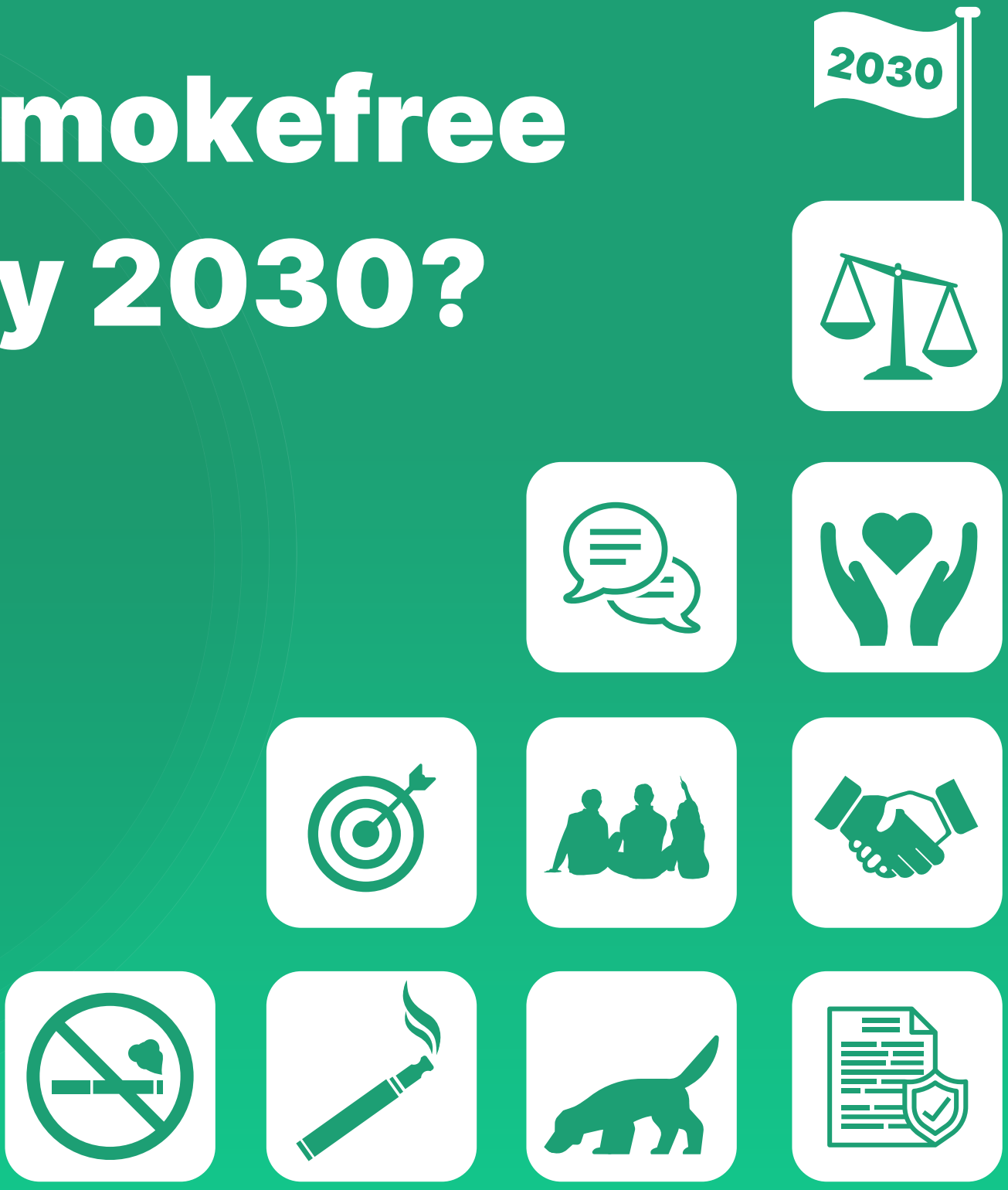
Smokefree by 2030?



10 high impact actions
for local authorities and their partners

A guide for elected members, senior leaders and officers

ash.
action on smoking and health

Introduction

Local authorities are at the frontline of national efforts to achieve the goal of Smokefree 2030.[1] This short guide has been published to support members and officers in local authorities and their partners in the NHS and civil society to sustain and renew their commitment to this goal.

Despite the long-term decline in smoking prevalence in England, the basic facts of the smoking epidemic have not changed:

- Smoking is the primary cause of preventable illness and death in England.
- Around half of all regular cigarette smokers will be killed by their addiction,[2] and on average they will lose 10 years of life. For every death caused by smoking, approximately 30 more smokers are suffering from a smoking related disease.
- Smoking is the principal driver of health inequalities.[3]
- Smoking costs society an estimated £17bn each year through lost productivity, health and social care costs and smoking related fires.[4]

Most local authorities in England have remained committed to tobacco control despite public health funding cuts, wider pressures on local authority budgets, and the impact of the COVID-19 pandemic.[5] There is still much to be done, especially for smokers in deprived and disadvantaged communities and for the children and young people growing up in these communities.

This guide identifies ten ways in which local authorities can continue to drive down smoking prevalence in their communities and reduce the many health, social and economic costs of smoking. It offers ideas and suggestions that may be useful in drawing up a local tobacco control strategy, complementing the more comprehensive approach offered by The End of Smoking,[6] strategic guidance.

