APPENDIX A

Tobacco Control Strategy

A vision for tobacco-free living

Structure

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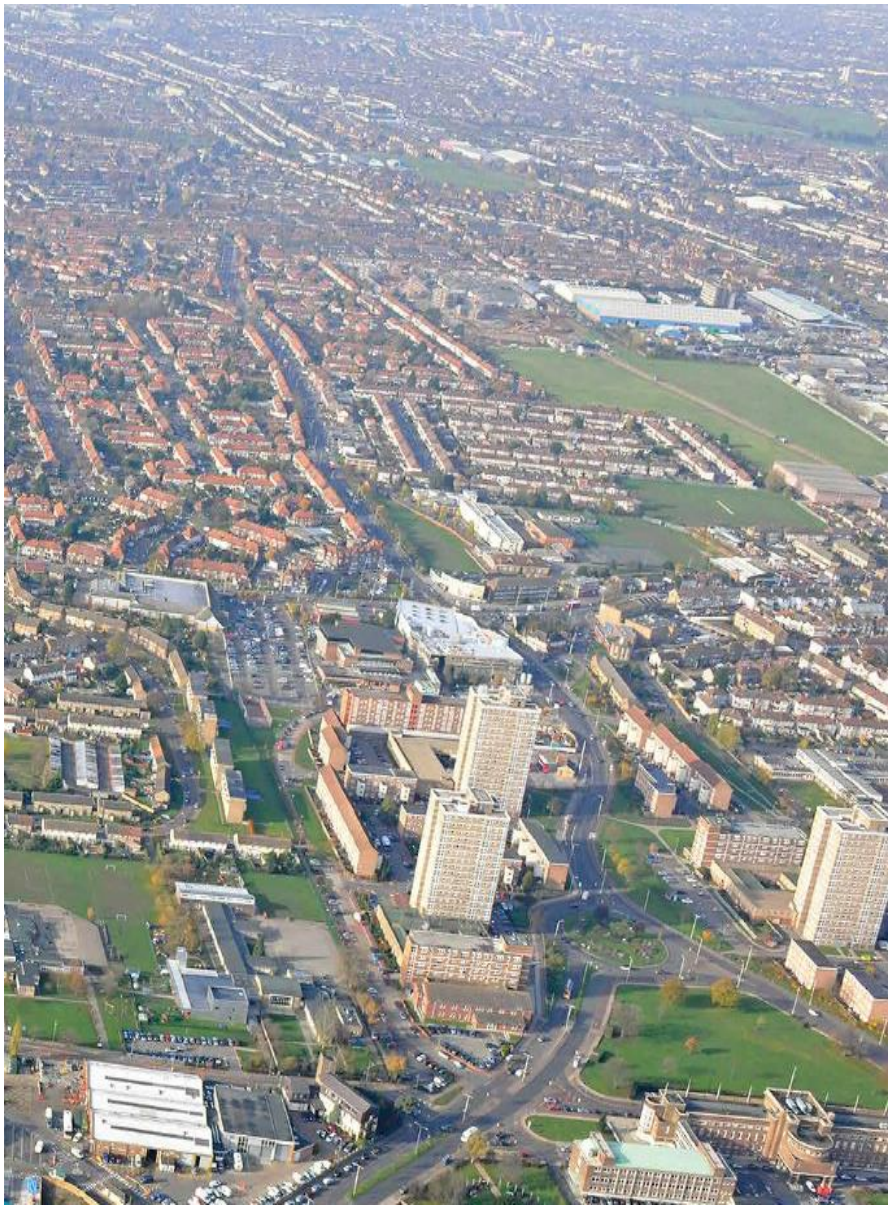
  (1.Prevention, 2.Protection, 3.Treatment)
- **Implementation and the Tobacco Control Strategy and action plan**
- **References**



Foreword

Tobacco control remains central to achieving Barking and Dagenham's purpose and objective - to become a healthy borough. To achieve this objective, we need to remove the burden of ill health as an outcome of smoking.

The residents of Barking and Dagenham are not as healthy as they should be. Compared to other parts of the country they are not living as long, with many dying earlier from cancer, heart disease or other long-term conditions. Tackling the health inequality and the underlying causes is part of a collective responsibility to advance the right to life and to increase life expectancy, taking steps to protect all our residents, particularly children.

At present the smoking prevalence in Barking and Dagenham is 20.4% which equates to approximately 35,337 smokers. This is high compared to the prevalence of smoking in London and England, and it highlights huge inequalities in the borough with smoking contributing to other major health issues. Each year smoking costs the local economy approximately £52.8 million.

To address the health inequalities and reduce the smoking prevalence, we need to reduce the numbers of young people taking up smoking and help existing smokers give up. This current strategy sets out a vision for improving the health and wellbeing of residents and reducing inequalities by implementing a robust and effective Tobacco Control Plan. This will be guided and monitored by the Local Tobacco Control Alliance.

Vision & Aims

Through this strategy, we aim to secure a Smokefree future for all residents of Barking and Dagenham; where the community is free from the harms caused by smoking. We will achieve this by reducing the number of people who are affected by tobacco related harm, and to create a borough where people live long and healthy lives.

Vision

- A Smokefree future for Barking & Dagenham where our community is free from tobacco related harms.

The strategy aims to:

- Reduce health inequalities by working in partnership to reduce the smoking prevalence in Barking and Dagenham
- Encourage people to see not smoking as being normal
- Protect people from the dangers from the second-hand smoke
- Target the groups who are most likely to smoke

We recognise that tackling health inequalities is key to enabling this vision, three specific areas will help streamline this vision

3 Priorities to secure a Tobacco-free future

1. Preventing people from becoming smokers
2. Protecting families and communities from tobacco related harm
3. Motivating and help existing smokers to quit

Tobacco Control: A national & local priority

Tobacco use remains one of our most significant public health challenges across England. Although smoking rates have decreased over recent years, smoking remains the single biggest cause of preventable premature death and disability.

Groups where prevalence are higher or there is more risk of harm from smoking includes: young people, routine and manual workers, pregnant women, those with mental illness, and single parents on benefits[i]. Locally smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.

Additionally, smoking Is the largest contributor to poor physical health outcomes for people with mental health problems. National data indicates that smoking prevalence amongst this group is notably higher than in the general population with rates as high as 32% amongst people with a common mental health disorder, and higher still in people with more severe conditions.

Smoking increases the risk of a wide range of health conditions, including heart disease, stroke, cancer, COPD, and miscarriages amongst adults. Children exposed to second hand smoke have an increased risk of developing asthma, ear infections, behavioural problems and meningitis.

In July 2017, a National Tobacco Control Plan was published where the Government set out its aims around tobacco control measures called *Towards a smoke-free generation A Tobacco control plan for England.*

The national plan is to achieve the specific objectives by the end of 2022. The plan sets out how the tobacco policy fits with the localism agenda and how, together with local partners, the Government will:

- Reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking among adults in England from 15.5% to 12% or less
- Reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less

The North East London Sustainable Transformation Plan has a Tobacco Control plan that links well with the current local Tobacco Control Strategy. This supports the STP in its intentions to target pregnant women, use channel shift projects as an alternative to face to face programmes, the embedding of very brief intervention practice within all relevant professional groups.

