker with a smoking related disease in Lancashire is £15,121²⁴.

In Lancashire it costs the NHS a total of £53.77 million to treat smoking-related illnesses each year²⁴ (£29.51 million primary care and £24.26 million secondary care). A further £20.42 million is spent on treating the consequences of exposure to second-hand smoke²⁴ in children and adults.

The costs to the wider economy from sickness absenteeism, smoking breaks and reduced productivity are estimated at £19.61 million across Lancashire each year²⁴. Every year 190,006 working days are lost through smoking related absence across the County.

Costs to the community are also significant. It is estimated that annual costs relating to smoking related house fires and clearing litter caused by smoking are £15.3 million and £9.3 million respectively²⁴.

A smoker of twenty cigarettes a day is estimated to spend around £2,800 a year on their habit. The more disadvantaged the smoker, the greater the burden high-cost tobacco imposes on their household income and the greater the impact smoking has on their family. Poorer smokers proportionately spend five times as much of their weekly household budget on smoking than do richer smokers. If poorer smokers quit they are more likely to spend the money they save in their local communities²⁵.

The scale of the tobacco epidemic needs to be clearly recognised in Lancashire if we are to significantly reduce smoking rates across the county.

Electronic Cigarettes

The use of electronic cigarettes is becoming more common, both locally in Lancashire and at a national level. However, these products are currently unregulated and unlicensed in the UK and therefore vary widely in their composition. They are currently undergoing thorough research by the UK's Medicines and Healthcare Regulatory Authority (MHRA) and will be licensed for public use in 2016.

Electronic cigarette use may retain some people smoking when they otherwise would have stopped. There is currently no medical evidence to support how they can be used to reduce or stop smoking and therefore should not be used as a cessation tool.

Electronic cigarette devices also replicate smoking. In addition to creating confusion and undermining compliance with smokefree policies, they also normalise smoking

behaviour for children and young people. A 2013 Trading Standards Survey with 18,000 young people aged 14-17 years highlighted that 13% had tried e-cigarettes⁸. This could potentially facilitate a lifelong addiction to nicotine and provide a route into smoking conventional cigarettes. In response, the Government decided to implement legislation to ban sales of e-cigarettes to young people aged less than 18 years in January 2014.

The Role of this Strategy

This strategy outlines the areas of activity which Tobacco Free Lancashire and its collaborating partners will undertake to reduce smoking rates in Lancashire. It is supported at a sub-national level by Tobacco Free Futures, a Community Interest Company that develops tobacco control activity best delivered on a North West footprint, and in turn is intended to complement and support local plans for tobacco control. Tobacco Free Lancashire's three-year strategy mirrors the government's national tobacco plan¹, as well as local priorities. It will be supported by a detailed delivery plan which will be updated on a yearly basis to reflect progress. The unitary authorities of Blackburn with Darwen, Blackpool and Lancashire County Council are included within this plan, so any reference to 'Lancashire' includes all three Councils, unless otherwise stated.

A key aim of the strategy is to reduce the damaging impact of tobacco so that smoking is history for the children of Lancashire. As table 1 highlights, smoking rates in Lancashire are higher than the English average and this strategy aims to change that.

Funding and Commissioning Tobacco Control

Lancashire County, Blackpool and Blackburn with Darwen Borough councils currently have responsibility for commissioning tobacco control and stop smoking services in the community. There are Stop Smoking Services in every area in Lancashire which are commissioned by the appropriate Authority. Clinical Commissioning Groups have responsibility for commissioning secondary care, including hospital, maternity and mental health, which includes smokefree programmes.

The national Tobacco Control Plan¹ identifies how the proposals in the White Paper Healthy Lives, Healthy People²⁶ place the responsibility for public health within upper tier local authorities. With ring-fenced funding this will enable tobacco control to be delivered locally to support national policy to reduce the prevalence of smoking. Local statutory Health and Wellbeing Boards play a vital role in steering the tobacco control strategy and in supporting tobacco control alliances. Tobacco Free Lancashire has therefore taken a lead in developing this strategy and subsequent annual action plan updates.

The national plan stresses that future ring-fenced funding should be used to support local comprehensive tobacco control activity, as well as other public health activities, according to local need. This strategy will therefore also help to identify those activities best delivered at a locality, Lancashire and sub-national basis.

