Lincolnshire Tobacco Control Strategy 2013-2018

Working in Partnership to Support the Six International Strands of Tobacco Control

- Effective Communication For Tobacco Control
- Effective Regulation Of Tobacco Products
- Making Tobacco Less Affordable
- Stopping The Promotion Of Tobacco
- Multi Agency Partnership Working
- Reducing Exposure To Second Hand Smoke

Helping Tobacco Users To Quit
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASDAN</td>
<td>Award Scheme Development and Accreditation Network</td>
</tr>
<tr>
<td>BA</td>
<td>Brief Advice</td>
</tr>
<tr>
<td>BI</td>
<td>Brief Intervention</td>
</tr>
<tr>
<td>CCG’s</td>
<td>Clinical Commissioning Groups</td>
</tr>
<tr>
<td>CHD</td>
<td>Coronary Heart Disease</td>
</tr>
<tr>
<td>CO</td>
<td>Carbon Monoxide</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardio Vascular Disease</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>EHO’s</td>
<td>Environmental Health Officer’s</td>
</tr>
<tr>
<td>FE</td>
<td>Further Education</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HE</td>
<td>Higher Education</td>
</tr>
<tr>
<td>HMRC</td>
<td>Her Majesties Revenue &amp; Customs</td>
</tr>
<tr>
<td>IHS</td>
<td>Integrated Household Survey</td>
</tr>
<tr>
<td>IMD</td>
<td>Index of Multiple Deprivation</td>
</tr>
<tr>
<td>LA’s</td>
<td>Local Authorities</td>
</tr>
<tr>
<td>LCC</td>
<td>Lincolnshire County Council</td>
</tr>
<tr>
<td>LCHS</td>
<td>Lincolnshire Community Health Service</td>
</tr>
<tr>
<td>LPFT</td>
<td>Lincolnshire Partnership Foundation Trust</td>
</tr>
<tr>
<td>LSOA’s</td>
<td>Lower Super Output Areas</td>
</tr>
<tr>
<td>MECC</td>
<td>Making Every Contact Count</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NRT</td>
<td>Nicotine Replacement Therapy</td>
</tr>
<tr>
<td>ONS</td>
<td>Office for National Statistics</td>
</tr>
<tr>
<td>PCSO’s</td>
<td>Police Community Support Officer’s</td>
</tr>
<tr>
<td>PH</td>
<td>Public Health</td>
</tr>
<tr>
<td>R&amp;M</td>
<td>Routine and Manual Occupations</td>
</tr>
<tr>
<td>RIP</td>
<td>Reduced Ignition Propensity</td>
</tr>
<tr>
<td>SaToD</td>
<td>Smoking at time of Delivery</td>
</tr>
<tr>
<td>SFH</td>
<td>Smoke Free Homes &amp; Cars</td>
</tr>
<tr>
<td>SLA</td>
<td>Smokefree Lincs Alliance</td>
</tr>
<tr>
<td>SSS</td>
<td>Stop Smoking Services</td>
</tr>
<tr>
<td>TC</td>
<td>Tobacco Control</td>
</tr>
<tr>
<td>TS</td>
<td>Trading Standards</td>
</tr>
<tr>
<td>UA TP</td>
<td>Underage and Test Purchase</td>
</tr>
<tr>
<td>ULHT</td>
<td>United Lincolnshire Health Trust</td>
</tr>
</tbody>
</table>

Compiled by: Ros Watson, Alliance Coordinator
On behalf of the Smokefree Lincs Alliance
Tel: 01522 550541
[www.smokefreelincs.co.uk](http://www.smokefreelincs.co.uk)
October 2012
# Contents

<table>
<thead>
<tr>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Abbreviations</td>
<td>2</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Key Strategic Aims and Priorities</td>
<td>6</td>
</tr>
<tr>
<td>Multi Agency Partnership Working</td>
<td>7</td>
</tr>
<tr>
<td>Demography of Lincolnshire</td>
<td>8</td>
</tr>
<tr>
<td>National Policy</td>
<td>9</td>
</tr>
<tr>
<td>Scales of Tobacco Use</td>
<td>10 - 11</td>
</tr>
<tr>
<td>Premature Deaths Attributable to Smoking</td>
<td>12</td>
</tr>
<tr>
<td>Target Groups</td>
<td>13 - 16</td>
</tr>
<tr>
<td>- Routine and Manual</td>
<td>13</td>
</tr>
<tr>
<td>- Pregnant Women</td>
<td>14</td>
</tr>
<tr>
<td>- Young People</td>
<td>15</td>
</tr>
<tr>
<td>- Smoking and Mental Health</td>
<td>16</td>
</tr>
<tr>
<td>Strategic Themes, Actions and Measures across the Six Strands of</td>
<td>17 - 23</td>
</tr>
<tr>
<td>Tobacco Control</td>
<td></td>
</tr>
<tr>
<td>- Helping Tobacco Users to Quit</td>
<td>17 - 18</td>
</tr>
<tr>
<td>- Reducing Exposure to Secondhand Smoke</td>
<td>19</td>
</tr>
<tr>
<td>- Effective Communications for Tobacco Control</td>
<td>20</td>
</tr>
<tr>
<td>- Stopping the Promotion of Tobacco</td>
<td>21</td>
</tr>
<tr>
<td>- Effective Regulation of Tobacco Products</td>
<td>22</td>
</tr>
<tr>
<td>- Making Tobacco Less Affordable</td>
<td>23</td>
</tr>
<tr>
<td>In Summary</td>
<td>24</td>
</tr>
<tr>
<td>Appendix 1 — Local and National Achievements in Tobacco Control</td>
<td>25</td>
</tr>
<tr>
<td>Appendix 2 — SWOT Analysis for Tobacco Control</td>
<td>26</td>
</tr>
<tr>
<td>Appendix 3 — Mandatory and Discretionary Roles of Alliance Partners</td>
<td>27</td>
</tr>
<tr>
<td>Appendix 4 — R &amp; M - Department of Health Definition</td>
<td>28</td>
</tr>
<tr>
<td>Appendix 5 — Smoking Prevalence</td>
<td>29</td>
</tr>
<tr>
<td>References</td>
<td>30</td>
</tr>
</tbody>
</table>
Executive Summary

Smoking remains the single greatest cause of preventable illness and premature death and a major contributor to health inequalities. Tobacco use and secondhand exposure to tobacco increase the risk of death from lung and other cancers, heart disease, stroke, chronic respiratory disease and other conditions.¹ As a result the development and delivery of this five year Tobacco Control Strategy was highlighted as a priority in Lincolnshire’s Joint Health and Wellbeing Strategy 2013 - 2018 and the issues of smoking highlighted in Lincolnshire’s Joint Health Needs Assessment 2011. This plan demonstrates by working through our partnerships across the six internationally recognised strands that we can continue to make significant strides in tobacco control, reduce health inequalities and further reduce smoking prevalence across Lincolnshire.

The impact of smoking also affects the economy, productivity, community safety as well as health and social care services. Smokers experience more working days lost through illness than non-smokers, four out of ten deaths from fire in the home are due to smoking; illicit tobacco sales are depriving the Exchequer of tax and revenue. Set this alongside the continuing burden of smoking related disease and death from people's historical smoking behaviour, the cost of smoking is significant to both the individual and the country. Thankfully, the prevalence of smoking continues to fall decade by decade, however Lincolnshire smoking prevalence of 22.8 per cent is still higher than the England average of 21.2 per cent.

In Lincolnshire as in England, deaths from smoking are 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).² With smoking accounting for over 1,200 deaths in the county per year. Smoking is harmful not only to smokers but also to the people around them, tobacco smoke contains over 4,000 chemicals, almost 70 of which are known to be carcinogenic³ (cancer causing substances).

