

A Smokefree Future: A Tobacco Control Plan for Halton 2017-2022



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Foreword

Welcome to the refreshed Halton Tobacco Plan for Halton. We have made great strides in reducing the harms caused by tobacco in Halton. The number of people in Halton who smoke has reduced significantly from around 30% of adults smoking in 2001 to just 16.6% in 2016, the lowest level since records began.

But whilst we have made great strides in the right direction, there remains more to do. Tobacco use remains one of our most significant public health challenges. Smoking remains the leading cause of preventable death and disease in Halton. Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking also remains the single biggest cause of the difference in life expectancy between the richest and poorest in our communities.

We want change this. Our vision is to make smoking history for children in Halton and ensure all Halton residents live Smokefree lives. This vision is ambitious but achievable. Evidence from both the UK and abroad clearly shows that by working together we can reduce smoking rates further. Reducing the number of people smoking will lead to Halton residents living longer and healthier lives. Helping people to stop smoking is as good use of scarce resources and can save money for individuals and their families, the local authority, NHS and local economy as a whole.



E O'Meara

Eileen O'Meara, Director of Public Health, Halton Borough Council

I fully endorse the Tobacco Control Plan and its actions. Although we have made progress in reducing the number of people smoking in Halton the job is not yet done. Smoking rates in Halton remain higher than for England as a whole and being a smoker remains common in some social groups, for example shockingly nearly half of people with a serious mental illness in Halton smoke.

This Tobacco Control Plan sets out how, through working in partnership, we will drive down the number of people smoking at an even faster rate. The harm smoking causes is entirely preventable. Many smokers start smoking during their teenage years so stopping young people from starting to smoke will be vital.



The case studies in this Plan show the positive impact stopping smoking has on local people's lives. Helping people to stop smoking is not just good for their health, but for the wellbeing of their families and friends. It will also reduce costs to NHS and social care in the years to come, freeing much needed public money that could be used for other purposes.

Cllr Marie Wright, Halton Borough Council's portfolio holder for Health and Wellbeing

Introduction

In Halton we have made good progress in reducing the harm smoking causes with less young people starting to smoke and fewer numbers of adults now smoking. The number of people in Halton who smoke has reduced significantly from around 30% in 2001, to just 16.6% in 2016, the lowest level since records began.

However, there is more work to be done and considerable challenges still remain:

- **Smoking rates in Halton remain higher than for England as a whole.**
- **Smoking remains the leading cause of preventable death and disease in Halton** and is one of the most significant causes of ill health, particularly due to cancer, coronary heart disease and respiratory disease.
- **Smoking is the primary reason for the gap in life expectancy between rich and poor** in our communities.
- **Smoking rates remain high among some social groups** for example routine and manual workers, those with a mental health condition, pregnant women, those with long term health conditions and those with drug and alcohol addictions
- **Smoking costs the local Halton economy £37.9 million each year.** This is considerably more than is generated through tobacco duty (£17.2 million) per year. **Each year in Halton we spend £4.4 million treating diseases caused by smoking and £4million on smoking related social care costs. Helping people to stop smoking will reduce these costs.**

Put simply smoking still kills

No one can say that the job of tobacco control is done when smokers in Halton still face the risks of smoking-related illness and premature death, young people continue to start smoking, and smoking remains the primary cause of differences in life expectancy between the richest and poorest in our communities.

We have a duty to our children to protect them from smoking - an addiction that takes hold of most smokers when they are young. To meet this duty, we must sustain and renew our collective effort to tackle smoking and drive down the number of people smoking at an even faster rate. Without such an approach, the number of people smoking in Halton could easily start to rise again.

This Tobacco Control Plan recognises the scale of Halton's tobacco challenge and offers systematic plans to tackle it in response to both national and local requirements. It moves us forward towards a Smokefree Halton where people can live and work without the fear of developing smoking related diseases.

Our Vision, Objectives and Outcomes

Our Vision

To make smoking history for children in Halton and ensure all Halton residents live Smokefree lives.

