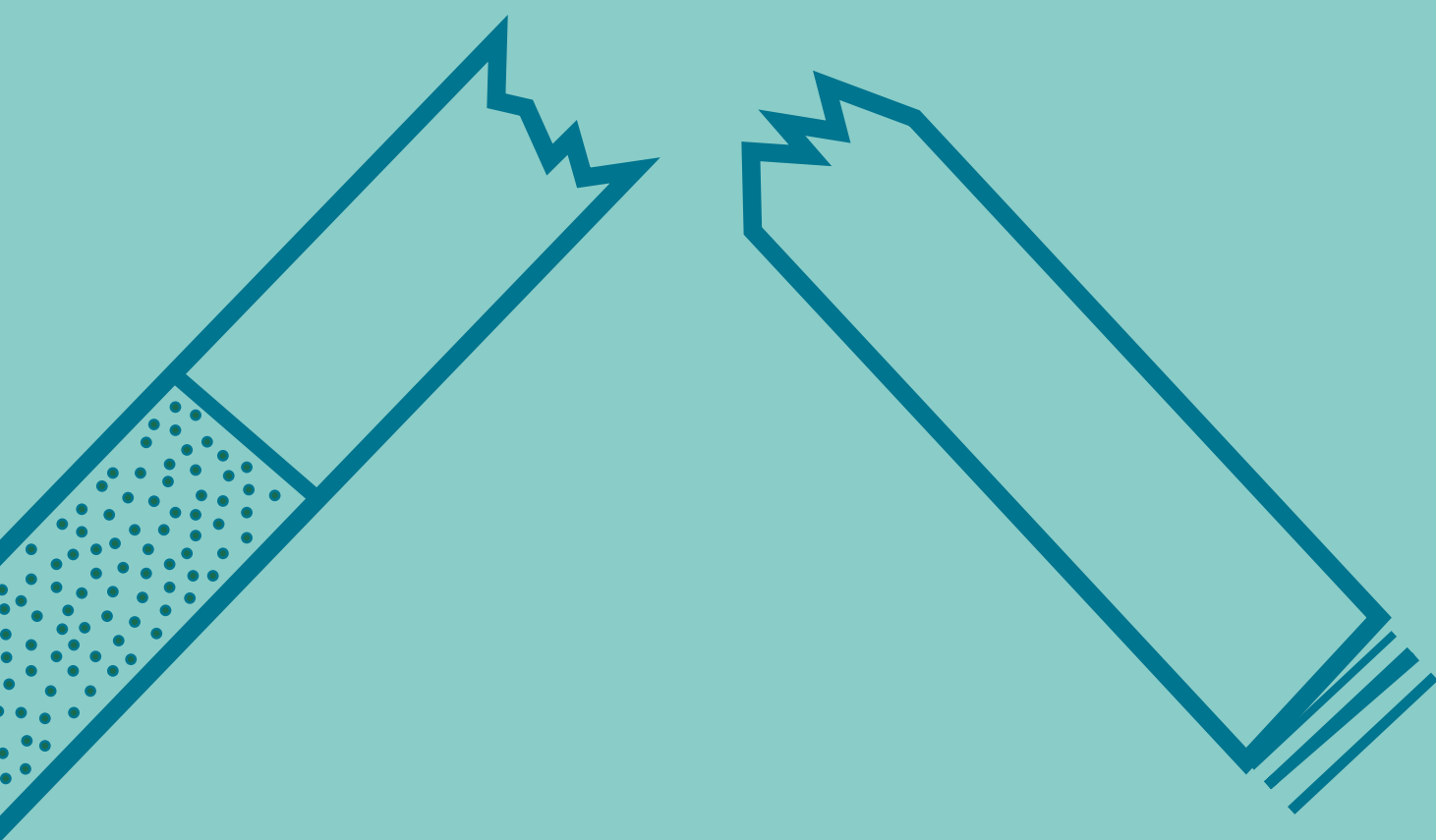


# Buckinghamshire Tobacco Control Strategy

Towards a smokefree  
generation



2019 - 2024

# Foreword

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We are pleased to present the Buckinghamshire Tobacco Control Strategy, which aims to save lives and improve the health of thousands of people in Buckinghamshire by minimising their exposure to tobacco.