Smoking is an addiction largely taken up in childhood and adolescence so it is crucial to reduce the number of young people taking up smoking in the first place. Across the population, the highest rates of smoking are among young people. While the rates of smoking have reduced considerably in recent years, the uptake of smoking by young people continues to be a serious problem with an estimated 3,000 young people under the age of 16 taking up smoking in Lincolnshire each year. Nationally this averages around 6 per cent of pupils aged 11–15 classified as regular smokers. (a)

Many of the strategic themes noted in the national and this local Tobacco Control Strategy involve both central government actions and local partnerships. Helping tobacco users to quit involves thousands of local health and community staff in many settings supporting smokers who want to quit through brief advice or specialist intervention. Reducing exposure to secondhand smoke following on from the smokefree legislation is common place locally, with high compliance rates. Legislation to stop the promotion of tobacco is underway, yet not without challenge. Regulation of tobacco is a theme with a high profile locally; the presence of illicit tobacco going through and into Lincolnshire is of particular concern with Public Health and colleagues in Safer Communities are working hard to address and disrupt this trade.

The strength of the Smokefree Lincs Alliance should not be underestimated it has been key to the success of the tobacco control agenda thus far and will be vital to the delivery of the ambitious plans ahead.

(a) Regular smoking for pupils being defined as at least one cigarette a week

Tobacco use remains a significant public health challenge. Although rates of smoking have continued to decline over the past decades, around 21% of adults in England continue to smoke. Smoking remains the single greatest cause of preventable illness and premature death in England, accounting for over 80,000 deaths each year. Approximately 1,200 people die each year in Lincolnshire from smoking related diseases.

Alongside the recognised detrimental health effects, tobacco also plays a major role in adding to poverty, deprivation and health inequality. Health inequalities start in early life and persist into old age and even into subsequent generations. Closing the health inequality gap is a priority for Lincolnshire and reducing smoking rates in disadvantaged groups is a critical factor in achieving this.

Smoking also places a great burden on the NHS; the current level of tobacco use is estimated to cost the NHS around £2.7 billion every year. Tobacco use also has a significant impact on the wider economy. Smokers take an average of eight days a year more sick leave than non-smokers, and the current level of smoking costs the economy about £2.5 billion each year in terms of sick leave and lost productivity.

There are three key principles that underpin efforts to tackle the tobacco epidemic:

- A strategic approach to tobacco control
- Effective partnership working
- A focus on de-normalising smoking

To underachieve in any of these is to risk undoing the significant momentum built up over the past decades, and with it a strong possibility that the current trends will slow and prevalence rates will start to increase. Research has shown that no single approach to reducing smoking prevalence will be successful in isolation.

The ‘Healthy Lives, Healthy People:’ A Tobacco Control Plan for England’ document offers a radical new approach for public health and sets out what the Government will do to support efforts to reduce tobacco use in the five years from 2011, within the context of the new public health system. Through this plan, the Government supports comprehensive tobacco control in England across the six Internationally recognised strands:

- Helping tobacco users to quit
- Reducing exposure to secondhand smoke
- Effective communications for tobacco control
- Stopping the promotion of tobacco
- Effective regulation of tobacco products
- Making tobacco less affordable
The Smokefree Lincs Alliance (Alliance) aims to support and facilitate the adoption and delivery of government and local smokefree policy to reduce the harm caused by tobacco consumption across Lincolnshire. The Lincolnshire Tobacco Control Strategy will aim to deliver sustainable change using evidence-based and best practice principles, and will be underpinned by National Tobacco Control Plan data. It will also aim to assist in the delivery of national, regional and local tobacco control priorities and targets.

**Strategic Aims and Priorities**
The overall aims of this plan is to contribute to a framework to address tobacco control issues and to see a reduction in smoking prevalence and health inequalities across Lincolnshire.

- Annually achieve 4 week quit target
- Smoking Prevalence reduced to 18.5% or less by 2015
- Reduce Health Inequalities; by targeting specific groups

**Strategic Themes**

- Helping tobacco users to quit, make access to stop smoking service’s and support easier
- Reducing exposure to secondhand smoke, normalise smokefree environments; by expanding Smoke Free Homes, Cars and Communities programme
- Effective communications for tobacco control; using mass campaigns aimed at target groups
- Stopping the promotion of tobacco;
- Effective regulation of tobacco products; Tackle illicit tobacco sales; targeted activity with retailers & ‘fag houses’ with Trading Standards, Her Majesty’s Revenue & Customs (HMRC) and Lincolnshire Police
- Making tobacco less affordable

### Key Performance Indicator

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Baseline for 2011/12</th>
<th>Target To Achieve by 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual increase in the number of previously Smoking Homes with children making a Gold(^{(a)}) promise</td>
<td>36%</td>
<td>Yearly average of 50% or more</td>
</tr>
<tr>
<td>Annual increase in the core sources of referrals to Smoke Free</td>
<td>3 core (^{(b)})</td>
<td>5</td>
</tr>
<tr>
<td>Annual increase in number of referrals to Stop Smoking Service</td>
<td>16,240</td>
<td>By 2% per annum</td>
</tr>
<tr>
<td>Annual increase in the number of 4 week quits (split by occupation, pregnancy &amp; age); as target identified in Service Level Agreement with stop smoking services</td>
<td>6,485</td>
<td>To Be Determined</td>
</tr>
<tr>
<td>Annual increase of quitters still stopped at 12 months</td>
<td>2,853</td>
<td>By 2.5%</td>
</tr>
<tr>
<td>Annual reduction of pregnant women still Smoking at Time of Delivery (SaToD)</td>
<td>18.6%</td>
<td>11% or less</td>
</tr>
<tr>
<td>Maintain or increase number of compliance underage test purchases</td>
<td>62</td>
<td>To Be Confirmed</td>
</tr>
<tr>
<td>250 front line staff brief intervention trained annually</td>
<td>267</td>
<td>To Be Confirmed</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Gold is defined as not smoking anywhere in the home & car and not in front of the children

\(^{(b)}\) Core is defined as making a minimum of 100 referrals to Smoke Free Homes and Cars per year
Multi Agency Partnership Working

The Smokefree Lincs Alliance was established in November 1995 and has continued to grow and gain support from local partners. The key to Lincolnshire’s success has been the partnership working demonstrated by the consistent commitment to work together towards tobacco control. The Alliance acts as a central hub for tobacco knowledge and skills and draws from partners the local intelligence needed to identify and tackle some of the many issues that come out of tobacco use.

The Alliance has multiple functions and is a member of the East Midlands Smokefree Action Coalition. It has been involved in consultations to influence both local, national policy and development, such as the biggest Public Health Tobacco survey outside London, ‘Big Smoke Debate’. This demonstrated public support for further tobacco control measures, easing the way for the Health Act 2006 and subsequent Smokefree Legislation. See Appendix 1 for further local and national successes.

For many years the Alliance has been recognised at national, regional and local level with awards and citing’s in government publications. In 2008 the Smoke Free Homes programme achieved an East Midlands NHS ‘Celebrating Success’ award followed up in 2009 with a Local Government Achievement, Municipal Journal award. Annually the Alliance has been a finalist and winner of No Smoking Day awards, as well as being cited by the Chief Medical Officer, Sir Liam Donaldson, in his annual report for 2010, and more recently in the ‘Healthy People Healthy Lives: A Tobacco Control Plan for England.

As mentioned the Alliance annually co-ordinates local activity for National No Smoking Day, bringing together partners, raising the profile of the NHS Stop Smoking Service, engaging smokers who want to quit. The Alliance has an innovative approach and in past years has worked with many local partners over the years such as the Ministry of Defence aerobatic display team (The Red Arrows), East Midlands Ambulance Service and Lincoln City Football Club.

