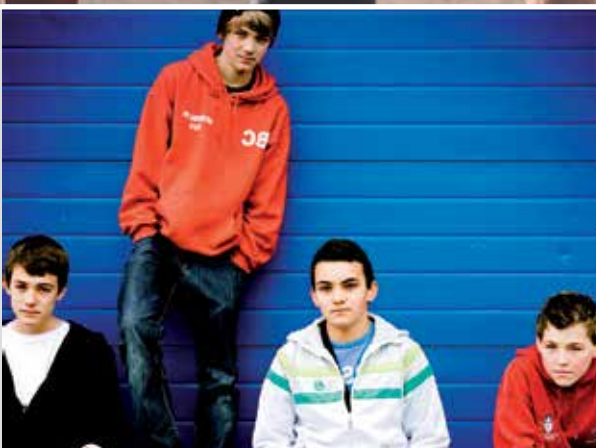


Swindon Tobacco Control Strategy

Protecting and improving the health of people in Swindon



2017 - 2022

“ Smoking continues to be the biggest preventable cause of ill health and early death and the leading cause of health inequality. ”

Contents

1	Foreword	4
2	Executive Summary	5
3	Swindon Tobacco Control Strategy	6
	• Vision, aims, key principles and priorities	
4	Introduction	7
5	Section 1 - The Impact of Smoking	8
6.	Section 2- Where We Are Now	13
7.	Section 3 –Delivering Swindon’s Tobacco Control Strategy	19
	• Priority 1 – Protect Children and Prevent Young People from Taking Up Smoking	19
	• Priority 2 – Normalise a Smokefree Lifestyle	20
	• Priority 3 – Support Smokers to Quit	20
	• Priority 4 – Reduce Illicit Tobacco in the Community	21
	• Priority 5 – Raise the Profile of Tobacco Control through Marketing and Communications Programmes	21
8.	Strategic Targets and Measuring Success	22
9.	Strategic Implementation and Governance – Next Steps	23
10.	Community Involvement in Developing this Strategy	24
11.	References	25
12.	Appendix A – Current membership of the Swindon Tobacco Control Alliance	26

1. Foreword

Smoking rates have declined rapidly over the past 20 years but despite this progress smoking remains one of the largest threats to public health killing more people than the next 5 causes of preventable death combined. In Swindon over 18% of adults (approximately 31,400 people) continue to smoke however, in some areas and communities, this percentage is much higher. This strategy outlines how, over the next five years, we will work together across Swindon to reduce the number of people who smoke, the harm caused by tobacco use and create a smokefree Swindon.

Smoking continues to be the biggest preventable cause of ill health and early death and the leading cause of health inequality. Fifty percent of smokers will die early from a smoking related disease including heart disease, respiratory disease and cancer. Smoking rates from workers in our routine and manual jobs and those who suffer mental health conditions are higher than the smoking rates of our adults in general.

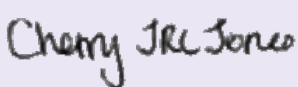
To improve the health and wellbeing of our community we will continue to focus on denormalising smoking so that tobacco becomes less affordable, acceptable and accessible. We want all our communities to see a smokefree Swindon as the norm and we aim to stop the continuation of smoking from one generation to the next. It is well recognised that to reduce the smoking uptake by young people we need to support adults to quit smoking as the adult world influences the way in which young people grow up and develop.

The health and social care services in Swindon are already under pressure and smoking has a significant financial cost and impact on the demand for services across the borough. Our priority is to reduce smoking prevalence overall and also to have a greater focus on reducing health inequalities by reducing smoking prevalence amongst the more at risk groups including pregnant women, routine and manual workers, minority ethnic groups, young people and people with mental health conditions.

We recognise that no one organisation can deal with these issues alone and that is why we will continue to work collaboratively to ensure that tobacco control remains high on everyone's agenda, ensuring that fewer people die early and suffer from smoking related diseases and that fewer children and adults require health and social care services as a consequence of smoking related conditions.

In Swindon we will do everything that we can to protect and improve the health of our population and future generations in the creation of a smokefree Swindon. Our vision is to inspire a smokefree Swindon by 2025 to improve health and reduce health inequalities. This is a real challenge for us in Swindon and this strategy will have a vital part to play in helping us to achieve this.

We thank everyone who commented and contributed to the development of this strategy for tobacco control and who support the vision to inspire a Smokefree Swindon where people live a long and healthy life.



Cherry Jones
*Director of Public Health,
Swindon Borough Council*



Councillor Brian Ford
*Lead Member,
Swindon Borough Council*



Dr. Peter Mack
*Clinical Chair
Swindon Clinical Commissioning Group*

2. Executive Summary

The number of people smoking in England has more than halved over the past 25 years however smoking still remains one of the largest threats to public health with one in two people who smoke dying early as a consequence of their addiction.

Whilst smoking rates have continued to fall over the past few years around 18% of adults, approximately 31,400 people, in Swindon still smoke and this rate is much higher in some of our most disadvantaged communities across the town.

Smoking remains the biggest cause of preventable ill health and premature death. Every year nearly 80,000 people, or more than 200 people per day, die in England from smoking related diseases. In Swindon over 280 people die each year from smoking related diseases and there are over 1,700 hospital admissions each year due to smoking related diseases.

In addition to these deaths every year smoking causes new cases of chronic diseases such as cancer, coronary heart disease, chronic obstructive pulmonary disease (COPD), and increases the risk of dementia and diabetes. These diseases cause much harm and suffering not only to the smoker but also their family, their children and their local community.

