

**NORTH LINCOLNSHIRE COUNCIL**

**CABINET**

**NORTH LINCOLNSHIRE TOBACCO CONTROL STRATEGY 2012-2015**

**1 OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 The Tobacco Control Strategy, first written in 2006 and updated in 2009, has been further revised and updated in line with the latest central Government policy and advice, relevant guidance from the National Institute for Clinical Excellence (NICE) and the recommendations of the Department of Health National Support Team.
- 1.2 To present this updated strategy (attached as Appendix 1) to Cabinet and recommend that Cabinet agrees and endorses it and adopts the targets set out in it.

**2 BACKGROUND INFORMATION**

- 2.1 The North Lincolnshire Smokefree Alliance has revised the North Lincolnshire Tobacco Control Strategy 2009. The resulting document is the North Lincolnshire Tobacco Control Strategy 2012-2015.
- 2.2 The report sets out a strategy and action planning process for the next three years to reduce the harm caused by tobacco in North Lincolnshire through a coordinated approach including actions to support smokers to quit, reduce the uptake of smoking by children and young people, reduce the availability of illicit tobacco and protecting people from the harmful effects of second hand smoke.
- 2.3 This document incorporates key priorities and actions that have arisen directly from the national tobacco control strategy: 'Healthy People, Healthy Lives', and NICE guidance since 2009.

- 2.4 These changes include extended targets for tobacco control and reflect recently developed national policies regarding the display and sale of tobacco products, for reducing smoking in pregnancy and following childbirth and for reducing the uptake of smoking among children and young people. The sphere of tobacco control has expanded significantly in the past three years and this needs to be reflected in a refreshed tobacco control policy for North Lincolnshire.
- 2.5 The drafting of this refreshed strategy has been driven by the North Lincolnshire Smokefree Alliance, and members and organisations affiliated to it have been involved and consulted in its development. Other organisations, groups and individuals may be able to contribute to its implementation via the action plan. Once the direction and intention as set out in this strategy are adopted by cabinet the intention is to consult with these organisations, groups and individuals regarding the actions they can take to contribute to its delivery.
- 2.6 Local performance against the action plan will be the responsibility of the North Lincolnshire Smokefree Alliance with reference to the North Lincolnshire Health and Well Being Board.

### **3 OPTIONS FOR CONSIDERATION**

- 3.1 **Option 1** - That Cabinet approves and endorses the strategy and action plan in its present form.
- 3.2 **Option 2** - That Cabinet does not approve the strategy and action plan and requests further work on it to be undertaken.

### **4 ANALYSIS OF OPTIONS**

- 4.1 Option 1 will allow work on the action plan to tackle the issues described in paragraph 2.2 of this report and will ensure that national targets and priorities, set by the Department of Health, will be adhered to locally.
- 4.2 Option 2 will delay further implementation of the strategy and the action plan and compromise the area's ability to meet the targets.

### **5 RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 5.1 There will be no additional resource implications for North Lincolnshire Council arising from the adoption of this strategy and action plan. The coordination work will be performed by the tobacco control coordinator based within the Health Improvement and Partnerships Team (this post is funded by NHS North Lincolnshire). After April 2013 responsibility and financial control for certain public health functions, including tobacco control, will pass to the local authority.

5.2 There are no other financial, staffing or property implications arising out of the report.

## **6 OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)**

6.1 Failure to implement the strategy and action plan could adversely affect or delay the work of the Health and Wellbeing Board in reducing health inequalities and reducing preventable ill health and death.

6.2 It is implicit in the strategy that actions will be prioritised and directed to those most in need.

## **7 OUTCOMES OF CONSULTATION**

7.1 The North Lincolnshire Smokefree Alliance has undertaken widespread consultation with partners from all sectors, which has enabled it to formulate a revised strategy and action plan.

## **8 RECOMMENDATIONS**

8.1 That the Strategy and Action Plan be agreed.

DIRECTOR OF NEIGHBOURHOOD AND ENVIRONMENTAL SERVICES  
DIRECTOR OF PUBLIC HEALTH

Pittwood House  
Ashby Road  
Scunthorpe  
North Lincolnshire  
DN16 1AB  
Author: Greg Gough  
Date: 20 Oct 2011

### **Background Papers used in the preparation of this report**

- Healthy Lives, Healthy People: A Tobacco Control Plan for England (Department of Health 2011)
- NICE PH1. *Brief interventions and referral for smoking cessation in primary care and other settings*. March 2006
- NICE PH5. *Workplace health promotion: how to help employees to stop smoking*. April 2007
- NICE PH10. *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. February 2008

- NICE PH14. *Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people.* July 2008
- NICE PH23. *School-based interventions to prevent the uptake of smoking among children and young people.* February 2010
- NICE PH 26. *How to stop smoking in pregnancy and following childbirth.* June 2010

# North Lincolnshire Tobacco Control Strategy 2012 - 2015

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## Introduction and National Context

Smoking is the primary cause of preventable morbidity and premature death, accounting for 81,400 deaths in England in 2009 making deaths from smoking more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse)<sup>1</sup>.

Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking is the single biggest cause of health inequalities and tackling tobacco use is central to realising the Government's commitment to improve the health of the poorest, fastest.

The North Lincolnshire Smokefree Alliance is committed to improving public health in communities in North Lincolnshire through supporting and implementing measures that will reduce tobacco use. This strategy for North Lincolnshire details how the goal of reducing smoking prevalence will be reached taking full advantage of the support pledged by central Government in Healthy Lives, Healthy People: A Tobacco Control Plan for England.

There is clear evidence that the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach<sup>1</sup>; while nicotine keeps tobacco users physically dependent, there are a wide range of social and behavioural factors that encourage young people to take up smoking and that make it harder for tobacco users to quit.

While the Public Health Outcomes Framework will provide the key source of information about our progress on reducing tobacco use, the Government is setting three national ambitions to focus tobacco control work across the whole system:

- **Reduce smoking prevalence among adults in England:** To reduce adult smoking prevalence in England to 18.5 per cent or less by the end of 2015.
- **Reduce smoking prevalence among young people in England:** To reduce smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- **Reduce smoking during pregnancy in England:** To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015.

