Nottingham City
Tobacco Control Strategy
2015 – 2020



Inspiring Nottingham's
smokefree generation





SMOKEFREE

Nottingham City Council


6
17

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Foreword

Nottingham published its first Tobacco Control Strategy in 2009 and since that time the percentage of adults living in the city who smoke has reduced from 37% to 27%[1]. This success has been achieved by colleagues working in partnership to achieve our shared vision of inspiring a smokefree generation.

Smoking is our biggest health inequality and is responsible for half of the difference in life expectancy between our least and most well-off communities. Tobacco undermines the health of Nottingham's citizens in every possible sense. It has a direct impact on the health of people who use it and on those who are exposed to secondhand smoke. The majority of smokers start before the age of 18 and are not fully aware of the harm it causes or how addictive it is.

This strategy was endorsed by the city's Health and Wellbeing Board on 30 September 2015. It provides an integrated approach to tobacco control, and its success is reliant upon the engagement and commitment of all stakeholders, including the City Council, the NHS, other public sector organisations, and the voluntary and community and business sectors. It sets out a clear vision to reduce the harm that tobacco use inflicts on our citizens and communities to work towards the city having a smokefree generation.

[1] *As measured by the Nottingham Citizen Survey.*



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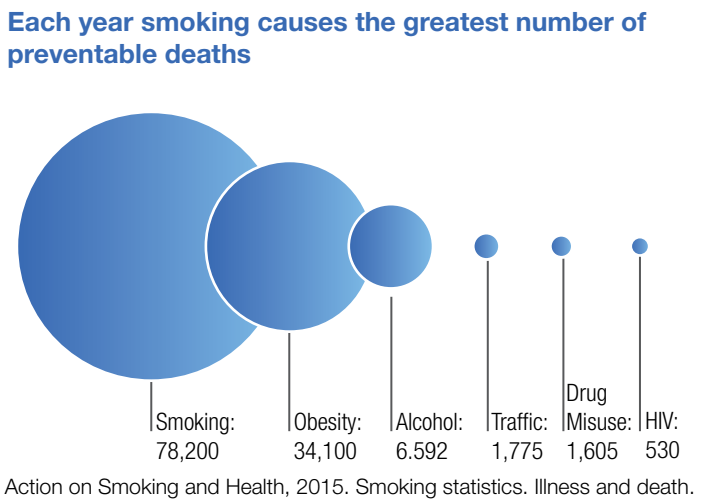


Lorraine Raynor
Head of Community Protection, Chief Environmental Health and Safer Housing Officer
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Executive Summary

Smoking is the leading cause of preventable cause of ill health and premature death. One in two regular smokers will be killed by their habit and will lose, on average, 10 years of life (ASH, 2011).

Figure 1. Contribution of smoking to preventable death in the UK (ASH, 2015)



Action on Smoking and Health, 2015. Smoking statistics. Illness and death.

If we are to succeed in reducing levels of smoking, a partnership approach will be required to deliver this strategy. This will be led by the Nottingham Strategic Tobacco Control Group which is accountable to the Health and Wellbeing Board.

The challenge is for partners to work effectively together to deliver our aspirations and realise our vision of inspiring a smokefree generation.

Nationally, levels of smoking continue to decline and although prevalence has reduced in Nottingham, up to 27% of adults continue to smoke (Nottingham City Council, 2015) with wide variations between the least and most affluent areas of the city.

Tobacco use disproportionately affects our most vulnerable and less affluent citizens including those living in deprived areas, children and young people, pregnant women and their unborn babies, black and minority ethnic groups, those with mental health needs and those in routine and manual jobs. Our vision is to inspire a future smokefree generation. We aim to reduce smoking prevalence and inequalities in smoking.

Four strategic priorities have been identified for Nottingham.

We believe these to be the areas where the greatest impacts can be made:

- **Strategic Priority One:** Protect children from the harmful effects of smoking
- **Strategic Priority Two:** Motivate and assist every smoker to quit
- **Strategic Priority Three:** Reduce the supply and demand of illegal tobacco
- **Strategic Priority Four:** Leadership, innovation, and development in tobacco control

1 Introduction

This Tobacco Control Strategy is regarded as the long-term strategy that sets the direction of tobacco control work in Nottingham.

Smoking is the single largest contributory factor to Nottingham's health inequalities (Nottingham City Council, n.d.). It is a major driver for poverty and the main factor in the gap in life expectancy between the most and least affluent communities. A reduction in smoking would not only reduce this gap and improve health but would increase household incomes which would, in turn, benefit the local economy as these families are more likely to spend their money locally (Action for Smoking and Health, 2014).

Research shows that no single measure will achieve a reduction in levels of smoking and that a combination of key activities is most effective (Gilbert, A., 2003). These include protection and control measures, prevention and education, provision of stop smoking services and reducing exposure to second hand smoke, alongside broader measures to tackle poverty.

Success is dependent on the investment and involvement of a wide range of partners. There is a commitment from a range of organisations across Nottingham to work together to reduce the impact of tobacco on the city. In September 2014 Nottingham City Council signed The Local Government Declaration on Tobacco Control which reinforces existing tobacco control work across the city and is a statement about the Authority's dedication to protecting communities from the harms caused by smoking. In response to this, a Community Declaration on Tobacco Control has been designed to sit alongside the Local Government Declaration. This is an opportunity for local organisations to make a clear commitment to support effective local approaches on tobacco control.

This strategy will be led by the Strategic Tobacco Control Group which will also agree and review a delivery plan each year. In addition to the Strategic Group, there is a need for a wider network of partners who will advocate tobacco control work and communicate key messages when required.

By creating a supportive environment, we can work together to tackle tobacco use and make a major contribution to improving the health of people in Nottingham, particularly of those in greatest need. Nottingham's future can be smokefree.