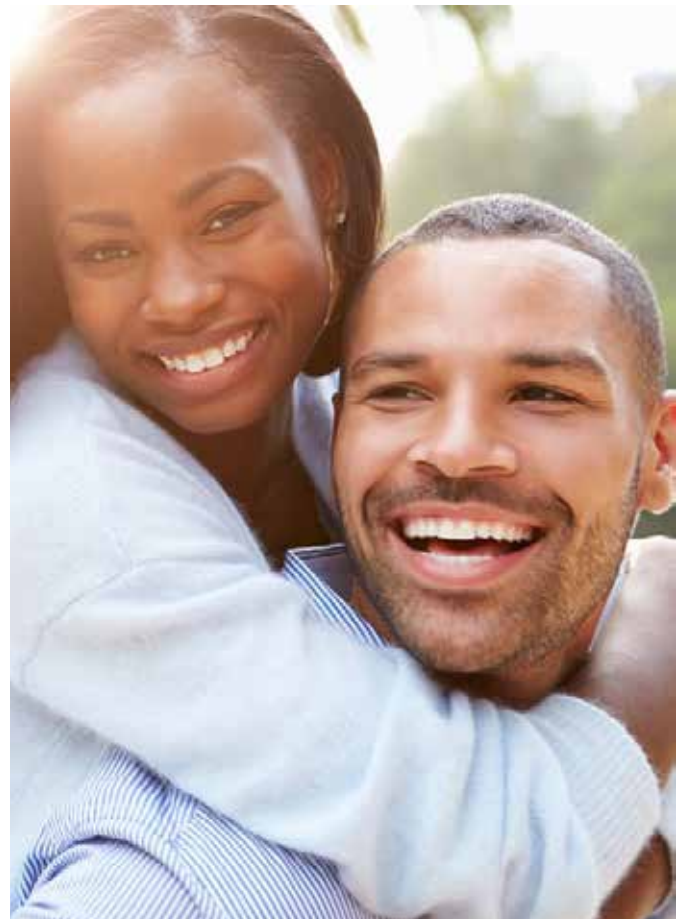
Smoking in pregnancy remains an important issue with one in ten pregnant women in Swindon continuing to smoke despite the harmful effect that smoking during pregnancy has on their unborn baby. Smoking in pregnancy increases the risks of stillbirth and of the child developing respiratory disease, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity and diabetes. Tobacco addiction begins in childhood with two thirds of smokers saying that they began smoking before the age of 18.

Smoking rates in Swindon for adults with serious mental health illness is more than double the smoking rate in our adult population.

Smoking remains the primary cause of health inequalities. Smoking rates are much higher in some social groups, including those with the lowest incomes. People in these groups suffer the highest burden of smoking related illness and death. Smoking remains the single biggest cause of the difference in life expectancy and healthy life expectancy between the richest and poorest in our community.

New research shows that young people who identify as lesbian, gay or bisexual are twice as likely to have smoked than their heterosexual peers.¹⁷

It is estimated that each year in Swindon smoking costs our community approximately £56 million. This includes the costs of NHS care, social care, passive smoking, household fire and lost productivity. It costs an individual smoker who smokes 20 cigarettes a day approximately £2,500 per year.



3. Swindon's Tobacco Control Strategy

Vision

Our vision is to inspire a smokefree Swindon where people live a long and healthy life protected from the harms caused by tobacco.

Aims

To improve the health and wellbeing of the population of Swindon, reduce health inequalities and reduce the number of smoking related illnesses by reducing smoking prevalence and exposure to second-hand smoke.

Key Principles:

The following four principles underpin our local action for tobacco control:

1. It is a shared strategic approach with a clear vision and leadership
2. It will be delivered by working together across many partners and agencies whilst engaging with our population to help them improve their health and address inequalities
3. It draws on the best available evidence, local insights and intelligence and is supportive of innovative working
4. It focuses on denormalising smoking and encouraging people not to smoke

Priorities

The five priorities for tobacco control action across Swindon are:

1. Protect children and prevent young people from taking up smoking
2. Normalise a smokefree lifestyle
3. Support smokers to quit
4. Reduce illicit tobacco in the community
5. Raise the profile of tobacco control through marketing and communications programmes

Reducing health inequalities is a major priority in Swindon and whilst not listed as a separate priority in this strategy, it is a cross cutting theme which features in all of the priorities.



4. Introduction

In 2011 the government published 'Healthy Lives, Healthy People: A Tobacco Control Plan for England'¹ which contained three national ambitions to be achieved by the end of 2015:

- ✓ To reduce smoking prevalence amongst adults in England to 18.5% or less
- ✓ To reduce smoking prevalence among young people in England to 12% or less
- ✓ To reduce smoking in pregnancy in England to 11% or less

The national plan established a vision of eradicating tobacco harms - reducing smoking related morbidity and mortality, and reducing health inequalities.

Swindon's tobacco control action plans since 2010 have been based on this national plan. Section 1 of this document sets out the impact of smoking and the widespread harm caused by tobacco in

Swindon. Section 2 describes where we are now in relation to tobacco control and section 3 onwards details our priorities, aims and objectives for the future. We have also included how we will monitor and measure success.