Whilst the proportion of the population who smoke has fallen, one in ten people in Buckinghamshire continue to smoke. Smoking is the largest single preventable cause of ill health and early death, and is very significant to the differences in health experienced by different groups in society. Our aspiration is to help deliver the national ambition towards a smokefree generation.

We would like to thank all the partners that have contributed to this strategy, including Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust, Buckinghamshire Clinical Commissioning Group, Buckinghamshire County Council Trading Standards, Red Kite Housing, Live Well Stay Well, Thames Valley Oral Health, Thames Valley Cancer Alliance and Macmillan. We look forward to developing the detailed action plans to deliver this strategy with a wide group of stakeholders.

Please help us to implement this strategy and keep Buckinghamshire smokefree for future generations.



**Jane O'Grady**  
Director of Prevention  
& Public Health,  
Communities, Health  
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**Gareth Williams**  
Cabinet Member  
for Community  
Engagement and  
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# Introduction

Although smoking prevalence has been reducing significantly over recent years, it is still the biggest single preventable cause of ill health and early death<sup>1</sup>. In England, more than 200 people a day die from smoking related illness<sup>2</sup> and smoking accounts for over half the difference in life expectancy between the lowest and highest income groups<sup>1</sup>. It is also known that children whose parents or siblings smoke are around three times more likely to smoke when they are older than children living in non-smoking households<sup>3</sup>. Smoking rates continue to remain higher in certain groups, such as those with a serious mental illness or those in routine and manual roles.

One in ten adults in Buckinghamshire smoke and smoking rates are almost three times higher amongst the lowest earners compared to the highest earners<sup>1,4</sup>.

Reducing levels of smoking in the local population is a priority in the Joint Health and Wellbeing Strategy and for partners in the Integrated Care System (ICS) in Buckinghamshire<sup>5</sup>.

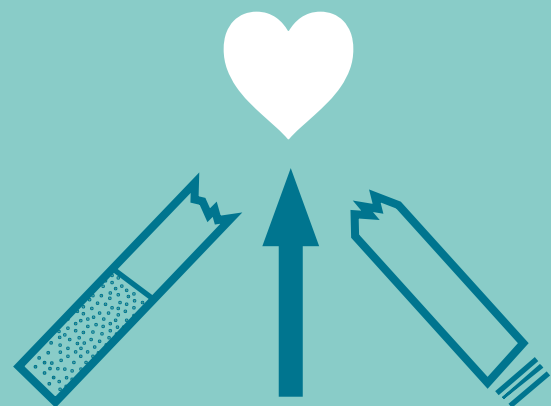
This Tobacco Control Strategy and action plan will support the work of the ICS partners as they implement the

recently published NHS Long Term Plan (2019)<sup>6</sup>, which focuses on the NHS actions for prevention and health inequalities, including specific actions on smoking:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will also be adapted for expectant mothers and their partners, with a new smoke-free pregnancy pathway, including focused sessions and treatments.
- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

This multi-agency strategy aims to ensure that children and young people are discouraged from taking up smoking, all smokers in Buckinghamshire are supported to stop smoking, and the supply and demand of illicit tobacco is reduced. We need a particular focus on engaging those communities where smoking rates are highest. Everyone has a role to play in ensuring that tobacco-related harm is reduced within Buckinghamshire, whether in schools, the workplace, the community or within hospitals.

