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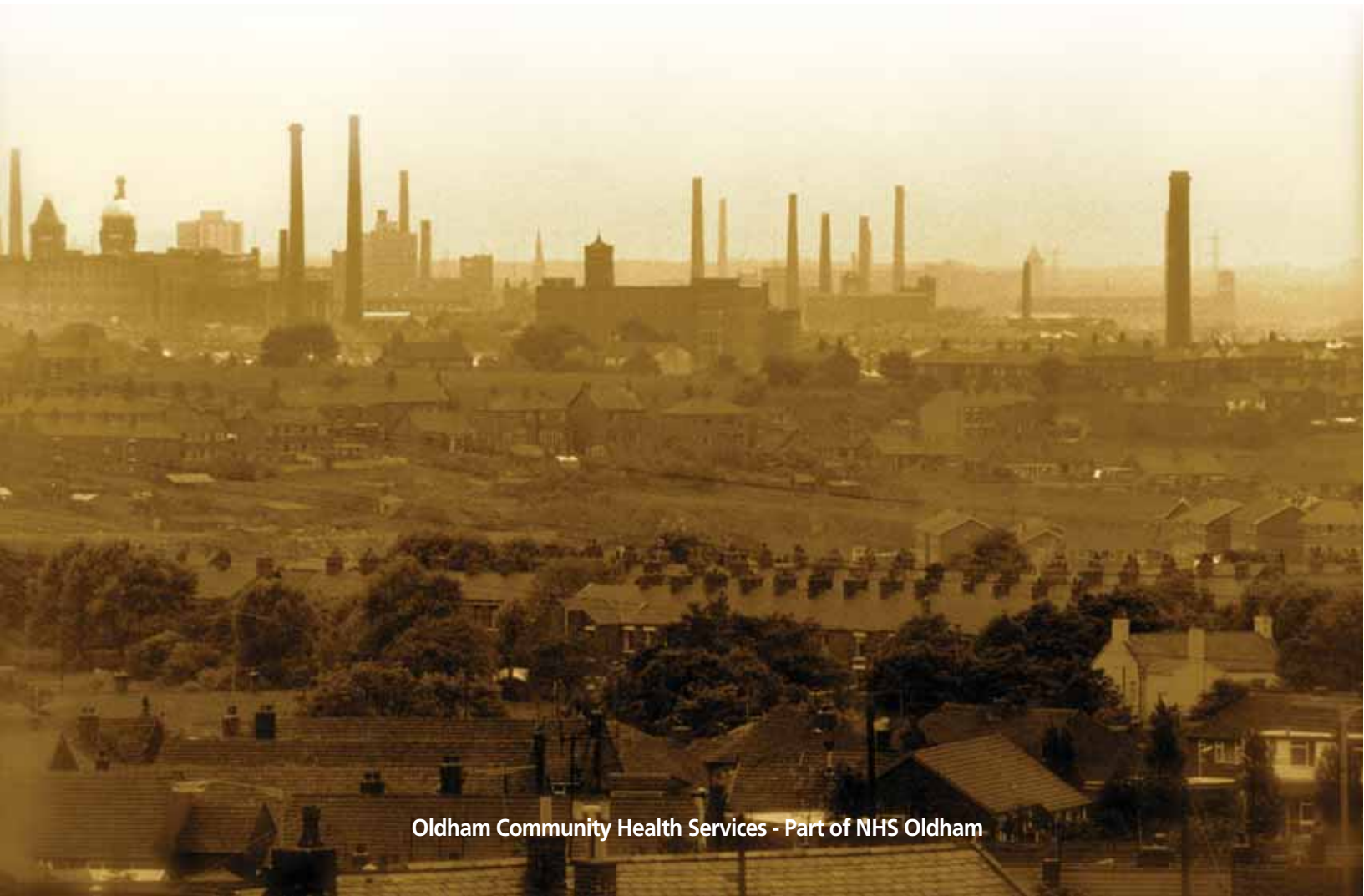
Oldham
Partnership



**Oldham Community
Health Services**

Oldham Tobacco Control Strategy.....

...moving towards a smokefree Oldham





Introduction

There are well-established risks associated with smoking and significant benefits in not doing so, both on an individual and a population basis.

