What good local tobacco control looks like

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles and features of what a good quality tobacco control programme looks like in any defined place. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge. Produced by: Ruth Tennant (ADPH), Martin Dockrell (PHE) and Peter Kelly (PHE) on behalf of the WGLL Thematic Group on Tobacco

Introduction

Smoking rates in many of England's communities are falling fast and the overall adult smoking prevalence has fallen to under 15%. Nonetheless this masks deep inequalities with a prevalence of 5% in West Devon compared to over 23% in Hull. Smoking remains the biggest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities, but quitting can allow people to cross the health divide with the poorest non-smokers having better life expectancy than the richest smokers.

There is also a wealth of evidence on effective local action to reduce the harms from smoking. This is a field with clear national direction from an ambitious tobacco control plan and excellent examples of strong local leadership. Good local tobacco control is always grounded in the evidence with a strong theory of systems and individual behaviour change. There are also opportunities for working collaboratively in tobacco control e.g. work on illicit tobacco is best done on bigger geographical footprints.

Vision

To build healthier, more equal communities by reducing exposure to secondhand smoke, reducing smoking uptake among young people, helping more smokers to quit and reducing the risk of relapse.

Local system leadership

The *Tobacco control plan for England* provides a blue print for the whole of the public system to work together nationally and locally. All parts of the system have their part to play led by local government's focussing on regulatory enforcement, smokefree places, prevention and community-based smoking cessation and the local NHS in treating tobacco dependency among patients who smoke. Education, Fire, Social Services and HMRC will all contribute to success in reducing the burden of smoking-related death and disease.

Smoking in the life course

Tobacco smoke hurts local people even before birth with maternal smoking causing 5,000 miscarriages, 300 perinatal deaths and over 2,000 premature births in the UK every year.

Maternal exposure to secondhand smoke causes 19,000 babies to be born with low birthweight and increases the risk of congenital abnormalities. Exposure to secondhand smoke in childhood is a major cause of sudden infant death and paediatric ill health.

Smoking is not an adult choice; it is an addiction of childhood with most smokers starting under the age of 18. Comprehensive tobacco strategies have reduced smoking amongst young people in England. However, the evidence for smoking cessation and prevention interventions delivered to individual young people is not strong. Effective action to reduce rates of smoking in young people can be at a population level, such as reducing smoking among adult role models, reducing the public acceptability and visibility of smoking through smoke-free places, and ensuring effective implementation of regulations on the sale and marketing of tobacco products.

Smoking rates reach their peak in early adulthood, precisely the time when people are starting their families. Among older adults it is the major cause of respiratory disease, cardiovascular disease and cancers.

However, over recent years smokers have been starting later, smoking less and quitting earlier. These are all trends that local action can accelerate. For example, where implemented, targeted clinical interventions, such as brief opportunistic advice from physicians and pharmacists, and provision of stop-smoking support, have led to a substantial increase in quitting and reduced health inequalities.

Principles

The tobacco control plan stresses system-wide action on smoking with local action to:

- identify local priority groups and actions.
- work across the system to a shared vision.
- develop action plans to reduce tobacco-related health inequalities.
- provide evidence-based support to quit.
- implement a truly smokefree NHS.
- deliver effective enforcement.
- develop pathways for people with mental ill health to access effective support to quit.
- work with local employers to help staff to quit.

In 2013 ADPH supported ASH's development of *Clear Tobacco Control* a system-led system-wide framework for improving local delivery of comprehensive tobacco control through self-assessment, peer assessment and targeted deep dives.

Five years on, ADPH and PHE continue to champion the values that underpin *CLeaR:*

- Challenging and self-critical assessment of service delivery.
- Leadership from across the system including elected officials and healthcare practitioners.
- A focus on results, measuring our success not by what is done but by what is achieved.

Some action will be better undertaken by neighbouring localities working together. For example, in combatting illicit tobacco, key partners such as Police and Crime Commissioners and HMRC work on a larger geographical foot print. Regional social marketing campaigns have been highly effective with collaboration and consistent messages across an area.

Application of evidence

The greatest benefits to health are likely to result when social structural changes are combined with more targeted interventions. Evidence-based stop smoking support has a detailed and precise body of evidence on effective behaviour change techniques. For other areas of tobacco control such as smokefree homes and outdoor places, the understanding of how capabilities, opportunities and motivation impact on behaviour is less well understood. The World Bank identifies six strands for evidence-informed tobacco control, which provide an integrated strategic policy response:

- **stopping the promotion of tobacco**: England has some of the strongest *legislation* for tobacco marketing in the world, but without local enforcement they count for nothing.

- **making tobacco less affordable**: The treasury increases tobacco duty (*fiscal measure*) every year, which reduces smoking among young people and reduces health inequalities, but local action on illegal tobacco is essential in protecting our most marginalised communities

- **effective *regulation* of tobacco products**: Illegal tobacco isn't just cheaper, it is less likely to comply with health warnings and manufacturing standards, promotes uptake by children and reduces quitting among adult smokers

- **helping tobacco users to quit**: Whether in the community or at the hospital bedside, effective place-based support to quit by trained professionals (*service provision and guidelines*) is essential for reducing smoking harms and will substantially increase quitting.

- **reducing exposure to secondhand smoke** (*regulation and environmental restructuring*): Smokefree places are not the responsibility of Enforcement Officers alone. Smokefree homes are the norm among our wealthier communities but much rarer among poorer families. Housing, fire, social services and the NHS all have a role to play in protecting our youngest and oldest residents from secondhand smoke.

- **effective communications for tobacco control**: Our communities are diverse and complex, there is no "one size fits all" approach to tobacco communications. Local areas can maximise and support national campaigns. Integrated communication strategies are essential for providing our communities with the capability, opportunity and motivation to change.

Measuring our achievements

CLeaR Improvement self-assessments give replicable, quantitative assessments of our whole system action. By repeating these assessments with rigour we not only measure improvement, we drive it.

CLeaR Improvement and the tobacco control plan for England urge local systems to identify measurable local priorities. The *Local tobacco control profiles for England* provide an array of metrics that permit us to measure our progress over time and compare ourselves with other communities like ours.

There are a wealth of indicators including behaviours, service activity and health outcomes to choose from but it is recommended that any dashboard should include:

1. Change in adult smoking prevalence over the last three years.

2. Change in smoking in pregnancy as measured by smoking at the time of delivery.

3. Change in quits per 100,000 smokers.

4. Change in smoking attributable admissions to hospital.
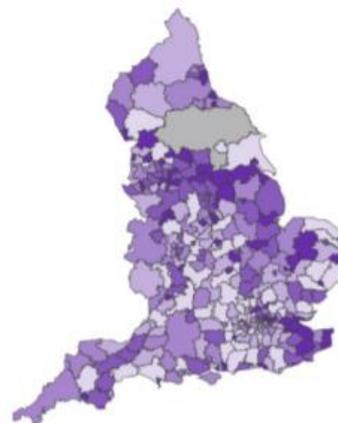
More detailed guidance and links to resources to support effective local tobacco control can be found in *What good local tobacco control looks like: A handy guide.*