Havering Health and Wellbeing Board

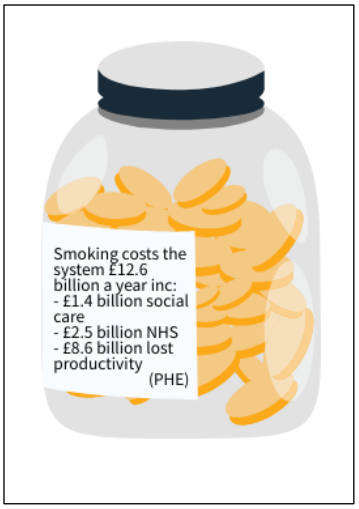
Draft Tobacco Harm Reduction Strategy

2019-23

Introduction

Despite rates having reduced over recent years, smoking remains the biggest cause of preventable deaths and the cause of long term health problems for smokers and those exposed to second-hand smoke. Apart from the obvious impact this has on individuals and families, the harms caused by smoking tobacco place extra pressures on health and social care services, damages the environment, negatively impacts productivity in the workplace, and the trade in illegal cigarettes also fuels criminal activity.

The Health and Wellbeing Board recognises that tackling the problem of smoking requires system-wide changes and action. By making it a Board priority, this shows that individual members are committed to working together and with partners, in the belief that, through concerted and united efforts, it will be possible to create the right conditions for a smokefree generation of healthier and more prosperous residents.



Aim

The aim is for the borough to raise a smokefree generation by

- ✓ achieving a smokefree pregnancy for all, recognising that every child deserves the best start in life
- ✓ stopping children from taking up smoking, as it is mostly in childhood that smoking addictions are formed
- ✓ reducing smoking prevalence in adults, paying particular attention to those groups where smoking rates are highest; benefiting individuals that quit and also lowering prevalence and shifting cultural norms in favour of smoke free living
- ✓ protecting the health of non-smokers, by reducing children and adults exposure to second-hand smoke
- ✓ ensuring parity of esteem for those with mental health conditions

The approach

The following pages set out how tobacco use impacts different groups, and recommends what approaches should be taken. Once the tobacco harm reduction strategy is agreed, a detailed action plan will be developed by a multi-agency steering group, representing Health and Wellbeing partners, and key stakeholder organisations. The group will report to the Health and Wellbeing Board annually.

Indicators of success

The measures below will form the core data set that will be presented to Health and Wellbeing Board as part of an annual progress report. See appendix 1 for more information about why these indicators have been selected. The steering group will add further indicators to those listed below.

- Prevalence of smoking in adults
- Rates of smoking in pregnancy
- Difference in smoking prevalence between disadvantaged communities and borough average.
- Prevalence of smoking among people with serious mental ill health

Steering group membership

- London Borough of Havering: Public Health, Housing, Adult Social Care, Children's Services, Education, Public Protection; Healthy Workplace
- Havering Clinical Commissioning Group
- NELFT: Health Visitors, Mental Health Services, District Nurses, Estates
- BHRUT: Maternity Services, Respiratory/Long Term Conditions, Estates
- Primary Care Networks
- Non HWB partners
    - Community and voluntary sector representatives
    - Fire Service
    - Department for Work and Pensions
    - Substance Misuse Treatment Service

Key Milestones

- A steering group to be formed by January 2020
- The final version of the strategy to be agreed by the steering group , and a comprehensive action plan agreed by March 2020 (further milestones will be described in the action plan)

Further information

The appendix provides additional information on three areas

- the targets proposed for each of the four indicators above
- why people smoke, and
- further information about vaping.

Smoking in pregnancy

Smoking during pregnancy increases the risk of miscarriage, premature birth, low birthweight and stillbirth. Babies born to mothers who smoke are at greater risk of cot death. Secondhand smoke is also harmful during pregnancy.

