

City of York

Tobacco Control Plan

2020-2025

## 1. Foreword

As the Chair of the York Health and Wellbeing Board, I'm delighted to be able to introduce this Tobacco Control plan for York 2020-2025.

In the York Health and Wellbeing Strategy 2017-2022 we specifically committed to make sustained progress towards a smoke-free generation in York. The launch of the Tobacco Alliance in 2019 and the work described in this plan helps us on our way to achieving this. Reducing the number of people who smoke remains a public health priority, but this is a partnership approach, reflecting our belief that public health encompasses not just a set of services or work done by a single team, but should run through all city policies and practice, improving the wider determinants of health by supporting people to live healthier lives.

This plan has been approved by the York Health and Wellbeing Board and has been adopted formally by the City of York Council, and I look forward to seeing the progress we make over the next five years.



### **Cllr Carol Runciman**

*Chair of the York Health and Wellbeing Board and Executive Member for Health and Adult Social Care, City of York Council*

#### *York Tobacco Alliance Partners*



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## 2. Smoking: we have some unfinished business

Smoking is the leading cause of preventable death worldwide, killing half of all lifetime users.<sup>1</sup> Currently, 11.9% of the York adult population smoke (more than 20,000 smokers), which resulted in over 700 deaths in the city (2016-18), nearly 2000 hospital admissions a year, and costs the economy (through healthcare costs and lost productivity) over £34m a year.

Whilst levels of smoking have fallen faster in York than nationally over the last decade (the prevalence of smoking in England is 13.9%), it still ranks as one of the major public health issues facing our population, and one of the key modifiable factors in improving the health and wellbeing of the people of York across the life course.

Smoking is linked to countless pathogenic mechanisms in the human body, and decades of research has proved that smoking:

- hugely increases the risk of developing cardiovascular disease e.g. stroke or heart attack
- causes 16 types of cancer, including 9 out of 10 cases of lung cancer
- is responsible for over 10% of incident Type II diabetes cases
- is the cause of most Chronic Obstructive Pulmonary Disorder
- exacerbates asthma and makes acute life threatening attacks more likely
- contributes to both common mental health problems such as depression and anxiety and severe mental illness such as psychoses

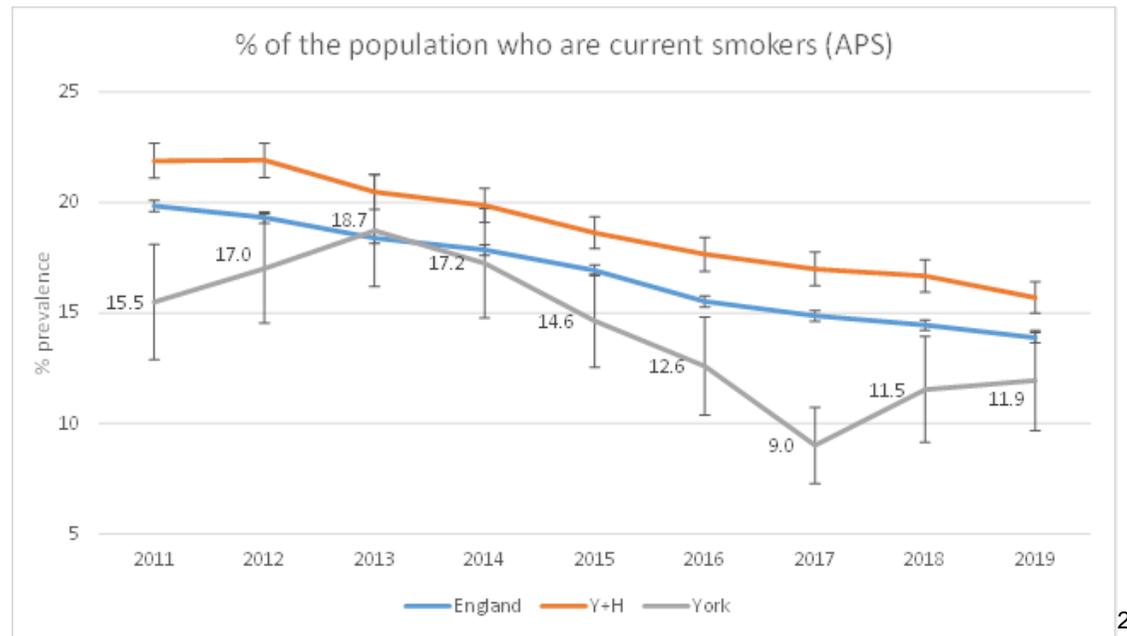
In addition, these risks are significant not just to the user but also – through second hand smoke – to those who live, work and socialise around them.