There can be no doubt, on health, inequality and economic grounds that reducing smoking prevalence is necessary and worth doing. The Health Care Commission in a recent report clearly stated that tobacco control must remain a top public health priority. There is also to be a National Indicator for smoking where partnerships will be assessed against progress they make on reducing smoking prevalence.

There is debate about the balance between individual and societal responsibility and regulation. All are important and we can learn from, for example, California where prevalence has reduced dramatically, partly as a result of shifting public opinion (and action) and partly through a tough stance on smoke free environments.

This strategy reviews the current environment relating to smoking and tobacco use in Oldham and proposes, in the context of recent policy developments, a strategic direction for reducing smoking prevalence over the coming years.

- Smoking kills 120,000 people a year in the UK or more than 13 people an hour. It is the principal cause of mortality and poor health in Oldham.
- The estimated annual direct cost of tobacco related illness to the NHS is £1.5billion in addition to the wider impact of productivity loss from sickness absence and fire risks.
- Passive smoking increases the risk, to those living with a smoker, of cancer by 20 to 30%, of heart disease by 25%, of asthma in children by 50% and doubles the rate of cot death.
- It is estimated that half the difference in survival, to age 70, between social class 1 and V is due to higher smoking prevalence in social class V (Ref 1).

Contents

| | |
|---|----|
| Introduction | 3 |
| Vision..... | 4 |
| Tobacco Control..... | 4 |
| Smoking in Oldham | 4 |
| Why Does Oldham Need A Tobacco Control Strategy?..... | 4 |
| Smoking among Children and Young People | 6 |
| Strategic Objectives of Tobacco Control Strategy..... | 7 |
| Smoking Targets..... | 8 |
| Oldham Local Area Agreement..... | 8 |
| National Indicator 123-Stopping Smoking..... | 9 |
| Other Relevant National Indicators | 9 |
| The Comprehensive Approach to Tobacco Control | 10 |
| Tobacco Control Action Plan | 12 |
| Oldham Tobacco Alliance | 13 |
| Appendix I - Ongoing Work..... | 14 |
| Appendix II – References | 15 |

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Tobacco Control

Tobacco control in Oldham is intended to be a wide ranging schedule of work, not focusing on any one specific subject, which ultimately reduces the prevalence of smoking in the district, improves public health and reduces health inequalities.

Tobacco control and reducing smoking prevalence requires partnership working on a wide scale and should not be seen as being the responsibility of any one service or organisation within Oldham.

Vision

To create a smoke free borough, that reflects our desire to not only reduce the significant burden of smoking related ill health in Oldham, but to also promote a cultural change on tobacco issues.

The overriding goal in Oldham is to reduce the prevalence of smoking in our communities to 10% by 2015 and to ensure that it is no more than 5% by 2030. The level of smoking in children and young people should be below 5% by 2030. Smoking will no longer be viewed as being socially acceptable and smokefree will be the norm.

Smoking in Oldham

Why does Oldham need a Tobacco Control Strategy?

- Currently 28% of the Oldham population smoke (approx 45,000 people). (Ref 2)
- Smoking is Oldham's single greatest cause of preventable illness and early death.
- Smoking is also the biggest cause of health inequalities within the Oldham district.
- Reducing smoking rates in our more deprived communities is one of the greatest challenges in public health