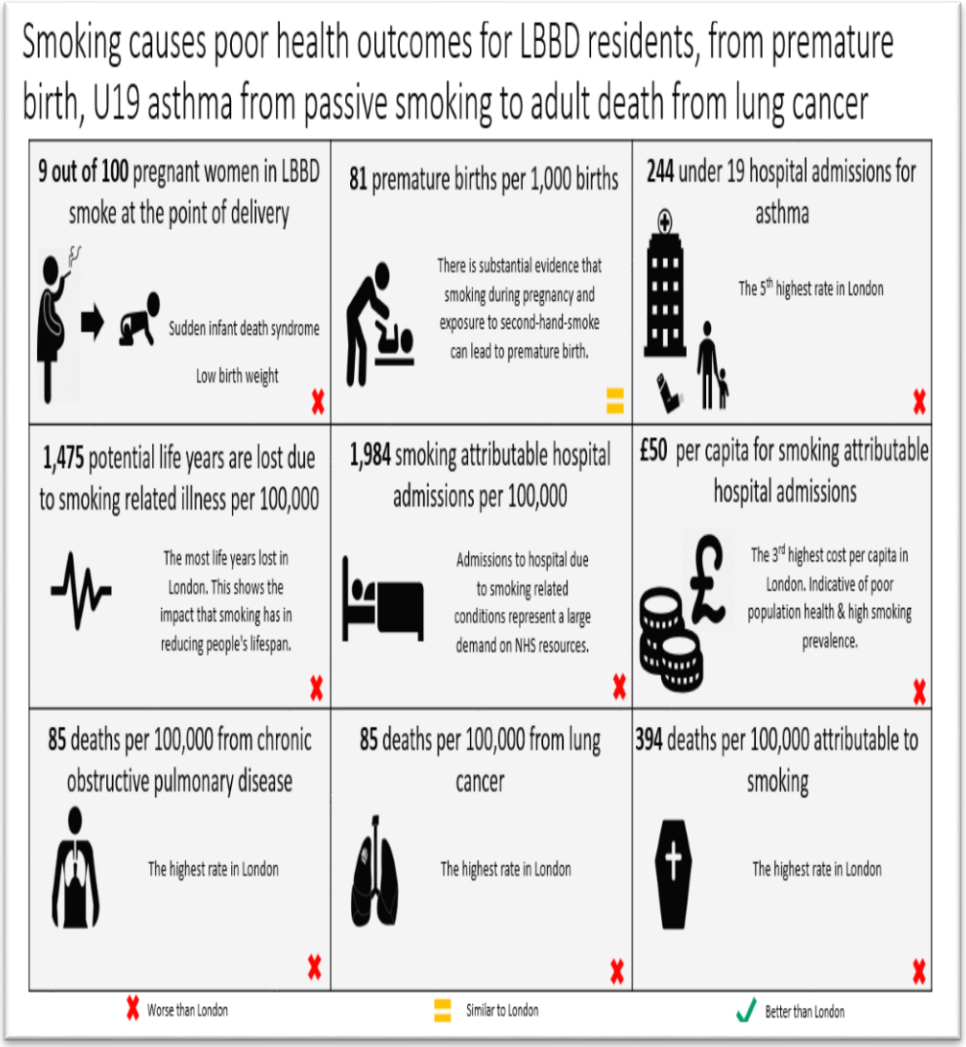
Barking and Dagenham Picture

The prevalence of smoking in Barking and Dagenham remains one of the highest in London and further action is required to decrease smoking rates across the borough. We currently have the 5th Highest prevalence of smoking in London, although it has improved in recent years from being the highest in London, there is still much work to be carried out.

Smoking in the borough, is a major contributor to the high premature mortality and decreased life expectancy in Barking and Dagenham. Mortality in Barking and Dagenham from smoking in people aged over 35 years is the highest in London and above the national average.
In the borough, mortality rates from smoking in people aged over 35 years is 394.9 per 100,000 people, compared to 260.4 in London and 283.5 in England[ii].

While the number of people aged less than 75 years who die from cancer is falling in Barking and Dagenham, the mortality rate per is 85.1 per 100,000 from lung cancer in the borough. This is still above the national average.
Smoking is also responsible for approximately 17% of deaths from heart disease, and 80% of the deaths from chronic lung diseases such as bronchitis and emphysema.

Smoking is also linked to a greater risk of birth defects[iii], male impotence and sperm abnormalities, early menopause, asthma, and babies who are exposed to second hand smoke have an increased risk of cot death[iv].



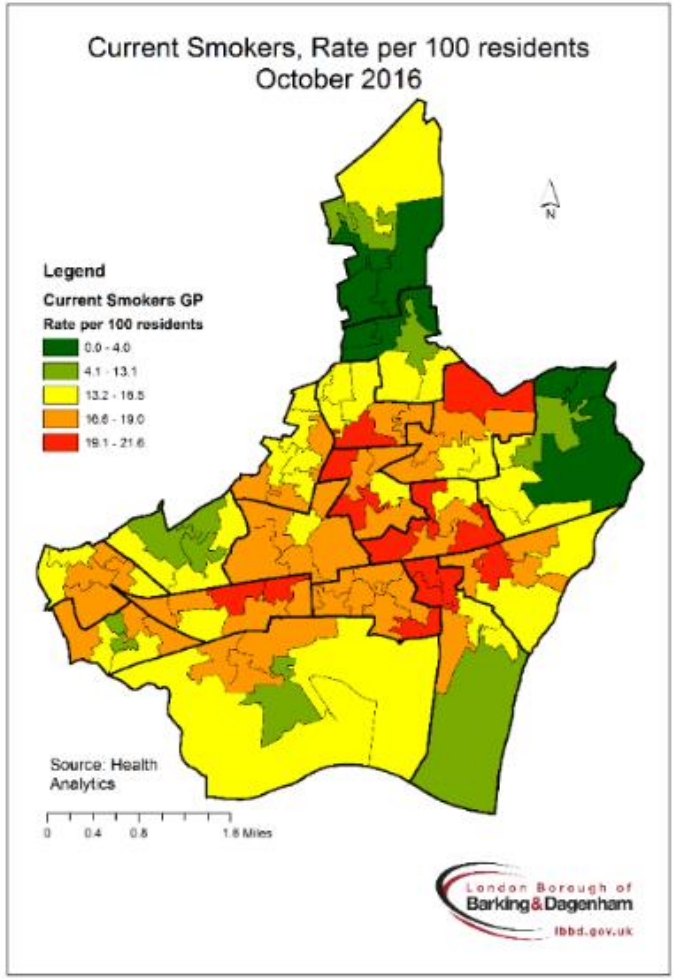
Who is smoking?

Smoking prevalence is measured using national surveys or through GP data reported by QOF (Quality and Outcomes Framework) QOF figures for 2015/16 suggest that Barking and Dagenham has the fifth highest prevalence in London, higher than national.

There are approximately 20,757 households in Barking and Dagenham with at least one smoker. Most smokers reside within the poorest communities and when net income and smoking expenditure is considered; 18% of households with a smoker fall below the poverty line in Barking and Dagenham. The highest smoking prevalence falls in the areas where levels of deprivation are also highest[v].

The areas where the smoking prevalence is highest in the borough are Chadwell Heath (North), Mayesbrook, Alibon, Eastbury, Goresbrook and the North of Heath.

Men are more likely to smoke than women, and although female smoking prevalence is lower than male prevalence in Barking and Dagenham, the proportion of women that smoke is higher than the average for England or London. Women are more likely to access Stop Smoking services than men in London[vi].



Nationally several groups have been identified as being at a greater risk of smoking and thus at greater risk of dying from a smoking related illness. Prevalence is higher in these groups, and it is also suggested they find it more difficult to quit, even with support. These include some BME communities such as Bangladeshi men, and people in poorer socio-economic groups such as those who are 'routine and manual' workers.
With a diverse population across LBBD it is evident that attitudes towards smoking differ between ethnic groups and these are reflective of national smoking patterns (Figure 5.).

