Towards a Smokefree Generation

Kent Tobacco Control Strategy 2010-2014

Tobacco use cannot be viewed as just a health issue – it is everyone's priority because of the toll of death and disease that smoking causes. For tobacco use to be effectively tackled, a range of people need to take action and work together. Tobacco control that is a focused, sustained and coordinated action on a number of fronts by a wide range of agencies, organisations and individuals is vital if the significant achievements of recent years in the fight against tobacco are to be built on.

May 2010

SMOKEFREE
Kent Alliance on Smoking and Health

A future free from tobacco use will mean our children will not die early and unnecessarily from smoking-related illnesses.

"A Smokefree Future", Department of Health, 2010

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Setting the scene

- Smoking is the most significant cause of preventable ill-health in Kent.

- Damage to health caused by smoking does not discriminate between class or wealth. When it comes to the county, smoking is the leading cause of inequalities in Kent.

- Over 2,000 Kent residents die prematurely each year due to smoking and the average smoker loses more than seven years of healthy life. More men than women die of smoking-attributable illness – smoking is a big contributor to the gap in life expectancy between men and women, and between the poorest in society and the better off.

- There are over 10,000 admissions to our hospitals each year which are due to smoking. This is estimated to cost NHS Eastern and Coastal Kent £12m and NHS West Kent £10m each year. The annual outpatient activity costs associated with smoking in East and West Kent are estimated to be £1.3m and £860,000 respectively.

- The wider economic impact of smoking is substantial. Each year in Kent, cigarette breaks and smokers' sick days cost employers around £215million. The average smoker spends £1000 a year on tobacco, regardless of their socio-economic status. Fires due to smoking cost £3.3million each year in consequential and response costs.

- In addition to the direct health benefits, strong action in tobacco control and in supporting smokers in stopping is likely to be highly cost effective across the Kent economy. These benefits will not be fully realised in the short term, but will be significant in the medium to long-term.

- Despite sustained education about the health effects of smoking, adolescents continue to smoke, suggesting that traditional approaches may educate, but they do not influence. Young people tend to respond to social trends. Evidence from youth advocacy forums show they want 'just the facts' to allow them to make up their own mind about tobacco, rather than being told the 'rights and wrongs' of tobacco use. Social influence is probably therefore the best intervention.

1.0 INTRODUCTION

Tobacco Control incorporates a range of activity to reduce the effects of smoking, preventing young people starting to smoke, NHS smoking cessation services, reducing exposure to secondhand smoke and reducing availability of tobacco products.

1.1 Why do we need a Tobacco Control Strategy?

Tobacco use cannot be viewed as just a health issue – it is everyone's priority because of the toll of death and disease that smoking causes. For tobacco use to be effectively tackled, a range of people need to take action and work together. Tobacco control that is a focused, sustained and coordinated action on a number of fronts by a wide range of agencies, organisations and individuals is vital if the significant achievements of recent years in the fight against tobacco are to be built on.

Successful tobacco control interventions will not be achieved without high-level support and leadership. To achieve success the infrastructure and resources necessary to implement a comprehensive tobacco control programme must be made available. The strategic and operational aspects of tobacco control go hand in hand, but one working without the other is unlikely to see the results that a joint effort could produce.

The clear message of a comprehensive approach to tobacco control is aimed at influential local leaders such as Local Authority Leaders, Directors of Public Health, Commissioning leads and local politicians. They, and indeed anyone who has a leadership role within local communities, can play a crucial role in ensuring that this strategic approach to tobacco control is achieved.

1.2 The challenge to Kent Partners

The actions recommended within this strategy have the potential to reduce the harmful effects of smoking and reduce prevalence within local communities, but only if they are implemented with the energy, vitality and backing of senior level personnel who have the ability to:

- put in place a sound local infrastructure and dedicated resources;
- drive capacity building where required;
- identify the overlap between national targets and local aspirations, translating tobacco control evidence into prioritized local action;
- ensuring that tobacco control aspirations are embedded within Local Area Agreements;
- promote inter-agency collaboration by sponsoring activity at organisational level;
- provide the political will, strategic thinking and high-level recognition that tackling smoking is a priority;
- show a willingness to help overcome issues that arise as part of local tobacco control work;
- demonstrate unquestionable commitment to a comprehensive tobacco control programme.

1.3 The potential benefits

We can reduce the massive burdens that tobacco use inflicts on our communities. Comprehensive tobacco control efforts can impact on health inequalities, reduce the economic burden on society and reduce the death, disease and disability that people throughout the country suffer because of smoking. Prioritising tobacco control will create many benefits.

The recommendations in this strategy:

- are based on evidence of effectiveness and represent the actions that will have the most impact on reducing smoking prevalence, improving health and wellbeing and reducing health inequalities;
- will support the achievement of other PSA, LAA and local targets;
- can help Local Authorities to promote the economic, social and environmental wellbeing of communities.

1.4 A New National Tobacco Control Strategy

On 1st February 2010, the government set out it's priorities for a smokefree future.

- Stopping young people being recruited as smokers by cracking down on cheap illicit cigarettes.
- Ensuring every smoker will be able to get help from the NHS to suit them if they want to give up.
- Consideration for the case for plain packaging of cigarettes.
- Stopping the sale of tobacco through vending machines
- Protecting everyone, especially children, from the harms of second hand smoke.

Three objectives have been set:

- *Stopping the inflow of young people recruited as smokers*: aspiring to reduce the 11-15 year old smoking rate to 1% or less, and the rate among 16 and 17 year olds to 8% by 2020.
- *Motivating and assisting every smoker to quit*: aspiring to reduce adult smoking rates to 10% or less, and halve smoking rates for routine and manual workers, among pregnant women and within the most disadvantaged areas by 2020.
- *Protecting our families and communities from tobacco-related harm*: aspiring to increase to two-thirds the proportion of homes where parents smoke but that are entirely smokefree indoors by 2020.

1.5 The Challenge for "Kent"

Smoking is the greatest cause of premature death in Kent, making it a public health area of priority. If the principles of tobacco control are applied comprehensively then the potential is enormous. Smoking as a normal activity will be challenged and tobacco use denormalised. The UK has been rated as the top country in Europe for tobacco control. This reflects significant progress made in the past decade but there is still more to be done. This strategy provides a range of proposed workstreams to make tobacco control most effective in local communities. What is required is a strategic commitment.

> "The year 2010 will be a landmark one for tobacco control in England. All partners will be focusing on delivering the current 2010 Public Service Agreement, but will also be laying the groundwork for delivering this strategy in earnest from 2011 onwards. PCTs in particular will be expected to continue to prioritise tobacco control and to set their own local goals that meet local needs."
>
> "A Smokefree Future", Department of Health, 2010

2.0 THE BURDEN OF TOBACCO IN KENT

Damage to health caused by smoking does not discriminate between class or wealth. When it comes to the health of county, smoking is the leading cause of inequalities in Kent; accounting for half of the difference in life expectancy between the most and least affluent groups.

Among the most deprived groups, three out of four families smoke and spend a seventh of their disposable income on cigarettes (Marsh A and McKay S, *Poor Smokers*, Policy Studies Institute, 1994). 'Smoking poverty' of this nature can see children in smoking households more likely to be lacking basic amenities such as food and clothing. In addition to the financial impact, smoking is the greatest single factor in the different life expectancy between social classes. Indeed, premature death is the most extreme form of social exclusion and without shared enthusiasm for explicit action, inequalities are likely to get even worse over the next few decades. Addressing the inequalities in health brought about by the use of tobacco remains a huge challenge

2.1 Prevalence of Smoking in Kent

In half of the local authority areas of Kent, smoking prevalence rates are higher than the national average.

Smoking rates in district authority areas have been estimated from results of the Health Surveys for England using know information on the local population, such as socio-economic status and ethnicity. Figure 1 shows expected prevalence of smoking in adults given local population characteristics, ranked from lowest to highest.

Where local population prevalence figures are lower than the Kent and/or National average, consideration should also be given to the prevalence at ward level. Figure 2 shows Tonbridge and Malling as an example of the how smoking prevalence is an indicator of health inequalities.