The ten high impact actions are:

1. Prioritise health inequalities
2. Work in partnership
3. Support every smoker to quit
4. Communicate the harms and the hope
5. Promote harm reduction
6. Tackle illicit tobacco
7. Promote smokefree environments
8. Enable young people to live smokefree
9. Set targets to drive progress
10. Protect and promote progressive tobacco control policy

1 Prioritise health inequalities

Smoking is not what it used to be in England. For many people, smoking is no longer woven into the fabric of everyday life. In some communities – wealthier, professional, home-owning – smoking has become marginal, almost invisible.

Yet elsewhere, smoking rates have remained stubbornly high. For example, smoking is more common in deprived communities, among people living in social housing, among people working in routine and manual jobs, and among people with poor mental health. Those with multiple needs, such as people experiencing homelessness, are especially likely to smoke. Consequently, the goal of tobacco control has shifted. It is no longer enough to bring down population prevalence. The focus must now be on reducing the stark inequalities within the population. Fortunately, local authorities are well-placed to do this. They know their communities and they know how to reach them. They can deliver the Smokefree 2030 goal for all.

Key statistics

- Nearly twice as many smoking-related cancers are diagnosed in the most deprived quintile of the adult population of England every year compared to the least deprived quintile (11,247 vs. 6,200).[7]
- People who have no qualifications are 3.9 times more likely to smoke than people with a degree or higher qualification (28.3% vs 7.3%).[8]
- People living in social rented housing are 3.8 times more likely to smoke than people who own their properties outright (28.6% vs 7.6%).[8]
- People with routine and manual occupations are 2.5 times more likely to smoke than people with managerial and professional occupations (23.2% vs 9.3%).[8]
- People who are lesbian or gay are 1.4 times more likely to smoke than people who are heterosexual (21.9% vs 15.2%).[8]
- The prevalence of smoking is 25.8% among people with a long-term mental health condition and people with anxiety and depression,[9] and 40.5% among people with serious mental illness.[10]
- Women living in the most deprived areas are more likely to smoke throughout pregnancy (66.6% of those who were smokers at conception are still smokers at delivery) than women in the least deprived areas (57.7% are still smokers at delivery).[11]

Key points to consider

- Smokers in deprived or marginalised groups are typically as motivated to quit as other smokers but do not succeed as often because, on average, they are more addicted and more likely to live in environments where smoking is visible and socially acceptable.[12]

- Young people growing up in such environments are at highest risk of becoming smokers themselves.[13] Preventing this inter-generational reproduction of smoking is critical to slowing and ending the smoking epidemic.
- Local authorities are experienced in mapping and describing local communities and inequalities. For smokers, there is scope to drill down further to better understand their attitudes, beliefs, priorities, behaviours and lives.
- As stop smoking services offer the best chance of quitting, they are especially valuable to highly addicted smokers. Targeting these smokers remains highly cost-effective and is essential to reducing inequalities.
- E-cigarettes and vapes have played an important role in enabling highly addicted smokers to manage their nicotine addiction at much reduced risk. There is great scope for their promotion and provision across all high prevalence groups.
- As well as targeting high prevalence groups, local authorities can target areas of high deprivation. An analysis by the ONS found that people who lived in the most deprived neighbourhoods were more than four times more likely to smoke than those in the least deprived neighbourhoods.[14]
- Reducing smoking inequalities has multiple dividends. In the UK, half a million additional households fall below the poverty line when spending on tobacco is taken into account.[15] Enabling these smokers to quit has an immediate economic benefit as well as improving health and wellbeing for them and their families.

Suggestions for a Local Tobacco Control Plan

- We will give priority to health inequalities in the conception, design, and implementation of all tobacco control policies and interventions.
- We recognise the role that local authorities should play in leading local action on health inequalities and will identify the scope for tobacco control to reduce these inequalities with key partners such as the NHS, the voluntary and community sector, and local networks and forums.
- We will ensure that health inequalities, and the part that tobacco control can play in addressing them, are prominent in the local Health and Wellbeing Strategy and are addressed by other council-wide strategies [*e.g. COVID-19 recovery strategies, Regeneration/economic development strategies, Health in All Policies*]
- We will ensure that a range of high-quality, evidence-based, stop smoking support is available for smokers who work in routine and manual occupations, who are pregnant, who have mental health conditions, who live in social housing, who are dealing with substance misuse, [*insert other local population groups with disproportionately high smoking rates*]

Resources

- ASH briefing: Health Inequalities and Smoking
- ASH report: Smoking and Poverty
- ASH report: Getting back on track: Delivering a smokefree start for every child
- ASH report: Smoking, employability and earnings
- ASH report: Smoking in the home: New solutions for a Smokefree Generation
- ASH & Fresh: The End of Smoking
- ASH & Fresh: Local Alliances Roadmap
- ASH report and calculator: Costs of smoking to social housing: The quitting dividend for tenants and landlords. Includes a calculator enabling housing providers to estimate the number of households in their local area or housing stock who would need to be supported to quit in order to balance their total rental arrears.
- ASH Evidence into practice guide: Supporting Black and Minority Ethnic (BME) populations
- ASH Evidence into practice guide: LGBT people
- ASH Evidence into practice guide: Smokeless tobacco products

2 Work in partnership

Local authorities are used to working in partnership. Members and officers understand that to deliver results for their communities they have to work hand-in-hand with those communities.

This is a good thing for modern tobacco control. For while local authorities lead the commissioning of stop smoking services and wider tobacco control interventions, there are many others whose work is vital to reducing smoking prevalence and the harms of smoking, and achieving the Smokefree 2030 goal. The NHS is local government's primary partner in reducing smoking rates and has an empowered role thanks to the NHS Long-term Plan. There are many other stakeholders, including community organisations, the retail sector, and government agencies such as HMRC, that also have a role to play.

