ROTHERHAM METROPOLITAN BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**HEALTH SELECT COMMISSION**
2.	**Date:**	**8 March 2012**
3.	**Title:**	**Tobacco Control Update**
4.	**Programme Area:**	**Public Health**

5. Summary

RMBC will have responsibility for delivering a comprehensive tobacco control strategy from April 2013, a part of the transfer of Public Health under the Health and Social Care Act. This presentation gives Health Select Commission members an update on the current key tobacco control issues in Rotherham and the performance of NHS Stop Smoking Services.

6. Recommendations

- **That the Commission note the presentation's content and provide views and comments on the Tobacco Control programme in Rotherham**

- **That the Commission make a response to the consultation on plain packaging when launched**

- **Members of the Commission are invited to play an exemplar role in the implementation of the Tobacco Control programme and enlist the support of fellow elected members, the communities you represent, voluntary and community organizations and business leaders to take forward the Tobacco Control agenda.**

7. Proposals and Details

Background

Tobacco control remains a key public health priority at a local and national level. It is estimated that 23.9% (10/11[1]) of the Rotherham adult population smoke. This is higher than the national average, 20.7% and the Yorkshire and Humber average, 22.8%. As in other areas, smoking is Rotherham's single greatest cause of preventable illness and early death.

The Department of Health's (DH) vision is to reduce the prevalence of smoking amongst adults to 18.5% by 2015[2]. Achieving this ambitious target requires a comprehensive tobacco control strategy including not only clinical interventions (such as effective stop smoking support for patients) but also economic, legislative and environmental action together with partnership working on the tobacco control agenda. In 2011 the DH published a new national Tobacco Control Strategy – Healthy People, Healthy Lives, A Tobacco Control Plan for England, which outlines a comprehensive approach to tobacco control aimed at reducing the number of deaths from smoking related diseases and substantially reducing healthcare costs associated with smoking including inspirational targets and six key actions.

Table 1: Healthy People, Healthy Lives – A Tobacco Control Plan for England

Three Strategy Themes and Aspirational Targets	Six key actions to meet the Government's aspirational targets
1. Reduce smoking prevalence among adults in England. *To reduce adult (aged 18 or over) smoking prevalence in England to 18.5% or less by the end of 2015.*	*1. Stopping the promotion of tobacco* - Implement the tobacco display provisions in the Health Act 2009 for large shops from April 2012 and for all other shops from April 2015. - Continue to defend tobacco legislation against legal challenges by the tobacco industry, including legislation to stop tobacco sales from vending machines from October 2011. - Encourage local areas to consider action to further protect young people from exposure to smoking so they do not see it as normal behaviour, reducing the likelihood of them becoming smokers. *2. Making tobacco less affordable* - Continue to follow a policy of using tax to maintain the high price of tobacco products at levels that impact on smoking prevalence. - Support the development of evidence-based marketing campaigns by local authorities to reduce illicit tobacco use in their communities. *3. Effective regulation of tobacco products* - Encourage and support the effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco products. *4. Helping tobacco users to quit* - Provide stop smoking services that are tailored to the needs of their communities and reach out to people from high smoking prevalence groups, in particular, people with routine and manual jobs.
2. Reduce smoking prevalence among young people in England. *To reduce rates of smoking among 15 year olds in England to 12% or less by the end of 2015.*	
3. Reduce smoking during pregnancy in England.	

To reduce rates of smoking throughout pregnancy to 11% or less by the end of 2015.	*5. Reducing exposure to second-hand smoke* - Encourage smokers to change their behaviour so that they do not smoke in their homes or cars. *6. Effective communications for tobacco control* - Motivate tobacco users to think about quitting. - Encourage communities to see not smoking as the norm.

Tobacco control and local councils - lead strategic role from 2013

From 2013 local councils will take a lead strategic role in improving tobacco control in their communities as they have been granted "direct responsibility for tobacco control in a public health context, as well as enforcement and regulation."[3] This strategic responsibility means that councils play a fundamental role in taking forward tobacco control action required to drive down smoking prevalence. This is mainly due to their powers of enforcement, networks of existing services and partnerships, comprehensive knowledge of local communities and multiple direct contact points with local residents.

The local authority public health function will have responsibility for the smoking-related indicators within the public health outcomes framework[4]. These indicators are:

- Smoking status at the time of delivery
- Smoking prevalence – 15 year olds
- Smoking prevalence – adult (over 18s)

Current tobacco control activity in Rotherham

Rotherham follows the World Bank's six strands for effective tobacco control:

1. stopping the promotion of tobacco
2. making tobacco less affordable
3. effective regulation of tobacco products
4. helping tobacco users to quit
5. reducing exposure to secondhand smoke
6. effective communications for tobacco control

This paper will summarise current activity for each strand.