A specialist stop smoking service works with BHRUT maternity services to provide support to pregnant women and those living in the same household as a pregnant woman, using a Babyclear 1 approach which includes automatic referral to stop smoking services and routine CO monitoring. Babyclear 1 commenced in in 2015, with pump priming from Havering Council and Barking and Dagenham Council. It has contributed to an impressive reduction in smoking rates in pregnant women, from 14.7% in 2011/12 to current rates of 7.3% (in 2018/19). Women who stop smoking by 16 weeks of pregnancy may become a lower risk group (depending on other factors), potentially requiring fewer scans and clinic appointments during antenatal care.

What else should be done: Babyclear 2 should be introduced. This builds on Babyclear 1 to include a further discussion between the midwife and expectant mother on the type of harm being caused to the unborn baby. Where this has been introduced elsewhere conversion rates have increased (those referred to stop smoking service who subsequently stop smoking). The importance of smokefree homes should be reinforced, including in settings where pregnant women are likely to attend. Preconception advice should include the importance of stopping smoking when planning a pregnancy and avoiding secondhand smoke.

Smoking in childhood

Smoking is an addiction which is largely taken up in childhood. As a result many young people become addicted before they fully understand the health risks associated with smoking. The good news is that across England smoking rates in 15 year olds have fallen from 21% in 2004 to 5% in 2018. However, underage sales, the availability of illicit tobacco, and tactics to promote products to children through social media threaten further reductions in the numbers of children smoking. The law prohibits sales of tobacco to under 18s and prohibits virtually all tobacco advertising, however:

- research shows that in 2014, 46% of pupils aged 11 to 15 who were smokers usually bought cigarettes in shops.[1]
- research from the North of England showed that over half of smokers aged 14 to 17 were

Smoking and the environment

- The farming, manufacture and consumption of tobacco threatens the environment by contributing to greenhouse gases and using harmful chemicals that are banned in higher income countries (a)
- Cigarette butts are non-biodegradable and toxic; dangerous to children if ingested and harmful to wildlife (a)
- Approximately 24 tonnes of tobacco waste is produced annually in Havering, of this more than 6 tonnes discarded as street litter (b)

(a)https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697937/ - (b) ASH Ready Reckoner

[1] 28 NHS Digital. 'Smoking, Drinking and Drug Use Among Young People in England - 2014

offered illicit tobacco, and that buying rates in this age group were higher than among older smokers.[2]

- tobacco companies are using social media to promote products to young people, with one company currently under investigation by the Advertising Standards Authority.

It is worth noting that regular e-cigarette use among young people remain low and almost entirely confined to those who smoke or have quit.[3]

What else should be done: Develop an action plan to raise awareness among children of the harms caused by tobacco, including to the environment. Learning from the North of England's programme, LBH and partners to deliver wider education and media campaigns, change any perceptions of illicit tobacco as "no big deal" and highlight how organised criminal gangs are prospering from its sale. Media campaigns to include messaging to staff and schools, with information about how to report underage sales and sales of illicit tobacco, with follow up enforcement.

Smoking in adulthood

Smoking disproportionately affects the most disadvantaged people, with smokers from poorer backgrounds tending to start young and more likely to become highly addicted.[4] Smoking puts poorer families under significant pressure; in 2015 the ASH poverty calculator illustrated how, across London, 46k households could be brought above the poverty line if they quit smoking. In London, smoking is the number one cause of fatal fires and one of the top three causes of all accidental fires in the home.

The groups where rates of smoking are not falling as fast as the general population include:

- Nationally, around 1 in 5 25-34 year olds smoke (whereas smoking rates among young adults under 25 have fallen the most)
- 1 in 4 people in routine and manual occupations is a smoker (compared to 1 in 10 in managerial and professional occupations)
- People who are unemployed are almost twice as likely to smoke as those in work

It is estimated that local businesses in Havering lose over 50,000 days of productivity every year due to smoking-related sickness. This costs about £4.6m.[5]

A universal telephone/online stop smoking service is available free of charge for adult smokers in Havering. Service users pay for their own nicotine replacement therapy (which is far less expensive than cigarettes). Currently prescription medications are not available in the borough. E-cigarettes are now the most popular stop smoking aid in England.