The local Tobacco Control Alliance remains a good model for co-ordinating activity within the geographical bounds of the Council. But there is also a strong case for building and sustaining partnerships at a regional level. A regional footprint is more appropriate for work to tackle the illicit trade and for print and broadcast media communications. Integrated Care Systems offer new opportunities for strategic alliances with the NHS at regional level.

Key statistics

- In 2021, 54% of local authorities had a local Tobacco Control Alliance and 63% had engaged with their Integrated Care System to address smoking.[5]
- In 2018, the following partners were identified by local authority tobacco control leads as being especially important in tackling smoking (in order of frequency specified): NHS trusts, trading standards, primary care, clinical commissioning groups, maternity/ midwifery services, education and children's services, fire and rescue services, voluntary/ community organisations, stop smoking/integrated service provider, Public Health England, council members, environmental health, health visitors/school nurses, adult social care, communications team, district councils, and universities and colleges.[16]
- In 2020, local authorities with a tobacco control alliance delivered a wider, more comprehensive range of tobacco control activity than those without a tobacco control alliance, likely demonstrating the additional resource and expertise working with partners brings.[17]
- The North East has seen the greatest decline in smoking prevalence of any region in England since the establishment of Fresh, a regional tobacco control programme. In 2005, when Fresh was established, the North East smoking rate was 29% compared to 24% for England, today it is only 1.4 percentage points higher than England, at 15.3% compared to 13.9% in England.[9]
- Smoking rates among routine and manual workers have fallen by 35% since 2012 in the North East, compared to only 22% for England as a whole. Overall, the gap in rates between routine and manual and professional workers has declined in the North East between 2012 and 2017, while it has increased in England as a whole.[9]

Key points to consider

- Senior leadership on tobacco control is required to bring all partners together in effective, co-ordinated and accountable strategy. Political leadership in local authorities goes hand-in-hand with action by committed senior officers in public health, the NHS and integrated care systems.
- Partnerships thrive if they have a clear shared purpose that enables each partner to identify the importance of their own contribution and to value the contribution of others. Partners may have different agendas but what matters is the overlap between them. This is what defines the scope for action.
- A multi-agency partnership concerned with the entire population of local smokers will involve agencies from across the system to deliver results across a geography (local or regional) and a population.
- Different geographies enable different partnerships. Integrated care systems recognise four levels of: system, place, community, and locality.
- Within local authorities, public health professionals have opportunities to work across departments and functions to tackle smoking. Given the links between smoking and health, poverty, crime, littering, and social inequalities, there is a case for 'Tobacco control in all policies'.
- Many local authorities have a long track record of partnership with the NHS in delivering stop smoking support. The new tobacco treatment services promised in the roll-out of the NHS Long-term Plan increase the need to carefully co-ordinate and target all forms of local stop smoking support.
- District councils continue to play an important role in enforcing smokefree regulations, and could play a greater role in promoting smokefree housing.
- The Local Government Declaration on Tobacco Control includes commitments to develop plans with partners and local communities, and to participate in local and regional networks.
- Local tobacco control alliances need not only clear goals but also strong lines of accountability, for example to Health and Wellbeing Boards.

Suggestions for a Local Tobacco Control Plan

- We will *establish/maintain* a strong, multi-agency tobacco control alliance/partnership consisting of all relevant council and external community partners who are collectively responsible for the delivery of our tobacco control strategy and the reduction of local smoking rates and smoking-related inequalities.
- We will work with regional partners, including our Integrated Care System, to complement local action with appropriate tobacco control interventions at a regional level.
- We will promote the scope and goals of tobacco control through all local forums and networks, including Primary Care Networks [*insert any other relevant local networks e.g. local business forums, housing association forums*]. We will support and equip local stakeholders to play their part in delivering tobacco control locally.
- We will support the local NHS to implement the tobacco dependency commitments in the NHS Long Term Plan and to equip healthcare professionals to offer support to people who smoke.
- We will work with partners to exploit all available routes to reach local smokers, with a focus

on reaching those living in communities where smoking rates are disproportionately high.

- We will ensure tobacco control is addressed within all relevant collaborative strategies, such as those owned by the Health & Wellbeing Board, Integrated Care System, other partners across the council, and the and local NHS.
- We will secure support for tobacco control from senior leadership within the council (through the Health and Wellbeing Board and elected members), the NHS and the Integrated Care System.

Resources

- ASH & Fresh: Local Alliances Roadmap
- Chartered Trading Standards Institute: Tobacco control resources
- NHS Long-term plan: Implementation website
- Smokefree Action Coalition: The Local Government Declaration on Tobacco Control
- The NHS Smokefree Pledge, designed to be a clear and visible way for NHS organisations to show their commitment to helping smokers to quit and to providing smokefree environments which support them.
- ASH: Ready Reckoner

3 Support every smoker to quit

Most smokers want to quit. Yet most never go near a stop smoking service. This is unfortunate given that, by some distance, they stand the best chance of quitting if they use a service that offers behavioural support and stop smoking medications.

This conundrum forces a shift of focus. What can be done for the entire local population of smokers, not just the minority of smokers who are persuaded and able to get to a stop smoking service? They can be encouraged, repeatedly and consistently, to keep making quit attempts. And they can be steered towards products, such as stop smoking medications and e-cigarettes, that give them a better chance of quitting. Many players beyond stop smoking services can help in this task including communications teams and front-line workers.