These national ambitions will not translate into centrally driven targets for local authorities but represent an assessment of what could be delivered as a result of national and local actions combined. Priorities for North Lincolnshire will be set in North Lincolnshire, in line with the evidence base and local circumstances, and will reflect what is locally achievable with the implementation of evidence based best practice for comprehensive tobacco control.

# The Case for Tobacco Control

## Health Impact of Smoking

Smoking accounts for 18 per cent of all deaths of adults aged 35 and over. More than 200 diseases are linked to smoking, with the most common being cancer, heart disease, stroke, and Chronic Obstructive Pulmonary Disease (COPD). The number of people dying from smoking related diseases is nearly 5 times the combined number of deaths from other preventable causes<sup>2</sup>.

### Number of preventable deaths from smoking compared to other causes

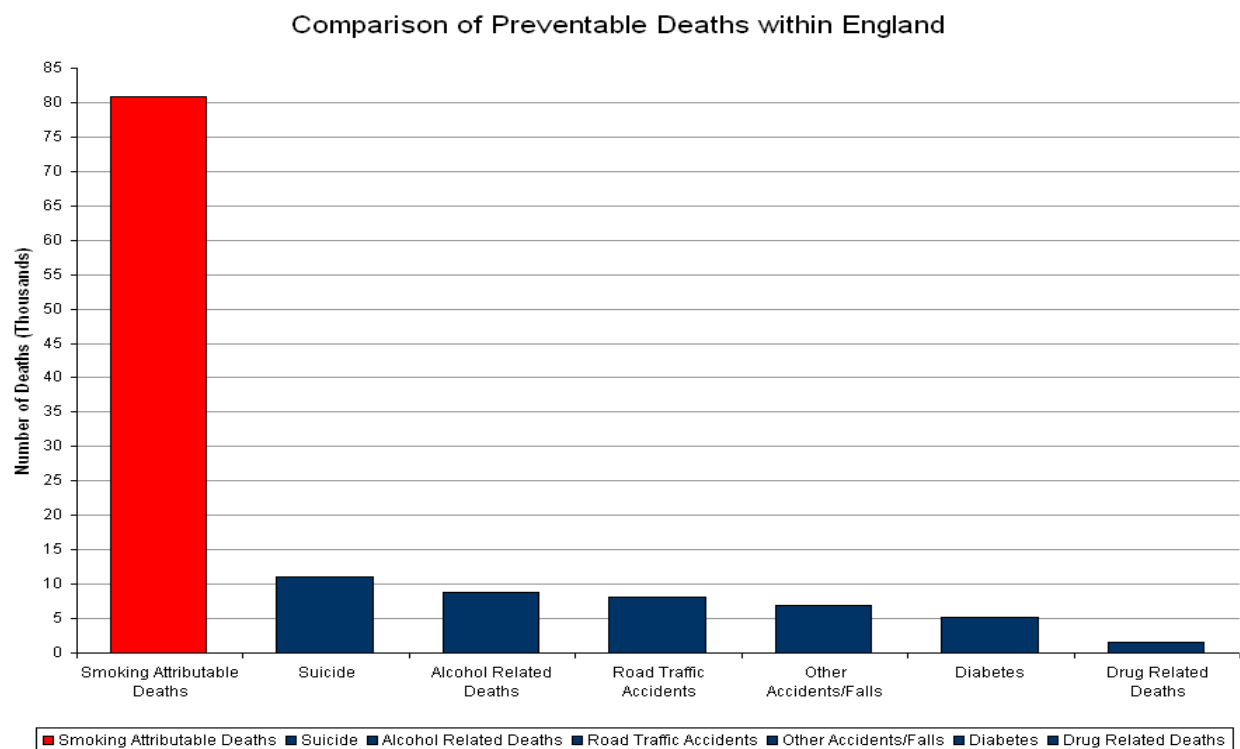


Table 1: Number of preventable deaths in England from smoking compared to other causes (2009)<sup>3</sup>.

## The Health Burden of Smoking in North Lincolnshire

In North Lincolnshire an estimated 4.2% of all hospital admissions of people aged 35 years and older were attributed to smoking in 2008/9 costing £2.8 million or £18 per head of population. The majority of these 1420 admissions were due to chronic airway obstruction, lung cancer and ischaemic heart disease<sup>4</sup>.

Smoking related deaths are above the national average in North Lincolnshire. Premature deaths from heart disease, lung cancer and COPD are significantly above average in North Lincolnshire and are highest for men and rising for women.

Disease	Smoking attributable admissions (aged 35+) %	No. in North Lincolnshire	Smoking attributable deaths (aged 35+) %	No. in North Lincolnshire
<b>All Cancers</b>	12%	623	29%	148
Trachea, Lung, Bronchus	82%	281	82%	98
<b>All respiratory diseases</b>	25%	337	35%	87
COPD	79%	272	79%	68
Pneumonia	22%	72	18%	16
<b>All Circulatory Diseases</b>	16%	460	14%	69
<b>Total (35+)</b>	4%	1420	15%	304

Table 2: Smoking attributable hospital admissions and deaths by cause (2009/10)<sup>5</sup>

These costs to the NHS for Hospital Admissions are added to by the costs associated with the management of long term conditions which include primary care services, social care services, lost working days, and incapacity and benefit payments. It is estimated that each smoking quit saves the local NHS alone £659 every year<sup>5</sup>.

### The Healthcare Cost of Smoking

The return on investment of smoking interventions is important as policy makers are increasingly prioritising public health expenditure based on their impact on limited NHS resources.

Smoking cost the National Health Service (NHS) in England in 1996 an estimated £1.4–£1.7 billion. In 2006 smoking accounted for 24% of respiratory disease hospital admission costs and 16% of cancer and cardiovascular disease costs. The costs to the NHS attributed to smoking in 2006 are given in table 4 below.

