Stoke-on-Trent Tobacco Control Strategy 2015/18

Towards a **smokefree generation** in **Stoke-on-Trent**
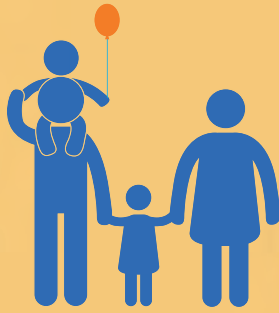
SMOKEFREE
Stoke-on-Trent

City of
Stoke-on-Trent

Smokefree places

HOME IS A SMOKEFREE ZONE

by establishing smokefree places, smokefree homes and workforces and acting as exemplars of tobacco control

Prevention

preventing young people from starting smoking, providing education and training in schools and asking young people to help us share our messages

Messages for everyone

using up-to-date methods and local data to deliver timely and relevant messages to our target audiences

SMOKEFREE
Stoke-on-Trent

Helping people to quit

achieved through effective, tailored stop smoking services for all tobacco users

Illegal tobacco

reducing supply through intelligence and enforcement and reducing demand through marketing and communications

Working in partnership

raising the profile of tobacco control via local partnerships and providing lobbying and support for national policy and legislation

Stoke on Trent Tobacco Control Strategy 2015–18

Ambition: 'Towards a **smokefree generation** in **Stoke-on-Trent**'

Outcomes: **5%** reduction in adult smoking rates by **2018**
3% reduction in smoking in pregnancy rates by **2018**

Priorities:
1. Helping tobacco users to quit
2. Helping young people to be tobacco free
3. Establishing 'smokefree' as the norm
4. Tackling cheap and illicit tobacco
5. Effective communications for tobacco control
6. Influencing change through advocacy

The scale of the problem

Smoking is the main cause of preventable illness, disability and premature death in England. It is the main reason for the gap in healthy life expectancy between the rich and the poor. Smoking can cause complications in pregnancy and labour, and the health risks for babies of mothers who smoke are substantial[1].

Children who smoke become addicted to nicotine very quickly. They also tend to continue the habit into adulthood. Around two–thirds of people who have smoked started before the age of 18. People with longstanding mental health problems are around twice as likely to smoke, and their addiction is likely to be greater. Death rates amongst people with serious mental illness are much higher than in the general population, and smoking is one of the factors contributing to this outcome[2].

Tobacco use contributes to family poverty cycles whereby a large part of the total household income is spent on tobacco, rather than other goods and services important for health and wellbeing (such as healthy food)[3]. A person smoking 20 cigarettes a day will spend over £2,500 a year on cigarettes[4].

The availability of cheap and illicit tobacco[5] undermines national measures such as tobacco tax increases, which are known to be effective at reducing smoking rates across the population. It contains the same harmful chemicals and toxins as regular tobacco, and is more readily available to young people, making it easier for them to start smoking.

[1]NICE (2015) Quality Standard: Smoking–reducing tobacco use, available [online] at https://www.nice.org.uk/guidance/qs82/chapter/introduction
[2] ibid
[3] *World Health Organisation (WHO) (2012) WHO Global Report: Mortality Attributable to Tobacco. Geneva: WHO
[4]Figure based on a 20–a–day smoker with an average packet of 20 cigarettes at £7.0
[5]This refers to smuggled and counterfeit tobacco

Local need

Smoking rates across the city are much higher than in many other places. **28% of adults** in Stoke–on–Trent smoke compared to just **18% nationally**, and **13% of local 15 year olds** smoke compared to **10%** across the country[6]. Smoking rates locally are significantly higher among social groups with lower incomes, such as those in routine and manual occupations, and many more women smoke during pregnancy and expose their children to harmful secondhand smoke[7].

Smoking causes more deaths locally than drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse combined, and about half of all smokers will eventually be killed by their addiction[8].

High rates of smoking not only impact on the health of the local population but also have a negative impact on the local economy, costing around **£80 million** in lost productivity, healthcare costs and smoking related fires. Over £7.6 million of this is borne by employers in lost productivity from sickness absences alone, and smoking costs the local authority £4 million in social care costs[9]. In the longer term, money spent on effective tobacco control activity will offer a substantial return across the local economy.

The area of tobacco and other nicotine containing products is rapidly changing, with use of products such as electronic cigarettes increasing significantly in recent years. It is important, therefore, that we keep up–to–date with national and local evidence of usage, safety and efficacy and use this information to inform local tobacco control activity.

Though rates of smoking are falling nationally, in Stoke–on–Trent we have not seen the same level of reduction. We need to strive to ensure we have far fewer smokers amongst the local population, and to achieve this we must be ambitious. Activities outlined in this plan are designed to **reduce smoking rates amongst pregnant women and the overall adult population**.