This is a numbers game: if many more people try to quit more often, more people will succeed, even though the likelihood of success of any individual quit attempt is relatively low. With their extensive reach into local communities and their considerable communications capability, local authorities can play this game and win.

Key statistics

- In 2021, 36% of smokers in England made at least one attempt to quit. This is up from a low of 29% in 2019 but is still far too low a rate to achieve 5% smoking prevalence by 2030.[18]
- One in twenty smokers successfully quits each year. Of these, 10% get professional advice and use medication, 14% use nicotine replacement therapy bought at a pharmacy, 35% succeed on their own without formal help, and 41% use an e-cigarette.[19]
- Smokers who use a specialist stop smoking service are three times more likely to succeed than if they try to quit unaided.[20]

Key points to consider

- To fully understand the needs of the local population of smokers, combine a demographic profile with an assessment of how many smokers in each demographic are likely to try to quit, how often, and by what methods.
- The specialist support and treatment offered by stop smoking services is of most value to highly addicted smokers who struggle to quit, many of whom are disadvantaged. Specialist services, however they are configured, remain vital to tackling inequalities.
- The roll-out of the NHS Long-term Plan promises new investment in the treatment of tobacco dependency, especially for hospital inpatients, pregnant women and users of secondary mental health services. This highly targeted investment complements and informs local authorities' broader population view of smokers' needs.
- For those who do not access these services, e-cigarettes offer their best hope of quitting

without professional support.

- Any professional who has frontline contact with the public has a potential role to play in encouraging quitting, promoting safer alternatives and supporting smokers to access services. This is a role familiar to GPs and pharmacists but could be adopted much more widely by the NHS and local authorities. Health checks and especially lung health checks are ideal opportunities.
- Public communication can be used to encourage more frequent quit attempts, to sign-post services for those who want to use them, and to change attitudes and beliefs (for example most smokers over-estimate the harm of e-cigarettes and underestimate the relative harm of smoking).
- Addressing population health is a core strategic aim for Integrated Care Systems. They offer a new locus for local authorities and the NHS to jointly consider the complexity of the needs of smokers and the diversity of interventions required to meet them.

Suggestions for a Local Tobacco Control Plan

- We will ensure that all local smokers are regularly encouraged to quit and given information on the benefits of doing so and the support available to them.
- We will ensure that all local smokers have access to high quality, evidence-based quitting support, including behavioural support, pharmacotherapies for smoking cessation, and e-cigarettes.
- Where appropriate, we will train frontline health and care professionals in Very Brief Advice for smoking cessation.
- We will explore opportunities to train other frontline professionals in Very Brief Advice for smoking cessation to increase throughput to stop smoking services, and we will evaluate novel approaches for efficacy.
- We will ensure that all frontline health care professionals and other relevant professionals are able to refer smokers to local stop smoking services and support.
- We will commission community-based stop smoking services which meet best practice standards set by NICE and the NCSCT and are accessible to groups with high rates of smoking.
- We will ensure groups with disproportionately high rates of smoking are actively encouraged to engage with local stop smoking services.
- We will offer behavioural support for smoking cessation in ways that meet the needs of the whole local population and will evaluate the impact of different methods on priority populations.

Resources

- The extensive resources of the National Centre for Smoking Cessation Training
- ASH & Fresh: The End of Smoking
- ASH evidence into practice guide: Motivating quitting through behaviour change communications
- Primary Care Respiratory Society pragmatic guide: Diagnosis and Management of Tobacco Dependency
- ASH & Cochrane Tobacco Addiction: The Cochrane Review of behavioural interventions for smoking cessation, explained
- ASH/CRUK annual survey of local authority tobacco control leads. This survey has tracked the changes in stop smoking services since responsibility for public health was transferred to local authorities in 2013.
- NICE guidance: Tobacco: preventing uptake, promoting quitting and treating dependence [NG209] (2021)

4 Communicate the harms and the hope

Local authorities are good at public communication. They have the skills, the infrastructure and the relationships to communicate both directly and indirectly with their many local communities. This asset, which has become ever more important to tobacco control as national spending on communication about the harms of smoking has declined, gains added value when local authorities collaborate to match the wider footprints of local and regional media.

Public communication has the potential to reach all smokers in the local population, something that the local offer of stop smoking support will never achieve. Although an important goal of public communication is to promote stop smoking services, the greater aim is simply to motivate smokers to quit and to encourage them to use effective quitting aids. Pushing up the rate at which smokers attempt to quit is critical if we are to stand any chance of achieving the 2030 Smokefree goal.

During the COVID-19 pandemic, local authorities increased their messaging about smoking, building on public awareness of the need to stay healthy. This contributed to a sharp rise in both the number of smokers attempting to quit and in the rate of successful quits. Local authorities have a strong track record to build on.

Key statistics

- The majority of people who smoke want to quit.[8] However, the majority of quit attempts result in relapse, with smokers making on average 30 attempts before they are able to stop smoking for good.[21]
- Since 2009 funding for national behaviour change campaigns has fallen to less than 10% of peak levels.[22] [23] Over this time, the number of smokers attempting to quit each year has also decreased, increasing the importance of local communications on smoking.
- In 2020, 82% of local authorities undertook specific communication about smoking and COVID-19.[17] In the same year, 36.1% of smokers made at least one quit attempt, the highest rate recorded since 2014. Of these, 24.3% were successful, the highest rate ever recorded.[18]
- One regional stop smoking campaign run by Fresh in the North East called Quit 16 successfully reached over 300,000 people in February 2016. Of those who saw the campaign, 16% (equivalent to around 55,300 people) cut down their smoking, 4% (around 28,000 people) made a quit attempt, and 4% switched to e-cigarettes. This demonstrates not only the effectiveness of communications on smoking but also the benefit of pooling budgets and delivering communications over a larger geography.

