Oxfordshire Tobacco Control Alliance

THE FINAL PUSH

A draft Tobacco Control Strategy for a smokefree society in Oxfordshire 2020-2025

Contents

Foreword

Smoking tobacco remains the single most damaging action that an individual can do to their health and well-being. The health impact of tobacco usage on the population has been a cause of chronic illness and early death worldwide for decades.

There has been a significant decline in the use of tobacco in the UK since the turn of the Millennium. The combined effects of progressive taxation, legislative regulation and the widely available provision of support to those wanting to stop smoking has seen the level of smoking rapidly decline to the low levels that are now seen locally and nationally.

However, whilst so much progress has been made to reduce overall smoking prevalence, this masks significant health and social inequalities across the County. There is no room for tobacco in our society and there needs to be a concerted effort to eliminate the use of tobacco in all our communities. As we approach this aim, the challenges are altering from the historical changes that we have seen. This will mean that we need to continue to adapt our approach from those which have previously been employed. There is a wealth of evidence on effective local action to reduce the harms from smoking.

Reducing the use of tobacco in our communities is everyone's business and together we can deliver positive results. The Oxfordshire Tobacco Control Alliance was formed in 2018. This is a partnership of local organisations who are working together to end the use of tobacco in Oxfordshire and reports to the Oxfordshire Health Improvement Board. This Oxfordshire Tobacco Control Strategy will provide a bold vision, a set of clear actions and define how public sector strategic leads, local policy makers, commissioners, providers, businesses, the voluntary sector and most importantly the community itself can work together to reduce the number of people in Oxfordshire who smoke and eventually eliminate the use of tobacco from the County.

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Introduction

Smoking is widely accepted as one of the most detrimental behaviours which can affect the health of our communities and increase the risk of suffering serious illness and premature death.

Cigarettes are the cause of death for about half of all long-term smokers and greatly contribute to increased morbidity in those who are long-term smokers[1]. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

Nicotine is addictive, and is one of the key reasons why it can be difficult for smokers to quit. Whilst addictive nicotine is not the cause of smoking related deaths, it is the 4000 chemicals in tobacco which cause the harm to health, over 50 of which can cause cancer[2].

About half of attempted quits are made without the use of Nicotine Replacement Therapy (NRT) or other aids[3]. The use of NRT and licenced pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking. The likelihood of successfully quitting in the long term is increased by three times[4], through the use of Local Stop Smoking Services which provide behavioural support to aid quitting.

In England there have been concerted efforts to reduce the number of smokers in the population and the increased education of the harm that smoking has on the health of smokers. Whilst there have been considerable reductions in the smoking population from 45% in 1974, in 2018 14.4% of adults in England still smoke[5]. While hundreds of thousands of people in England stop smoking every year, many still start using tobacco and nearly all of those who are in their teens or early twenties.

There has been a significant reduction in smoking both nationally and locally which is welcome, but this reduction and the harms that tobacco causes on those in the community who smoke is not equally distributed. There are deep inequalities related to tobacco use. The use of tobacco and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our communities. Smoking is the single largest driver of health inequalities in England, accounting for half the difference in life expectancy between those living in the most and least deprived communities[6]. Smoking is much more common among people with lower incomes. The more disadvantaged a person is, the more likely they are to smoke and to suffer from smoking related illness and early death related to smoking[6]. As spending on tobacco consumes a relatively high proportion of the household income for people with low incomes who smoke, smoking can lock people into poverty.

[1]Doll, R., Peto, R., Boreham, J. and Sutherland, I. (2004) Mortality in relation to smoking: 50 years' observations on male British doctors
[2]World Health Organisation (2012) Why is smoking an issue for non-smokers?
[3]Action on Smoking and Health (2019) The End of Smoking
[4]Public Health England (2019) Health matters: stopping smoking - what works?
[5]NHS Digital (2019) Statistics on Smoking, England - 2019
[6]Action on Smoking and Health (2019) Health Inequalities and Smoking

In addition to its impact on health inequalities, smoking also brings a huge financial cost to wider society. Action on Smoking and Health (ASH) estimates the cost of smoking to England's economy to be £12.6 billion each year[7].

Where smoking is more visible in homes, communities and workplaces, there is higher likelihood that smoking will be taken up by the next generation. Children and young people who live with parents who smoke are nearly three times more likely to become smokers themselves than their peers who do not live with smokers[8]. If smoking is more visible and perceived to be socially normal behaviour, there is a higher likelihood to experiment with tobacco. The "de-normalising" of smoking is important in changing of attitudes in children and young people to the use of tobacco.