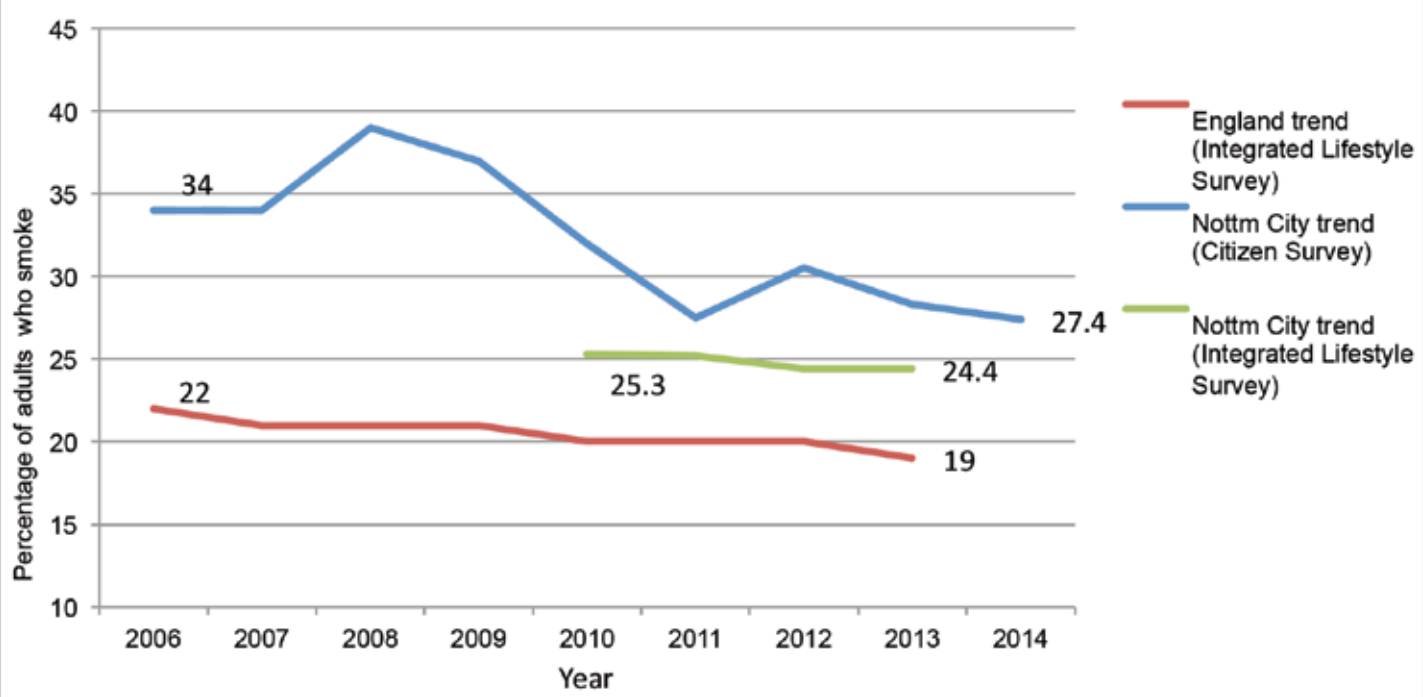
2 Smoking and its impact in Nottingham City

The Nottingham City Joint Strategic Needs Assessment (JSNA) chapter on Smoking and Tobacco Control was updated in 2015. This section presents some of the headline findings which are explained fully in the JSNA.

2.1 Smoking prevalence

Adult smoking prevalence in Nottingham City as measured through the local Citizen Survey has decreased over the last eight years. But the prevalence of smoking as measured either through this survey or the nationally commissioned integrated household survey is still significantly higher than the national average (figure 2 & figure 3). In fact, smoking prevalence is similar to the England average 10-20 years ago. This continued high prevalence of smoking drives higher rates of ill health, disease and premature death in the city compared to the England average (figure 2) (Nottingham City Council, 2015).

Figure 2 Trend in adult smoking prevalence in Nottingham City



Smoking prevalence in Nottingham City is significantly higher at 27% compared to 18% of adults in England (figure 3). This equates to around 64,000 adult smokers in Nottingham. The strategy therefore will continue to have an emphasis on decreasing overall smoking prevalence and decreasing the gap in smoking prevalence between Nottingham and England.

Figure 3 Smoking prevalence in Nottingham City



The proportion of 15 year olds who smoke regularly in England as measured by the *Smoking, Drinking and Drug Use among Young People in England* survey has decreased significantly over the last 10 years (figure 4) (Health & Social Care Information Centre, 2014). Statistics published in 2015 from the What About Youth Survey found that 6.7% of 15 year olds smoke regularly in Nottingham, which was higher (but not significantly higher) than in England (5.5%).

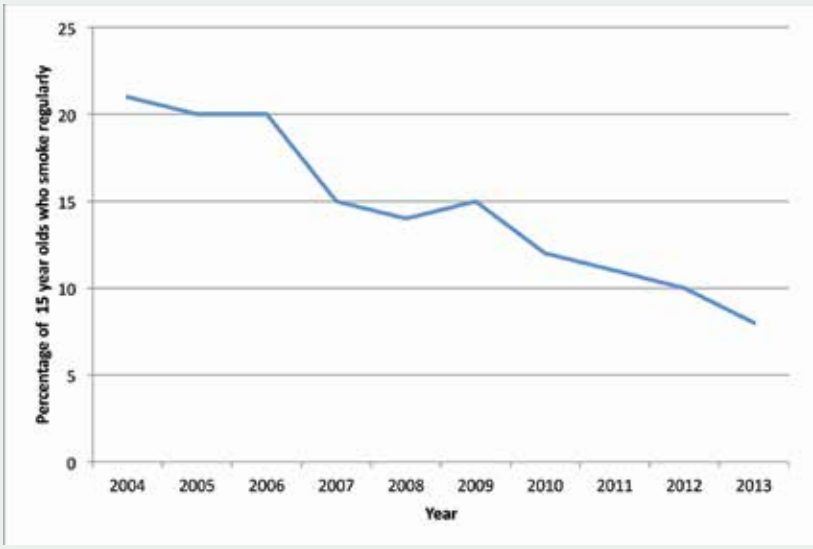


Figure 4 Percentage of 15 year olds who smoke regularly (2004-2013) in England (Health & Social Care Information Centre, 2014)

Smoking prevalence in the 2014 Citizen Survey was significantly higher amongst adult participants with one or more children living in their home than participants with no children in their home. In the 2013 Citizen survey it was found that 22.3% of households allowed smoking in the home (figure 5). This increases to 37%

amongst people in council houses and 47% of households where people were unemployed.

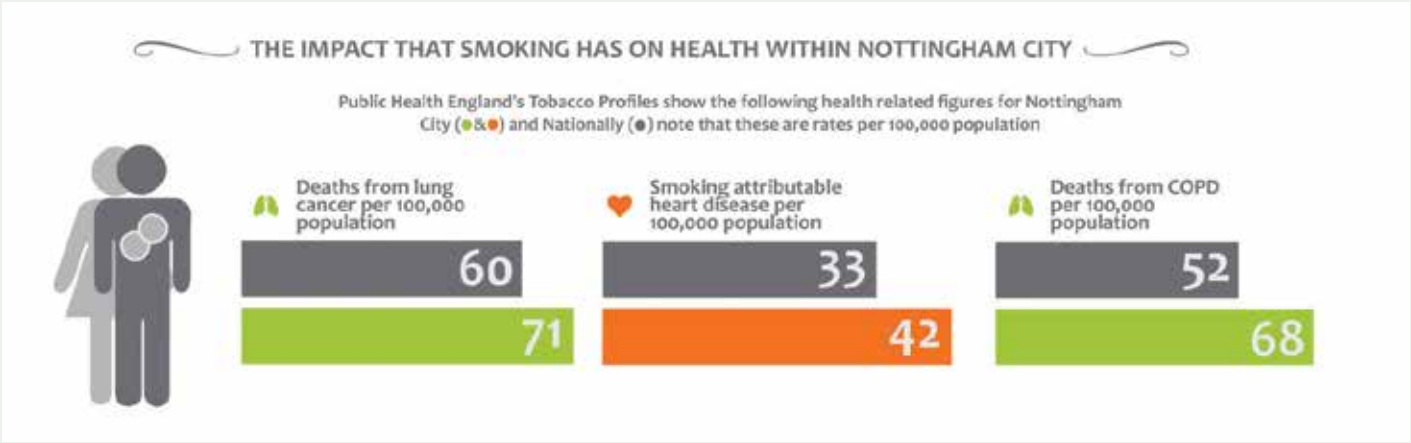
Figure 5 Percentage of households in Nottingham with children that allow smoking in the home



2.2 Health consequences

Nottingham has significantly higher rates of smoking attributable deaths than England which includes lung cancer and chronic obstructive pulmonary disease (COPD) (figure 6) (Public Health England, 2014). A reduction in smoking in the city through implementation of this strategy will therefore reduce this disease burden and improve the health of citizens.

