

# A Tobacco Plan to Reduce Health Inequalities in Plymouth

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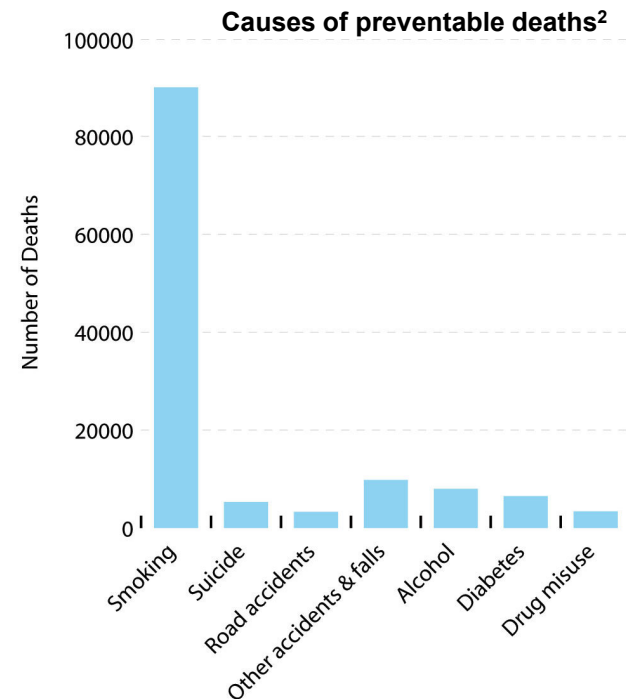


## Aim

To inform the OSP of developments on the Tobacco Control Plan for Plymouth & gain support moving forward into the engagement process

# Introduction

- Significant Health Inequalities in Plymouth (14.7 years of life between rich & poor)
- Smoking tobacco is the primary cause<sup>1</sup> Wanless D (2004)
- Tobacco Control is effective if done comprehensively<sup>2,3</sup> Marmot M (2010)
- Vast evidence base behind an integrated programme<sup>4</sup>



1. Wanless, D. (2004) *Securing Good Health for the Whole Population*. London: TSO  
2. Department of Health (2010) *A Smokefree Future – A Comprehensive Tobacco Control Strategy for England*.  
3. Marmot, M. (2010) *Fair Society, Healthy Lives. Strategic Review of Health inequalities in England post 2010*  
4. Department of Health (2008) *Excellence in tobacco control: 10 High Impact Changes to Achieve Tobacco Control*

# The Local Picture Plymouth

- As a community smoking is costing us £Millions per year
- Over 1 in 5 adults smoke (disproportionally across the city)<sup>1</sup>
- 1 in 3 from routine and manual background<sup>1</sup>
- Almost a third of children <5 live in a house with a smoking parent<sup>2</sup>
- Estimated 545 premature deaths per year<sup>3</sup>

Prevalence in:	Plymouth	National
Adult Population	23.0%	21.4%
Routine & Manual	34.5%	29.8%
Pregnancy	18.8%	14.1%
<5yrs with one or more parent	28.4%	N/A

1. Office for National Statistics (2009-2010) *Integrated Household Survey (Experimental Statistics)*

2. Plymouth Public Health Development Unit. (2010) *Report of Health Visitor Caseloads*.

3. South West Public Health Observatory (2010) *Health Profile for Plymouth 2010*.

# The Local Picture Plymouth

- 13% of shops tested sold to a child (Plymouth Public Protection Service)
- Only 43% of our clients (PSSS) paid full price for their tobacco<sup>1</sup>
- In Devonport, Stonehouse & North Prospect over half (58%) of people questioned knew of illegal tobacco being sold in their area\*
- We have on average 2 smoking related house fires every month\*\*
- Loss of revenue to local business from illicit tobacco
- Smoking related litter
- Staff sickness & cigarette breaks

1. Bullard, J. (2010) *Tobacco use survey 2010*. Plymouth NHS Stop Smoking Service

\* Source: Plymouth Local Authority, Public Protection Service, Tobacco Control Programme, Social Marketing Insights.