Stopping the promotion of tobacco

This strand of activity is largely delivered through national and international legislation which has, to date, banned all tobacco advertising, sponsorship of sporting events and advertisements larger than A5 size within shops, pubs and clubs. Legislation will also result in the point of sale display ban with tobacco products being hidden from sale in large stores from April 2012 and smaller shops from April 2015.

Promotion, as opposed to advertising, still exists through the media's publishing of photographs of celebrities smoking, and characters in film and television programmes as smokers.

Tobacco companies can also promote their products at commercial events such as music festivals/concerts if they enter a deal with the organisers to be the sole

supplier to that event (Imperial Tobacco has been the sole supplier the Leeds music festival). They are also increasingly using social media to promote their products without actually advertising.

Cigarette packets remain the main form of promotion of the tobacco companies' brands; as a result increasingly sophisticated packaging has been introduced to tempt consumers, particularly young people, to purchase particular brands. A consultation is due to be launched in spring 2012 about the introduction of plain packaging of tobacco products in England. The aim of the proposal is to reduce uptake of smoking among young people, rather than reducing the prevalence of adult smokers. Australia is the only country to have introduced such legislation and plain packs are not due to be introduced there until December 2012.

Stopping the promotion of tobacco products is linked in the national plan with preventing the uptake of smoking by children and young people. Approximately 8% of 11-15 year olds in Rotherham are 'regular' smokers (smoke daily or weekly)[5]. Studies have shown that young people who smoke repeatedly attempt to quit and around 70% of young smokers express a desire to stop shortly after taking up the habit. The Local Government Group[3] recommends that local authorities should place an emphasis on preventing all young people from taking up smoking. Evidence also shows that children in lower social classes start to smoke in greater numbers and at an earlier age than those from higher social classes, and therefore services should prioritise these young people.

Local policy to reduce the number of young people who smoke includes action to enforce the age of sales legislation (from 16 to 18 years of age) and restrictions on where tobacco is sold. All Rotherham secondary schools are encouraged to run the Smokefree Class activity with their year 7 and 8 pupils each year and participation to date has been high. A new Smokefree Class resource for primary school children is in development. All school nurses are trained so they can support pupils to quit, although there is little evidence that stop smoking interventions for young people are effective.

Making tobacco less affordable

This strand requires a combination of national and local action. Duty rates on tobacco products are set by Government and there is evidence that increased prices are effective at reducing prevalence. Young people, pregnant women and people from lower socio-economic groups are particularly sensitive to price.

However, duty increases and impact of high tobacco pricing can be undermined by the availability of cheap and illicit tobacco. Illicit tobacco is currently available in our communities at less than half the price of their duty paid equivalent. Children and young people frequently access cheap and illicit tobacco as it is unregulated; they are particularly likely to access 'fag houses' where sellers are not interested in age of sale legislation and will sell single cigarettes. Counterfeit products often contain high levels of contaminants and levels of chemicals far higher than are found in standard cigarettes – some contain up to six times the levels of lead and three times the level of arsenic.

The sale of cheap cigarettes is often seen as a 'Robin Hood' crime; however, we are not talking about people bringing some additional packs of duty free cigarettes back from their holiday and selling to family and friends, but large scale manufacture of

counterfeit tobacco products and import of illicit tobacco. This is often carried out by organised gangs and brings criminality and antisocial behaviour into communities. More deprived communities are often targeted, which contributes to health inequalities.

Trading Standards and HM Revenue and Customs (HMRC) lead the action to tackle cheap and illicit tobacco in the community. Public health works with Trading Standards locally in promotion of the service and tip line. There is potential for joint commissioning of publicity around cheap and illicit tobacco across South Yorkshire.

Effective regulation of tobacco products

Trading standards teams lead on the regulation of tobacco products. There are several aspects to this work:

- Tobacco products sold in the UK must adhere to certain standards. Trading Standards can carry out routine and reactive action to check whether tobacco products are genuine or counterfeit, seize counterfeit products and prosecute offenders.
- Tobacco products cannot be sold to anybody aged under 18 years. Trading Standards carry out test purchase activity on a routine and reactive basis. Retailers can be prosecuted for underage sales. Rotherham retailers have had good adherence to test purchasing, with low failure rates.
- Selling tobacco from vending machines was made illegal on 1 October 2011. All existing machines had to be put out of use from that date, even if they were not removed. Rotherham Trading Standards has stated adherence to this legislation has been high.