Figure 6 Some of the impacts of smoking on health in Nottingham



2.3 Environmental and economic cost of tobacco use

It is estimated that in Nottingham City around 268,000,000 filtered cigarettes (including filtered roll-ups) are smoked each year resulting in 46 tonnes of waste annually (Action on Smoking and Health, 2014). The total household expenditure on tobacco in Nottingham is estimated at £119m per year and that citizens contribute £69.1m to the tobacco duty through the purchase of tobacco products (figure 7, overleaf).

It is estimated that each year smoking costs 'society' in Nottingham approximately £88m (Action on Smoking and Health, 2014) which is more than the contribution to tobacco duty. Current and ex-smokers who require care in later life as a result of smoking related illnesses cost Nottingham City Council an additional estimated £3m per year and £2.2m in costs to individuals who self-fund their care.

The total annual costs to the local NHS Clinical Commissioning Group and NHS Trusts and Providers due to smoking related ill health are approximately £11.0m.

Action on smoking through this strategy will reduce the burden of smoking on household budgets and the cost to the NHS, City Council and other partners.

Figure 7 Environment and economic cost of smoking in Nottingham



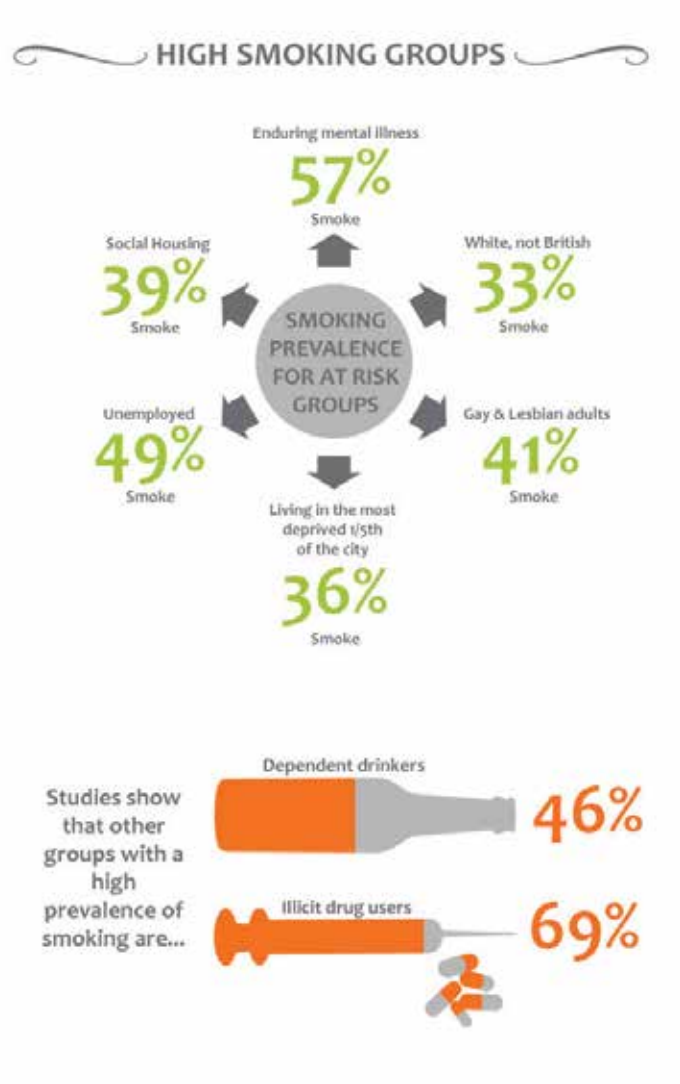
2.4 Smoking and Health Inequalities

Smoking is a major cause of health inequalities and is a critical factor in the difference in healthy life expectancy between the rich and the poor. The overall decline in smoking has not occurred to the same extent in lower socioeconomic groups (Health & Social Care Information Centre, 2014). Increased tobacco control action has led to significant declines in smoking prevalence but no decline in inequalities.

There is evidence to show that poorer smokers are physically more addicted to nicotine and are therefore less likely to succeed in quitting smoking. (Hiscock, et al., 2012). There is also strong evidence on tobacco control interventions and policies that have a positive impact on reducing smoking uptake and prevalence (ASH, 2015), however, there is less known about what is effective in reducing tobacco related inequalities. For tobacco control this means as well as supporting comprehensive policies, we have to use our local data and evidence to target our efforts and resources to communities and population groups that need them most.

The strategy will therefore place a particular emphasis on targeting interventions to groups and communities that have the highest smoking rates and need the most support such as the groups summarised in figure 8. These issues are explained further in the JSNA chapter.

Figure 8 Groups with high smoking prevalence in Nottingham City







3 What is tobacco control?

3.1 An evidence based approach

Research shows that no single measure will achieve a reduction in levels of smoking (Gilbert A, 2003). Tackling the harm caused by smoking requires a partnership approach, working on a wide scale and should not be seen as the responsibility of any one organisation.

Tobacco control is an evidence-based approach to tackling the harm caused by tobacco use and smoking. The hexagon diagram below highlights the holistic model of tobacco control with multi-agency partnership working at its heart (figure 9).



Organisations working in isolation cannot provide a reduction in smoking prevalence on the scale that is needed. Tobacco control programmes require a comprehensive and co-ordinated approach to establish effective smokefree policies. Evidence based initiatives are needed to encourage and support tobacco users to quit and to prevent the uptake of smoking amongst children and young people. It is vitally important therefore that tobacco control should not be viewed as simply the domain of the health sector. It requires a multi-agency approach and must be viewed as 'everybody's business'.

Reducing tobacco use is especially difficult because tobacco is a legal product, easily available, highly addictive and the tobacco industry continues to be creative in how their products are promoted.

Evidence based interventions utilise the best current available evidence to make decisions and develop action plans and policies for addressing public health issues and are widely promoted as being effective in reducing tobacco use.

The evidence base for smoking cessation and stop smoking services is well documented (National Institute for Health and Care Excellence, 2013). A combination of intensive behavioural support sessions and nicotine replacement and related medicines, as provided through specialist services, is recognised as the most effective approach to quitting. However, identifying best practices for preventing smoking and reducing exposure to second hand smoke is less clear, often due to a lack of monitoring and evaluation. Implementation of proven measures including taxation of tobacco, graphic warnings on tobacco packaging, smokefree laws, mass media campaigns and restrictions on tobacco advertising have demonstrated success (European Commission, 2014). Innovation in tobacco control is important but we must ensure that new activities do not detract from interventions that are proven to be effective.