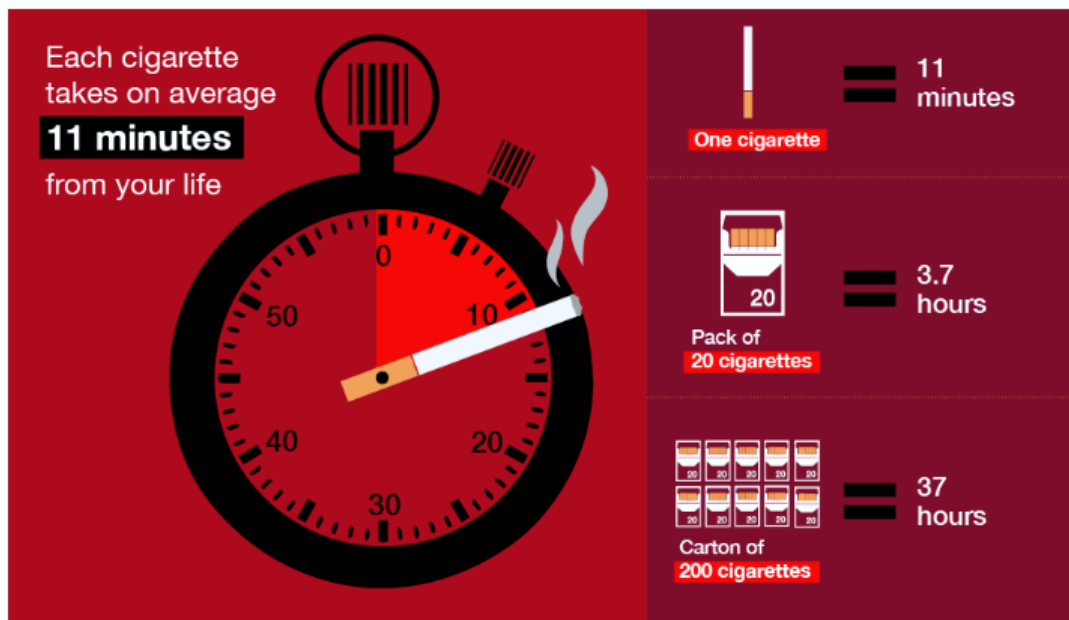
Objectives

The new tobacco control plan for Halton, A Smokefree Future aims to eradicate the harms from tobacco via three overarching objectives:

1. Stopping the inflow of young people recruited as smokers
2. Motivating and assisting every smoker to quit
3. Protecting families and communities from tobacco related harm

We have also identified three underpinning themes or values to achieve these outcomes:

- Working in partnership
- Reducing health inequalities and protecting the vulnerable
- Promoting evidence based practice and cost effectiveness (value for money)