There is a need to continue to build on these strengths to further reduce tobacco use across Lincolnshire. In developing this plan we undertook a Strengths, Weakness, Opportunities and Threats (SWOT) analysis to identify a systematic approach to delivery an effective and comprehensive tobacco control programme at a local level. Please see Appendix 2 for SWOT analysis. The Alliance in Lincolnshire has well established, proactive and close working relationships between partners, sharing responsibilities and providing a wide range of expertise and skills. It is essential to maintain these partnerships if the Alliance is to continue to be successful in addressing the associated tobacco control issues. Please see Appendix 3 for details of the mandatory and discretionary responsibility of the Alliance partners.

Key partners:
- Local authorities representatives from borough, county, city and district council’s,
- Public Health, Trading Standards, Schools, FE & HE Colleges, Youth Services
- Lincolnshire Police, Criminal Justice System, Prisons, Lincolnshire Fire and Rescue
- Stop Smoking Service providers, Drugs & Alcohol Services
- Chamber of Commerce, Commercial & Retail Sector
- National Health Service (NHS), Lincolnshire Community Health Service (LCHS), United Lincolnshire Hospital Trust (ULHT), Lincolnshire Partnership Foundation Trust (LPFT), Clinical Commissioning Group’s (CCG’s)
- Voluntary, Faith and Community Groups, Children and Young People representatives
- Social Housing providers, Other services - Ministry of Defence
Demography of Lincolnshire

The current estimation on the size of the Lincolnshire population is 714,800\textsuperscript{10} in 2011; with an urban: rural distribution of 51\%: 49\%. Over the past decade the county’s population has increased by 10.4\% and diversified. East Lindsey district has the largest population (136,700) with the highest proportion of people aged over 60 years; Boston the smallest population (64,600) with increasing diversity. The district with the largest increase in population (+21.1\%) has been North Kesteven. The City of Lincoln has the highest proportion of the population 0 - 19 years. Areas of the East Coast have seasonal fluctuations as a result of its popularity as a holiday resort.

Table 1: Population Size by Borough, City and District Council\textsuperscript{10}

<table>
<thead>
<tr>
<th>Borough</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>64,600</td>
</tr>
<tr>
<td>East Lindsey</td>
<td>136,700</td>
</tr>
<tr>
<td>City of Lincoln</td>
<td>93,100</td>
</tr>
<tr>
<td>North Kesteven</td>
<td>108,500</td>
</tr>
<tr>
<td>South Holland</td>
<td>88,400</td>
</tr>
<tr>
<td>South Kesteven</td>
<td>134,100</td>
</tr>
<tr>
<td>West Lindsey</td>
<td>89,400</td>
</tr>
</tbody>
</table>

2010 Index of Multiple Deprivation (IMD) in Lincolnshire\textsuperscript{11} and Smoking Health Inequalities

The 2010 IMD is a single deprivation score for small areas in England. A series of indicators – economic, health, housing, social and spatial – are combined to give a score relative to each local area. Such scores are used to identify relative differences, including health inequalities.

A little over 4\% of Lincolnshire’s population live in areas that are in the national top 10\% most deprived areas. Such areas are typically urban. The map, Figure 1, displays the relative distribution of deprivation across the county of Lincolnshire.

Figure 1: Contains Ordnance Survey data for the © Copyright. Lincolnshire County Council 100025370 2011

Smoking prevalence is associated with deprivation and health inequalities. Sir Michael Marmot, published `Fair Society, Healthy Lives` in 2010. He reported the evidence that tobacco use is the primary reason for the gap in healthy life expectancy. Smoking rates are strongly associated with routine and manual (R & M) working groups, see Appendix 4 (for DoH, R & M definitions), lower socio-economic areas, particular minority communities and vulnerable groups\textsuperscript{12}. The county’s differing smoking prevalence rates reflect this evidence see Appendix 5.

**Reduce smoking prevalence among adults in England:**
To reduce adult (aged 18 and over) smoking prevalence in England to 18.5 per cent or less by the end of 2015, equating to around 210,000 fewer smokers a year.


*Baseline Measure:* 21.2 per cent (April 2009 to March 2010)

**Reduce smoking prevalence among young people in England:**
To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015.

*Measure:* Prevalence of regular cigarette smoking among 15 year olds, from the NHS Information Centre’s Smoking, Drinking and Drug Use Among Young People In England survey.

*Baseline measure:* 15 per cent (2009)

**Reduce smoking during pregnancy in England:**
To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth, SaToD).

*Measure:* Percentage of expectant mothers recorded as being smokers at the time of giving birth, from the Department of Health’s Smoking Status at time of delivery statistical collection.

*Baseline measure:* 14 per cent (2009/10)

The Government have stated that these national ambitions will not translate into centrally driven targets for local authorities. Rather, they represent an assessment of what could be delivered as a result of the national actions described in the national plan, together with local areas implementing evidence-based best practice for comprehensive tobacco control. The new approach to public health delivery in England means that local areas will decide on their own priorities and ways of improving health in their communities in line with the evidence base and local circumstances. The Alliance is committed to deliver on the national priorities and this plan will demonstrate how these will be addressed by locally implemented actions.
What is the Cost of Smoking?
Treating smoking-related illnesses was estimated to have cost the NHS £2.7 billion in 2006/07, or over £50 million every week. In 2008/09, some 463,000 hospital admissions in England among adults aged 35 and over were attributable to smoking, or some 5 per cent of all hospital admissions for this age group. Clearly, the costs of tobacco use are much greater than just costs to the NHS, and the overall economic burden of tobacco use to society is estimated as £13.74 billion a year.

The hypothetical modelling for tobacco use in Lincolnshire is based on the hierarchy of indicators, as illustrated below in diagram 1 which shows the relationship between prevalence and the scale of tobacco use.

Factors Increasing Prevalence

Supply:
- Tobacco Industry
- Counterfeit
- Illicit
- Fag Houses

Initiators
Relapse

Factors Reducing Prevalence

Deaths
Quitting

Prevalence

473 annually

Unsupported Quits:
- Cold Turkey
- Using NRT

Tobacco Control:
- Legislation
- Smoke Free Homes & Cars
- Tackling Illicit & Counterfeit
- Reducing Uptake

NHS Stop Smoking Service:
- Set Quits
- 4 week Quits
- 12 month Quit

Cost Benefits

Smoking prevalence is currently estimated at 22.8 per cent which equates to 132,536 adults smoking each year (09/10). Smoking prevalence based on ages 11 – 16 is 5 per cent, we can approximate that there will be 3,000 young adults who take up smoking each year in Lincolnshire. (Initiation) Approximately 1,200 adults in Lincolnshire die each year from smoking related diseases 2009/10. (Deaths)
Lincolnshire Community Health Service who currently provide a Stop Smoking Service (SSS), known as Phoenix, state that approximately 11,735 (10/11) people set a quit date, of those 6,485 quit at 4 weeks equating to 54 per cent. Over the last 3 years the Phoenix Service reported between 44 — 46 per cent quit at 12 months which equates to 2,853 quit annually. (Quit) Relapse rates fall between 54 — 56 per cent at 12 months which equates to approximately 3,600 people returning to smoking. (Relapse) Lincolnshire see approximately 9 per cent of smokers through their service compared with the national average of 7 per cent. This is comparative to the East Midlands average of 9 per cent.

The number of people who quit smoking each year without support equates to approximately 60,400 attempting a quit (50 per cent of smokers use no support to quit). (Self help) Success rates are poor with 2 – 3 per cent attempting without pharmacology and 4 – 6 per cent attempting with pharmacology (purchased over the counter). We estimate approximately 3,020 adults annually stop smoking this way.

