**Item No. 8**

**SUNDERLAND HEALTH AND WELLBEING BOARD** **25 July 2014**

**REPORT OF THE SUNDERLAND TOBACCO ALLIANCE**

## 1. Purpose of the Report

To provide Board Members with an update from the Sunderland Tobacco Alliance.

1) Update the HWB on the results of CLeaR, which is an assessment which allows local government and its partners to review the existing approach to tackling tobacco and challenge the existing tobacco control services and local leadership.
2) Update the HWB on the standardised tobacco packaging consultation.
3) Update the HWB on Making Smoking History in the North East Partnership strategic aim to reduce tobacco related harm and reduce smoking to below 5%

## 2. Background

Over the past 5 years, smoking prevalence has been falling in nationally, regionally and locally, but it still remains the single biggest preventable cause of premature deaths and preventable disease in Sunderland. According to the Health Profile in 2014, the rate of smoking related deaths was 405, worse than the average for England. This represents 596 deaths per year[1]. According to Public Health England's Segment Tool [1] the biggest contribution to the largest gap in life expectancy between Sunderland and England was due to excess deaths caused by lung cancer, other cancers and COPD.

## 2.1 National

To set the context it is important to consider action in relation to tobacco on three levels; national, regional and local. In March 2011, the Government published, Healthy Lives, Health People: a Tobacco Control Plan for England. The plan has three ambitious goals:

- to reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent)
- to reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 15 per cent) by the end of 2015
- to reduce rates of smoking throughout pregnancy to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of delivery)

[1] Public Health England; Segmenting Life Expectancy Gaps by Cause of Death; www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

## 2.2 Regional

In 2005, Fresh - Smoke Free North East was formed as the first dedicated regional programme to tackle smoking related illness and death. Since 2005, the North East has seen the adult smoking rate fall at twice the national average. Fresh brings together a wide range of partners to deliver a coordinated approach to making tobacco less attractive, less accessible and less affordable.

## 2.3 Sunderland

**Adult smoking rates in Sunderland**
Smoking prevalence has been falling in Sunderland over recent years from 29.7% to 23.4%[2]. This compares to 19.5% nationally. Locally this rises to 33.6% among people employed in routine and manual occupations. This compares to 29.7% nationally.

**Smoking rates in young people in Sunderland**
No national data set is available for rates of regular smokers among 15 year olds. A survey showed that in the North East the average age for starting smoking was 15 years old[3]. The Sunderland Health Related Behaviour Survey in 2012 reported that 8% of year 10 boys and 14% of year 10 girls smoked occasionally or regularly, which is an average of 11%. According to the Sunderland College Survey in 2013, this increases to 20% smoking, with a quarter of these starting at college.

**Smoking rates throughout pregnancy in Sunderland**
The Integrated Household Survey data shows that over the past 5 years Sunderland has reduced smoking in pregnancy from 23.4% to 18.6%[4]. This year we have seen an increase to 19.9%. This compares to 12% nationally.

## 3. CLeaR – Sunderland Tobacco Alliance

Sunderland's Tobacco Alliance formed in 2003, is a multi-agency group which leads on the strategic overview of reducing tobacco smoking locally. The Alliance, chaired by Public Health, delivers a coordinated approach with key partners. The remit of the group is to develop a local action plan which supports the national aspiration goals and the eight key strands of Fresh. A three year action plan for Sunderland is in place for 14/17.

**3.1** In March 2014 the Alliance undertook a voluntary peer assessment visit called CLeaR. CLeaR is an improvement model providing local government and its partners with a structured, evidence-based approach to achieving excellence in tackling tobacco harm. The assessment team reviewed the existing approach and provided objective feedback on Sunderland's performance against the model. (An executive summary can be found in appendix 1)

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[2] Integrated Household Survey; July 2014
[3] YouGov 2014
[4] Integrated Household Survey; July 2014

Overall the Alliance was congratulated in reducing smoking prevalence, demonstrated effective leadership, demonstrated effective partnership working and had strong relationships across the local tobacco alliance/ partners.

The CLeaR review suggested opportunities for development through:

- setting a longer term vision for reducing smoking prevalence
- engaging with a broader range of strategic leaders for tackling tobacco harm across the City
- Strengthening the Alliance with clinical leadership through the CCG, GPs and secondary care.
- Engaging clinical champions in prioritising tackling smoking across the NHS particularly within City Hospitals and across secondary and primary care

### 3.2 Standardised tobacco packaging consultation

On 26th June, the draft regulations for standardised packaging were published for consultation. This is a short consultation of 6 weeks, and will close on 7th August. The draft regulations for standardised packaging can be downloaded on: www.gov.uk/government/consultations/standardised-packaging-of-tobacco-products-draft-regulations

The introduction of standardised tobacco packaging will support local efforts to reduce the number of young people who smoke, removing one of the few remaining opportunities the tobacco industry has to market their products to children. Tobacco packaging is designed to be attractive to young people. Evidence shows that standardised packaging with health messages is less attractive to young people. A polls show that 81% of teenagers in the North East think we should introduce standardised packaging. Support for standardised packaging is at an all-time high with 69% of people in the North East in favour[5] and only 9% opposing.