Figure 1: Estimated Smoking Prevalence of Kent by Local Authority

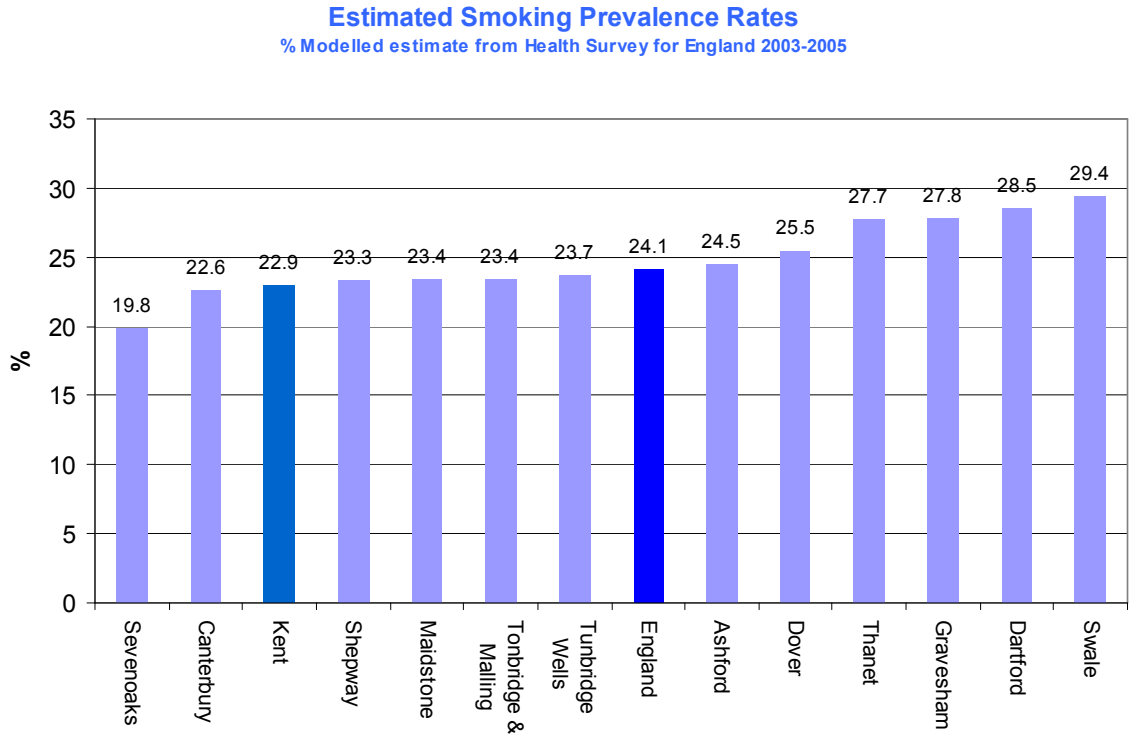
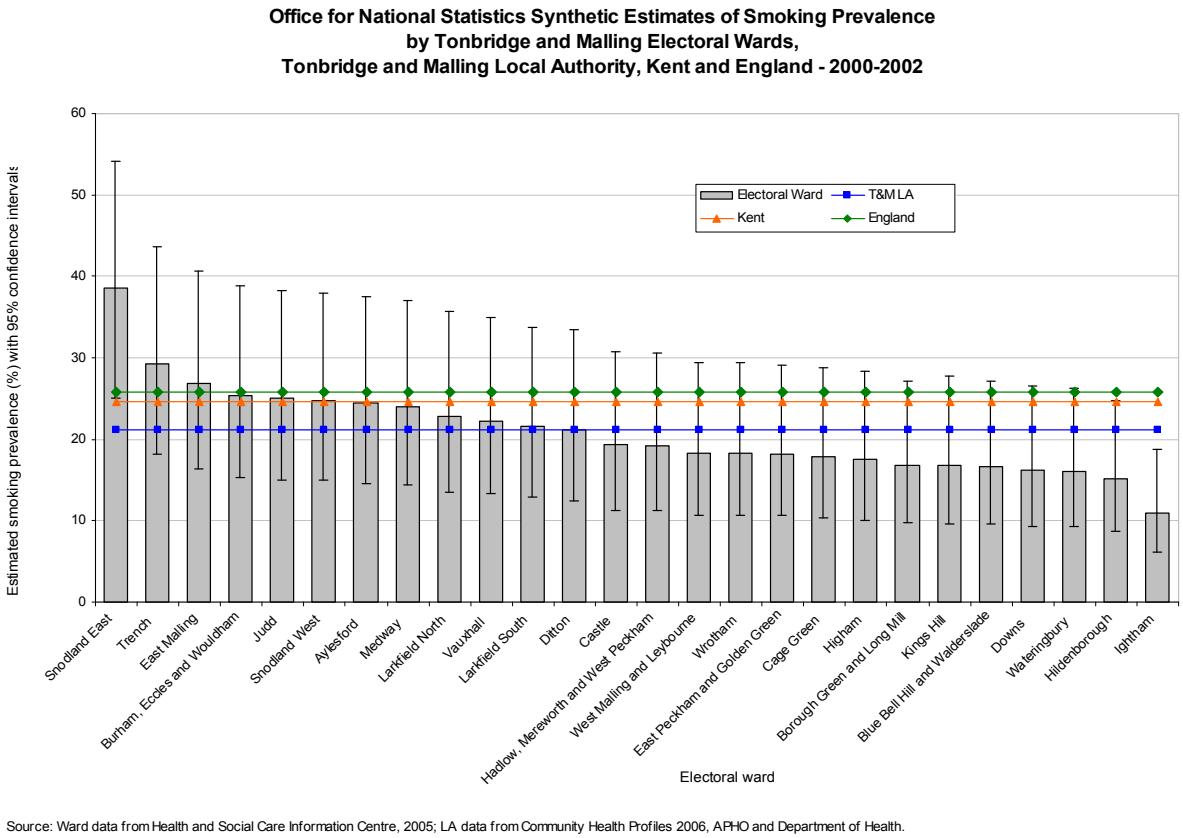
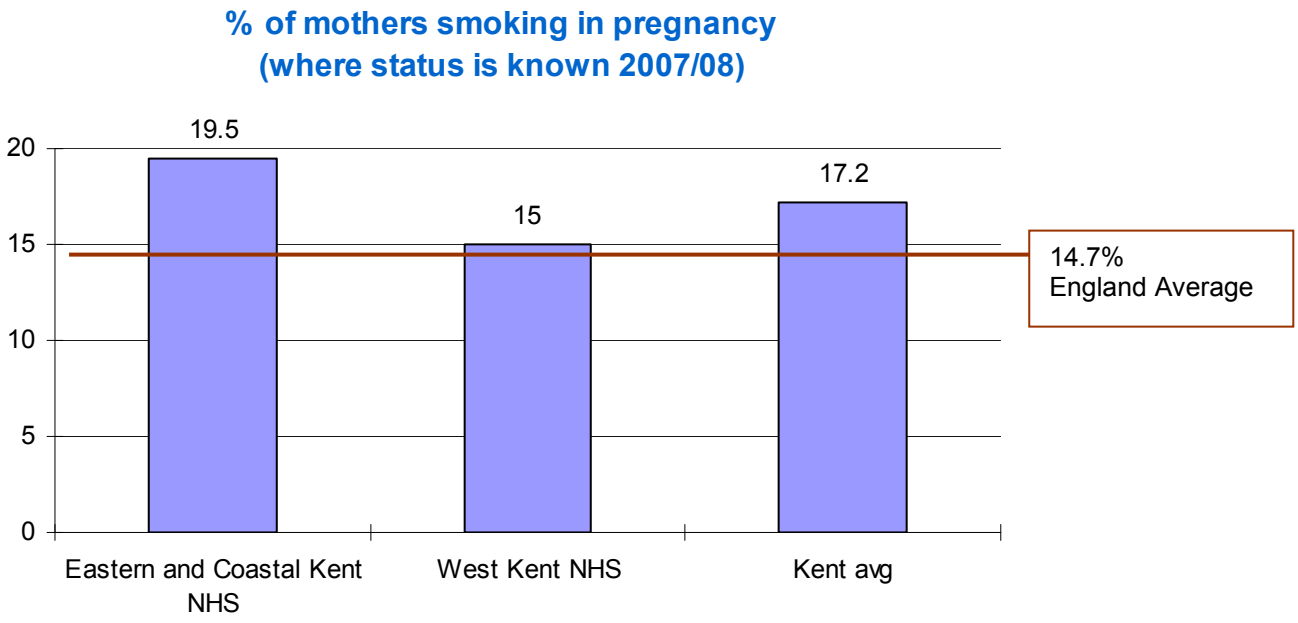


Figure 2: Smoking Prevalence in Tonbridge & Malling by Electoral Ward



Source: Ward data from Health and Social Care Information Centre, 2005; LA data from Community Health Profiles 2006, APHO and Department of Health.