To summarise:

- 1,200 die
- 2,853 stop permanently with Phoenix
- 3,020 stop permanently by self help

This means that approximately 7,073 people stop smoking each year, with 6,600 who take up or relapse each year. The difference is the reduction in smokers in Lincolnshire which is 473, against a smoking population of 132,536. This accounts for a 0.36 per cent reduction in prevalence annually. Based on the numbers shown, to reach the target of 18 per cent in the current investment climate would take approximately 12 years, much longer than this document allows. In order for us to reduce this timescale to five year we need to look at identifying those initiatives that will help us make the biggest gains in terms of reduction in prevalence over a shorter time frame; we may have to look to adjust investment accordingly. What is important is that none of these activities work in isolation and it is important that the Tobacco Control initiatives link with effective smoking cessation services as overall they will contribute to a reduction in the number of adults smoking in Lincolnshire. Our focus must be on the factors which motivate people to stop or not take up smoking, such as personal and environmental factors.

Lincolnshire currently invests approximately £3.9 million upon Tobacco Control and Smoking Cessation. Health economic models suggest that annual savings from this expenditure exceed £3 million of savings across Health, Social Care and Local Authorities. The personal financial net benefit to individuals who stop smoking is approximately £3,500 per year. As we have an estimated 7,000 people who will stop smoking and 46 per cent of them will stop smoking for a year, i.e. 3,220 people, the total cumulative personal financial benefit amounts to over £11 million not spent on tobacco at least for that year.

For the 473 people who stop smoking permanently, then this group will annually receive the personal financial net benefit for the rest of their life.
Figure 2 maps the premature deaths attributable to smoking, using directly age standardised rate (DASR) per 100,000 persons age 35 and over, the darker the colour the higher the number of deaths per 100,000 in that area.

Smoking is the single biggest cause of preventable death and morbidity, and big inequalities exist between and within communities smoking and death rates due to smoking. Smoking causes around 1 in 6 of all deaths in England, contributing greatly to inequalities in death rates.

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), bronchitis, emphysema and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Preventing people from starting smoking is important for reducing the health harms and inequalities. Smoking related deaths is a powerful proxy measure of overall health and predictor of health care demand. NB: The method used will tend to overestimate smoking related deaths in low prevalence areas and underestimate them in high prevalence areas.

Chart 2

The deaths from smoking are more numerous than the next six most common causes of preventable death combined: drug misuse, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse, as illustrated in Chart 2 above.
Table 2 below shows the work force distribution across Lincolnshire, and with the exception of North Kesteven that higher proportion are employed in R & M occupations, compared to the rest of England and the East Midlands.

**Table 2: Routine and Manual Employment by Area**

<table>
<thead>
<tr>
<th>Area</th>
<th>R &amp; M Employed</th>
<th>%</th>
<th>Total Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Holland</td>
<td>26,200</td>
<td>66</td>
<td>39,400</td>
</tr>
<tr>
<td>Lincoln</td>
<td>24,500</td>
<td>56</td>
<td>43,900</td>
</tr>
<tr>
<td>Boston</td>
<td>12,900</td>
<td>50</td>
<td>26,000</td>
</tr>
<tr>
<td>East Lindsey</td>
<td>31,500</td>
<td>50</td>
<td>63,600</td>
</tr>
<tr>
<td>South Kesteven</td>
<td>33,100</td>
<td>50</td>
<td>66,500</td>
</tr>
<tr>
<td>West Lindsey</td>
<td>17,400</td>
<td>45</td>
<td>38,900</td>
</tr>
<tr>
<td>North Kesteven</td>
<td>19,800</td>
<td>41</td>
<td>48,100</td>
</tr>
<tr>
<td>Lincolnshire</td>
<td>165,400</td>
<td>51</td>
<td>326,400</td>
</tr>
<tr>
<td>East Midlands</td>
<td>1,051,900</td>
<td>50</td>
<td>2,104,500</td>
</tr>
<tr>
<td>England &amp; Wales</td>
<td>11,546,200</td>
<td>45</td>
<td>25,647,500</td>
</tr>
</tbody>
</table>

The diversity of the county’s population can be categorised as being a predominantly white, Christian county with an increasing population along side an age profile showing a greater number of older people than younger people. However, there has been a significant influx of economic migrant workers particularly in the south and south west of the county. Such migration, typically from eastern European and south Asian countries, where smoking prevalence rates are much higher than in England, are also a factor contributing to differing smoking prevalence patterns in the county such as Boston, South Holland and South Kesteven. The different scale of smoking prevalence across Europe is considerable and the new communities’ previous smoking culture is in stark contrast to England’s current smoking culture. Further Smoking Prevalence data is provided in Appendix 5.

**Figure 3** shows the latest smoking prevalence information by district area, the R & M figures are shown in the brackets.

**Figure 3, - Smoking Prevalence among Adults 18+ from April 2011 to March 2012**

(R & M %) General Population
- England (30.3%) 20%
- East Midlands (29.5%) 19.8%
- Lincolnshire (33.5%) 21%

(R & M %) Routine and Manual
- South Holland (29.6%) 14.7%
- South Kesteven (30.7%) 17.3%
- Boston (48.2%) 26.1%
- North Kesteven (31.3%) 20%
- Lincoln (38.4%) 28.3%
- East Lindsey (34.3%) 23.6%
- West Lindsey (25.7%) 17.9%
**Target Group - Pregnant Women**

National statistics show Lincolnshire has a higher than average smoking at birth prevalence of 18.6% (2011/12), compared to the National Average of 13.6 per cent.

Smoking increases the risks of miscarriage and can cause complications in pregnancy and childbirth.

Figures collected by United Lincolnshire Hospital Trust have shown there is an East — West divide in the number of pregnant women who have smoked throughout their pregnancy. In the period January to June 2012, statistics have shown 10.5 per cent of new mothers at Lincoln County Hospital and 12 per cent in Grantham District Hospital are smokers, whereas Boston Pilgrim Hospital has almost three times more at 29 per cent.

In Lincolnshire, we are working to address the divide which has developed in the county. We continue to achieve the Government's targets for Lincoln and Grantham areas, however, we still face a challenge in reaching mothers who choose to smoke in the east of the county. As a result of a joint project with the Alliance, the Stop Smoking Service and Maternity Service Midwives now offer routine carbon monoxide screening for all pregnant women and refer them into the Stop Smoking Service as part of their antenatal care. Pregnancy advisors at the Stop Smoking Service provide one to one specialist support, tailored to meet the individuals needs. In 2011/12, 1,378 pregnant smokers were referred into the service, resulting in 503 pregnant women quitting smoking, benefitting themselves, their unborn child and the rest of their family.

**Chart 3**

*Smoking at Time of Delivery*

*Chart 3* shows Lincolnshire’s Smoking at time of delivery (SaToD) figures compared to the East Midlands and England. The link between the number of workers from other European communities now living in the east of the county, should not be ignored as this could be the significant factor which has raised the smoking prevalence in pregnant women. However, more work is needed to specifically identify these groups and develop initiatives for the Stop Smoking Services to engage with these areas of the population.
Target Group - Young People

Healthy Lives, Healthy People: A Tobacco Control Plan for England reports that smoking is an addiction largely taken up in childhood and adolescence, so it is crucial to reduce the number of young people taking up smoking in the first place. If smoking is seen by young people as a normal part of everyday life, they are much more likely to become smokers themselves. A 15 year old living with a parent who smokes is 80 per cent more likely to smoke than one living in a household where no one smokes. About one third of children under the age of 16 live with someone who smokes.