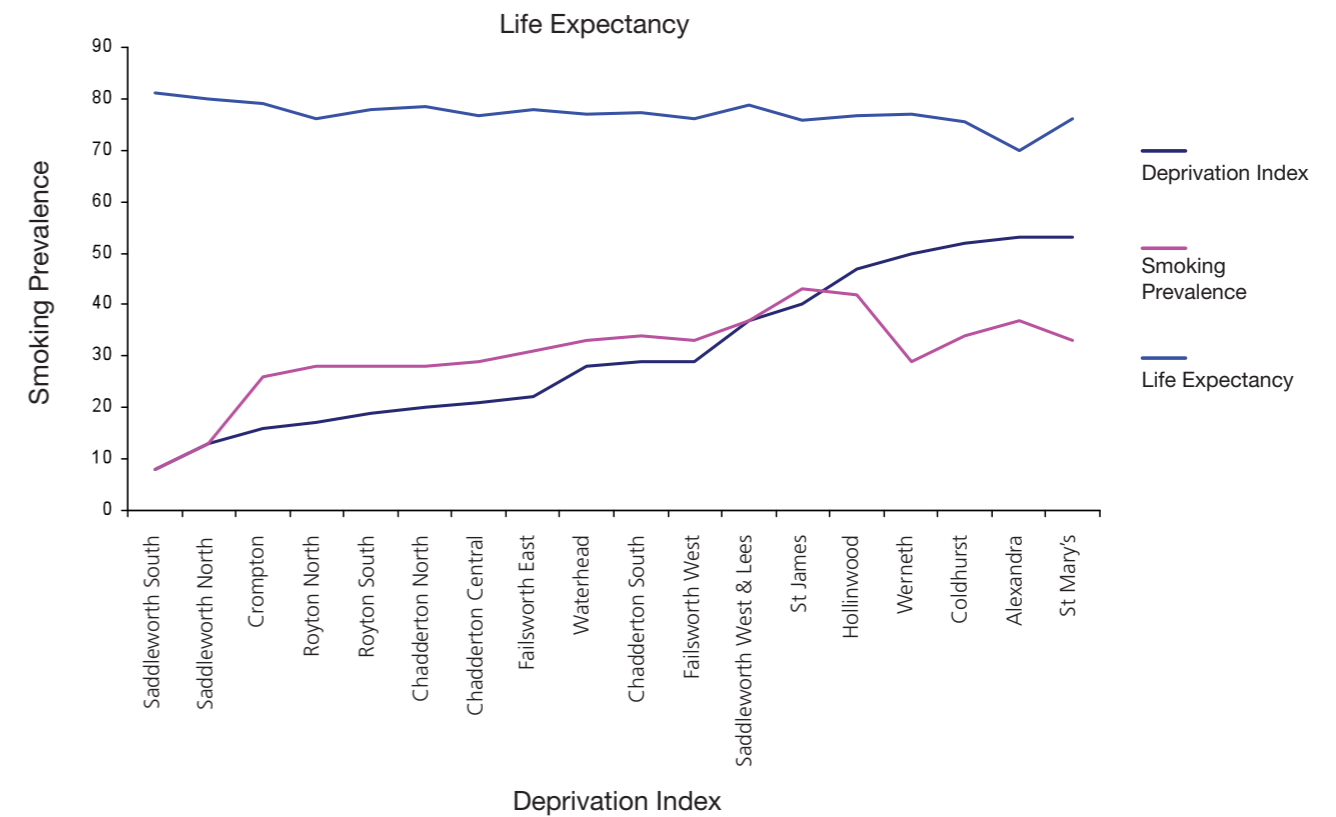
Between 1999 and 2003 men in Oldham lost on average 25.2 months of life due to smoking related illnesses and women lost 15.7 months

(Ref 3). Smoking is also the biggest cause of health inequalities within the Oldham district. Health inequalities relate ultimately to the differing average life expectancies within a population or area.

According to the National Institute for Health and Clinical Excellence (NICE), tobacco use is the primary reason for the gap in healthy life expectancy between rich and poor. Reducing smoking rates is key if we are to make progress on closing the inequalities gap in health within Oldham.

Smoking accounts for over half of the difference in the risk of premature death between social classes (Ref 4). Oldham itself has life expectancy rates that vary greatly between wards. Currently, in Oldham, there is a twelve year gap in life expectancy from birth between some parts of the borough. Much of the reduced life expectancy in Oldham continues to be due to premature and avoidable deaths from circulatory diseases (coronary heart disease and stroke) and cancer. Cigarette/tobacco smoking and other tobacco use is strongly linked to these causes of excess deaths. Currently, the actual death rate attributable to smoking is more than twice that attributable to drugs and alcohol.

The following graphs show the different wards, the level of smoking within those wards, the projected life expectancy and the inequalities (Index of Multiple Deprivation IMD), which have been observed in those areas. The higher the IMD bar the greater the level of deprivation in that ward:



The graph shows the trend that areas with a high rating of deprivation are more likely to have a higher prevalence of smoking within them. Oldham district contains a number of wards which are classified as being highly deprived areas. The four wards with the highest levels of deprivation show a level of smoking which differs from the steady rise of smoking prevalence as deprivation increase. A possible explanation for this is that all four of these wards have a relatively young population compared with other wards in the district. St Mary's ward has 30.3% of its population under 16, Alexandra has 25.4% and Werneth has 29.6% of its population under the age of 16. Coldhurst has a young population with children aged under 16 years making up nearly one-third (32.4%) of the population and has the highest proportion of under 16s in the Borough (average 23.0%) (Ref 5). It would be anticipated that as the average age of these wards increases the prevalence of smoking will raise also.