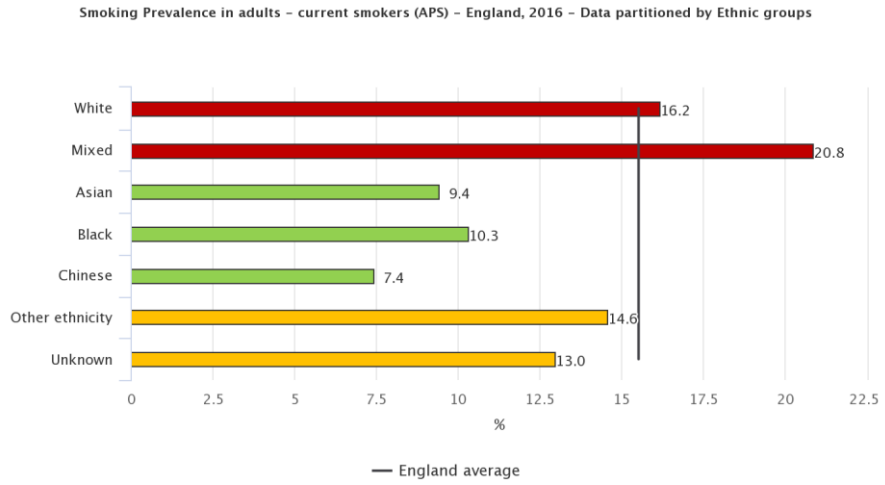


Figure 5: Smoking prevalence amongst ethnic groups

Smoking is a habit developed in early age with two-thirds of smokers starting before the age of 18 and 40% of smokers starting regular smoking before the age of 16.

The long-term trend has seen a decrease in the number of people taking up tobacco smoking across the UK[vii].

It is also noted that young people from the most deprived areas progress to regular smoking more rapidly than those in the least deprived areas.

Local research on the health of young people indicates that youth cigarette smoking prevalence is relatively low; with a current estimated prevalence of 5.6% in15 year olds. However, the use of Shisha (19.3%) and vaping (10.8%) are notably higher.
In Barking and Dagenham, the prevalence of smoking is highest amongst young people aged between 20 years and 30 years old.

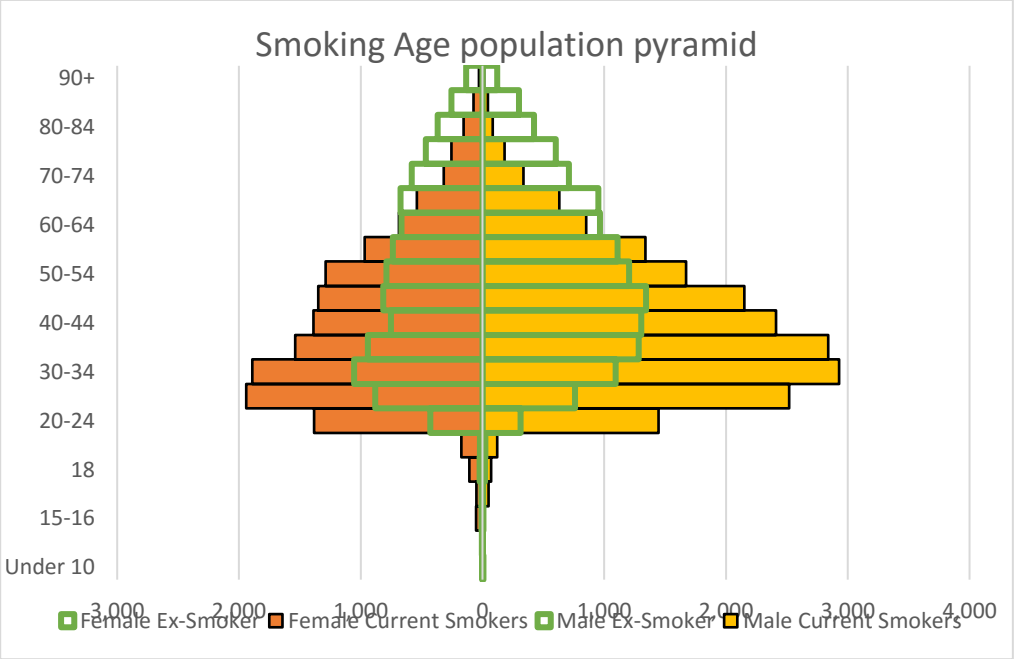


Figure 6: Smoking prevalence by age group

Smoking in Pregnancy

All women from Barking and Dagenham who give birth should be asked whether they are smokers at the time of delivering. 8.6% of local women who had a baby in 2015/16 were smokers[viii].

In recent years, a significant improvement has been seen in Barking and Dagenham, an improvement of more than four percent

Smoking & Teenage Pregnancy

Another important group demonstrating concerning rates of smoking are young pregnant women. The Health and Social Care Information Centre (HSCIC) conducted a survey in 2010 which found that younger mothers, women in disadvantaged circumstances and those who have never worked tended to be more likely to smoke throughout their pregnancy. It also found that mothers under the age of 20 were almost four times as likely to smoke before or during pregnancy, compared to mothers aged 35 or over (57 per cent compared with 15 per cent).

Exposure to Second hand smoke

Every year nearly 10,000 children nationally are admitted to hospitals as a direct result of inhaling second-hand smoke[ix].

Many children still experience significant exposure to environmental tobacco smoke in the home, which is harmful to their health and wellbeing. In Barking and Dagenham there are approximately 52,637 children under the age of 15[x]. 34 percent of young people under the age of 15 years old live in a house with at least one smoker.

Children born into households where adults or siblings smoke may face years of exposure to second-hand smoke.
Early exposure to second-hand smoke contributes to many adverse health outcomes including lower respiratory tract infections, asthma, wheezing, middle ear infections and invasive meningococcal disease[xi].
There is also evidence linking exposure to second-hand smoke with impaired mental health and with increased school absenteeism. Additionally, smoking at home is a risk for hyperactivity/inattention problems in children. There is evidence that children from smoking households display difficult behaviour in schools, especially during the afternoons, as a direct result of nicotine deprivation[xii].

One of the major contributors to a young person smoking is whether their parents smoke – a child from a smoking household is 4 times more likely to begin smoking themselves than a child whose parents do not smoke[xiii]. Evidence suggests that the younger an individual starts to smoke particularly during adolescence, increases the likelihood of being a life-long smoker the heavier they are likely to smoke during adulthood and the more likely they are to fall ill and die early because of smoking[xiv].