There has traditionally been a focus in Oxfordshire on the provision of universal Local Stop Smoking Services to address the reduction in the prevalence of smoking in our communities. This was the best approach when the numbers of smokers in society were much higher. Now that we are approaching a situation where we have significantly fewer smokers than twenty years ago, a different multi-faceted approach needs to be taken for the final push to a smokefree society. To build a healthier and smokefree Oxfordshire, there is a need to continue to prevent the uptake among young people, reduce the supply and demand of illicit tobacco through regulation and enforcement, reduce exposure to second hand smoke through creating smokefree environments, and focus efforts to support people to stop smoking in communities where smoking rates are still higher than the wider population.

The interventions required to successfully de-normalise smoking achieve a smoke free Oxfordshire may be considered as "nanny statist" or an assault on personal choice by some people. The whole system approach to make smoking less visible, is not banning the choice of people who choose to smoke. It aims to create smoke free environments in more places in our communities, protecting the free choice of the nine out of ten residents of Oxfordshire who choose not to smoke, from exposure to second hand smoke and other impacts of tobacco use

Therefore, a comprehensive and strategic approach to tobacco control should be a new priority for Oxfordshire. To achieve this, all parts of our system will have their part to play.

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[7]Action on Smoking and Health (2019) Ready Reckoner
[8]Action on Smoking and Health (2019) Young People and Smoking

The National Picture

Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes.

In 2017 the Government published its Tobacco Control Plan for England 2017-22[9]. The Plan provides a blue print for a whole system approach for partners to work together at both National and local levels. The vision is to create a smokefree generation by 2030 which is achieved when the national prevalence is at 5%.

The Secretary of State for Health and Social Care has set out a commitment to upscaling prevention in the NHS Long Term Plan[10]. The NHS Long Term Plan has highlighted the contribution the NHS can make to tackling tobacco dependence, especially for hospital inpatients, pregnant women and long-term users of mental health services. In time, this will bring new opportunities for reducing local inequalities in smoking prevalence. In delivering the NHS Long Term Plan, Sustainability and Transformation Partnerships and Integrated Care Systems require a population view of health, reducing smoking prevalence provides a clear focus for collaboration between local government and the NHS as it remains the leading preventable cause of population ill-health.

Effective tobacco control includes various national policies, overseen and implemented by central Government. However locally the Council, and other local stakeholders, have a responsibility alongside central Government to support the implementation of these to maximise their potential to reduce smoking prevalence rates. The Tobacco Control Plan for England 2017-22[9] has the following actions directed towards local areas:

Stamping out inequality: smoke-free pregnancy. Reduce the prevalence of smoking during pregnancy to improve life chances for children:
- All Clinical Commissioning Groups (CCGs), NHS Trusts and Local Authorities fully implementing National Institute for Care and Excellence (NICE) Guidance including Smoking: stopping in pregnancy and after childbirth (PH26)[11] which recommends that all pregnant women are CO screened and those with elevated levels referred via an opt-out system for specialist support.
- Local areas, especially those with smoking in pregnancy prevalence above the national average, identifying local Smoke-free Pregnancy Champions to consider how prevalence can be reduced in their locality and lead action to achieve this.

Supporting smokers to quit. Stop Smoking Services*:*
- Local areas developing their own tobacco control strategies, based on NICE evidence-based guidance.

Parity of esteem. Supporting people with mental health conditions:

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[9]Department of Health and Social Care (2017) Towards a smoke-free generation: a tobacco control plan for England
[10]NHS (2019) NHS Long Term Plan
[11]NICE (2010) Smoking: Stopping in pregnancy and after childbirth

- Commissioners and providers of the local health and social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions.
- NICE guidance PH48[12] and PH45[13] fully implemented in all mental health contexts. This will mean the full roll out of comprehensive smoke-free policies in all mental health units by 2018, as recommended in the 2016 Independent Mental Health Taskforce Report 'The Five Year Forward View for Mental Health'[14].

A smoke-free NHS, leading by example. Create and enable working environments which encourage smokers to quit:
- All employers making good use of information and momentum generated by national campaigns such as 'Stoptober' and regional campaigns to promote stopping smoking amongst their employees.

Eliminating variation in smoking rates - ***A whole system approach.*** Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis:
- All health professionals engaging with smokers to promote quitting.
- Clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status.
- All NHS hospitals fully implementing NICE PH48[12] guidance supporting cessation in secondary care.

