Agenda Item No. 12

Health and Wellbeing Board

9 July 2014

Report title	Local Government Declaration on Tobacco Control
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards affected	All
Accountable director	Sarah Norman, Community
Originating service	Public Health
Accountable employee(s)	Martyn Sargeant — Democratic Services Manager Tel — 01902 555043 Email — martyn.sargeant@wolverhampton.gov.uk
Report has been considered by	Public Health Delivery Board 3 December 2013

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Propose the signing of the Tobacco Control Declaration by the leading Council Executives and the Director of Public Health (as referenced in Appendix 1)

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The background paper

1.0 Purpose

1.1 To provide the Board with background information about the Tobacco Control Declaration and set out why Wolverhampton should be one of the early signatories.

2.0 Background

2.1 The Government Declaration on Tobacco Control within Local Authorities was developed by Newcastle City Council early in 2013 as a way of securing high level, local authority commitment to the importance of tackling issues relating to smoking. It is based on the successful Nottingham Declaration on Climate Change and has been endorsed by the Health Minister, Chief Executive of Public Health England and the Chief Medical Officer

2.2 The Declaration includes a number of specific commitments which will enable Councils to take a strong leadership approach and champion the importance of tackling smoking right across local communities. Locally these can be translated into commitment to:

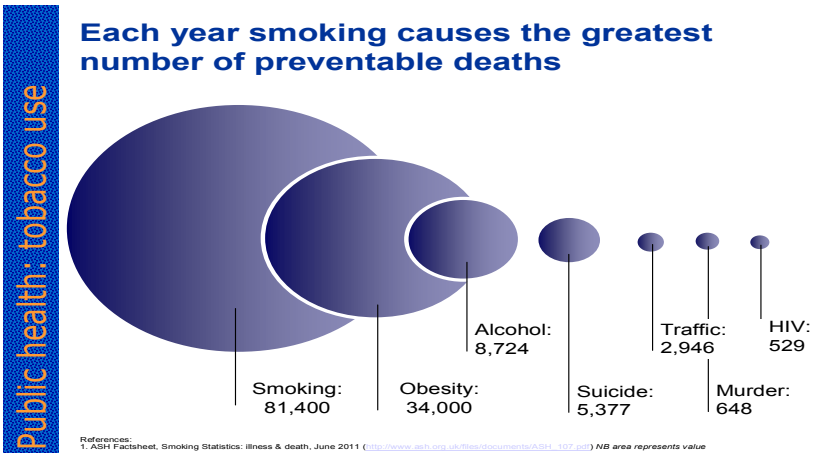
- Reduce smoking prevalence e.g. enabling staff to access smoking cessation services at work, enforcing a smoke free area by entrances and exits to Council buildings.
- Lead on the development of tobacco control plans and strategies with partners and local communities and monitor the progress of these plans
- Participate in local and regional networks and join up to the Smokefree Action Coalition
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry

2.3 An increasing number of local authorities have signed or are about to sign the declaration.

2.4 Smoking is one of the main contributory factors to premature death and disease in Wolverhampton, and the single largest factor in health inequalities, a major driver of poverty. The move of public health to local government presents an opportunity for local authorities to lead local action to tackle smoking, and to ensure that the tobacco industry is not able to influence local tobacco control policy.

2.5 From local data it is clear that smoking rates are disproportionate across different ages and deprivation groups. Smoking in pregnancy remains an issue with younger mothers more likely to smoke during pregnancy as are mothers from the more deprived areas.

2.6 The Impact of Smoking: Every year in England more than 80,000 people die from smoking related diseases. This is more than the combined total of the next six causes of preventable deaths. Smoking accounts for one third of all deaths from respiratory disease, over one quarter of all deaths from cancer, and about one seventh of all deaths from heart disease. On average a smoker loses 10 years of life.



2.7 Reducing smoking in our communities significantly increases household incomes and benefits the local economy: The annual cost of smoking to the UK national economy has been estimated at £13.7 billion. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year. Poorer smokers disproportionately spend more of their weekly household budget on smoking than do richer smokers. Smokers who quit are more likely to spend money saved in their local communities.

2.8 Reducing smoking amongst the most disadvantaged is the single most important means of reducing health inequalities: About half of all smokers in England work in routine and manual occupations. Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles. The poorer and more disadvantaged you are, the more likely you are to smoke.