	Cost in £ millions	Percentage of total costs attributed to smoking
<b>Hospital admissions</b>	1,000	5%
<b>Outpatient attendances</b>	190	4%
<b>GP consultations</b>	530	11%
<b>Practice nurse consultations</b>	50	8%
<b>GP prescriptions</b>	900	12%
<b>Total</b>	2,700	

Table 4: Smoking attributable costs to the NHS in England in 2006<sup>6</sup>

Treating smoking-related illnesses is estimated to have cost the NHS £2.7 billion in 2006/07, or over £50 million every week, and is estimated to be 13% lower than if smoking had remained at 1996 levels<sup>7</sup>. Smoking represents a substantial cost throughout the NHS.



Significant savings are associated with a reduction in prevalence and securing future savings requires further investment to reduce smoking prevalence<sup>6</sup>

### Economic Impact of Smoking

The costs of tobacco use are much greater than just costs to the NHS, with the overall economic burden of tobacco use to society estimated at £13.74 billion a year. These costs include the management of smoking-related illness by the NHS, the loss in productivity from smoking breaks and increased absenteeism, the cost of cleaning up cigarette butts, the cost of smoking-related house fires and the loss in economic output from people who die from diseases related to smoking or exposure to secondhand smoke.<sup>8</sup> Reducing tobacco use will not only benefit NHS finances but also the wider local and national economy

### Impact of Tobacco Use on the Regional Economy

Smoking costs the Yorkshire and the Humber regional economy over £1.1bn per year; 77% of the cost is borne by businesses due to the factors below:

	£m
<b>Smoking related sick days</b>	219
<b>Premature deaths of staff</b>	152
<b>Hospital treatment time to businesses</b>	6
<b>Exposure to tobacco smoke</b>	9
<b>Smoking breaks</b>	<u>446</u>
<b>Total cost to businesses</b>	<b>£832m</b>

Table 3: Impact of tobacco on the regional economy<sup>9</sup>

### Smoking Prevalence in North Lincolnshire

Smoking prevalence (aged 18+) in the Yorkshire and The Humber region, of which North Lincolnshire is a part, is measured at 23.4 % for the period July 2009 –June 2010 making it the joint second highest region in England in terms of smoking prevalence<sup>10</sup>.

Measures of smoking prevalence in North Lincolnshire indicate a figure of 23.6% among the adult population (aged 16+)<sup>11</sup>.

This figure suggests there are approximately 30,000 adult smokers in North Lincolnshire.

## Smoking in Pregnancy

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40 per cent<sup>12</sup>.

Babies from less affluent backgrounds are more likely to be born to mothers who smoke. While 14 per cent of women who gave birth in England in 2009/10 said that they smoked during pregnancy, rates vary considerably across England. Smoking prevalence is particularly high among pregnant women under the age of 20.

Historically North Lincolnshire has had high smoking in pregnancy rates making this a priority area for action.

Smoking in pregnancy, measured by smoking status at time of delivery has fallen consistently from values of 26.0% in 2008/9 to under 20% in 2010/11.

2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
25.6%	25.8%	26.5%	23.6%	26.0%	21.4%	19.4%

Table 5: Smoking at time of delivery measured as a percentage of all maternities<sup>13</sup>

This reduction reflects the success of focussed activity by the NL Smokefree Alliance

## Routine and Manual Workers

Smoking prevalence is strongly linked to deprivation. Nationally, 45% of men and 40% of women in the most deprived 15% of households are smokers<sup>14</sup>.

Routine and manual smokers are defined by their occupations, approximately 29% of all those in employment fall into this routine and manual group in North Lincolnshire compared with 18% nationally<sup>15</sup>.

The Integrated Household Survey data for April 2009 to March 2010 indicates that 40.3% of routine and manual workers in North Lincolnshire are smokers<sup>14</sup>.

Particular efforts to reduce smoking prevalence among routine and manual workers will play a significant part in reducing overall smoking prevalence.

## Local Success

The number of women who smoke during pregnancy has rapidly decreased in the past 18 months.

To achieve this success we have:

- Remodelled the smoking in pregnancy capacity of the specialist stop smoking service
- Delivered brief intervention training to all midwives, health visitors and staff from other stakeholder organisations
- Appointed two health trainers to specifically support pregnant women to quit smoking
- Recruited a development worker to build systems that will motivate women of childbearing age in areas of need to stop smoking

## Health Effects of Exposure to Secondhand Smoke

Children from less affluent backgrounds suffer greater levels of exposure to secondhand smoke when growing up. Infants of parents who smoke are more likely to suffer from serious respiratory infections (such as bronchitis and pneumonia), symptoms of asthma and problems of the ear, nose and throat (including glue ear). Exposure to smoke in the womb is also associated with psychological problems in childhood<sup>12</sup>.

Although the level of exposure to smoking among children has declined in recent years, it remains a significant health issue. Among children in the UK each year, evidence suggests that exposure to secondhand smoke contributes to:

- Over 20,000 cases of lower respiratory tract infection (in children under 3 years);
- 120,000 cases of middle ear disease;
- at least 22,000 new cases of wheeze and asthma;
- 200 cases of bacterial meningitis; and
- Sudden infant deaths (one in five of all sudden infant deaths are linked to smoking)<sup>a</sup>.

Illnesses among children caused by exposure to secondhand smoke lead to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year.<sup>16</sup>

Secondhand smoke in the home also presents a substantial health risk for adults. Over 12,000 deaths among people over 20 years of age each year are estimated to be attributable to exposure to secondhand smoke. These deaths will be concentrated in groups where smoking rates are the highest<sup>16</sup>.

## Smoking and Mental Health

There is concern about the substantial impact that smoking has on the health and wellbeing of people suffering from mental health problems. Overall smoking prevalence among people receiving psychiatric care is significantly higher than among the general population.

People suffering from mental health problems who also smoke have commonly been found to display patterns of heavy smoking and severe nicotine dependence. Many smokers with mental health problems want to stop smoking but often they do not receive the advice and support they need to do so. Smoking rates by young people with mental health problems are significantly higher than average<sup>17</sup>.

There is a strong association between mental ill health and smoking prevalence. People with mental illnesses are likely to be heavier, more dependent smokers and to have smoked longer than smokers in the general population. The highest levels of smoking occur within psychiatric inpatient settings, where up to 70% are smokers and 50% heavy smokers. Such high levels of smoking increase the amount of smoking related harm people with mental health disorders suffer.<sup>18</sup>

### Local Success

Fewer young people are taking up smoking as they realise the dangers to their health, fitness, appearance and finances.

