



# Norfolk Tobacco Control Strategy

**By: Norfolk Tobacco Control Alliance.**

Revised 18<sup>th</sup> March 2016.

The action plan remains to be a live document and is reviewed annually by the Norfolk Tobacco Control Alliance.



**Norfolk** County Council

## **Foreword**

Smoking remains the biggest cause of preventable deaths in Norfolk and increases health inequalities between socio-economic groups. Consequently, the Tobacco Control Alliance has set itself the strategic vision "to make smoking history for the people of Norfolk".

The Alliance's Tobacco Control Strategy recognises that in Norfolk smoking prevalence has reduced from 20% in 2010, to 18% in 2013. Yet despite this welcome reduction, smoking continues to have a detrimental effect on health and economic well-being in the County. The Strategy therefore contains three goals:

- To 'Turn off the tap' of young people who become smokers
- To assist every smoker to quit smoking
- To protect families and communities, especially children, from tobacco related harm

The various organisations which make up the Tobacco Control Alliance allow it to pursue these agreed Strategic goals through multi-agency efforts that encompass prevention, education, cessation and recovery. By establishing common strategic priorities among the many members of the Alliance, the Strategy should enable increased and more effective Tobacco Control partnerships across Norfolk, and it will be updated in the light of best practice. It is hoped, therefore, that the rejuvenated Tobacco Control Alliance will make real progress toward making 'smoking history for the people of Norfolk'.

**PAUL SMYTH**

**Chair of the Norfolk Tobacco Alliance and**

**Chair of the Communities Committee, Norfolk County Council**

## Table of Contents

<a href="#">Foreword</a>	.....
<a href="#">Introduction</a>	.....
<a href="#">Our Vision</a>	.....
<a href="#">Tobacco Control</a>	.....
<a href="#">The harms of Tobacco Use</a>	.....
<a href="#">Cost of smoking to Norfolk</a>	.....
<a href="#">Prevalence of smoking in Norfolk</a>	.....
<a href="#">Norfolk Tobacco Control Strategy</a>	.....
<a href="#">The Tobacco Control Strategy Priorities</a>	.....
<a href="#">Strategic Priority 1: Turning off the tap for young people recruited as smokers</a>	.....
<a href="#">Strategic Priority 2: Assisting every smoker to successfully quit</a>	.....
<a href="#">Strategic Priority 3: Protecting families and communities from tobacco related harm, especially children</a>	.....
<a href="#">Implementing the Strategy</a>	.....
<a href="#">Stopping the inflow of young people recruited as smoker: Action Plan</a>	.....
<a href="#">Assisting every smoker to quit successfully: Action Plan</a>	.....
<a href="#">Protecting families and communities from tobacco related harm : Action Plan</a>	.....
<a href="#">CONTACTS:</a>	.....

## Introduction

Smoking Tobacco has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death and disability within Norfolk. Smoking prevalence has shown to be affected by a number of demographic factors. For example:

- Age
- Deprivation
- Gender
- Mental Health problems
- Pregnancy
- Prisoners
- Socio-economic status

The smoking prevalence in England and Norfolk has been decreasing during the most recent 4 year period. However the health inequality gap remains.

This strategy provides a clear pathway to improve the inequalities gap in Norfolk. It details an overarching 10 year vision and clarifies the first steps required to progress the Tobacco Control agenda in Norfolk. The strategy specifies recommendations which have been informed by the Health Needs Assessment, and including public opinion via the Your Voice questionnaire as well as regional, national and international trends in tobacco control.

The 3 priority areas have been developed through the work of the Tobacco Control Alliance, are informed by the Health Needs Assessment and are aim to have a greater influence on health inequalities and tackle Tobacco Control issues faced within Norfolk. The purpose of this strategy is to ensure that the Alliance members have a structure to follow and activities are monitored whilst being completed within a multi-agency approach

## Our Vision

“To make smoking history for the people of Norfolk.”