Key points to consider

- Local and regional communications campaigns can inform smokers about the harms of smoking, advise them about the services and aids available to them to help them quit, and increase their quitting intentions, quit attempts and quitting success.
- Communications need to combine messages about the harms of smoking with hopeful messages about quitting and leading a healthier, smokefree life. Emotive messages can work as well as factual messages, particularly among smokers in lower socio-economic groups.
- Messages should be clear and simple. Effective messengers include credible authority figures, friendly peers, and those speaking from their own experience. Every local authority has many persuasive potential communicators among its workforce and members, and across its partnerships.
- Community partners and individual champions of tobacco control within local communities are invaluable as conduits of information, education and advice. This is especially true of high prevalence communities where smoking may still be socially acceptable.
- Health professionals have an important role to play in giving credibility to factual messages. However, the stories of former smokers are often the most powerful, especially if they come from individuals who are respected within the local community.
- Individual local authorities rarely have the budget to run local public education campaigns across a range of media outlets. Pooling budgets across a regional footprint or working with NHS colleagues can create capacity to run these campaigns.

Suggestions for a Local Tobacco Control Plan

- We will deliver consistent, regular and evidence-based messaging on tobacco throughout the year in addition to key dates such as Stoptober and the New Year.
- We will develop a comprehensive communications calendar to be utilised and owned by all local partners engaged in tobacco control, making use of all available channels and delivering a variety of partner-specific messaging to ensure that smokers are informed of the full harms from smoking and the benefits of quitting.
- We will ensure that communications on tobacco control are varied and combine information on the harms of smoking with hopeful messages on the benefits of quitting, where to access support, and which quitting aids are most effective.
- We will ensure messaging is effectively tailored to resonate with, and reach, groups with higher smoking rates.
- We will explore innovative routes for reaching local smokers [*for example, through GPs and their patient lists*]
- We will advocate for and explore the possibility of running resourced communication campaigns both locally and across larger footprints [*for example, across the region or ICS footprint*]

Resources

- ASH evidence into practice guide: Motivating quitting through behaviour change communications
- ASH & Fresh: The End of Smoking

5 Promote harm reduction

Unlike smoking, a nicotine addiction will not kill you. Consequently, switching from cigarettes to nicotine products is a remarkably simple way of improving life expectancy.

People who try to quit smoking on their own are more likely to succeed if they use e-cigarettes than if they use NRT.[27] While there remain unknowns about the long term impact of using e-cigarettes, a series of evidence reviews have confirmed that they are much less harmful than smoking.[24] NICE guidance was updated in 2021,[25] to reflect the growing body of research demonstrating their value in helping smokers to quit.

If we are to reduce smoking prevalence among the many who are highly addicted to nicotine and unlikely to access services, e-cigarettes are part of the answer. This is a principle that local authority public health teams have accepted but not yet fully exploited.

Key statistics

- NICE recommends providing advice to smokers on the use of e-cigarettes as they are 'substantially less harmful' than tobacco products.[25]
- E-cigarette users are overwhelmingly used by smokers and ex-smokers. Among people who have never smoked, only 0.4% use e-cigarettes and 0.2% use NRT.[18] There is no evidence that e-cigarettes are a 'gateway' to smoking among teenagers.[26]
- Among ex-smokers who have not smoked for a year or more, 10.3% use e-cigarettes and 2.0% use NRT.[18]
- Among smokers who were given e-cigarettes by a stop smoking service, 18.0% were not smoking after a year, compared to 9.9% of those given NRT.[27]
- Among current smokers who do not use e-cigarettes, only 28% believe that e-cigarettes are less harmful than tobacco cigarettes (16% think they are more harmful, 30% think they are the same, and 26% do not know).[18]
- In 2021, a majority of local authorities either offered e-cigarettes within their stop smoking service to some or all clients (40%) or had plans to do so (15%).[5]

Key points to consider

- Nicotine is the addictive component of tobacco cigarettes but not the major cause of harm. It is the carbon monoxide, tar and other chemicals in the smoke that are lethal.
- There are various ways of reducing the harm of smoking including cutting down consumption with a view to quitting, and temporary abstinence (e.g. 'Stop before the Op'). Replacing cigarettes with other nicotine products is one of these options.

- Smokers use e-cigarettes to help them to quit, to reduce the amount of tobacco they smoke, to enable temporary abstinence from smoking, and to save money.
- Because of the way they mimic smoking, e-cigarettes are particularly attractive to highly addicted smokers, including many smokers in high prevalence groups.
- Although all local authority stop smoking services accept the choice of smokers to use e-cigarettes, not all services actively support and promote this choice.
- The majority of smokers who do not use e-cigarettes are unaware of, or reject, the evidence that they are less harmful than smoking. Local authorities can play an important role in promoting their relative safety, especially to high prevalence groups.