We have developed a range of interventions for schools which focus on the positive aspects of being a non-smoker.

Most pupils think that at least half of their peers are smokers, when they realise that fewer than 1 in 20 of their schoolmates smoke they are genuinely shocked. This brings home to them that smoking is not a normal or a “cool” activity.

### Young People

In order to reduce adult smoking prevalence in the long term it is essential to significantly reduce the uptake of smoking among children and young people.

Use of, and attitudes to, tobacco among children of secondary school age in North Lincolnshire are measured every three years via the Adolescent Lifestyle Survey.

The results of the ALS show a marked decrease in smoking rates over successive survey periods.

In 2010 approximately 6.5% of boys and 7.4% of girls in secondary schools regularly smoke. (Regular smoking is defined as having at least one cigarette a week.)

Year group	2010		2007		2004	
	Boys(%)	Girls(%)	Boys(%)	Girls(%)	Boys(%)	Girls(%)
7	2	1	2	0	1	0
8	1	2	4	2	2	4
9	6	6	8	10	8	12
10	10	13	10	16	18	22
11	14	16	16	25	Figures not available	

Table 6: Smoking rates in % over successive ALS surveys<sup>19</sup>

## North Lincolnshire Smokefree Alliance

The North Lincolnshire Smokefree Alliance leads on actions to reduce smoking prevalence in the area. The Alliance consists of members from statutory and community groups that have a stake in reducing tobacco use, membership is not limited to these groups, anyone who wants to make a positive contribution to reduce smoking prevalence or to tackle the harm caused by smoking is welcome to join.

The core alliance presently includes members from:

- NLC Health Improvement and Partnerships
- Tobacco Control Coordinator
- NL NHS specialist stop smoking services
- NL public health commissioning
- NL NHS Social marketing
- Youth Services
- North Lincolnshire Council Trading Standards and Environmental Health
- Humberside Fire and Rescue service
- North Lincolnshire Homes
- Educational establishments

### Targets for Tobacco Control

Targets for tobacco control in North Lincolnshire reflect the national ambitions set under the 2011 HM Government publication: Healthy Lives, Healthy People: a tobacco control plan for England. These are:

- **Reduce smoking prevalence among adults in England:** To reduce adult smoking prevalence in England to 18.5 per cent or less by the end of 2015.
- **Reduce smoking prevalence among young people in England:** To reduce smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- **Reduce smoking during pregnancy in England:** To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015.

In addition the targets set in the 2010 HM government Publication; A smokefree Future, a comprehensive tobacco control plan for England will become stretching ambitions for North Lincolnshire to be achieved by 2020:

- To reduce smoking prevalence (16+) to 10% by 2020
- To halve the number of smokers in routine and manual occupations
- To reduce the uptake of smoking by 11-15 year olds to 1% or less and by 16-17 year olds to 8% or less by 2020
- To reduce smoking in pregnancy at time of delivery to 15% by 2015
- To increase to two thirds the number of homes in which smokers live but which are smokefree.

## North Lincolnshire Health and Wellbeing Board

### Outcomes

The North Lincolnshire Wellbeing and Health Improvement Partnership, which will be replaced by the Health and Wellbeing Board, specified the following outcomes to be achieved in North Lincolnshire

- Increase life expectancy
- Increase health literacy
- Decrease big killers
- Decrease inequalities

### Primary Drivers

The outcomes listed above will be delivered through concerted focus in ten themes grouped under three headings as depicted below:



These themes will cross all Local Partnership boards and will be represented where appropriate in key local plans and strategies.



## Priorities for the North Lincolnshire Tobacco Control Strategy

### Healthy Lives, Healthy People: A Tobacco Control Plan for England

Through Healthy Lives, Healthy People: A Tobacco Control Plan for England, the Department of Health supports comprehensive tobacco control in England across the six internationally recognised strands, which are:

- Stopping the promotion of tobacco;
- Making tobacco less affordable;
- Effective regulation of tobacco products;
- Helping tobacco users to quit;
- Reducing exposure to secondhand smoke; and
- Effective communications for tobacco control.

Healthy Lives Healthy People sets out the key actions under each strand that the Government will take in order to support efforts to reduce tobacco use over the next five years within the context of the new public health system. This information is contained in appendix A.

### Nice Guidance

The National Institute for Clinical Evidence has provided the following guidance in relation to reducing the harm caused by tobacco:

- NICE PH1. *Brief interventions and referral for smoking cessation in primary care and other settings*. March 2006
- NICE PH5. *Workplace health promotion: how to help employees to stop smoking*. April 2007
- NICE PH10. *Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities*. February 2008
- NICE PH14. *Mass-media and point-of-sales measures to prevent the uptake of smoking by children and young people*. July 2008
- NICE PH23. *School-based interventions to prevent the uptake of smoking among children and young people*. February 2010
- NICE PH 26. *How to stop smoking in pregnancy and following childbirth*. June 2010

### Excellence in Tobacco Control

In May 2008 the Tobacco Control National Support Team prepared “Excellence in tobacco control: 10 High Impact Changes to achieve tobacco control” as a guide for local alliances.

## **The North Lincolnshire tobacco Control Action Plan**

The following action plan details how the national drivers will be translated into local actions to achieve improved outcomes.

This tobacco control strategy for North Lincolnshire uses these six strands as headings, and lists the actions the Department of Health intends to take under each. The actions that the North Lincolnshire Smokefree Alliance can take under each theme to support the Department of Health's intended actions and to implement effective local tobacco control measures are also listed under each strand.

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## The North Lincolnshire Tobacco Control Action Plan

The local actions from the preceding sections are presented in the form of an action plan under workstream headings.

