

# North Yorkshire Tobacco Control Strategy 2015-2025

## Smoke-Free North Yorkshire

# DRAFT



*Working together to reduce the harm caused by tobacco to individuals, families, communities and businesses in North Yorkshire.*

**Health and Wellbeing** Board  
North Yorkshire



## Section 2

# The North Yorkshire Tobacco Control Strategy

### The Vision:

‘To inspire a smoke-free generation in North Yorkshire’

### Aims:

The overall aims of this tobacco control strategy are as follows:

- To improve the health of the population of North Yorkshire by reducing the smoking prevalence rate and exposure to second-hand smoke.
- To reduce health inequalities in North Yorkshire in the longer term by reducing the number of smoking-related illnesses suffered by the population.

### Key Principles:

It is proposed that the following principles should underpin local action to tackle tobacco:

- 1) A shared strategic approach among partners with clear vision and leadership
- 2) A commitment to working together in partnership
- 3) Evidence based practice and support of innovative working
- 4) A focus on de-normalising smoking

### Proposed North Yorkshire Tobacco Control Model

Five priorities for tobacco control in North Yorkshire have been identified following a recent engagement process with partners and current or potential providers, the full report can be found at Appendix 2. A CLear self-assessment was also undertaken in 2013/14. CLear is a way for local authorities to assess, review and improve their tobacco control work and can be found at Appendix 3. A summary of this work is included under each priority.



The five priorities for Tobacco Control across North Yorkshire:

1. Preventing children and young people from smoking.
2. Normalise a smoke-free lifestyle.
3. Reduce illegal tobacco in the community.
4. Support smokers to quit (including pregnancy).
5. Carry out marketing and communication programmes.

Reducing health inequalities caused by smoking is a cross cutting theme which features in all of the five priorities.

In addition to the development of local interventions, we will strive to enhance national activity and, where appropriate, collaborate with colleagues across the region to strengthen the impact of our own local actions.



## PRIORITY 1 - Prevention for children and young people

### Objectives:

- **Reduce the number of young people smoking to 0% by 2025.**
- **Reduce the number of underage sales of tobacco to children and young people.**
- **Reduce the number of homes where children are exposed to second-hand smoke.**

It is recognised that starting to smoke is a decision of childhood as 84% of smokers start before the age of 19 years. The evidence supports initiatives to help stop children and young people from starting to smoke and to find ways to help them stop as soon as possible if they have started. Starting young can lead to a lifetime of tobacco addiction and a three times increased likelihood of dying young due to their smoking behaviour. Millions of children and young people are exposed to tobacco smoke in homes and cars every day.

### What are the issues for North Yorkshire?

Focus groups were undertaken with young people and youth workers in the youth setting. These are the headline recommendations following analysis.

- Inform and work with trading standards on illicit tobacco, underage sales and sales of e-cigarettes to young people.
- Need to develop guidance for young people and young people's settings on e-cigarettes.
- Prevention work with young people should be done on a regular basis.
- As part of adult smoking services information should be included on role modelling as parents have a significant influence.
- Further insight work would be useful with other areas across North Yorkshire to examine the key themes in addition to looking at the issues of rural areas and its impact on smoking in young people.

### How will we address the issues?

The Strategy supports government action to tackle this agenda. Initiatives to improve knowledge and understanding about this issue locally should be explored further. Empowering children to make an informed choice will be central to the approach. The evidence supports encouraging the young to be advocates on this subject, and local initiatives to support our children and young people to be involved will be pursued. Gold standard school smoke-free policies promote a smoke-free lifestyle for children and their families.

There is little evidence to support smoking cessation initiatives amongst young people and it is agreed that prevention strategies are more successful. Efforts to stop children taking up smoking are less effective for children living in a smoking environment. Therefore reducing adult prevalence has a direct effect on children. However, there are a limited number of evidence-based prevention interventions to draw on and these are cited in NICE Guidance PH23: School-based interventions

to prevent the uptake of smoking among children (2010). The five recommendations below include the following advice:

- The smoking policy should support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds).
- Information on smoking should be integrated into the curriculum. For example, classroom discussions could be relevant when teaching biology, chemistry, citizenship and maths.
- Anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status.
- Anti-smoking activities should aim to develop decision-making skills and include strategies for enhancing self-esteem. Parents and carers should be encouraged to get involved and students could be trained to lead some of these programmes.
- All staff involved in smoking prevention should be trained to do so.

- Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.

We wish to engage the voices of young people in shaping and taking forward the prevention programme and make best use of the Growing up in North Yorkshire survey data on smoking to target work effectively.

The Strategy supports the Plain Packaging legislation.

The Strategy supports the smoke free cars carrying children legislation.