In Sunderland most smokers are keen that their children do not to start, and support initiatives such as smokefree play areas and smokefree cars. During August 2013, public health carried out a survey of 347 local people in parks across the City to seek local views on whether 'smoking should be banned in outdoor children's play areas in Sunderland'. 98% said that they agreed or strongly agreed with this statement.

In the original consultation Sunderland City Council submitted the results of a focus group held with a year 7 class at a Sunderland school. The group rated the standardised packs as being more harmful to health and less attractive to young people than branded packs. Below are some young people's comments around standardised packaging:

*"I think that the plain packages is great idea as there is dark and gloomy colours and what could happen to them if they do smoke"*

[5] YouGov 2014

*"If cigarette are in a fancy packet people would want to buy them but if they have warnings and horrible pic's people would think twice about buying them"*
*"I think packaging will make a difference as it will put people off and make them think twice about buying them"*

### 3.3 Making Smoking History in the North East Partnership strategic aim to reduce tobacco related harm and reduce smoking to below 5%

Whilst the North East and Sunderland have made significant progress in the last decade in reducing adult smoking rates, it is clear that rates amongst priority groups (routine and manual workers, pregnant women, and people with mental health issues) are significantly higher than in the general adult population. Over the last two years smoking rates appear to have stagnated in the North East at around 20-22% and are yet to break through the 'magical' 20% barrier.

At the March 2013 Fresh conference, delegates felts that planning now needs to take into account longer term goals to ensure that a short term perspective does not allow any sense of 'mission accomplished to set in,' e.g. to set longer term aspirations around the concept of 'making smoking history' and imaging a time when smoking is essentially becomes 'a thing of the past'.

Fresh are coordinating a new regional strategic group called Making Smoking History in the North East Partnership. The aim of the partnership is to reduce tobacco smoking in the North East to below 5% in adult smoking rate by 2025. Whilst there are risks to setting an ambitious aim and then not achieving this, on the basis of the North East vision to 'make smoking history' and to significantly improve health and wellbeing across all communities and localities, setting a target of 5% adult smoking by 2025 could have significant benefits (appendix 2 for full report from Fresh)

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## 4. Issues Where HWB Could Add Value

1) Board to support the opportunities for development identified through the CLeaR review such as setting a longer term vision for reducing smoking prevalence, engaging with a broader range of strategic leaders, strengthening the Alliance with clinical leadership and engaging clinical champions in prioritising tackling smoking across the NHS particularly within City Hospitals and across secondary and primary care
2) Board to support and submit a response to the standardised packaging consultation
3) Board to support the aspirational aim for a 5% adult smoking rate by 2025.

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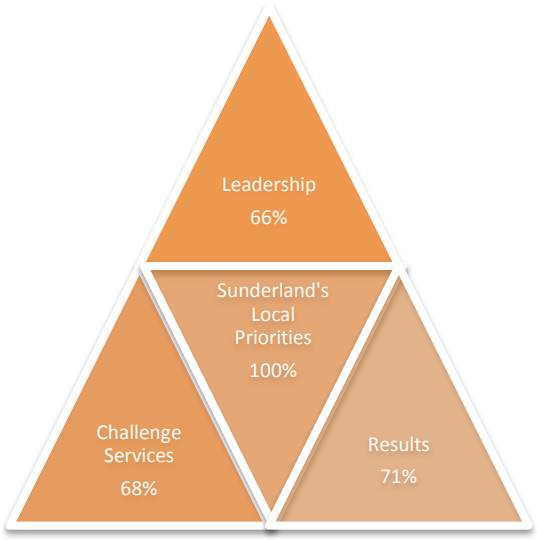
# CLeaR Thinking

## CLeaR Model Assessment for Excellence in Local Tackling tobacco harm

**Sunderland**

**5th March 2014**




Sunderland's CLeaR scores as a % of the total available in each domain

## CLeaR Context

CLeaR is an improvement model which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tackling tobacco harm.

The model comprises a self-assessment questionnaire, backed by an optional challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to test the assumptions organisations have made in completing the questionnaire and provide objective feedback on performance against the model.

The report also provides a number of recommendations (CLeaR Messages) and the assessors suggestions for revised scores accompanied by detailed feedback on specific areas of the model (CLeaR Results). In addition we suggest some resources you may find useful as you progress your work on tackling tobacco harm (CLeaR Resources).

## CLeaR in Sunderland

Local Public Health Leads Julie Parker-Walton and Liz Parkes invited the CLeaR team to validate the CLeaR self-assessment process in Sunderland as a benchmarking exercise for the local authority and tackling tobacco harm alliance.