2. Mission Statement, Aims and Ambitions

Mission Statement: To make smoking less desirable, acceptable and accessible in Lancashire to ensure all residents live tobacco free lives.

Aims

In line with the World Health Organisation's Framework Convention on Tobacco Control (FCTC)²⁷ and the national Tobacco Control Plan¹, Tobacco Free Lancashire adopts the six internationally recognised strands of comprehensive tobacco control measures as their core aims, which are to:

- Aim 1) Stop the promotion of tobacco
- Aim 2) Make tobacco less affordable
- Aim 3) Effectively regulate tobacco products
- Aim 4) Help tobacco users to quit
- Aim 5) Stop exposure to second-hand smoke
- Aim 6) Effectively communicate for tobacco control

Additionally, Tobacco Free Lancashire has also adopted the following aims:

- Aim 7) To protect tobacco control policy from industry influence
- Aim 8) To reduce health inequalities in Lancashire through reduced tobacco consumption
- Aim 9) To ensure that tobacco control is prioritised in cross-cutting policies, guidance and funding

All of these aims relate to reducing tobacco consumption and exposure to second-hand smoke in both children and adults living in Lancashire.

Ambitions

Tobacco Free Lancashire will pursue the following ambitions, which will contribute to national targets within the Tobacco Control Plan¹ to:

- Ambition 1) **Reduce adult (aged 18 or over) smoking prevalence to 18.5% or less by the end of 2015**
- Ambition 2) **Reduce rates of regular smoking among 15 year olds to 12% or less by the end of 2015**
- Ambition 3) **Reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015**

As table 1 outlines, for each local authority in Lancashire the challenge to achieve these ambitions will be different in scale as well as effort. These ambitions are therefore aspirational and should not be regarded as targets, which in many area of

the county would be unachievable within the timescale of this plan. Rather they represent an overall direction of travel.

The strategy will also contribute to other ambitions within the Public Health Outcomes Framework:

- Low birth weight of term babies (2.1)
- Infant mortality (4.1)
- Mortality from causes considered preventable (4.3)
- Mortality from all cardiovascular diseases (including heart disease and stroke) (4.4)
- Mortality from cancer (4.5)
- Mortality from respiratory diseases (4.7)
- Excess under 75 mortality in adults with serious mental illness (4.9)
- Sickness absence rate (1.9)

This strategy provides some high-level aims which will inform more detailed action planning at both the pan Lancashire and local levels to achieve these ambitions, in line with both national and sub-national tobacco control policies. The Joint Strategic Needs Assessment for Drugs, Alcohol and Tobacco²⁸ informs action planning for tobacco control at local levels by highlighting local priorities for each district.

Achieving our Aims and Ambitions

The main areas of activity required to achieve these aims and ambitions fall into the following broad categories, around which detailed action plans can be built:

- Communication
- Training
- Advocacy
- Performance management
- Specialist support
- Regulation and enforcement

Progress towards achieving our ambitions will be measured by Tobacco Free Lancashire in line with the Public Health Outcomes Framework, and reported to the three Health and Wellbeing Boards.

3. Strategy

Aim 1) Stop the promotion of tobacco

Tobacco Free Lancashire will:

- Support partners to develop effective smokefree policies covering all buildings (not already covered by legislation) and grounds. This may include council premises, hospitals grounds, prisons and other criminal justice settings, children's playgrounds and sports stadia;
- Support agencies which work with children and young people to ensure that tobacco products and accessories, including shisha and niche¹, are not

promoted to young people in Lancashire, and advocate for the introduction of standardised tobacco packaging at a national level;

- Support retailers with information and training to implement the provisions of all tobacco control legislation which affects them.

Aim 2) Make Tobacco less affordable

Tobacco Free Lancashire will:

- Advocate for the maintenance of continued tax increases for tobacco products;
- Support sub-national and local action to reduce the illicit tobacco market in Lancashire, including sharing intelligence, analysis, enforcement information, public education, and engagement on illicit tobacco;
- Develop and promote local media campaigns and training packages on illicit tobacco with partners.

Aim 3) Effectively regulate tobacco products

Tobacco Free Lancashire will:

- Raise awareness of shisha and other niche tobacco products² and their impact through community education and training with partners, including retailers;
- Ensure that existing legislation in relation to shisha and other niche tobacco products is enforced;
- Advocate for strengthened legislation at both national and local level to license both mainstream and niche tobacco products.