Smoking & Mental Health

While smoking rates amongst the general population have fallen dramatically in the past few decades they have remained markedly high amongst people with mental health conditions.
Smoking rates amongst people with a mental health condition are significantly higher than in the general population and there is a strong association between smoking and mental health conditions[xv].
This association becomes stronger relative to the severity of the mental condition with the highest levels of smoking found in psychiatric in-patients. In Barking and Dagenham the current smoking prevalence of smoking people who suffer from severe mental illness is 40.2% which is double the amount of the general population.
Seventy percent of those discharged from a psychiatric hospital are smokers. The result is lives cut short and in their final years lives blighted by heart and lung diseases, stroke and cancer. A third of tobacco now smoked in England is by someone with a mental health condition[xvi]. Yet the desire to quit is just as strong as for the average smoker. These smokers do not lack motivation to quit but are more likely to be highly addicted and heavily dependent on tobacco, and therefore need specialist support

Smoking & Substance misuse

There is a strong link between smoking and alcohol addiction. An estimated 80% of alcohol-dependent people smoke tobacco and alcohol-dependent clients are more likely to die of tobacco related illness than alcohol-related harm. A much higher proportion of smokers than non-smokers are alcohol dependent and co-dependency has significant effect on health risks.
Additionally, studies of methadone, cannabis, cocaine and ecstasy users have shown 90% or more are smokers. A meta-analysis of 18 studies has shown that addressing tobacco use in clients can improve their alcohol and drug outcomes by an average of 25%.[xvii]

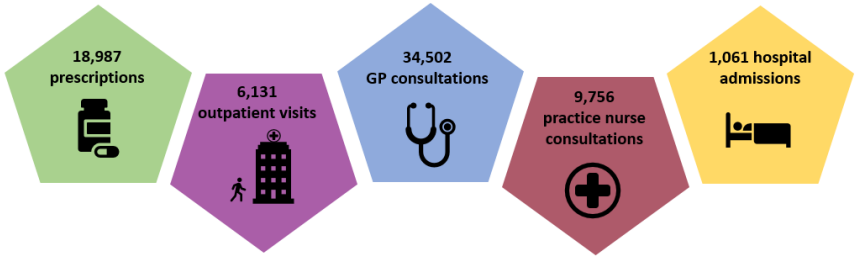
The Economic Burden of Smoking for Barking and Dagenham

The economic impact of smoking is significant for the smoker, their family and society. Each year in Barking and Dagenham it is estimated that the societal cost is £52.8m, which equates to £1,753 per smoker per year.
There are significant costs associated with social care for people with smoking-related illnesses, workplace absenteeism, dealing with smoking-related house fires, clearing of cigarette butt litter and crime associated with illicit and counterfeit tobacco.

Treating smoking-related illnesses is estimated to have cost the NHS £6.9 million annually in LBBD, here £6.4 Million are directly from treating smoking related conditions and £437.719 is spent on treating the effects of passive smoking in non-smokers.

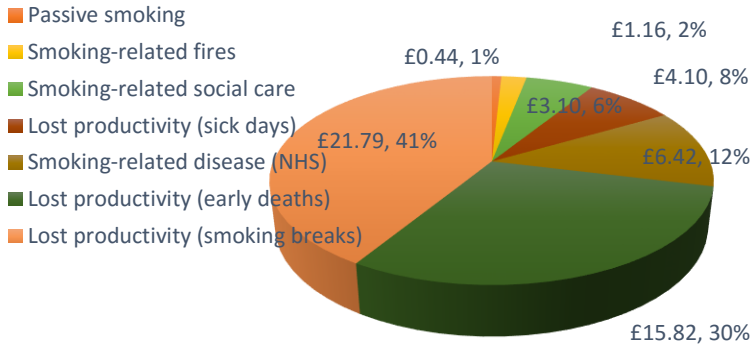
Aside from poor health outcomes smoking has considerable impacts both on the local economy and demand for local healthcare services

42,693 working days were lost in the past year as a result of smoking-related sickness.



Tobacco costs the local economy approximately twice as much as the duty paid to the Exchequer resulting in a short fall of £23 million Seventeen smoking related fires are caused a year In Barking and Dagenham; with a total cost of approximately £1 million a year.

Most cigarette filters are non-biodegradable and must be disposed of in landfill sites. In Barking and Dagenham around 124 million filtered cigarettes are smoked each year, resulting in approximately 22 tonnes of waste. Of this, more than 21 tonnes of cigarette waste are discarded as street litter that must be collected by the council street cleaning services.



Motivating and supporting adults to quit, and prevent the uptake of smoking amongst young people will ensure more children can grow up in a safer, smoke free environment. In addition, less spending on tobacco products will result in a household having more disposable income.

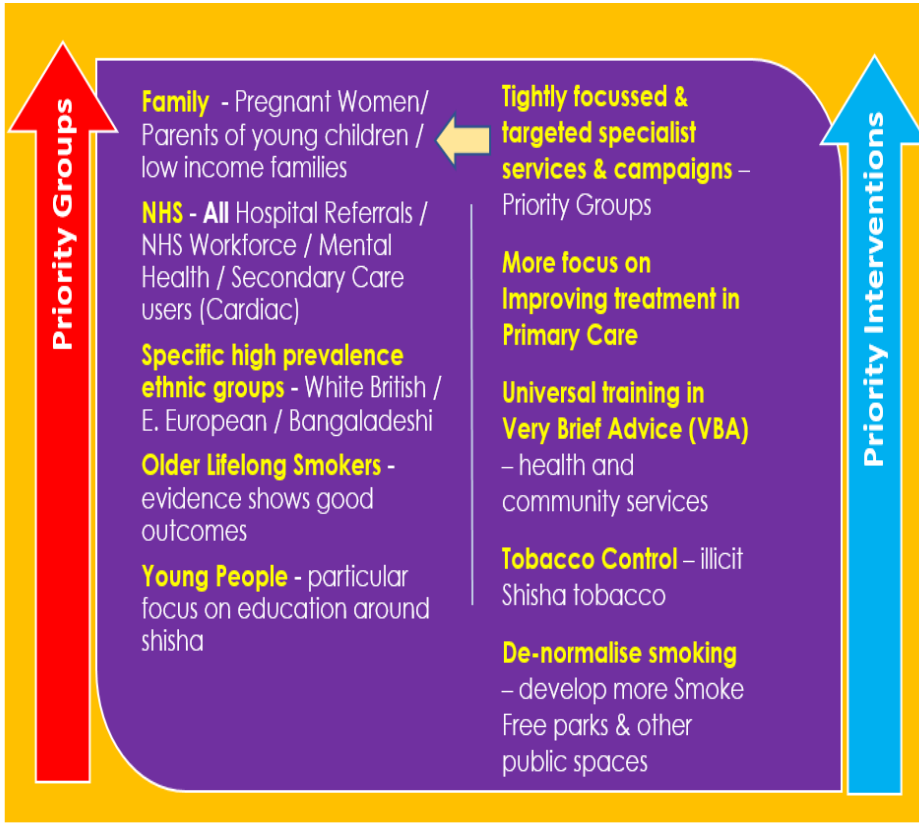
Key strategies that support the Barking and Dagenham Tobacco Control Strategy

