

# **Tobacco Control Strategy**

**Bury**

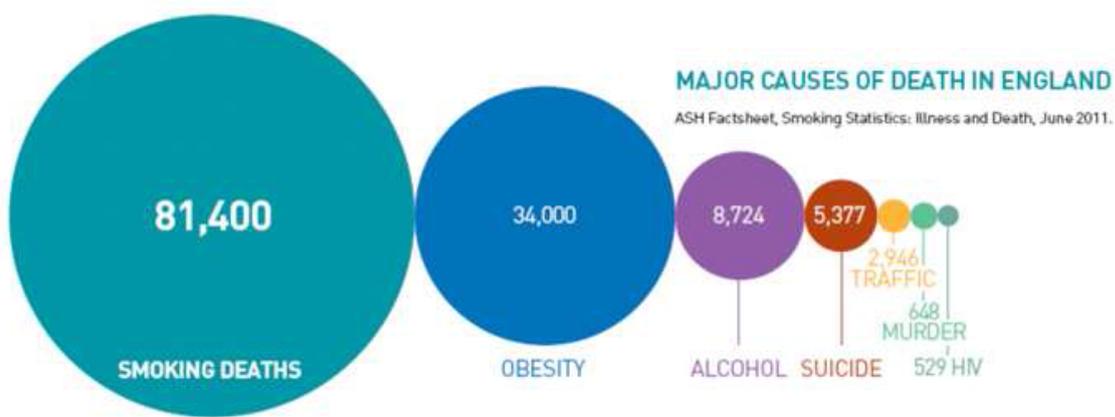
**Annual Report**

**Apr 2015- Mar 2016**

## Introduction

The purpose of this paper is to brief the Health and Wellbeing board on the progress made in relation to the Bury tobacco strategy.

It is clear that smoking still kills. No one can say that the job of tobacco control is done when millions of smokers in England face the risks of smoking-related illness and premature death, hundreds of young people start smoking every day, and smoking remains the principal cause of health inequalities. We have a duty to our children to protect them from an addiction that takes hold of most smokers when they are young. To meet this duty, we must sustain and renew our collective effort to tackle smoking and drive down smoking prevalence at an even faster rate.



1. *The chart above highlights the impact that smoking has on morbidity, and the necessity for continued investment in tobacco control work*

## National Picture

The Tobacco plan for England set a national ambition to reduce smoking prevalence among adults in England to 18.5 per cent and among 15 year olds to 12 per cent by the end of 2015. In addition, the aim is to reduce rates of smoking in pregnancy to 11 per cent or below.

### Key National policy developments and legislative change

During 2015 there were a number of positive developments with new policy developments which have supported the drive to reduce smoking rates within the UK. The focus of the changes is to break the intergenerational cycle of young people taking up smoking.

**March 2015:** Standardised packaging regulations were passed in the House of Commons by 367 votes to 113. They are also agreed in the House of Lords and the legislation will come into force from May 2016.

**April 2015:** A ban on displaying tobacco in small shops comes into force throughout the UK. This completes implementation of the regulations that were initially brought in for large shops in 2012.

**August 2015:** Public Health England publishes major review of the evidence on electronic cigarettes concluding that they are significantly less harmful than smoking.

**October 2015:** Legislation comes into force in England and Wales banning smoking in cars with people under the age of 18 present.

Regulations come into force prohibiting the sale of electronic cigarettes to under 18s and the purchasing of tobacco or e-cigarettes by adults for children.

Expert testimony from Professor Hajek tells Welsh Assembly Members that e-cigarettes are unattractive to non-smokers and there's no evidence to suggest they are a gateway to smoking.