The prevalence of smoking in York has reduced rapidly over the past decade, from just below 1 in 5 of the population to just above 1 in 10 of the population. A number of things have driven this trend, including the effect of national policies such as the smoking ban in public places in 2007 and the introduction of plain packaging in 2016, the gradual de-normalisation of smoking amongst the general public, and e-cigarettes, which have gone from a niche product at the start of the decade to usage of around 5-6% of adults in the UK.

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<sup>1</sup> Throughout this plan, the term ‘smoking’ is used, as this is the predominant form of tobacco use in the city. However other forms of tobacco use such as cigars, pipes, shisha/ hookah/waterpipes, bidi and paan are also harmful to health, whilst not being counted routinely within smoking rates.

The following graph, using data from the Annual Population Survey, shows the trends in smoking in our city across the last decade, and compares them to the same trends in our region and in England as a whole.



Additionally, part of this reduction is due to smoking cessation services, one of the most evidenced-based public health interventions. York residents are supported to quit through the Health Trainer Service, run by City of York Council, which offers behavioural support from qualified stop smoking practitioners as well as pharmacological support such as Nicotine Replacement Therapy and Champix. Very strong evidence suggests that people who try to quit smoking using this combination of a trained advisor and pharmacological support are 3 times more likely to succeed than trying to quit without any support.

Local service data suggests that when people enter local services our quitting success rate is good, but the proportion of the smoking population in York we treat every year is low in absolute terms as well as compared to other areas, which means the number who set a quit date and are tobacco-free at 4 weeks is not as high as it could be.

<sup>2</sup> Error bars in this graph ( **I** ) are 95% confidence intervals, and refer to the level of statistical certainty around the smoking prevalence estimate, given it is extrapolated from a sample of the population of around 1000 people. They suggest that smoking rates in York in 2019 are significantly lower than Yorkshire and the Humber rates, significantly lower than they were prior to 2014, and lower than England rates (although this is not a statistically significant difference and should be interpreted with caution).

### 3. The impact of smoking in York

Smoking has an impact on many lives in the city both directly and indirectly. The graphic below demonstrates the range of negative impacts caused by smoking each year in our city alone. Smoking causes early onset of disease, hospital admissions, death and years of life lost; it harms babies in the womb and affects the development of those who grow up in households where someone smokes; it costs the NHS and social care money which could be used on other care; it contributes to an average of 7 house fires in the city a year; it causes tons of litter, and costs the economy generally in lost productivity.