When the life expectancy data (provided by Oldham PCT) data is compared to the information produced

by ASH (in the graph shown previously) there are several inferences that may be drawn. Wards such as Alexandra, Werneth and St James have a life expectancy which is lower than other areas of Oldham. According to the ASH data they are also forecast to have a higher number of smokers. The two Saddleworth wards in Oldham have the highest life expectancy rate whilst they are also projected to have the lowest prevalence of smoking within its population. There will be many contributing causes to the life expectancies of a population within a certain area. However, there is an important trend between average life expectancies and smoking prevalence, which is shown in the data presented.

People in poorer social groups who smoke, start to smoke at an earlier age: 47% of men and 41% of women in routine and manual occupations were regular smokers by 16 compared to 32% of men and 25% of women in managerial and professional occupations (Ref 6). This is reflected in government targets for reducing prevalence in this particular work group. The routine and manual workers group comprises 4.25m

people and is the largest group of smokers in the country.

The availability of cheap and illicit tobacco is thought to have a major impact on social inequalities. Increased tobacco prices particularly affect the poorest groups, which have higher rates of smoking. They are less able to afford to pay higher prices and therefore have the greatest incentive to reduce their consumption or give up as a result of high prices. This also means, however, that they also have the greatest incentive to source tobacco products from the illicit market. If all smokers had to pay the same price for their tobacco,

the impact on socially disadvantaged smokers, who currently pay least for their tobacco, would be greatest, with resulting higher rates of quitting smoking.

It is clear that efforts to improve health are inextricably linked to the pursuit of social justice (Ref 7). Some of the highest rates of smoking are to be found amongst our most disadvantaged communities. An aim of this strategy will be to close that gap by specifying actions which give most help to those communities, be that through the provision of services or access to communication and education.

Smoking among Children and Young People

The ability to prevent young people taking up smoking will ultimately have an enhanced effect on reducing the prevalence of smoking within the Oldham area.

Tobacco control work that is aimed at preventing young people from starting smoking is a very important factor in reducing smoking prevalence within Oldham in the long term. The theory behind this is that studies report that over 80% of smokers start as teenagers (Ref 6). Trading Standards North West commissioned a survey looking at the smoking habits of young persons in the north west. The key findings from the survey were:

- 17% of 14-17 year old in Oldham smoke. This is lower than the north west average of 22% but still an unacceptable level. Teenagers and young people may therefore be exposed to smoking on a frequent basis either at home, in the workplace, or in the social environment.
- Of those that smoke 62% had parents that smoked, this relates strongly to the underlying causes of smoking.
- 37% of 14-17 year old that smoked claimed to have started at the age of 12 or younger.

If young people do not begin smoking by the age of 20, they are unlikely ever to do so. Therefore, the targeting of young people before initiation to smoking is a key point in reducing smoking prevalence.

Key Point Summary

- Oldham's current smoking prevalence is 28%, which is above the national average. In line with Smokefree Northwest this strategy sets an extremely challenging target to reduce smoking prevalence to 15% by 2015.
- Smoking is Oldham's single greatest cause of preventable illness and early death.
- People in poorer social groups, and who live in deprived areas, are more likely to smoke.
- An important trend between average life expectancies and smoking prevalence exists at ward level.
- Reducing the uptake of smoking by children and young people is crucial in reducing Oldham's overall prevalence.
- Tobacco control should be seen as one of the most powerful levers available to tackle health inequalities within the district.