The NHS Making Every Contact Count approach presents a key opportunity to engage with smokers. However, since the decommissioning of the traditional local NHS stop smoking service, there is still

[2] Smokefree Action factsheet *Smoking: illicit tobacco,* PHE FPH avail http://ash.org.uk/wp-content/uploads/2016/05/Illicit.pdf

[3] https://publichealthmatters.blog.gov.uk/2018/07/03/turning-the-tide-on-tobacco-smoking-in-england-hits-a-new-low/

[4] ASH https://ash.org.uk/media-and-news/press-releases-media-and-news/new-figures-show-each-local-authority-how-many-people-could-be-lifted-out-of-poverty-if-they-quit-smoking/

[5] ASH Ready Reckoner

misunderstanding about the local offer of stop smoking support which is telephone and internet based. There is currently no process for prescription-only medications to be made available when residents use this service. A specialist service is available for pregnant women and those living in the same household as a pregnant woman (described above).

What else should be done: The non-availability of prescription only medications such as Champix is preventing some heavy smokers from achieving a successful quit, and so it is important that a solution be found that makes prescription only medications available for those who need them. Interventions should be targeted towards those groups where smoking rates are highest and where prescription only medications would be most helpful. . Consideration should be given to training the many professional groups who are in contact with populations where there are higher rates of smoking, including the fire service, debt advice workers, social care workers, healthcare professionals and housing professionals. Training should cover harm reduction alternatives such as e-cigarettes. Health and Wellbeing Board members can demonstrate leadership through workplace health programmes that support their respective workforces to stop smoking.

Smoking and mental health

People with severe mental illness die on average 10 - 20 years sooner than the general population[6]. Smoking is the largest avoidable cause of these premature deaths. Around 40% of adults with SMI smoke.[7]

Historically, traditional stop smoking services, with the focus on 4 week quit targets, have not succeeded in reducing smoking rates in this group. A Havering 2019/20 pilot project "switch to vaping" seeks to reduce the harms caused by tobacco to patients of NELFT mental health services. Initially patients are supported to reduce dependence on tobacco, and there are additional early signs of success, with a few people stopping smoking altogether.

The national Tobacco Control Plan for England set out how all mental health inpatient services sites should be smokefree by 2018, the importance of providing access to training for all health professionals on how to help patients in mental health services to quit smoking, and of changing the smoking culture in mental health settings.

It is worth noting that whilst staff working on inpatient units are protected from secondhand smoke by smokefree legislation, domicillary mental health workers could be more at risk through being exposed to second hand smoke in patients' homes (see section below).

What else should be done: LBH public health, NELFT and CCG to learn lessons from evaluation of the pilot project and, based on the recommendations, either embed the approach permanently, or further test the approach with a second pilot phase. The approach should then be extended into primary care for those patients with SMI who not in contact with mental health teams. See also smokefree places below.

[6] Hayes JF, Marston L, Walters K, King MB, Osborn DPJ. (2017) Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000–2014. The British Journal of Psychiatry Jul 2017, bjp.bp.117.202606; DOI: 10.1192/bjp.bp.117.202606

[7] https://www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf

Smokefree places

People who are frequently exposed to second-hand smoke are more likely to get the same diseases as smokers, including cancers and heart disease. Older adults are also more at risk of pneumonia.[8] Children are more likely to develop asthma and infections and respiratory disorders including emphysema in later life. [9] [10] There are risks to the health of the unborn baby when pregnant women are exposed to second-hand smoke.

In 2007 smokefree laws were introduced to protect people from the harms of secondhand smoke in enclosed public places, public transport and work vehicles. To further protect children, legislation was extended in 2015 to cover private vehicles carrying children. Despite the legislation, it has been estimated that approximately 2 milllion children in the UK are routinely exposed to secondhand smoke.[11] There are also gaps in the legislation to protect the domicillary workforce.

Smoking in the home is much more common in certain types of housing. While 18% of all people in England live in social housing, among smokers it is almost a third. Smokers in social housing are known to be equally motivated and equally likely to try to quit as smokers living in other types of housing, but they are half as likely to succeed. They are also more likely to be heavily addicted to smoking. It is not known whether more domicillary visits are made to clients who live in rented properties, compared to owner occupiers.