**Helping people give up smoking is a cost-effective means of both improving health and reducing demand on services in the future**



<sup>1</sup> National Institute for Health and Clinical Excellence (NICE). Smoking: acute, maternity and mental health services; Public Health Guideline 48. 2013

<sup>2</sup> NHS Digital. 'Statistics on smoking: England 2017'

<sup>3</sup> Action on Smoking and Health (ASH). Young people and Smoking. Fact sheet no 2. 2018

<sup>4</sup> Public Health England. Tobacco Control Profiles.

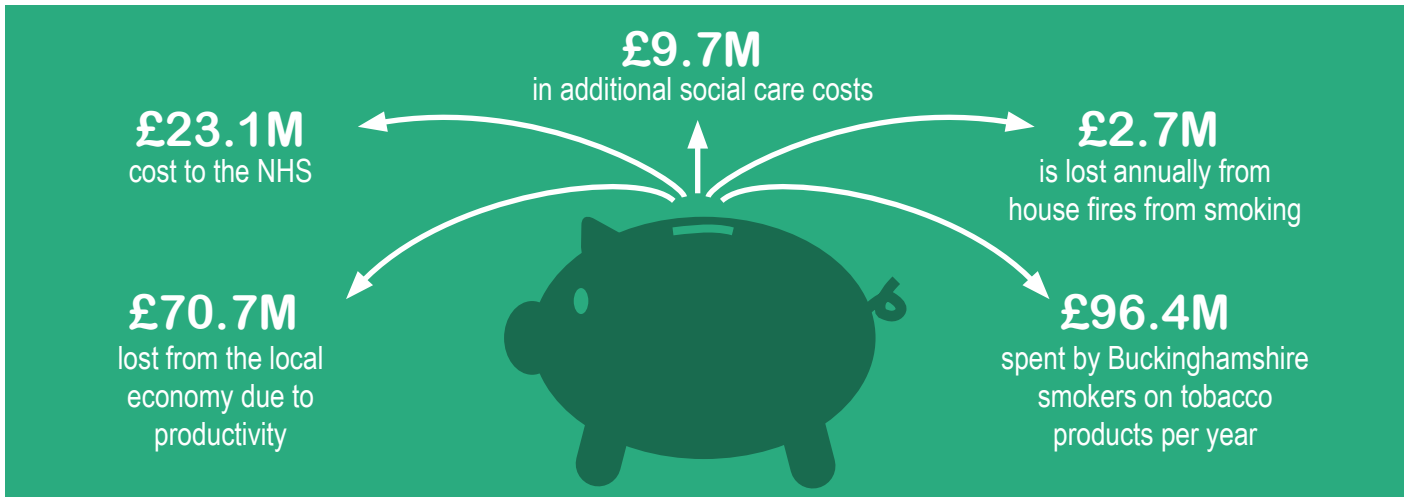
<sup>5</sup> Buckinghamshire Integrated Care System (ICS). Integrated Operations Plan. 2018-19

<sup>6</sup> The NHS Long Term Plan (LTP). 2019

# Impact of smoking

Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. As well as dying prematurely, smokers also suffer many years of poor health. Many of the conditions caused by smoking are chronic illnesses, which can be debilitating and make it difficult to carry out day to day tasks and participate in society and the economy. Smoking causes around 79,000 preventable deaths in England<sup>1</sup> and is estimated to cost our economy in excess of £11 billion per year<sup>2</sup>.

Smoking not only has an impact on the health of the population, there is also a cost to society, estimated to be £106.2 million a year for Buckinghamshire<sup>7</sup>. This can approximately be broken down in to:



# Smoking prevalence

Adult smoking prevalence in England has gradually reduced from 19.8% in 2011 to 14.9% in 2017, the lowest level that has ever been achieved. Adult smoking prevalence in Buckinghamshire is also at the lowest level yet, down from 16.5% in 2014 to 9.6% in 2017. This is lower than the England average (14.9%) and the South East regional average (13.7%)<sup>2</sup>. However, EMISweb data taken from GP systems has shown that there is a big discrepancy in the smoking prevalence between those living in the least deprived areas of Buckinghamshire (10%) compared to those living in the most deprived areas of Buckinghamshire (20.1%)<sup>8</sup>.