The CLeaR team for the visit was:

- Andrea Crossfield, Chief Executive, Tobacco Free Futures (lead assessor)
- Lisa Surtees, Business Manager, Fresh Smoke Free North East
- Paul Christer, Environmental Health Team Leader, Gateshead Council

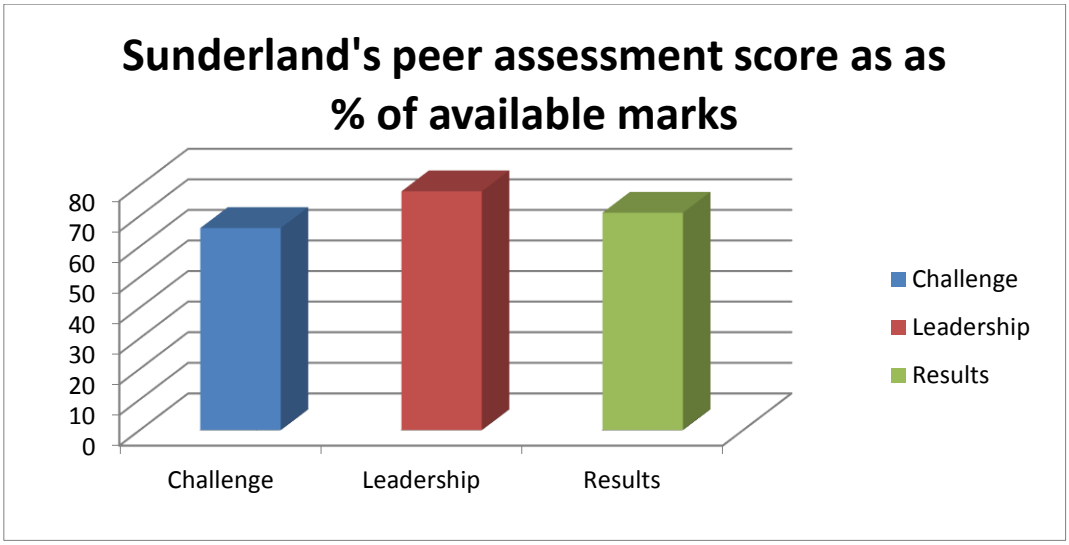
This report summarises conclusions of the CLeaR Assessment team following their visit and a series of interviews held on 5th March 2014. It sets Sunderland's challenge in context, providing information on the economic impact of smoking in Sunderland.

In carrying out the CLeaR assessment we built on the locality's insights into areas for improvement, as recognised through their own self-assessment questionnaire.

Special thanks go to Julie Parker-Walton and Liz Parkes for their assistance in co-ordinating responses to the self-assessment and organising the assessment visit and making the assessment team feel so welcome. Thanks also go to all those who gave their time to participate in the workshop led by the CLeaR team; their willingness to engage with the process, honesty and integrity were greatly appreciated:

- Councillor John Kelly
- Christine Bulmer
- Gemma Handley
- Gillian Gibson
- Gillian Lund
- Jo Dickinson
- Joanne Turns
- Julie Parker-Walton
- Laura Cassidy
- Liz Parkes
- Michael Chappell
- Nonnie Crawford
- Richard Reading
- Rose Peacock
- Sam Meredith
- Sheila Rundle
- Susan Goodchild
- Helen Pearce

## CLeaR Messages




| CLeaR Domain | Max score | Self-assessment score | CLeaR Assessment score |
|---|---|---|---|
| Challenge Services | 78 | 57 | 53 |
| Leadership | 60 | 41 | 40 |
| Results | 28 | 21 | 20 |

**Your insights:**

- **Tackling tobacco harm is a high priority for you as part of a wider Wellbeing agenda. It is clearly embedded in the Health and Wellbeing Strategy and links into the broader strategic priorities through the *Sunderland…for a better future Strategy 2008-2025* and into the Sunderland CCG's *Better Health for Sunderland Plan* priorities. However, you recognise there is much more work to do to fully engage all local NHS partners in this agenda.**

- **While there has been a focus on 4 week quit targets and smoking at time of delivery targets, prevalence targets are also clearly articulated in the Health and Wellbeing Strategy and stopping young people from starting to smoke is also a real priority. Reducing exposure to secondhand smoke in homes and cars also remains a local priority.**

- **There has been no local authority scrutiny of tackling tobacco harm for some time, however there is an intention that the CLeaR report will be shared with the Health and Wellbeing Board.**

- **Your alliance is well established and has diverse membership: chaired by Julie Parker-Walton, it reports directly to your Adult Partnership Board, which in turn reports into the Health and Wellbeing Board. The Adult Partnership Board received a full update report on progress to tackle tobacco from the Alliance in November 2013.**

- **SATOD rates significantly remain higher than the England and regional average although rates have fallen and tackling this is a priority for you to give every child the best start in life. You are doing this through the implementation of babyClear in partnership with Fresh Smoke Free North East.**

- **Some concerns were expressed that while recent falls in smoking prevalence had been significant, a "hard core" of smokers less willing or able to quit had now been reached (it is important to note that there is no research evidence to support this).**

**Your strengths:**

- Your local and collaborative work has resulted in a significant and sustained fall in adult smoking prevalence over recent years which is far greater than the England average prevalence drop. This would be expected to follow through into improved health outcomes for your local population in coming years reducing the burden of smoking related disease and death and importantly through reducing adult prevalence, also reducing youth uptake. The NICE Tobacco Return on Investment Model (http://www.nice.org.uk/ROItobacco) demonstrates clearly that such reductions in prevalence will also deliver short, medium and long term economic returns on investment benefiting not only the local health economy, but also the local authority directly, with additional significant immediate returns to the local business economy. This is a real achievement.