A 2019/20 pilot project is being delivered to identify new parents who did not stop smoking in pregnancy, or have started smoking again. Health visitors, at the new birth visit discuss smoking status, and signpost to the services available, including switching to vaping through taking up discounted vape products. Early findings indicate that some partners of new mothers have continued to smoke throughout the pregnancy and into the early weeks of parenthood.[12]

What else should be done: Develop an action plan for smokefree homes, smokefree estates and raising awareness of smokefree cars. This should include providing more support and targeted interventions to people living in rented accommodation, as well as a strong communications element about the harms of secondhand smoke. There may be opportunities to work more closely with landlords and consideration could be given to designate certain types of housing or new developments as smokefree.

[8] https://bmjopen.bmj.com/content/4/6/e005133
[9] https://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/
[10] https://ash.org.uk/wp-content/uploads/2019/10/SecondhandSmoke-Home.pdf
[11] Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.
[12] The majority of people who smoke do so outside of the home.

Appendix: Further information

Indicators

Page 2 sets out four key indicators. Below proposes the Health and Wellbeing Board ambitions for successful delivery of this strategy as measured by the four indicators:

1. Prevalence of smoking in adults is currently 15%, which represents 30.008 people. The ambition is to reduce prevalence to 12% or less, to reflect the national strategy.
2. Rates of smoking in pregnancy are 7.3%, which represents 227 women. The ambition is to reduce rates to 5% or less; better than the national target of 6%.
3. Reduce the inequality gap in smoking prevalence between those in routine and manual occupations, which is currently 3.19. The ambition is to reduce the gap to 2.47 to achieve the current average for England.
4. Reduce prevalence of smoking by people with serious mental ill health which is currently 39.4 (representing 570 people). The ambition is to reduce prevalence initially to 27% or better; 27% is the midpoint between the current prevalence of smoking among people with SMI and the adult population.

Why do people smoke? And why is it so difficult to stop?

Cigarettes contain nicotine, which is highly addictive. Nicotine alters the balance of two chemicals in the brain: dopamine and noradrenaline. When nicotine changes the levels of these chemicals, mood and concentration levels change. The changes happen very quickly; inhaled nicotine immediately rushes to the brain, where it produces feelings of pleasure and reduces stress and anxiety. This nicotine rush can be very enjoyable. But the more someone smokes, the more the brain becomes used to the nicotine, this means that more smoking is required to get the same effect.

When someone stops smoking, the loss of nicotine changes the levels of dopamine and noradrenaline, which can lead to feelings of anxiousness, depression and irritability. The nicotine cravings can be very strong, making it difficult to quit using just willpower.

Vaping

The peak age for vaping is among 35-44 years olds, and around 1 in 8 ex-smokers vape, compared to less than 1% of those who have never smoked. Vaping is not completely risk free, but it is far less harmful than smoking tobacco. PHE states that "there is no situation where it would better for health to continue smoking, rather than switching completely to vaping"

UK media headlines have warned about an outbreak of serious lung disease across the US, which is said to be associated with vaping. Over 1600 cases have been reported, including more than 30 deaths. According to PHE

> "*The US has an estimated 9 million e-cigarette users in the country, but weekly updates on the CDC website make it clear that the group of people affected is very specific. The outbreak appears to be largely among young men: 70% of patients are male and the average age is 24. Almost half (46%) are under 21.*

> *"Dr Dana Meaney-Delman, head of the CDC team investigating the outbreak has reported that "We've narrowed this clearly to THC-containing products that are associated with most patients who are experiencing lung injury. The specific substance or substances we have not identified yet". THC is the main psychoactive component of cannabis and the CDC has said that the products identified are being obtained off the street or from other informal sources (e.g. friends, family members or illicit dealers*).[13]

All UK cigarette products are tightly regulated for quality and safety. It is important to only use UK-regulated e-liquids and never risk vaping home-made or illicit e-liquids, or adding substances, any of which could be harmful.

[13] https://publichealthmatters.blog.gov.uk/2019/10/29/vaping-and-lung-disease-in-the-us-phes-advice/