This Strategy has been developed around several Local and National Strategies

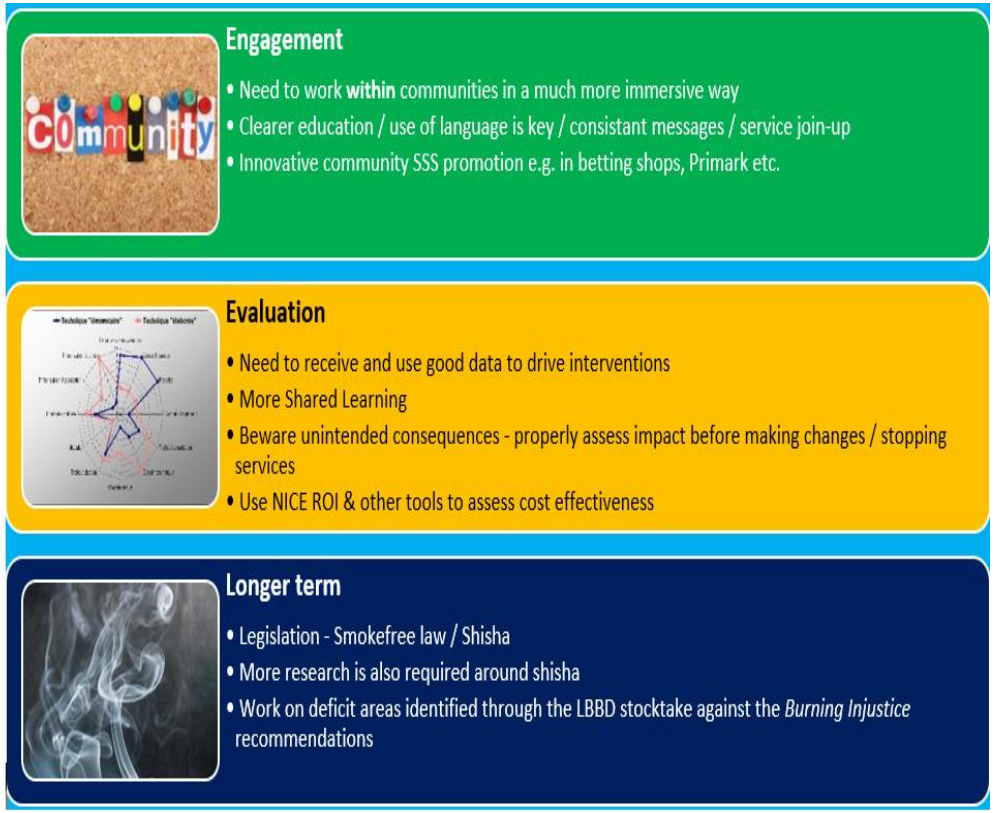
Level	Key Strategies, Plans and Guidance	
National Policy and Strategy Documents	• Towards a smoke-free generation: A tobacco control plan for England (2017) • Burning Injustice. Reducing the tobacco-driven harm and inequality. APPG on Smoking (2017) • The Stolen Years ASH report (2016) • Public Health Outcomes Framework (updated 2016) • Smoking Still Kills: Protecting children, reducing inequalities (2015) • Health Matters: Smoking & Quitting in England (2015) • Tackling illicit tobacco: from leaf to light (2015)	• NICE public health guidance PH45 Tobacco harm reduction approaches to smoking (2013) • NICE public health guidance PH48 Smoking cessation in secondary care: acute, maternity and mental health services (2013) • Creating a tobacco-free future; A Tobacco Control Plan for Scotland (2013) • Healthy Lives, Healthy People: A tobacco control plan for England (2012) • The Smoking toolkit study: A national smoking and smoking cessation study in England (2011) • A Smoke Free Future (2010) • Choosing Health White paper (2004)
Regional Policies, Strategies and Plans	• East London Health Care Partnership: Sustainability and Transformation Plan (2016) • Better Health for London – The report of the London Health Commission 2014	
Local Policies, Strategies and Practices	• Health and Well Being Strategy - Barking and Dagenham Health and Wellbeing Board. (2015) • Joint Strategic Needs Assessment (2016) • LBBD Mental Health Strategy (2016) • Five Ways to Wellbeing	

To guide the Tobacco Control Work in Barking and Dagenham a multi-agency workshop was held in June 2017 to agree local priorities, prioritise the most effective use of resources and ensure delivery against these priorities in a context of limited resources and new structures. The recently published Burning Injustice report was used as a focus for the workshop.

Workshop outcomes summary

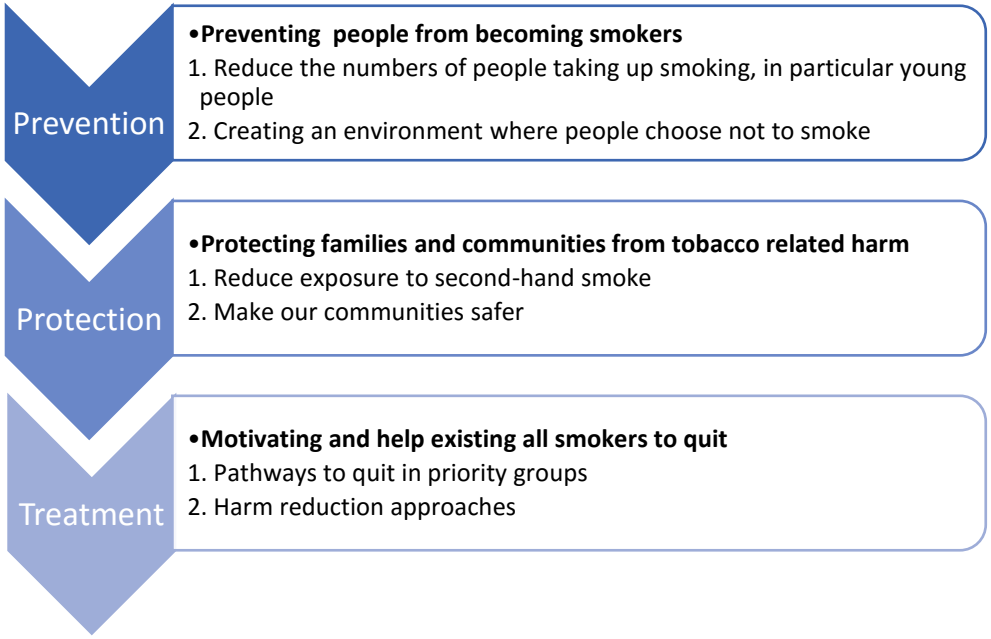


Other Key Messages:



Local approaches for a Tobacco-free future

The actions set out in this strategy consider the impact on those at risk of unequal health outcomes via six priority areas and approaches which have been defined by the World Health Organisation's (WHO) Framework Convention for Tobacco Control (FCTC). They are informed by national and local strategies, the work of the local tobacco alliance and the workshop in 2017. Each Priority strand of the FCTC falls under the overarching category of Prevention, Protection and Treatment.



a) Aims for Prevention

To prevent young people from becoming smokers & creating an environment where young people choose not to smoke

1. To reduce the percentage of 11-15yrs who smoke to 1% by 2022
2. To reduce the percentage of 16-17yrs who smoke to 3% by 2022
3. To reduce the number of illegal tobacco sales to young people by 10% by the end of 2022

b) Aims for Protection

To protect families and communities from tobacco related harms

1. To make it more difficult to purchase and sell illicit and counterfeit tobacco products in the borough
2. To reduce the number of homes with parents who smoke indoors
3. For half of the homes where parents smoke to be entirely Smokefree by 2022
4. To encourage Smokefree outdoor environments and spaces

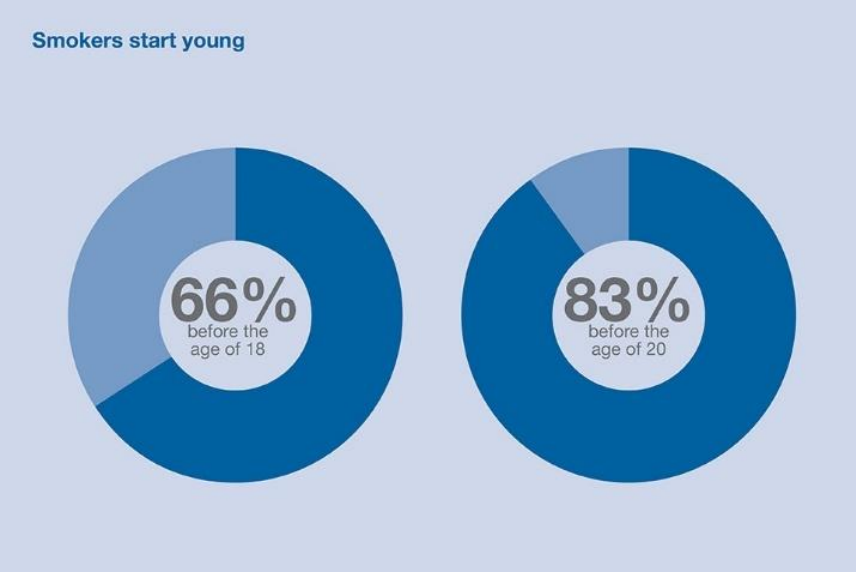
c) Aims for Treatment

*To motivate and encourage **every** smoker to stop smoking*

1. To reduce adult smoking prevalence rates to 15% by 2022
2. To halve the amount of routine and manual smokers by 2022
3. To reduce the number of pregnant women who smoke by 3% by 2022
4. To halve the number of smokers with mental health conditions by 2022.