Across the population, the highest rates of smoking are among young people. Around 26 per cent of people aged 16—24 smoked in 2009. While the rates of smoking among young people have reduced considerably in recent years, the uptake of smoking by young people continues to be a serious problem. In England each year an estimated 330,000 young people under the age of 16 try smoking for the first time, and around 6 per cent of pupils aged 11—15 were regular smokers in 2009. The percentage of young people reporting that they are regular smokers rises steeply from 14 onwards, with 2 per cent of 13 year olds reporting they are regular smokers, against 7 per cent of 14 year olds and 11 per cent of 15 year olds in 2011.

Young people can rapidly develop nicotine dependence and symptoms of dependence can develop soon after a young person's first puff on a cigarette. Tobacco use has also been proved as a strong and consistent predictor of subsequent drug and alcohol use. The Government is particularly concerned about the early age at which people become regular smokers and that nicotine addiction for most people starts in adolescence. This is reflected in the Governments ambition to “Reduce smoking prevalence among young people in England”, particularly to “Reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015”. Chart 4 indicates that we are moving in the right direction, reaching 11 per cent in 2011, and with continued sustained tobacco control activities the target of 12 per cent or less by 2015 is achievable. However, a reduction or loss in funding could see the prevalence figure either stagnate or even begin to rise once again. As there was little published evidence of the effects of interventions that focus on cessation activity in adolescence, in 2010/11 Phoenix Stop Smoking Service ran a one year pilot to provided an incite into what a young persons stop smoking service might look like. This pilot saw 343 young people between the ages of 12 to 18 years old set a quit date, 112 quit at 4 weeks and 65 were CO validated, giving a quit rate of 32.65 per cent and CO validation of 58 per cent. This compares well to the National figures which show a quit rate of 32 per cent among young people, with a CO validation rate of 61 per cent. Any future service provision will incorporate both the lessons learned and best practice identified during this pilot.

Evidence suggests that the most effective way of reducing the uptake of smoking is to influence the adult world in which young people grow up; and the most effective tobacco control strategies involve taking a multi-faceted and comprehensive approach. Work is currently underway to identify the benefits of educational interventions with young people. Chart 4

---

(c) Regular smoking for pupils being defined as at least one cigarette a week
According to Mind\textsuperscript{30}, the leading mental health charity for England and Wales, while general smoking rates are falling, this is not the case amongst those with mental health issues.

### High Smoking Rates

Smoking rates for people from this group tend to be, on average, double the number as compared to the general population. For example, 51 per cent of individuals with a schizophrenia diagnosis and 50 per cent of those with a bipolar affective disorder smoked over 20 cigarettes a day compared to only 8 per cent of the general population. People with mental health problems smoke significantly more, have increased levels of nicotine dependency and are therefore, at even greater risk of smoking related harm than the general population.

### Role of Nicotine

Because the effects of nicotine can alleviate some symptoms and side-effects of mental illness it could be seen as a reason for people with mental health problems to continue smoking. However, it is important to distinguish between nicotine and the life-threatening effects of smoking, and so nicotine replacement therapy should be an important component of any quit programme for mental health service users.

### Routine Advice to Quit

Because of the common perception that people with mental illness use cigarette smoking to self-medicate, and the fact that smoking has historically been associated with mental health settings, it is widely believed that psychiatric patients are less able or less willing to quit smoking. However, it has been shown that patients with mental illness are frequently motivated and generally able to quit provided they are given evidence-based support,\textsuperscript{31} although relapse rates are higher.\textsuperscript{32}

Treatments to help smokers with mental illnesses are effective but they are not being offered routinely. Mental health professionals should routinely advise smokers to stop smoking as part of their overall health care. If a smoker with mental health problems decides to attempt to stop smoking it is important that key staff are involved, such as the prescribing doctor or consultant, a stop smoking adviser and support workers. Information about the role of nicotine replacement therapies should be included, as well as positive coping strategies for dealing with negative feelings.

In Lincolnshire work within mental health units has been limited. Although some work, undertaken in the Francis Willis unit in 2008, had some beneficial results. The specialist stop smoking advisor stated that clients who quit smoking reported feeling better as they had a better nights sleep, their medications were reduced so they had less side effects and staff reported that clients were better behaved, due to being more rested.

### Harm Reduction

Stopping smoking is always the best outcome, however, given the high rates of smoking in this group a “harm reduction” approach together with, encouraging people to eventually stop smoking, may be more practical. If some cigarettes were to be replaced with nicotine replacement therapy, such as patches or gum, there may be an overall benefit to the individual's health and a reduction in medications. Using nicotine replacement can also be helpful in smoke-free facilities during periods of forced or temporary abstinence. With the right support even smokers in communities as challenging as mental health are willing to quit smoking and quickly see the benefits from doing so.
### Lincolnshire Key Objectives

- Support the development of guidance on helping users of smokeless tobacco to quit, particularly to tackle Health Inequalities
- To ensure that there is a suitably skilled workforce of stop smoking specialists and generalists.
- To enable key professionals to deliver Brief Advice / Brief Intervention’s re: stop smoking including supporting Making Every Contact Count
- Work to increase the number of tobacco users who are offered advice about quitting and referral to local stop smoking services, such as local mental health, acute health care, community health and pregnancy settings
- Develop new approaches to review and implement evidence based interventions, including the development of harm reduction / harm minimisation tools
- Ensure data on local stop smoking service activity and effectiveness informs national and local commissioning and enables measurements of cost effectiveness
- Use age appropriate methods to raise awareness amongst young people to reduce uptake of smoking

### Actions

- Tailor messages that target specific groups i.e. pregnant women, ethnic, routine & manual, young people and people with mental health issues
- Co-ordinated approach to joint health promotion and cross partnership working
- Increase number of places/locations with trained stop smoking advisors, i.e. health shops, youth centres, antenatal clinic’s, pharmacies
- Increase number and breadth of people brief intervention or step two trained referring / delivering as part of the wider stop smoking service network
- Engage with research projects wherever practicable, to help in development of NRT products and support harm minimisation
- Reducing uptake of smoking by young people, ensuring we have trained personnel to support and educate on the dangers
- Engage with school governors to target messages aimed at young people in schools
- Identify a central ASDAN registered site to aid in the expansion of peer mentoring programmes
- Use testimonials and personal stories of target groups to share benefits of not smoking to peers.

### Measuring Success

- Increased number of smokers accessing the service from hard to reach groups
- Increased number of joint working opportunities
- Stop smoking services delivered from a range of different venues on a regular basis
- Increased numbers of smokers referred into the stop smoking service through MECC
- Reduction in smoking prevalence across Lincolnshire, particularly in targeted groups
- Lincolnshire programmes cited in research documents and medical journals
The Alliance wished to ensure that any future potential for service development is not missed and that the service networks continue to grow and develop new and innovative ways of engaging with hardened smokers.

To meet the ambitious targets set out in the *Healthy Lives, Healthy People: A Tobacco Control Plan for England* of reducing smoking prevalence in adults, pregnant women and young people we need to focus efforts and resources more effectively. To achieve this, an important tool will be the use of segmentation of communities within each group; this may be by demographic groups e.g. young people, ethnic groups, pregnant women or social class. Segmentation is also based on geographical areas or psychographic behaviour.

**Lincolnshire’s NHS Stop Smoking Service (Phoenix) Model for delivery**

A comprehensive community based network of local stop smoking services is managed by the county Phoenix Stop Smoking Service. Phoenix operate a tiered, co-ordinated and managed model of smoking cessation through a series of core and specialist services and partnership networks applying motivational, educational and behavioural interventions. Over 100+ local providers across primary care, pharmacies and military bases contribute towards 60 per cent of the annual quit rates.