Figure 3: Smoking Prevalence in pregnancy



2.2 Deaths attributable to Smoking in Kent

There are 2,250 deaths in Kent each year due to smoking – 17% of all deaths. Obviously, it is impossible to avert death altogether and these people would eventually have died of other causes; however, it is possible to describe these as premature, avoidable deaths.

More men than women die from smoking (and a greater percentage: 22% vs. 13%), and there are more deaths in the East of Kent than the West. Many of these deaths are due to cancers, particularly lung cancer.

2.3 Years of healthy life lost

Smokers in Kent stand to lose over two million years of healthy life by continuing to smoke.

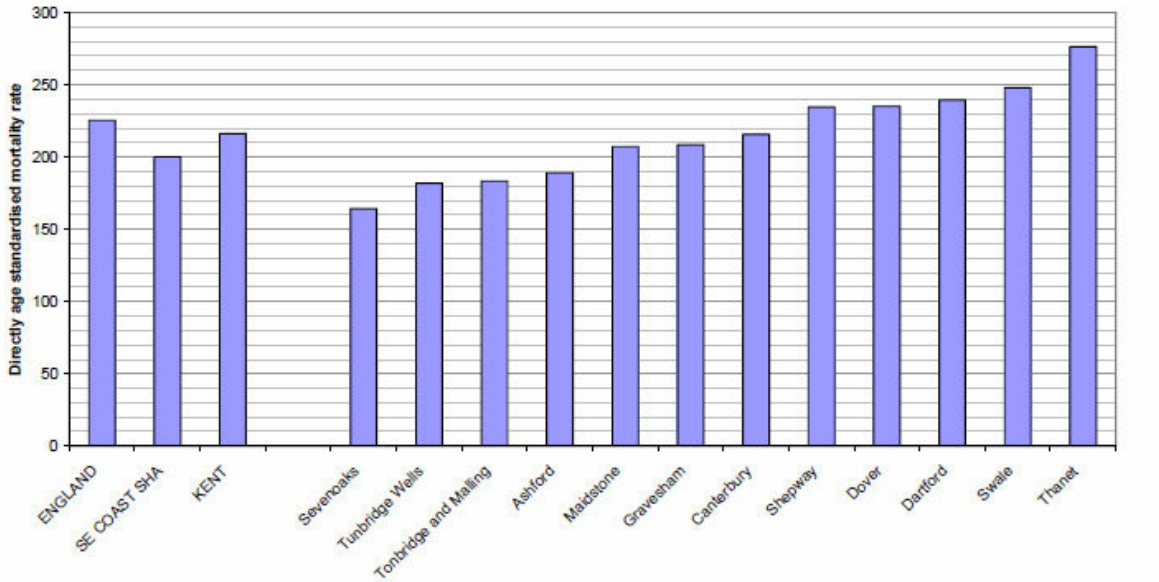
It is estimated that half of all smokers will die of smoking related disease and of these, half will die in middle age losing 20 to 25 years of life, and half will die in later life, eight years prematurely. The average number of years of life lost therefore equals 15.25 for those that die of smoking, or 7.625 years per smoker. There are 276,300 smokers in Kent (APHO modeled prevalence rates applied to ONS district populations 16+, 2007). That is a total of 2,100,000 years lost. It should be noted that not all of these lost years can be saved by simply getting smokers to quit, as smoking will have already caused harm to existing smokers – it is equally important to reduce the uptake of smoking amongst children and young adults.

Smoking not only shortens life, it reduces the quality of life at the end of life, such as mobility and independence - simply because smokers die earlier, this does not mean that they avoid ill health prior to death. This is supported by local statistics on healthy life expectancy at 65 years, which show there is no difference in years of poor health between populations with long life expectancy and those with short life expectancy.

2.4 Smoking Mortality Rates in Kent

Figure 4 shows that the Kent mortality rate due to smoking is higher than the South East Coast Strategic Health Authority rate but lower than the England rate. This is line with the known rates of smoking in these different areas, and reflects a national north-south deprivation gradient. The trend within Kent is also towards a higher mortality rate in the more deprived districts.

Figure 4: Directly age standardised mortality rates of deaths attributable to smoking in Kent Districts (source: APHO, 2008)



2.5 Impact of Hospital Admissions and Outpatient Attendances Attributable to Smoking

There are over 10,000 admissions to our hospitals each year which are due to smoking. This is estimated to cost NHS Eastern and Coastal Kent £12m and NHS West Kent £10m each year. The annual outpatient activity costs associated with smoking in East and West Kent are estimated to be £1.3m and £860,000 respectively.

[Note: Use of primary care services due to smoking (e.g. GPs, prescriptions, district nursing) has not been estimated or costed.]

For both East and West Kent, smoking admissions make up five percent of all admissions. Respiratory admissions are the most strongly attributable to smoking (20-21% of all respiratory admissions), while cardiovascular admissions are the biggest area of smoking attributable expenditure at £4.6m and £4.0m in East and West Kent respectively.

2.6 Workplace Productivity

The potential benefits for employing organisations – regardless of sector or industry – of supporting Smokefree legislation are significant. The total cost of smoking to Kent employers is estimated to be around £215 million; based on the cost of increased sickness leave and cigarette breaks taken by smoking employees. Employers should encourage and support staff with addiction to tobacco to contact NHS Stop Smoking services.

2.7 Smoking and Fires

A 2003 report for the Office of the Deputy Prime Minister found that smokers' households were 50% more likely to have experienced a fire in the previous year than tobacco-free households. While there may be other social or environmental factors to this statistic, local data shows that cigarette fires are more dangerous than other fires. The relative risk of dying in a fire caused by smoking is five times that of dying in a fire caused by another source. Known risk factors include smoking in bed and smoking whilst drinking alcohol – a cigarette contains chemicals designed to keep it burning, even after the smoker falls asleep. These deaths are avoidable tragedies.

Two to three people die every year in Kent in fires caused by smoking; accounting for 23% of all fire-related deaths in Kent.

The cost of smoking related fires can be divided into the response costs to the fire service in dealing with an incident, and the consequential costs, such as cost to insurers and property owners, and the physical, employment and emotional costs of injuries and death.

The total annual cost in Kent of smoking related fires is estimated to be £3.3million.

3.0 TOBACCO CONTROL IN KENT

The Department of Health currently provides funds to each Regional Public Health Group for work on the broad tobacco control agenda, supporting the national strategy for reducing smoking prevalence and tackling the death, disease and ill health caused by tobacco use. In the South East, part of this money has historically been passed on to Tobacco Control Alliances as a *contribution* to the work they are carrying out at a local level.

The Government published a new Tobacco Control Strategy, in February 2010. This promotes a renewed vision, ambition and commitment to the tobacco control agenda and provides a further opportunity to build on the achievements of the past 10 years, since the publication of the *'Smoking Kills'* White Paper (1998). The Health Bill (2009) introduces measures to prohibit the point of sale display of cigarettes and tobacco products, the banning of vending machines as a source of purchasing tobacco and considering the introduction of plain packaging.

It is therefore vital that we ensure comprehensive plans are in place at national, regional and local level to drive this work forward and address the wide range of issue that will impact on smoking behaviour.

It is well recognised that smoking is a major cause of health inequalities and that multi-agency partnership working is vital in addressing this issue. The health service cannot tackle this alone and tobacco control needs to be seen as *everybody's business* if we are to be successful.

Tobacco Control Alliances have an important role to play in bringing together key partners from across the locality, sharing information and experiences as well as pooling knowledge and resources to galvanise action that will really make a difference. Local action on tobacco control will also need leadership and support from within both PCT's and Local Authorities.

Tobacco control activities – and local Alliances – should form an integrated part of local planning and commissioning in order to secure continued action and commitment to this important issue.

The Department of Health's *High Impact Changes for Tobacco Control* document provides a more detailed background to the importance of local tobacco control activity, emphasising the reasons why high level support and commitment is so vital. It is also a useful resource for developing local plans and benchmarking activities.

Only by working together can we make a real and sustained difference to health and inequalities in Kent.