Local inequalities. Eliminating health inequalities through targeting those populations where smoking rates remain high:
- Regions and individual local councils coming together to agree local ambitions around which collective action can be organised.
- Local health and wellbeing partners participating in 'CLeaR', an evidence-based improvement model that can assist in promoting local tobacco control activities.
- Local partners identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population.

Public awareness*:* Use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking:
- Local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns.

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[12]NICE (2013) Smoking: acute, maternity and mental health services
[13]NICE (2013) Smoking: harm reduction
[14]Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health

Smoking Rates in Oxfordshire

There is a continuing decline in the proportion of people who smoke in the County. Current data, from 2018, shows that 10.1% of adults in Oxfordshire smoke, below the South-East (12.9%) and England (14.4%) levels. This is a decrease from 16.2% in 2011. More detail is available in Table 1 and Figure 1 below.
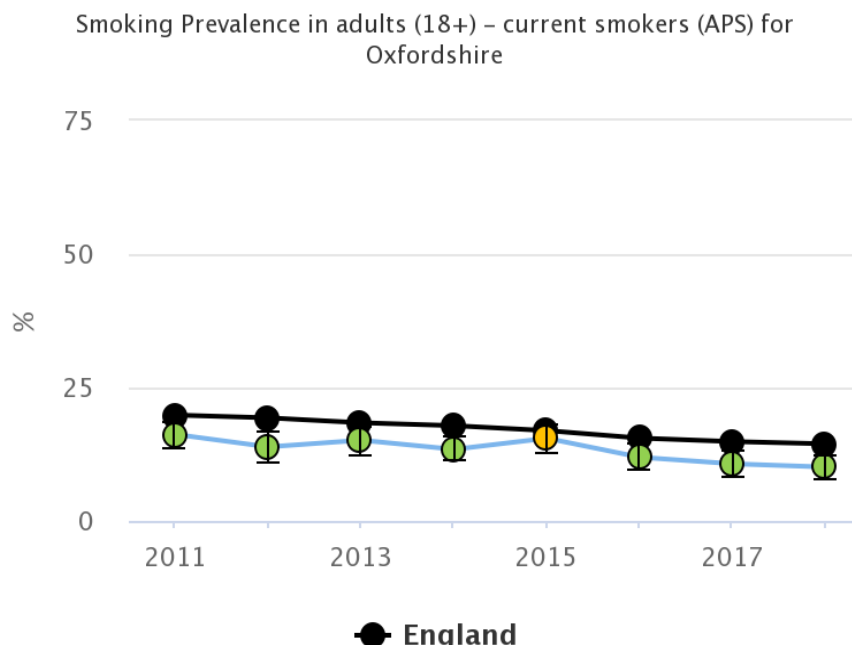

Smoking Prevalence in adults (18+) – current smokers (APS) for Oxfordshire

Figure 1. Smoking prevalence in Adults in Oxfordshire 2011-18 *Source: Annual Popul ation Survey (APS)*

Period		Count	Oxfordshire Value	Lower CI	Upper CI	South East region	England
2011	🟢	83,655	16.2%	13.7%	18.7%	18.2%	19.8%
2012	🟢	72,254	13.9%	11.1%	16.6%	17.9%	19.3%
2013	🟢	79,240	15.1%	12.5%	17.8%	17.2%	18.4%
2014	🟢	70,876	13.4%	11.2%	15.7%	16.5%	17.8%
2015	🟠	82,376	15.5%	12.9%	18.1%	15.9%	16.9%
2016	🟢	63,916	11.9%	9.5%	14.3%	14.6%	15.5%
2017	🟢	57,695	10.7%	8.2%	13.2%	13.7%	14.9%
2018	🟢	54,804	10.1%	7.8%	12.4%	12.9%	14.4%

Table 1. Smoking prevalence in adults (18+) current smokers *Source: Annual Populati on Survey (APS)*

While the overall smoking levels in Oxfordshire are encouraging, there are inequalities in those who smoke:

- 17% of people in routine and manual occupations smoke (South East 25%, England 25.4%)
- 36.4% of people with a serious mental illness smoke (South East 38.5%, England 40.5%)
- 22.7% of people with a long-term mental health condition smoke (South East 25%, England 26.8%).