- There is political commitment to tackling tobacco harm in Sunderland: demonstrated by member engagement with the CLeaR process and real leadership and engagement with the tobacco agenda; the longstanding support for the local tobacco alliance; and support for the collaborative Fresh Smoke Free North East programme.

- Transition does not yet appear to have had a significant negative impact on the prioritisation of tackling tobacco harm and the dedication, professionalism and personal passion of the staff tasked with coordinating this work as an element of their role was evident to assessment team. Nor does it yet appear to have had any significant negative impact on the funding for the delivery of various initiatives, both local and collaborative, albeit that some concerns were expressed about continuing capacity and resource when all services may be subject to review given pressures on local government budgets.

- Existing excellent relationships between the public health team and elected members and senior local authority officers have supported successful transition, as well as embedding the focus on improving public health and Wellbeing.
- Good links have been established between the communications and marketing team and public health which greatly enhanced Stoptober coverage locally and ensured the local authority was able to fully engage its own employees. The leadership and personal commitment of Councillor Kelly in the Stoptober campaign was exemplary.
- The systematic and strategic approach to public health communications planning, alongside the collaborative investment in marketing communications through Fresh Smoke Free North East has resulted in excellent local media coverage on tobacco issues.
- There is a demonstrable commitment to tackling smoking related inequalities and to engaging communities through projects like the St Chad's Project. Equally there was a recognition that such initiatives need to be sustained and rolled out into other communities where smoking prevalence is significantly higher than average.
- There is a realistic understanding of the role that smoking cessation services can play in overall prevalence reduction. The re-commissioned service provides an increased range of access points for people to access community support to quit with significantly improved overall performance data.
- There are strong relationships across the local tobacco alliance/partnership. Alliance members demonstrate effective leadership and partnership and a strong drive to make things happen plus a willingness to work together.
- Sunderland made a significant contribution to the effort in the North East to make the case for standardised packaging, acting as a role model for other localities as to how proactively engage local communities.
- There was recognition of the added value and greater impact of local working within a wider geographical footprint and the locality works well with partners such as the Association of North East Councils (ANEC), Fresh Smoke Free North East and the North East Trading Standards Association (NETSA).
- The CLeaR team was impressed by quality of leadership for tackling tobacco harm in Sunderland and recognised the value provided by a level of consistency in key leadership figures over the several years including during transition. Leadership qualities were prominent at all levels of the partnership at strategic, management and delivery levels.

**Opportunities for development:**

- As part of your wider Wellbeing approach, it would be useful to further explore a longer term 'vision' around tackling tobacco harm in Sunderland so that long term as well as medium term prevalence aspirations could be further considered. The Sunderland Strategy does contain a 2025 target for smoking prevalence of 15% with an ambition that there would be no difference in prevalence between wards, however this did not seem to be well understood. There is also an ambitious target of 5% smoking at time of delivery. As local authorities across the North East now consider how they will turn their declared shared aspiration to *'Make Smoking History'* into a reality, that is to reach 5% prevalence by 2025 , it will be important to consider what this might mean for different communities and priority groups. There was minimal discussion from partners around this longer term vision and this is an area for development as it could help with making the continued case around local authority resourcing of tackling tobacco harm, as well as bringing on board the investment of human and financial capital from NHS partners.

- It could be useful to engage with a broader range of elected members from across the council and to work to build up a wider network of strategic leaders more generally for tackling tobacco harm issues across the city. There is an opportunity to consider using the Local Government Declaration on Tobacco Control as well as your existing membership of the Smokefree Action Coalition as a profile raising opportunity within the council. There is also an opportunity to increase awareness of the local authority's responsibilities under the WHO Framework Convention on Tobacco Control to protect public health policy from tobacco industry interference.

- There are opportunities to engage communities in ongoing advocacy issues e.g. standardised tobacco packaging, where communities in Sunderland have already been engaged and also in the visioning discussions around 'making smoking history' and engaging local communities around their aspirations around this for example exploring their desire to 'turn off the tap' of a generation of new young smokers.

- It would be useful to use the updated NICE return on investment model for tobacco control (http://www.nice.org.uk/ROItobacco) which is available on application to NICE and assess the current allocation of funds to tackle tobacco harm including supporting people to quit.

- The local tobacco alliance could be further strengthened by the engagement of clinical leadership, in particular through CCGs, GPs and secondary care. The alliance and the delivery of its work plan would also benefit from some dedicated coordination support. Concerns about the ongoing capacity to support and deliver an ambitious programme of work across services which are subject to review should be considered and the possible reallocation of existing resource explored.