3.1 Kent Alliance on Smoking & Health (KASH) continues to drive action

- The role of the Kent Alliance on Smoking & Health (KASH) is to engage all partners in making an active contribution to reducing the impact of smoking on health and health inequalities. The Kent Tobacco Control Strategy finished in 2008. It was highlighted by the DH Tobacco Control National Support Team as good practice.
- The Tobacco Control Steering Group was re-established in January 2009, with a renewed and heightened level of partner engagement
- KASH reports to the Kent Public Health Board to increase the breadth of influence of the Alliance, raise its profile, endorse senior level engagement from the Kent Partnership and to contribute its activity to the Local Area Agreement
- The Kent Director of Public Health as the chair of the Public Health Board reports to the PCTs
- The Alliance continues to report on project work undertaken, directly to the DH

Terms of Reference: the role and function of a KASH

- Enhancing the **local infrastructure**
- Provide **leadership** and strengthen coordination
- Promote the **sharing of good practice** from within and beyond Kent
- In consultation, **develop action plans** on specific areas of work
- **Build capacity** for tobacco control activities across Kent, and provide strategic guidance and support for effective local activities
- Support **joint planning** between agencies around key issues – such as enforcement and tackling illicit trade
- Steer **research, evidence and quality** agendas to ensure that they complement Kent's strategic priorities
- **Represent** Kent at regional and national levels

Additionally, KASH considers…

- Ensuring that all PCTs, NHS Trusts, local authorities and key agencies and partners are engaged in the tobacco control with clear lines of accountability
- Strategic support and guidance for the work of the Alliance.
- The new Local Area Agreements reflect the impact of tobacco upon local communities and identify tobacco as a priority for improvement of health inequalities, life expectancy, and infant mortality.
- Ensuring that smoking related indicators are adopted, with subsequent tobacco programmes implemented through the LAA/CAA and its partnership.

3.2 The KASH Tobacco Control Steering Group

The role and membership of the Steering Group has been revised to ensure it is fit for the purpose of delivering the broad aims of the Kent Tobacco Control Strategy.

There have been major developments in tobacco control legislation over the last few years, with a national ban on smoking in enclosed public places introduced on July 1st 2007. KASH has been instrumental in supporting the implementation of smokefree legislation across Kent. Local Authority Environmental Health representatives have attended steering group meetings to feed back on smokefree compliance in their locality and share issues and good practice. It is proposed that less emphasis be placed upon these operational issues at steering group meetings, with updates on compliance instead given by a representative of the Public Health Technical Group, where these operational issues are discussed in more detail.

The steering group has been instrumental in driving organisations to contribute to the NHS smoking cessation services and increase referrals. This will continue.

It is no longer appropriate that the steering group *delivers* project work. Instead, the steering group *oversees* and directs tobacco control project work across Kent, in line with the aims of this Kent Tobacco Control Strategy.

The group also agrees the allocation of DH funding to specific project work.

3.3 KASH Project-based Sub-groups

It is proposed that delivery of the aims of the Kent Tobacco Control Strategy be managed by project work undertaken by specific sub-groups.

The formation of sub-groups is not a new idea. Sub-groups have previously met on an ad hoc basis to address specific issues such as 'age of sales' legislation. The key difference with this proposal is that the sub-groups will now be the main groups responsible for the implementation and delivery of project work, instead of the Tobacco Control Steering Group.

Sub-groups will consist of members from partner organisations with a defined project lead for each, who attends the KASH Tobacco Control Steering Group to represent each project. An example might be a project to develop a Smokefree Homes Award Scheme. A sub-group would meet to take forward the work and might include representatives from: Kent Fire & Rescue; Local Authority Environmental Health/Housing; Community Health Trainers; community nursing and community development workers. It is hoped that the formation of sub-groups to carry out distinct project work will facilitate engagement of a wider range of partner organisations, where it is currently not practical to invite them all to the steering group that we currently have.

The areas of work on which sub-groups focus will be determined by the key aims of the Tobacco Control Strategy and through the strategic direction of the Tobacco Control Steering Group. These groups will continue to meet for as long as their particular project is running and be responsible for implementation of project work. The frequency of their meetings will be decided by members.

3.4 Resources

The Kent Alliance is led by a Tobacco Control Manager, employed within the Kent Public Health Department. This post is funded by West Kent PCT, Eastern and Coastal Kent PCT and is hosted by Kent County Council.

The Alliance receives tobacco control project funding annually from the Department of Health. Whilst funding is available in 2009/10, we cannot depend on this being the case in future years. It is recommend that tobacco control activities – and Alliances – are mainstreamed into local planning and commissioning cycles to ensure future commitment and security to this important work.

This is not to say that funds will not be available for local tobacco control projects in future years. However, please be aware that DH allocations should only be seen as a *contribution* to local activity and that the current system may have to change. This contribution comes from Programme Funds that are usually short term.

Consideration should therefore be given as to how best to ensure Alliance structures and work-plans are locally sustainable.

3.5 Strategy Development

In 2009/2010, KASH has been focusing on:

- Continuing to develop effective partnerships and to tackling the public health issue of tobacco as a shared priority.
- Developing a comprehensive Kent Tobacco Control Strategy
- Implementing a strategic tobacco control programme with a specific focus on Young People
- Wider support for improving smoking cessation targets for the PCTs.

As a result of this exercise, a Kent Tobacco Control Strategy has emerged as follows:

Aim
• Tackle the Health Inequalities caused by tobacco. • Reduce the harm caused by tobacco • Reduce the prevalence of smoking in Kent
Vision
• It is hard for anyone to start using tobacco • It is easy for anyone to stop using tobacco • There is no exposure to second hand smoke • Action is based on evidence and best practice • Partners are exemplars in tobacco control • This vision is communicated effectively
Outputs / Delivery Plan
• A Tobacco Control Strategy for Young People in Kent

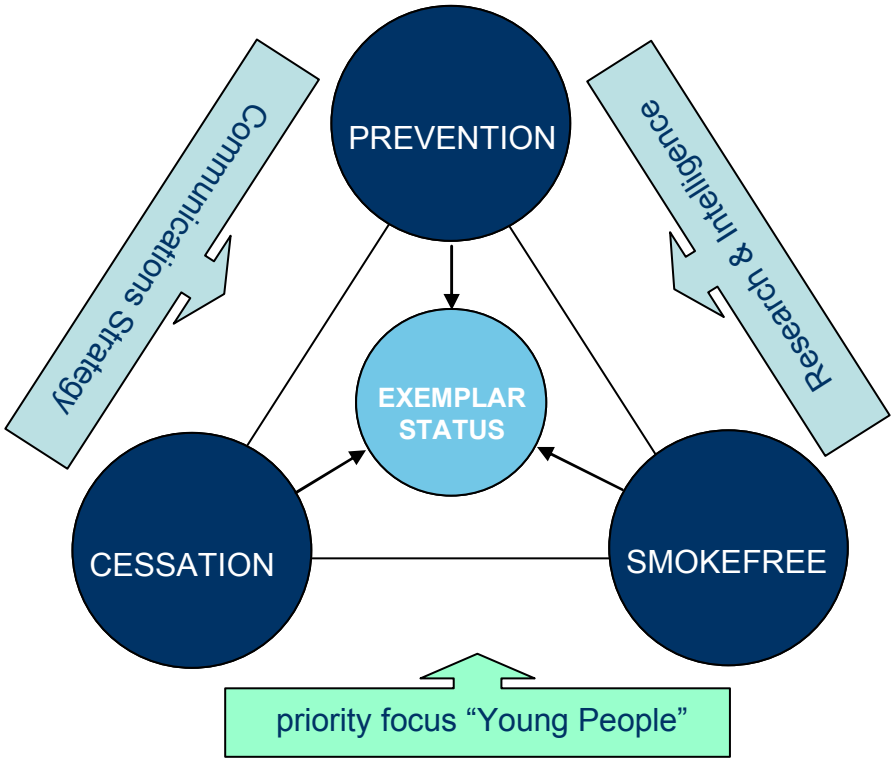
The following sections of this paper will detail further the Vision for Kent and focus on how this strategic vision can be delivered.

4.0 THE VISION FOR KENT

The Kent Tobacco Control Strategy fundamentally consists of six workstreams aimed at delivering the 'vision' for Kent, that:

- It is hard for anyone to start using tobacco
- It is easy for anyone to stop using tobacco
- There is no exposure to second hand smoke
- Action is based on evidence and best practice
- Partners are exemplars in tobacco control
- This vision is communicated effectively

In delivering this vision, KASH activities will focus on i) enabling partners to be clear about their contribution to a comprehensive tobacco control agenda and, ii) the cross-cutting issue of protecting young people from the harmful effects of tobacco.