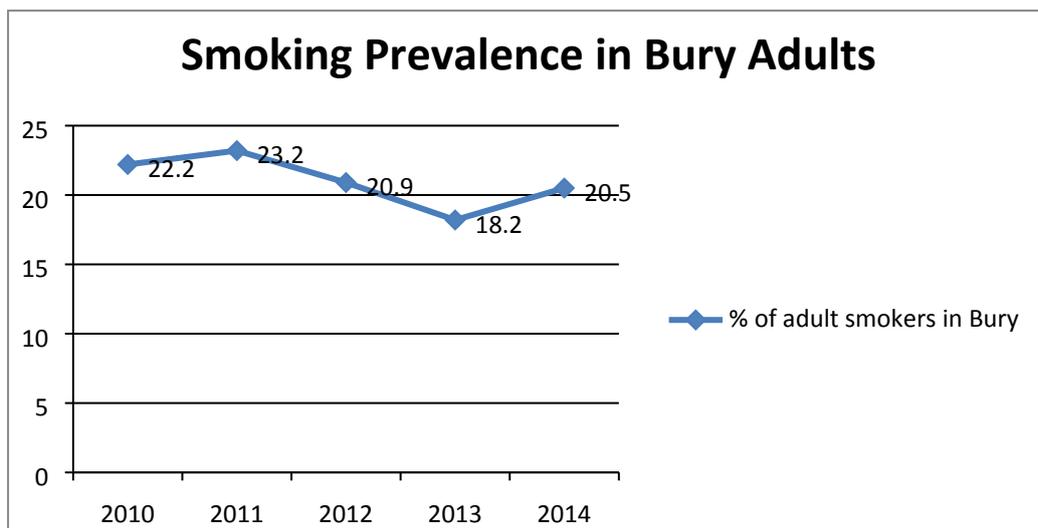
### The Bury Picture

Smoking remains the biggest preventable cause of ill health and premature death in Bury, with tobacco costing the borough an estimated £52.4m (Tobacco Profiles).

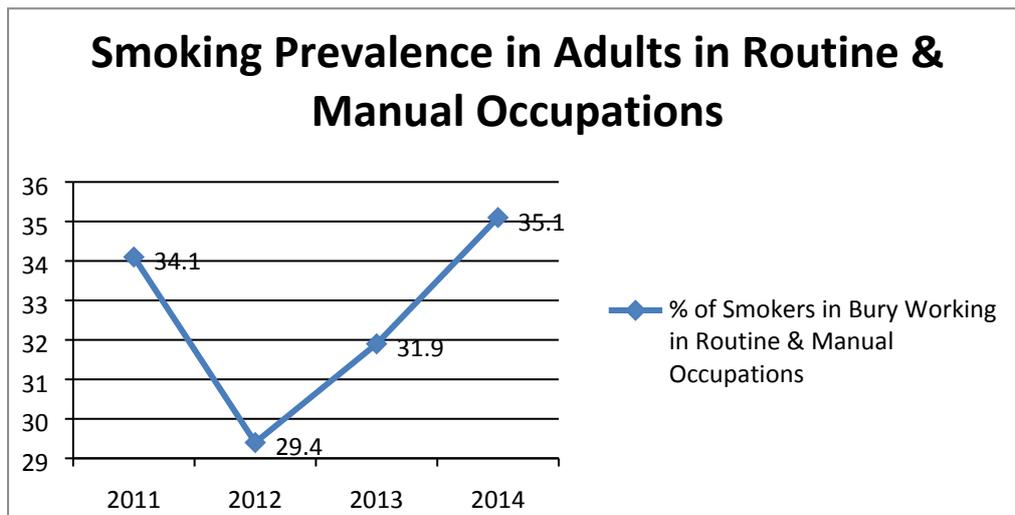
According to data taken from the tobacco profiles, from 2012-2014 smoking attributable deaths in Bury cost the lives of:

- 364 people from lung cancer
- 302 people from COPD
- 103 people from heart disease
- 40 people from stroke

As of 2014, the rate of smoking within Bury among adults over the age of 18 years is 20.5%. This represents an increase of 2.3 percentage points on the previous year.