The main reasons for setting our ambitious vision are highlighted below:

- Smoking is the highest cause of preventable death in England in comparison to other leading causes of preventable death e.g. alcohol, accidents, non-communicable diseases and drug misuse.
- Smoking has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death within Norfolk.
- Smoking in pregnancy has shown to be more prevalent in women who have never worked or are routine and manual workers, a prominent issue in Norfolk.
- Long-term or persistent smokers bear the heaviest burden of morbidity and mortality related to their smoking habit. Persistent smokers are disproportionately drawn from lower socio-economic groups.
- Evidence has shown that most adult smokers start smoking at a young age, around 66% start before they are 18. It is a common misconception by young people that they can experiment with cigarettes without getting addicted but they often shows signs of addiction after 4 weeks of smoking.
- In a year it is estimated that 2,861 children will start smoking in Norfolk, this means that each day 8 children will begin smoking that is 56 children start smoking every week. This is equal to having two classroom full of children becoming smokers every week- a clear call to action.
- Illicit tobacco is easily accessible to young people as it is made cheap and available through unofficial & unregulated outlets. This is a health protection concern.
- Reducing exposure to second hand smoke including exposure to young children travelling in cars is a public health priority

## Tobacco Control

Tobacco Control is an evidence-based approach to tackling the demand for tobacco use and harm caused by the use. Tobacco control is made up of the following sections:

- Enforce the minimum price of tobacco
- Ensure non-price measures such as advertising restrictions, smoke free laws and health warnings are in place
- Provide information and advocacy
- Provide effective stop smoking programmes
- Restrict underage sales
- Control the illicit trade.
- Reduce health inequalities

To ensure effective tobacco control, it is important to take a multi-faceted and comprehensive approach which includes working with local and national colleagues. Effective tobacco control is more than providing stop smoking services or enforcing smoke free legislation but assists to eliminate the health and economic burden of tobacco use.

To drive tobacco control forwards in Norfolk, the Alliance was rejuvenated to ensure all required organisations were involved to galvanise the actions decided.

## The harms of Tobacco Use

Tobacco is the only legal drug that kills many of its users when used as exactly as intended by manufacturers and is a global health threat. Smoking is the primary cause of preventable illness, premature death and is strongly associated with socio-economic disadvantage. Smokers in disadvantaged groups typically start at a younger age, smoke more cigarettes per day and take in more nicotine – this highlights that smoking exacerbates health inequalities between communities.

Smoking has shown not only affect the smoker but those around them in the form of second-hand smoke. Second-hand smoke can cause respiratory complications such as Asthma, wheezing and lung cancer.

## Cost of smoking to Norfolk

In Norfolk, it estimated that smoking costs the society £203.9 million each year, the majority of that results from the estimated output lost from smoking breaks at £74.2 million. It is not only the cost to the NHS, businesses and wider economy but financial impacts upon individuals especially those from a deprived area. Based on the cost of an average packet of cigarettes (around £8), a person who smokes 20 a day could spend up to £2,920 a year. This cost of cigarettes disproportionately affects the lower-income groups as on average they smoke more frequently and have less

disposable income to spend on perceived luxury products. This highlights an opening in health inequalities between social-economic groups that still exists.

## **Prevalence of smokers in Norfolk**

Smoking has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death within Norfolk. The integrated household survey demonstrated that the general population of over 18's national has a smoking prevalence of 16.7%. The smoking prevalence in the routine and manual socio-economic status is considerable higher than the general population at 25.3%.

Looking at the neighbouring regions within East of England, Norfolk at 14.1% the worst for smoking status at time of delivery. It is to be noted that the data collected is not particularly accurate or consistent as the questions asked (if at all) are often not asked at the time of delivery but most often at the first antenatal visit. This is perhaps before any pregnancy influenced behaviour change has taken place and, as it is self-reported, women may fear judgement so their responses may not be reliable. This highlights that further work needs to be explored to achieve the national SATOD target (11%) which could be achieved through the Tobacco Control Alliance, although it is a responsibility for NHS England.

## **Norfolk Tobacco Control Strategy**

In September 2013 it was agreed that a Health Needs Assessment on Tobacco Control was required. The needs assessment included;

- An understanding of the prevalence of smoking and its affect within different population and community groups
- Review of national and researched best practice
- Service mapping of current practice in Norfolk
- Stakeholder feedback through a Tobacco Control Conference/ workshop held in June 2014 and researching public opinion using Your Voice survey. This questionnaire highlighted triggers why young people initiated smoking and people's perception of the stop smoking service.