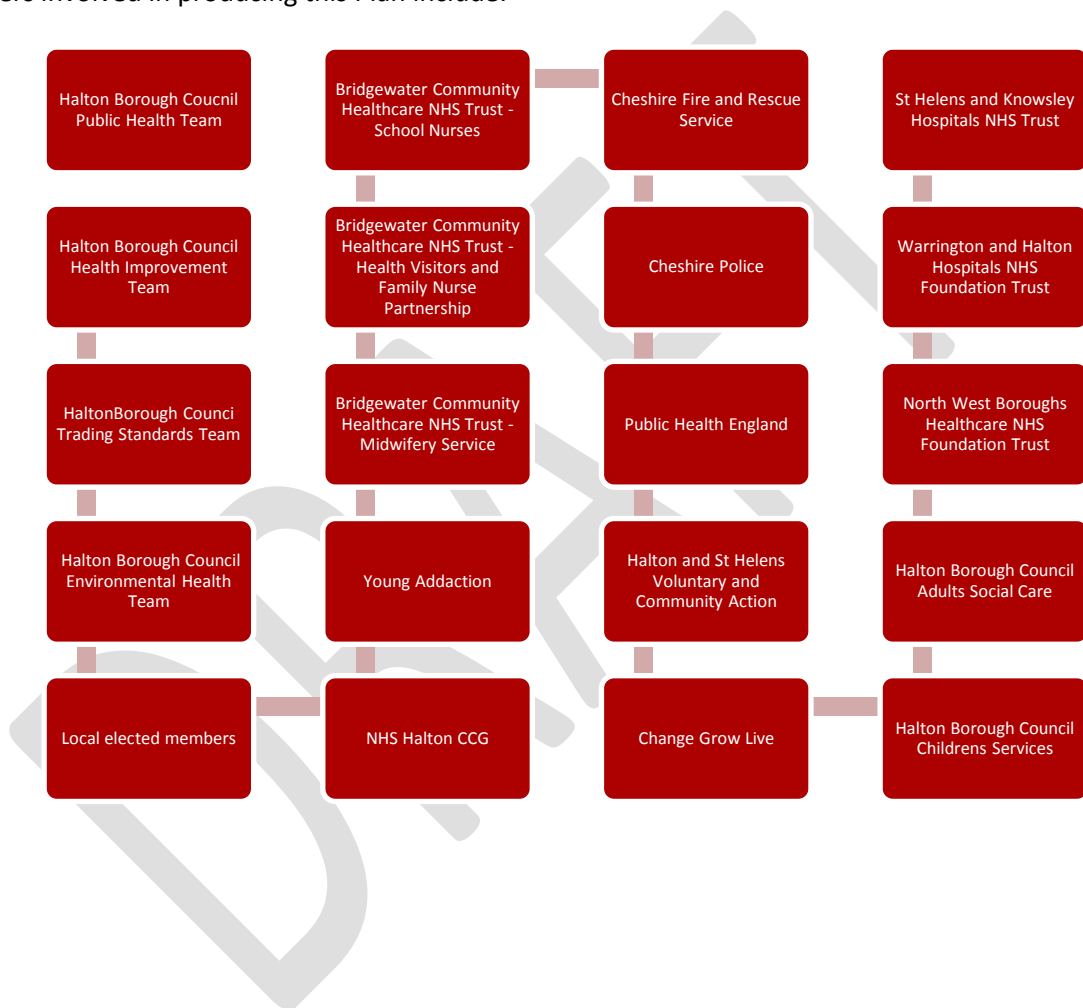


How we Developed this Tobacco Control Plan

Our vision is ambitious and can only be achieved by adopting a comprehensive approach to Tobacco Control. This requires engagement and commitment from all stakeholders. The Halton Tobacco Control Plan has been written in collaboration with all partners agreeing the vision, outcomes, objectives and actions.

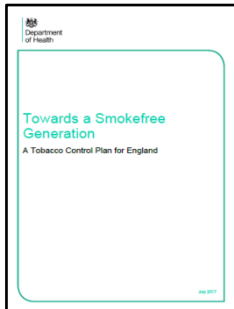
In addition public consultation on the Tobacco Control Plan and proposed actions has been undertaken using existing local groups and forums.

Partners involved in producing this Plan include:



Policy Context

The UK Government has tackled the harms of smoking through a strategic and comprehensive tobacco control programme. As a result of the ambitious tobacco Control policies the number of people in England who smoke has halved in the past 35 years. *Smoking Kills*, the first comprehensive government strategy to tackle smoking, was published in 1998.



In 2017, the Government published *Towards a Smokefree Generation - A Tobacco Control Plan for England*. Outlining plans to reduce smoking in England, with the aim of creating a smoke-free generation. The Strategy built upon achievements in tobacco control policy made over many decades and set out a comprehensive package of evidence based action to reduce smoking prevalence.

Smoking still kills (2015) was published by Action on Smoking and Health (ASH). This report proposes new national targets and recommendations to be included in the renewed national strategy to accelerate the decline in smoking prevalence over the next decade. A key recommendation of *Smoking Still Kills* is for the Government to impose an annual levy on tobacco companies and for the money raised to be used to pay for measures such as mass media campaigns and stop smoking services.



National Institute for Health and Care Excellence (NICE) Guidance

Smoking: harm reduction (PH45): Evidence-based recommendations on reducing harm from smoking for people who want to stop smoking or reduce the amount they smoke

Smoking prevention in schools (PH23): Evidence-based recommendations on preventing smoking in schools among children and young people aged under 19

Smoking: acute, maternity and mental health services (PH48): Evidence-based recommendations on stopping smoking for people using maternity, mental health and acute services

Smoking: stopping in pregnancy and after childbirth (PH26): Evidence-based recommendations on stopping smoking in pregnancy and after childbirth

Cardiovascular disease: identifying and supporting people most at risk of dying early (PH15): Evidence-based recommendations on identifying and supporting people most at risk of dying early of cardiovascular disease (CVD)

Key Achievements in Tobacco Control in the UK

Stopping the promotion of tobacco

- ✓ Banning most tobacco advertising and sponsorship
- ✓ Removal of cigarettes from vending machines
- ✓ Removal of cigarettes at point of sale
- ✓ In May 2016 England became the second country in the world and the first in Europe to require cigarettes to be sold in plain, standardised packaging, following the lead of Australia which implemented the measure in December 2012.
- ✓ Changes to packaging and labelling including health warnings on cigarette packs to cover 65 per cent of both sides of the pack including a picture warning on the front.

Making tobacco less affordable

- ✓ Raising taxes on tobacco. The price of a packet of premium cigarettes in the UK is now the second highest in Europe after Norway.
- ✓ Tackling illicit tobacco
- ✓ Minimum packet size of 20 for manufactured cigarettes and 40g for hand-rolled tobacco

Effective regulation of tobacco products

- ✓ Since November 2011 all cigarettes sold in the UK have had to conform to a Reduced Ignition Propensity standard. This EU-wide standard is designed to reduce cigarette-related fires and related deaths by preventing cigarettes continuing to burn when they are not being actively smoked.
- ✓ The revision of the EU Tobacco Products Directive in 2014 established a framework for the regulation of electronic cigarettes, including the prohibition of products that are presented as having curative or preventive properties or containing more than 20 mg/ml of nicotine, unless they are licensed as medicines. The Directive also prohibited additives and flavourings that make tobacco products more attractive, with a phase out period of four years for products with a market share of more than 3 per cent, such as menthol cigarettes.
- ✓ In England, legislation prohibiting the sale of electronic cigarettes to under 18s will come into force on October 1st 2015.