3.2 Return on Investment

Tobacco control and smoking cessation are cost effective public health investments that research has shown can be cost saving and provide greater financial return than the initial amount invested. It has been shown that for every £1 invested in smoking cessation £10 is saved in future health care costs and health gains (Public Health England, 2014). Reducing smoking prevalence by 1% percentage point a year over 10 years would prevent 69,000 premature deaths in England (Public Health England, 2014).

Using the NICE Tobacco Control Return on Investment Tool it has been estimated that under current levels of local investment in smoking cessation, and an assumed level of tobacco control activity, the return on investment is as follows (JSNA, 2015):

- £960,000 cost saving to the NHS due to fewer consultations, hospital visits and prescriptions amongst smokers.
- £52,000 further cost savings to the NHS due to fewer children and adults being exposed to secondhand smoke.
- A return of £2.90, £6.95, £13.23 and £41.95 per smoker across all services over two years, five years, 10 years and lifetime respectively, for each £1 spent on implementing the current intervention mix.

This research and modelling demonstrates that investing now in tobacco control is cost saving to the health and social care system in the future.



4 National and local drivers

National Government

The Coalition Government published *Healthy Lives, Healthy People: A Tobacco Control Plan for England* in 2011 (Department of Health , 2011). It is anticipated that a new plan will be published in 2016.

Public Health Outcomes Framework 2013-2016

The Public Health Outcomes Framework (PHOF) has four indicators in the Health Improvement domain for which Nottingham City is rated to be significantly worse than the England average (Public Health England, 2014):

2.03 Smoking Status at the time of delivery

2.14 Smoking Prevalence – routine and manual groups

2.14 Smoking Prevalence - (adults)

2.15 Smoking Prevalence - 15 year olds
(Placeholder- the methodology for this has not been agreed)

It also contains indicators relating to reducing premature mortality from smoking-related diseases including cardiovascular disease, respiratory disease and cancer.

Clinical Commissioning Groups (CCG) Outcomes Framework 2014/15

The outcomes framework for CCGs had two indicators relating to smoking in 2014/15 (NHS England, 2015):

Reducing premature death in people with severe mental illness – severe mental illness: smoking rates.

Reducing deaths in babies and young children – Maternal smoking at delivery.

Council Plan 2015-2019

The Delivery Plan for the Nottingham City Council Plan 2015-2019 includes deliverables to:

Deliver a rolling programme of smokefree public spaces where local people want them

Reduce smoking during pregnancy by a third.

Nottingham City Clinical Commissioning Group Commissioning Strategy (2013-2016)

Smoking is recognised as an important risk factor in the health of patients in relation to the CCGs strategic priorities:

- **Improving mental health outcomes**
- **Cancer**
- **Long term conditions**
- **Children, young people and students**

Nottingham Children's and Young People's Plan (CYPP) (2015-16)

Promoting the health and wellbeing of babies, children and young people is one of the priorities of the CYPP. The following indicator is included:

% of women reporting smoking at the time of delivery

Nottingham Plan 2010-2020

The Nottingham Plan 2010-2020 is led by the City's Strategic Partnership - One Nottingham. Smoking impacts negatively across the themes of the Nottingham Plan. The table below summarises how tobacco control through this strategy contributes to the priority themes of the Nottingham Plan to 2020 (Nottingham City Council, 2010).

Table 1 Summary of the impact of smoking and tobacco control on the themes of the Nottingham Plan 2010-2020

World Class Nottingham	Smokefree areas offer more attractive environments for citizens and tourists. A healthier population participates more in cultural, sporting and leisure opportunities. Local public opinion supports smokefree outdoor public spaces especially where children are present.
Neighbourhood Nottingham	Reducing levels of smoking will reduce the amount of tobacco related litter in our neighbourhoods. The creation of smokefree environments will contribute to cleaner and safer neighbourhoods where citizens understand and support actions to take smoking out of the sight of children.
Family Nottingham	Many children still experience significant exposure to environmental tobacco smoke in the home. Motivating and supporting adults to quit and preventing the uptake of smoking amongst young people will ensure more children are able to grow up in a safer, smokefree environment. Less spending on tobacco products will result in households having more disposable income thus reducing poverty.
Working Nottingham	Reduced tobacco consumption will result in a healthier workforce, a reduction in absenteeism and improved productivity. Improved health due to a reduction in smoking amongst young people and reduced exposure to secondhand smoke should result in less absenteeism from school, further or higher education. This strategy and its associated action plan emphasises the importance of innovative education about tobacco and will result in greater awareness of related health and associated economic issues.

Safer Nottingham	The supply of illegal tobacco is an organised crime operating at national and international levels, which undermines tobacco control activity and particularly puts children and young people at risk by increasing the availability of tobacco in communities. Tackling illegal tobacco is a priority of this strategy which will contribute to the safer Nottingham priority.
Healthy Nottingham	Reducing the number of people who smoke and the harm associated with smoking is one of the key aims of the Healthy Nottingham theme. Reduced tobacco consumption leads to better health and has the potential to reduce health inequalities. Restrictions on areas where people can smoke will reduce exposure to second hand smoke and support temporary abstinence.
Green Nottingham	Reducing smoking is compatible with the ethos of sustainable healthcare and sustainable healthy communities. By reducing smoking in the population, less healthcare resources are consumed and citizens can live, longer, more healthy sustainable lives. Cigarettes also have a direct negative on the local environment as cigarette litter is not biodegradable and makes a significant contribution to the overall street waste collected in Nottingham. Reduced tobacco consumption will lead to a reduction in this littering.

Local Government Declaration on Tobacco Control

Nottingham City Council signed the ***Local Government Declaration on Tobacco Control*** in September 2014. It is based on Nottingham's Declaration on Climate Change and developed by Newcastle City Council as a response to the enormous and ongoing damage smoking does to our communities. It is a commitment to take action, a statement of the Council's dedication to protecting their local communities from the harms caused by smoking, a demonstration of local leadership and an acknowledgement of best practice.

Motion on Tobacco Control

Along with the Local Government Declaration on Tobacco Control, Nottingham City Councillors gave their support to a Motion on tobacco control. As well as recognising that illicit and counterfeit tobacco funds and supports serious and organised crime and increases children's access to tobacco, the Motion pledged a number of actions including:

- Maximising the powers held by the Council to tackle illicit and counterfeit tobacco.
- Continue to work with citizens and colleagues to prevent the uptake of smoking amongst children and young people.
- Building on the success of smokefree playgrounds and create smokefree outdoor public spaces where local people want them.



Nottinghamshire and Nottingham City Declaration on Tobacco Control

The Nottinghamshire and Nottingham City Declaration on Tobacco Control is an extension of the original Local Government Declaration and the NHS Statement of Support. The opportunity to extend the local declaration has been uniquely identified by the tobacco control teams at Nottinghamshire County Council and Nottingham City Council. It offers the chance for local innovation and leadership in tobacco control across the whole community. The Declaration is a commitment for local organisations to take action, a dedication to protecting local communities from the harms caused by smoking, and a demonstration of local leadership of best practice.