## THE IMPACT OF SMOKING IN YORK

**369**

Lung Cancer registrations<sup>1</sup>

**737**

Deaths attributable to smoking<sup>1</sup>

**3167**

Potential years of life lost<sup>1</sup>

**383**

Premature births<sup>1\*</sup>

**59**

Low birth weight babies born<sup>1\*</sup>

**1690**

Hospital admissions attributable to smoking<sup>2</sup>

**£7.4m**

Cost to the NHS of smoking<sup>3</sup>

**£2.3m**

Cost to social care of smoking<sup>3</sup>

**£690k**

House fires<sup>3</sup>

**3 tons**

of annual litter waste<sup>3</sup>

**£45.1m**

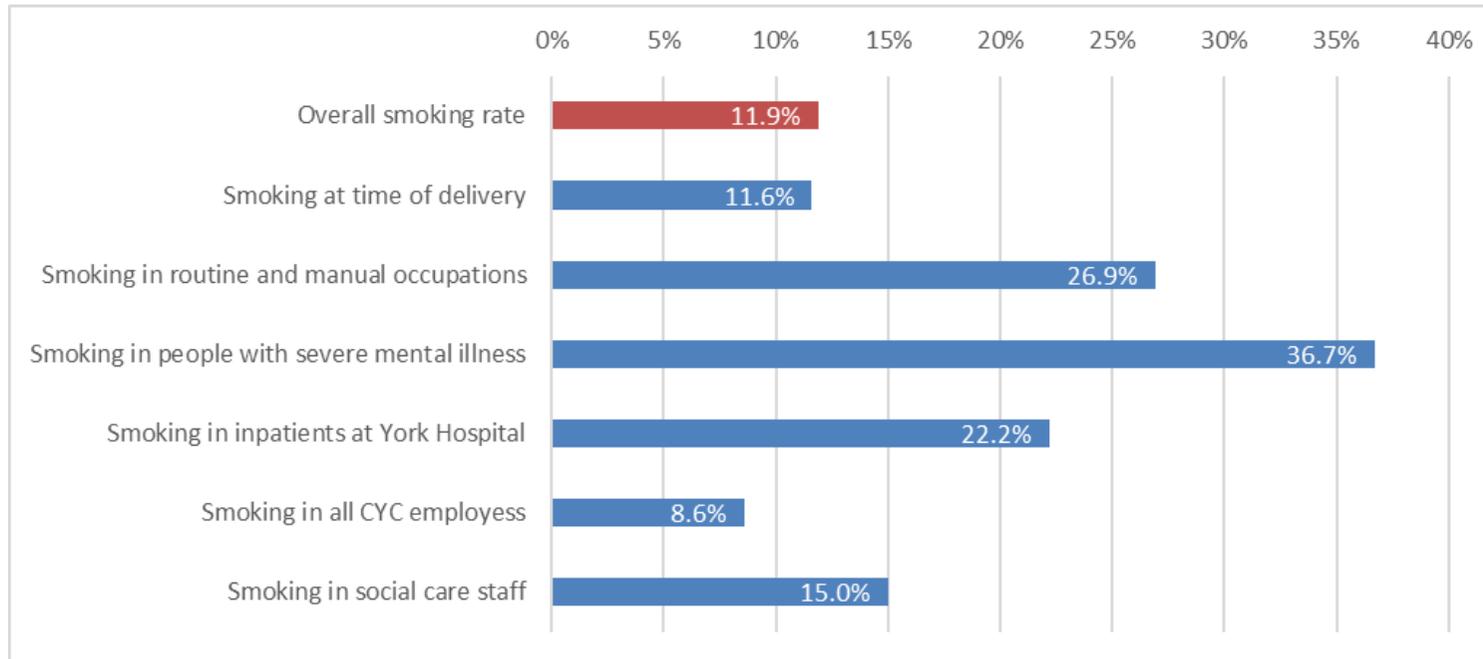
Cost of cigarettes (£22.5m back as tax)<sup>3</sup>

**£24.5m**

In lost economic productivity<sup>3</sup>

Sources: <sup>1</sup>PHOF 2016-2018 <sup>2</sup>PHOF 2018/2019 <sup>3</sup>ASH 2019 \* Not all attributable to smoking

In addition, smoking affects different parts of the city unequally, with large inequalities in rates. 26.9% of people in routine and manual occupations smoke in the city which is nearly five times the rate of those who smoke in managerial occupations. This is the largest gap in Yorkshire and the Humber and the second largest in the whole of England.



Other inequalities exist in smoking rates, as demonstrate by the chart above. 22.2% of inpatients at York Teaching Hospitals Foundation Trust smoke, as do 36.7% of people with a severe mental illness in the city. 11.6% of pregnant women are recorded as smoking at the time of their baby’s delivery, a statistic which has not reduced in line with general smoking rates over the last decade and means that over 200 people smoke during pregnancy each year in the city.

In summary, it is clear then that an ambition to reduce the use of tobacco in York is not just about helping people drop a ‘bad habit’, but has far reaching implications for the health and wellbeing of our society, as noted in the 2019 ASH report ‘The End of Smoking’:

**By reducing smoking prevalence, we will:**

- |   |                            |
|---|----------------------------|
| Lift thousands out of poverty                   | Reduce inequalities        |
| Increase local productivity                     | Protect children from harm |
| Improve quality of life in local neighbourhoods | Save thousands of lives    |

## 5. The best ways to support people to quit

Having established how harmful smoking is, and the impacts it has on our population, it is important to be clear: smoking is not a lifestyle choice. Nicotine has been shown to be a more powerful and addictive a substance than heroin, and most tobacco users start the habit in their late teens before developing a lifelong use of tobacco. Blame or stigma should not be part of the equation in any of our efforts to tackle the effect of tobacco in York. Smoking is more rightly framed as a chronic relapsing long term condition starting in childhood, but treatable through behavioural support and nicotine replacement therapy.