The number of women who smoke while pregnant is currently 7.5% (South East 9.7%, England 10.6%), this equates to 484 women. While the proportion is less than regional and national levels, there has been a static level in Oxfordshire and, unlike the overall population, there has not been a declining trend as shown in Figure 2.
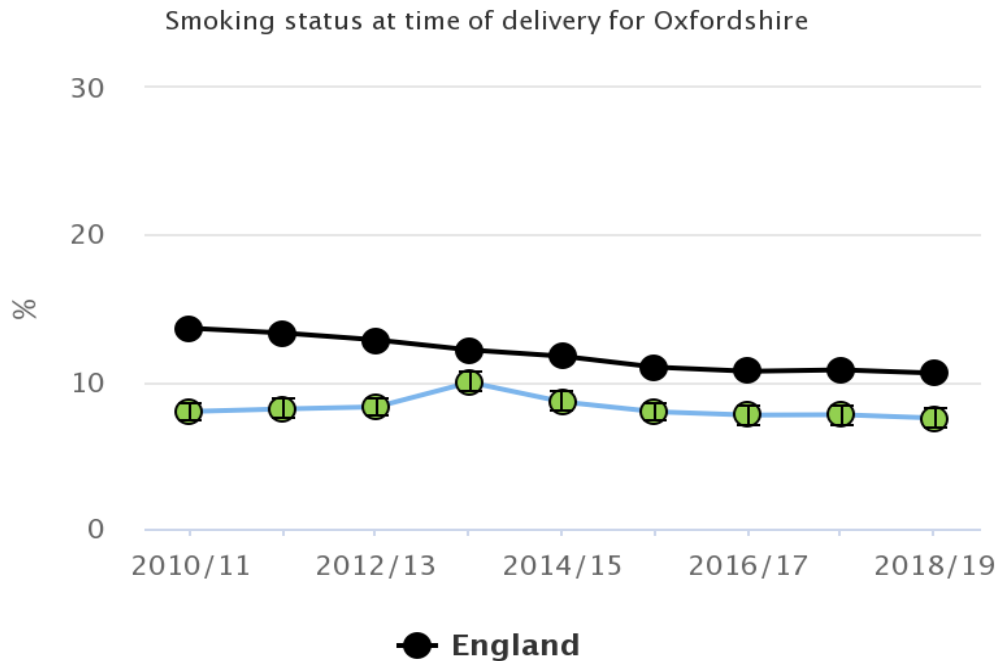

Smoking status at time of delivery for Oxfordshire

● England

Figure 2. Smoking status at time of delivery *Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)*

The most recent national data available on smoking in young people is from 2014/15. While this data is from five years ago, the prevalence of smoking in young people was reported as:
- Regular smokers aged 15 - 5.7% (England 5.5%)
- Occasional smokers aged 15 - 4.7% (England 2.7%)
- Tried electronic cigarettes - 16.2% (England 18.4%)

Stop Smoking Activity in Oxfordshire

It is estimated that approximately 30% of smokers every year make a serious attempt to quit. Most are unsuccessful with only 5% of smokers achieving a successful attempt at stopping smoking. Of these 5% each year[3]:

- 2% quit through a Local Stop Smoking Service
- 8% get professional advice and use medication (i.e. nicotine patches)
- 14% use medication they bought over the counter at a pharmacy
- 35% succeed on their own without any help
- 41% use an electronic cigarette