Strategic Objectives of Tobacco Control Strategy

The purpose of this strategy is to coordinate activity to reduce the prevalence of smoking within the Oldham district. A coordinated and structured approach to tobacco control, involving a range of partner organisations, is necessary and the strategy must be meaningful, accessible, reportable and relevant to Oldham. A series of structured objectives will contribute to reducing the prevalence of smoking in Oldham and these are:

- Reduce health inequalities caused by smoking across the Oldham district, by targeting communities where prevalence is high.
- Reduce the prevalence of tobacco use across all parts of society who live and work in Oldham year on year.
- To protect children and young people from second-hand smoke

- Reduce the uptake of smoking by young people
- Reduce the number of pregnant smokers and young families where parents smoke, year on year.
- Lead local agenda to restrict and regulate the supply of tobacco - including smuggled and counterfeit tobacco.
- Establish a tobacco alliance in Oldham to develop an action plan on ways of reducing smoking prevalence and reducing access to illegal tobacco.
- Ensure lead private, public and voluntary sector organisations are fully engaged with smokefree initiatives.
- Establish a recognisable smokefree identity/brand for Oldham.



Smoking Targets

Published targets around smoking prevalence have been presented to health authorities by different guidance documents over the last ten years.

The 'Smoking Kills' document presented targets for smoking among adults to reduce rates to 26% by 2005 and to 21% by 2010. Currently Oldham's prevalence stands at 28%.

In conjunction with Smokefree Northwest this strategy sets a target smoking prevalence for Oldham of 15% of the population by 2015. This is an ambitious goal and for it to be achieved requires a strong partnership approach.

Oldham Local Area Agreement

The Local Area Agreement is a relationship between central government, local authorities and their delivery partners. The Local Area Agreement will help the Oldham Partnership to focus on strategic outcomes, based on joint-needs analysis and robust evidence from across the Partnership. The Agreement will minimise the bureaucracy associated with having to deal with a large number of funding streams, and will accelerate the pace of partnership working. The agreement document is based around 3 distinct blocks. These blocks are:

- 1 Safe and Strong Communities
- 2 Health & Wellbeing
- 3 Economic Prosperity

Please go to <http://www.oldhampartnership.org.uk> to see the full document.

Within each block are national indicators (N.I). National indicators are measures representing what the Government believes should be the national priorities for local government, working alone or in partnership, over the next three years. The success of the Local Area Agreement is based on how Oldham achieves the standards contained within the 198 prescribed national indicators.

National Indicator 123-Stopping Smoking

There is a specific national indicator for smoking prevalence which has been provided for Local Authority Partnerships by the government. National indicator 123-"Stopping Smoking" has been included to affect a reduction in the percentage of people over 16 who smoke cigarettes. This is a change on the previous indicator as from April 2009 the indicator will look at smoking prevalence within Oldham. The previous indicator focused on the number of people who quit smoking. Because of this change there is now a responsibility on strategic partnerships to carry out works to prevent the uptake of smoking.

Performance will be monitored using data on actual local smoking prevalence, gathered from the Integrated Household Surveys in 2009 and 2010. Monitoring data for local smoking prevalence will be available in Dec 2010 to inform planning for 2011/12.

The formula for working out the smoking prevalence percentage in the district is:

$$\left(\frac{X}{Y}\right) \times 100$$

X = weighted number of respondents aged 18 or over replying "yes" to the question "Do you smoke cigarettes at all nowadays?"

Y = weighted number of respondents aged 18 or over who were asked the question "Do you smoke cigarettes at all nowadays?"

Good performance will be typified by a decreasing percentage. This national indicator will be implemented in Oldham in 2009

Other Relevant National Indicators

Other national indicators contained within the agreement to which this strategy will contribute are:

- N.I 120** Reduce all age all cause mortality (from 859 in males to 752 and from 644 to 520 in females by 2011)
- N.I 121** Reduce the under 75 years mortality rate from circulatory diseases (from 128.39 to 98.37 by 2011)
- N.I 122** Reduce the under 75 years mortality rate from cancers (from 132.86 to 120.64 by 2011)
- N.I 137** Increase healthy life expectancy at 65 years

Key Point Summary

- Reducing smoking prevalence to 21% by 2010 is a key target within the Government's current publications on smoking
- As part of Oldham's work on smoking and tobacco control, this strategy sets a target of 15% prevalence by 2015. This is supported by Smokefree Northwest, the regional tobacco policy group
- Oldham's Local Agreement contains several national indicators, which will benefit from increased tobacco control work
- National Indicator 123 sets a standard for the Oldham Partnership to work towards, reducing smoking prevalence in the Oldham Borough



The Comprehensive Approach to Tobacco Control

It will need to be ensured that this strategy is implemented in Oldham in a structured, measurable, justifiable and targeted way. The Comprehensive Approach to Tobacco Control, as developed and

prescribed by the Health Inequalities National Support Team will be used. This approach represents a holistic model of tobacco control with seven broad themes:



The aim of the model is to focus specifically on local delivery, so there is naturally a greater emphasis on multi-agency formulation of local strategy, rather than waiting for policy development at a national level.