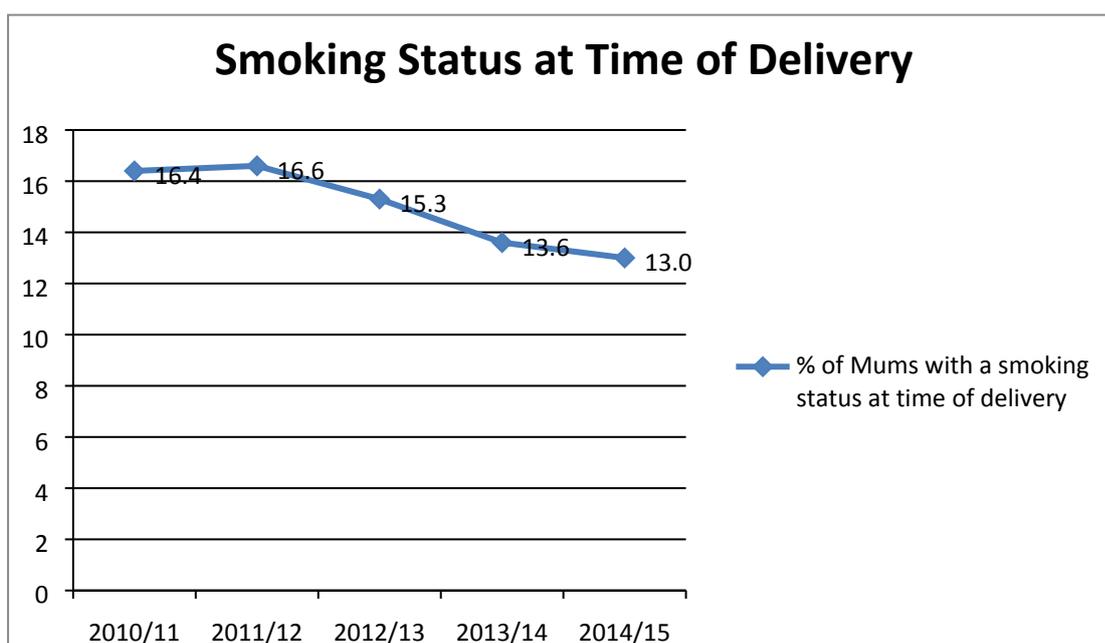
In the same period, smoking prevalence among those who work in routine and manual jobs was recorded at 35.1% an increase of 3.2%.



These figures highlight the concern that some Bury residents, including children and families, experience poorer health and other related harms such as deprivation and poverty due to the rate of smoking.

According to the WAY survey (2014/15), 8.7% of 15yr olds in Bury were reported as smoking tobacco which is a positive indicator, although the results must be treated with caution.

In 2014/15, the rate of smoking for pregnant mums, as recorded at the time of delivery is 13%, down from 13.6% the previous year. Again, this is a positive trend however there remains much work to do. The average smoking rate for pregnant mums is 11.4% for England and 14.7% in the North West.



## **The work being undertaken in Bury**

The current strategy for tobacco control in Bury aims to reduce the prevalence of smoking year on year by:

- Enabling smokers in Bury who want to quit, being able to quit with the right support.
- Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.
- Protecting children, families and communities from the effects of secondhand smoke.
- Communication/public health campaigns.

In Bury, work has been undertaken around 4 key areas.

**Objective 1. Enabling smokers in Bury who want to quit, being able to quit with the right support.**

### **Stop Smoking Services**

In 2014/5, 429 people are recorded as successfully achieving a 4 week quit; this is down from 445 the previous year. 365 CO validated quits were recorded in the same period, against 398 in 2013/14. During this period, 62% of Bury residents who set a quit date achieved a successful 4 week quit demonstrating that the services in Bury are effective at providing stop smoking support. However, the issue in Bury relates to the 'reach' of services in being able to recruit the necessary numbers of smokers into stop smoking support.

### **Next Steps**

Work must be undertaken to increase the number of people achieving a quit. The number of people identified as having a smoking status and accessing stop smoking support must be prioritized by developing links and referral pathways with wider service networks e.g. CMHT, GP's. The use of GP practice records of smoking status of patients must be explored as this would afford the opportunity target support directly to smokers in Bury. The message that any contact with a Bury resident is an opportunity to have a conversation about smoking status must be shared with other services. The promotion of the free online NCSCT Very Brief Advice (VBA) training to practitioners is key to empowering professionals to 'Ask, Advise & Act' around smoking status, and broadening the network of stop smoking services.

### **Mental Health Pilot Scheme**

In November 2015 a pilot scheme was undertaken in collaboration between Bury Lifestyle Stop Smoking Service and Bury CCG to systematically identify clients on the long term register who were diagnosed as having a severe and enduring mental health condition and a smoking status. This was carried out with 9 GP practices, with clients being written to by their GP stating that they had been identified as potentially benefitting from accessing the stop smoking service. At the time of completing this report, data was not available to report

on the efficacy of the pilot. However, the staff involved in the pilot have reported that the uptake of clients contacted during the scheme was very low.