Over the last decade, the number of smokers in York has halved, which gives enormous hope for a continuing reduction in rates. There is very robust and clear evidence about what works to improve the chances of smoking cessation, and – although no quit is guaranteed and some relapse – people are 3 times more likely to succeed in quitting smoking if they use a combination of behavioural support by a qualified advisor and nicotine replacement therapy (NRT).

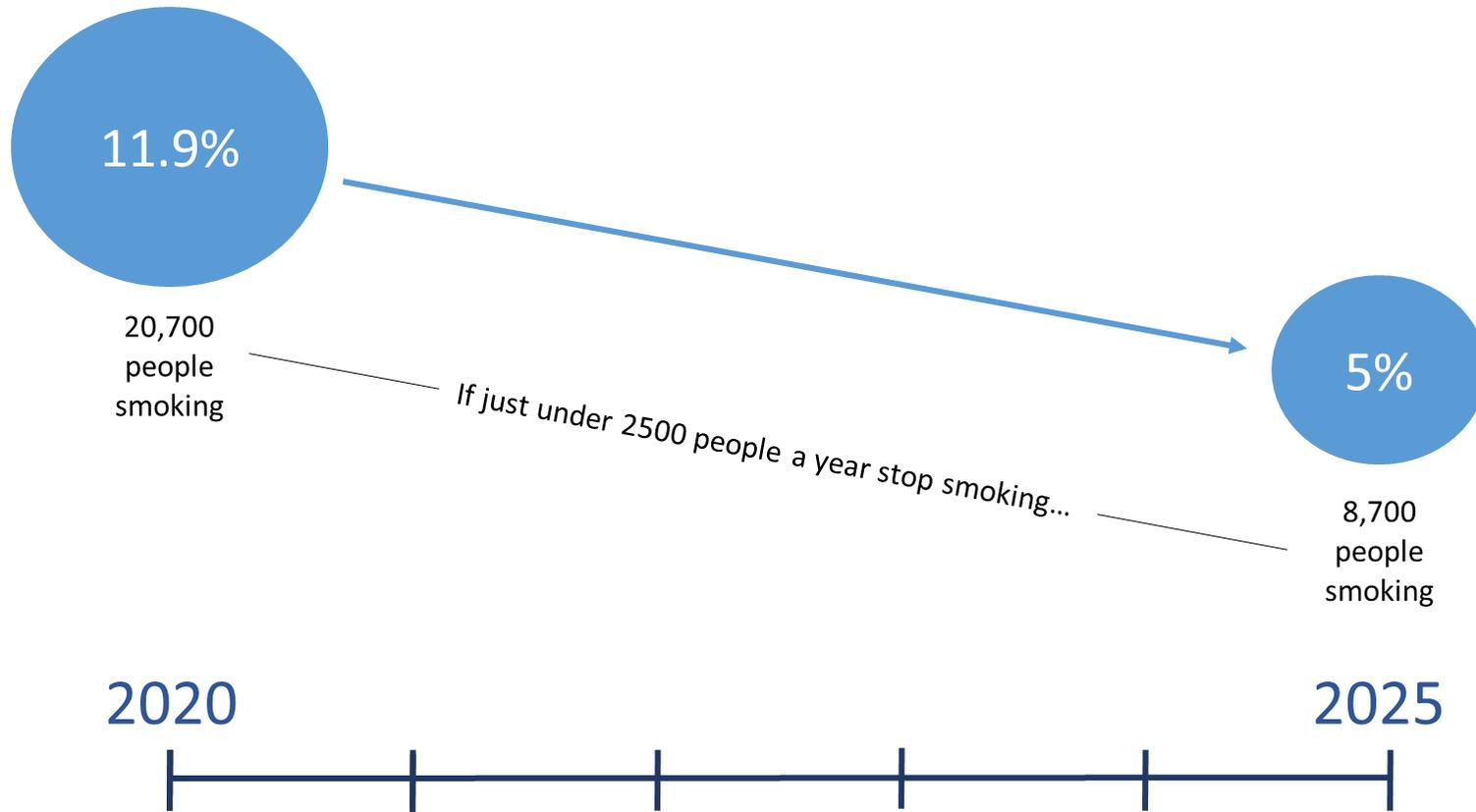
However data from the UCL Tobacco Control project shows that currently only 5% of smokers successfully quit each year, and of these, only 2% quit through stop smoking services, whereas 41% use an e-cigarette (which reflects the volume of people who try these approaches, not the effectiveness of the methods themselves). So other approaches are needed, for instance to harness the power of e-cigarettes as a quitting aid (see our **e-cigarettes position statement in appendix one**), and the deployment of public policy measures, known as ‘tobacco control’ which improve the likelihood of a quit attempt across the board. These approaches are laid out in the World Health Organisation Framework Convention on Tobacco Control, signed by 181 countries including the UK in 2005. They are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