There are around 39,400 smokers in Buckinghamshire<sup>2</sup>

<sup>7</sup> ASH: Ready Reckoner – Local costs of smoking calculator. (2018)

<sup>8</sup> EMISweb \*47 GP practices in Buckinghamshire were included, 3 GP practices not in EMIS not included

## Groups at higher risk from smoking

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A specific focus is warranted for the following groups because they are particularly vulnerable to the effects of tobacco.

### **Pregnant Smokers**

Women who smoke during pregnancy are a priority group. The risks of smoking during pregnancy are serious, ranging from premature delivery to increased risk of miscarriage, stillbirth or sudden infant death. Smoking in pregnancy is measured nationally using smoking at time of delivery (SATOD) data. Although the prevalence of smoking in pregnancy is falling, reducing the number of babies that are exposed to smoke during pregnancy should continue to be a priority.

### **Children and Young People**

It is estimated that each year around 207,000 children aged 11-15 start smoking in the UK<sup>3</sup>, but the proportion of children who have never smoked continues to decline. Children who experiment with cigarettes can quickly become addicted to the nicotine in tobacco and the younger the age of uptake of smoking, the greater the harm is likely to be. In 2016, about half (48%) of children reported having some level of exposure to second-hand smoke in the last year<sup>3</sup>. In order to achieve the vision of a smokefree generation, it is vital that children and young people are discouraged from taking up smoking and that those who do are supported to quit.

**Quitting smoking  
is the single best  
thing a mother can  
do for the health  
of their baby**



## Groups with higher rates of smoking

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The following groups have higher smoking rates than the general population and therefore efforts to reduce smoking should prioritise these groups.

### **Ethnicity**

Smoking prevalence varies greatly for some minority ethnic groups, however currently the national dataset is limited. Compared to the general population, rates are higher nationally for 'mixed' and 'other' ethnic groups<sup>9</sup>. Unfortunately, there is very little research into the use of smokeless tobacco in the UK, so its popularity is difficult to predict. The few studies that are available suggest chewing tobacco (usually betel quid or paan) is most common among South Asian (Pakistani, Indian

and Bangladeshi) communities in the UK, with a 2004 survey finding that 9% of Bangladeshi men and 16% of Bangladeshi women reported using chewing tobacco<sup>10</sup>. Waterpipe smoking (Shisha) use in the UK remains low, however, we know that it is more commonly used in Black and Asian populations<sup>11</sup>.

### **Routine and manual workers or those who are unemployed**

In 2016, the prevalence of smoking among people working in jobs classed as routine and manual was more than double that of people working in managerial and professional occupations<sup>2</sup>.

## Vulnerable groups with higher rates of smoking

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### **Mental health conditions**

Those with a serious mental illness tend to die on average 10-20 years earlier than the general population, and smoking is the single largest contributor to this reduced life expectancy<sup>5</sup>. A significant cause of this is that smoking rates in this group have barely declined in the last 20 years. Addressing smoking in mental health settings, and particularly in secondary care, can pose major challenges, often exacerbated by a culture of acceptance of smoking. It became mandatory for Mental Health inpatient sites to become smokefree by 2018, and the local Mental Health Trust within Buckinghamshire is smokefree.

Those with mental health conditions want to quit smoking as much as other smokers do<sup>12</sup>

### **Long Term Conditions**

Smokers are more likely to live with a long term illness and many long term conditions (LTC) are either caused or exacerbated by smoking. For example, Chronic Obstructive Pulmonary Disease (COPD) causes 30,000 deaths in England every year, and smoking accounts for as many as 80% of COPD related deaths<sup>13</sup>. Those suffering from asthma that smoke can experience higher rates of hospitalisation, worse symptoms and more rapid decline in lung function than those with asthma who do not smoke<sup>14</sup>. Those in lower socio-economic groups are significantly more likely to live with a LTC and also have higher rates of smoking; therefore supporting these groups to quit can help to reduce the inequality in health that this group experience.