Aim 4) Help tobacco users to quit

Tobacco Free Lancashire will:

- Continue to support the commissioning and development of specialist stop smoking services across Lancashire to assist adults and children to quit;
- Improve brief intervention training for all public, private and third sector frontline workers on tobacco control and smoking cessation;
- Promote the use of self-help materials for people who want to stop smoking without the support of the Stop Smoking Service, ensuring that these materials are appropriate and accessible to local populations;
- Increase awareness of the current unlicensed status of electronic cigarettes with both the public and partners and monitor updates to national policy;
- Support primary, community and secondary care to ensure that all opportunities within care pathways are taken to encourage and support patients to quit, particularly in the case of pregnant women, mental health service users and pre-operative patients.

Aim 5) Reduce exposure to second-hand smoke

¹ Products, such as pan, gutkha and nass. Access full directory at <http://www.ntpd.org.uk>

² Products, such as pan, gutkha and nass. Access full directory at <http://www.ntpd.org.uk>

Tobacco Free Lancashire will:

- Ensure compliance with the existing smokefree legislation in workplaces and public places^{29,30} is enforced;
- Support measures to stop second-hand smoke exposure for children (in playgrounds etc.), including the provision of smokefree homes and cars programmes;
- Support media campaigns on second-hand smoke;
- Support public, private and third sector frontline workers to deliver second-hand smoke brief interventions during routine contacts with clients through training;
- Advocate for strengthened legislation to ban smoking in cars when children under 18 years are present at national level.

Aim 6) Effectively communicate for tobacco control

Tobacco Free Lancashire will:

- Develop a communications plan for this strategy;
- Use social marketing principles to inform tobacco control communications and campaigns to ensure they are appropriately targeted;
- Use every opportunity to promote tobacco control at both pan-Lancashire and local level through all social media;
- Ensure that Stop Smoking Services are consistently and effectively advertised across Lancashire;
- Support and amplify national tobacco control campaigns.

Aim 7) Protect tobacco control policy from industry influence

Tobacco Free Lancashire will:

- Ensure all local authorities commit to the Local Government Declaration on Tobacco Control.

Aim 8) Reduce health inequalities through reduced tobacco consumption

Tobacco Free Lancashire will:

- Use commissioning processes to ensure support is targeted to those who want to quit from all hard -to-reach or under-represented population groups in all settings, ensuring services are accessible and meet the diverse needs of these groups.
- Use commissioning processes to develop and support the full implementation of smoke-free legislation in mental health and criminal justice settings;
- Encourage partners to use their own policies and contacts with clients to maximise their potential to support tobacco control, taking particular account of the needs of hard -to-reach or under-represented population groups.

Aim 9) Ensure that tobacco is prioritised in cross-cutting policies, guidance and funding

Tobacco Free Lancashire will:

- Work to embed the actions in this strategy into appropriate local authority, Health and Wellbeing Boards and Clinical Commissioning Groups action plans to ensure this strategy is implemented;
- Ensure membership of Tobacco Free Lancashire includes appropriate elected members and representatives of the third sector and Clinical Commissioning Groups;
- Develop a performance and governance framework for this action plan with Health and Wellbeing Boards.