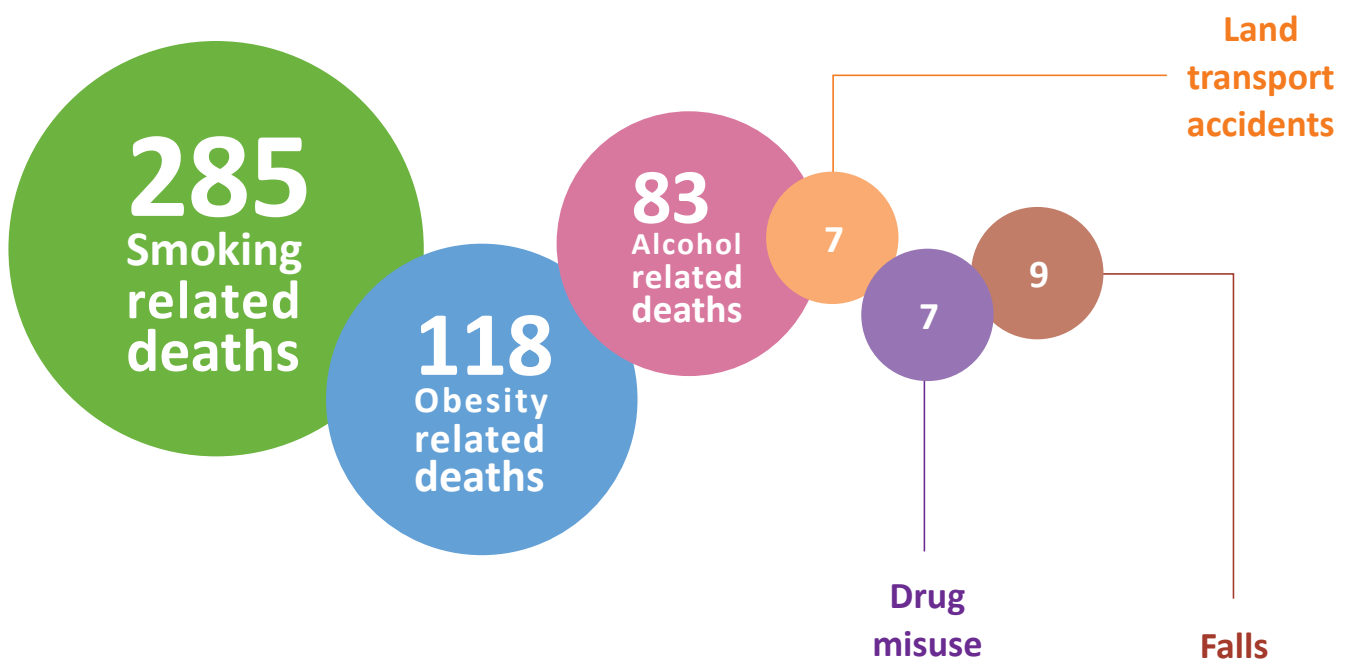


5. Section 1 - The Impact of Smoking

Smoking remains the single largest cause of health inequalities and is responsible for around half the difference in life expectancy between the richest and poorest¹. Death rates from smoking are two to three times higher among disadvantaged social groups than among the better off.

Impact on Health

Smoking is still the largest single preventable cause of death killing nearly 80,000 people in England every year. Deaths from smoking are greater than the combined total of the six next greatest causes of preventable deaths. This includes alcohol, obesity, traffic accidents and drug related deaths.² The picture below shows annual death rates in Swindon for a number of causes.



In Swindon over 280 people die each year from smoking related diseases and there are over 1,700 hospital admissions each year which are due to smoking related diseases.

Tobacco is the primary cause of lung cancer and COPD. Around 120 new lung cancer cases are diagnosed every year in Swindon. One-year lung cancer survival in NHS Swindon Clinical Commissioning Group is 30.5% which is lower than the England average of 35.4%. People in deprived groups have more than double the rate of death from lung cancer. Research from Cancer Research UK shows that 86% cases of lung cancer are caused from smoking and therefore could be prevented.

Smoking increases the risk of developing cardiovascular diseases, which includes coronary heart disease and stroke. Smokers are almost twice as likely to have a heart attack compared with people who have never smoked and smokers with diabetes have increased risks of complications and premature death.

Smoking causes numerous cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.⁹ Debilitating conditions such as infertility, erectile dysfunction, osteoporosis, cataracts, oral disease, as well as complications in pregnancy, labour and following childbirth can all be caused from smoking.⁸

Smoking in pregnancy increases the risks of low birth weight, stillbirth and of the child developing respiratory disease, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity and diabetes.^{5,14,15}

Smoking during pregnancy is also a major factor associated with health inequality with prevalence varying significantly across communities and social groups¹⁹.



Smoking and Dementia

Smoking is one of the biggest lifestyle risk factors for dementia and it is estimated that 30% of dementia cases can be prevented by people making healthier choices. Public Health England (PHE) has published new information on dementia: Health matters midlife approaches to reduce dementia risk¹⁸. Dementia is not an inevitable part of aging and this resource for health professionals and local authorities makes the case that taking action in midlife to promote healthy lifestyles, including stopping smoking, can reduce the risk of dementia. Dementia is now considered the most feared health condition for people over the age of 55, more than any other disease, including cancer. Overall, research shows that smokers have a 50% higher risk of developing vascular dementia than those who have never smoked¹³.

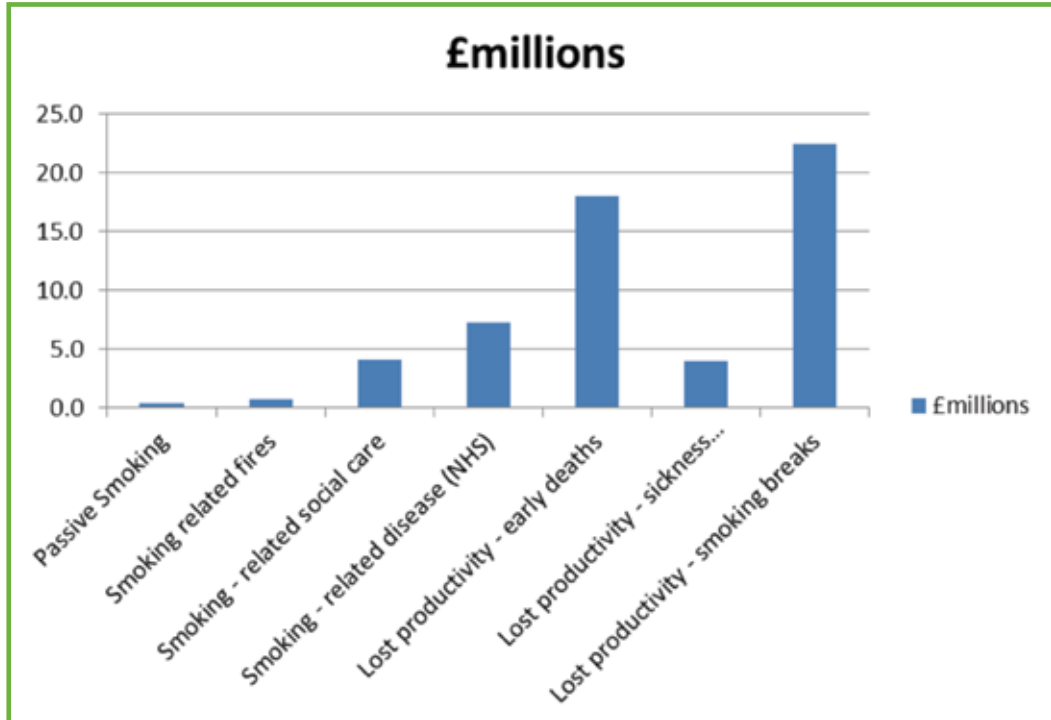
Exposure to second hand smoke

The harm caused by smoking is not just to the individual. Tobacco smoke contains over 4,000 chemicals, 60 of which are known to cause cancer. Exposure to smoke is harmful and this is particularly a problem for children. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease and are more likely to smoke as they grow up.⁵

In 2010 The Royal College of Physicians report “Passive Smoking and Children” points out that the principle source of exposure to passive smoking for non-smokers is in the home and that children are especially at risk. Each year this results in over 300,000 GP visits and around 9,500 hospital admissions in the UK and costs the NHS more than £23.6m.

