

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health
DATE:	20 th March 2018

SUBJECT:

The Tobacco Free Lancashire Strategy Towards a Smokefree Generation 2018-2023

1. PURPOSE

The Tobacco Free Lancashire (TFL) Strategy Towards a Smokefree Generation 2018-2023 has been developed to replace the now expired Tobacco Free Lancashire Strategy (2014-2016) - 'Making tobacco less desirable, acceptable and accessible in Lancashire'.

The TFL Strategy (2018-2023) will include priorities to reduce health inequalities resulting from smoking and protecting successive generations of young people from the harm caused by tobacco. The Strategy is committed to tackling specific priorities which are relevant to Pan Lancashire; for example smoking in pregnancy, smoking and mental health and, smoking and long term health conditions. The promotion of smoke free will be present in all aspects of the policy and is the basis of the revised Strategy.

The TFL Strategy will also encompass current policy positions on the use of e-cigarettes reflecting the most recent evidence on health impacts available.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

To approve:-

The TFL Strategy 2018-2023 which has been drafted in collaboration with the Public Health Tobacco Control Leads from Blackpool, Lancashire and Blackburn with Darwen Councils, after significant partner and public engagement.

3. BACKGROUND

Tobacco Free Lancashire is a partnership made up of representatives from Local Authorities, 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 on a quarterly rotation 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.

Smoking Prevalence

Tobacco use remains one of the most significant public health challenges, despite rates declining over the past decades in England to 15.5%. Smoking rates remain higher in Lancashire compared with England for adults; pregnant women and young people. There are approximately 224,300

current adult smokers in Lancashire. Two-thirds of smokers (63%) want to quit and welcome support to do so. Progress against national targets for Blackburn with Darwen have improved smoking but rates remain higher for adults (19.5%), for pregnant women (14.5%) and for routine and manual workers (32.1%).

Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy. Adults in routine and/or manual occupations are around twice as likely to smoke as those in managerial and/or professional occupations (27% vs 13% respectively).

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 tobacco. Similarly, women who smoke in pregnancy are also more likely to be younger, single, of lower educational achievement and in unskilled occupations.

Smoking rates are also higher among 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 smoke.

Children and the impact of smoking and second hand smoke

Children are adversely affected by breathing second hand smoke (SHS), as they breathe faster and breathe in more toxic chemicals than adults. 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). It is estimated that there are 3,900 additional incidents of childhood diseases each year within Lancashire, directly attributable to SHS.

There is no risk-free level of exposure to SHS. There have been significant reductions in the exposure to SHS in the UK since the introduction of the smoke free legislation in 2007 and social norms and knowledge are changing. However, there is still a requirement to promote smoke free environments further.

Influences on smoking

Children are influenced by the actions of adults. Smoking by parents or role models was a crucial factor in determining the uptake of smoking among children. The activity of smoking by an adult figure can be conveyed as normal behaviour. Creating and de-normalising fewer public places where people can smoke, helps children realise that smoking is not a common practice, (4 out of 5 adults don't smoke) and this can reduce pressure on them to smoke.

Financial implications of smoking in Lancashire

In Lancashire it costs the NHS £53.77 million per year to treat smoking-related illnesses; (£29.51 million primary care; £24.26 million secondary care). A further £20.42 million is spent on treating the consequences of exposure to second-hand smoke in children and adults, such as respiratory tract infections, asthma and glue ear.

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

The use of electronic cigarettes or vaping.

It is estimated 2.9 million people in the UK currently use an e-cigarettes. More ex-smokers 1.5 million use e-cigarettes compared to 1.3 million current smokers.

Whilst e-cigarettes have been regarded as less harmful than smoking, they are not harm free. The British Medical Association (BMA), advocate that any health claims regarding e-cigarettes should be substantiated by robust independent evidence to ensure that consumers are correctly informed.

The TFL Strategy supports the view of the BMA and therefore cannot advocate the use of e-cigarettes until there is certainty on their safety and efficacy. The Strategy is focussed on ensuring the most recent evidence on the health harms of e-cigarettes is referred to when considering future relevant policy decisions.

4. RATIONALE

This Strategy outlines the areas of activity which the Tobacco Free Lancashire Group and its collaborating partners will undertake to reduce smoking rates. It will be supported by a detailed delivery plan and updated annually to reflect progress.

This TFL Strategy will build on the previous Strategy with the aim of reducing smoking prevalence further and increasing the number of smoke free outdoor spaces across Lancashire. This can only be achieved through partnership working and by adopting a number of different approaches.