The core and specialist service work with people with complex needs, smoking in pregnancy and medical conditions.
Reducing Exposure to Secondhand Smoke

Lincolnshire has worked very effectively on reducing exposure to secondhand smoke. The implementation sub group, a unique partnership bringing together all seven district and borough councils, Alliance co-ordinator, Trading Standards and Phoenix Stop Smoking Service. The partnership was established to manage the introduction of the Health Act 2006 legislation to ban smoking in all workplaces and enclosed public places. The impact was highly effective, with minimal resistance by business or the public due to the support and advice offered both prior to and after legislation was in place.

There are now many Smoke Free Homes initiatives running across the country, with Lincolnshire leading in this field, as per the case studies cited in the Government’s Tobacco Control Plan, ‘Healthy Lives, Healthy People: A Tobacco Control Plan for England’. Lincolnshire has the largest and most far reaching project to date with 21,000 homes registered with the scheme. Recent developments have incorporated Smoke Free Cars as part of the Gold promise. Future developments include the proposal of Smoke Free Communities, which would mean that smoking does not occur in front of children in or outside of the home.
Lincolnshire Key Objectives

- Develop a five year Communication / Marketing Plan for Lincolnshire.
- Raise the profile of Lincolnshire tobacco control alliance
- Continue to educate people about the risks of using tobacco. Including the risk of illicit, counterfeit and fag houses.
- Motivate tobacco users to think about quitting
- Engage with SME’s to raise awareness and compliance to tobacco related regulations
- Encourage tobacco users to make quit attempts, and to quit in the most effective ways - Using local and national campaigns e.g. No Smoking Day, Stoptober, NRT Education
- Encourage communities to see not smoking as the norm
- Using social marketing approaches to improve services and interventions for the appropriate audiences
- 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
- Work with health and social care professionals to help them engage with smokers about quitting and provide referrals to effective stop smoking support services
- Engage with young people to support them to make healthy lifestyle choices through educational programmes, including not taking up the use of tobacco

Actions

- Run effective public awareness campaigns in line with communication plan and national guidance
- Co-ordinate and deliver public awareness campaigns i.e. No Smoking Day
- Establish a young persons steering group to develop a programme of activity for young people
- Develop a testimonial resource that can be used with media
- Engage young people through existing forums to gauge their views
- Engage with young people to relate their own personal experiences of smoking and quitting to their peers
- Lincolnshire County Council events to be identified and targeted for health promotion

Measuring Success

- Communication plan in place
- Partner participation in annual tobacco control events i.e. No Smoking Day
- Awareness campaigns highlighted in local and national press and media
- Increased number of smokers going through stop smoking service
- Increased number of intelligence leads passed through to Trading Standards, Police and HMRC
- Lincolnshire’s Alliance recognised as leading on the tobacco control agenda for the county
- Comprehensive plan of activity that targets young people through raised awareness, education and engagement

Lincolnshire has endeavoured to engage with the public on a range of tobacco control issues through public events, use of countywide publications and regular partnership bulletins providing the latest information of what is happening within Tobacco Control.
The website, www.smokefreelincs.co.uk has new interactive pages targeted at our younger audience, links to lesson plans, surveys and You Tube clips. On-line training courses will soon be available, aimed at professionals to help raise their skills and knowledge base. Future developments will look at the role of text messaging, as a prompt to quit. We will also be looking at how to “Nudge” the public into action and tobacco control advocacy.
Stopping the Promotion of Tobacco

Lincolnshire Key Objectives

- Maintain compliance and protect current legislation from industry challenges
- To reduce the promotional impact of tobacco packaging, including plain packaging
- Working with elected members, increasing the public's awareness and ensure local compliance to legislation
- Contribute to the consultation on the impact that the advertising and promotion of smoking accessories, including cigarette papers and other tobacco paraphernalia, has on promoting the use of tobacco products and consider whether further action is needed
- Work with local media regulators and the entertainment industry around the portrayal of smoking in entertainment media
- Develop local strategies 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

Actions

- Implement the tobacco display provisions in Health Act 2009 for large shops from April 2012 and for all other shops from April 2015
- Defend tobacco legislation by responding to consultations and challenges made by the tobacco industry
- Raise public awareness and co-ordinate consultation responses across partners for tougher restrictions on tobacco packaging and tobacco related paraphernalia, for example, by having localised public consultations
- Work with media regulator to reduce the number of incidences of smoking portrayed in entertainment aimed at young people
- Using research and testimonials from other areas, engage with shops with advice on best and more profitable use of space currently taken up by tobacco products. Produce a profit comparison sheet for inclusion in workplace toolkit
- Promote the sale of Nicotine Replacement Therapy (NRT) and promotion of the stop smoking service contact details alongside tobacco products in shops.

Measuring Success

- Maintained compliance to current and new legislation
- Standardised packaging restrictions in place
- Tighter restrictions in place on promotion of tobacco related paraphernalia
- Respond to consultations
- Tighter controls in place to restrict children viewing films containing smoking

Recently the Alliance consulted with the Lincolnshire public on the debate for plain and standardised packaging of cigarettes, engaging them in discussion, demonstrating the differences between standardised and branded packs. Responses were collated and formed the basis of the Alliance’s response made to the governments consultation. We will continue to respond to future consultations.
Effective Regulation of Tobacco Products

Lincolnshire Key Objectives

- Co-ordinate / contribute to the effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco products and proxy sales
- Disseminate the continuing provision of guidance, education and best practice for the local enforcement of tobacco legislation
- Raise public awareness of the dangers of none RIP cigarettes and tobacco related paraphernalia, particularly in relation to accidental house fires.
- The Alliance will argue for tighter controls / restrictions for retailers repeatedly caught selling to the underage
- The Alliance will argue for tighter restrictions on proxy sales and licencing for tobacco
- Improve the acquisition and use of intelligence from the public and partners to target tobacco related crime
- Encourage the regular and consistent use of official 5 x 5 x 5\(^{(a)}\) reporting forms

Actions

- Local enforcement of tobacco legislation, particularly on the age of sale of tobacco products and proxy sales
- Continued provision of guidance, education and best practice to retailers and licence holders
- Raise awareness to enforcement officers on legislation on niche tobacco products i.e. shisha
- Raise awareness and support for tighter controls for retailers repeatedly caught selling to the underage and for proxy sales. Consider the need for licensing of tobacco sales (in line with alcohol)
- Raise the profile and use of 5 x 5 x 5 intelligence forms
- Revisit the provision of smoking shelters to ensure continued compliance with legislation

Measuring Success

- Reduction in number of underage sales resulting from test purchasing exercises
- Reduction in number of retailers not complying with legislation
- Increased number of successful prosecutions for non compliant retailers
- Tighter controls, restrictions, licencing and powers for tobacco in place
- Increased use of 5 x 5 x 5 forms with more robust intelligence leading to greater joint partner operations

Over recent years the Alliance working with Trading Standards, the Police and HMRC has helped to improve the outcomes for this strand, by collaborating in major operations to identify criminal activity such that licences have been revoked and fines issued. Lincolnshire is the first area to use tobacco detection dogs to seek out hidden tobacco that is generally illicit or counterfeit. The success of these operations has generated national media interest in the work done in the county. This work is continuing throughout 2012/2013 and will be incorporated into action planning for future years.

