

MAKE SMOKING HISTORY

**Debbie Watson**, Director of Public Health, Tameside MBC

### **Making Smoking History in Greater Manchester**

## MAKE SMOKING HISTORY

#### **DRIVING CHANGE WITH GMPOWER**

Based on the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC), Greater Manchester uses the adapted GMPOWER model to underpin its strategy to reduce demand for tobacco.

- G Growing a social movement
- M Monitoring tobacco use and prevention policies
- P Protecting people from tobacco smoke
- Offering help to stop smoking
- **W** Warning about the dangers of tobacco
- **E** Enforcing tobacco regulation
- **R** Raising the real price of tobacco

GREATER MANCHESTER IS A LEADER
IN TOBACCO CONTROL, IMPLEMENTING
INNOVATIVE PROGRAMMES AND SERVICES
THAT HAVE BEEN ROLLED OUT NATIONALLY –
A ROLE MODEL FOR WHAT NEEDS TO BE DONE
REGIONALLY TO MAKE SMOKING HISTORY.

Deborah Arnott, Chief Executive, Action on Smoking and Health (ASH)









3.1

percentage point reduction in smoking at time of delivery



Andy Burnham, Mayor of Greater Manchester

percentage point reduction in adult smoking prevalence

fewer smokers

## NHS Long Term Plan Tackling Tobacco Dependency and Khan Review Exemplars



3,500 SMOKEFREE PREGNANCIES

1 IN 4 CURE PATIENTS

Smoking at time of delivery reduced by 1/4

Are smokefree 12 weeks after leaving hospital

GREATER MANCHESTER HAS TAKEN
AN INNOVATIVE APPROACH TO SAVING
BABIES LIVES, PIONEERING THE USE OF
INCENTIVES DURING AND AFTER BIRTH
TO REDUCE SMOKING AT TIME OF DELIVERY
RATES AT A SIGNIFICANT PACE COMPARED
TO OTHERS NATIONALLY.

Professor Linda Bauld, Professor of Public Health, University of Edinburgh

GREATER MANCHESTER HAS SHOWN TRUE LEADERSHIP IN SETTING THE BLUEPRINT FOR TREATING TOBACCO DEPENDENCY. CURE WILL SAVE THOUSANDS OF LIVES AND GENERATE SIGNIFICANT REDUCTIONS IN DEMAND FOR NHS SERVICES.

Professor John Britton, Emeritus Professor of Epidemiology, University of Nottingham

### Re-imagining a quitting journey

MAKE
<b>SMOKING</b>
HISTORY

From	To
Opportunistic, disjointed and siloed approach to smoking cessation offer	Systematic approach to identifying, referring and enrolling smokers into services/offers
Barriers to access/uptake of stop smoking services, with high long-term relapse rates	Comprehensive suite of best practice pathways to maximise effectiveness and engagement
Inconsistent collection of service KPIs, with relevant data and records split across multiple information systems	Aligned and standardised KPIs in a data management system with bidirectional flow to shared care records
Difficult or impossible to track smoking cessation progress/history	Progress monitoring and history accessible across settings
Data gathering for improvement and research is time-consuming and complex	Intelligence and insights available to inform resource allocation, planning and cross-programme improvement strategy

Proactive, connected and comprehensive smoking cessation offers, adaptive to the individual needs, circumstances and preferences of each citizen

## **Smoking Prevalence Trajectories – England and GM**

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Smoking prevalence in adults (18+)







## A framework for smokefree communities, localities and our city region, creating a healthier and fairer future for everyone

Tackling health inequality, putting wealth back into our communities, boosting the region's productivity and releasing pressure on our health and social care systems.

Shaped by engagement with people and VCFSE, strengthened by collaboration and deploying our GMPOWER model to ensure alignment across all activities – a whole greater than the sum of its parts.

Supported by a bold, behaviour change and engagement strategy which continues to raise the bar and accelerate quit attempts region-wide and across all communities including under-represented groups to understand barriers to quitting

#### **Monitoring and Insight Timeline**

To deliver effective tobacco control programmes it is important to understand smokers' behaviours, attitudes and perceptions.