Rotherham Trading Standards regularly seizes counterfeit or smuggled cigarettes and hand rolling tobacco from retail outlets and private addresses across the borough. In one six-month period over 3000 packs of cigarettes or tobacco were seized. Larger seizures are the responsibility of HMRC.

Helping tobacco users to quit

This year (2011-12) the Strategic Health Authority (SHA) set NHS Rotherham a target of nearly 3,000 smoking quitters. As four referrals are required to achieve one quitter, 12,000 referrals are needed to achieve the SHA target. 12,000 referrals represent 25% of all the smokers in Rotherham. To put these numbers in some context only about 6% of smokers access NHS Stop smoking services each year.

Furthermore nicotine is recognised as an addictive drug. The Royal College of Physicians describe cigarettes as *"….. highly efficient nicotine delivery devices and are as addictive as drugs such as heroin or cocaine*." [6]

To illustrate just how addictive nicotine is, consider the following statistics:

- 60% smoke again post MI (40% within 2 days)[7]
- 50% smoke again post Laryngectomy[8]
- 50% smoke again post Pneumonectomy[9]
- 80% women do not stop smoking during pregnancy[10]

Stop smoking interventions represent extremely cost effective ways of reducing ill health and prolonging life. The cost of the most expensive stop smoking intervention

(specialist service) comes out at £873 per life year gained, compared to the cost of a typical medical intervention of £17,000 per life year gained (Thorax,1998)[11]. As there is a large smoking gradient across the social classes (i.e. smoking rates are much higher among lower socio economic groups) stop smoking interventions also offer a way of reducing health inequalities.

NHS Rotherham commissions stop smoking services from Rotherham NHS Stop Smoking Service (RSSS) and via a Locally Enhanced Service (LES), provided mainly GP practices and a smaller number of pharmacies and dentists.

RSSS is a highly accessible service, it provides stop smoking support via:

- Quit Stop (16 Bridgegate, Rotherham)
- Stop Smoking Centre (Rotherham Hospital)
- A dedicated service for pregnant women
- A dedicated telephone service (most of which is out of hours)
- One to one and group sessions across Rotherham (including out of hours)

It also:

- Trains and supports the network of Locally Enhanced Service advisors
- Supports others across the health community to deliver stop smoking interventions
- Delivers a range of promotional activities
- Manages the reporting of stop smoking data, including DH mandatory reports

Since 2004 the number of quitters delivered by RSSS has doubled; at the same time the number delivered by the LES has nearly trebled. Last year (2010-11) Rotherham achieved the third highest number of quitters per 100,000 of population in the region, delivering well over the England and regional averages. Taken together RSSS and the LES delivered nearly double the SHA target and exceeded the local PCT Stretch target.

RSSS also delivered the second highest number of pregnant women quitters in the region, an achievement the service is very proud of. Only Sheffield delivered more, however Sheffield has double the number of pregnancies. Therefore Rotherham delivered a far higher number of quitters per pregnancy.

The budget allocated to RSSS in 2010-11 was £586,000 (DoH Information Centre 2011). The cost per quitter came in at £222, just over the national average of £220. However the Information Centre calculate cost per quitter by dividing the local stop smoking service (LSSS) budget only (the LES budget is not included in the DH return) by the number of LSSS and LES quitters. Therefore as the ratio of LSSS to LES activity may vary considerably between PCTs this metric is not a reliable measure of the relative cost effectiveness of each LSSS. The figures also do not take account of the cost of medication.

It's also worth noting that there is considerable variance in NHS Stop Smoking Service budgets, the budget for Hull Stop Smoking Service for the same period was £1,359,000 (a town with a similar sized population to Rotherham).

Reducing exposure to secondhand smoke

Rotherham's smokefree homes and cars programme was launched in the summer of 2008 and now has more than 4700 homes signed up. The scheme highlights the risks of secondhand smoke to children, friends and family members as well as the increased fire risk associated with smoking in the home (cigarettes are the main cause of fatal house fires). People who sign up to the scheme to make their home and car smokefree are also offered a referral to stop smoking services and a free home safety check from South Yorkshire Fire and Rescue. The Smokefree Homes project is delivered through a partnership approach with children's centres, health visiting, Rotherham NHS Stop Smoking Service and South Yorkshire Fire and Rescue among the partners who promote the scheme.

Children who live with smokers and who are exposed to smoking in the home see it as a social norm, and are more likely to become smokers themselves. This likelihood increases with the number of smokers in the household.