At the centre of the model is multi-agency partnership working. This is vital for tobacco control work to be planned strategically and to deliver evidence based interventions. A multi-agency tobacco group (A Tobacco Control Alliance for Oldham) will be formed to implement this strategy.

Closely aligned to multi-agency partnership working is the need for the effective planning and commissioning of tobacco control/stop smoking work, based on needs assessment and identification of those populations and areas with the highest burden from tobacco. These, together with monitoring evaluation and response, form the most important areas of the model.

The four remaining elements form the basis of the interventions needed for effective local tobacco control. Normalising smokefree lifestyles is central to reducing the perceived attractiveness of smoking. Making it easier to stop smoking looks to the provision and accessibility of evidence based ways to help smokers stop. Tackling illegal and underage availability remains crucial since price sensitivity and young people is crucial in preventing the uptake of smoking. Communication is vital to publicise the benefits of stopping smoking, the means of doing so, to advocate for further progress in denormalising smoking and to fully capitalise on social marketing. Communication between different organisations who work around tobacco control in the borough also needs to be excellent.



Tobacco Control Action Plan

The main focus of this strategy document is to ensure that the comprehensive approach framework is adopted and used for tobacco control work in Oldham. Tobacco control work in Oldham will be easily accessible, reportable and will stand up to scrutiny when audited under this framework.

The best method to ensure that these standards are attained is to develop an action plan specifically for implementing the comprehensive framework approach to tobacco control in Oldham.

The focus of the action plan for tobacco control is in accordance with the comprehensive approach to tobacco control and will contain sections relating to:

- 1 Multi agency partnership working
- 2 Planning and commissioning
- 3 Normalising smokefree lifestyles

- 4 Monitoring evaluation and response
- 5 Tackling illegal and underage sales
- 6 Communication
- 7 Making it easier to stop smoking

The action plan will also ensure that the strategic objectives contained within this strategy are reached. The plan will be developed by a multi-agency group for Oldham.

It will be necessary to ensure that the action plan is adhered to, that is has high level interest and support, and contributes to the Local Area Agreement. To get this support the strategy and the action plan is to be reported to the Oldham Partnership. Regular monitoring reports will be related to the Oldham Partnership Health & Well-being board.

Oldham Tobacco Alliance

The first, and most important, action to be completed is a local Tobacco Control Alliance established for Oldham.

A tobacco alliance can be defined as collaboration between two or more multi-agency parties that pursue a set of agreed goals for tobacco control. Local Tobacco Alliances have been crucial in the delivery of tobacco control work throughout the country.

A Tobacco Control Alliance for Oldham will implement the targets in the strategy. Members will contribute to the reaching of objectives and will work to reduce the prevalence of smoking within Oldham. The alliance will produce plans on an annual basis reflecting local and regional priorities. A major function of such an alliance in Oldham will be to develop and implement the Tobacco Control Action Plan for Oldham.

Key members of the alliance will be Oldham PCT, Oldham MBC (TC & Comms Leads, EH, TS), Unions, Police/Fire, HMRC, Voluntary/Charitable Organisations, Oldham Partnership, Housing Associations, Chamber of Commerce, Connexions, local Forums (patient, young persons'), Oldham College and Schools.

The alliance needs to consist of participants who can beneficially contribute to developing and implementing the Tobacco Control Action plan for Oldham. A tobacco control alliance will ensure a structured and well informed approach to tobacco control and ensures partnership working across Oldham. It will be a major step to creating a Smokefree Oldham.

Appendix I - Ongoing Work

Within Oldham there is already work going on that is helping to fulfill the comprehensive approach to tobacco control.

Multi-Agency Working

Work between the Stop Smoking Service and the Smokefree Team in OMBC Environmental Health to identify workplaces where the smoking ban is being breached and where stop smoking interventions are required. The transfer of information between the Stop Smoking Service and Oldham.