5. KEY ISSUES

Priorities for Lancashire

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. A key aim of the strategy is to reduce the damaging impact of tobacco so that smoking is history for the children of Lancashire.

This Strategy prioritises the following areas at an individual level in order to reduce health inequalities and improve quality of life;

- **Smoking in Pregnancy,**
- **Smoking and Mental Health Conditions,**
- **Smoking and Long Term Health Conditions.**

Blackburn with Darwen Borough Council is committed to reducing smoking prevalence in adults, young people and pregnant women and continues to work collaboratively to reduce smoking prevalence in the Borough.

Smoking in Pregnancy

Overall, smoking in pregnancy increases the risk of infant mortality up to the age of 1 year by around 40%, doubles the risk of still birth and causes up to 2,200 premature births; 5,000 miscarriages; 300 perinatal deaths in the UK every year. It has been estimated that a 10% reduction in infant and foetal deaths could be achieved if all pregnant women stopped smoking.

Reducing smoking in pregnancy is a key public health priority for the TFL Strategy which aims to work towards the DoH Tobacco Control Plan for England, 2017 ambitious goal of reducing smoking to 6% by 2022.

Smoking and Mental Health Conditions

One in four individuals are affected at some point in their life from a mental health illness, and the life expectancy of those diagnosed is on average 10-20 years less than someone without a mental health diagnosis. The main reason for this difference in life expectancy is due to smoking. More than two fifths (42%) of all cigarettes smoked in England in 2007 were by people with a mental health condition.

Since the mid-1990's smoking rates in the general population have been declining in England to 15.5% in 2017. However, smoking rates for people with a mental health condition over the 20 year period have remained the same, at an estimated 40%.

In line with national guidance and *Smoking Still Kills* Report 2015, one of the aims of the TFL Strategy is to focus on reducing the prevalence rates of smoking for people with mental health conditions by promoting smoke and tobacco free environments and supporting people to quit smoking.

Smoking and Long term health conditions

Over a quarter of the population in England have a long term health condition and an increasing number of these have multiple conditions. A long term health condition is one that can be controlled but not cured.

Lancashire experiences higher rates of diagnosed long term health conditions than England as a whole. Across Lancashire, smoking prevalence is higher than the England average, and the incidence of smoking related hospital admissions and conditions such as lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are greater than the national average. The Strategy aims to reduce smoking for people with long term health conditions by supporting people to quit smoking, and promoting tobacco free environments.

Smoke free environments

One of the most important effects of introducing smoke and tobacco free spaces is the message to young people that not smoking is the norm in society. Young people are significantly less likely to take up smoking themselves if they experience restrictions on smoking in public places, schools and at home. In addition, a person's behaviour is influenced by the perception of how others behave in society; an individual is more likely to engage in harmful behaviour if that behaviour is seen as normal.

Outdoor smoking restrictions have been found to not only protect non-smokers and promote tobacco free environments, but are also associated with a reduction in smoking and increased uptake of smoking cessation.

This Strategy will build on the preliminary work conducted throughout Lancashire with the aim of increasing the number of smoke free outdoor spaces and de-normalising smoking.

6. POLICY IMPLICATIONS

The TFL Strategy will support delivery of the Public Health Outcomes and commitments set out in the Blackburn with Darwen Joint Health and Wellbeing Strategy for reducing smoking prevalence in Blackburn with Darwen.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications of the TFL Strategy.

8. LEGAL IMPLICATIONS

Under the Health and Social Care Act 2012 Local Authorities have responsibility for tobacco control and smoking cessation services.

9. RESOURCE IMPLICATIONS

Support for the implementation of the TFL Strategy will be provided by a collaboration of local partners including Local Authorities, Acute Trusts, CCGs, VCFS and provider organisations under

the direction of Local Authority Directors of Public Health.

10. EQUALITY AND HEALTH IMPLICATIONS

The Tobacco Free Lancashire Strategy actively seeks to address inequalities related to tobacco and its harms and has prioritised prevention and support for those groups in greatest need as well as for all citizens.

A full Equality Analysis has been completed in respect of the Tobacco Free Lancashire Strategy.

11. CONSULTATIONS

A Tobacco Free Lancashire Strategy Workshop event was held on 23rd September 2016 with all members of the TFL group invited to attend and provide feedback on the proposals for the revised Strategy. The discussions and contributions by members of the TFL group were included in the development of the Strategy and relayed to group members at the quarterly meeting in January 2017. The final draft of the Strategy includes contributions and feedback from members of the TFL group to ensure it meets the needs of the people and smoking related services within Lancashire.

VERSION:	1
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DATE:	13 th March 2018
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BACKGROUND PAPER:	
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