De-normalising tobacco use: Social Norms Programme
The Yorkshire and Humber Directors of Public Health Network has approved the development of social norms initiative as part of a comprehensive approach to reducing smoking prevalence. The social norms programme aims to strengthen the Smokefree community norms in the region, increase the proportion of Smokefree homes and increase the long term quitting success rates at 12 months.

International evidence shows that strengthening positive attitudes and behaviour around not smoking and Smokefree environments at a community level, encourages young people not to start smoking, protects non-smokers, especially children from the harm caused by passive smoke. Furthermore it sustains the motivation of ex-smokers to stay stopped.

Rotherham is one of a number of pathfinder areas in the Yorkshire and Humber Region to take part in the programme. Locally this work is shortly to start with the development of a Community Stakeholder Group in Treeton. A community coordinator will be appointed, hosted by Voluntary Action Rotherham, and will work with the existing community networks within the village to promote the campaign messages.

Effective communications for tobacco control

Communications and social marketing are required across all tobacco control activity. Nationally the Department of Health has recently re-started its tobacco marketing activity, although at a far reduced intensity than before. It will be running small scale campaigns throughout 2012/2013. Locally we have very limited funds to invest in marketing activity so the work tends to be focused around certain key times, such as New Year and National No Smoking Day. Activity includes face-to-face publicity in the town centre, Facebook and Google ads, infomercials on Rother FM and posters/displays in healthcare settings and schools.

Broader communications activity, including publicising case studies of people who have quit or made their home smokefree, schools-related activity, and the availability of support to quit continues throughout the year.

8. Finance

In addition to the cost to the NHS, smoking has a huge financial cost to society. Smoking is estimated to cost the NHS up to £5 billion each year, or 5.5% of the total NHS expenditure in 2005-6.[12]

Tobacco also impacts on the wider economy. Action on Smoking and Health (ASH) estimates that the total annual cost of tobacco to Rotherham's economy is £71.9 million, taking into account smoking breaks, smoking litter, house fires, passive smoking, sick days and output lost to early death, as well as the cost to the local NHS[13].

9. Risks and Uncertainties

If Rotherham does not continue to deliver a comprehensive tobacco control programme then we are unlikely to reduce smoking prevalence. The recent falls in smoking at delivery rates could be reversed and health inequalities could worsen. The risk to communities from illicit tobacco and those that smuggle and sell it would increase.

The local authority will have responsibility for delivering key aspects of the Public Health outcomes framework, including the three measures related to tobacco. The future health premium payment for local authorities is likely to be linked to achievement on the outcomes framework.

10. Policy and Performance Agenda Implications

Tobacco control remains a key priority in improving health and reducing inequalities. The comprehensive actions needed to reduce prevalence require sustained effort and resource commitments from the Local Authority, NHS Trusts and other organisations and partners if the potential benefits are to be experienced.

11. Background Papers and Consultation

1. Figures quoted are Integrated Household Survey 10/11 data. Please note that this is an experimental ONS dataset: http://www.lho.org.uk/Download/Public/16678/1/MA2009_MA%202010%20IHS_updateNov11.xls

2. DH (2011) Healthy People, Healthy Lives, A Tobacco Control Plan for England

3. Local Government Group (2011). Reducing health inequalities through tobacco control, a guide for local councils.

4. DH (2012) Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England, 2013-2016

5. Rotherham Young People's Lifestyle Survey, RMBC, 2011

6. Nicotine Addiction in Britain. A report of the Tobacco Advisory Group of the Royal College of Physicians, February 2000.

7. Bigelow GE, Rand CS, Gross J, Barling TA, Gotlieb SH. Smoking cessation and relapse among cardiac patients. In: Tims FM, Leubefeld CG (eds). Relapse and recovery in drug abuse. 1986; 167-171. NIDA Research Monograph. Rockville, MD:

US Department of Health & Human Services, Public Health Service, Alcohol, Drug Abuse, and Mental health Administration, National Institute on Drug Abuse.

8. Himbury S, West R. Smoking habits after laryngectomy. Br Med J 1984; 291: 514-515.

9. Davison G, Duffy M. Smoking habits of long-term survivors of surgery for lung cancer. Thorax 1982; 37: 331-33.

10. Action on Smoking and Health. Fact sheet No. 7. Smoking, sex and reproduction. May 2004.

11. Smoking cessation guidelines and their cost effectiveness. Thorax 1998; Vol 53 Supplement 5, part 2, S11-S16

12. Tobacco Control (2009) Allender S Balakrishnan R Scarborough P Webster P Rayner M. The burden of smoking-related ill health in the United Kingdom. 0, 1-7.

13. ASH, The case for local action on tobacco www.ash.org.uk

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