This is a key area for NYCC through its Trading Standards, Children and Young People services, alongside District Environmental Health departments who have a key role to play in this priority, through actions to:

- Undertake test purchasing activity
- Deliver no proof of age, no sale education campaigns or similar.

- Deliver 'whole school approaches' and peer-led prevention programmes in schools, such as the Assist programme.

## PRIORITY 2 - Normalise a smoke-free lifestyle

### Objectives:

- **Increase the number of smoke-free places and promote why and how to quit smoking.**

### What are the issues for North Yorkshire?

- There has been high compliance with little need for enforcement measures of the smoke free legislation in 2007; this is in line with the national evidence.
- NYCC and all District Councils have a smoke free policy; some areas have updated the policy to include e-cigarettes. Some District Councils tackle smoking in workplace vehicles for own and other businesses but do not have powers to stop vehicles. There is opportunity to revisit these policies and provide support to employers and employees to reduce smoking in the workplace.
- Other public organisations such as the NHS, particularly mental health units/ premises are currently not smoke free or

complying with the smoke free legislation.

- Currently responding to complaints in a reactive way rather than proactive.
- There is strong public support for smoke free play areas in the Harrogate District. A recent public survey receiving overwhelming support in favour of introducing action being taken to prevent or discourage smoking in play areas.
- Communication between NYCC Trading Standards and Environmental Health districts needs developing.
- Budgets have been reducing over the last 5 years within Local Government, removing all non-statutory activity; investment for tobacco control would be welcomed for District Councils. NYCC Trading Standards have welcomed recent investment from public health to undertake tobacco control work.

Opportunities for development include:

- Smoke free policies within local organisations – updated to include e-cigarettes and support for employees and/or patients who wish to quit.

- Support, advice and guidance provided to local organisations and businesses on compliance with the law and good practice.
- Provide support and advice to secondary care settings (maternity, acute, mental health) to become smoke free and compliant with NICE PH 48.
- Tackle smoking in business vehicles which serve the public and / or are used for work purposes.
- Advice to employers on Health Act compliance, shelters and smoking signs.
- Establish smoke free homes, cars, and environment schemes including play areas and sports venues
- Raise awareness to organisations, members and officers on tobacco control work.

How will we address the issues?

- Smoke-free legislation has made public places smoke-free. The legislation does not cover outdoor public spaces. It is important

that the public sector leads by example, displaying to others the best of policy and implementation of policy. This strategy fully supports the smoke-free message in Local Government, the NHS and other public sector areas. This strategy recommends all NHS premises in North Yorkshire implement a gold standard 'whole organisation' smoke-free policy, supported with systems such as referrals to stop smoking and availability of nicotine replacement therapy. It will also support extending this approach to other organisations such as children's centres and housing associations. It will promote the smoke-free agenda to district councils and continue to lobby for further national smoke-free regulations. Smoke-free environments are needed in our communities to protect children, young people, babies and infants.

- This is a key area for NYCC through its Public Health, Children and Young People services, Trading Standards, alongside District Environmental Health departments who have a key role to play in this priority, through actions to:

- Promoting smoke-free places so that tobacco is further de-normalised.
- Smoke-free homes.
- Smoke-free cars.
- Smoke-free leisure site areas e.g., play parks, beaches, sports venues and local tourist attractions.
- Widening the scope of workplace smoke-free policies to include whole-site bans and a whole organisation approach.

## PRIORITY 3 - Reduce illegal tobacco in the community

### Objective:

- **Reduce the supply of and demand for illegal tobacco.**

### What are the issues for North Yorkshire?

The priority for NYCC Trading Standards over the last few years has been to concentrate on mandatory duties and reduce proactive work such as participation in partnership groups like Community Safety Partnerships. This reduces the opportunities to share information and intelligence on illicit tobacco.

There are however significant opportunities that have been identified by Trading Standards and Public Health:

- Test purchasing to prevent underage sales.
- Research into the scale of the illicit tobacco problem in North Yorkshire.
- Intelligence on illicit tobacco and reporting of underage sales.
- Monitoring the displays at point of sale.

- Detection and disruption of illegal tobacco.
- Partnership working – HMRC, Police, Fire, Environmental Health, Public Health.
- Undertake educational activities to promote responsibility in relation to tobacco.

How will we address the issues?

Cheap illegal tobacco undercuts the national taxation policy and is linked to funding serious, organised crime such as human trafficking and drugs. Working together in partnership will be our most effective way of tackling this problem. Illicit tobacco is more accessible in areas of deprivation and supports the cycle of ill health and poverty. Central to the objectives is to reduce availability of this kind of tobacco in our communities.