Oxfordshire County Council currently commission a Local Stop Smoking Service, known as Smokefreelife Oxfordshire, to help smokers to quit with the use of pharmacotherapy and behavioural support. In 2018/19 this Local Stop Smoking Service delivered 2000 successful four-week quits for local residents who smoke. There has been a reducing rate in the numbers of those quitting observed nationally, however in Oxfordshire this trend has not been observed in the past four years where a significant increase in the quit rate per 100,000 smokers has been observed (Figure 3). While the local trends of Local Stop Smoking Service are encouraging it must be remembered that the system needs to consider the 98% of smokers in the County who do not quit or access these types services in an attempt to quit smoking.
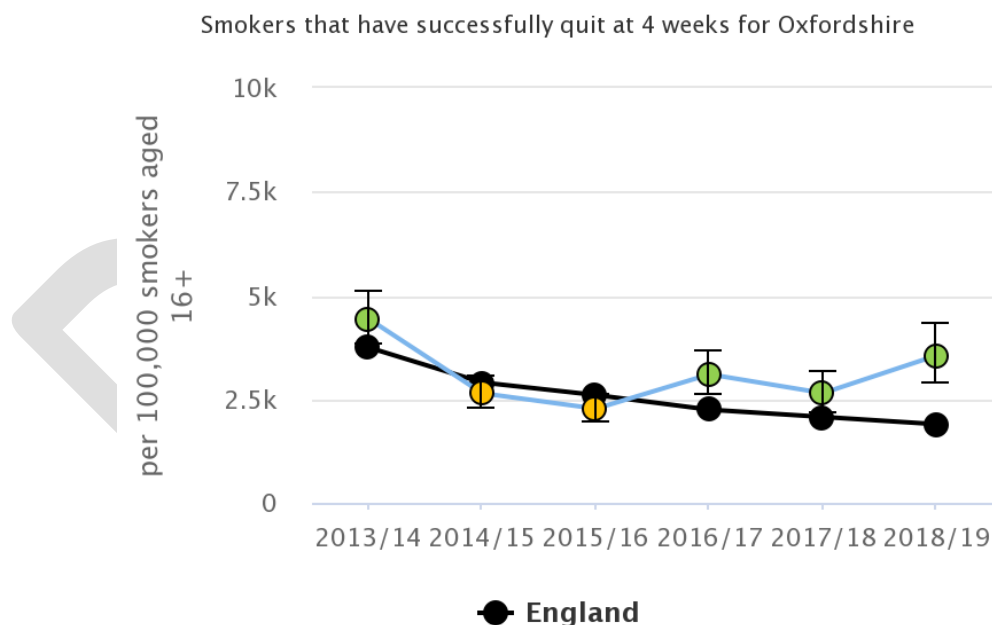

Figure 3. Smokers that have successfully quit at 4 weeks in Oxon *Source: Population Health Analysis Team, Public Health England*

The Effects of Smoking on the wider community of Oxfordshire

The effect of the taxation policies of successive governments has made smoking more expensive and a deterrent to some. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year on their habit. The 54,804 residents in Oxfordshire who currently smoke spend approximately £73.7 million a year on tobacco products.

Smoking not only has an impact on the health of the population, there is also a wider cost to society. The ASH Ready Reckoner[7] estimates the costs of smoking tobacco at a local level. For Oxfordshire, in 2019, the estimated costs to society was **£121.7 million** per year (£1.9 billion across the South East and £12.5 billion across England). This cost is accrued across a range of domains as shown in Figure 4.

Healthcare Costs - The total annual cost of smoking to the NHS across Oxfordshire is about £25.7 million.
- There are approximately 4,249 hospital admissions for smoking-related conditions at a cost of £9.8 million
- The cost of treating smoking- related illness via primary care and ambulatory care services is £15.9 million.
- It is estimated that treating smoking-related illnesses in Oxfordshire requires around 253,670 GP consultations, 85,580 practice nurse consultations and 47,130 outpatient visits. This is an avoidable use of valuable resources if people did not smoke.

Social Care Costs - Many current and former smokers require care in later life as a result of smoking related illnesses. Each year this costs society in Oxfordshire an additional £7.4million - £6 million is funded by the Local Authority social care budget and £1.4 million is paid by individuals who self-fund their care.

Productivity Costs - Smokers take more sick leave from work than non-smokers and smoking increases the risk of disability and early death. This has an impact on the local workforce and economy. It is estimated that each year £86 million of potential wealth is lost from the local economy in Oxfordshire as a result of lost productivity due to smoking. Each year it is estimated that:
- There are 730 early deaths due to smoking which result in 1,037 years of lost economic activity, costing businesses about £32.3 million.
- 162 employees in Oxfordshire are economically inactive and unable to work due to smoking related illness, resulting in an annual cost to business of £7.8 million
- Absenteeism due to smoking related illness results in about 94,640 days of lost productivity costing a further £13.7 million
- The estimated cost to business of smoking breaks for smokers is £32.3 million.

Littering Costs - Tobacco usage has an environmental impact in our community. 62% of people drop litter and smoking materials constitute 35% of all street litter. Most cigarette filters are non-biodegradable and must be collected and disposed of in landfill sites.

Smokers in Oxfordshire consume about 442,510 cigarettes every day! This results in approximately 64kg of waste daily from cigarettes. This represents around 23 tonnes of waste annually, of which 10 tonnes is collected by the Councils.

House Fire Costs - Smoking materials are a major contributor to accidental fires in England with around 7% being smoking related. Fatalities are disproportionately high in smoking related fires, representing 49% of all house fire deaths. It is estimated that Oxfordshire Fire and Rescue Service (OFRS) will attend about 25 smoking related house fires in the County each year. As a result of this £2.7 million is lost annually to smoking related house fires.