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<sup>9</sup> NHS Digital. Smoking, drinking and drug use among young people in England – 2016. 2017

<sup>10</sup> Waterpik. Tobacco Use and Statistics. (2017)

<sup>11</sup> Public Health England. Waterpipe smoking (shisha) in England. The public health challenge. 2017

<sup>12</sup> Royal Collage of Psychiatrists. Smoking and mental health. (2013)

<sup>13</sup> British Lung Foundation. Key facts about COPD

<sup>14</sup> Action on Smoking and Health (ASH). Asthma and Smoking. 2015

# The picture in Buckinghamshire



The data for Buckinghamshire shows our smoking prevalence is lower than the South East and England, which makes achieving the ambition of being smokefree by the end of this strategy (2024) a real possibility.

# Purpose of the strategy

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The purpose of this strategy is to provide clear guidance to strategic leads, policy makers, commissioners, providers and the voluntary sector to help reduce the numbers of people who smoke in Buckinghamshire and reduce the harmful effect of tobacco. The strategy builds upon the four key themes that have been provided nationally as a framework to achieving the ambition of a smokefree generation, which will be achieved when adult smoking prevalence is less than 5%<sup>15</sup>.

The 4 themes are:

1. Prevention first
2. Supporting smokers to quit
3. Eliminate variations in smoking rates
4. Effective enforcement

Realising this ambition cannot be achieved by any one organisation alone and relies on a whole-system, joined-up approach to the areas for action identified. The strategy will be supported by a detailed annual action plan which will be developed and agreed by all partners of the Bucks Tobacco Control Alliance. This group will report to the Healthy Communities Partnership and the Buckinghamshire Health and Wellbeing Board.

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<sup>15</sup> 5% or less is generally accepted nationally and internationally, reflecting that areas are not taking a prohibition stance and that it is unlikely for smoking to be phased out altogether. It is not about unfairly stigmatising those people who chose to smoke, or who are unable to give up.



# Aims and measures

## 1. Continue to reduce smoking prevalence rates and inequalities caused by smoking for adults, children and young people.

Measures:

- A reduction in the number of adults smoking in Buckinghamshire from 9.6% to 5.5% or less by 2024\*.
- A reduction in current smokers at age 15 in Buckinghamshire from 5.1% to 3% or less by 2024\*.
- A reduction in the percentage of women who smoke at time of delivery from 7.4% to 6% or less by 2024\*.
- A reduction in smoking prevalence for adults in routine and manual occupations, from 17.5% to 11.6% or less by 2024\*.

\*These figures are based on achieving the national targets.

## 2. Reduce the harms associated with second hand smoke.

Measures:

- A reduction in the number of children and young people reporting that they live in a house where

someone else smokes, from the current baseline of 20.2% in 17/18.