For the purpose of validating the findings of the HNA and translating the needs assessment into a strategy, a Tobacco Control conference was held in June 2014. The aim of the conference was to recruit members from appropriate organisations such stop smoking services and develop priorities for the strategy going forwards.

## The Tobacco Control Strategy Priorities

The priorities as set out in the UK Tobacco Control Alliance a toolkit for London were adapted to the Norfolk Tobacco Control priorities following discussion at the conference. These priorities are:

- Turning off the tap for young people recruited as smokers
- Assisting every smoker to successfully quit
- Protecting families and communities from tobacco related harm, especially children

A leadership and communications section ensures that the 3 strategic priorities act as one seamless set of activities and that partnerships share information with all relevant colleagues. The Tobacco Control Alliance will act as the driver for the overall strategy and will be responsible for monitoring the progress of the 3 priorities.



## **Strategic Priority 1: Turning off the tap for young people recruited as smokers**

The HNA highlighted the following:

- Evidence has shown that most adult smokers start smoking at a young age with around 66% of smokers starting before they are 18. It is a common misconception by young people that they can experiment with cigarettes without getting addicted but they often shows signs of addiction after 4 weeks of smoking.
- In a year it is estimated that 2,861 children will start smoking in Norfolk, this means that each day 8 children will begin smoking, 56 every week. This is equal to having two classroom full of children becoming smokers every week- a clear call to action.
- Illicit tobacco being cheap and available is easily accessible to young people and is a health protection concern

For the above stated reasons, preventing young people from becoming smokers is seen as a high priority.

## **Strategic Priority 2: Assisting every smoker to successfully quit**

The HNA highlighted the following:

- Smoking is the highest cause of preventable death in England in comparison to other leading causes of preventable death e.g. alcohol, accidents, non-communicable diseases and drug misuse.
- Smoking has been identified as one of the biggest contributors to inequalities in life expectancy and causes of death within Norfolk.
- Smoking in pregnancy has shown to be more prevalent in women who have never worked or are routine and manual workers, a prominent issue in Norfolk.

In addition, the evidence tells us that two out of every three smokers wishes to quit and that smokers are much more likely to have a successful quit attempt if supported by a smoking cessation service. For the above stated reasons, assisting every smoker to successfully quit is seen as a high priority.

## **Strategic Priority 3: Protecting families and communities from tobacco related harm, especially children**

The HNA highlighted the following:

- Long-term or persistent smokers bear the heaviest burden of morbidity and mortality related to their smoking habit. Persistent smokers are disproportionately drawn from lower socio-economic groups.

- Illicit tobacco being cheap and available is easily accessible to young people and is a health protection concern.
- This is found to be purchased by young adults and children who are often unaware of the health implications.
- Reducing exposure to second hand smoke including exposure to young children travelling in cars is a public health priority

For the above stated reasons, protecting families and children from tobacco related harm is seen as a high priority.

#### **Strategic Priority 4: Core functions of the alliance e.g. communications and evaluations.**

Good communication is the key to the development of a Tobacco Control Alliance, raising awareness of the harms of tobacco use and ensuring that a clear and consistent message is relayed to the public and partners. It is important to have a shared communications plan, identifying opportunities for tobacco control work, key actions to achieve the priorities and named leads, which can include organisations. The communications plan will include Stoptober, Non-smoking day and possibly the “Take 7 Steps out” campaign originating from Tobacco Free Futures.

## Implementing the Strategy

The Norfolk Tobacco Alliance was revitalised following the Health and Social Care Act. The Health and Wellbeing Board agreed that the Alliance meets again to set out its strategy and develop the work of Tobacco Control in Norfolk.

The membership of the Tobacco Alliance consists of;

Matthew Project	Keystone Trust
LPC – Local Pharmacy Committee	South Norfolk YAB
UEA	Breckland District Council
Healthy Schools	South Norfolk District Council
NCC Communications	Broadland District Council
Momentum	Norwich City Council
Stop Smoking service – ECCH and NCH&C	Public Health
	Trading Standards
	Fire and Rescue Service
	Action for Children
	School governor

Tobacco Control Conference was organised to validate the findings of the Health Needs assessment and begin to set the priorities for a Tobacco Control Strategy for Norfolk. The strategy is a result of a commitment to partnership approach to tackling the impact of Tobacco in Norfolk.