The Community Declaration seeks commitment to:

- Actively support local work to reduce smoking prevalence and health inequalities.
- Develop plans with partners and local communities.
- Share action plans and commitments with communities and partners.
- Support government in taking action at a local level to help reduce smoking prevalence and health inequalities.
- Recognise and where possible protect our tobacco control work from the vested interests of the tobacco industry.
- Regularly monitor the progress of plans and commitment and share results.



5 Vision, aims, priorities and principles

5.1 Our Vision

To inspire a smokefree generation

It is important to recognise that it is children who start smoking, not adults. Almost two thirds (65%) of smokers start before they are aged 18 (Health & Social Care Information Centre, 2014). Children who grow up in households where those around them smoke are 3 times more likely to become an adult smoker. Exposure to household smoking generates about 20,000 new smokers by the age of 16 each year (Leonardi-Bee, 2011).

The proportion of 15 year olds who smoke regularly in England has declined from over 20% in 1998 to 5.5% in 2014 with an overall smoking prevalence of 8%. Overall smoking prevalence amongst 15 year olds is estimated to be similar in Nottingham but 6.7% of 15 year olds are estimated to be smoking regularly (Public Health England, 2015). This overall decreasing national trend represents a significant downward trajectory and an opportunity to secure a smokefree generation.

Having a "tobacco free" generation by 2025 as defined by a smoking prevalence amongst 15 year olds of less than 5% is a vision of Public Health England. Evidence suggests that the most effective means to reduce the uptake of smoking in young adults is by reducing smoking in the world around them (Public Health England, 2014). This will be a challenge for more disadvantaged areas such as Nottingham where smoking prevalence is highest.

Nottingham City will work towards a smokefree generation by continuing to develop its approach to comprehensive tobacco control outlined in this strategy. By doing so, it will reduce the exposure of children to smoking in their homes communities and the city.

5.2 Our Aim

To reduce prevalence and inequalities in smoking in the city

As stated above, adult smoking prevalence is similar to the England average 10-20 years ago. In order to reduce the burden of tobacco related harm in the city, it is essential that we aim to continue to not only reduce the prevalence of smoking in adults and young people, but also ensure that inequalities in smoking prevalence between different groups do not continue to increase in the city.

We can continue to monitor the prevalence of smoking in the city through the local Citizen's Survey which enables us to monitor the trend in adult smoking prevalence since 2006 and also between different groups and summarised above and documented in the city's joint strategic needs assessment.

The city also has a recently developed school young people health and wellbeing survey which will enable us to monitor smoking prevalence in young people.

The public health outcomes framework publishes several smoking prevalence indicators listed above which enable us to understand trends and how we compare to different areas of the country.

5.3 Outcomes

As described above the outcomes of tobacco control are broader than the direct health consequences of smoking. It is recognised that the strategy contributes to the following outcomes:

- Reduction in disease and death due to smoking
- Cleaner neighbourhoods
- Reduced absenteeism from work and improved productivity
- Reduced tobacco related crime
- Reduced costs to NHS and Social Care
- More disposable income for households

5.4 Local targets

Nottingham Plan 2010-2020
Reduce the proportion of adults who smoke to 20% by 2020.

Council Plan 2015-2020
Deliver a rolling programme of smokefree public spaces where local people want them.
Reduce smoking during pregnancy by a third.

These local targets from other plans represent an important impetus for the strategy which will be monitored though the governance mechanisms of these plans.

5.5 Strategic Priorities

The Tobacco Control Strategy is driven by the following strategic priorities:

1. Protect children from the harmful effects of smoking
2. Motivate and assist every smoker to quit
3. Reduce the supply and demand of illegal tobacco
4. Leadership, innovation and development in tobacco control

Reducing health inequalities caused by smoking is a cross cutting theme integral to all the four priority actions.

In addition to the development of local interventions, we aim to enhance national activity and, where appropriate, collaborate with regional colleagues to increase the impact of our local actions.

These priorities are explained more fully in the following sections.

5.6 Key Principles of the strategy

The tobacco control strategy adopts the following principles:

- We will take a partnership approach
- All tobacco control activities will be anti-smoking not anti-smoker
- Services will be developed and delivered in line with current best practice and best available research
- Local tobacco control activity should be developed through effective citizen engagement
- The needs of different populations across the City will be taken into consideration
- Non-smoking will be promoted as the social norm
- Resources should be targeted to the areas of greatest need