## 3. Reduce the supply and demand of illicit tobacco.

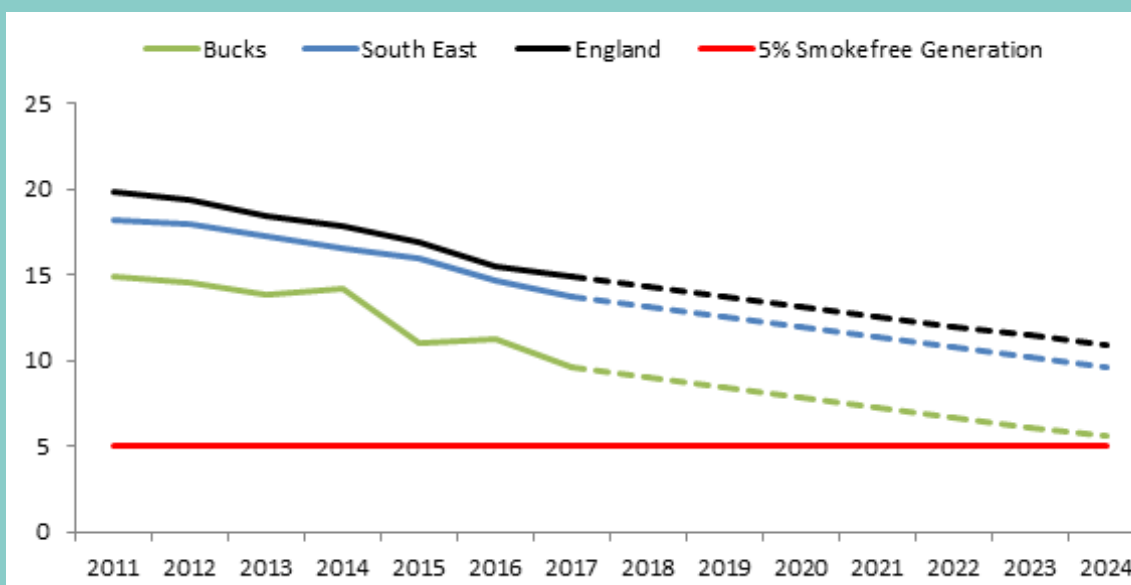
Measures:

- An increase in the number of intelligence sources relating to potential illicit tobacco supplies in Buckinghamshire.

The graph below shows the projected trend of the decline required in smoking prevalence, in order to meet the target set above for adult smoking.

Nationally, the decline in smoking prevalence has started to stall. The reduction in Buckinghamshire is a product of current activity, and in order for prevalence to continue to decline this activity must be maintained and enhanced to find new ways to support smokers to quit.

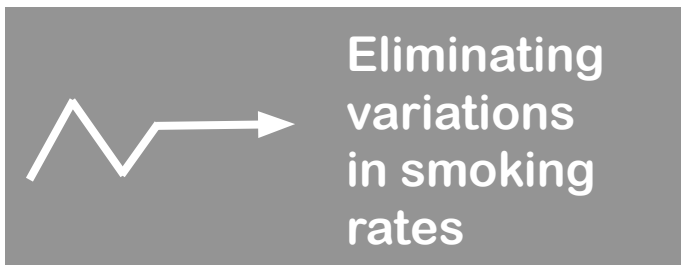
Smoking prevalence in adults 18+  
2011-2017 and projection 2018-2024



# Achieving a smokefree generation through four areas of action

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There is a huge amount of opportunity within Buckinghamshire to ensure that smoking rates continue to fall, especially within priority groups in the community, to ensure a smokefree generation can be achieved. Actions will be developed locally within Buckinghamshire under the four national themes, as set out in the Tobacco Control Plan for England (2017) (see Appendix 1). This ensures that the Buckinghamshire strategy complements and supports the national ambitions.



This plan will be developed and actioned by members of the Bucks Tobacco Control Alliance and reviewed on a regular basis. Partners in Buckinghamshire will work together to ensure that the overarching aims within the strategy are taken forward, within the annual action plan.



# 1. Prevention first

The focus of this theme is ensuring that within Buckinghamshire we work towards a smokefree generation. Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers<sup>3</sup>. This action includes using opportunities through the health curriculum in schools, so that children and young people are discouraged from taking up smoking.

Mothers and their partners who smoke during pregnancy should easily be able to access support to quit. Maternity services are in an excellent position to engage with these groups, using carbon monoxide (CO) monitors to assess smoking status. One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke.

To give a child the best start to life, the best thing a mother can do is quit smoking

77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18<sup>3</sup>



## Areas for action

**1.1 Ensure that children and young people are supported not to start smoking.**

**1.2 Reduce the prevalence of smoking during pregnancy, ensuring a robust and effective pathway for both women and their partners for identification, referral and support.**



## 2. Supporting smokers to quit

This theme will ensure that there is a whole-system approach to supporting smokers to quit.