- Given the excellent relationship the locality has with Fresh Smoke Free North East from which it commissions tobacco social marketing, campaigns and communications, there may be opportunities to uplift or develop existing regional campaigns and brands, to ensure the locality is able to create the maximum value from its collaborative investment and to achieve increased campaign impact.
- Engaging clinical champions in prioritising tackling smoking across the NHS particularly within City Hospitals and across secondary and primary care was recognised as a priority and could be taken forward by key leaders on the Health and Wellbeing Board.
- Lack of adequate IT infrastructure, particularly within regulatory services but also for stop smoking services, is preventing the effective and efficient delivery of services. A review of the IT systems and infrastructure for regulatory services, both Trading Standards and Environmental Health Services, and implementation of a suitable system is recommended.

**Appendix 2**

**Paper One: Discussion paper on 5% adult smoking rate strategic aim for the Partnership – November 2013**

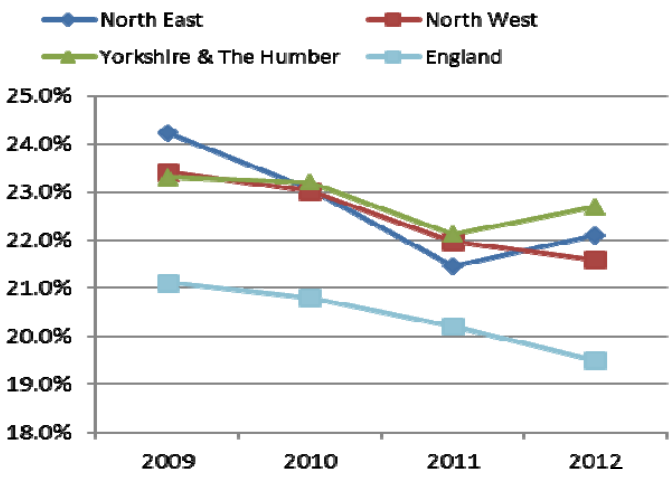
**Background and purpose of paper:**
The draft terms of reference for the 'Making Smoking History in the North East Partnership' state that: "*The strategic aim of the partnership is to reduce tobacco related harm and ultimately to reduce tobacco smoking to a suggested level of below 5% through shifting the social norms of tobacco use to make it less accessible, less affordable and less attractive".*

This strategic aim was agreed at the inaugural meeting of the Partnership in August 2013; however no timeline to achieve the aim has yet been agreed. The intention was that the Partnership would discuss this at the next meeting and this paper aims to inform discussion around what a realistic aim may be and why it would be useful for the Partnership to articulate a level of ambition around this. This paper is not a worked up strategy on end game planning but it does introduce some concepts around this and clearly the Partnership will have an active interest in this over the forthcoming months and years.

**Current North East and England position on prevalence:**
Whilst the North East and England have made significant progress in the last decade in reducing adult and youth smoking rates, it is clear that rates amongst priority groups such as routine and manual workers, pregnant women, and people with mental health issues are significantly higher than in the general adult population. The overall North East adult smoking rates declined from 29% in 2005 to 21% in 2011. This was the largest overall regional decline in England over this time period. Over the last two years, as measured by the General Lifestyle Survey, the traditional data set used to measure regional smoking prevalence; smoking rates appear to have stagnated in the North East at around 20-22% and are yet to break through the 'magical' 20% barrier.

We now also have the Integrated Household Survey for tracking national, regional and local prevalence and these are currently experimental statistics. The current position of the North East in comparison to the other Northern regions and England is shown below:

Table 1- North of England and England current prevalence from Integrated Household Survey



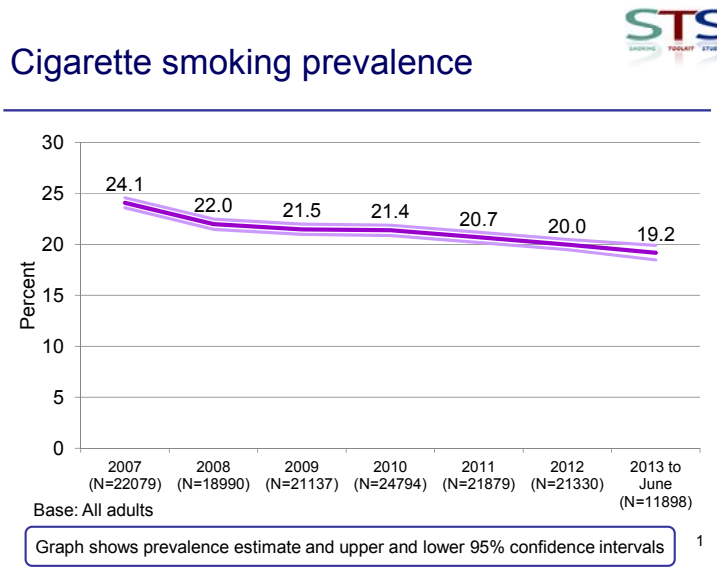

The 'increase' in the last IHS figures from 2011-2012 is of concern to Fresh and whilst noting that the figures are still 'experimental statistics', there is no room for complacency and that these are challenging times in terms of making further progress.