\*\* Source: Devon & Somerset Fire & Rescue Service

## In a Nutshell

- Tobacco use is costing Plymouth unacceptable amounts of money and life year on year.
- If we are to do one thing to reduce health inequalities in Plymouth, it should be tobacco control.

# Tobacco Control

Tobacco control is an internationally recognised, evidence based discipline that seeks to reduce harm caused by tobacco use by coordinating different approaches<sup>1,2,3,4</sup>. (WHO, World Bank, DH)

Strategies that:

## Reduce Demand

- Price measures
- Tax
- Advertising
- Visibility (e.g. point of display)
- Smokefree laws
- Health promotion
- Smoking cessation

## Reduce Supply

- Control illicit
- Restrict access
- Smuggling

It is NOT the just the domain of the health sector – it is a multi-sectoral concern

1. World Health Organisation (2008) WHO Report on the Global Tobacco Epidemic – the MPOWER package  
2. Department of Health (2010) A Smokefree Future – A Comprehensive Tobacco Control Strategy for England.  
3. World Bank (2003) Tobacco Control at a Glance  
4. Department of Health (2008) Excellence in tobacco control:10 High Impact Changes to Achieve Tobacco Control

# Plymouth Plan Aspirations

**The over arching aspiration of the plan is to reduce the smoking prevalence in Plymouth from 23% in 2010 to 17.1% by 2020**

Further aspirations with specific targets include

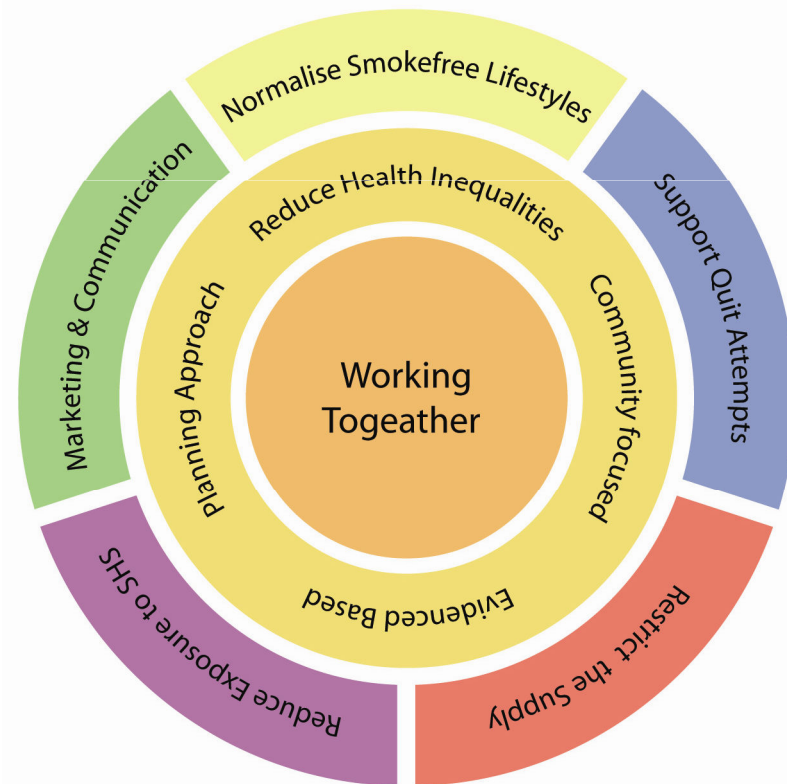
- Reducing health inequalities driven by smoking
- To reduce the percentage of pregnant women who smoke
- To reduce young children's exposure to second hand smoke
- To reduce the rates of young people smoking aged 15 years