1. Prevention

1.1 Reduce the numbers of people taking up smoking, in particular young people



Smoking is usually a habit developed in early age, with two-thirds of smokers starting before the age of 18 and 40% of smokers starting regular smoking before the age of 16[xviii]. The long-term trend has seen a decrease in the number of people taking up tobacco smoking across the UK.

To create an environment that supports young people to choose not to smoke we aim to create initiatives to ensure that young people are aware of the health harms of tobacco use, provide cessation support and continue efforts to reduce the availability, attractiveness and affordability of tobacco.

Improved health due to a reduction in smoking amongst young people, and reductions to exposure to second-hand smoke should result in fewer absences in schools and colleges.

Approaches for engaging with Young People

Engaging with young people in school

- Continue to de-normalise the smoking culture of Barking and Dagenham throughout the life course through education
- Target young people at different stages; using a phased model; tailoring the prevention messages at Primary schools, Secondary schools and Further Education settings and through innovative practice
- Prioritise specific wards where high prevalence is a concern
- Dispel myths around smoking tobacco, illicit tobacco supplies and smokeless tobacco products.
- Monitor NICE harm reduction guidance and research, and implement accordingly

Engaging with young people in the community

While schools are central to dissemination of information about tobacco to young people, it is essential to recognise that learning does not only take place within the school environment.
Youth groups and young people's services are effective; not only in reinforcing the messages delivered through traditional education, but in also meeting the needs of vulnerable young people.

- Collaborate with council, community, and voluntary service youth initiatives to deliver key messages around prevention of smoking & cessation services.
- Engage with young people to devise a campaign that is relevant to them.
- Develop accessible services and branding for young people to ensure that is relevant to them.
- Pilot smoking cessation services for young people in Secondary schools and Colleges.
- Encourage young people to train as Young Health Champions to enable them to act as advocates for Tobacco Control and healthy lifestyles.

Develop an exemplary communications approach to engage young people and the wider community

- Deliver a tailored marketing and communications approach aimed at young people, faith groups, BME communities "routine and manual" workers, people experiencing mental health conditions and pregnant women.
- Support and publicise national campaigns.
- Develop systems to monitor and assess the work we do and influence the future work.
- Promote and publicise important smoking issues such as smoke-free homes and cars, and illicit and counterfeit tobacco, e cigarettes and Shisha.

1.2 Creating an environment where people choose not to smoke

Effective local tobacco control strategies require engagement from a wide range of partners. Reducing the number of people who take up smoking is key to reducing overall prevalence rates and, as such, is a priority of all tobacco alliance members.

If we are to change attitudes to smoking new approaches are required for targeting priority groups.
There is a need to develop the knowledge and skills to support positive mental and physical health behaviours which will be sustained into long term lifestyle changes. To have reach across the community, this approach requires the support of all services working with adults, families, children and young people.

Further work is required for providing appropriate prevention and cessation services for hard to reach groups such as those with mental health problems. It is important that the focus on smoking in Primary and Secondary care is strengthened, with additional support from community and voluntary sector organisations.

Approach to strengthen Community, Primary & Secondary care provision

- Provide very brief advice (VBA) smoking cessation training to all front-line workers to utilise at every opportunity.
- To address smoking as a treatment option as opposed to an additional service
- To further develop channel shift for stop smoking services such as telephone and digital options
- Work with the CCG to develop primary care networks
- To embed Tobacco Control in the North East London Sustainability & Transformation Plans
- Ensure all partner organisation are up to date with current services, training and issues relating to tobacco control
- Work in partnership to address issues around tobacco control

2. Protection

2.1 Reduce exposure to second-hand smoke

The creation of smoke free environments will contribute to cleaner and safer neighbourhoods where citizens understand and support actions to take smoking out of sight of children, and change the norms of smoking. Limitations on areas where people can smoke will also reduce exposure to second-hand smoke and reduce the risk of fires.

The exclusion of smoking in enclosed public spaces has had positive impact and has underlined much of the work undertaken to promote healthy living environments. Additionally, the restriction of smoking in cars with children and young people present will have an impact on reducing the harms caused by second smoke. Nationally, there has been a high level of public support and compliance to the legislation. It is important to continue this work through our partnerships and ensure that compliance monitoring is supported and maintained.

Approach

- Educate parents on the impact of smoking
- Encourage communities to identify and implement initiatives to reduce children's exposure to second-hand smoke
- Explore further opportunities for implementing 'voluntary' smoke free spaces; such as children's play areas and other outdoor places where children are present.
- Support local partners to explore voluntary Smoke-free conditions for children and family areas
- Work with early intervention teams to provide health advice around smoking and create robust referral pathways to local cessation services across the borough.
- Work with the fire brigade to promote smoke-free homes & environments

2.2 Make our communities safer

Although great progress has been made to reduce levels of smoking across the country, the efforts to bring about better health by driving down the numbers of smokers are being undermined by cheap, smuggled and counterfeit tobacco. Counterfeit and illicit tobacco undermines price-based efforts to reduce smoking and there are links between illicit tobacco and organised crime[xix]. Raising awareness of the harms of counterfeit products will also reduce the supply and demand of such products and deter criminals from operating in the borough

Tackling Illicit Tobacco:

We will aim to target, identify, and punish those involved in the illicit tobacco market and focus on creating a hostile global environment for tobacco fraud through intelligence-sharing, undermining the profitability of the fraud, getting tougher on those involved through sanctions, changing public perceptions, and reducing tolerance of the fraud.

Approach

- Develop and strengthen the intelligence about illicit and counterfeit tobacco
- Continue to tackle the demand for local illicit and counterfeit tobacco
- Raise awareness about the effects of illicit and counterfeit tobacco
- Participate in Pan London and Sub region illicit tobacco group activity to combat cross borough challenges
- Tackle the demand for local illicit and counterfeit tobacco through joint work with Her Majesty's Revenue & Customs and the police

2.3 Smokeless tobacco and Shisha regulation

Smokeless Tobacco

Smokeless tobacco is any product containing tobacco that is placed in the mouth or nose and not burned. Types of smokeless tobacco products most used in the UK often contain a mix of ingredients including slaked lime, areca nut and spices, flavourings and sweeteners[xx] (for example, Paan, Gutka and snus).

Smokeless tobacco products are readily available in shops in South Asian neighbourhoods across England. Around 85% of the different product types, are sold without any regulatory health warning. At present, there is little local data available to show how much these products are being used. However, it has been noted that these are predominately used within the South Asian communities accessing the specialist stop smoking service to give up smoking and smokeless tobacco.