The local figures are not yet available, but clearly the North East figure reflects the collective progress across all 12 localities and the 2011 data showed that some localities are making much quicker progress in reducing prevalence than others and this is something that needs to be investigated further once the 2012 data is available. There are useful reports from Fresh on all 12 localities using 2011 data available at www.freshne.com

In terms of the current North East prevalence figures, a number of factors have probably influenced this including: the impact of the economic recession on the region, reductions in the budget for mass media campaigns nationally, impact of the public health transition on service delivery, price discounting by the tobacco companies around key budget brands, 40% reduced funding to the regional tobacco control programme since 2011, amongst others, could all have an influence on the North East position.

What is reassuring however, is that nationally, there has been a return to the same levels of motivation to quit and levels of quit attempts as around the time of the smokefree legislation and for the first time England as a whole has gone below the 20% barrier (based on the findings from Professor Robert West's Smoking In England toolkit (http://www.smokinginengland.info/).

Table 2- England prevalence 2007-2013 based on Smoking in England toolkit




**Thinking around setting an 'end game' target:**
Despite the good progress made in the North East, in both reducing smoking rates and also in making significant progress in reducing mortality rates from smoking related diseases, the reality is that smoking remains *the* key contributor to health inequalities and premature mortality within the region and still accounts for 15 deaths a day in our region.

Concerns have been expressed e.g. by delegates at the March 2013 Fresh conference, that planning now needs to take into account longer term goals to ensure that a short term perspective does not allow any sense of 'mission accomplished to set in,' e.g. once rates reduce to 20% or 15%, that the North East, and England, should look to set longer term aspirations around the concept of 'making smoking history' and imaging a time when smoking is essentially becomes 'a thing of the past'.

In terms of the academic and tobacco control community, this has been called 'end game' thinking and the discussions internationally have been largely focused around the idea that it is necessary to move beyond a focus on tobacco *control* (and its subsequent assumptions that tobacco is here to stay and that regulating the time, place and manner of its use is the policy objective) toward one focused on how to actually reach a *tobacco-free future.*

Research shows that even if smoking uptake entirely ceased and cessation increased beyond any targets reached to date, there would still be several decades of high healthcare costs attributable to smoking. Without additional measures, these costs and the preventable suffering they represent will extend even further into the future.

In terms of what is going to help us to achieve a tobacco free future, there will clearly be an on going role to continue to implement the significant evidence base of complimentary key strands of tobacco control into the future e.g. reducing tobacco

promotion and marketing, vital role of hard hitting mass media campaigns, supporting smokers to stop and the central role that price and taxation can play.

There is also an emerging need for consideration of potential new measures to add into the already established comprehensive suite of interventions e.g. the role that a tobacco registration/licensing system could play; maximizing the role of tobacco harm reduction and potentially switching smokers onto cleaner forms of nicotine delivery; further extension of smokefree legislation into private vehicles, multiunit dwellings, outdoor areas; reducing the profitability of the tobacco industry; increasing the legal liability of the tobacco industry; restrictions on availability of tobacco e.g. through 'sinking lid' ideas of product availability and also age of sale restrictions; increased product regulation such as standardised packaging and improved harder hitting pictorial warnings and clearer consumer labeling; bans on tobacco additives; adult certification for smoking in movies amongst other ideas.

The following two links provide an excellent overview to endgame thinking:
The Tobacco Endgame- Open access supplement of the journal Tobacco Control, May 2013, Volume 22, supply 1. From dramatically reducing nicotine to total abolition of cigarette sales, the series of articles includes six endgame strategies and a number of essays written to encourage public debate.
Tobacco Control: The End-Game - April 2013 presentation by Prof K Srinath Reddy, President, Public Health Foundation of India, and of the World Heart Federation and Bernard Lown Professor of Cardiovascular Health, Harvard School of Public Health

**International discussions on 'end game targets' (click on links for more information):**
Endgame initiatives are being discussed globally and some countries regarded as tobacco control leaders are instituting endgame planning. A snap shot of these discussions is provided below including what targets have been discussed.

WHO: WHO Director-General considers the tobacco endgame Dr Margaret Chan, Director-General of the World Health Organization, Keynote address at the International Conference on Public Health Priorities in the 21st Century: the Endgame for Tobacco, New Delhi, India.

FINLAND 2040: The Tobacco Act of 2010 declared that it would put an end to the use of tobacco products in Finland. There was no target date but Savuton Suomi, a civil society movement for a tobacco-free Finland, challenged the Finnish government to make it 2040 and they accepted the goal.