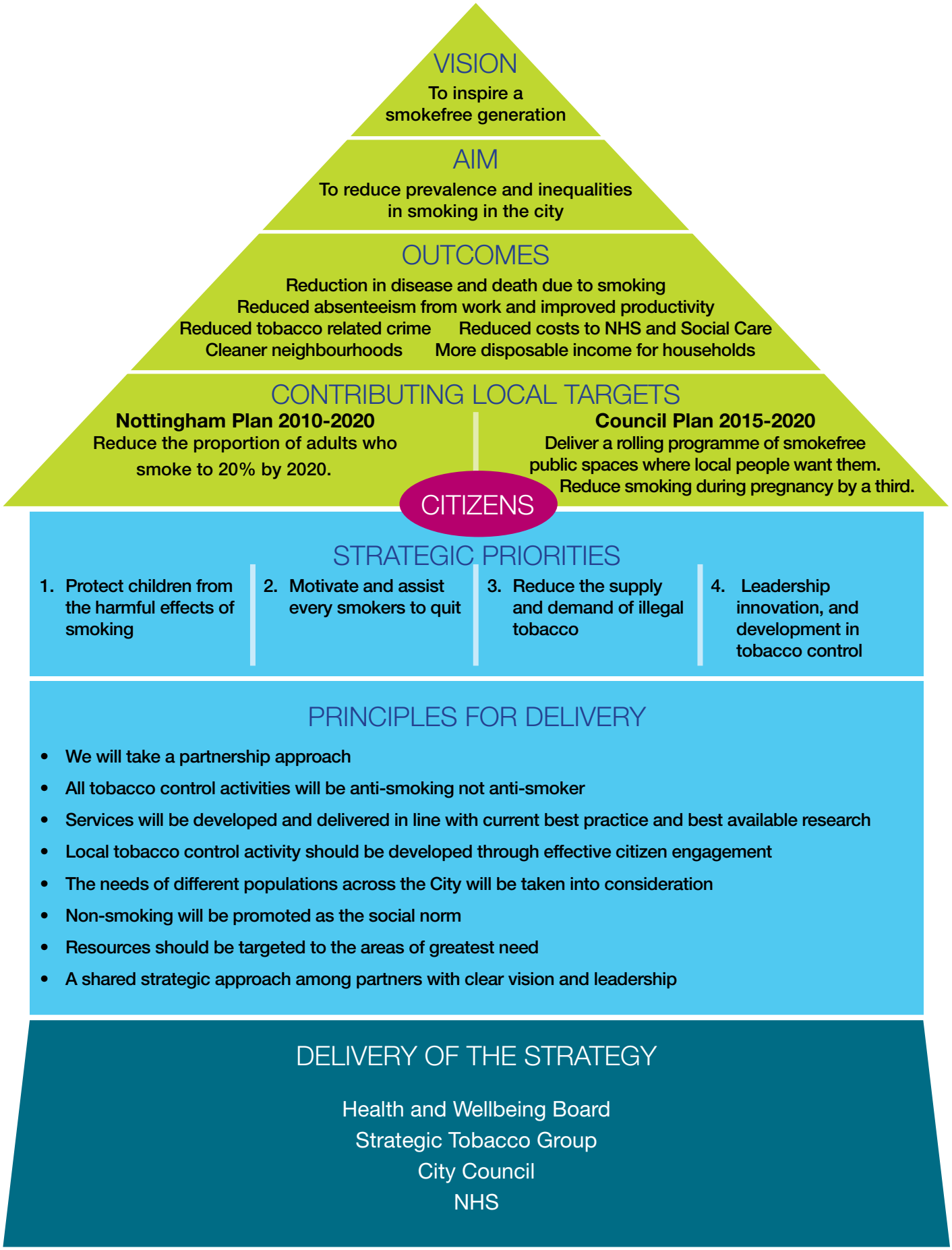
5.7 Delivery of the strategy

The Nottingham Strategic Tobacco Control Group is a collection of partners from a range of organisations who work collaboratively to identify resources required for, co-ordinate and steer the tobacco control agenda in Nottingham. The Strategic Group is responsible for the governance and delivery of the strategy and is accountable to the Health and Wellbeing Board.

In order to implement the actions identified in the strategy, an annual action plan will be created for each financial year of the life of the strategy which will be reported to the strategic group. An annual review process will be undertaken to ascertain the effectiveness of the action plans in delivering strategy and how emerging issues can be addressed. Where required progress reports on delivery of the strategy will be reported back to the Health and Wellbeing Board.



Nottingham City Tobacco Control Strategic Framework 2015-2020



6 Nottingham Tobacco Control Strategic Priorities

6.1 Strategic Priority One: Protect children from the harmful effects of smoking

Challenges for Nottingham

- Smoking during pregnancy is significantly higher in city than the England average and the gap is widening (JSNA, 2015).
- 66% of smokers in the UK start smoking before they are 18 and approximately 8.2% of 15 year olds smoke in Nottingham (JSNA, 2015).
- More needs to be done to reduce smoking initiation amongst children and young people (JSNA, 2015).
- More needs to be done to reduce smoking in the home or exposure to second-hand smoke amongst children (JSNA, 2015).
- There is a need to protect children from the harmful effects of second hand smoke but also smoking behaviour (JSNA, 2015).

To achieve this priority action we will:

- Further develop specialist support for all pregnant smokers and their families in relation to NICE guidance PH 48.
- Develop interventions to reduce the exposure of children to second hand smoke in different settings including the home.
- Develop initiatives that promote smokefree outdoor environments where children and young people are present.
- Ensure compliance with legislation aimed at the harmful effects of smoking.
- Support city schools to adopt comprehensive smokefree policies that promote a smokefree lifestyle for the whole school community.
- Work with FE colleges to adopt comprehensive smokefree policies

Smoking in pregnancy

Smoking is harmful to the mother and the unborn child (National Institute of Health and Care Excellence, 2010). Risks associated with smoking in pregnancy include complications during labour, low birth weight, miscarriage and premature labour.

Despite these risks a significant number of women continue to smoke throughout their pregnancy. There are clear and established links between smoking in pregnancy and disadvantage with women in more deprived areas more likely to smoke than those in more affluent areas (Health & Social Care Information Centre, 2014).

Addressing smoking in pregnancy is therefore required to protect the unborn child from these harmful effects. We will particularly focus on implementing NICE Public Health Guidance 48 which sets out a framework for addressing smoking in pregnancy.

Reducing smoking in children and young people

Two thirds (66%) of adult smokers report that they took up smoking before the age of 18 with over 83% starting before the age of 20 (Public Health England, 2015). Early uptake of smoking is associated with subsequent heavier smoking, higher levels of dependency, and a lower chance of quitting and higher mortality. There is limited evidence to support

smoking cessation services specifically for young people and it is acknowledged that prevention strategies are more successful in reducing smoking in young people.

Evidence indicates that the most effective way of reducing the uptake of smoking amongst young people is to have comprehensive tobacco policies in place that apply to the whole population (Public Health England, 2014).

In order to address youth smoking we need to reduce demand for tobacco by addressing:

- Individual aspirations and desirability (positive image, beliefs, skills)
- Social norms (acceptability, smoking related attitudes, social norms)
- Addiction (cessation, delay uptake)

We also need to reduce supply by addressing:

- Access
- Availability
- Affordability



Children and exposure to second hand smoke

Children and infants face the highest level of second hand smoke exposure in the home as they are rarely able to remove themselves from smoky environments. With smaller airways than adults, faster rates of breathing and less developed immune systems, children and infants are generally more vulnerable to any adverse health effects compared with adults (Royal College of Physicians, 2010). Smoking prevalence in the 2014 Nottingham Citizen's Survey was significantly higher amongst respondents with one or more children living in their home compared to respondents with no children living in the home (JSNA, 2015). Exposure to second hand smoke is a particular issue for children living in less affluent areas where adult prevalence is higher and quit attempts are lower (Royal College of Physicians, 2010).

Smokefree outdoor public spaces have a significant role to play in normalising smokefree environments and showing our young people that smoking is the exception rather than the rule (Tobacco Control Advisory Group, Royal College of Physicians, 2010).

Although there is little evidence to show that outdoor exposure to second hand smoke carries significant health risks, there is an increasing body of evidence that demonstrates that outdoor second hand smoke can be comparable to indoor levels under certain conditions (Sureda, et al., 2013).

6.2 Strategic Priority Two: Motivate and assist every smoker to quit

Challenges for Nottingham

- There is a positive correlation between smoking prevalence and deprivation. Several Nottingham wards have exceptionally high levels of smoking which are significantly higher than the city average and almost twice the national average (JSNA, 2015).
- Smoking rates continue to be significantly higher amongst routine and manual groups in the city (JSNA, 2015).
- Smoking prevalence is particularly high amongst adults from Eastern European countries who have settled in the UK including Nottingham (JSNA, 2015).
- Adults who drink at levels which harm their health and adults with substance misuse problems have very high rates of smoking (JSNA, 2015).
- Smoking prevalence is much higher amongst adults with poor mental wellbeing and amongst adults with mental health problems who smoke especially those with serious and enduring mental health problems (JSNA, 2015).
- Available national and local evidence suggests that smoking prevalence is particularly high amongst lesbian, gay, bisexual and trans (LGBT) groups (JSNA, 2015).
- There is a need to increase very brief advice about smoking cessation, to provide the opportunity for all citizens to receive good quality signposting or referral to smoking cessation (JSNA, 2015).