Section A: Promoting Smokefree as the Norm					
	Objective	Location in Delivery Plan	Date	Comments	Lead
A1	Taking part in national and regional activities to combat the promotion of tobacco	<ul style="list-style-type: none"> <li>Lobbying central government to implement legislation that will stop the promotion of tobacco products as emerging needs arise</li> <li>Counter lobbying against groups that have a vested interest in promoting tobacco products and will seek to derail government action to stop tobacco promotion.</li> <li>Taking part in consultations regarding proposed legislative action to stop the promotion of tobacco products</li> </ul>		<p><i>These actions will need to part of a wider campaign in coordination with other groups seeking the same outcomes.</i></p> <p><i>In most cases these actions will be devised and implemented by other groups and our role will be to evaluate these actions and contribute where necessary</i></p>	
A2	Ensuring that legislation regarding the promotion of tobacco products is enforced locally	<ul style="list-style-type: none"> <li>Encourage “whistle blowing” of businesses engaging in unlawful promotion of tobacco products to Trading Standards</li> <li>Encourage trading Standards to take prompt and effective action in respect of occurrences of unlawful promotion of tobacco products</li> </ul>		<p><i>Trading standards is the principal enforcement agency for actions under this objective. The role of the smokefree alliance is to support such action through information gathering, funding or other actions.</i></p>	

A3	Developing a media strategy that will counter any tendency towards negative reporting of actions to stop the promotion of tobacco products by local media outlets. This media strategy will present timely messages about the benefits to communities and individuals from stopping tobacco promotion	<ul style="list-style-type: none"> <li>To be contained in media strategy</li> </ul>		<i>The present media strategy achieves this objective</i>	
A4	To counter the messages given to communities by tobacco promotion by promoting smokefree lifestyles. This can be achieved through social norms campaigns based particularly through behavioural insights	<ul style="list-style-type: none"> <li>To commence a social norms based media campaign in Q3 2011-12 in Westcliffe. The evaluation of this will be fed into a regional bank of best practice examples</li> </ul>		<i>The principal action for this objective will be the implementation and evaluation of the social norms pathfinder exercise which is due to commence in Westcliffe in Sept.</i>	
A5	<p>To use social marketing techniques to encourage smokefree as the norm in communities</p> <p>To seek opportunities to use social marketing and social norms principles within our communities of greatest need to promote smokefree lifestyles.</p>	<ul style="list-style-type: none"> <li>Promote smokefree communities through awareness campaigns and projects focussed on disadvantages communities</li> <li>Raise awareness of second hand smoke and encourage collaboration between local community stakeholders to support people in making homes and cars smoke free, specifically focussed on areas with</li> </ul>			

		<p>high smoking rates</p> <ul style="list-style-type: none"> <li>• Encourage health professionals to talk to smokers about the impact that smoking has on children</li> <li>• Increase access to programmes that help people establish a smokefree environment for themselves and their children: smokefree home award scheme</li> </ul>			
A6	To work with communities to encourage the creation of smokefree spaces	<ul style="list-style-type: none"> <li>• To work with community stakeholders to identify spaces that they would like to become smokefree, i.e. children's play parks, shopping precincts</li> <li>• To support stakeholders in the voluntary creation of smokefree spaces in their communities</li> </ul>			
A7	To work with local media organisations to raise awareness of the risks of exposing children to secondhand smoke	<ul style="list-style-type: none"> <li>• To ensure, through the media plan, that issues concerning the effect of secondhand smoke on children are publicized and discussed.</li> </ul>		<i>This is a part of the media plan</i>	
A8	To supplement the Government's marketing strategy with local perspectives wherever possible to educate people about the harm of smoking, to motivate smokers to quit and to encourage communities to see smokefree as the norm.	<ul style="list-style-type: none"> <li>• Link with and contribute to national and regional media activity events, for example: No Smoking Day</li> </ul>			

Section B: Effective Regulation of Tobacco products					
	Objective	Actions	Date	Comments	Lead
B1	Provide support for the Government's policy of using tax on tobacco as a disincentive to smoking	<ul style="list-style-type: none"> <li>To take part in national lobbying campaigns to encourage the government to use the tax system to incentivize people to stop smoking</li> </ul>		<i>The role of the NL smokefree alliance in this objective will be similar to that for A1</i>	
B2	To use social marketing principles through media to encourage behaviour change in individuals to influence them away from using/buying illicit tobacco	<ul style="list-style-type: none"> <li>To ensure messages raise public awareness of the profound effect on the community of illicit cigarettes are a regular feature of the media plan</li> <li>Evaluate the opportunity for joint partnership initiatives with other LA/PCT areas in the region to develop evidence based marketing campaigns to reduce illicit tobacco use in our communities</li> </ul>		<i>The main vehicle for this will be the media plan, support and advice can be sought from the social marketing consortium.</i>  <i>The North of England illicit tobacco campaign has been effective to this end, the costs of implementing similar action in NL would be high but could potentially be shared with neighbouring areas.</i>	
B3	Ensure the implementation of local enforcement activities relating to illicit tobacco and age related sales of tobacco products	<b>Age related sales</b> <ul style="list-style-type: none"> <li>Intelligence led test purchasing exercises</li> <li>Education of retailers and their employees</li> </ul> Promote proof of age schemes		<i>This work needs to be kept high on the agenda and supported by the smokefree alliance.</i>	

		<b>Illicit tobacco enforcement</b> <ul style="list-style-type: none"> <li>• Support Trading Standards / HMRC in intelligence led enforcement</li> <li>• Seizure and destruction of illegal products</li> <li>• Encourage “whistle blowing” by the public and the health community</li> <li>• Inspections of business premises, markets etc. for informal market areas</li> <li>• Regional capability to organise Trading Standards efforts (boundary wise) supporting TC in illicit tobacco</li> </ul>			
B4	Seek opportunities to increase the flow of intelligence relating to illicit tobacco from communities to trading standards/HMRC	<ul style="list-style-type: none"> <li>• Encourage “whistle blowing” of businesses engaging in underage sales and in sales of illicit tobacco to Trading Standards</li> <li>• Evaluate options to share costs with other regional organisations to recruit a regional trading standards illicit tobacco intelligence officer.</li> </ul>			