4.1 Vision Workstreams

It is envisaged that each workstream will be operate as a sub-group of the Tobacco Control Steering Group. The priority actions for each of these workstreams will be to support of the focused strategy on protecting Young People.

4.1.1 A Tobacco Control Strategy for Young People in Kent

The government launched a consultation on the future of tobacco control in May 2008. The consultation received the largest ever response to a consultation of this kind – an overwhelming 96,000 responses.

One of the key drivers of the consultation was: Protecting children and young people from smoking: reducing young people's access to tobacco, reducing exposure to tobacco promotion, and protecting children from secondhand smoke to prevent future generations suffering poor health caused by tobacco.

There is a need to realise that traditional educational approaches have had limited impact and that success is likely to be achieved by implementing comprehensive tobacco control measures, and fully including young people in the process. Some 80% of people start smoking as teenagers and while smoking prevalence has declined in the last few decades, with around 9% of 11–15 year olds regularly smoking; those young people who do experiment run the real risk of addiction and of becoming long-term smokers. Also, prevalence appears to have stalled in recent years and there is a dramatic increase in prevalence over the age range – 16% of boys and 24% of girls being regular smokers at age 15. The traditional approach to the adolescent smoking problem has been to try to prevent uptake. However, despite sustained education about the health effects of smoking, adolescents continue to smoke, suggesting that traditional approaches may educate, but they do not influence.

KASH commissioned the Tobacco Control Collaborating Centre to deliver a comprehensive programme of work to focus on protecting the young people of Kent from tobacco. This will establish agreement on where joint work between Kent agencies impact on the smoking rates of young people in the county. This comprised of a number of interviews with personnel from a partner agencies across Kent and a stakeholder event held in October 2009.

Tackling youth smoking as a standalone intervention will probably have little impact. This specific focus is linked to the "Vision" workstreams, as youth prevention has to be part of a comprehensive tobacco control programme based on denormalising smoking as a habit. Thus, efforts to enforce smokefree regulations have a bearing, as do action on the illicit trade and enforcing the age of sale of tobacco.

Stand alone interventions unrelated to an overall coherent strategy are vulnerable to "short-termism" and individual enthusiasm. The county therefore proposes six key and mutually supported elements on which the partners in the county can focus:

ACCESS Challenged by Trading Standards.	**CURRICULUM** Tobacco education as part of PHSE Education.	**REFRAME THE DEBATE** Focus on "The Truth Materials" instead of the individual harm done by tobacco.
CAMPAIGN Recognise and publicise risks of second hand smoke to Young People. (Smokefree homes / cars; Smokefree pregnancies)	**CESSATION SUPPORT** … for vulnerable and excluded young people.	**CALL FOR ACTION** Produce an "Impact Statement on Young People and Smoking".

1. The access to tobacco goods by young people will be challenged through measures led by Trading Standards to enforce restrictions on underage sales.

2. Schools and education settings will be encouraged to work with partners to provide high quality Drug, Alcohol and Tobacco education and positively enable all children and young people to resist, or give up smoking.

3. The approach to discouraging tobacco use amongst young people will be re-framed and instead of focusing on the individual harm done by tobacco we will develop "The Truth" information pack for young people of school age and those attending college in a way that stresses the wider socio-economic and international implications of tobacco production and marketing.

4. We will build upon the public support for reducing the risks to vulnerable people of secondhand smoke by recognising and publicising the fact that exposure to tobacco smoke is damaging to young people's well-being. This will be done both in the Children's Trust Strategy "Positive About our Future" [See Smokefree Homes and Cars] and through information provided in SureStart and Children's Centres.

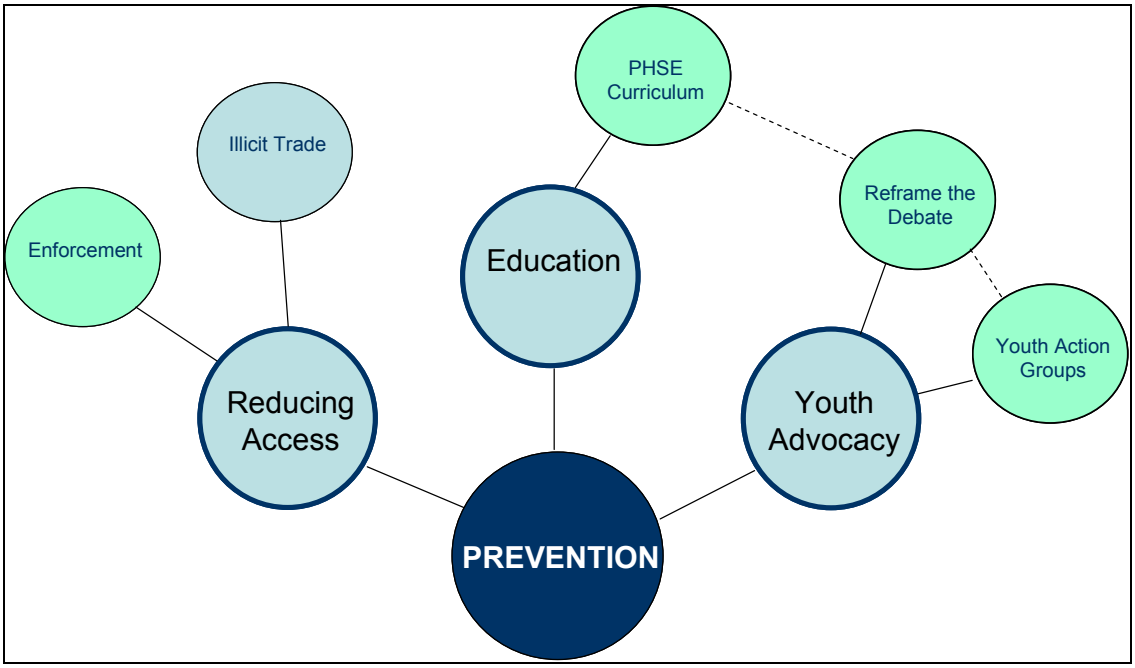
5. Vulnerable and excluded young people demonstrate a similar smoking profile to that of people in mental health institutions and custodial settings. Through the work of the Youth Offenders Team and the Youth Service and specifically in Pupil Referral Units we will ensure active cessation support measures for both service users and providers are readily available and service users and providers encouraged to take advantage of them.

6. We will produce an "Impact Statement on Young People and Smoking" which will provide the basis for all staff inductions programmes in Education, Children's Services, Leisure Services, Trading Standards, Community Services, PCT Provider Services, Youth Offending Teams and Police recruitment.

These six initiatives are intended to be supported by the normal Stop Smoking Service measures available to the population at large, though a special cessation service will be developed for those young people demonstrating higher prevalence levels together with parents seeking to quit. Their needs may be targeted through SureStart and Children's Centres.

4.1.2 PREVENTION: Making it hard for anyone in Kent to start smoking

Kent Trading Standards enforce legislation in the district relating to underage sales, sales of counterfeit goods and also play a part in the control of illegal supplies of tobacco. Her Majesty's Revenue and Customs (HMRC) and the UK Boarder Agency (UKBA) are the principal bodies for controlling illegal supplies of tobacco in the county.



Example action:

i.) Focus on Illicit tobacco

Addressing the problem of illicit tobacco is a national priority and cross-government plans are currently being put into place. A national Marketing and Communications Strategy has also been developed (awaiting sign-off) and there will soon be resources and collateral developed for wider use with key partners to increase awareness of this issue.

A Regional Forum has been established to facilitate this process across the South East, with representatives from HMRC, Trading Standards, LACORS, Police and Public Health. An action plan is currently being developed that will be shared with Alliances in due course – key items within this are likely to relate to obtaining a better understanding of attitudes towards illicit tobacco and purchasing patterns, enforcement and communication messages. The Kent Tobacco Control Manager is a member of this forum.

The county of Kent is referred to frequently in Illicit Tobacco strategies as a major 'gateway' for illicit tobacco products entering the country as a whole. As a result, Kent welcomes the South East Regional approach and will actively support and participate in actions to address the illicit tobacco trade.

Kent will require the engagement of a full range of tobacco control stakeholders working together effectively to improve the intelligence base. Not only do Local Strategic Partnerships and local health strategies need to factor in smuggling as a priority issue but also look to Trading Standards, HM Revenue and Customs and Crime and Disorder Reduction Partnerships to support local efforts. There is also a potential role here for youth advocacy.