Shisha

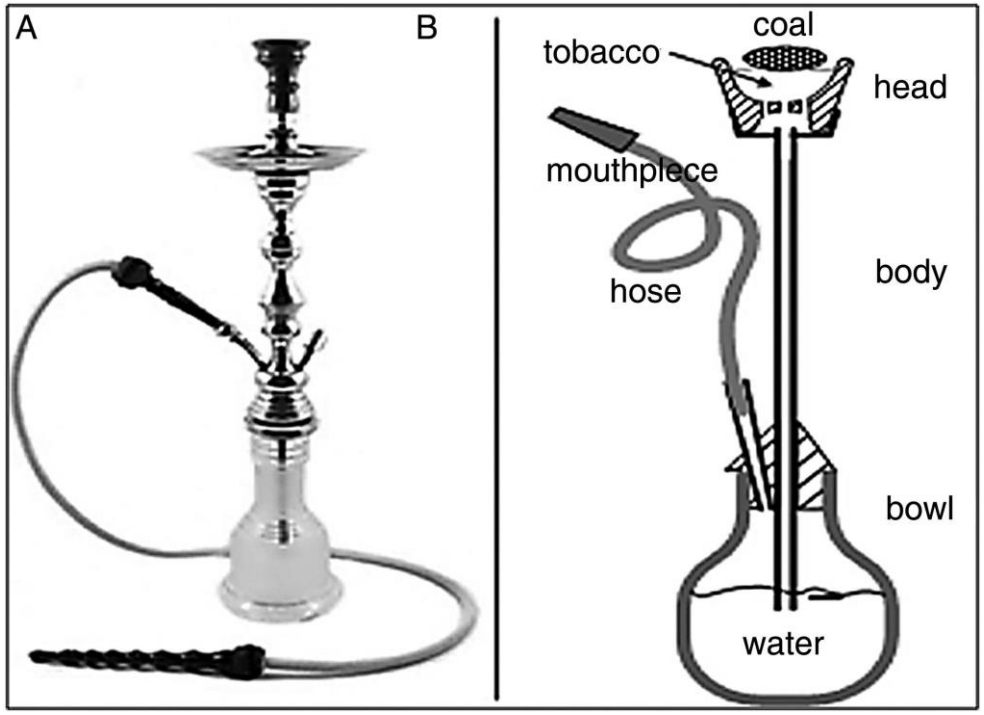
Shisha, also known as water-pipe, hookah, narghile has traditionally been used in the Middle East and parts of Africa and Asia. Shisha is growing in popularity in western countries and in the UK and appears to be more popular among young people across the United Kingdom[xxi].

There is a common belief that shisha smoking is less harmful and less addictive than cigarette smoking. The water does not filter out harmful substances in the smoke and although not as extensively researched as cigarette smoking, preliminary research suggests that shisha smoking is associated with similar risks to cigarette smoking[xxii]. Many users believe that herbal shisha products are less hazardous than tobacco products. However, herbal shisha involves burning charcoal, which contains toxic chemicals making herbals and tobacco shisha smoking as hazardous to health as cigarette use[xxiii]. The risk of carbon monoxide poisoning is also increased with the use of shisha.

In addition, second hand smoke from shisha smoking poses a risk to non-smokers from the mixture of exhaled smoke and charcoal used to heat the pipe[xxiv].

Shisha is liable for excise duty, whether it contains tobacco or not.

An All Party Parliamentary Group on Smoking and Health held an inquiry into the illicit trade in tobacco products in 2013, and recognised that a significant proportion of Shisha in the UK appears to be illicit, imported illegally with no duties paid[xxv].



(A) Waterpipe device, (B) with illustration of its main parts

Approaches to reducing the harms caused by Smokeless tobacco & Shisha

Under the revised European Union Tobacco Product Directive (EU TPD2) smokeless tobacco manufacturing and sale is to be monitored by regulatory services. Additionally, there is an age of sale restriction on the sale of e cigarettes.

- Increase awareness of the harms caused by smokeless/niche tobacco products, targeting specific communities utilising health awareness campaigns
- Develop and implement a cessation program and care pathways for smokeless tobacco users, and find sustainable mechanisms to embed these pathways in targeted communities, (e.g. Faith groups via religious establishments)
- Ensure the traders of these products are informed of, and are compliant with the legislation in relation to EU TPD2
- Develop guidance to facilitate the implementation on regulations regarding standardised packaging and ensure that local advice is provided to small, medium and large-scale sellers of tobacco products.
- Monitor the emerging number of 'Shisha' premises in the borough
- Limit activity around these Businesses Provide localised guidance and regulations around operating shisha lounges within the borough
- Highlight the relevant laws around the sale of tobacco products, e cigarettes, shisha and smokeless tobacco such as chewing tobacco.
- Investigate the trade of smokeless tobacco & monitor and enforce new regulations from the EU TPD2
- Develop a licencing procedure for the opening of shisha premises in the Borough

Fire safety in the community

Fires caused by smoking materials - including cigarettes, roll-ups, cigars and pipe tobacco - result in more deaths than any other type of fire. Fires that are caused by smoking in Barking and Dagenham can total costs of approximately £1 million a year.

London Fire Brigade visit both domestic and commercial properties as part of their routine work to advise and enforce the fire regulations. The fire officers, in addition to dealing with fire provisions, provide brief advice on the adverse effects of smoking and raise awareness of the dangers of second hand smoke.

Approach for Fire services

- Contribute to reducing the number of smoking related fires
- Raise awareness of the dangers of second hand smoke
- Promote the Smokefree Homes & Cars initiative
- Raise awareness of localised guidance and regulations around fire safety in the home and businesses in the Borough

3. Treatment

3.1 Pathways to Quit in Priority groups

The uptake and maintenance of a tobacco habit is influenced by personal, physiological, social, psychological and cultural factors. These factors all contribute in influencing the individual's perception towards the tobacco habit. Therefore, targeting those smokers who are most likely to smoke is essential.

3.1 a. Pregnant women

Reducing the numbers of women smoking in pregnancy is key in impacting positively on the lives of both mother and baby. The journey beyond a baby's birth is just as important with continued postnatal smoking cessation contributing to the early years' agenda by reducing the baby's exposure to second-hand smoke and the associated health risks. A mother's desire to do the best for her child means that pregnancy offers a powerful opportunity for services to support women to quit smoking.

The BabyClear© initiative has been implemented in Barking and Dagenham since 2015 providing smoking cessation training and service delivery recommendations across the community and secondary care settings.
Since then a significant improvement has been seen in Barking and Dagenham. At present the smoking prevalence is 8.6% of women smoking at the time of delivery (2015/16), Although this is higher than the London average; it is significantly lower than the national average.

Approaches for a Smoke-free pregnancy

BabyClear©
Barking and Dagenham are working in partnership with local stakeholders, to implement the Babyclear© within Barking, Havering, and Redbridge University Hospitals NHS Trust.
BabyClear© is an evidenced-based programme that aims to reduce the prevalence of smoking in pregnancy, and increase smoking cessation referrals. BabyClear© aims to reduce smoking in pregnancy through a systematic approach that identifies pregnant smokers, and supports the process of smoking cessation referrals. All pregnant women are offered a carbon monoxide (CO) screening, and specialist training is provided to both clinical and non-clinical staff that engage with pregnant smokers, across maternity and stop smoking services.

Further action is required needed to reduce smoking among pregnant women and among children and young people.
Our aim is to reduce smoking among pregnant women to 5% by 2022 and 3% by 2025. Some areas for improvement are:

- The monitoring of prevalence of smoking in pregnancy is currently too dependent on self-report and is inappropriately focused on time of delivery.
- A more robust approach including the use of bio-markers is needed.
- Smoking cessation needs to be raised as a treatment rather than an additional service in pregnancy.