Suggestions for a Local Tobacco Control Plan

- We will communicate the evidence that e-cigarettes are less harmful than smoking, and are an effective quitting aid.
- We will ensure that locally commissioned stop smoking services are supportive of smokers wanting to quit with an e-cigarette.
- We will offer e-cigarettes and e-liquids to stop smoking service clients, where appropriate, to support them to quit.
- We will explore working with local independent vape traders who have no links, direct or indirect, to the tobacco industry.
- We will work with trading standards teams to ensure local vape traders are selling regulated vaping products and not breaching underage sales legislation
- We will ensure that all partners are informed of the evidence of e-cigarettes' relative safety and effectiveness as a quitting aid.
- We will develop a position statement/local policy on e-cigarettes setting out the evidence on e-cigarettes and their effectiveness as a quitting aid.
- We will seek to remove barriers to smokers accessing e-cigarettes locally, particularly for smokers from groups with higher rates of smoking.

Resources

- NICE guidance: Tobacco: preventing uptake, promoting quitting and treating dependence [NG209] (2021)
- NCSCT: Incorporating e-cigarettes into your Stop Smoking Service: Making the case and addressing concerns
- PHE collection of reviews: E-cigarettes and vaping: policy, regulation and guidance
- ASH: The Cochrane Review of electronic cigarettes for smoking cessation, explained
- NCSCT: Working with vape shops

6 Tackle illicit tobacco

Cigarettes are expensive: smoking twenty a day burns through around £300 every month. Taxation of cigarettes and tobacco keeps the price high, motivates smokers to quit and deters young people from starting. No other intervention has been as powerful in driving down smoking prevalence.

This intervention is completely undermined by illicit tobacco. Illegal, untaxed cigarettes and tobacco keep people smoking who would otherwise try to quit and are attractive to young people who want to experiment with tobacco.

Local authorities have a strong track record in tackling illicit tobacco, especially when this is pursued collaboratively at a regional or supra-local level. Their close involvement with local communities makes them well-placed both to promote good practice with retailers and other businesses and to prevent illegal sales through intelligence gathering, enforcement and public communication.

Key statistics

- In the UK in 2019-20, illicit tobacco accounted for a 9% market share by volume for factory made cigarettes, and 34% for hand-rolling tobacco, reducing Government tax revenues by £2.3 billion.[28]
- Over half (53%) of smokers in the DE socioeconomic groups have ever bought illicit tobacco, compared to 6% in the AB group, 21% in the C1 group and 18% in the C2 group.[29]

Key points to consider

- A cross-boundary regional approach helps to prevent the problem of illicit tobacco being displaced to neighbouring local authorities.
- The smuggling of illicit tobacco is an international criminal activity that reaches all the way into local communities. Tackling it effectively requires partnership with HMRC, the police, the NHS, local businesses and the public.
- People who sell illicit tobacco bring crime into neighbourhoods. This activity is part of a wider problem with organised crime that includes the drugs trade, human trafficking, and loan sharks.
- Illicit tobacco sales contribute to socioeconomic inequalities in smoking prevalence, due to the exceptionally high availability of illicit tobacco use in the DE socioeconomic group. Deprived communities are targeted by criminals selling illicit tobacco.
- Controlling the supply of illicit tobacco involves intelligence gathering from frontline workers, enforcement action by trading standards teams and the police, and communication with

retailers and community leaders.

- Public communication about illicit tobacco can counteract the normalisation and acceptance of cheap cigarettes with strong messages about the harms inflicted on young people and the links between illegal sales and wider crime in the community.

Suggestions for a Local Tobacco Control Plan

- We will monitor and collect data on the availability and supply of illicit tobacco locally.
- We will work in partnership to carry out test purchases and other enforcement activity to address illicit tobacco locally.
- We will raise awareness about illicit tobacco with partners and with the public using evidence-based messaging detailing the wider harms illicit tobacco causes to the community and how it undermines public health interventions.
- We will explore opportunities to address illicit tobacco in partnership with other local authorities across a wider geographical/regional footprint.

Resources

The national Illicit Tobacco Partnership works with local authorities, national government, health and enforcement partners to reduce demand and supply of illicit tobacco.

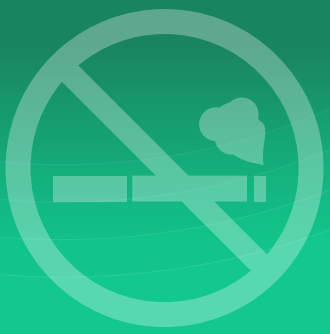
The Partnership's resources include:

- An Illicit Tobacco Strategic Framework
- An Illicit Tobacco PR Guide
- Guidance for Trading Standards on complying with Article 5.3 of Framework Convention on Tobacco Control

The Keep It Out campaign, run by Fresh in the northeast of England. This includes detailed advice for retailers about their obligations and how to spot illicit products

The Tobacco Tactics website monitors the activity of the tobacco industry, including industry involvement in illicit trade.

7 Promote smokefree environments



The Smokefree legislation of 2007, promoted and enforced by local authorities, has been a resounding success. At work and play, few people are now forced to breathe secondhand tobacco smoke. Rates of smoking in the home have also fallen, despite not being covered by the legislation. Yet this is still a common environment where many children and young people still encounter tobacco smoke on a daily basis.

For young people, smoking within the home exposes them to secondhand smoke, normalises smoking as an acceptable everyday behaviour, and creates incentives to experiment with smoking. These issues are most prevalent in social housing: across all socio-economic measures, housing tenure is the strongest independent predictor of smoking in England after educational qualifications.

Even in the private space of the home, these problems can be addressed by encouraging adults to protect children and supporting them to quit. Beyond the home, wherever children, young people and young adults congregate, there is a case for going smokefree. Many public playgrounds are already smokefree and smokefree pavement licences have proved to be a popular innovation. We can go further: student campuses, parks and sports facilities are all opportunities for creating now the smokefree world we imagine for 2030.