It should be noted that all stakeholders in the Kent understand that illicit tobacco sales risk undermining all other local tobacco control efforts. All partners should give this message when making public statements.

ii) Enforcement of under age sales legislation

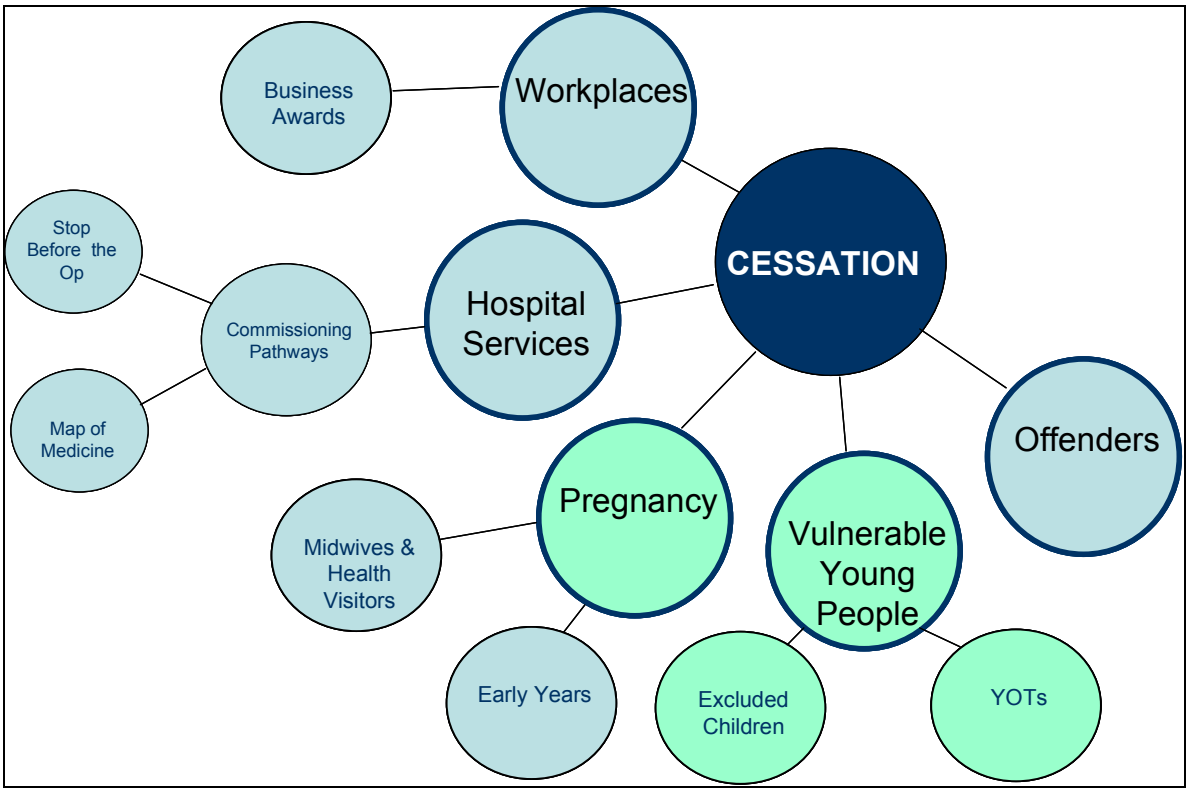
Kent Trading Standards have an opportunity to increase the profile of enforcing underage sales legislation; specifically focusing on tobacco. Trading Standards will be responsible for actions resulting from The Health Bill (2009) legislation currently going through parliament; with the banning of cigarette vending machines and the removal of Point of Sale merchandising materials.

iii) Development of Youth Advocacy

In support of the strategic focus on Young People, KASH will develop the role of youth advocacy and try to get youth leaders and young people to join the Alliance. Young people can make good advocates because smoking generally begins at school age. In addition to seeking out youth representation, KASH will work with youth forums and parliaments to gain an understanding of how children and young people feel about tobacco. Exploring ethical arguments such as tobacco farmers and the tobacco industry plus wider debates on the environmental impact of smoking could be a start point. The aim is to empower young people with a wider knowledge base about all tobacco control issues and capitalise on their energy and enthusiasm.

4.1.3 CESSATION: Making it easy for anyone in Kent to stop using tobacco

When talking about an integrated stop smoking approach we are highlighting the importance of embedding the idea that quitting smoking is not only achievable and desirable, but an outcome that should be encouraged and supported by all organisations. If we are to achieve the tobacco control aim of denormalising smoking as a desirable, everyday activity, then it is also important to ensure that supporting smokers to stop is the business of every organisation. As the most evidence-based support system available, local NHS Stop Smoking Services are one vital part of this equation, as are the other support options available from the NHS. Indeed, no other country in the world has an integrated Stop Smoking Service available to all and free at the point of delivery.



However, all too often the Stop Smoking Services are seen as the sole agency that can deliver tobacco control at a local level. It is a mistake to believe that Stop Smoking Services equate to tobacco control or that they can in isolation provide prevalence reduction on the scale that is required. Instead, they should be viewed as one vital element of an overall strategic and comprehensive tobacco control programme. They should be fully involved in tobacco control and seen as a resource for information on quitting support, providing expert advice to organisations that want to integrate a stop smoking approach for their workforce. This is also vitally important for the focus on routine and manual smokers.

To ensure continuing improvement of Stop Smoking Services, the Department of Health has issued updated *Service and Monitoring Guidance* to ensure adherence to the quality principles and consistency in data quality and data recording. KASH will also support the two Stop Smoking Services in Kent to deliver the DH Integrated Service Framework; ensuring that KASH partners have the capacity to signpost quitters into the stop smoking services (*see section 4.1.5: "Exemplars"* and section 4.3: "Young People's Strategy" – specifically concerning vulnerable young people and focus on Pregnancy/Early Years)

Example action:

i) Smokefree Kent Business Award

KASH will work with the Stop Smoking Services on the development of a Smokefree Kent Business Award. This will provide organisations with an economic assessment of the cost of smoking to their organisation, and will support the development of comprehensive smokefree policies (promoting wellbeing for staff and adherence to smokefree legislation). The scheme will reward organisations and ensure relationships are forged with the Stop Smoking Services.

The scheme will be targeted towards i) routine and manual employers, ii) areas of high smoking prevalence and iii) organisations that work with young people and families.

ii) Integrating Smoking cessation into hospital based services

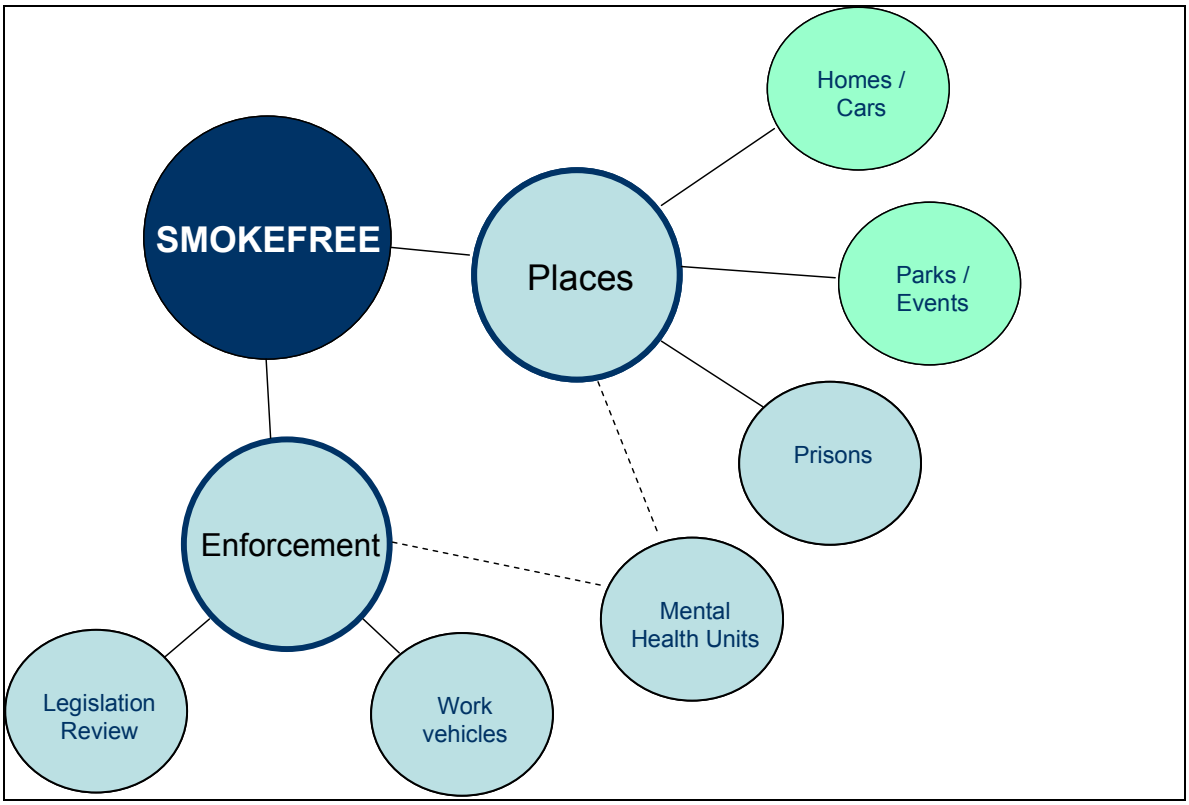
With particular reference to the economic burden of smoking on the NHS (referenced in section 2.5), there is a need to ensure that smoking cessation is integrated into clinical pathways. A high level commitment is required within acute and mental health trusts around the tobacco cessation agenda and therefore realise the potential of 'Stop before the Op' programmes and reduced bed days and post-operative complications.