- Smoking related fires are expected to be responsible for approximately one fatality every two years, resulting in average societal losses of £1.1 million.
- In addition to deaths, smoking related fires are expected to result in 4 non-fatal injuries each year, further increasing the societal cost by approx. £450,000.
- Smoking attributable fires will also result in property damage at an average annual cost of £1.1 million.
- The annual cost to OFRS for responding to smoking related fires is £94,160

Breakdown of costs Oxfordshire
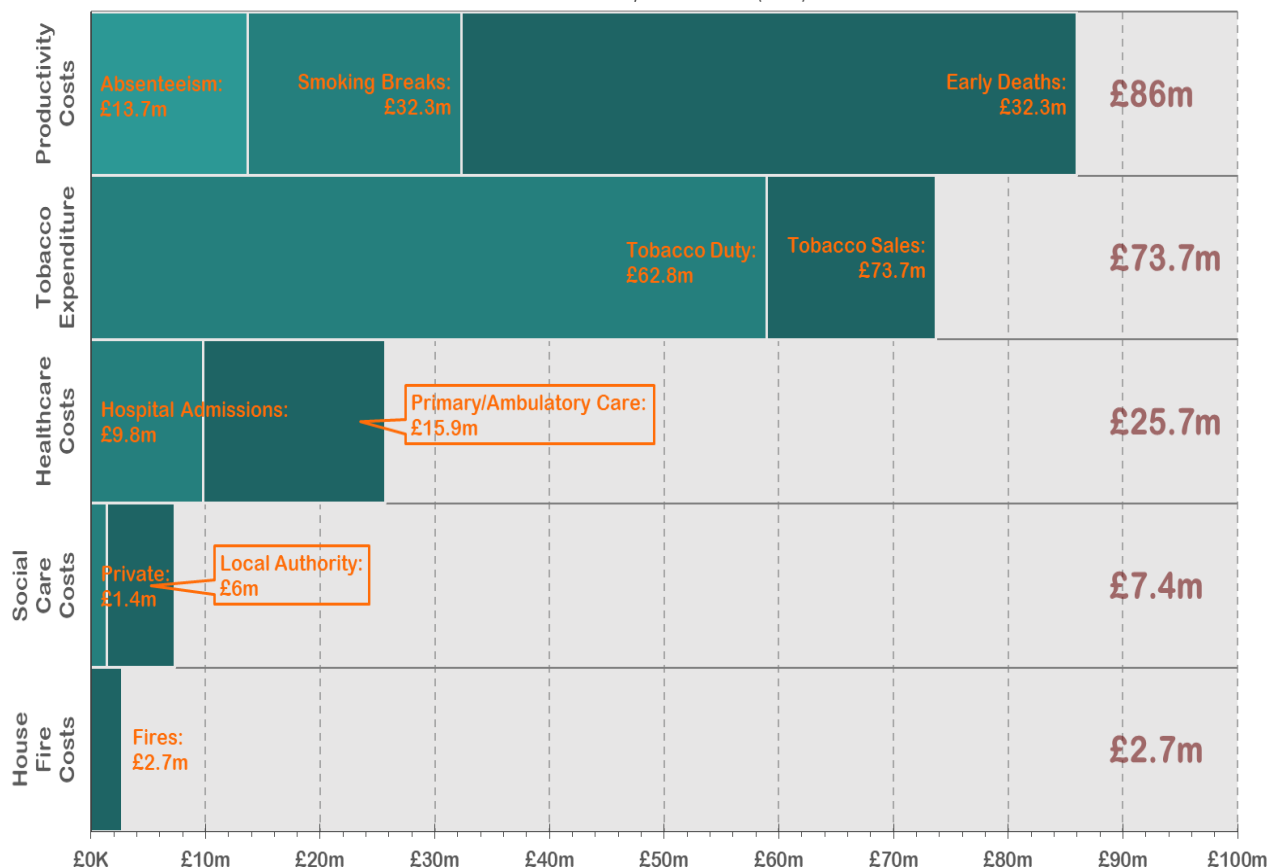Source: ASH Ready Reckoner v7.0 (2019)

Figure 4. Breakdown of costs to society of smoking in Oxfordshire Source ASH Ready Reckoner v7.0 (2019)

The Priorities for Oxfordshire 2020-2025

This is the first Oxfordshire Tobacco Control Strategy produce by the Oxfordshire Tobacco Control Alliance and is a reflection of the cooperation now developing with a wide range of partners. With our overall adult population percentage now approaching single figures, now is the time for an ambitious vision and a wider system approach to eliminating tobacco use from our communities.