As smokers experience a greater incidence of poor health and disease, the health system will already be regularly engaging with them. We must seize these opportunities and make every contact count.

Brief interventions from healthcare professionals are a quick way to ensure that all smokers are identified and offered a referral to specialist support. For example, for people undergoing operations, the advantages of stopping smoking include fewer complications, higher survival rates, better wound healing and fewer re-admissions after surgery. The British Thoracic Society Audit (2016) in secondary care found that there are huge opportunities to reach smokers, but in the Buckinghamshire NHS Trust results, only 73.3% of patient notes had smoking status recorded<sup>16</sup>.

Employers are also affected by tobacco use, as they bear a significant financial burden resulting from the ill-health and sickness caused by smoking. Therefore supporting workplaces to be smoke free and encouraging staff to quit is a key action.

In Buckinghamshire, Live Well Stay Well delivers a specialist stop smoking service as part of their integrated lifestyle service<sup>17</sup>. This includes up to 12 weeks behavioural support and medication, such as Nicotine Replacement Therapy (NRT) or Champix to help clients quit. Over the life of this strategy the stop smoking service will need to be reviewed to ensure it continues to support the needs of smokers to quit, including exploring the usage of e-cigarettes.

**Providing an evidence-based stop smoking service can increase quit success rates by up to four times compared to trying to quit alone<sup>18</sup>**

**Enabling working environments which encourage smokers to quit, particularly within the NHS, will ensure that smoking rates continue to decrease**

**The Buckinghamshire stop smoking service is e-cigarette friendly**



<sup>16</sup> British Thoracic Society. National Smoking Cessation Audit. 2016

<sup>17</sup> [www.livewellstaywellbucks.co.uk](http://www.livewellstaywellbucks.co.uk)

<sup>18</sup> Public Health England. Health matters: smoking and quitting in England. 2015

## Areas for action

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- 2.1 Provide an accessible, effective, evidence-based stop smoking service for children, young people and adults.
- 2.2 Encourage workplaces that promote smokefree environments and support staff to quit smoking.
- 2.3 Explore opportunities for non-licenced products, such as e-cigarettes, to support smokers to quit.
- 2.4 Develop a whole system approach in order to reach out to the large number of smokers engaged with healthcare and voluntary services on a daily basis.
- 2.5 Ensure that local NHS Trusts are smokefree; encourage smokers using, visiting or working in the NHS to quit, including comprehensive smokefree policies.
- 2.6 Ensure children and young people are able to access stop smoking support, including linking the Personal Social and Health Education (PSHE) syllabus to local stop smoking services.
- 2.7 Use effective campaigns to raise awareness and promote local stop smoking services.
- 2.8 Explore further opportunities to protect both adults and children from the harm of secondhand smoke.
- 2.9 Participate in 'CLeaR', an evidence-based improvement model, which will be used as a self-assessment tool on current tobacco control activities.
- 2.10 Ensure that the workforce is adequately trained to raise the issue of smoking with patients and clients.



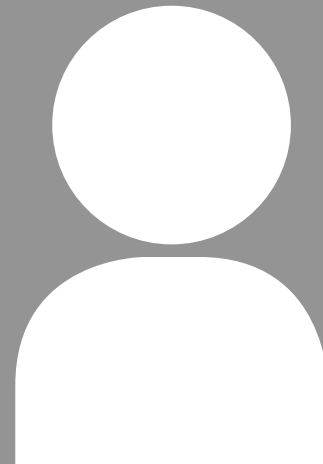
## 3. Eliminating variations in smoking rates

This theme focuses on ensuring that the groups with higher smoking rates are identified and supported to quit. Addressing these higher rates of smoking within key groups will help eliminate health inequalities.

It is known that smokers, such as those working in routine and manual occupations, those who are unemployed and those with a mental health condition, are more likely to have higher rates of smoking.