There should be a commitment for us to work together and provide the public with safe means to share information with the authorities about the availability of illegal tobacco, and is committed to working in partnership to make a difference in this area. Key partners that will work in this field include HMRC, Trading Standards, North Yorkshire Police, community

safety partnerships, health practitioners, the local stop smoking service, the local community, and local businesses, North Yorkshire Fire and Rescue and environmental health. Together they can commit a solid approach to tackling this issue. Key to the partnership will be creating local intelligence and a full range of information about illegal activity and its effect on the community. There will be a need to also enable agencies to be clear about our communication with the public through effective and consistent messages to be shared across the whole tobacco control steering group.

Opportunities for NYCC Trading Standards department as a leading partner for reducing illegal tobacco include:

- Increase partnership working arrangements with district councils.
- Undertaking research to identify the scale of the problem across North Yorkshire.
- Creating and sharing local intelligence on illicit tobacco.
- Detection and disruption of illegal/ counterfeit tobacco products.

- Niche products (e.g. snuff, e-cigarettes).
- Monitoring the display of products at point of sale.

From November 2011 all cigarettes sold throughout the EU must conform to 'reduced ignition propensity' standards, which should help to reduce the risk. This is another reason to make illegal tobacco a priority, as illegal tobacco is less likely to conform to the new standards and is therefore more likely to cause fires.



## PRIORITY 4 - Support smokers to quit

### (North Yorkshire smoke free services)

#### Objective:

- **Increase the number of smokers using the local stop smoking services, particularly from vulnerable groups.**

#### What are the issues for North Yorkshire?

- The current specialist service is an evidenced based service following good practice and client centred.
- NYSSS offer a combination of different services including clinics, 1:1 support, drop-ins and home visits are increasingly being arranged where appropriate.
- There has been some excellent work with maternity services in Scarborough, Harrogate and York hospitals, with improved care pathways for referral, mandatory training, CO monitoring and policy.

- The level of complexity of clients is increasing and there is a need to work outside the abrupt four week quit model in order to support clients' needs better. This requires capacity to provide more intensive support over a longer period of time.
- There is a need for a whole system approach to very brief advice (VBA), vulnerable groups require further support and this requires good quality signposting or referral.
- Many barriers still exist in addressing smoking behaviour; it is not challenged in the same way as other conditions.
- An investment in IT would improve the service, specifically a website for online access into the service, use of social media, a data management system designed to meet the needs of a smoking or lifestyle service and mobile IT connectivity.
- Wider tobacco control model not just cessation but include prevention for young people.
- A well thought out stance on e-cigarettes.
- Smoking pathways need to be improved and acute trust protocols need to be developed further in line with recent NICE guidance. Increased capacity is required to support this work with strategic influence and commitment from Public Health and CCGs.
- Stopping people smoking is important to primary care, pharmacy and dental and should be a priority due to strong associations with chronic illnesses (LTCs).
- Regular campaigns and promotions are required.
- Single point of access.
- Targeted service for vulnerable groups – pregnancy, mental health, substance misuse, LTCs and R/M.
- Regular feedback on patients is required.
- A PGD for Pharmacies would improve the client journey.
- The payments could be improved to recognise all work undertaken
- Much more could be done in mental health services to support people to quit, there

are no clear pathways in place, little or no referrals to NYSSS, ad-hoc training has been done with one provider but no training has been undertaken with social care staff.

- Likewise with substance misuse service users, more could be done to support smokers to quit, including smoke free policies and sites.

## How will we address the issues?

The evidence and engagement strongly supports the work of the local NHS stop smoking service and the help they can give to people wanting to stop smoking. It recognises that nationally less than 6% of the smoking population accesses NHS stop smoking services. Quitters using NHS services are four times more likely to succeed than without support. No other method of quitting can match this success rate. Moreover, stop smoking services offer value for money. The All Party Parliamentary Group on Smoking and Health (2010) concluded that commissioning of stop smoking services should be a priority.

The published NICE guidance PH48 (2013) aims to support smoking cessation, temporary abstinence from smoking and smoke free policies in all secondary care settings. It recommends:

- Strong leadership and management to ensure premises remain smoke free.
- All hospitals have an on-site stop smoking service.
- Identifying people who smoke, offering advice and support to stop.
- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care.
- Integrating stop smoking support in secondary care with support provided by community-based services.
- Ensuring staff are trained to support people to stop smoking while using secondary care services.
- Supporting staff to stop smoking or to abstain while at work.

- Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.
- The Strategy seeks to support the success of the stop smoking service in the following key areas:
  - Stop smoking services to operate in a range of settings including GP Practices, Pharmacies and Dental Practices where appropriate. Stop smoking services to explore other areas for service presence and development such as the voluntary sector.
  - Stop Smoking Services to work in a more targeted way giving priority to R&M, pregnancy, mental health, substance misuse and LTCs. Strong engagement with mental health and substance misuse services. High smoking prevalence exists in mental health and substance misuse settings and smokers in this category are sometimes neglected in mainstream services.
  - Clear referral pathways must be established particularly for maternity, mental health, substance misuse and chronic disease management.