Given the wide range of actions necessary to decrease smoking rates, this tobacco control plan for the city has been written to draw together a ‘whole systems’ approach to the actions we plan to take, encompassing both cessation services and wider policy measures.

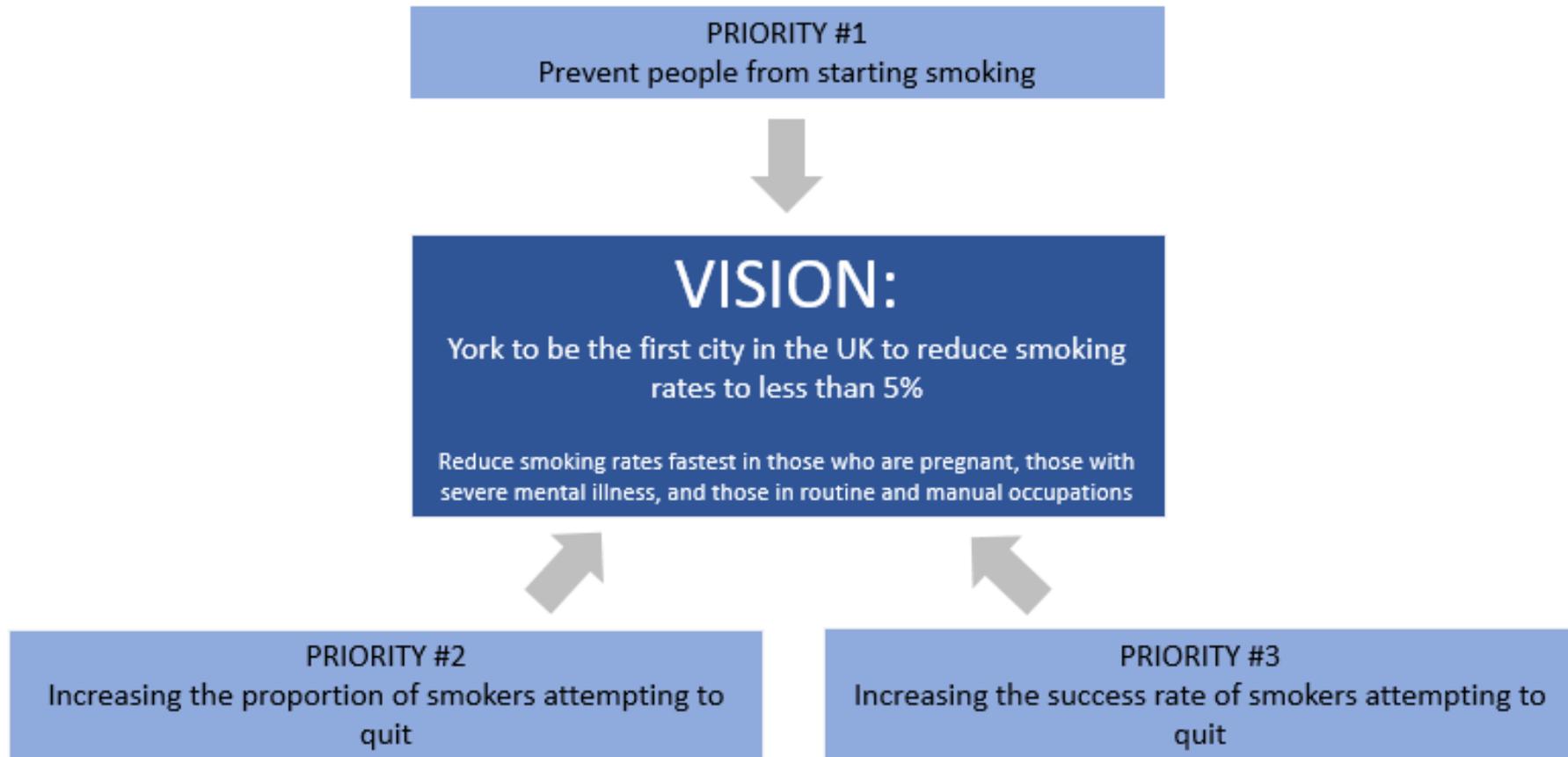
## 5. A vision to end smoking in York

The York Tobacco Control Alliance was founded in July 2019, and aims to **reduce the prevalence of tobacco use in the city of York to below 5%** of the adult population by 2025.