To achieve this priority action we will:

- Actively motivate and assist citizens to stop smoking through the provision of high quality, evidence based services.
- Motivate and assist citizens from groups with high prevalence to stop smoking.
- Develop smokefree NHS sites and improve treatment of smoking in patients.
- To increase referrals of health and social care colleagues to the stop smoking service.
- Ensure workplace smokefree policies are effectively implemented and assist and motivate smokers to quit.
- Encourage and support smokers also using e-cigarettes to stop smoking and access evidence based stop smoking services.

Stopping smoking and harm reduction

Overall, Nottingham has seen a reduction in smoking prevalence since reporting began in 2009 (JSNA, 2015). Enabling an integrated stop smoking approach is essential to achieve the tobacco control objective of motivating and assisting every smoker to quit and to de-normalise smoking. It is important to continually promote the message that stopping smoking is the best option and that it is achievable. It is also important to consider, how in some situations reducing the amount smoked or temporary abstinence may be the right approach. This is acknowledged in the NICE guidance on smoking harm reduction

which states that although the evidence about the health benefits of smoking reduction are unclear, those who reduce the amount they smoke are more likely to stop smoking eventually, particularly if they are using licensed nicotine-containing products (National Institute for Health and Care Excellence, 2013). Emerging evidence shows that electronic cigarettes and other electronic nicotine delivery systems are playing an increasing role in harm reduction in the UK.

In order to ensure that these approaches do not contribute to a widening of health inequalities, it is important that they need to be particularly developed with, and targeted to, groups with higher than average smoking prevalence, and/or where there is greatest risk of smoking related harm. These include low income and routine and manual groups, adults with mental health and/or substance misuse problems, Eastern European migrants, and LGBT groups, and pregnant women (JSNA, 2015). Also where there are emerging issues due to different smoking practices, such as the smoking of tobacco as shisha through waterpipes which is becoming increasingly popular amongst certain groups in cities such as Nottingham (JSNA, 2015).

Mental health and substance misuse

More than 40% of all tobacco consumption is by those with a mental illness (McManus, 2010). Over 50% of those smokers say they would like to stop but are less likely to be offered help to do so (Szatkowski & McNeill, 2013).

Smokers with mental health problems are more likely to smoke more heavily with the heaviness of their smoking related to the severity of their illness (Royal College of Physicians, 2013). There is also considerable evidence to show high rates of smoking amongst health professionals who work in mental health settings. (Khara & Okoli, 2011) Surveys have revealed that people with all categories of mental health problems have higher levels of smoking. However, much higher rates of smoking have been observed among those living in mental health institutions with nearly three quarters reporting as smokers (McManus, 2010).

A systematic review (Taylor, 2014) found significant improvements in anxiety, depression, and stress following smoking cessation. The size of the effect was as large amongst patients with mental health problems as with those without, and similar or larger than those of antidepressant treatment for mood and anxiety disorders. This supports the view that smoking cessation is positive for mental health, and that it is the withdrawal symptoms from smoking that cause worsening of mental health symptoms rather than smoking improving them.

There is a strong relationship between smoking and substance misuse and treatment. The majority of studies show that adding smoking cessation therapy to substance abuse treatment programmes yields higher overall drug and alcohol abstinence (Tsoh et al, 2011). There is an unmet clinical need of smoking cessation support not being delivered to this high prevalence population (Thurgood, 2015).

Smoking and ethnicity

Levels of smoking vary greatly between different ethnic groups and between men and women within these groups (Millward & Karlsen, 2011). Adherence to religious traditions which discourage tobacco use may account for part of these differences. While

smoking prevalence has declined amongst the general adult population this pattern does not seem to be reflected in some black and minority ethnic communities. (Millward & Karlsen, 2011). National survey data and locally the Citizen Survey shows that smoking prevalence is particularly high amongst recent migrants from Eastern Europe, who have come from countries with a much higher smoking prevalence than in the UK. Tobacco use among these groups has important implications when planning health services, tackling health inequalities and lifestyle related disease and providing stop smoking services.

Lesbian, gay, bisexual, transgender (LGBT) groups

Research suggests that a higher percentage of gay and lesbian adults and teenagers are regular smokers compared to the rest of the population and that among LGBT communities a high proportion are heavy smokers (National Centre for Smoking Cessation and Training and Public Health England, 2014). The LGBT Foundation recommends that stop smoking services should consider LGBT service users by ensuring that: staff receive training on LGBT issues; promotional materials use LGBT language and imagery; and that service user sexual orientation and gender identity is monitored and this data is used to improve services (LGBT Foundation, 2015).

Local NHS Stop Smoking Services

Local NHS Stop Smoking Services are extremely cost effective and behavioural support combined with the use of quitting aids (nicotine replacement therapy) can increase a smoker's chance of quitting significantly (National Institute for Health and Care Excellence, 2008). The All Party Parliamentary Group on Smoking and Health described



the services as one of the most cost-effective interventions provided by the NHS and concluded that commissioning of stop smoking services should be a priority for local authorities (Health and Social Care Information Centre, 2015).

The number of people accessing stop smoking services has declined significantly over the past three years in England so that the number accessing in 2014/15 was lower than in 2004/05 (Health and Social Care Information Centre, 2015). This is due to annual decreases in uptake such as a 23% reduction from 2013/14 to 2014/15 nationally and a 21% reduction in Nottingham City. Reasons for this are currently being explored nationally, but may be due to the reduction in funding and change in commissioning of services, the change in the population profile of smoking as the prevalence of smoking decreases, and the availability and use of electronic cigarettes to help people cut down the amount and frequency they smoke, and quit smoking.

Electronic Cigarettes' (E-cigarettes) role in helping smokers to quit

The 2015 Public Health England commissioned report into the evidence base associated with e-cigarettes (McNeil, 2015) found that around 5% of the general adult population in England (and GB) use e-cigarettes. Current users are almost exclusively smokers or ex-smokers and use amongst long-term ex-smokers is considerably lower than among recent ex-smokers. E-cigarettes are the most popular quitting aid in England whilst local stop smoking services (LSSS) provide the most effective support. In 2014/15, quitters who have combined e-cigarettes with LSSS have experienced exceptionally high successful quit rates. The report recommends that smokers who have unsuccessfully tried other methods of quitting could be encouraged to try e-cigarettes and that local stop smoking services should also offer behavioural support. These are approaches that will be developed locally in light of the continuing emerging evidence base on e-cigarettes and their role is reducing tobacco-related harm.

Nottingham Smoking Cessation Service

The City Stop Smoking Service was established in 2000. New Leaf works in partnership with a wide range of stakeholders including Clinical Commissioning Groups, GPs, the City Council, Nottingham University Hospitals HNS Trust, Nottinghamshire Healthcare NHS Trust, Community Pharmacists, the voluntary and third sector and workplaces to promote and increase access to the service.

The service offers a comprehensive package of evidence based service including intensive behaviour change support delivered by specialist advisors. Service delivery has been developed and expanded overtime to provide support in more than 50 local sessions across the city including evening and weekend provision and dedicated telephone support to improve equitable access.