NEW ZEALAND 2025: In New Zealand, the Tupeka Kore (tobacco-free) vision was launched by a range of concerned NGOs and advocacy groups in 2009. This proposed a target and a series of interventions to achieve close to zero tobacco smoking prevalence by 2020. Subsequently, the Māori Affairs Parliamentary Select Committee released a report recommending that New Zealand should be smokefree by 2025, and the Government has since affirmed support for this goal

SCOTLAND 2034: *'Whilst the Scottish Government has long made clear its aspiration for a tobacco-free Scotland, this Strategy sets the date by which we hope to realise*

*this ambition. This is not about banning tobacco in Scotland, or unfairly stigmatising those who wish to smoke. Our focus is on doing all we can to encourage children and young people to choose not to smoke. By so doing, we hope to create a tobacco-free generation of Scots by* 2034*. To achieve this goal – defined here as a smoking prevalence among the adult population of 5% or lower – we need to continue to promote the shift in social attitudes so that choosing not to smoke is the normal thing no matter who you are or where you live.'* Creating a tobacco-free generation - A Tobacco Control Strategy for Scotland (March 2013) 258kb)

IRELAND 2025: The Irish Government tobacco strategy contains 60 recommendations to significantly reduce smoking over the next 12 years. They define a "tobacco-free" Ireland as one where less than five per cent of the population smoke. Tobacco-free Ireland (October 2013)

**Discusssions in England:**

In England, the current National Tobacco Plan runs from 2011-2015 and the Department of Health current focus is on the key outcome of smoking in pregnancy which is not on trajectory to 2015. This particular short term national priority focus will be of clear benefit to the North East given the challenges we have faced around smoking in pregnancy. However, we will also in parallel encourage the Department of Health to start to develop ideas for a new cross Government National Tobacco Plan, particularly so that momentum can be increased and then maintained following the 2015 general election.

Cancer Research UK will be publishing a report in December 2013 called 'Tobacco Control Endgames' and we await its publication with interest and Fresh will be participating in a roundtable discussion with its author in December.

ASH is also starting the development of a new 'Planning the Endgame' report and Fresh has been invited onto the Advisory Panel for this. Given the significance of ASH's previous 'Beyond Smoking Kills' http://www.ash.org.uk/beyondsmokingkills report this is a very welcome development and will undoubtedly be of huge benefit to the UK and internationally.

What is clear is that any long term target setting must not distract from the work that is vital in the immediate, short and medium terms. Anydiscussions around endgame need to be centred in the reality of the now, for example the tobacco industry is fighting aggressively against much needed measures such as standardised packaging.

**What is a realistic timeline for the 5% aim of the Partnership for smoking in the North East?**

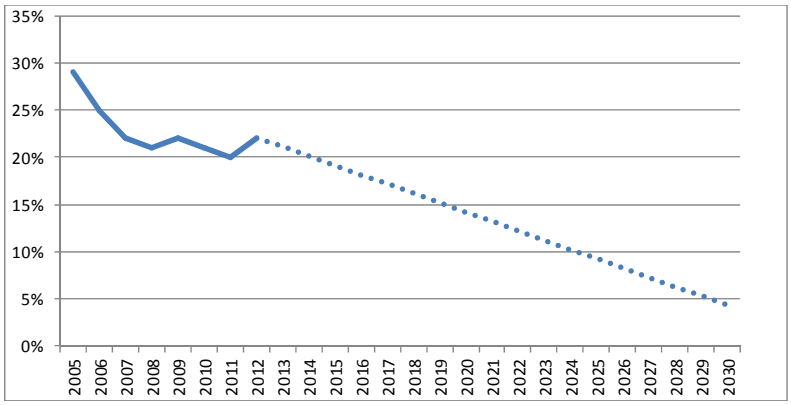
It is obvious that whatever long term aspirational aim the Partnership agrees on for the North East, this will only be successful if the local and regional work is coupled with effective national and international action. Central to this should be the focus on narrowing health inequalities so that all communities and population groups benefit.

We need to consider what the ultimate aim is. Are we looking to reduce prevalence to 5% or to end all smoked tobacco use and therefore potentially have a minority of the adult population using nicotine in a non-combustible form? This is where the emerging discussion and debates, for example on the role of “clean medicinal nicotine,” may play a role.

If we view the current thinking in its simplest form about reducing all adult smoking rates to 5% (noting that there should be further discussions around key priority groups e.g. pregnancy, young people) then based upon recent years’ data, the North East would take a significant time to achieve this level. Three different trajectories are presented below.

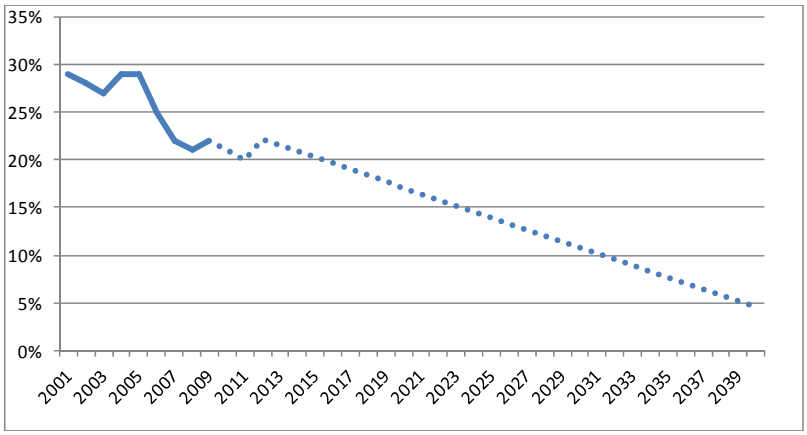
In total since 2005 (when the regional tobacco control programme was launched) adult rates have fallen by 0.986% annually.