\(^{(a)}\) A standardised intelligence sharing form used nationally by enforcement agency
Making Tobacco Less Affordable

Lincolnshire Key Objectives

- Reduce the availability of cheap and illicit tobacco
- Encourage the research and development of NRT products with better delivery mechanisms for nicotine
- Support the development of evidence-based marketing campaigns by local authorities to reduce illicit tobacco use in their communities

Actions

- Promote local action to identify tobacco products, including niche products, on sale to ensure that appropriate duty is paid on these products
- Support Local Authorities to run evidence-based marketing campaigns to reduce illicit tobacco use in their communities
- Engage local smokers with developmental NRT product research
- Support maximum penalties for selling illicit tobacco and alcohol, seeking to recover all local authority costs

Measuring Success

- Reduction in the quantity of cheap and illicit tobacco seized by enforcement partners
- Broader range of NRT products on the market and available on prescription

Following a regional intelligence exercise with HMRC, the Alliance were able to map the illicit tobacco activity across the county, this knowledge provided the guidance for the initial enforcement interventions to reduce the supply of illicit tobacco locally.

Subsequently the Alliance had undertaken further local activity to identify the incidence of illicit and counterfeit tobacco use in the county up to 2012. This has helped identify ‘hot spots’ areas, which have then been targeted by Trading Standards colleagues, as well as providing information of the scale of the problem and what to look out for. Consequently, in the past two years we have run public awareness campaigns on the possible dangers of smoking illicit and counterfeit tobacco and the links to larger criminal activity.

Using local intelligence we hope to continue enhancing this work, looking at Markets and Car Boot’s and Fag Houses as sources for local communities to access illicit tobacco.
In Summary

There is a danger that the successes in tobacco control in recent years will be seen by many that we have ‘done enough, that the job is now done’. It is true to say that we have come a long way in the past decade, as reflected by the reduction in smoking prevalence and the increasing public support for tobacco control restrictions. It has been fortunate that tobacco control has experienced cross party support, with the Coalition Government’s, ‘Healthy Lives, Healthy People: A Tobacco Control Plan for England giving the Alliance some clear goals and ambitions for the next few years, as well reassurance in these times of austerity measures and programme funding uncertainty.

Now is the time to continue to build on the momentum and public support that has been raised, we need to push for more change such as:

- The removal of current exemptions from legislation - that are making enforcement difficult or unworkable;
- Tighter restrictions on smoking in vehicles that carry children;
- Engage local people and authorities to support smoke free communities;
- Work with licencing partners to age restrict films that actively promotes smoking to under 18’s;
- Urge programme producers to reduce the unnecessary placement of tobacco products in TV programmes.

The partnership has proved the benefits of what can be achieved by working together, many of our local actions and activities have gone on to influence actions at a national level and this ground up support has been vital to the many successes achieved. The public consultations undertaken locally over the years have influenced both regional and national policy planning, e.g. The Big Smoke Debate, which took place across the East Midlands in 2004 and proved to be the biggest public consultation outside of London, demonstrated to the government the groundswell of public support for restrictions on where people smoked. This later led to the introduction of The Health Act 2006, which legislated for all workplaces and enclosed public places to be smokefree at all times.

The Alliance is confident in what can be achieved by continuing to work together with partners on this extremely important Public Health agenda, and are constantly looking at innovative ways of working, developing new partnerships to enhance the breadth of projects that can be delivered together, ensuring better results for less resource.

The Action Plan that follows demonstrates how the work over the next five years can be targeted.
Advertising

- Tobacco Advertising is banned by law throughout the UK.
- The Tobacco Advertising and Promotion Act 2002 prohibit tobacco advertising on billboards, in print media, by direct mail and through sponsorships.
- Strictly limited advertising at the point of sale (equivalent in size to one A5 sized advert)
- A health warning equivalent to 1/3 of the surface area of the advertisement must be included.
- To consult on options to reduce the promotional impact of tobacco packaging, including plain packaging, before the end of 2011

Protection of Children

- The minimum age for the purchase of tobacco was raised from 16 to 18 in England, Wales and Scotland on 1st October 2007, and raised in Ireland from 1st September 2008.
- Cigarettes cannot be sold in packs of fewer than 10 or singly
- Law Enforcement and penalties against retailers selling tobacco products to underage children (as outlined in The Children and Young Persons (Protection from Tobacco) Act 1991 and further supported by the 2000 Tobacco Enforcement Protocol
- Prohibit the sale of tobacco from vending machines from 1st October 2011.
- Implementation of tobacco display provisions in the Health Act 2009 for large shops from April 2012 and for all other shops from April 2015

Product Regulation and Labelling

- EU approved pictorial warnings have been placed on tobacco products in the UK from October 2008
- The Tobacco Products Directive places maximum levels on the amount of tar, nicotine and carbon monoxide permitted in cigarettes and requires tobacco companies to disclose tobacco ingredients to national governments
- British Standards Institute (BSI) published the standard BS EN 16156 (“Cigarettes—Assessment of the ignition propensity—safety requirement”) The standards were adopted by EU on 9th August 2011, Tobacco companies had until 17th November 2011 to ensure that cigarettes comply with the new standard.

Tobacco Smuggling

- In 2000 the Government launched a £200 million initiative to tackle tobacco smuggling
- In 2008 the Borders Agency was appointed responsibility for developing a new comprehensive strategy to tackle tobacco smuggling
- HMRC and Trading Standards now work in partnership in terms of information sharing and joint enforcement action.

Smoking in Public Places and the Workplace

- A ban on smoking in workplaces and other indoor places was implemented initially in Scotland in 2006, rolled out to Wales and in Northern Ireland in April 2007 and then finally introduced in England in July 2007

Healthy School Programme

- School Smoking Policies, effective from 2005

Local Achievements

- local surveys and awareness campaigns
- consultation response
- local enforcement
- consultation response
- Co-ordinated approach to tackling underage and illicit sales
- Local enforcement
- Pending first prosecution for storage of tobacco non compliant with RIP
- Lincs piloted Joint enforcement actions on alcohol and tobacco
- Implementation sub group ensured 100% compliance
- TC essential for accreditation

Source, based on Smokefree Northamptonshire Alliance Tobacco Control Strategy 2010 - 2014
## SWOT Analysis for Tobacco Control