4.1.4 SMOKEFREE: Ensuring that no one in Kent is harmed by secondhand smoke

The banning of smoking in enclosed public places in July of 2007 has had real impact and has underlined much of the work undertaken to promote healthy working environments. There is evidence already in Scotland of a 17% reduction in the number of heart attack admissions through 9 hospitals since smokefree policies came into force in 2006 and data from England suggests a correlation with significantly increased numbers presenting for cessation assistance.

There have been high levels of public support and compliance for the legislation. It is important though to continue to ensure that compliance monitoring is not allowed to lag. KASH works closely with environmental health colleagues at the Kent CIEH Public Health Technical Working Group where compliance is monitored and compliance issues are addressed.

Expected in the summer of 2010, the government will formally review the smokefree legislation. It is expected that this will advocate further measures to protect children and address further compliance issues around smoking in vehicles and 'smoking drift'. This should also provide an opportunity to focus on the compliance of smokefree legislation in mental health hospitals and the promotion of smokefree prisons.



Example action:

i) Smokefree Homes and Cars (protecting children)

There is an opportunity to learn from, and expand upon, the successful initiative undertaken in Tonbridge and Malling. The development of a Kent-wide Smokefree Homes initiative, delivered in partnership between Local Authorities, Kent Fire & Rescue Service and Stop Smoking Services is proposed.

ii) Smokefree Parks / Events / Sports grounds / Arenas

There is an opportunity for Kent partners, especially local authorities and the county council, to demonstrate a commitment to protecting children from tobacco by supporting the call for smokefree conditions (mandatory or voluntary) to be applied to events and/or facilities that are aimed at children and/or families.

4.1.5 EVIDENCED AND RESEARCHED: Ensuring that action is based on evidence and best practice

The value of organised, accurate and up-to-date information cannot be overstated. By collecting and making active use of reliable local data, the local needs, gaps, strengths and weaknesses of current and future tobacco control programmes can be assessed. Without such information it will be very hard to make good decisions about how to continue to tackle smoking locally or know where best to direct energy and resources. Nor will it be possible to demonstrate effectiveness, and without reliable information to back up arguments it will be hard to even get over the threshold of the high-level decision makers who need to be influenced.

There is a requirement to develop a systematic approach to identify exactly what data is needed to allow Kent partners to carry out the priority activities identified in this strategy. This should be the first task of the sub-groups that will take forward each 'vision' workstream. Sources might include Health Equity Audits (HEAs) or Joint Strategic Needs Assessments (JSNAs) of the health and wellbeing of a local community. The Kent Tobacco Control Framework (section 4.2) will require information sets for each workstream to ensure that activities are evidence based and include robust evaluation criteria.

The key element of this vision though, is about more than just data – it's about gathering intelligence and using innovative approaches to translate the available knowledge into informed planning and commissioning and tailored messages for the local population. This activity is intimately linked to the need for effective partnership working. Making the fullest use of the KASH partnerships to get the best data and information from all concerned is key. This will make it clear what has to be done, and why – in short helping to map and tailor services to a specific local authority area and support evaluation of the impact of KASH's work on reducing smoking prevalence.

i) Audit of tobacco control related data in Kent

The Kent and Medway Public Health Observatory continue to be a valuable resource in the collation, dissemination and analysis of tobacco control data. A specific 'tobacco control' depository will be created to ensure that all partners have access to national and Kent data sets and will promote an information exchange between Kent partners.

4.1.6 COMMUNICATIONS: Making sure that this vision is communicated effectively

Establishing a communications strand as part of a strategic approach to tobacco control is vital and needs to take account of internal and external communications: internal to ensure that all partners are on message, external to ensure that clear and consistent messages around tobacco control are being relayed to the general public. It is very important not only that communication reflects central messages and uses the NHS Smokefree national branding and imagery (where the focus is on activity encouraging smokers to stop), but also that, at a local level, all KASH members and champions are on message. This can be encapsulated in the phrase 'One message, many voices'.

The national Smokefree communications and marketing strategy focuses on routine and manual smokers and its overarching objectives are to trigger quit attempts, increase the effectiveness of quit attempts and reinforce motivation to quit. This important strategy represents a new way of working and has also included a move towards a model of community activation. This should facilitate three-way communication between local areas, the regions and national policy and thus ensure a co-ordinated and comprehensive approach to marketing.

i) Coordinated approach to marketing and communications – support to 'comms leads'

There is a need to provide brief training and education to ensure that planners, commissioners and service providers have a working understanding of the national strategy. A media/communications sub-group will created to co-ordinate local-level marketing messages to supplement and complement the marketing campaigns produced at a national and regional level. Communications leads from KASH partners and key stakeholders should contribute to this group.

- This should include a focus on the 'Many voices' aspect of communications. For example, teachers, council departments and business leaders could issue health messages. This could add credibility to a local campaign because it would not just be a public health body communicating about tobacco control.

- All media opportunities should publicise local NHS Stop Smoking Services and the package of national support available for smokers wishing to quit (including the NHS Smoking Helpline and website - www.nhs.uk/gosmokefree).

- Local messaging should be kept simple and consistent with national messaging, focusing on the unique selling points of the Services – they are free, smokers are up to four times more likely to quit if they use the Services, they have experienced staff, and have helped thousands of local people give up for good.

- Producing relevant resources for supporters to use – websites, policy papers, draft letters and press releases – so that partners can advocate Kent and national initiatives.

ii) Social Marketing Insights

With this new infrastructure in place, achieving a truly comprehensive approach to communications should be within reach, with all key partners giving key messages consistent with national campaigns and themes. And with a new focus on consumer insight, Kent will be better able to understand audience differences – for example, why routine and manual smokers find it harder to quit, how audiences differ in their smoking rates and why, and whether policy interventions are having an impact.

Particular focus should be given to understanding why young people take up smoking; and given information on tobacco control initiatives, which of these 'resonate' with young people so that they will in turn advocate the tobacco control message.

iii) promote use of Smokefree branding

Use the NHS Smokefree branding on all materials produced, while using existing DH marketing materials whenever possible for consistent messaging, to save money and to capitalise on the messages local people will be receiving from nationally funded marketing campaigns.

Consideration should therefore be given as to whether commissioned services should be required to use the 'Smokefree' brand. Proposals could include re-branding "KASH" as the "Smokefree Kent Alliance".