The partnership chaired by the Councillor Chair of the Communities Committee and is accountable to the Health and Wellbeing Board.

## Stopping the inflow of young people recruited as smoker

Action	Lead	Delivery	Update	Risks
To review HRBS findings and develop an engagement project to inform attitudes and beliefs of young people with regards to smoking (social norms).	Healthy Schools, Children Centres, Matthew project, Public Health	To develop a relevant programme to challenge young people's belief about tobacco control and smoking.	The social Norms project has been absorbed into the Health Related Behaviour School questionnaire but a further project will be developed alongside the HRBS 30/10/15	Insufficient engagement from groups meaning incorrect information or enough detailed information collected.
To work with third sector to develop methods to raise awareness of the harms and ethics of tobacco use on young people.	Public Health, Matthew Project and Momentum.	A project has been developed on behalf of Momentum to create an information card which will enable the professionals working with young people to discuss the direct harms of smoking for young people. Matthew Project are delivering the Take 7 Steps Out message through their voice box.	The Matthew Project work closely with young people around smoking and other substance misuse. MP are currently holding voice boxes across Norwich discussing health topics with young people. Operation Smoke Storm is currently underway.	Cards not being disseminated to the correct organisations.
Communicate with Norfolk school governors and invite a representative to the alliance, developing a pathway to work with schools.	Norfolk Tobacco Alliance lead.	Via governor list for Norfolk and contact appropriate lead.	Contact Helen Goodall Contact Michael Rosen and Anne Gibson to support the alliance.	Insufficient engagement with the governors.
To develop a plan to support partners working with YP such as housing support, job centre, Healthy Child Programme and FNP to develop Making Every Contact Count for smoking.	Tobacco Control Alliance	Via partnership meetings: task and finish group.	To invite a colleague from the HCP project team.	Continuity of MECC.

Action	Lead	Delivery	Update	Risks
To develop information from Stop Smoking Services re prevention e.g. How do I talk to my child about not starting smoking - not just about the adult wanting to quit.	Norfolk Stop Smoking Services and Tobacco Control Alliance.	Offer advice which assists parents that are trying to quit to encourage their children that smoking is unhealthy and focus around social injustice. Could include the use of leaflets and training.		Finding the correct level to pitch the information given to the clients.
Joined up communications e.g. Joint press releases. Agreement and endorsement to share good practice - through retweeting, linking in with all providers e.g. the local stop smoking services and Active Norfolk.	Tobacco Control lead and the appropriate communications teams.	Create a communications plan for organisations within the alliance and encourage a communication stream through the alliance email network.		Seen as "just another" email.
To denormalise smoking to young people by working with districts to develop smokefree playgrounds.	Tobacco Control Alliance	To work closely and support areas which plan to make playing grounds and other areas smoke free.		

## Assisting every smoker to quit successfully

Action	Lead	Delivery	Update	Risks
To improve promotion of the stop smoking services (including GP's and Pharmacies) and what they offer through the alliance partnership networks.	Tobacco Control Lead, Local Pharmacy Committee.	Work with the stop smoking services to develop promotion materials and self-service advertisement. Development of Public Health's primary care contracts for a range of services including the stop smoking services – should result in increased access to services.	The alliance and commissioner works closely with the services.	Time/priority for partners
To support Norfolk organisations including all trusts to review their smokefree policy and incorporate e-cigarettes. To develop approaches of harm reduction which include e-cigarette especially in a mental health trust setting. <ul style="list-style-type: none"> <li>- Ensure that smoking cessation is integral part of all care pathways and is woven into partner's health policies.</li> </ul>	Tobacco Control Alliance led to coordinate and provide contacts.	To discuss and develop a suitable policy with updates around recent changes in tobacco use.		Issues with some organisations being based within public rights of way and conflicts of interest.
To provide support and advice for smokers using e-cigarettes to quit smoking and guide organisations to understand appropriate usage.	Tobacco Control Alliance	To develop a statement detailing safe e-cigarette usage.		
Communication with chamber of commerce and employers	Tobacco Control Alliance	To understand the relevant contact to invite to become an alliance member whether this is virtual or in person.		
Reevaluate the support pregnant smoker's receive to quit and link with midwives through CCG's. To support Public Health England to develop a suitable method to reduce smoking in pregnancy.	Tobacco Control Alliance	To re-evaluate the link between pregnant smokers and referrals to SSS.	Beginning work with Public Health England to address this health issue.	Recording the SATOD levels are often varied and inconsistent.
To support stop smoking services to be accessible to all target populations (especially mental health) and develop a detailed smoking cessation and mental health strategy.	Stop Smoking service, Public Health and Mental Health lead.	Incorporate harm reduction into future service offer (specialist service). Better partnership working between organisations. Collaborative development of smoking cessation and mental health strategy.		