### MAKE **SMOKING HISTORY**

2017

Greater Manchester

Making Smoking

History Strategy

Launch

2018

'History Makers' **Public Consultation** 

2018

**GM** smokers segmentation and

2018 onwards

Behaviour change campaign evaluations for each burst (minimum 2 campaigns per year)

persona research

**Smoking** prevalence 18.4%

published 2017

Smoking prevalence 16.2%

published 2019

Smoking prevalence 16.0%

published 2020

Smoking prevalence 16.3%

published 2021

August 2022

**Smokefree Spaces Public Consultation** 

August 2022

Impact of smoking in social housing communities

Spring 2023

Focus groups and ethnography with smokers, as part of new campaign development

2022 2023 2016 2017 2018 2019 2020 2021 2024

published 2018

Smoking

17.5%

prevalence

**GM Boost to Smoking Toolkit Study** 

Quarterly data on smoking prevalence and guit attempt rate (ages 16+)

**Smoking** prevalence 15.4%

March 2021

Focus groups

with smokers:

Impact of COVID-

19 pandemic on

behaviours and

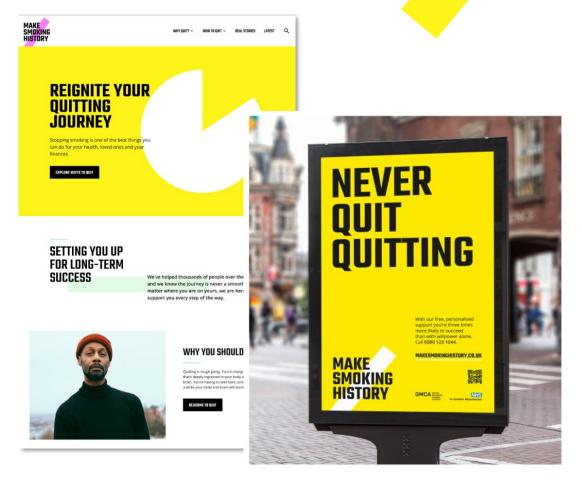
attitudes

published 2022

#### Addressing Smokers' Challenges – What we did in 2020

We created a new stop smoking brand identity (Make Smoking History) and campaign for Greater Manchester (Never Quit Quitting), which was supported by a new website with information, resources, and a service finder (www.makesmokinghistory.co.uk) and an 'always on' digital advertising and PR strategy.





### **Summer 2023 Smoker Insights**

- Smoking remains deeply embedded, with many still smoking through pregnancy and despite incidence of disease within close family
- Justified in terms of coping with stress, relaxation and escapism, being reliant on the "hit"
- Most are conforming to family and social norms, though many don't smoke in the house (some do vape) and all would hate the thought of their kids/grandkids smoking
- Lots talk about the increased cost of smoking and have cut down/switched to roll-ups but for many, spend on cigarettes remains a priority
- Tension between the joy and attachment to the habit, and the guilt they sometimes feel

   but overall, many are pretty comfortable where they are
- The 2 in 3 will die half in middle age statistic did cut through with most smokers and was new news. The idea of half becoming ill and dying in their 50s and 60s was truly shocking.

# After smoking for nearly four decades, Lisa, 49, quit for good. A major health scare turned the mum of four's world upside down when she nearly died of a heart attack.

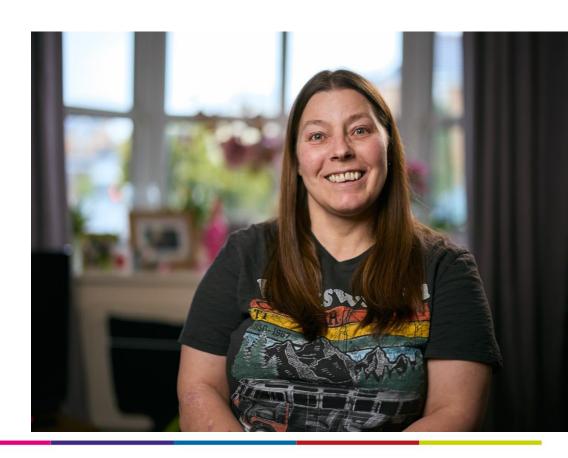
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"In 2018 I had a heart attack while at home with my children. I was blue lighted to hospital and spent four weeks in a coma. There were times when the doctors said I wasn't going to make it.

"After being so ill, I stayed smokefree until December 2019 when I had a few puffs of a cigarette and relapsed.

"During the start of the pandemic, I had to shield due to my health condition and was smoking more at home. It was a high stress environment, but I had developed a nasty chest infection.

"I contacted my stop smoking service and we discussed different ways to quit. I had tried lots of different things, such as patches and gum, but due to my existing health conditions (diabetes and asthma) they affected my blood sugar levels. I was determined to give up so in the end I found vaping worked best for me."



## MAKE SMOKING HISTORY

Questions....