This theme interlinks with supporting smokers to quit, since it will be vital to ensure stop smoking services target key groups and provide appropriate support. Stakeholders will need to be engaged to support key groups to quit and contribute towards the whole system approach.

People with mental health problems, including anxiety, depression or schizophrenia, are much more likely to smoke than the general population and tend to smoke more heavily<sup>11</sup>



### Areas for action

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**3.1 Reduce the prevalence of smoking in people with mental health conditions and learning disabilities, offering targeted interventions and ensuring mental health trusts learning disability services are able to support smokers in their care.**

**3.2 Reduce health inequalities through targeting those populations where smoking rates remain high, including routine and manual workers, unemployed and those living in the most deprived communities.**

**3.3 Ensure that smokers with a long term condition (LTC) are supported to stop smoking.**

**3.4 Use insight to deliver targeted campaigns to promote local stop smoking services.**



## 4. Effective enforcement

The final theme is to ensure that we have effective illicit tobacco enforcement across Buckinghamshire. Cheap illicit tobacco fuels smoking amongst young people, increases health inequalities and is linked to crime at many levels<sup>19</sup>. Illicit tobacco is often available at cheaper prices, undermining the effectiveness of taxation, making it harder for smokers to quit.

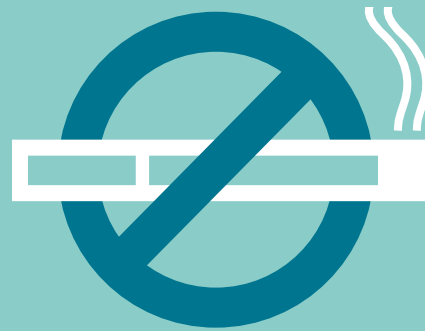
A recent small scale survey by Public Health Action (2018) provides an indication of the impact of illicit tobacco within

the South East, 14% of smokers within the study regularly brought illicit tobacco, and 29% had been offered it<sup>20</sup>. Buckinghamshire and Milton Keynes were the two most likely areas for respondents to report that they would purchase illicit tobacco, in the South East.

Therefore, tackling the sale of illicit tobacco is important to address health inequalities, reduce smoking rates and support the reduction in youth prevalence.

Poorer smokers are much more likely to smoke cheap illicit tobacco

Nearly half of all hand-rolled tobacco is illicit<sup>18</sup>



### Areas for action

**4.1 A joined up approach to tackling the supply and demand of illicit tobacco with key partner such as police, HMRC and licencing officers.**

**4.2 Continue to raise public awareness of the effect of illicit tobacco on society and increase the number of people coming forwards with intelligence.**

**4.3 Ensure effective prosecutions are taken in appropriate cases based on intelligence received.**

**4.4 Take actions to reduce the sale of tobacco and tobacco-related products to people underage.**

<sup>19</sup> Smokefree Action. Smoking: Illicit tobacco. 2016

<sup>20</sup> Public Health Action. Illicit Tobacco research results: South East England. 2018

# APPENDIX 1

## Tobacco Control Plan for England

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In July 2017, the Department of Health published a new Tobacco Control Plan for England (2017) which sets out the four national ambitions<sup>21</sup>:

1. The first smokefree generation – People should be supported not to start smoking.
2. A smokefree pregnancy for all – Every child deserves the best start in life.
3. Parity of esteem for those with mental health conditions – People with mental ill health should be given equal priority to those with physical ill health.
4. Backing evidence-based innovations to support quitting.

The vision of the national plan is to create a smokefree generation, which will be achieved when national prevalence is at 5% or less. In order to achieve the four ambitions, the plan is segmented in to four key themes:

1. Prevention first
2. Supporting smokers to quit
3. Eliminating variations in smoking rates
4. Effective enforcement

These four national themes have been developed upon within this Buckinghamshire Smokefree Strategy.