Impact on the Economy

In England each year it is estimated that smoking costs the public £13.1bn in terms of the output lost from early deaths, smoking breaks, NHS care, social care, sick days, the impact of passive smoking, household fires, and smoking litter.² In Swindon each year we estimate that these smoking costs to society are over £56 million.²



Estimated breakdown of societal costs of tobacco in Swindon 2015 in £millions. Source: Available at www.ash.org.uk/local-toolkit/docs/Reckoner.xls



The costs of smoking to the NHS and the economy are well known and understood, however there are also costs to the social care system which are now starting to be quantified. Smoking doubles the risk of developing care needs in later life and it is estimated that these additional care costs represent over £4 million each year across Swindon. Research shows that smokers are likely to need care on average nine years earlier than non smokers³.

Impact on Society

Protect children from harm

Evidence suggests that a strong smokefree ethos in schools, the family and the wider community is important in preventing smoking uptake. The key influence for children starting to smoke is their immediate family. Helping adults to stop smoking and creating a smokefree environment where children live and play will ensure fewer children start smoking. The majority of smokers start while in their teenage years with very few new smokers beginning after the age of 20. Two thirds of smokers say they began smoking before the age of 18 and nine out of ten before the age of 19.⁴ Of those who try smoking, between one third and one half will become regular smokers.

There is also new research which shows that young people who identify as lesbian, gay or bisexual are twice as likely to have smoked than their heterosexual peers and this group should also be a focus and considered as a priority for tobacco control¹⁷.

The reward of cigarettes is often used when exploiting children and young people. Child sexual exploitation (CSE) is a national priority with a multi-agency approach and is identified as a form of child abuse with an agreed definition of:

- sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing on them, sexual activities



- child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet/mobile phones without immediate payment or gain ¹⁶



Legislation

England has come a long way in shifting cultural attitudes to smoking. In recent years we have seen the ban on direct advertising of tobacco and of tobacco companies sponsoring sporting events and teams e.g. Formula 1 (2005); the implementation of smoke-free legislation (2007); an increase in the age for tobacco sales from 16 to 18 (2007); legislation to ban tobacco vending machines (2011), a ban on the display of tobacco and smoking-related products in shops at point of sale (large stores and supermarkets 2012 all other shops and stores 2015); ban on proxy sales of tobacco (2015), smoke free cars (2015) and standardised packaging (2016).

Reducing the availability of illicit tobacco

Illicit tobacco causes harm to our most vulnerable populations by increasing the availability of cheap tobacco to the most deprived socio-economic groups leading to widening the health inequalities gap. Those who can least afford it remain smokers and illicit tobacco reduces the incentive to quit. Research commissioned by ASH found that one in four of the poorest smokers buy smuggled tobacco compared to one in eight of the most affluent. Illicit tobacco also harms local businesses and can be linked to organised crime.

Boost the disposable income of the poorest people in our local area

Two adult smokers with a 20-a-day habit are likely to spend more than £5,000 per year on cigarettes. Poorer smokers spend five times as much of their weekly household budget on smoking than richer smokers.⁶ Workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional roles.

The ASH 'Local Poverty Calculator' shows local councils how many people in their area are in poverty because of smoking and the impact services to help people quit smoking can have to reduce rates of poverty. This tool indicates that there are estimated to be over 21,000 households in Swindon with at least one smoker. When net income and smoking expenditure is taken into account over 4,000 or 20% of households with a smoker fall below the poverty line. If these smokers were to quit it is estimated that 1,000 households in Swindon could be lifted out of poverty.

Smoking and fires

Smokers' materials (such as cigarettes, cigars or pipe tobacco) caused 36 per cent of fatalities in accidental dwelling fires in 2014/15, and was by far the largest ignition category.¹¹ In Swindon between 2012- 2015 there were 27 accidental (and not known) dwelling fires where smoking materials were the source of ignition and two people lost their lives.



6. Section 2 - Where We Are Now

In Swindon we have a well-established multidisciplinary Tobacco Control Alliance – a membership list is included in Appendix A. This group have championed the reduction of smoking prevalence and oversee the delivery of the Swindon Tobacco Control plan. The Health Act 2006 had a significant impact on reducing smoking prevalence following the ban on smoking in public places and workplaces in July 2007.

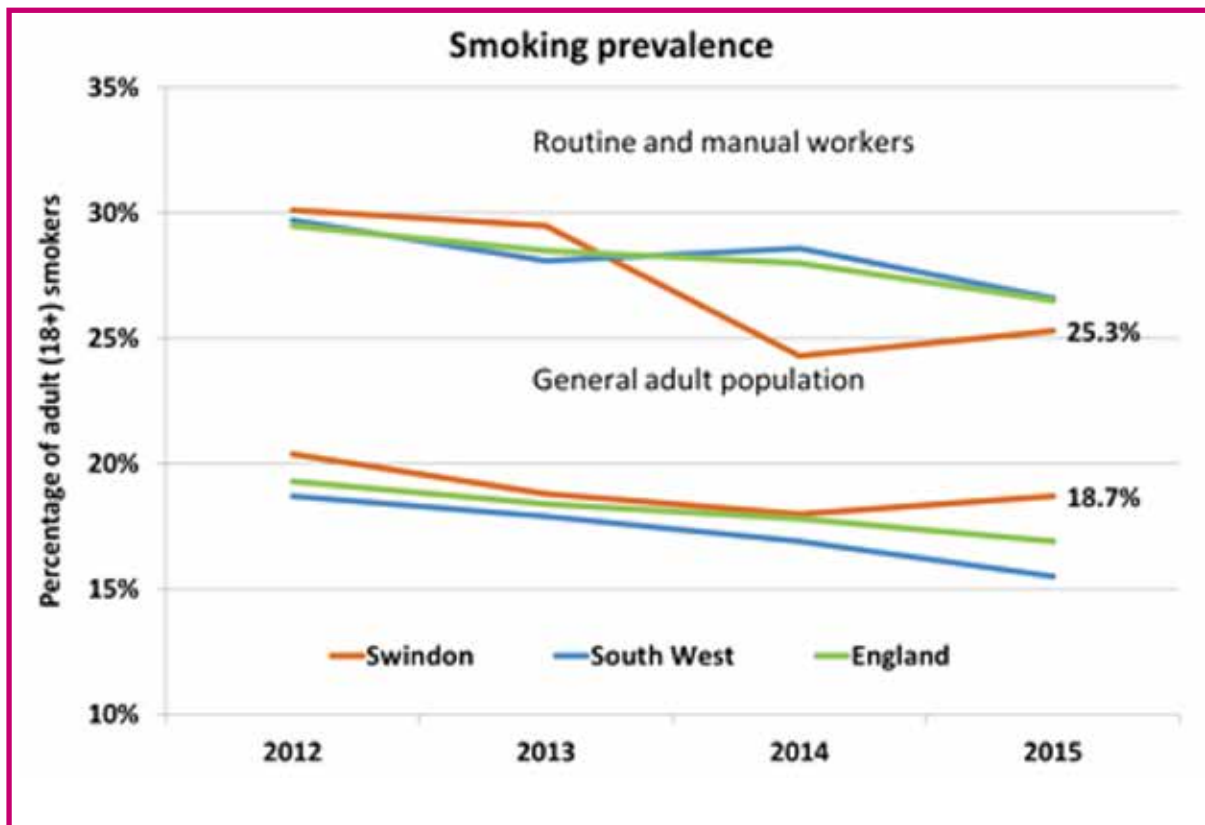
Reduction in smoking prevalence in adults