References

1. Department of Health (2011). *Healthy Lives, Healthy People: A Tobacco Control Plan for England*. www.dh.gov.uk/publications
2. London Health Observatory (2011). *Local Tobacco Control Profiles for England – Public Health Observatories in England Nov 2011*. http://www.lho.org.uk/Download/Public/17712/1/Tartan%20Rug_FINAL_Nov2011%20v2.pdf
3. The Information Centre for Health and Social Care (2012). *Statistics on Smoking: England, 2012 and Census 2011 all population aged 35 and over*.
4. A full directory of niche tobacco products is available at: <http://www.ntpd.org.uk>
5. Office for National Statistics (2014) Integrated household survey, self-reported smoking prevalence, persons, aged 18+, 2011-12.
6. NHS Information Centre for Health and Social Care (2014). *Statistics on women's smoking status at time of delivery: England*. <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/smoking>
7. The Information Centre for Health and Social Care (2012) *Smoking, drinking and drug use among young people in England in 2011*.
8. Trading Standards (2013). *Young Persons Alcohol and Tobacco Survey 2013, North West Results*. TSNW, June 2013.
9. Tobacco Free Futures (2012) *Locality Tobacco Briefings September 2012: Lancashire*. TFF 2012.
10. Office for National Statistics (2009). *Smoking and Drinking Amongst Adults*. Office for National Statistics.
11. Robinson S & Bugler C (2010). *Smoking and drinking among adults, 2008*. General Lifestyle Survey 2008. ONS, 2010.
12. Wanless D. (2004) *Securing good health for the whole population*. London: TSO
13. Marmot M et al (2010) *Fair Society, Healthy Lives: strategic review of health inequalities in England post 2010*. Marmot Review Secretariat London.
14. McAndrew F et al (2012). *Infant Feeding Survey – 2010. A survey conducted on behalf of the Information Centre for Health and Social Care*. Leeds: The Information Centre for Health and Social Care.
15. HSE (2004) *The Health Survey for England*.
16. Singleton N et al (1998) *Psychiatric morbidity among prisoners in England and Wales: the report of a survey carried out in 1997 by Social Survey Division of the Office of National Statistics on behalf of the Department of Health*. London: The Stationary Office
17. McManus S, Meltzer H & Campion J (2010) *Cigarette Smoking and Mental Health in England: Data from the Adult Psychiatric Morbidity Survey 2007*. National Centre for Social Research. www.natcen.ac.uk/study/cigarette-smoking--mental-health
18. Jochelson K & Majrowski W. (2006) *Clearing the Air: Debating Smoke-Free Policies in Psychiatric Units*. London: King's Fund.
19. World Health Organisation (2005). *WHO Framework Convention on Tobacco Control* http://www.who.int/fctc/text_download/en/index.html
20. Scientific Committee on Tobacco and Health Great Britain (SCOTH) (1998) *Report of the Scientific Committee on Tobacco and Health*. London: TSO 1998.
21. Scientific Committee on Tobacco and Health Great Britain (SCOTH) (2004) *Secondhand smoke: Review of evidence since 1998*. Scientific Committee on Tobacco and Health (SCOTH), November 2004.
22. Royal College of Physicians (2010). *Passive smoking and children. A report by the Tobacco Advisory Group*. London: RCP, 2010.
23. The Information Centre for Health and Social Care (2012). *Statistics on Smoking: England, 2012*. <http://www.ic.nhs.uk/news-and-events/news/about-1260-hospital-admissions-a-day-due-to-smoking-new-figures-show>
24. Health Economics Research Group, Brunel University; Queen's Medical Centre, University of Nottingham & London Health Observatory (2012) *Building the economic case for tobacco control: A toolkit to estimate economic impact of tobacco*. <http://www.brunel.ac.uk/herg/research-programme/building-the-economic-case-for-tobacco-control>
25. ASH (2013) *The Economics of Tobacco* http://www.ash.org.uk/files/documents/ASH_121.pdf
26. Department of Health (2010). *Healthy Lives, Healthy People: Our Strategy for Public Health in England*. www.dh.gov.uk/publications
27. World Health Organisation (WHO) (2011). *Framework Convention on Tobacco Control. Guidelines for implementation. 2011 edition*. http://www.who.int/gb/fctc/PDF/cop3/FCTC_COP3_DIV3-en.pdf
28. Intelligence for Healthy Lancashire (JSNA) (2012) *Alcohol, Drugs and Tobacco in Lancashire, Section 3: Tobacco*.
29. HM Government (2006) *The Health Act 2006 (c.28)*

30. http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf
HM Government (2007) *The Smokefree (Exemptions and Vehicles) Regulations 2007*. Statutory Instruments 2007
No.765 http://www.legislation.gov.uk/uksi/2007/765/pdfs/uksi_20070765_en.pdf

Appendix 1: Smoking related mortality: 2008-10

	England	Lancashire		Blackburn with Darwen		Blackpool	
	Rate	No.	Rate	No.	Rate	No.	Rate
Smoking attributable mortality	210.57	6,810	242.54	792	320.65	1,215	352.56
Smoking attributable deaths from heart disease	30.30	900	35.48	118	50.99	163	53.52
Smoking attributable deaths from stroke	9.79	306	11.47	41	17.29	55	17.07
Deaths from lung cancer	37.73	2,301	42.60	285	59.09	398	59.60
Deaths from chronic obstructive pulmonary disease	25.78	1,800	29.18	232	43.19	304	40.94

Significantly **higher** than the national average

Source: Local Tobacco Control Profiles for England, Public Health England