# Plymouth Plan Principles

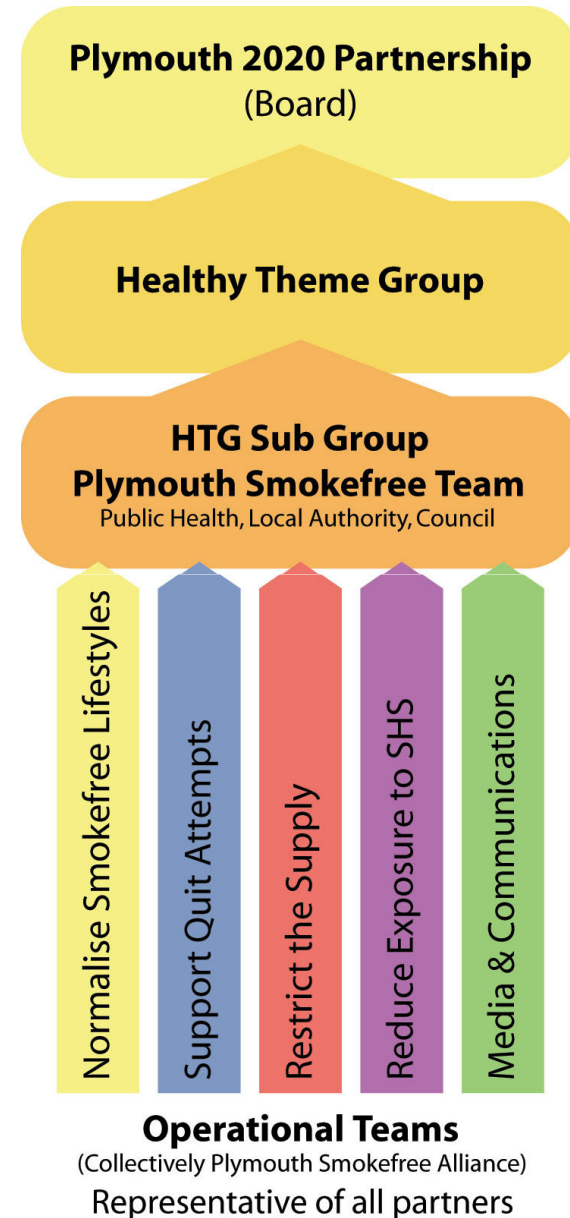
1. Reduce health inequalities
2. Include communities as a focus of what we do, developing responsibility
3. Evidenced Based
4. Multi-organisational, partnership action planning
5. Equity & Fairness

- *Normalising smoke free lifestyles*
- *Supporting people to stop smoking*
- *Restricting the supply of tobacco products*
- *Reducing exposure to second-hand smoke*
- *Media and communication*