Action	Lead	Delivery	Update	Risks
<ul style="list-style-type: none"> <li>- To support workplaces to promote smoking cessation and services available e.g. mental health trusts.</li> <li>- To develop relationships with Mental Health Services/commissioner and invite to become an alliance member.</li> </ul>	<p>Tobacco Control Lead, SSS commissioner, SSS.</p> <p>Tobacco Control Alliance</p>	<p>Promote SSS through organisations.</p> <p>Find out point of contact for mental health services/commissioner.</p>	<p>Stop smoking commissioner is already meeting NCFST and Suffolk Public Health</p>	

## Protecting families and communities from tobacco related harm

Action	Lead	Delivery	Update	Risks
To support Trading Standards on illicit tobacco, test purchases and the supply of tobacco products to children. To share this intelligence with wider partners to aid identification of offenders and the supply chain of illicit tobacco.	Trading standards and Public Health	Provide information briefing.		Lack of intelligence available and data is not up to date.
Explore opportunities for services and HCP's to share information re illicit products and the sale of tobacco products to children with Trading Standards.	Trading Standards, Public Health, Children services and centres.	To work with trading standards colleagues in regard to information provided re illicit tobacco.		
To support enforcement of smoke-free sites and support organisations to refresh their policies.	Tobacco Control Alliance	To investigate members and partner agencies smokefree policies and workplace develop as necessary.		Some organisations may not have an updated smokefree policy.
Take 7 steps out programme implementation and delivery of the briefing sessions across the following 2 years.	Tobacco Control Alliance.	Communicate with Tobacco Free Futures for project options and quotes. If this project is suitable, it will need to be piloted and consulted to ensure that it fits the target populations. (Routine and manual, family groups and shared houses).	T7SO has been delivered to trainers and will be providing briefing sessions to health/childcare professionals.	The message is not filtered to the target audience.
Delivery of the T7SO campaign and maintenance throughout Norfolk.	Tobacco Control Alliance	Through local communications and colleagues across Norfolk.		
Track source of illicit tobacco - cross county working with Norfolk, Suffolk and Cambridgeshire.	Trading Standards.	To develop a communication to send to boarding counties and arrange a suitable pathway.	This is continuous for Trading Standards.	Possibly limited engagement with HRMC.
Target - garages/petrol stations/retailers e.g. Halfords – smoking ban in cars promotion.	Tobacco Control Alliance	To develop and investigate the possibility of having materials within specified areas.		Limited budget available and interest from the targeted retailers.
To support national legislation e.g. smoking in cars	Norfolk Trading Standards District Councils	The alliance to work with district councils and trading standards to ensure regulations and promotion of the messaging.		

## **CONTACTS:**

For further details on the Strategy, to discuss how your organisation can contribute towards the work of Tobacco Control in Norfolk or if you would like to be a member of the Norfolk Tobacco Alliance, please contact Alice Vickers on 01603638306/ [alice.vickers@norfolk.gov.uk](mailto:alice.vickers@norfolk.gov.uk) or Dr Augustine Pereira on 01603638470 or [augustine.pereira@norfolk.gov.uk](mailto:augustine.pereira@norfolk.gov.uk)