Communications Strategy	Research & Intelligence
• Coordinated approach to Marketing and Communications	• Develop a systematic approach to data needs
• Ensure National Smokefree campaigns are localised	• Translate available knowledge into informed planning and commissioning
• Utilise "Many Voices, One Message" concept	• Utilise social marketing approaches

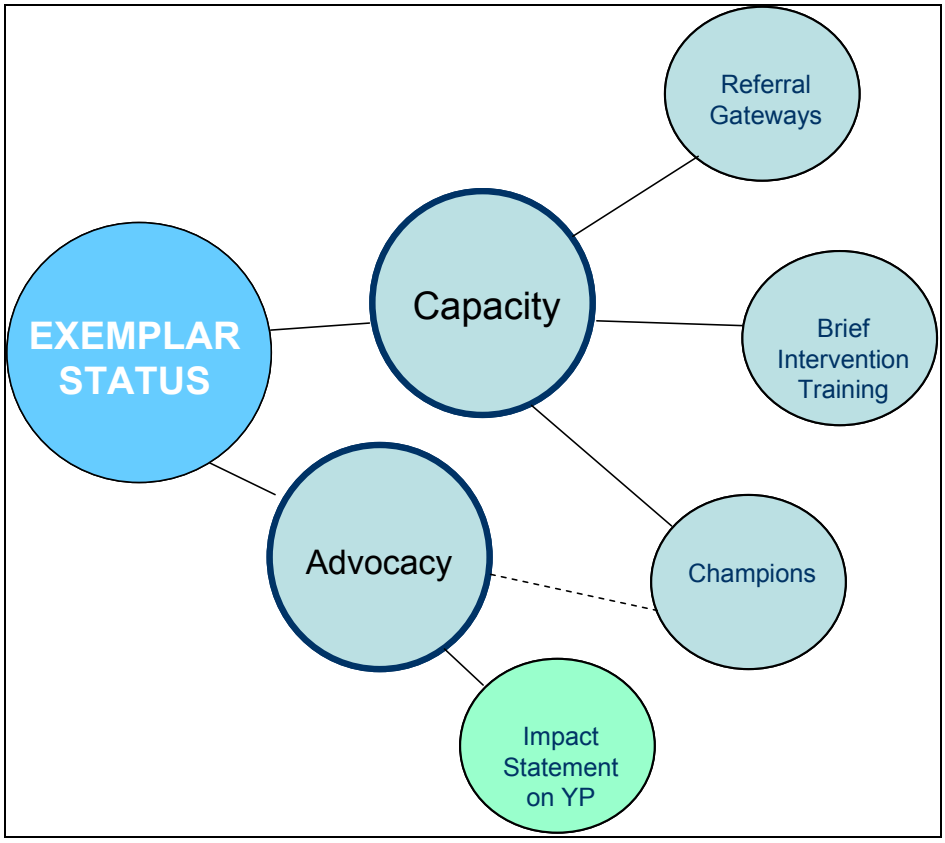
4.1.7 EXEMPLARS: Ensuring that Kent partners are exemplars in tobacco control

As advocates for tobacco control, it is imperative that Kent partners can be seen to be exemplars in their tobacco control practice.

KASH partners should strive to change the political, economic and social conditions that encourage tobacco use and gaining public and media support for tobacco-related issues with the ultimate aim of denormalising tobacco use – changing social norms. Although there have been many successes in recent years, the focus on ending the tobacco epidemic for the benefit of future generations needs to be maintained.

This vision needs to be linked to the overall communications strategy to ensure consistency and integration. Advocacy efforts ought to be evaluated as carefully as any other communication campaign.

This will also require the building of 'capacity' in tobacco control; developing people's skills and tools, building networks and training leaders, collaboration, and collecting local data and knowledge to provide an understanding of the local community. If the necessary consensus and political commitment for tobacco control in the area can be successfully developed, then delivering the recommendations ('visions') of this strategy will be that much easier. The key aim is to keep as many relevant people as possible interested in the tobacco control agenda, providing them with new angles as to why they should engage with the programme at every opportunity. There is a risk that if this momentum diminishes, previous achievements will be diluted and smoking prevalence will stabilise and then rise rather than fall.



Example action:

i) Identify tobacco control 'champions' / leads in each partner organisation

It will be necessary to target key decision makers in Kent partner organisations to fulfil the role of trained and educated ambassadors and champions who can sell the whole tobacco control message from executive level to grassroots level. These designated leads should have some element of tobacco control built into their role, and be supported by an overall lead with senior-level buy-in.

ii) Increasing Partner's Capacity in Tobacco Control

KASH will aim to ensure that all Kent partners have the knowledge and skills to become tobacco control advocates, understanding that tobacco control is core to their own organisation's concerns. For example, fire services and reducing fires, police and reducing crime through less illegal sales and activity on the streets, workplaces and reduced sick time/ smoking breaks and the benefits of stop smoking approaches to this, NHS and 'Stop before the Op' programmes.

This will be achieved through a programmed approach to encourage all partner organisations to develop organisational objectives around tobacco control with support from the Kent Tobacco Control Manager; and can include working, training and education programmes that promote tobacco control with proposals for joint action.

A minimum requirement should be an acknowledgement of the impact of smoking on young people (as detailed in section 4.3)

iii) Provision of brief intervention training to Kent partners

In liaison with the Stop Smoking Services and the public health training providers, KASH will support staff who could be trained to increase tobacco control capacity in brief interventions for stopping smoking. This might include community workers, community pharmacists, school nurses, occupational health nurses in the workplace, teachers, youth workers, trading standards officer; police personnel, fire service personnel, environmental health officers, frontline health and social care professionals, and voluntary and community organisation workers.

Organisations and individuals can then explain and signpost interventions which are not just around Stop Smoking Services but also include tobacco control in the widest sense.

4.2 Kent Tobacco Control Framework

It is proposed that the Kent Tobacco Control Strategy is clearly formatted to ensure that partner organisations are clear about their role in tobacco control. This will serve as a way of monitoring the delivery of the Kent Tobacco Control Strategy.

Smoking creates major health, economic and social burdens within our communities, which is why tobacco control needs to be elevated to a high level within organisations that can play a role in reducing smoking rates. A proposed Kent Tobacco Control *Framework* will:

- provide everyone involved with local tobacco control with new ideas for making a difference in their areas – showing what can be achieved, and how to do it;
- help organisations work towards their next priorities. (Tobacco control has not ended with the Smokefree legislation of July 2007 and while more than one in five adults are smokers in England, there is much more to be done);

- brings together in one place both the evidence and relevant practical experience on local comprehensive tobacco control, providing ideas and robust evidence to justify the case for focusing on comprehensive tobacco control action;
- will be structured around the 'vision' workstreams;
- will promote the focus on protecting young people in Kent as a priority.

This approach is supported by the Kent Partnership. KASH will formally support and drive this process by providing workshops, seminars and events as appropriate.

5.0 NEXT STEPS

This strategy addresses the proportions of our population that remain exposed to the significant health risks from smoking, and are concentrated in our more deprived communities. Beyond the well-recognised effects on health, tobacco also plays a role in perpetuating poverty, deprivation and health inequality.

Tobacco control – not just Stop Smoking Services or media campaigns in isolation, but an integrated package of interventions – has enormous potential to tackle health inequalities and the ongoing burden of disease caused by smoking. The driving ethical principle of tobacco control is that of fairness:

- A fair chance for children and young people to grow up in an environment where smoking is not seen as the norm;
- for smokers to get help to quit (as the majority wish to do); and
- for people to live and work without being exposed to the hazards of secondhand smoke.

This strategy advocates how smoking prevalence can effectively be further driven down in our communities. The practical recommendations in this document, particularly those aimed at protecting young people from the dangers of tobacco; set out a systematic approach to delivering an effective and comprehensive tobacco control programme for Kent.

This strategy enables Kent partners to acknowledge the importance of supporting a comprehensive approach to tobacco control; for their own organisation and the communities that they serve, by incorporating tobacco control measures into their strategic plans and commissioning intentions.

Strategy Delivery

- KASH will provide a framework for delivery of this strategy.
- Performance reports to the Kent Public Health Board

Mar-Jun 2010	Kent partners to sign off Strategy
1st July 2010	Launch Strategy (anniversary of Smokefree)
Sept 2010	Impact assessment of strategy to be completed by Kent partners
Dec 2010	Forward delivery plans to be confirmed by partner organisations
Feb 2011	Review of progress to the Kent Partnership

Supporting key resources for this strategy document:

- "A Smokefree Future: A Comprehensive Tobacco Control Strategy for England", Department of Health (February 2010) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_111789.pdf

- "Smoking in Kent: Deaths, disease and economic loss attributable to tobacco smoking", Kent & Medway Public Health Observatory (May 2009) http://www.kmpho.nhs.uk/lifestyle-and-behaviour/smoking/

- "Excellence in Tobacco Control: 10 high impact changes to achieve tobacco control", Department of Health (May 2008) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084847

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