Table 3- North East trajectory to 5% based on 2005-2012 experience- we get to 5% by 2030



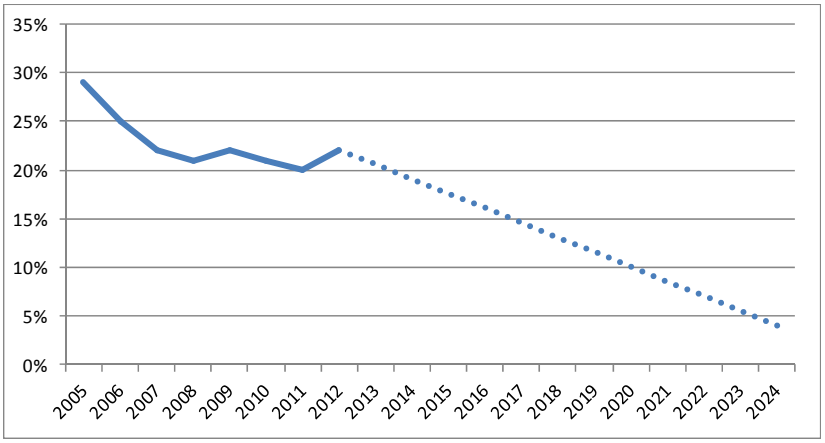

If we look at the experience from the last decade, the trajectory for the 5% looks even longer.

Table 4: North East 5% trajectory based on the 2000-2012 experience- we get to 5% by 2039



If we view the recent IHS figure showing an increase in 2012 as a statistical 'blip' and think positively of the overall trend decline from 2005 to 2011 the trajectory based on these figures looks more positive and in line with Ireland.

Table 5: North East 5% trajectory based on the 2005-2011 experience- we get to 5% by 2024




Whilst there are risks to setting an ambitious aim and then not achieving this, on the basis of the North East vision to 'make smoking history' and to significantly improve health and wellbeing across all communities and localities, setting a target of 5% adult smoking by 2025 could have significant benefits. It could help to focus efforts on: taking action on an industrial scale; helping to make the case for adequate funding so that investment levels were based upon earlier experience; help with making the case for more effective national and international action; and set out a strong statement that the region wished to follow the lead set by Ireland, which currently has prevalence higher than the North East.

Localities are also having discussions about their long term aspirational targets, e.g. Durham County Council has recently approved the tobacco alliance plan to have 5% smoking in adults/10% routine and manual workers by 2030 whilst Gateshead Council has had a 5% target by 2020 as part of its Vision 2030 for a number of years.

**Summary:**
Achieving a 5% smoking rate is ambitious and successful jurisdictions such as California have not yet declined below 10% so consideration of new policy levers are likely to be needed. Whilst a rate of 5% by 2025 may seem unrealistic on the basis of where things are in 2013 - such as challenges to local government and the NHS from funding allocations, lack of national decision making on vital regulatory issues,

pressures from other public health challenges e.g. obesity - the Partnership aspiring to this as part of the wider discussions around ‘Making Smoking History’ would send out a strong message across the North East and beyond around the scale of our collective ambition.

It will be vital over the next few months and years that the North East is closely involved in the emerging and vital discussions about ‘end game’ thinking. We can achieve this by supporting partner organisations such as ASH in planning and influencing of the national and international agendas. Coupled with this there needs to be a continued local and regional focus on the full range of tobacco issues. This will include new and emerging areas such as electronic cigarettes and new novel nicotine containing products. In the absence of regulation the latter will be undoubtedly challenging but also has the potential to be beneficial for population level public health.

The ‘end game’ discussion and planning is one that will continue over the next decade and one that the Partnership can play an active part in. Recent focus groups held by Fresh in planning our Spring campaign has highlighted that smokers are receptive to the idea of ‘making smoking history’. Crucially this would need not to be seen as a form of forced government prohibition, but would happen incrementally, evolve over the next decade, coupled with support for smokers to stop. Support from North East smokers to doing more to stop a new generation of young people from starting to smoke is high (over 80%) so discussions can be framed within overall positive public opinion.

How these discussions are framed will be important and whilst the Partnership can explore ‘end game’ thinking over new next months, this term is probably not appropriate for the public at this time and this is something we can consider in future discussions.

**Recommendation:**
For now, the Partnership is asked to consider whether aspiring to aim for a 5% adult smoking rate by 2025 is acceptable to them and to be included within the Partnership terms of reference. Further work will be undertaken, alongside our discussions with ASH et al, around aims for other key priority groups, broader ‘end game’ ideas and also on the fundamental discussion around the role of nicotine use within society as opposed to the role of tobacco.