By 2025 we aim to:
- **Reduce the prevalence of smoking in the adult population to below 5% by 2025.**
- **Reduce the prevalence of smoking in routine and manual workers to below 10%**
- **Reduce the prevalence of smoking in those with a serious mental illness to below 20%**
- **Reduce the prevalence of women who smoke at the time of delivery to below 4%**
- **Reduce the prevalence of smoking at age 15 below 3%**

We realise that the ambition to eliminate tobacco use in Oxfordshire cannot be achieved by any one organisation alone. The Strategy will be supported by a detailed annual action plan which will be agreed by all partners of the Oxfordshire Tobacco Control Alliance. The objectives for reducing tobacco control in Oxfordshire will adopt a whole system approach across four pillars as shown in Figure 5 below.
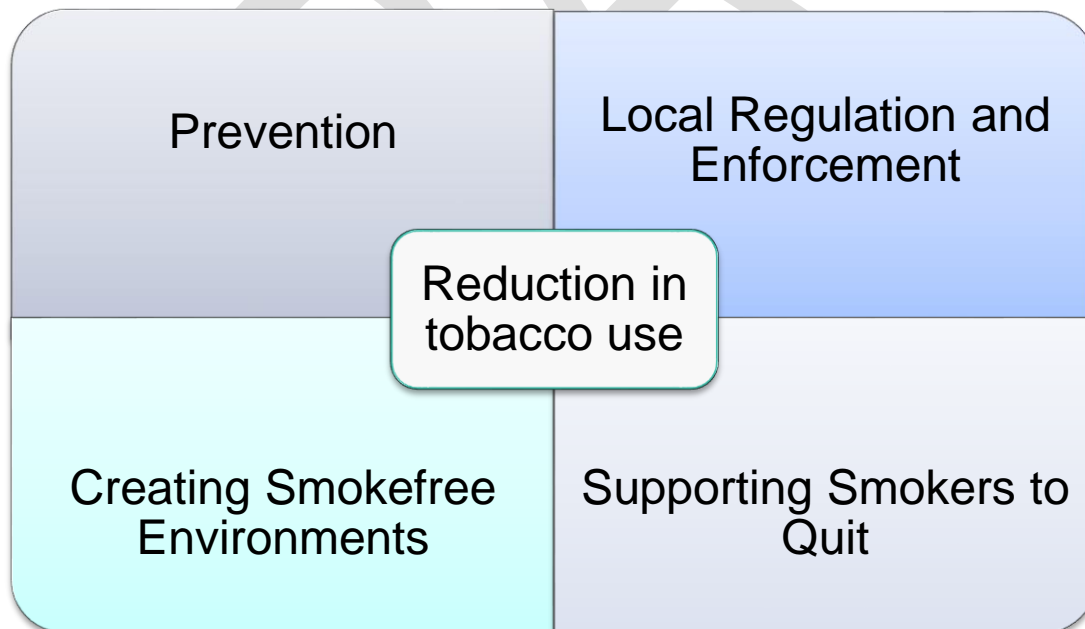

Prevention	Local Regulation and Enforcement
Reduction in tobacco use	
Creating Smokefree Environments	Supporting Smokers to Quit

Figure 5. Four pillars for a whole system approach to tobacco use.

1. Prevention

Smoking is not an adult choice but an addiction of childhood, 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18 before fully understanding the associated health risks[8]. Reducing the numbers of young people who smoke can hasten the decline in the adult population.

Tobacco smoke hurts local people even before birth with maternal smoking causing 5,000 miscarriages, 300 perinatal deaths and over 2,000 premature births in the UK every year[15]. Maternal smoking after birth is associated with a threefold increase in the risk of sudden infant death.

We will:

- **Ensure that the most vulnerable children and young people are supported not to start smoking.**
- **Provide access to training for all health professionals on smoking cessation.**
- **Promote NICE Guidance including Smoking: stopping in pregnancy and after childbirth (PH26)[11]**
- **Identify local Smokefree Pregnancy Champions.**
- **Reduce the prevalence of smoking during pregnancy, ensuring a robust and effective pathway for both women and their partners for identification, referral and support to stop smoking.**

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[15] Royal College of Physicians (2010) Passive Smoking and Children

2. Local Regulation and Enforcement

It is essential that there is effective illicit tobacco enforcement across Oxfordshire. Cheap illicit tobacco fuels smoking inequalities and is linked to crime at many levels[16]. Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation and making it harder for smokers to quit. The Oxfordshire County Council Trading Standards Service has an intelligence led approach to enforcement for underage and illicit sales of tobacco. This has led to more targeted work and a greater focus on those traders causing the most harm.