From 2015 PHE have used the Annual Population Survey (APS) to calculate national and local rates of smoking prevalence rate in adults. This survey shows the smoking rate in Swindon to be 18.7% which is above the national England average of

16.9%. However, smoking prevalence in Swindon has reduced dramatically since 2007, when the smoking rate was 29.2% (compared to 22.2% in England).

Smoking prevalence in adults in routine and manual occupations is higher than in the general adult population. Smoking in adults in routine and manual occupations in Swindon has reduced from 30.1% in 2012 to 25.3% in 2015. This is lower than the South West average of 26.6% and England average of 26.5%.

The data source for smoking prevalence prior to 2015 was the Integrated Household Survey (IHS). The change in data source from IHS to APS has impacted on the trend line for Swindon smoking prevalence which can be seen in the line graph below:



Smoking prevalence in adults and routine and manual workers (PHE Tobacco Control Profiles)



Smoking prevalence in adults with a serious mental illness

PHE published a new indicator on smoking prevalence in people with serious mental illness as part of their tobacco control profiles for the first time in 2016. The new indicator for prevalence of smoking in adults with serious mental illness in Swindon is 41%. Swindon is not statistically different to the England average which is 40.5%. In Swindon we recognise the importance of making sure that smoking prevalence and mental health is monitored to reduce health inequalities and to ensure that we are reaching our most vulnerable communities.

Health Inequalities

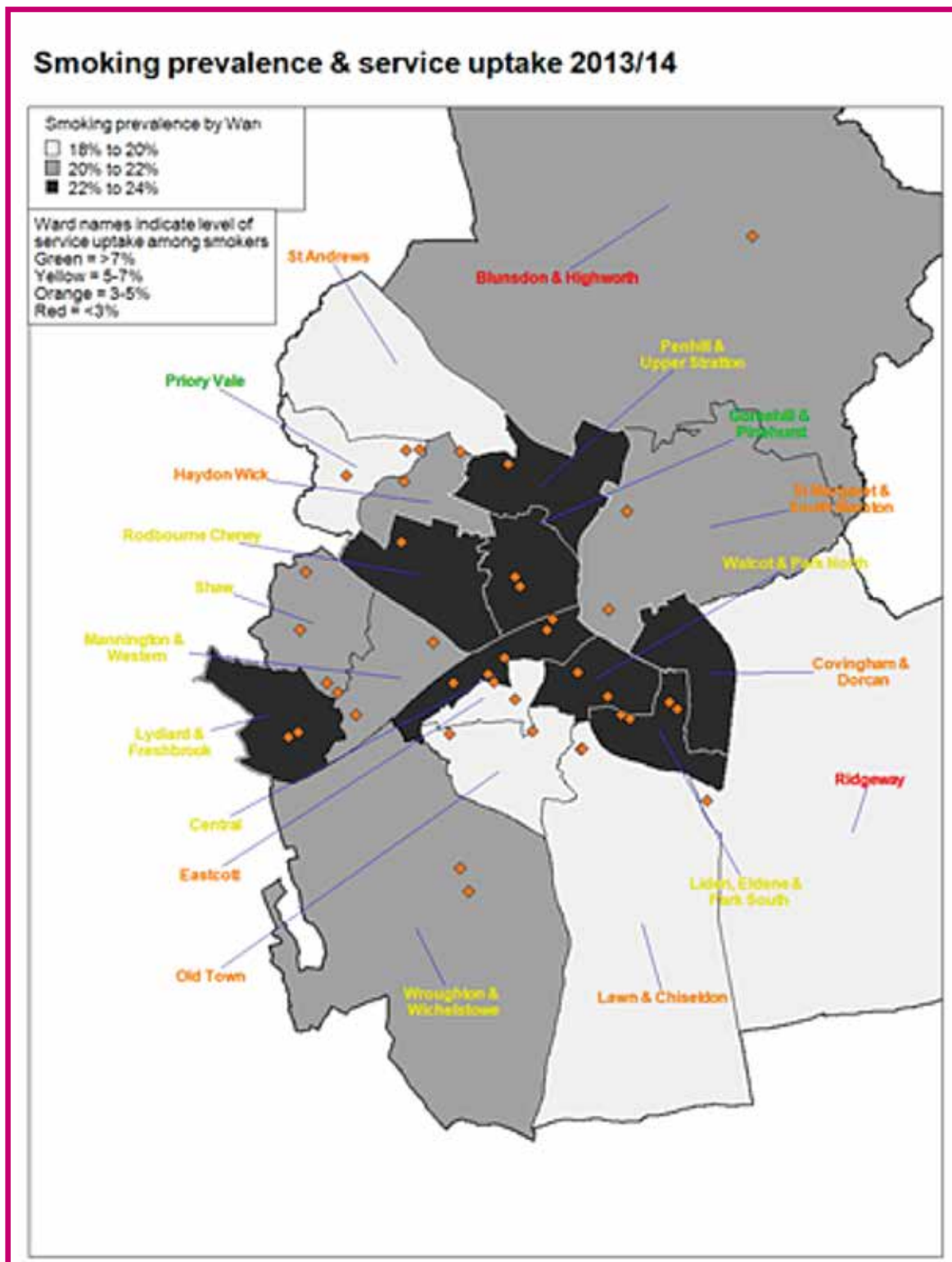
Although smoking prevalence is declining year on year smoking rates vary significantly across social groups, with those from poorer communities and backgrounds experiencing higher tobacco use and health burdens (Office for National Statistics. Statistical bulletin 2015. Integrated Household Survey)