	Section C: Helping Tobacco Users to Quit				
	Objective	Actions	Date	Comments	Lead
C1	Lobby the Department of Health to resume national advertising campaigns to motivate smokers to quit	To take part in national lobbying campaigns to achieve this outcome		<i>National health promotion campaigns were halted in May 2010 And are set to resume in Nov 2011.</i>	
C2	Use the commissioning process to ensure the provision of evidence based and cost effective stop smoking support tailored to local needs	<ul style="list-style-type: none"> <li>• Ensure the provision of effective and cost effective evidence based stop smoking support to the population of North Lincolnshire tailored to the needs of communities and to reach in particular into areas of high smoking prevalence</li> <li>• Ensure that sources of intermediate stop smoking support are available in areas of high need to cater for those people who want to stop smoking but who are unwilling or unable to attend specialist stop smoking programmes</li> </ul> <p>Ensure the provision of proactive stop smoking support specifically to encourage and support pregnant women to stop smoking.</p>		<i>This objective relates to the commissioning process with respect to the stop smoking service</i>	

C3	Use the commissioning process to ensure the provision of stop smoking support through a range of health care organisations	<ul style="list-style-type: none"> <li>• Encourage and support smokers engaged with mental health services to stop smoking through community or inpatient based mental health specialist support</li> <li>• To encourage and support the implementation of a full range of stop smoking support interventions throughout primary and secondary care.</li> </ul>		<i>This objective relates to the commissioning process with other healthcare providers</i>	
C4	Build a commitment among employers of routine and manual workers to encourage their employees to stop smoking and to take part in tobacco control activities by promoting the economic and health benefits of having a smokefree workforce	<ul style="list-style-type: none"> <li>• Work with local employers to provide support/access to smoking cessation advice</li> <li>• Provide brief intervention training for key personnel in RM workplaces</li> <li>• Encourage and support RM workplaces with the implementation of tobacco control activities and initiatives targeted towards staff</li> <li>• Hold health promotion events in RM workplaces where the main focus is smoking cessation</li> </ul>		<i>A health trainer is to be seconded to the health improvement team to specifically work with RM workplaces to achieve this objective.</i>	
C5	Reduce smoking in pregnancy rates by working in communities with high	<ul style="list-style-type: none"> <li>• Develop community based peer support groups to support</li> </ul>		<i>Actions to be undertaken by the smoking in pregnancy</i>	

	smoking in pregnancy rates to encourage smoking cessation among women of childbearing age	<p>women of child bearing age to stop smoking</p> <ul style="list-style-type: none"> <li>• Mass deliver brief intervention training to people in key positions in areas with high smoking in pregnancy rates</li> </ul>		<i>development worker</i>	
C6	Stop smoking service provider to deliver key NL smoking cessation targets as specified in service level agreement	<ul style="list-style-type: none"> <li>• Deliver effective and cost effective evidence based stop smoking support to the population of North Lincolnshire tailored to the needs of communities</li> <li>• Ensure that sources of intermediate stop smoking support are available in areas of high need</li> <li>• Target services at population groups with highest smoking prevalence</li> <li>• Increase, year on year, the number of people who are trained in brief intervention skills, particularly those living or working in areas of high smoking prevalence</li> <li>• Provide specialist stop smoking programmes to support targeted projects.</li> <li>• Establish and maintain care pathways to facilitate access to</li> </ul>		<i>These actions are to be reported on by the stop smoking service provider and reflect the specification of the annual service level agreement</i>	



		<p>services through/from: self referral, primary care, community based health care providers, dentists, pharmacists, council and voluntary sector workers, secondary care providers .</p> <ul style="list-style-type: none"> <li>• Develop/deliver a service promotion strategy in partnership with NL Tobacco Alliance sub group</li> <li>• Ensure all healthcare professionals know about NHS SSS and how to refer patients to them</li> <li>• Continue partnership work with employers with large numbers of routine and manual workers</li> <li>• Ensure the provision of proactive stop smoking support specifically to encourage and support pregnant women to stop smoking. This support is to work seamlessly with partner organisations, particularly maternity services, to ensure maximum effectiveness</li> <li>• Promotion of stop smoking services, including intermediate services, to women of childbearing age</li> <li>• Health visitors, midwives and</li> </ul>			
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		family services staff to take part in smokefree homes and other initiatives that impact on smoking in pregnancy			
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	<b>Section D: Helping Young People to be Smokefree</b>				
	<b>Objective</b>	<b>Actions</b>	<b>Date</b>	<b>Comments</b>	<b>Lead</b>
D1	To work with schools and colleges to provide credible smokefree messages and evidence based lesson plans and support materials with the aim of reducing the uptake of smoking among young people by promoting the positive health benefits of not smoking	<ul style="list-style-type: none"> <li>• To put in place an evidence based approach to tobacco education across the 4 key stages of the school curriculum</li> <li>• Explore use of new and emerging electronic media to provide smokefree messages to young people</li> <li>• Develop peer led interventions within schools</li> <li>• Continue to support schools to maintain the Healthy Schools status through supporting pupils and staff to be smokefree</li> <li>• To raise awareness among children and young of the various ways in which tobacco</li> </ul>			

		products are promoted so that they are better able to recognise and resist such promotion			
D2	Helping schools, colleges and youth support groups to encourage and motivate young people who have already started to smoke to stop smoking	<ul style="list-style-type: none"> <li>• Monitor and evaluate the effectiveness of schemes to support young smokers to stop being run in other areas</li> <li>• Develop evidence based input for staff in schools and colleges to raise their awareness of tobacco control issues and to enable them to better encourage and motivate young smokers to stop</li> </ul>		<i>This work will be driven by the smokefree alliance with individual schools and colleges and will take the form of encouragement and motivation only</i>	

## Appendix A: Priorities from Healthy Places, Healthy Lives

### Stopping the promotion of tobacco;

Action to stop the promotion of tobacco products has been taken over many years. While the Tobacco Advertising and Promotion Act 2002 prohibits tobacco advertising, the tobacco industry continues to find ways of promoting tobacco products, for example through packaging, point of sale displays and through entertainment media, including the internet. The North Lincolnshire Smokefree Alliance is committed to supporting the Government in its aims to prevent the promotion of tobacco products