Some Local Authorities have carried out enforcement activities to raise awareness amongst local people about the issue of dropping cigarette litter. This has involved educational campaigns alongside enforcement. This can help address the environmental and cost burden of tobacco litter.

We will:
- **Adopt a joined-up approach to tackling the supply and demand of illicit tobacco with key partners, including promotion of good trading practice.**
- **Raise public awareness, through mass-media campaigns, of the effect of illicit tobacco on society and increase the number of people who volunteer intelligence.**
- **Support regional programmes to reduce illegal tobacco.**
- **Ensure effective prosecutions continue to be pursued in appropriate cases based on intelligence received.**
- **Take actions to reduce the sale of tobacco related products and electronic cigarettes to people underage.**
- **Take actions to ensure compliance to regulation relating to electronic cigarettes.**
- **Raise awareness of the issue of cigarette littering and increase enforcement for littering.**

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[16] Smokefree Action (2016) Smoking: Illicit tobacco

3. Creating Smokefree Environments

Promoting smokefree communities protects our residents from tobacco related harm and the harms of second-hand smoking. The legislation introduced in 2007 has rapidly changed the presence of smoking in our communities, which has been welcome by many. Further legislation prohibiting smoking in a vehicle with children under 18 further demonstrates how using legislation can protect our young people from the harms created by others smoking.

By restricting where people can smoke, local partners can create healthier environments for the 90% of people who do not smoke. By reducing the visibility of smoking permissive locations, the normalisation of smoking is reduced which will make the sight of people smoking to be seen as unusual (it would be considered unimaginable to see someone smoking at a table in a restaurant). By compelling smokers to remove themselves from defined areas to smoke, there is increased chance that they will consider stopping.

We will:
- **Encourage workplaces to promote smokefree environments and support staff to quit smoking.**
- **Ensure that local NHS Trusts are smokefree with comprehensive smokefree policies; including encouraging smokers using, visiting or working in the NHS to quit.**
- **Explore further opportunities to protect both adults and children from the harm of second-hand smoke.**
- **Support organisations working across the community to promote smokefree environments including homes, cars, play parks and school gates.**
- **Through local mass-media campaigns, promote smokefree environments**
- **Train and support staff working with families to promote smokefree homes and cars.**
- **Continued enforcement of smokefree legislation in our community.**

4. Supporting Smokers to Quit

The prevalence of smokers in Oxfordshire is lower than the national average, but there are stark inequalities in the population who smoke. Focussing on the groups with higher smoking rates with targeted approach to quit support is essential to address the local inequalities.

The NHS through the Smokefree NHS including hospital and maternity services alongside the Local Stop Smoking Service have a key role to play in supporting patients, pregnant women and their families to quit smoking. The requirement for NHS Trusts to become smokefree by the end of 2019/20[17] and complying with NICE guidance[12], should facilitate staff training and the embedding of referral pathways to NHS funded tobacco dependency services in hospitals.

We will;

- **Reduce health inequalities through targeting those populations where smoking rates remain high including routine and manual workers, unemployed and those living in the most deprived communities.**
- **Commission targeted, community-based client friendly Local Stop Smoking Services which priorities high risk and vulnerable groups.**
- **Train all front-line health care workers in brief intervention/making every contact count (MECC) to raise the issue of smoking, advice on the benefits of stopping, create access to medications and encourage annual quit attempts.**
- **Ensure that all care providers and health practitioners can refer direct to the Local Stop Smoking Services or NHS funded tobacco dependency services**
- **Through local mass-media campaigns, integrating with national campaigns, raise awareness of Local Stop Smoking Services and encourage all smokers to have annual quit attempt.**
- **Promote NICE Guidance PH48[12] to hospital trusts**
- **Reduce the prevalence of smoking in people with mental health conditions and learning disabilities, offering targeted interventions and ensuring that mental health trusts learning disability services are able to support smokers in their care.**
- **Ensure an evidence-based approach is taken to the promotion and use of electronic cigarettes that is disseminate to all partners**

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[17]NHS England (2014) Five Year Forward View