2.9 Smoking is an epidemic created and sustained by the tobacco industry: The tobacco industry (outside China) is dominated by four multinationals which are some of the most profitable in the world: the global tobacco market is worth about £450 billion a year. The industry needs to recruit 200,000 smokers a year in the UK to maintain current levels of consumption replacing those smokers who have quit or died. It is the only industry in the UK that produces and promotes a product that has been proven scientifically to be addictive and it is looking at e-cigarettes for its growth market.

2.10 Smoking is usually an addiction of childhood and adolescence, not an adult choice, with two out of three lifelong smokers hooked before they are legally allowed to purchase cigarettes. Although current evidence on the impact of e-cigarettes on this population is still emerging, marketing of these products is very clearly aimed at young people with strawberry and cream flavours. In addition there is evidence that some young people are also using the devices to get high substituting the liquid for cannabis.

2.11 The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco: HM Revenue and Customs estimate that in 2010/11, the illicit market in cigarettes and hand-rolled tobacco accounted for about 9% and 38% of the UK market respectively. The total amount of revenue lost to the Exchequer was estimated at £1.20 billion for cigarettes and £0.66 billion for hand-rolled tobacco. (All figures are mid-range estimates).

3.0 Progress.

3.1 Over the last 15 years, efforts have been taken to reduce smoking rates. The "Smokefree Law" (that is to say the Health Act 2006 and Smoke-free (Premises and Enforcement) Regulations 2006) , removed smoking from nearly all enclosed public spaces; age of sale for tobacco has increased from 16 to 18 and there are now wide ranging bans on almost all aspects of tobacco advertising. Tobacco control measures like these have helped to protect millions from the harm of second hand smoke and there are over 2 million fewer smokers than there were a decade ago.

3.2 Wolverhampton City Council already plays an important role in reducing tobacco use. The Environmental Health team enforces the Smokefree Law across the city and the Trading Standards department work to reduce the availability of smuggled and counterfeit tobacco as well as ensuring local shops are not allowing under-age sales. This role increased in April 2013 when it took over Public Heath responsibilities - part of which includes the commissioning of the city's Stop Smoking Services.

3.3 However, despite huge progress in some areas, rates of smoking remain high in Wolverhampton and numbers coming through smoking services are reducing, possibly as a consequence of the increasing use of e-cigarettes.

3.4 Smoking prevalence is higher than the national average as shown in Appendix 2 as is smoking in routine and manual groups. Of increasing concern in light of Wolverhampton having the highest infant mortality rate are the smoking in pregnancy rates which remain stubbornly high in comparison to our statistical and local neighbours and the England average.

3.5 Data from the Health Related Behaviour Study 2011/12 shows that the number of young people smoking is about 3% but as this is based on self report it is likely to be an underestimate. It is clear that more work is required to better understand the impact not only of smoking in young people but what the impact of Shisha and e-cigarettes are in this population.

4.0 Financial implications

4.1 This report has no financial implications.

[DK/26062014/A]

5.0 Legal implications

5.1 There is no risk to either signing or not signing this Local Government Declaration on Tobacco Control. The role of the Council in enforcing the "Smokefree law" (the Health Act 2006 and Smoke-free (Premises and Enforcement) Regulations 2006) is described above.

[KR/27062014/X]

6.0 Equalities implications

6.1 Public Health continues to work towards reducing the smoking prevalence and use of tobacco products in Wolverhampton. By reducing the smoking prevalence, particularly in the most disadvantaged areas, we will have the greatest impact on improving the health of the community and reducing the gap in life expectancy between the richest and poorest in our society. As well as improving the health of the community it will impact on the local economy by increasing income into the community. An Initial Equality Analysis has been completed and there are no equalities implications from this proposal.

7.0 Environmental implications

7.1 Reducing smoking prevalence will reduce the environmental impact from cigarette litter.

8.0 Human resources implications

8.1 There are no direct HR implications arising from the report.

9.0 Corporate landlord implications

9.1 There are no direct implications for the Council's property portfolio.

10.0 Schedule of background papers

Public Health Delivery Board 3 December 2013

Local Government Declaration on Tobacco Control

Appendix 1

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this date .....to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories

Leader of Council	Chief Executive	Director of Public Health

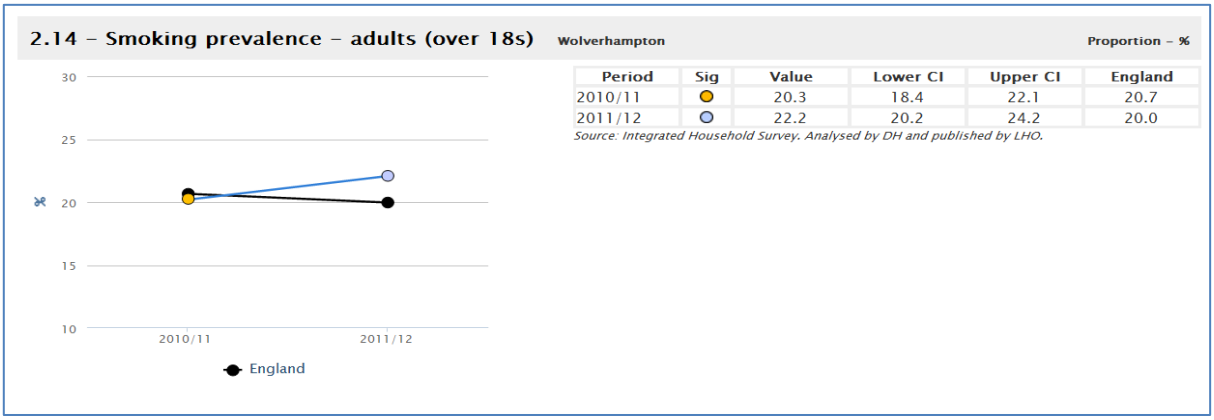
Endorsed by

Anna Soubry, Public Health Minister, Department of Health	Duncan Selbie, Chief Executive, Public Health England	Professor Dame Sally Davies, Chief Medical Officer, Department of Health	
Dr Janet Atherton, President, Association of Directors of Public Health	**Dr Lindsey Davies, President, UK Faculty of Public Health**	**Graham Jukes, Chief Executive, Chartered Institute of Environmental Health**	**Leon Livermore, Chief Executive, Trading Standards Institute**

Department of Health | Public Health England

Appendix 2

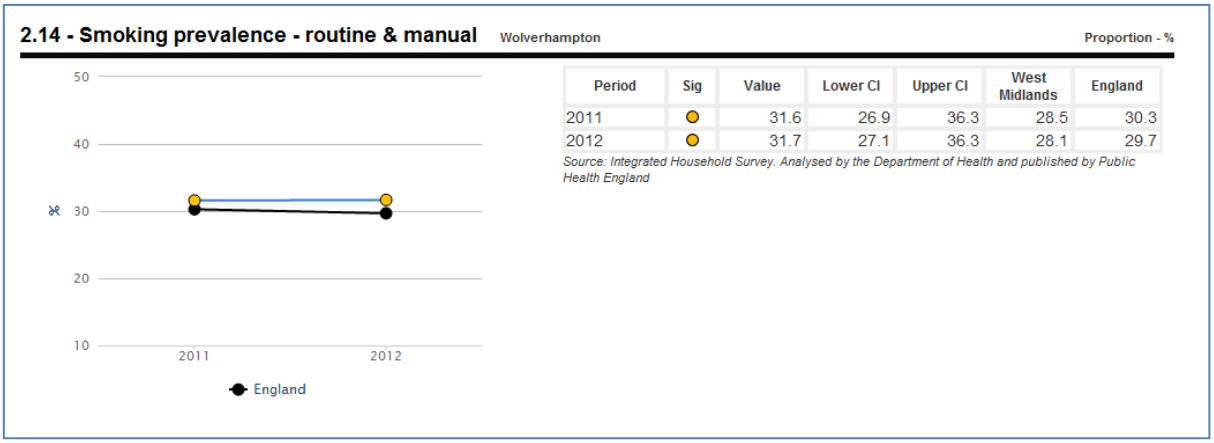
Fig. 1



Period	Sig	Value	Lower CI	Upper CI	England
2010/11		20.3	18.4	22.1	20.7
2011/12		22.2	20.2	24.2	20.0

Source: Integrated Household Survey. Analysed by DH and published by LHO.

Fig. 2



Period	Sig	Value	Lower CI	Upper CI	West Midlands	England
2011		31.6	26.9	36.3	28.5	30.3
2012		31.7	27.1	36.3	28.1	29.7

Source: Integrated Household Survey. Analysed by the Department of Health and published by Public Health England

Fig. 3