The Government will

- **implement the tobacco display provisions in the Health Act 2009 for large shops from April 2012 and for all other shops from April 2015;**
- **consult on options to reduce the promotional impact of tobacco packaging, including plain packaging, before the end of 2011;**
- **continue to defend tobacco legislation against legal challenges by the tobacco industry, including legislation to stop tobacco sales from vending machines from October 2011;**
- **examine the impact that the advertising and promotion of smoking accessories, including cigarette papers, has on promoting the use of tobacco products and consider whether further action is needed;**
- **work with media regulators and the entertainment industry around the portrayal of smoking in entertainment media;**
- **consider whether the internet is being used to promote tobacco to young people in the UK and, if so, examine what more can be done on a global level; and**
- **encourage local areas to consider action to further protect young people from exposure to smoking so they do not see it as a normal behaviour, reducing the likelihood of them becoming smokers.**

### Local Actions

Most of the actions to stop the promotion of tobacco products require a strong national lead and acting in isolation there will be little that the NLSFA can achieve. In order to maximise its impact the NLSFA will work in partnership with other organisations to effect change in this area by:

- Lobbying central government to implement legislation that will stop the promotion of tobacco products as emerging needs arise

- Counter lobbying against groups that have a vested interest in promoting tobacco products and will seek to derail government action to stop tobacco promotion.
- Taking part in consultations regarding proposed legislative action to stop the promotion of tobacco products
- Ensuring that legislation regarding the promotion of tobacco products is enforced locally
- Developing a media strategy that will counter any tendency towards negative reporting of actions to stop the promotion of tobacco products by local media outlets. This media strategy will present timely messages about the benefits to communities and individuals from stopping tobacco promotion
- To counter the messages given to communities by tobacco promotion by promoting smokefree lifestyles. This can be achieved through social norms campaigns based particularly through behavioural insights
- To raise awareness among individuals of the various ways in which tobacco products are promoted so that they are better able to recognise and resist such promotion

### **Making tobacco less affordable**

The actions that can be taken under the scope of this strand are entirely dependent on central Government action, it is therefore included here together with the subsequent strand.

Making tobacco less affordable is proven to be an effective way of reducing the prevalence of smoking. Young people, pregnant women and people from lower socio-economic groups are particularly sensitive to price.<sup>xix</sup> The health gain from high-priced tobacco, however, can be undermined if the illicit market in tobacco products is allowed to thrive at the expense of legal, duty-paid products.

**The Government will:**

- **continue to follow a policy of using tax to maintain the high price of tobacco products at levels that impact on smoking prevalence;**
- **promote a revised joint working protocol between local authorities and HM Revenue & Customs (HMRC) to tackle illicit tobacco;**
- **continue to support the development of a protocol on illicit trade in tobacco products under the World Health Organization's Framework Convention on Tobacco Control (FCTC);**
- **support the development of evidence-based marketing campaigns by local authorities to reduce illicit tobacco use in their communities;**

- promote local action to identify tobacco products, including niche products, on sale to ensure that appropriate duty is paid on these products;
- keep under review the evidence about the affordability and average price smokers pay for tobacco; and
- examine the feasibility and likely impact of restricting the amount of cheap tobacco products individuals can bring in to the UK from abroad.

### Effective Regulation of Tobacco products

The effective enforcement of tobacco control legislation is a key element of any comprehensive tobacco control strategy. Laws are already in place that regulate the way that tobacco products are presented for sale and ensure that tobacco is not sold to people under the age of 18. We will encourage local areas to continue to focus on the enforcement of tobacco legislation, which will contribute to their efforts to drive down the rates of tobacco use in their communities.

### Key actions

The Government will:

- encourage and support the effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco products;
- support the continuing provision of guidance, education and best practice for the local enforcement of tobacco legislation;
- promote local action to identify niche tobacco products on sale in communities to ensure that these products meet the requirements of tobacco legislation;
- consider the evidence for where children obtain tobacco products and explore what action is needed to tackle the main sources;
- include a new EU standard for reduced ignition propensity (RIP) cigarettes in the British National Standards collection;
- contribute to the planned revision of the EU Tobacco Products Directive; and
- co-ordinate, through the Medicines and Healthcare Products Regulatory Agency (MHRA), scientific and market research on the use of nicotine-containing products, such as electronic cigarettes, to inform decisions about the most effective and proportionate form of regulation.

## Local Actions

- Provide support for the Government's policy of using tax on tobacco as a disincentive to smoking
- Support initiatives to recruit a regional/subregional illicit tobacco intelligence officer/coordinator to lead on trading standards and HMRC enforcement of regulations relating to illicit tobacco
- Contribute to joint partnership initiatives with other LA/PCT areas in the region to develop evidence based marketing campaigns to reduce illicit tobacco use in our communities
- Seek opportunities to increase the flow of intelligence relating to illicit tobacco from communities to trading standards/HMRC
- Ensure the implementation of local enforcement activities relating to illicit tobacco and age related sales of tobacco products
- To use social marketing principles through media to encourage behaviour change in individuals to influence them away from using/buying illicit tobacco

## Helping Tobacco Users to Quit

Over 8 million people in England are smokers. By helping people to quit smoking for good, we can significantly improve public health and reduce health inequalities. By quitting, tobacco users can improve their own and their family's health and wellbeing, and also reduce the likelihood that their children will become smokers.