- Raise awareness of the dangers of smoking in pregnancy at every contact of pregnancy
- Increase the number of pregnant women and their partners who use stop smoking services
- Implement further services in house by midwives to undertake in wards/ hospitals/ community services

3.1 b: Routine & Manual smokers

Workplaces in Barking and Dagenham
It is estimated that smoking breaks cost businesses in the borough £21.8m annually. Reducing consumption will result in a healthier workforce, a reduction in absenteeism and improved productivity. At present the smoking prevalence of smokers who work in routine and manual occupations is 26.9%.
An innovation in educating people about tobacco is required to increase the awareness of ill health and its associated economic issues

Approaches for engaging with Routine & Manual smokers
- Increase awareness of the harms caused by smoking to the individual and to workplaces
- Strengthen the enforcement of a Smokefree policy for **all** NHS and Local Authority buildings and grounds
- Design quitting campaigns targeting people in routine and manual occupations
- Cessation services will be adapted to specifically support the biggest employers of the borough such as the council, transportation services and major retail stores
- Utilising channel shifting method such as telephone or online support
- Encourage all workplaces in the borough to adopt a health workplace policy to include support around smoking cessation
- Initiate Smokefree grounds in all buildings owned by NHS & Council

3.1 c Approaches for engaging with Mental Health

Mental Health & Smoking cessation services
Supporting people with mental health problems to quit smoking is the single largest, most effective intervention to reduce physical ill health and premature death. Quitting smoking also has a positive impact on mental wellbeing and can make a big difference to an individual's financial welfare, lifting many out of poverty.
People with a mental health condition are just as likely to want to stop smoking as other smokers but they face more barriers to quitting and are more likely to be dependant and therefore need more support. There is an urgent need for action to tackle this growing health inequality.

- Mental health settings should identify service user 'stop smoking champions' to work with staff and service users to support more people to move away from smoking.
- All smokers with a mental health condition should be provided with clear, evidence based information about different options to quit or reduce the harm from smoking by primary care, social care, IAPT, specialist stop smoking services, secondary care services and pharmacists in a coordinated way.
- Carers, friends and family members should be provided with advice and information about how best to support those with a mental health condition to address, reduce and stop their smoking.
- Service users are included in the development of services designed to support people to quit or reduce the harm from smoking.
- Staff working in all mental health settings see reducing smoking among service users as part of their core role.
- People with a mental health condition should be supported to develop alternative options to smoking, to help establish new healthier routines.

3.1 d Approaches for Smoking & Substance misuse

The high prevalence of smoking and often greater dependence on nicotine within groups of substance misusers puts them at greater risk of smoking related disease. This is further complicated by a higher incidence of mental ill-health amongst both smokers and substance misusers when compared with the non-smoking population[xxvi].

Studies suggest that important mental and physical health benefits follow quitting smoking and that alcohol, cannabis and other drug users undergoing treatment for their substance misuse can be more successful in maintaining abstinence when their smoking is also tackled[xxvii].

To ensure a positive attitude and proactive approach to tackling smoking and substance misuse support in health care settings we need to:

- Raise awareness of the physical and mental health burden of smoking; along with other substance use needs to be raised within the healthcare community at every stage of client interaction
- The benefits to health and to successful treatment of alcohol and drug addiction when combined with smoking cessation, need to be communicated effectively.
- Local smoking cessation and addictions services should coordinate to ease referral between services and improve provision of support for substance misusers.
- Staff from both services should be provided with regular training that equips them to provide brief advice and referral to the other service. Support is required within health care settings to support cannabis cessation.
- Smoking cessation services should be supported to provide a more holistic approach to treatment that enables issues such as substance misuse and mental health to be considered when support is provided.
- There needs to be support and encouragement given to the services and pilots currently in place.
- to help them evaluate their work, identifying lessons learned on engagement, referral, changes in behaviour and well-being, harm reduction and successful quit attempts.

3.2 Harm reduction

In the interest of Public Health and harm reduction approaches it is important to promote the use of E-cigarettes and Nicotine Replacement Therapy as a substitute to smoking tobacco products.

E- cigarettes

In 2015 Public Health England published a comprehensive review of the latest evidence on e-cigarettes and a document highlighting the implications of this evidence for policy and practice. While the evidence base on e-cigarettes is growing, there are a limited number of good quality and reliable studies, especially about cessation which is the main driver for public health interventions[xxviii].

E-cigarettes meet many of the criteria for an ideal tobacco harm-reduction product. Although nicotine delivery from e-cigarettes depends on several factors, including level of user experience and device characteristics, they can in principle deliver a high dose of nicotine, in the absence of the vast majority of the harmful constituents of tobacco smoke[xxix].

It has been established that e-cigarettes are considerably safer than smoking cigarettes, they are popular with current smokers and that they have a role to play in reducing smoking rates in the UK.

Where people are still accessing stop smoking services, and the current popularity of e-cigarettes as an aid to quitting, there is an opportunity to improve success rates by combining the use of e-cigarettes with the most effective method of quitting (behavioural support from services). The Barking and Dagenham Specialist Stop smoking service is an e-cigarette friendly service.

Approaches for Harm reduction

- Monitor the usage of E cigarettes in the borough along with quit attempts
- Ensure E cigarette sales and safety are in line with TPD2 regulations
- Ensure under age sales of e cigarettes are monitored & tested

Commissioning intentions

These will be refreshed each year and will include a specialist stop smoking service to deliver targeted work focused on the priority groups. Barking and Dagenham will also continue to strengthen community based stop smoking services within pharmacies and GP practices as these have a greater reach across the borough. They will be developed with partners to align with the Sustainability and Transformation Plan and aim to link prevention work with other developments.

Commissioning intentions Specialist Stop Smoking Service

A specialist stop smoking service has been commissioned to deliver targeted work focused on the priority groups as referenced above. Commissioners will work with Community Solutions who will manage the healthy lifestyle team, including the specialist stop smoking service, to refine the required outcomes from April 2018. Commissioners will also look to align, where possible, the prevention work with other developments such as the retendering of the young person's substance misuse service (known as Subwize) in late 2017.

Commissioning intentions: Primary Care and Community services

Commissioning intentions: primary care and community services: Barking and Dagenham will continue to provide community based stop smoking services within pharmacies and GP practices. These services are widely dispersed across the borough and therefore are close and convenient to where people live. Pharmacies are also often open in the evening and at weekends. Public Health will work with the CCG and practice networks to improve services and activity will be monitored via a performance dashboard.

Implementation of the Tobacco Control Strategy & Action plan

To reduce the smoking prevalence and to tackle the health inequalities across the borough, we need to help existing smokers give up and reduce the numbers of young people taking up smoking. It is vital to keep the tobacco control agenda in key focus[xxx].

It is particularly evident that the Tobacco Control Strategy will require support to implement and to make a notable difference reducing the smoking prevalence. This will be guided and monitored by the local Tobacco Control Alliance. Tasks, activities, and projects will be delegated to the relevant leads to action under time frames agreed at the alliance meetings.

Monitoring & assessing progress

Adopting a universal and consistent approach to the tobacco control strategy will ensure an effective delivery of the strategy.
The Tobacco Control Alliance will be responsible for overseeing the implementation of the actions in the strategy action plan, additionally for advising on any changes required to the plan if necessary.

Tobacco Control Action Plan

The Action Plan is a live document. Responsible leads will be required to report quarterly on activity and outcomes at the alliance meetings. Updates will be forwarded to the Tobacco Control Co-ordinator, collated, and shared at alliance meetings. Six monthly updates will be available for the Health and Wellbeing Board.

Annual Review

An annual review should be carried out to ensure the work that is being carried out is achieving projected outcomes. Making the best use of existing and emerging research, both national and international, will be vital to ensuring the success of this strategy.

Refresh of the Tobacco Control Alliance

A review of the alliance is required to invite new members from fields where there is little or no representatives. This will develop the work of the tobacco alliance and help to guide future work

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