Key statistics

- Young teenagers whose main caregiver smoked were more than twice as likely to have tried cigarettes (26% vs 11%) and four times as likely to be a regular smoker (4.9% vs 1.2%).[30]
- Smoking prevalence is 28.6% among people living in social rented housing, 22.0% among people living in privately rented housing tenants, 10.1% among mortgaged owners, and 7.6% among outright owners.[8]
- Smokers living in social housing try to quit more than smokers in other housing types but are less likely to succeed due to facing more barriers to quitting.[31]
- Smoking is the leading cause of fire-related deaths in the home (34% of all fire-related deaths in 2020-21).[32]

Key points to consider

- Local authorities have long historic relationships with social housing providers including their own stock and housing associations. This provides a foundation for partnership to target stop smoking support and communicate the risks of smoking within the home.
- As smokers' quit attempts often end in failure, communication and support about quitting should encompass advice on creating and sustaining a smokefree home for those who

continue to smoke, including advice about switching to NRT or e-cigarettes.

- Local health promotion campaigns can promote smokefree homes within broader messages about living more healthily and protecting children.
- Training in brief advice enables professionals who encounter smokers in their own home to guide smokers towards quitting or switching to e-cigarettes. Housing, health, social care and fire professionals all have a role to play.
- Training in brief advice is also valuable for paediatric professionals who can promote smokefree homes to parents of children with unstable and severe asthma, respiratory infections and recurrent ear infections.
- The impact of smoking on low-income household finances is considerable. Those who provide financial and debt advice are well-placed to encourage smokers to quit.
- All landlords have a duty to ensure that public spaces within housing developments are maintained smokefree. As a minimum this should involve clear signage and appropriate messaging to tenants.
- The creation of new smokefree public spaces outside the home requires public consultation and support. However, public support for new smokefree measures is strong.[33]

Suggestions for a Local Tobacco Control Plan

- We will explore opportunities to target stop smoking support and communications to smokers living in social housing.
- We will consistently include information on the importance of keeping homes smokefree in communications on smoking and explore opportunities to target and tailor these messages to people who smoke and live in social housing.
- We will engage council colleagues working in housing and with local social housing providers, and ensure they are represented on the council's tobacco control alliance/partnership
- We will train housing professionals in Very Brief Advice on smoking cessation, establish referral pathways from social housing providers to local stop smoking support and explore further opportunities to support people living in social housing to stop smoking, in partnership with social housing providers.
- We will promote the use of nicotine containing products, including e-cigarettes, to help people abstain from smoking inside their homes.

Resources

ASH report: Smoking in the Home: New Solutions for a Smokefree Generation

ASH: Housing engagement resource pack. This includes:

- A briefing for public health professionals on engaging housing partners: Tobacco control and housing, a case for action from both sides
- *Smoking in the Home: A case for action adaptable slide pack*
- A corporate expression of commitment to tackling the harms of smoking in the home: *Achieving a Smokefree Generation for Every Home.*

ASH Briefing: Pavement licences and smoking

ASH Briefing: Smokedrift in the home and workplace

8 Enable young people to live smokefree

The uptake of smoking by young people aged under 21 sustains the smoking epidemic in England. Without action to prevent young people becoming smokers, the end of the epidemic and the 2030 Smokefree goal will always slip from our grasp. Unfortunately, over the last two years, uptake among young people has risen after a long period of decline.[18]

The best actions are not the obvious ones. Education within schools about the dangers of smoking will never be enough to deliver the change that is needed. Young people start smoking because they are exposed to other people smoking, live in environments where smoking is normalised, and have access to cigarettes and tobacco.

Local authorities can do a great deal to prevent smoking uptake by young people. They can enforce smokefree regulations and promote smokefree homes and smokefree public environments. They can support parents and carers to quit. They can keep cheap cigarettes off the streets. They can imagine and create a genuinely smokefree world for a new generation.

Key statistics

- The biggest influence on youth uptake is adult smoking. Supporting parents to quit is an important part of strategy to address youth smoking.
- The prevalence of smoking among young people in England aged 16-17 reached an all-time low of 8.7% in 2019.[18] Little data has been gathered on youth smoking since the start of the pandemic.
- The prevalence of smoking among young people in England aged 18-24 reach a low of 16.7% in 2019, rose to 21.4% in 2020, then fell back to 20.1% in 2021.[18]
- The number of young people who have ever smoked is a measure of uptake of smoking within this group. Among young people in England aged 18-24, this has increased over the last two years from 24.3% in 2019 to 31.9% in 2021.[18]

Key points to consider

- Young people are more likely to engage with messages about the harms of smoking if they are engaged as a source of intelligence about smoking in their peer group rather than simply as subjects of education.
- Young people may be targeted by criminal suppliers and are vulnerable to the offer of cheap cigarettes, especially if they are aged under 18 and cannot legally be sold cigarettes. They should be the priority in tackling the local supply of illicit cigarettes and tobacco.
- Identifying and targeting parents who smoke for stop smoking support contributes to reducing current quit rates and future smoking uptake rates by young people.

- Smokefree public places reduce both the visibility and the acceptability of smoking. Smokefree education, sports and entertainment facilities help to keep smoking out of young people's lives.
- Education about the impacts of tobacco on individuals, families and communities, and of the role of the tobacco industry in creating these harms, can be integrated throughout the school curriculum.