During 2015/16 New Leaf and its commissioners agreed targets to build on existing work prioritising hospital patients, people with mental health problems, pregnant women and routine and manual groups.

6.3 Strategic Priority Three: Reduce the supply and demand of illegal tobacco

Challenges for Nottingham

- Illegal tobacco in the city is associated with national, and international serious and organised crime (JSNA, 2015).
- Illegal tobacco is a significant source of the tobacco smoked in the city (JSNA, 2015).
- Illegal tobacco undermines tobacco control activity by making tobacco more accessible to children and young people and communities already experiencing significant tobacco related harm (JSNA, 2015).
- Illegal tobacco can be an increased fire risk as often illicit and counterfeit tobacco products are not self-extinguishing (JSNA, 2015).

To achieve this priority action we will:

- Increase awareness of the dangers of illegal tobacco
- Reduce the supply and demand of illegal tobacco
- Ensure high levels of compliance are maintained
- Establish a local evidence base on illegal tobacco in Nottingham
- Allocate resources to tackle illegal tobacco
- Work at a wider level where appropriate

Price is the single most effective lever in helping smokers to stop. This is especially the case for young people and those on a low income who are disproportionately affected by the high cost of tobacco (Tackling Illicit Tobacco for Better Health partnership, 2014). Access to cheap illegal tobacco undermines tobacco tax policies and harms health by potentially increasing tobacco use. In order to tackle the problem effectively a range of actions need to be taken at international, national, regional and local levels.

Illegal tobacco brings crime into our communities and neighbourhoods and increases cases of nuisance and noise. The age of sale for tobacco is 18 years however the sale of illegal products is completely unregulated and allows young people easy access. The buying and selling of illegal tobacco is not an innocent crime. It is linked to serious and organised crime including people trafficking, drug and firearms smuggling (Tackling Illicit Tobacco for Better Health partnership, 2014).

It is important to avoid the message that genuine tobacco is safer or better quality than the fake versions. All tobacco is harmful and cigarettes kill half of all smokers whether they are legal or not.

Cheap illegal tobacco undermines everything that tobacco control programmes put in place to reduce health inequalities and the seriousness of its impact in our communities should not be underestimated.

The Fake Campaign

The Fake Campaign enables Trading Standards to communicate with citizens using a consistent and effective message and provides a safe means for citizens to report the availability of illegal tobacco. Trading Standards is committed to working in partnership to make a difference in this area and to reduce the supply of illegal tobacco across the city. The service works in partnership with Nottinghamshire Police, HM Revenue and Customs (HMRC), citizens, local businesses, stop smoking services and regional colleagues to stop the sale and distribution of these goods by seizing any illegal products sold from any premises including private addresses. Key to success is the ability of Trading Standards to secure local intelligence and act upon it.



6.4 Strategic Priority Four: Leadership, innovation, and development in tobacco control

Challenges for Nottingham

- Not all key stakeholders are fully engaged in tobacco control.
- Change in smoking prevalence and the groups that smoke the most require innovative communication strategies to raise awareness of tobacco related harm, approaches to reduce harm and where citizens can access support.
- Current approaches and interventions do not to reach all groups with high smoking prevalence and that have the greatest risk of tobacco related harm.
- We need to adapt local interventions to the evolving evidence base and new technologies in relation to harm reduction and stop smoking support and nicotine delivery systems.
- There is a risk that without local development and innovation in tobacco control, local inequalities in tobacco related harm may widen.

To achieve this priority action we will:

- Continue to support and endorse the principles set out in the Local Government Declaration on Tobacco Control.
- Encourage and support public, private and voluntary sector partners to sign the Community Declaration on Tobacco Control.
- Ensure our vision for tobacco control is widely understood and shared by others across partner organisations.
- Ensure senior elected members, clinical leaders and colleagues assert a clear ambition for tobacco control in the city.
- Establish a broader network of partner organisations involved in a tobacco control partnership.
- Develop a consistent, coherent and coordinated communication strategy.
- Support new tobacco control legislation with effective communication across the city.
- Review and utilise new research and guidance to develop evidence based tobacco control interventions.
- Develop innovative new approaches to smoking cessation and tobacco control that we will evaluate to inform the local and wider tobacco control evidence base.

Leadership

Effective tobacco control needs to be driven by local priorities, local action and local leadership (Department of Health, 2008). Strong and effective leadership is essential to provide the political will, strategic thinking and high level recognition that tackling smoking in Nottingham is a priority.

A comprehensive tobacco control agenda requires a structure that supports clear accountability and strategic decision making as well as allowing for a wide range of partners with different expertise to engage with the agenda at different levels. Reducing smoking prevalence requires a co-ordinated multi-agency, multi-sector approach with clear



outcomes to which managers and leaders at every level are held accountable (Department of Health, 2008). Responsibility for tobacco needs to be joined up and cross boundary.

In order to create a joined-up approach and tackle tobacco control as a shared priority a strategic partnership, with members able to work together is fundamental. A strong partnership will bring together all of the proposed actions in this strategy, taking an ad-hoc approach will fail to have any impact on reducing smoking prevalence and in turn inequalities. By working in partnership with a range of partners the harmful effects of tobacco use and the benefits of quitting can be better communicated while the wider health needs of our citizens will be met more effectively. Partnerships are an asset in moving the tobacco control agenda forward.

Communication is central to tobacco control. Effective communications activity brings together the different elements of tobacco control, raises awareness of tobacco control issues and strengthens public support for the agenda.

Establishing a communications component as part of a strategic approach to tobacco control, for both internal and external communications, is vital. We must ensure that

all partners are on message and that clear and consistent messages are being relayed to local citizens.

In the city we need to make sure that tobacco control communications link with and build upon national communication campaigns and opportunities presented through changes and development in tobacco legislation.

In order to have the most impact, locally developed communications should promote local issues and services and engage with and utilise insight from priority groups.

Innovation and development

Tobacco control is a rapidly evolving field which responds to changes in tobacco use and smoking behaviour globally. In Nottingham as in the UK, adult and young person's smoking prevalence continues to decrease, but as highlighted in this strategy, there are many groups and communities with high smoking prevalence that may continue to experience greater tobacco related harm than the general population unless new interventions are tried and tested. Emerging issues such as the growing use of shisha and different patterns of smoking behaviour and attitudes to smoking amongst recent migrants to the city require new approaches.

There is developing emerging evidence base around the need to develop approaches to reduce harm other than the abrupt stop smoking approach (National Institute for Health and Care Excellence, 2013). This includes the opportunity presented by electronic cigarettes and other nicotine delivery systems which needs to be considered and utilised at a local level (McNeil, 2015). There is wide variation in local response to these new technologies. It is therefore important that local tobacco control and stop smoking specialists and leaders continue to monitor this evidence base and determine how best to utilise these technologies to contribute to reduce tobacco related harm.

Changes to national legislation such as the ban on smoking in cars with children and the introduction of plain packaging also present an opportunity for local response so that we can build on them to accelerate the reduction in local smoking prevalence.

By working with the regional, national and international tobacco control networks and academic partners we will identify and develop innovative approaches to tobacco control.



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