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[6]SHEU and Stoke on Trent City Council (2013) Stoke on Trent Young People's Lifestyle Survey 2013 [internal document] unpublished.
[7]Action on Smoking and Health (ASH) (2013) Facts at a Glance: Smoking Statistics, available [online] at
http://www.ash.org.uk/files/documents/ASH_93.pdf
[8]Ibid
[9]ASH (2014) The costs of smoking to the social care system in England, available [online] at http://www.ash.org.uk/SocialCareCosts

PRIORITIES

Helping tobacco users to quit:
achieved through effective, tailored stop smoking services for all tobacco users.

Helping young people to be tobacco free:
by preventing young people from starting smoking, providing education and training in schools and asking young people to help us get our message to other young people.

Establishing 'smokefree' as the norm:
by establishing smokefree places, smokefree homes and workforces and acting as exemplars of tobacco control.

Tackling cheap and illicit tobacco:
reducing supply through intelligence and enforcement and reducing demand through marketing and communications.

Effective communications for tobacco control:
using up–to–date methods and local data to deliver timely and relevant messages to our target audiences.

Influencing change through advocacy:
raising the profile of tobacco control via local partnerships and providing lobbying and support for national policy and legislation.

Actions

Helping tobacco users to quit
Quitting smoking is extremely difficult and people are four times more likely to quit successfully if they have the support of a specialist stop smoking service. For certain groups of people, such as pregnant women and those with mental health problems, this is particularly important. Actions to achieve this will include:
- Commissioning of effective stop smoking services for all tobacco users
- Piloting a scheme offering incentives to encourage pregnant women to quit
- Establishing simple, effective referral pathways into stop smoking services
- Piloting stop smoking support for those with mental health problems in the community

Helping young people to be tobacco free
It is important that we make young people aware of the harms associated with tobacco, and make it harder for them to access it. To do this effectively we must ensure we have a thorough understanding of young people's awareness and use of all tobacco products (licensed and non-licensed), as well as their sources of supply. Actions will include:
- Collecting information on the smoking behaviours and lifestyles of young people
- Test purchasing exercises to challenge underage sales of tobacco and e-cigarettes
- Tackling proxy supplies of tobacco and e-cigarettes and publicising legislative changes
- Delivery of the ASSIST smoking prevention programme in secondary schools
- Support for smokefree schools and delivery of effective tobacco education
- Reviewing small business compliance against Tobacco Display Regulations

Establishing 'smokefree' as the norm
Children learn their behaviour from adults and become aware of smoking at an early age: 3 out of 4 children are aware of cigarettes before they reach 5 years old. If children see smoking as a normal part of everyday life they are more likely to become smokers themselves. Therefore local activity must seek to reduce the opportunities for children to see smoking and be exposed to secondhand smoke. Actions to achieve this will include:
- Offering support to families to make their homes (and cars) smokefree
- Consulting on and establishing smokefree public places
- Promoting smokefree healthcare settings and workplaces

Tackling cheap and illicit tobacco
Effectively reducing the supply and use of cheap and illicit tobacco across the city will rely on access to accurate and robust intelligence from a range of sources plus enforcement action against suppliers. Actions include:
- Gathering of accurate and robust intelligence on local supply
- Exercises to tackle illegal tobacco supply, working with partners where necessary
- Taking appropriate enforcement action against suppliers, publicising outcomes to act as a deterrent
- Sharing intelligence across enforcement agencies such as the council, HMRC and Police to tackle organised distribution networks.

Effective communications for tobacco control

Effective tobacco control relies on communication that is targeted, tailored and timely. This communication will raise awareness about the harms of smoking and dispel myths, boost support for new policy and legislation and signpost to local services. Actions will include:

- Collecting robust, up–to–date information on the smoking rates, knowledge and behaviours of the local population
- Delivering promotions and information to reinforce national campaigns; highlight key issues and boost support for national policy and legislation
- Working with businesses to secure compliance with legislative change

Influencing change through advocacy

The evidence shows that if we reduce our efforts to tackle tobacco harm, smoking prevalence will rise rapidly, especially in young people. This is why effective partnership work to tackle tobacco in our communities as well as support for national tobacco control activity must remain a priority. Actions to achieve this will include:

- Delivery of an active Tobacco Control Alliance, maintaining multi–agency membership and high profile and committed Chair and Vice Chair
- Providing timely responses to national lobbying and policy requirements
- Participating in a peer review of the Tobacco Control Alliance and related local activity and implementation of actions

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