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Control is seen as important by decision makers and commissioners at a local level</td>
<td>Unclear yet whether Local Authorities will see Tobacco Control as important when they are responsible for its delivery</td>
</tr>
<tr>
<td>The local population support continued tobacco control measures</td>
<td>Austerity measures may impact on future funding and development of programmes</td>
</tr>
<tr>
<td>We have a growing source of local evidence which demonstrates the impact of local tobacco control activities</td>
<td>Local evidence is weak in some areas of tobacco control, more work and resources need to be invested</td>
</tr>
<tr>
<td>We are responsible for the development of probably the largest and most successful Smoke Free Homes programmes across the Country</td>
<td>Partnership working threatened due to changes to working practices and austerity measures put in place by public sector partners</td>
</tr>
<tr>
<td>We have a reputation for developing projects that are innovative in their approach and well evaluated</td>
<td>Current actions will not reach national aspiration to reduce prevalence rates in the time scale proposed</td>
</tr>
<tr>
<td>We have a dedicated tobacco control team with a wealth of knowledge and experience</td>
<td></td>
</tr>
<tr>
<td>We have many years experience of successful partnership working</td>
<td></td>
</tr>
<tr>
<td>Local media are interested in tobacco control stories</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Control is still seen as an important public health intervention at national level</td>
<td>The coalition government are reluctant to introduce further legislation</td>
</tr>
<tr>
<td>The general public support continued tobacco control measures</td>
<td>The Tobacco Industry is a powerful and rich opponent</td>
</tr>
<tr>
<td>There is a wealth of evidence from the UK and abroad to support arguments for tougher tobacco control measures</td>
<td>We have to be careful not to push for tougher restrictions where there is little or no evidence to support the outcome</td>
</tr>
<tr>
<td>Programmes such as Smoke Free Homes &amp; Cars have national appeal and support</td>
<td>Austerity measures may impact on local funding</td>
</tr>
<tr>
<td>The government support partnership working</td>
<td>E-cigs</td>
</tr>
<tr>
<td>The government and the public generally support measures that protect our children from the harms of smoking and passive smoking</td>
<td>Influx of migrant workers into Lincolnshire bringing challenges</td>
</tr>
<tr>
<td>National media are interested in tobacco control stories</td>
<td></td>
</tr>
<tr>
<td>Harm Reduction</td>
<td></td>
</tr>
<tr>
<td>Strategic Themes</td>
<td>Partner</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>Crossing all Strands</td>
<td>LCC</td>
</tr>
<tr>
<td></td>
<td>Smokefree Lincs</td>
</tr>
<tr>
<td>Helping Tobacco Users to Quit</td>
<td>All Partners</td>
</tr>
<tr>
<td></td>
<td>Phoenix SSS</td>
</tr>
<tr>
<td></td>
<td>PH/LCHS</td>
</tr>
<tr>
<td></td>
<td>LHCS / ULHT / LPFT / CCG's</td>
</tr>
<tr>
<td></td>
<td>Schools</td>
</tr>
<tr>
<td></td>
<td>Youth Services</td>
</tr>
<tr>
<td></td>
<td>Criminal Justice System</td>
</tr>
<tr>
<td></td>
<td>Drugs &amp; Alcohol Services</td>
</tr>
<tr>
<td></td>
<td>Fire Service</td>
</tr>
<tr>
<td></td>
<td>Children &amp; Young People Reps.</td>
</tr>
<tr>
<td></td>
<td>ULHT</td>
</tr>
<tr>
<td></td>
<td>LPFT</td>
</tr>
<tr>
<td>Reducing Exposure to Secondhand Smoke</td>
<td>LA's</td>
</tr>
<tr>
<td></td>
<td>LA's / LCC / Parish Councils</td>
</tr>
<tr>
<td></td>
<td>Phoenix SSS</td>
</tr>
<tr>
<td></td>
<td>All Partners</td>
</tr>
<tr>
<td></td>
<td>Chamber of Commerce</td>
</tr>
<tr>
<td></td>
<td>Schools, FE &amp; HE</td>
</tr>
<tr>
<td></td>
<td>Criminal Justice System</td>
</tr>
<tr>
<td></td>
<td>Fire Service</td>
</tr>
<tr>
<td></td>
<td>Faith, Voluntary &amp; Community Groups</td>
</tr>
<tr>
<td></td>
<td>Children &amp; Young People Reps.</td>
</tr>
<tr>
<td>Effective Communication for Tobacco Control</td>
<td>Lincolnshire Police</td>
</tr>
<tr>
<td></td>
<td>All Partners</td>
</tr>
<tr>
<td>Stopping the Promotion of Tobacco</td>
<td>Trading Standards</td>
</tr>
<tr>
<td></td>
<td>Schools, FE, HE &amp; Youth Services</td>
</tr>
<tr>
<td></td>
<td>Trading Standards</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lincolnshire Police</td>
</tr>
<tr>
<td></td>
<td>LA’s</td>
</tr>
<tr>
<td></td>
<td>Fire Service</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Regulation of Tobacco Products</td>
<td>HMRC</td>
</tr>
</tbody>
</table>
Who are Routine and Manual (R&M) Smokers?
Defined by their occupation (ONS job codes)

- 29% R&M Workers Smoke: Men 31%, Women: 28%
- Routine and Manual workers are split 60% men vs. 40% women
- Gender difference much more pronounced in this group especially within employment sectors
- 42% aged 25 — 45 (of 35% in general population)
- 39% have children aged 0 — 15 (compared to 31% of the population)

Behaviour
R & M smokers have entrenched smoking habits
- They are heavier smokers than other groups
- Most likely to have started before they were 16 yrs. old
- Most likely to have a cigarette within the first five minutes of waking up
- Least likely to intend to give up in the next six months

Women Top R & M Jobs:
Sales and retail, carers, cleaners/domestic, educational assistants, kitchen and catering assistants, receptionists, retail and check out, packers/bottlers/canners, chefs/cooks, hairdressers

Men Top R & M Jobs subject to ‘old-fashioned’ gender divide:
HGV drivers, storage handling, sales and retail, van drivers, labourers, postal workers, security guards, carpenter/joiner, metal work/maintenance, construction trade

R & M's are not socially excluded people living on the edge of society as the range of people that come into this category can vary from a self employed plumber with his own home earning £50k pa, to a cleaner on tax credits living in a council flat with 4 children. However, generally we are looking at a solid core of working class Britain, Sun or Mail readers who as a group have very similar attitudes, beliefs and issues.
Robust smoking prevalence data is difficult to collect. Across England services have used a variety of methods to gather local data to gain a more reliable picture. In Lincolnshire the NHS collect and report on GP data, which provides fairly predictable smoking data.

Previously smoking prevalence was gathered Nationally and based on synthetic estimates, however ‘Healthy Lives, Healthy People: A Tobacco Control Plan for England’, recommends that future prevalence data will be collected using the Office for National Statistics (ONS) ‘Integrated Household Survey’ (IHS). Results from the IHS are available more frequently and quickly than the information previously collected, enabling local areas to plan tobacco control strategies based on data that is more current, and to monitor the effectiveness of their activities.

The disadvantages of using data gathered in this way, through a survey, is highlighted below in Charts 5 & 6, with areas such as South Holland showing an adult smoking prevalence of 33% in 09/10 but dropping to 20.5% in 10/11 against local GP data of around 17%, which is gathered through self reporting QOF data. It is hoped that over time a pattern may develop with the IHS data which can give more robust indications in the future. However, because of these variations caution should be used in using the IHS data in isolation, local knowledge and locally gathered data should also be considered.
References

6 Callum C (2008). The cost of smoking to the NHS. Action on Smoking and Health (ASH)
9 Excellence in Tobacco Control: 10 High Impact Changes to achieve tobacco control. An Evidence based resource to local Alliances, (DH May 2008)
10 ONS 2011 Mid Year Population Estimates
11 LRO, The 2010 English Indices of Deprivation. What does it mean for Lincolnshire?
12 Marmet M, (2010), `Fair Society, Healthy Lives'
13 Smoking Kills, (DH 1998)
14 Choosing Health, Making healthy choices easier, (DH 2004)
17 Estimated Smoking Prevalence in 2009/10 for the EM by PCT, Market Assessment, EMPACT, 2011
19 APHO (2012) www.healthprofiles.info Further information on Smoking and Health (including Local Tobacco profiles) is available at: www.lho.org.uk/LHO_Topics/National_Lead_Areas/NationalSmoking.aspx
21 ULHT, report on Number of pregnancy and births 11/12, 12/13.
22 Department of Health (Dec 2011) Trend in Smoking Status At Time of Delivery, by PCT & SHA 2004/05—2011/12
27 Fuller E, Survey by the National Centre for Social Research & the National Foundation for Educational Research. Smoking, Drinking and Drug Use among Young People in England in 2011. pg. 114
30 Mind, factsheet available at: http://www.mind.org.uk/help/social_factors/smoking_giving_up_and_mental_health
31 Caosella AM, Ossip-Klein DJ, Owens CA. Smoking attitudes, beliefs, and readiness to change among acute and long term care inpatients with psychiatric diagnoses. Addictive Behaviors 1999; 24: 331—344
33 Garner P, Model for Delivery—A Stop Smoking Service Commissioners Perspective, 2012
34 Department of Health (2007) Routine and Manual Smokers, Tobacco Control Marketing Team