Individuals from some ethnic minority groups, from the Lesbian Gay Bisexual and Transgender (LGBT) community, those in professions classed as routine and manual, individuals suffering from mental health conditions, drug or alcohol dependency and other long term conditions are more likely to smoke than the general population. Smoking is not only the leading cause of preventable death, but also the largest contributor to poorer health and social outcomes and lower life expectancy of the poorest in the community.

The percentage of the adult population who smoke varies greatly across Swindon. It is estimated to range from 18% in our least deprived areas to 24% in our most deprived areas using the ASH tool.



A health equity audit was undertaken in 2015 and using 2013/14 data mapped the smoking prevalence by ward across Swindon and the uptake of stop smoking service among smokers. (The orange dots indicate stop smoking service provision). This demonstrated that in the areas with the highest smoking prevalence there was not the highest uptake of stop smoking service.



© Crown Copyright and database rights 100024296
 2015. Map created by Debbie Stott, Public Health
 Intelligence Analyst, Swindon Borough Council.

Reduction in Smoking in Pregnancy

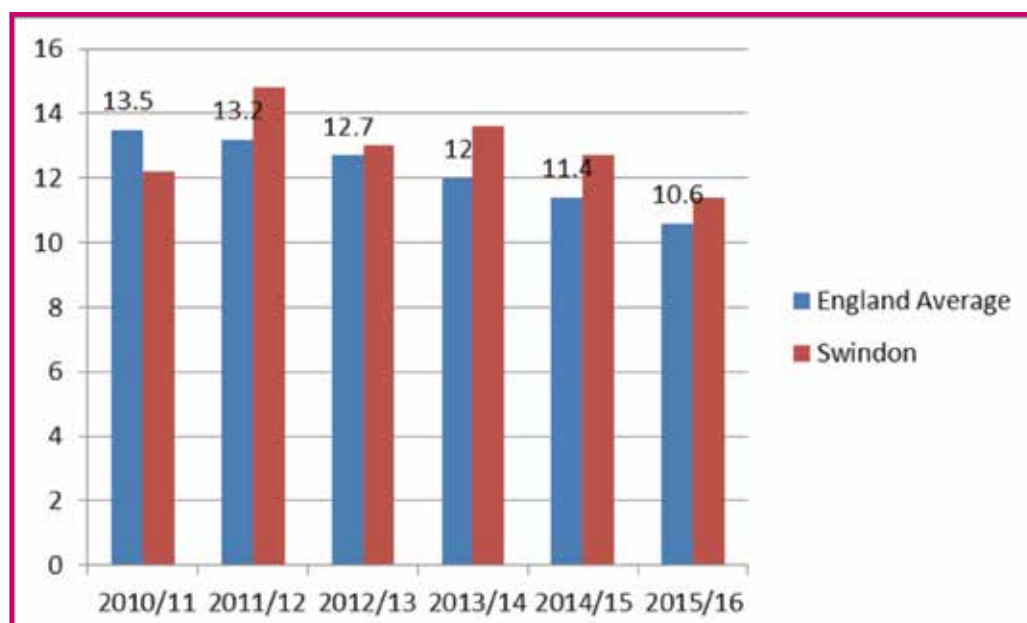
Smoking status in pregnancy at the time of delivery (SATOD) is the measure that gives the smoking in pregnancy prevalence rate. Data for the year 2015/16 showed that 11.4% or approximately 325 women were recorded as still smoking when they delivered their babies. This is higher than the England average of 10.6%. The number of women smoking during pregnancy has reduced from 13.2% (429 women) in 2011/12 although it is important to note that more than one in ten pregnant women in Swindon continues to smoke during their pregnancy. Smoking is more common in younger pregnant women from the most deprived communities.

We have redesigned our smoking in pregnancy service and developed a new pathway for pregnant women which offers them more flexibility and choice. 100% of pregnant women now have their carbon monoxide (CO) level recorded by their midwife at their first appointment. Midwives have been trained to assess current and past smoking behaviour and provide information to pregnant women on the consequences of smoking in pregnancy. Midwives signpost pregnant women who continue to smoke to stop smoking services throughout their pregnancy to encourage them to quit.

Reducing Smoking Prevalence in Young People

Every year around 200,000 children and young people in England start smoking regularly.¹² Work continues with Swindon schools to reduce the number of children and young people smoking. A range of initiatives have been delivered for children and young people including:

- A social norms programme for schools to encourage and promote positive choices for young people, and change their misperception around peer behaviour in relations to risk taking behaviours
- The year 7 intervention on the dangers of smoking offered to every secondary school in Swindon
- Awareness raising activity linked to the Personal, Social, Health and Economic (PSHE) curriculum and national promotions e.g. No Smoking Day, Illegal Tobacco
- Promoting the Swindon Healthy Schools Award amongst all schools



Swindon Smoking at Time of Delivery Prevalence Rate (PHE Tobacco Control Profiles)



The 'What About YOUth' (WAY) survey was conducted for the first time in 2014/15 in England. This survey asked 15 year olds about their smoking habits.

The South West had a significantly higher prevalence of current smokers aged 15 years (9.8%) compared to the overall prevalence for England (8.2%) but Swindon had the lowest prevalence rate in the region (7.5%).

Reducing the supply and demand for illicit tobacco

Swindon Trading Standards Service have worked with other enforcement agencies to tackle the supply of illicit tobacco through intelligence gathering, seizures and prosecutions. The promotion and awareness raising of illegal tobacco and test purchasing exercises have been conducted in response to intelligence received. Advisory visits have been conducted to local businesses and support provided to businesses to ensure that they are compliant in their obligations when selling age restricted products.