This ambition is in line with all other Local Authorities in the Yorkshire and the Humber, who have endorsed the Breathe2025 initiative of the Yorkshire and Humber Association of the Directors of Public Health based on reducing rates to under 5% by 2025. As well as this we are aspiring to reduce rates fastest in those who are pregnant, those with severe mental illness, and those in routine and manual occupations.

We plan to achieve this vision through 3 priorities: a slowing of uptake (prevention); increasing the number of people attempting to quit; and increasing the number of people successfully quitting (cessation). This vision and our three priorities are summed up overleaf:



## 6. So...what's the plan?

The table below outlines the key areas and actions which will we take in York over the next five years, led by the Tobacco Control Alliance, to achieve our vision of below 5% of the population smoking by 2025.

Area of focus	Actions	Key partners
<b>Priority #1: Prevent people from starting smoking</b>		
<b>Curriculum development and educational work</b>	Promote curriculum tools and support to schools, colleges and other settings Support up-to-date schools smoking policy in line with NICE PH23 (Smokefree Schools) Work with young people to explore smoking and vaping motivations	Primary and Secondary Schools CYC Children's Services York Schools and Academies Board
<b>Enforcement</b>	Conduct regular point of sale enforcement activity in the city to ensure adherence to tobacco legislation Communicate changes in tobacco legislation with local businesses	CYC Public Protection York BID Make it York NY Police
<b>Illicit tobacco</b>	Commission and utilise research and intelligence on the illicit tobacco market Engage in detection and disruption activity of the illicit tobacco market Communicate key illicit tobacco messages to businesses and the public	CYC Public Protection CYC Public Health NY Police
<b>Smokefree outside zones</b>	Bring forward city conversations with key community groups, the public and civic representatives to consider voluntary smokefree codes in a number of settings, including smokefree play parks, smokefree sidelines, smokefree public spaces and smokefree campuses.	CYC Public Health Community groups
<b>Leadership</b>	Hold regular meetings of the York Tobacco Control Alliance to drive the agenda forward Take part in the PHE / ASH CLEaR peer assessment programme for an independent review of progress once this strategy is in place	CYC Public Health Public Health England

Area of focus	Actions	Key partners
<b>Priority #2: Increasing the proportion of smokers attempting to quit</b>		
<b>Promoting smoking cessation services in York</b>	<p>Engage in communication activity for the service at events, through printed and online publicity</p> <p>Consider targeted promotion in the city's more deprived areas</p>	CYC Public Health
<b>Treating tobacco dependency in hospital settings</b>	<p>Work towards the implementation of policy on smoking in healthcare settings in line with NICE PH48 (Smoking: acute, maternity and mental health services)</p> <p>Work with regional partners on improving hospital cessation pathways and support to stop smoking for inpatients at York Hospital, using an established modal such as the Ottawa Model or CURE.</p>	<p>York Teaching Hospitals NHS FT</p> <p>Humber Coast and Vale ICS</p> <p>Tees Esk and Wear Valley NHS FT</p>
<b>Promoting cessation in primary, social and community care</b>	<p>Work with general practice, community health and social care to establish clear pathways into smoking cessation services, including use of Very Brief Advice, and overcoming boundary issues with other Local Authorities</p> <p>Integrate smoking cessation within Lung Health Checks locally</p>	<p>York Health and Care Collaborative</p> <p>Humber Coast and Vale ICS</p> <p>Vale of York CCG</p>
<b>Very brief advice</b>	<p>Develop training packages to deliver simple VBA messages and equip large volumes of frontline workers to engage in evidence-based short interventions</p> <p>Utilise existing prevention work e.g. Safe and Well checks for fire prevention</p>	<p>CYC Public Health</p> <p>North Yorkshire Fire and Rescue</p>
<b>Smoking in pregnancy</b>	<p>Implement a smoking in pregnancy Financial Incentive Scheme</p> <p>Work collaboratively with Humber Coast and Vale partners on the Local Maternity System with their smoking in pregnancy workstream</p> <p>Enable midwives, through training and clear pathways, to address smoking-related issues in a compassionate manner with pregnant woman</p>	<p>CYC Public Health</p> <p>York Teaching Hospitals NHS FT midwifery</p> <p>Humber Coast and Vale ICS</p> <p>Vale of York CCG</p>
<b>Mass media</b>	<p>Engage in regular public communication campaigns e.g. Stoptober</p> <p>Carry out ongoing material distribution and campaign support</p>	<p>CYC Public Health</p> <p>Community Pharmacy</p>