### **Next Steps**

Joint working will be undertaken with Bury CCG building on the MH pilot carried out in 2015 to systematically target populations within Bury e.g. GP registers of smokers. Data has been requested from CCG and a meeting is in the process of being set up to appraise the scheme and understand how the pilot can inform some effective work in 2016.

### **Routine & manual workers**

No specific project work was undertaken with this cohort in 2015. Targeted work is planned in 2016 in collaboration with *Working Well Bury* in order to identify and access businesses in Bury and provide stop smoking support.

During 2015, 160 people classified as RMW set a quit date with the Stop Smoking Service with 113 successfully quitting (70% conversion). Moving forward it is imperative that this cohort is addressed by smoking cessation services in Bury.

### **Next Steps**

Businesses within the routine and manual sector will be identified and offered targeted support in quitting tobacco. *Working Well Bury* have over 100 contacts within Bury businesses which will provide good leads in gaining access to workforces.

The healthy workplace charter will support settings based approaches to delivering tobacco control initiatives within this cohort.

### **Smoking in Pregnancy**

Smoking in pregnancy not only harms the mum and the baby, but also potentially other children in the household, particularly toddlers, and it means that money spent on cigarettes may be stretching household budgets even more.

Pregnant women need extra specialist support to quit during pregnancy because the risk of harm from smoking including complications during pregnancy and the baby being born too small (with low birth weight) and too early (prematurely, before 37 weeks). In addition, low birth weight has been associated with coronary heart disease, type 2 diabetes, and being overweight in adulthood. Tobacco smoking has serious long-term health risks for both the women and their babies.

In 2014/15 smoking at time of delivery was recorded in 305 pregnancies in Bury (equating to 13%). In early 2016, a task & finish group was established to undertake targeted work in tackling smoking in pregnancy. The group has made some positive steps in identifying issues with some good outcomes e.g. ensuring all midwives have access to CO monitoring equipment.

### **Next Steps**

The targeted work to address smoking in pregnancy will continue via the task and finish group in association with partners from Bolton FT, Pennine Acute, FNP, Childrens Centers, Bury SSS and the Health Visitors.

### **Probation Health Trainers**

The Probation Health Trainer service was decommissioned at the end of 2014/15. This was in response to the Transforming Rehabilitation Strategy for Reform which led to the outsourcing of most of the Probation Service and Community Rehabilitation Companies (CRCs). With this in mind, CRCs have designed their service to be specific to need and includes intervention for example, to promote personal and behaviour change which would have resulted in a duplication of work (with the Probation Health Trainers). In addition, performance of the Probation Health Trainers was poor; although it was unclear as to whether this was a result of data recording issues or lack of activity. Furthermore, it was considered that mainstream services are available to all Bury residents via the Health Trainers within the Lifestyle service.

### **Next Steps**

It will be prudent to explore options and ensure that pathways are developed with the existing Health Trainer Service.

### **E-Cigarette Update**

According to the recent PHE paper, E-cigarettes: an evidence update (2015), some of the latest key messages around e-cigarettes are:

- Smokers who have tried other methods of quitting without success could be encouraged to try e-cigarettes (EC) to stop smoking and stop smoking services should support smokers using EC to quit by offering them behavioural support.
- There is no evidence that EC are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it. Despite some experimentation with EC among never smokers, EC are attracting very few people who have never smoked into regular EC use.
- Encouraging smokers who cannot or do not want to stop smoking to switch to EC could help reduce smoking related disease, death and health inequalities.
- EC's are 95% less harmful than smoking tobacco.
- EC's are not linked with any rise in young people smoking tobacco (Action on Smoking Health, 2015)
- Continued vigilance and research in this area are needed.

## **Next Steps**

It is essential that research and advice around e-cigarettes is closely monitored on a local level and that the information is shared with local professionals and services.

### **Objective 2. Tackling the accessibility of tobacco products for young people, particularly in relation to illegal and illicit tobacco, underage sales and niche products.**

Bury Trading Standards team receives intelligence from many sources on the availability of illicit tobacco products. During 2015 16,088 counterfeit cigarettes and 10.6kg of counterfeit/Non-UK duty paid hand-rolling tobacco was seized.