E-cigarettes

The best thing that a smoker can do is to quit smoking for good. The current guidance issued by PHE is that e-cigarettes are 95% less harmful than smoking. Awareness of e-cigarettes amongst adults is widespread however only a third of adults (35%) believe that e-cigarettes are good for public health. E-cigarettes as a harm reduction tool can offer potential health benefits but maximising those benefits requires appropriate regulation and monitoring.

Our stop smoking services support people who wish to quit smoking using e-cigarettes. Behavioural support provided by trained stop smoking advisors will improve the chances of success of those quitting smoking using an e-cigarette.

ASH estimates that the usage of e-cigarettes among adults in Great Britain has tripled in a two year period from an estimated 700,000 users in 2012 to 2.8 million in 2014. Nearly two thirds of users are smokers and one third are ex-smokers, an increase on the proportion of ex-smokers compared to previous years.¹⁰

Services to support people to quit smoking

Most smokers continue to smoke because they are addicted to nicotine rather than out of choice. The health Survey for England (2013) reported that 65% of smokers would like to quit. The availability of stop smoking support is key in empowering smokers to make a successful quit attempt.

The most effective approach to successfully quit smoking is the provision of expert behavioural support combined with pharmacotherapy (e.g. Nicotine Replacement Therapy – NRT). Swindon has a range of accessible services for people who want to quit smoking. These evidence based services are in a variety of GP, pharmacy and community settings. Smokers who use services are four times more likely to successfully quit smoking than those who don't get help. This range of providers gives accessibility and choice for people who need support to quit smoking across Swindon.

Social media provides further opportunity to support individuals to quit smoking along with a range of online support including the NHS Smokefree website and the Public Health England One You phone app.

Marketing and Communications Programmes

We have raised awareness of the benefits of stopping smoking and the services available to support smokers to quit through a range of marketing and communication programmes. The Swindon Borough Council website MyCareMySupport includes local information on stopping smoking.

Campaigns such as Stoptober and the national PHE One You have been actively promoted including the One You Stop Smoking phone app and other resources such as the NHS Choices website.

7. Section 3 – Delivering Swindon’s Tobacco Control Strategy

Swindon Health and Wellbeing Strategy

The Tobacco Control Strategy aligns closely to the priority areas within the Swindon Health and Wellbeing Strategy, the Vision for Swindon 2030 and the NHS Five Year Forward View. In line with the strategic direction already set out in the Swindon Health and Wellbeing Strategy, we want to ensure that reducing harm from tobacco aligns closely to the five priority areas within the Joint Health and Wellbeing Strategy:

1. Every child and young person in Swindon has a healthy start in life
2. Adults and older people in Swindon are living healthier and more independent lives
3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders)
4. Improved mental health, wellbeing and resilience for all
5. Creation of sustainable environments in which communities can flourish



Priority 1:	Protect Children and Prevent Young People from Taking Up Smoking
We aim to:	<ol style="list-style-type: none"> 1. Prevent the uptake of smoking amongst young people 2. Reduce young people’s exposure and access to tobacco 3. Reduce the number of pregnant women who smoke
Our objectives are to:	<ul style="list-style-type: none"> • Deliver a range of school based interventions • Increase the number of schools achieving the Healthy Schools Awards • Reduce the number of homes where children are exposed to second hand smoke • Increase the number of pregnant women that successfully quit smoking

Priority 2:	Normalise a Smokefree Lifestyle
We aim to:	<ol style="list-style-type: none"> 1. Reduce smoking prevalence rates in the adult population. 2. Increase the number of smokefree places in Swindon 3. Further denormalise smoking.
Our objectives are to:	<ul style="list-style-type: none"> • Deliver the Making Every Contact Count (MECC) programme providing brief interventions to smokers to encourage and empower them to quit • Support residents to make their homes and cars smokefree • Support public sector, educational establishments and voluntary organisations to become smokefree and have policies in place. • Support local public sector organisations to be smokefree by 2018. • Establish smokefree environments e.g. Bus Station, District centres, play parks

Priority 3:	Support Smokers to Quit
We aim to:	<ol style="list-style-type: none"> 1. Reduce health inequalities between the better and worse off in Swindon so that groups and communities with the highest smoking prevalence rates see the biggest decline. 2. Increase the numbers of smokers attempting to quit smoking and successfully quitting smoking with a particular focus on those from the most disadvantaged and vulnerable groups
Our objectives are to:	<ul style="list-style-type: none"> • Encourage and support smokers to stop smoking through the provision of good quality information on all services and products available that aid smoking cessation or tobacco harm reduction • Work with partners (including secondary care and mental health trusts) to influence referral pathways to ensure that smokers are routinely offered support to quit smoking and signposted to stop smoking services • Work with local businesses to offer support for stopping smoking to their staff • Ensure there are high quality, accessible stop smoking services (as recommended by NICE) throughout Swindon and that service providers <ul style="list-style-type: none"> - are trained and skilled to meet the needs of different populations and groups. - continue to offer behavioural support to smokers who use electronic cigarettes as a means of quitting smoking - target the most at risk populations • Support Carers to quit smoking and provide advice and support on how to reduce the harm from smoking and second hand smoke.

Priority 4:	Reduce Illicit Tobacco in the Community
We aim to:	<ol style="list-style-type: none"> 1. Reduce the supply of illicit tobacco 2. Reduce the demand for illicit tobacco
Our objectives are to:	<ul style="list-style-type: none"> • Prevent underage and proxy sales of tobacco working with local businesses. • Reduce demand and acceptance of illegal tobacco in communities through reporting of intelligence and awareness raising. • Reduce availability of illegal tobacco through seizures and prosecutions.

Priority 5:	Raise the Profile of Tobacco Control through Marketing and Communications Programmes
We aim to:	<ol style="list-style-type: none"> 1. Increase awareness of the dangers of smoking so that everyone understands the harms of smoking and second hand smoke
Our objectives are to:	<ul style="list-style-type: none"> • Develop a targeted multi agency communication strategy • Work with partners and use a social marketing approach to communicate the key messages to deliver the strategy • Ensure tobacco control communications and marketing campaigns reach key target groups – e.g. young people, working age and older adults. • Ensure all agencies working with older adults are aware of the benefits of stopping smoking at any age • Ensure all agencies working with children and young people are aware of the dangers and harms of smoking

8. Strategic Targets and Measuring Success

Our strategic target is to reduce smoking prevalence in adults to less than the England average by 2020.