- The level of complexity of clients is increasing and there is a need to work outside the abrupt four week quit model in order to support clients' needs better. This requires capacity to provide more intensive support over a longer period of time.
- Ensuring that promotion of referral to smoking cessation is included in a wide range of strategies and commissioning arrangements such as Health Checks and the prevention agenda.
- Developing a robust and systematic smoking cessation referral and discharge system in secondary care.
- Providing a whole system approach to very brief advice training with opportunities across a wide audience including health and social care organisations, voluntary sector and service provider organisations with strategic support. Introducing improved referral and feedback mechanisms between stop smoking services and referrers.

## Reduce smoking in pregnancy

### Objective:

- **Reduce the number of pregnant women smoking across North Yorkshire to 11% or less with a particular focus on Scarborough where rates are significantly higher.**

As stated in Section 1, smoking in pregnancy can cause increased risk of miscarriage, stillbirth, preterm birth and low birth weight. It has been found to increase infant mortality by about 40% and is 1.5 times higher in women in the manual workers group than the population as a whole. It is nearly three times higher among mothers aged under 20 compared with rates for all pregnant women.

Key areas for development to reduce inequalities around smoking in pregnancy are as follows:

- Clear care pathway for all professionals coming into contact with pregnant smokers and the wider family network into the local stop smoking services.
- Adequate specialist support for all pregnant smokers and wider family network across North Yorkshire.
- Continued focus and partnership work to reduce SATOD rates in Scarborough Hospital.
- Accurate data capture mechanisms to record smoking status at delivery must be in place. Current data capture systems should be assessed and improved where needed.
- Training around very brief advice and CO monitoring needs to be continued for community and hospital midwives at Harrogate and Scarborough sites and developed for the Friarage Hospital, Northallerton in partnership with South Tees Trust.
- Revisit CO monitoring and when this is undertaken to validate SATOD rates and introduce regular reporting of CO monitoring with thresholds.

- Systems to record and feedback to the midwives about their patients following a referral being made, would help improve high lost to follow up rates with re referral back into the stop smoking services.
- All professionals coming into contact with pregnant women that smoke should use that opportunity to give very brief advice and refer to stop smoking services. Regular training programmes need to be developed with strategic support for this.
- Further insight work with the professionals coming into contact with pregnant smokers to identify any barriers and address these once known.
- Development of targeted campaigns including social marketing and communications.



## PRIORITY 5 - Carry out marketing and communication programmes

### Objective:

- **Raise the profile of smoking and its dangers so every smoker understands the dangers of smoking and second-hand smoke and also knows how to access the local NHS stop smoking service**

### What are the issues for North Yorkshire?

Public health currently supports the national campaigns such as Stoptober and No Smoking Day. The focus has always been on smoking cessation with little or no activity on other tobacco control areas. More coordinated communication could be done and delivered in partnership. The Yorkshire and Humber region are due to launch Breathe 2025, a website and online guide for local areas. There will be an opportunity to pledge support and become more engaged at a regional level.

### How will we address the issues?

The Strategy seeks to take advantage of government campaigns and developments led by the Yorkshire and Humber Region. Locally all initiatives will follow these themes. This will create a consistent, coherent and coordinated communications strategy.

The Steering Group is developing a communications strategy to support its work.

### Key areas of work for this priority are:

- Promoting stop smoking attempts according to national and regional branded campaigns such as Stoptober and No Smoking Day.
- Promoting the dangers of smoking during pregnancy and second-hand smoke.
- Using all partners and a social marketing approach to communicate the key messages in the strategy to their stakeholders and members around smoke-free policies, second-hand smoke and smoke-free environments.

- Using all partners to promote the NHS stop smoking support available in North Yorkshire.
- Reaching the high priority groups, routine and manual, pregnancy, young people, mental health, substance misuse and long term conditions through effective communications.

## Conclusion

The implementation of the North Yorkshire Tobacco Control Strategy is vital to improving the health and economics of North Yorkshire. Action needs to be undertaken on a range of fronts, not only by large or public organisations but by smaller agencies, communities and individuals working in partnership to deliver concerted and co-ordinated action on tobacco. This strategy does not stand alone but is integral to other county and district strategies. It is a key contributor to North Yorkshire's Health and Wellbeing Strategy. North Yorkshire has made good progress in some areas of tobacco control but must continue to take sustained and comprehensive action to ensure that tobacco is less attractive, less available and less accessible.

### Next Steps

An action plan monitored by a set of indicators has been developed, overseen by the Tobacco Control Steering Group reporting to the North Yorkshire Health and Wellbeing Board.