Area of focus	Actions	Key partners
<b>Priority #3 Increasing the success rate of smokers attempting to quit</b>		
<b>Delivering high quality smoking cessation services</b>	Work to implementing all the guidance within NICE NG 92 (Stop smoking interventions and services) Train staff in accordance with NCSCT smoking cessation training modules Aim to increase the success rate of interventions (% of people quit at 4 weeks)	CYC Public Health
<b>Integrating universal smoking cessation services with specialist services</b>	Work with specialist smoking cessation services in the city e.g. those run by TEWV to deliver an integrated offer and utilise the right expertise for the right individual	Tees Esk and Wear Valley NHS FT
<b>Smokefree homes</b>	Train Health Visitor staff using NCSCT smokefree home training module	CYC Healthy Child Service
<b>Vulnerable people</b>	Support vulnerable communities with higher prevalence e.g. those who are homeless, on low incomes, to quit smoking through e.g. provision of e cigarettes	CYC Public Health
<b>Workplace policies</b>	Support workplaces with smokefree policies, especially regarding vaping	CYC Public Health
<b>E cigarettes</b>	Develop and promote an e-cigarette policy statement for the city	CYC Public Health, PHE and engagement with all partners

## Appendix 1: York Tobacco Alliance e-cigarette position statement

E-cigarette products are electronic devices which deliver nicotine without the significant harms of tobacco. An evidence review in 2018 by Public Health England concluded e cigarette use is no more than 5% as harmful as smoking, and this position is supported within NICE guidance and by the Royal College of Physicians.

The York Tobacco Alliance has considered the growing evidence-base relating to e-cigarette products, and has agreed the following position statement:

*E cigarettes carry a fraction of the harm of tobacco products, and have been shown to be highly effective in aiding smokers to quit. They are however not harmless, and their uptake in non-smokers, particularly children and young people, is not recommended. Therefore the York Tobacco Alliance endorses (and will seek to promote) e-cigarettes as a quitting aid for smokers, whilst not recommending their use or marketing to those who do not currently smoke.*

There are seven key principles we will work to as a system on e-cigarettes:

1. Smoking cessation services delivered by partners in the city should be e-cigarette friendly, and if it is the service user's choice to use an e-cigarette as their quitting aid, this should be supported.
2. We encourage e-cigarette users in the city to use the devices to help them quit smoking *completely*.
3. E-cigarettes are valid quitting aids when used in pregnancy, or by people with mental health problems.
4. Tobacco 'heat not burn' products have not been shown to be a reduced risk compared to smoking, and we do not recommend or support their use as a quitting aid.
5. Advertising and marketing of e-cigarettes should be appropriately targeted to adults, and under law they cannot be sold to under 18s.
6. Policies on the use of e-cigarettes in the workplace and on public transport will be decided by individual organisations, bearing in mind the views of non-users on the acceptability of e-cigarette vapour; however caution is urged on blanket bans for staff, which may hinder efforts to support employees to quit.

It remains the responsibility of each organisation represented at the Tobacco Alliance to determine the details of how this position statement are implemented amongst staff, patients and service users.

### Further information and resources

[Breath 2025 Yorkshire and the Humber position statement](#)

[NICE NG92 Stop Smoking Interventions and Services](#)

[PHE e-cigarette 2020 review](#)

[Royal College of Physicians E-cigarette Statement](#)

[Action on Smoking and Health \(ASH\) briefing on e-cigarettes](#)

[PHE e-cigarette 2018 review](#)

[Royal College of Midwives Smoking Position statement](#)

[Hertfordshire CC e-cigarette policy](#)