### Key actions

#### The Government will:

- **use marketing communications to motivate tobacco users to think about quitting, and guide them to the most effective support available;**
- **encourage local areas to provide stop smoking services that are tailored to the needs of their communities and reach out to people from high smoking prevalence groups, in particular, people with routine and manual jobs;**
- **support the provision of a greater range of options for smokers who want to quit, based on evidence of clinical effectiveness and value for money;**
- **provide clinical guidance and training standards for local commissioners and providers of local stop smoking services; encourage local areas to commission stop smoking services that maximise value for money;**

- **ensure data on local stop smoking service activity and effectiveness informs national and local commissioning and enables measurement of cost effectiveness;**
- **work to increase the number of tobacco users who are offered advice about quitting and referral to local stop smoking services;**
- **support the development of guidance on helping users of smokeless tobacco to quit; and**
- **develop new approaches to encourage tobacco users who cannot quit to switch to safer sources of nicotine.**

### **Local Actions**

- Lobby the Department of Health to resume national advertising campaigns to motivate smokers to quit
- Ensure the provision of effective and cost effective evidence based stop smoking support to the population of North Lincolnshire tailored to the needs of communities and to reach in particular into areas of high smoking prevalence
- Build a commitment among employers of routine and manual workers to encourage their employees to stop smoking and to take part in tobacco control activities by promoting the economic and health benefits of having a smokefree workforce
- Ensure, through commissioning processes, that sources of intermediate stop smoking support are available in areas of high need to cater for those people who want to stop smoking but who are unwilling or unable to attend specialist stop smoking programmes
- Ensure the provision of proactive stop smoking support specifically to encourage and support pregnant women to stop smoking. This support is to work seamlessly with partner organisations, particularly maternity services, to ensure maximum effectiveness
- Reduce smoking in pregnancy rates by working in communities with high smoking in pregnancy rates to encourage smoking cessation among women of childbearing age
- Increase, year on year, the number of people who are trained in brief intervention skills, particularly those living or working in areas of high smoking prevalence, so that any person who wants to stop smoking is likely to come into contact with someone who can give them brief information about and direction to the support that is available to help them stop smoking
- Helping schools, colleges and youth support groups to encourage and motivate young people who have already started to smoke to stop smoking



- Encourage and support smokers engaged with mental health services to stop smoking through community or inpatient based mental health specialist support
- To encourage and support the implementation of a full range of stop smoking support interventions throughout primary and secondary care.

## Reducing Exposure to Secondhand Smoke

### Key actions

The Government will:

- publish an academic review of the impact of smokefree legislation in England;
- work with national media to raise awareness of the risks in exposing children to secondhand smoke;
- support local areas to encourage smokers to change their behaviour so that they do not smoke in their homes or family cars;
- continue progress to reduce secondhand smoke in prisons; and
- support other countries that want to introduce smokefree laws by sharing our experience.

### Local Actions

- To work with local media organisations to raise awareness of the risks of exposing children to secondhand smoke
- To use social marketing techniques to encourage smokefree as the norm in communities
- To work with communities to encourage the creation of smokefree spaces

## Effective Communications for Tobacco Control

Effective communication about the harms of tobacco use is central to comprehensive tobacco control. We will support the delivery of local tobacco control through national communications and education activities aimed at a range of audiences.

### Key actions

The Government will:

- publish a three-year marketing strategy for tobacco control;
- engage with young people to support them to make healthy lifestyle choices, including not taking up the use of tobacco;

- **continue to educate people about the risks of using tobacco;**
- **motivate tobacco users to think about quitting;**
- **encourage tobacco users to make quit attempts, and to quit in the most effective ways;**
- **encourage communities to see not smoking as the norm;**
- **explore new roles for marketing communications in reducing young people's uptake of smoking, communicating the harms from secondhand smoke and in encouraging people to make their homes and family cars smokefree;**
- **provide guidance and benchmarks on cost-effective and evidence-based marketing communications initiatives for local commissioners, and resources that can be used locally; and**
- **work with health and social care professionals to help them engage with smokers about quitting and provide referrals to effective stop smoking support.**

### **Local Actions**

- To supplement the Government's marketing strategy with local perspectives wherever possible to educate people about the harm of smoking, to motivate smokers to quit and to encourage communities to see smokefree as the norm.
- To work with schools and colleges to provide evidence based lesson plans and support materials with the aim of reducing the uptake of smoking among young people
- To seek opportunities to use social marketing and social norms principles within our communities of greatest need to promote smokefree lifestyles.

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## North Lincolnshire Smokefree Alliance – Tobacco Control Action Plan

<b>The aim</b>	To reduce the harm caused by tobacco to the people of North Lincolnshire by working with individuals and communities to help them become smokefree					
<b>Why is this important?</b>	To reduce health inequalities		To reduce the incidences of preventable ill health and premature death		To reduce the economic burden of smoking to local businesses, communities and individuals.	
<b>The themes</b>	<b>Prevention</b> To stop the inflow of young people recruited as smokers		<b>Cessation</b> To motivate and assist every smoker to quit		<b>Protection</b> To protect families and communities from tobacco related harm	
<b>Local objectives</b>	To reduce smoking prevalence (16+) to 18.5% by the end of 2015		To reduce rates of regular smoking among 15 year olds to 12% or less by the end of 2015		To reduce smoking in pregnancy at time of delivery to 11% by the end of 2015	
<b>How are we going to do it?</b>	<b>Stopping the promotion of tobacco</b>  Ensuring that legislation regarding the promotion of tobacco products is enforced locally  Promote smokefree lifestyles through social marketing and norms based campaigns  To enable people to recognise and resist the promotion of tobacco products	<b>Effective regulation of tobacco products</b>  Seek opportunities to gather and act on intelligence about illicit tobacco activity locally  Conduct local enforcement activities for illicit tobacco and age related sales  Encourage residents to reject the sale of illicit tobacco in their communities	<b>Helping Tobacco Users to Quit</b>  Ensure the provision of accessible stop smoking support, particularly to areas with high smoking prevalence  Work with employers to promote the economic benefits of supporting their workers to quit  Encourage and support pregnant women and women of childbearing age to stop smoking.	<b>Reducing Exposure to Secondhand Smoke</b>  Raise awareness of the risks of exposing children to secondhand smoke  Use social marketing techniques to encourage smokefree as the norm in communities  Work with communities to encourage the creation of smokefree spaces	<b>Effective Communications for Tobacco Control</b>  Develop a local marketing strategy to educate people about the harm of smoking and to motivate smokers to quit  Work with schools and colleges materials with the aim of reducing the uptake of smoking by young people  Use social norms principles to promote smokefree lifestyles within our communities of greatest need.	
<b>How will this improve people's lives?</b>	Fewer incidences of COPD, heart disease and cancers	Safer maternities and healthier babies	Remove a significant cause of poverty	Increase life expectancy and improvement in overall health	Reduction in costs to business from staff ill health and smoking breaks	