Trading Standards to identify those premises where underage/illegal sales of tobacco are being made.

Planning and Commissioning

Oldham PCT continues to commission the provision of a Stop Smoking Service for Oldham. The service is provided by Oldham Community Health Services. The service has identified specific target groups within the district where smoking prevalence is high. These groups are routine/manual workers, Oldham's BME population, children and young people, secondary care patients and pregnant women. Specialist advisors are in post to target these groups to ensure that we are achieving high quit rates in these areas.

Monitoring, Evaluating and Response

As part of Oldham's existing work into tobacco control and stop smoking, services are already monitored, evaluated and responses fed back to commissioners, elected members, the Oldham Partnership and senior management team. Oldham's Local Area Agreement contains targets for quit rates of smokers within the district. The stop smoking service record the number of quitters they successfully help. The results are evaluated on their success and responses are made.

Communication

Communication between different services, that can contribute to the implementation of this tobacco control

strategy, will be key to ensuring that the multi-agency aspect of the framework is achieved. It is envisaged that an overall coordinator will be responsible for disseminating updates on progress, initiatives and legislation changes for example.

Tobacco control work in Oldham will benefit from the fact that the two main parties - Oldham MBC and Oldham PCT both have their own communication strategies and provide the means to communicate information on tobacco/stop smoking. Advice and expertise on communicating messages to a mass audience is also held by these organisations. Oldham is unique in that it has a relatively high BME population within its district. This means that communications have to be carefully structured so that all areas and populations of Oldham can be reached.

Making It Easier To Stop Smoking

The Oldham Stop Smoking Service are a team of professional advisors, specialists and administrators available to help people who live, work and study in Oldham. They offer group sessions, one-to-one support, telephone support and tailor made programmes to meet the needs of clients. The aim of the service is to provide a free service that is available to all smokers regardless of age, gender, race or background across Oldham.

Tackling Illegal And Underage Availability

Her Majesty's Revenue & Customs (HMRC) are the principal body for controlling illegal supplies of tobacco in the country. Oldham Trading Standards enforce legislation in the district relating to underage sales, sales of counterfeit goods and also play a part in control of illegal supplies of tobacco. Smokefree Northwest has recently published a consultation on the future control of such supplies and calls for greater joined up working to reduce such supplies. Oldham will actively contribute to this north west plan and will be an integral part of the new tobacco control work. The

minimum age for tobacco sales has been increased to 18; Oldham Trading Standards investigate and enforce this legislation through regular trial purchases.

Normalising Smoke-free Lifestyles

Ensuring that smoke-free is the norm is an important method for ensuring that the smoking prevalence is reduced within the district. This is currently being done in many ways, through successful implementation of the smokefree legislation which results in work and public places being designated as smokefree. Also through promotion of schemes and projects relating to smokefree homes and vehicles. The GM Smokefree Manifesto For Action, as published by the Greater Manchester Health Commission AGMA Executive, contains wide ranging measures to further make smoke free all Local Authority buildings and sites. The GM

Health Commission will recommend that local authorities should take into account smoking when giving a classification to film. The GM Health Commission will ask the AGMA Executive to recommend all local authorities to consider using planning legislation to prevent the sale of cigarettes close to checkouts in new retail outlets.

As part of Oldham's response to the recent DoH consultation on the future of tobacco control, wide-ranging measures have been suggested to make smokefree the normal choice. Reducing the advertising of cigarettes and tobacco products (especially at point of sale), getting rid of the branding of cigarettes and vending machines that sell cigarettes should be seen as national priorities. Oldham's tobacco control strategy will be updated to reflect government policy in relation to normalising a smokefree lifestyle.

Appendix II – References

Ref 1: Derek Wanless 2004

Ref 2: Oldham's Lifestyle Survey 2007, Oldham Primary Care Trust

Ref 3: Oldham Primary care Trust,

Ref 4: ASH (Action on Smoking and Health), Smoking and Health Inequalities

Ref 5: Oldham Council, Ward Profiles.

Ref 6: The Future of Tobacco Control, DoH 2008.

Ref 7: Breath of Fresh Air for Scotland, The Scottish Government, 2006.