Achieving our target and working towards our vision will contribute to the following outcomes:

- Fewer adults requiring health and social care services as a consequence of a smoking related condition.
- Fewer people dying early and suffering from smoking related long term conditions

Measuring the success of interventions in tobacco control can be challenging as benefits may not be seen for many years. We will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks.



9. Strategy Implementation and Governance

– Next Steps

The Swindon Tobacco Control Alliance, which is a partnership of key stakeholders from the private, public and voluntary sector, will monitor and ensure effective implementation of the Swindon Tobacco Control Strategy and associated action plan reporting to the Swindon Health and Wellbeing Board. The action plan is a separate working document and is available from:

Chris Woodward
Public Health Programme Manager
Swindon Borough Council

Contact details:

Email: Cwoodward2@swindon.gov.uk

Telephone: 01793 444687

The strategy and action plan will be reviewed on an annual basis with the first review taking place in April 2018.

Smoking prevalence in adults in Swindon will be monitored as part of the Tobacco Control Profiles and Public Health Outcomes Framework and provide a key indicator of success against this strategy. This is also a key priority and published in the Swindon Borough Council Corporate Performance dashboard.

10. Community Involvement in Developing this Strategy

Engagement has been conducted with a range of partners, organisations and service users in developing this strategy. We would like to express our thanks to the following for their help and support with developing this strategy:

- Avon and Wiltshire Mental Health Partnership
- British Lung Foundation
- Great Western Hospital NHS Foundation Trust
- Healthwatch
- Swindon Borough Council Children and Young People Services
- Swindon Borough Council Community Health and Wellbeing Team
- Swindon Borough Council Public Health Team
- Swindon Borough Council Public Protection Team
- Swindon Carers
- Swindon Clinical Commissioning Group
- Swindon Clinical Commissioning Group Patient and Public Involvement Forum
- Swindon Schools
- Swindon Smokefree Alliance
- Wiltshire and Dorset Fire and Rescue Service

11. References

1. **Department of Health (2011)** *Healthy Lives, Healthy people: A tobacco control plan for England* Available at: <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>
2. **ASH (2014)** *The local cost of tobacco. ASH local toolkit* www.ash.org.uk/localtoolkit
3. **ASH (2014)** *The cost of smoking to the social care system in England.* Available at: <http://www.ash.org.uk/SocialCareCosts>
4. **Office for National Statistics, March 2013.** *The 2011 General Lifestyle Survey.*
5. **Royal College of Physicians (2010)** *Passive Smoking in Children* - <https://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf>.
6. **ASH (2011)** *Smoking: Children*, <http://www.ash.org.uk/localtoolkit/docs/cllr-briefings/Children.pdf>
7. **Department of Health (2013)** *Improving outcomes and supporting transparency: part1A: a public health outcomes framework for England 2013-2016.* www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf
8. **Action on Smoking and Health (2015)** *Smoking Still Kills*, Available at: <http://www.ash.org.uk/current-policy-issues/smoking-still-kills>
9. **ASH Factsheet: Smoking statistics, illness and death, June 2016.** Available at: <http://ash.org.uk/information-and-resources/fact-sheets/smoking-statistics-illness-and-death/>
10. **Action on smoking for health: e-cigarette briefing.** Available at: http://ash.org.uk/files/documents/ASH_715.pdf
11. **Fire Statistics England, 2014/15 produced by the Home Office.** Available at: <https://FireStatisticsEngland2014/15>
12. **HM Government (2010).** *A smokefree future: a comprehensive tobacco control strategy for England*
13. **Factsheet 402, Alzheimers Society 2014.** *What is vascular dementia?*
14. **NICE (2010)** *Quitting Smoking in Pregnancy and Following Child Birth.* NICE public health guidance 26 London: National Institute for Health and Clinical Excellence: www.nice.org.uk/guidance/pH26
15. **Challenge Group Report (2013).** *Smoking cessation in pregnancy: A call to action:* http://ash.org.uk/files.documents/ASH_893.pdf
16. **College of Policing.** *Police support victims of coercive control 2016 [September 2016].* Available from: <http://www.college.police.uk/News/College-news/Pages/Police-support-victims-of-coercive-control.aspx>
17. **Ryan H, et al.** *Smoking among lesbians, gays and bisexuals: a review of the literature.* *American Journal of Prevention Medicine.* 2001; 21:142-149; Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey Raw Data, 2008. Analysis performed by the American Lung Association Research and Program Services Division using SPSS and SUDAAN software.
18. **Health matters: Midlife approaches to reduce dementia risk.** Available from: <https://www.gov.uk/government/publications/health-matters-midlife-approaches-to-reduce-dementia-risk/health-matters-midlife-approaches-to-reduce-dementia-risk>
19. **Statistics on Women's Smoking Status at Time of Delivery, England - Quarter 3, 2015-16.** Available from: <https://www.gov.uk/government/statistics/statistics-on-womens-smoking-status-at-time-of-delivery-england-quarter-3-oct-to-dec-2015>

11. Appendix A

Current membership of the Swindon Tobacco Control Alliance

Representative area	Named lead
Swindon Borough Council (SBC) - Chair	Director of Public Health
Public Health, SBC- Deputy Chair	Tobacco Control Lead
Swindon Stop Smoking Service, SBC	Quality Assurance Manager
Public Protection, SBC	Health Promotion Officer
Children and Young Peoples Lead, SBC	Healthy Schools Manager
Dorset and Wiltshire Fire and Rescue Service	Deputy Area Commander, Swindon
Great Western Hospital NHS Foundation Trust	Cardiac Rehabilitation Sister
Public Health England	Tobacco Control Lead
Swindon Clinical Commissioning Group	TBC
Non-Voting members	
British Lung Foundation	Swindon rep

“ Smoking continues to be the biggest preventable cause of ill health and early death and the leading cause of health inequality. ”



This information is available on the internet at www.swindon.gov.uk. It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

Tel: 01793 445500

Fax: 01793 463982

E-mail: customerservices@swindon.gov.uk

Ref. D2170 / FOI4155/17