10 complaints were received in relation to underage tobacco sales, with 50 visits to premises being made, resulting in three written or verbal warnings being issued. In the same period, 2 complaints were received regarding underage sales of nicotine inhaling products resulting in 1 written or verbal warning being issued to a retailer.

## **Next Steps**

Maintain the strong links with Bury Trading Standards team to ensure that the positive work to tackle sales of illicit tobacco and underage sales continues into 2016.

### **Objective 3. Protecting children, families and communities from the effects of secondhand smoke.**

During 2015, all school nurses received training in smoking cessation from the Lifestyle Service Health Trainers on VBA (very brief advice). The bulk of the work carried out by school nurses' relating to tobacco is on a one to one basis in drop in sessions and when carrying out health assessments in schools and other settings. Precise detail on the number of interventions delivered by the school nurses is pending an update from their performance department. No specific projects or group work to tackle tobacco was undertaken during 2015 by the School Nurse team.

Operation Smokestorm is an internet based educational programme which teaches not only about the health harms of tobacco, but also the ethical issues such as the child labour associated with illicit tobacco, and the way products are marketed by tobacco companies. Following the Public Health funded pilot in 2014, there was a failure to evaluate the scheme and funding was not continued into 2015. Although schools reported that the scheme was positive, they were unable to self fund and this piece of work was not taken forward however the option remains to revisit this scheme.

In addition, the peer support/education program within schools, led by the Childrens Trust, ended and was not continued into 2015.

## **Next Steps**

Moving forward, work with children relating to tobacco is key to breaking the intergenerational cycle and this must be a priority. The national evidence is that creating smoke free norms has the biggest impact on reducing the uptake of tobacco smoking; therefore the Healthy schools programme will offer a platform for future tobacco control work to do this, underpinned by settings based approaches. Options to work collaboratively with the Childrens Trust will also be explored.

## **Objective 4. Communications**

### **Stoptober**

The campaign was supported locally with 813 Sign ups recorded for the Bury area compared to 730 the previous year. This is a significant increase and demonstrates that the campaign does generate interest within the community.

During the month of Stoptober, the Lifestyle Service staff held promotional stalls at:

- Bury College
- Bury Light Night
- Aldi Supermarket (Whitefield)
- Tesco Supermarket (Prestwich)

Locally, social media was used to amplify information and to encourage sign up to Stoptober.

Although there were 813 registrations of interest there is a lack of information regarding how/when or if people who registered, were followed up in order to understand whether they had achieved a 4 week quit or require further support. In addition, looking at the quarterly returns for the Lifestyle Service Stop Smoking team, there wasn't a significant increase in numbers of people setting a quit date with the service or successfully quitting during or immediately after Stoptober. This suggests that there is a future piece of work to understand how the leads/interest generated by Stoptober can be used by the SSS to recruit new clients into the service.

### **National No Smoking Day**

The theme for 2015 was 'Proud to be a quitter'. Staff from The Lifestyle Service attended stalls at Asda Radcliffe and Bury Market where brief advice and signposting to the Stop Smoking Service was provided. Social media was used to promote the campaign and share facts and tips. In future, a recording mechanism needs to be in place so that the efficacy of such work can be assessed and a decision made on the level of resource we put into such activities, especially as services are stretched at present.

## **Next Steps**

There are plans to amplify 2 National tobacco control campaigns for 2016. They are:

No Smoking Day (March)  
Stoptober (October)

The events will be used to promote tobacco control locally and raise awareness of the associated harms, and to reduce smoking prevalence in Bury.

### **Conclusion**

In summary, there is promising work being undertaken in Bury with a positive impact on smoking behaviors in some groups e.g. Smoking in Pregnancy. However, the challenge is to develop a greater reach and ensure that more people make the decision to quit and access stop smoking support. Collaborative work must be undertaken to systematically identify more smokers e.g. using GP registers, targeting routine and manual workplace settings and linking with Mental Health Services to ensure that smoking rates reduce, thus tackling a major cause of inequality in the borough. The other key area is to develop education based programs to break the intergenerational cycle of young people taking up smoking.