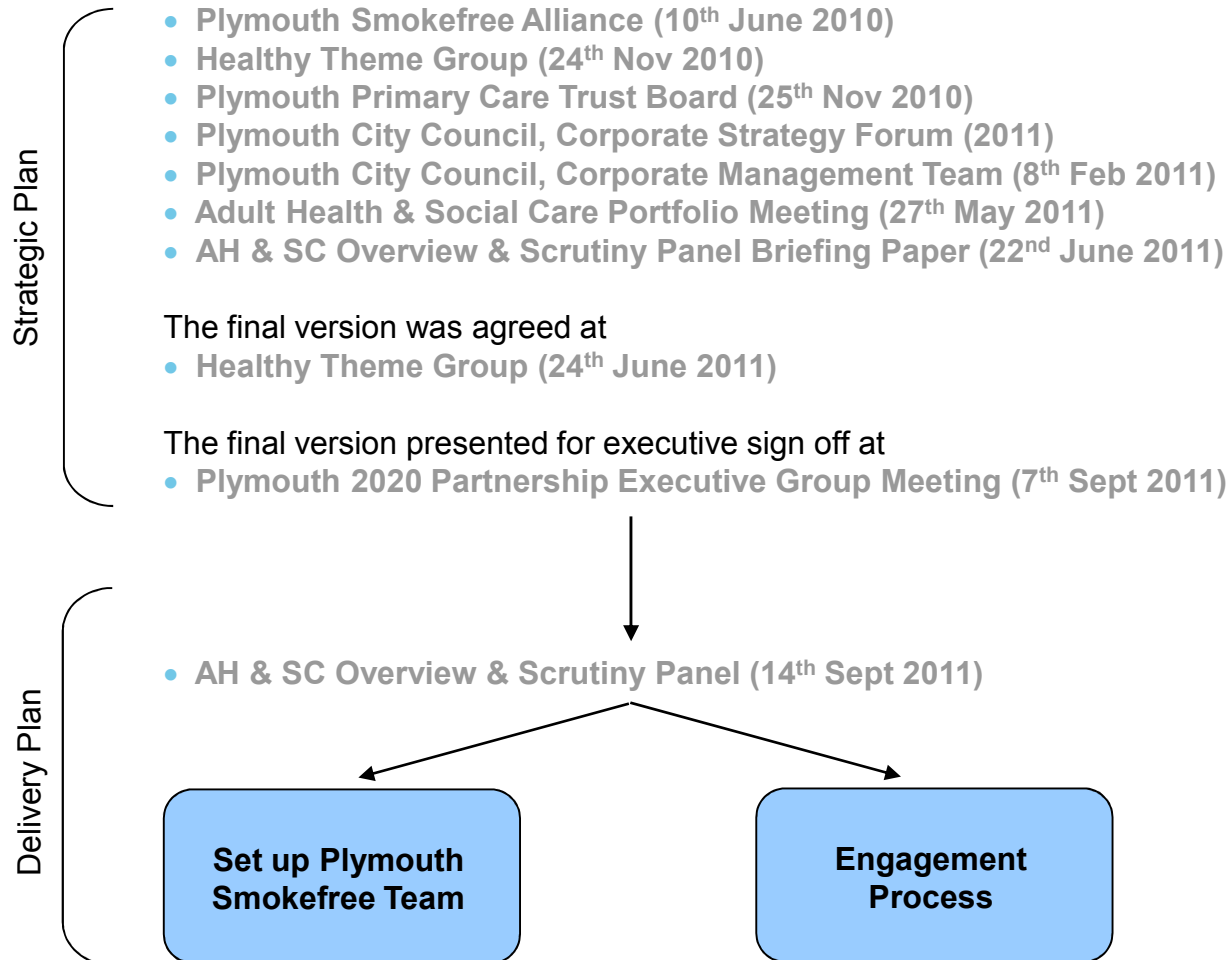


# Plymouth Plan Framework

Successful action to tackle the devastating impact of tobacco within our city can only be achieved with a strategic approach and effective coordination. It needs to incorporate a mix of educational, clinical, regulatory, economic and social strategies. It is therefore vital to gain the support of all key stakeholders within the city of Plymouth.



# Plymouth Plan The Journey



# Plymouth Plan

## Plymouth Smokefree Team

- Terms of Reference of currently under development including the role of the group and its membership.
- We expect the membership to include senior executives from key partnerships and officers for which tobacco is a central element to their remit.
- We would really value the Overview & Scrutiny Panels views on who should be actively involved with this team to ensure delivery.

# Plymouth Plan

## Making it Happen

- Normalise smokefree lifestyles  
*Decipher Assist Project*
- Support people to stop smoking  
*DIY Quit Attempts*
- Restrict the supply of tobacco products  
*Routes to Tobacco*
- Reduce exposure to second-hand smoke  
*Smokefree Homes & Cars*
- Marketing & Communications  
*Reduce Demand for Illegal Tobacco*

# Influence Next Steps

- AH&SC OSP comments and thoughts
- We would like to gain your support for moving this agenda forward & engaging with the right people
- Who should be 'at the table' for Plymouth Smokefree Team
- Suggestions on the 'Engagement Process' to ensure effectiveness
  
- Establish 'Plymouth Smokefree Team'
- Conduct the 'Engagement Process'
- Use the process to develop well rounded proposals for delivery with cost calculation
- Bring it back to AH&SC OSP for review
- Launch the delivery plan (Tobacco Control Conference)