Suggestions for a Local Tobacco Control Plan

- We commit to reducing both the exposure of children and young people to tobacco smoke and their uptake of smoking by preventing the sale of illicit, cheap tobacco; supporting parents and other family members to quit; and promoting smokefree homes.
- We will carry out intelligence-led test purchases at retailers selling tobacco, e-cigarettes and associated products to ensure they comply with age of sale legislation.
- We will promote outdoor smokefree policies around school gates, playgrounds and other community venues used by young people.

Resources

NICE guidance: Tobacco: preventing uptake, promoting quitting and treating dependence [NG209] (2021)

9 Set targets to drive progress

In any field of public health, there is always a risk that existing measures and readily available data define the scope of what can and should be done. This can have the unintended effect of narrowing ambition.

A population approach to tobacco control with a strong emphasis on tackling inequalities demands appropriate metrics and targets. A population prevalence target, complemented by specific targets for disadvantaged groups within this population, sets out a clear ambition. Although smoking rates are affected by many factors, including national policy and taxation (and pandemics), local authorities can and do have an impact on prevalence.

Ambitious high-level targets can be complemented by a range of other metrics that serve to communicate the value of tobacco control both within a local authority and outwards to its partners and the community it serves. Local authorities are good at articulating this wider vision, and are well-placed to identify how tobacco control strategy can affect not only health and wellbeing but also poverty, crime, fire safety, child development, and social inequalities.

Key points to consider

- A partnership approach to gathering and sharing local intelligence can help to strengthen joint commitment if this intelligence is clearly linked to the vision and ambition of local tobacco control.
- A variety of methods are needed to build up a detailed picture of smoking-related needs in a health needs assessment that describes local communities and disadvantaged populations.
- Established measures, such as the quit rates achieved by stop smoking services, remain important. However, the shift to tackling inequalities should be acknowledged in how this measure is pursued and reported, not least because achieving quits in disadvantaged populations is more difficult and more expensive.
- Place-based indicators are valuable in capturing progress in targeting areas of high deprivation. Even service use data can help to tell a story about engagement and local commitment to tackling inequalities.
- Intelligence gathered through local interviews or other qualitative methods can be important in understanding progress in quantitative measures. Such data may also be invaluable in communicating the value of the service and tobacco control strategy to partners and other stakeholders.
- Tracking local public opinion in relation to smoking can help to make the case for action on tobacco control, especially to elected members.

Suggestions for a Local Tobacco Control Plan

We will set ambitious smoking prevalence targets for our local population, focused on delivering the smokefree ambition. [*The starting point for each area will differ as will the years it's realistic to aim for. Even areas with currently low overall levels of smoking will have pockets of disadvantaged where rates are higher.*]

For example:

- In the whole population, we will reduce smoking prevalence to 5% by 20XX
- In the routine and manual population/locally identified areas of deprivation, we will reduce smoking prevalence to 10% by 20XX and 5% by 20XX
- Among people living in social rented housing, we will reduce smoking prevalence to 10% by 20XX and 5% by 20XX

Resources

Local Tobacco Control Profiles

CLeaR improvement model: excellence in tobacco control

10 Protect and promote progressive tobacco control policy

Local authorities are local leaders of tobacco control policy and have a role in championing tobacco control measures for their population at local, regional and national level.

Since taking on responsibility for tobacco control in 2013, local authorities have been resilient and innovative in the face of budget cuts and, latterly, the COVID-19 pandemic. Tobacco control policy and practice have diversified but, in most places, commitment has remained. This sustained commitment is in part due to the efforts of tobacco control professionals and directors of public health to protect and promote tobacco control policy within their organisations and local partnerships. They have also contributed to the development of national policy, working hand-in-hand with alliances such as the Smokefree Action Coalition, the Local Government Association and the Association of Directors of Public Health.

Engagement with progressive policy at every level – local, regional and national – helps to create the conditions for the realisation of the Smokefree 2030 goal.

Key points to consider

- Supporting local authority elected members to champion tobacco control is vital to promoting and sustaining comprehensive tobacco control policy.
- Within local authorities, the case for tobacco control can be persuasively made by drawing attention to the social, economic and environmental impacts of smoking as well as the impacts of smoking on the health and wellbeing of the local population.
- The central role of smoking in driving inequalities is now the foundation of the case for tobacco control both locally and nationally.
- There are always many individuals within local communities who feel passionately about reducing smoking. The voices of those with lived experience, such as cancer survivors and ex-smokers, are especially valuable. Supporting these individuals to play a role in local campaigns helps to build wider community support.
- Public opinion almost always leads policy on progressive tobacco control measures. Local consultation on new tobacco control measures is likely to be supportive.
- Members and officers who are recognised and valued as local champions of tobacco control will be respected at national level too. This works both ways: those who contribute to national debate gain greater credibility locally.
- Vigilance is required to protect tobacco control policy and practice from interference by the tobacco industry. Article 5.3 of the WHO Framework Convention on Tobacco Control remains the bulwark against any such interference.

Suggestions for a Local Tobacco Control Plan

- We commit to join the Smokefree Action Coalition, a group of over 300 organisations across the UK committed to ending smoking.
- We will support local elected members to be advocates for tobacco control locally, regionally and nationally.
- We will develop a robust council-wide policy on non-engagement with the tobacco industry, in line with obligations under Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC).
- We will ensure that all partners across the council are aware of and uphold their obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry.
- We will sign the Local Government Declaration on Tobacco Control.
- We will promote the Smokefree NHS Pledge with local NHS partners.

Resources

The Smokefree Action Coalition

ASH Toolkit: Article 5.3 of the WHO Framework Convention on Tobacco Control

Local Government Declaration on Tobacco Control

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