Helping tobacco users to quit

- ✓ Supporting and funding local stop smoking services

Reducing exposure to Secondhand smoke

- ✓ Smoke free environments. Legislation prohibiting smoking in workplaces and enclosed public places was introduced in England in July 2007.
- ✓ Smokefree cars - legislation prohibiting smoking in cars carrying children under 18 years old came into force on October 1st 2015.

Effective communications for tobacco control

- ✓ High profile marketing campaigns for tobacco control including Smokefree and Stoptober campaigns.

E-Cigarettes

In recent years there has been an increase in the sale, promotion and use of e-cigarettes in the UK (also known as vaporisers). Around 2.8 million people in Great Britain use e-cigarettes. Almost all are smokers or ex-smokers.

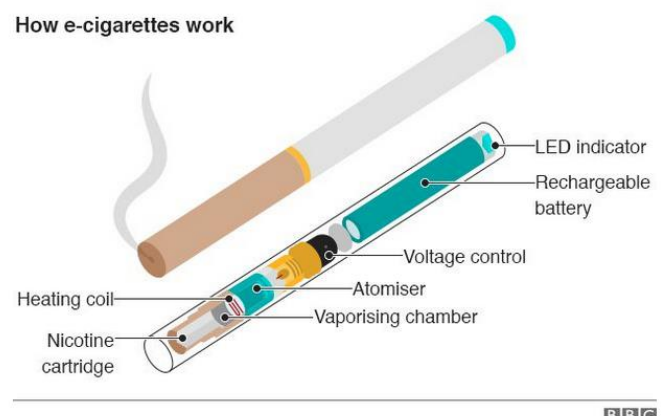
The main concerns surrounding e-cigarettes focus on their uptake by young people and potential as a gateway to smoking, their potential to re-normalise smoking, the safety for users and bystanders, and their effectiveness as quitting aids.

Not smoking and/or not using an e-cigarette (known as vaping) remains the healthiest option. E-cigarettes are not risk free, and the long-term effects are currently unknown. However, e-cigarettes carry a fraction of the risk of conventional cigarettes. Current evidence concluded that using an e-cigarette is around 95% safer than smoking. Smokers who switch to vaping therefore dramatically reduce the risks to their health.

E-cigarettes have become a popular stop smoking aid in England and a developing body of evidence shows that they can be effective. It is concerning that increased e-cigarette use has resulted in fewer people accessing stop smoking services. Stop Smoking Services remains the best way to support people to quit smoking long-term.

A further concern is that e-cigarettes may re-normalise smoking and may particularly appeal to young people acting as a gateway to normal cigarettes. Evidence from UK studies indicates that while young people's awareness of, and experimentation with, e-cigarettes has increased, regular use remains rare and almost entirely confined to those who are current smokers or have smoked in the past. We will continue to monitor this in Halton.

E-cigarettes are included within this Tobacco Control Plan with actions proposed to ensure their appropriate and safe use.



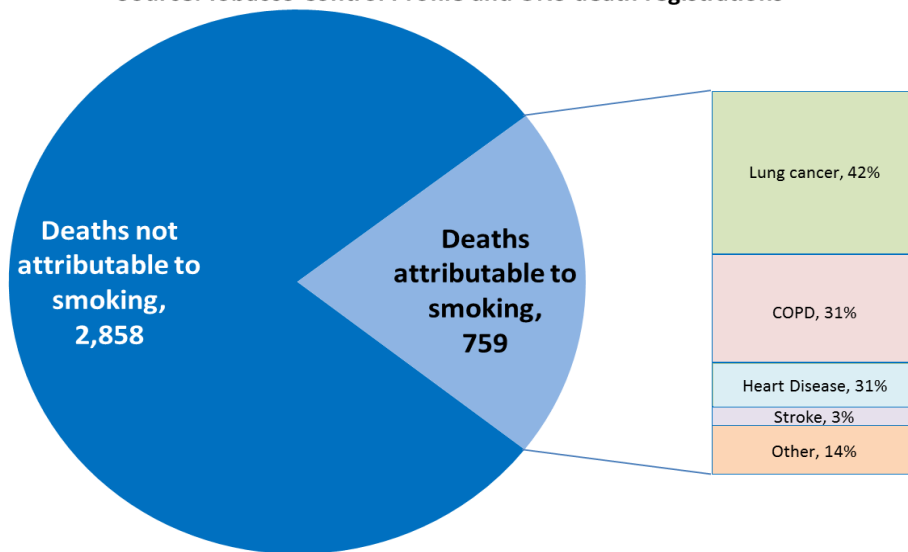
Picture of different e-cigarettes and their component parts

The Cost of Smoking

The Human Cost of Smoking

- ❖ Around **half of all regular smokers** are eventually **killed by a smoking-related illness**.
- ❖ On average, **smokers who die from a smoking-related illness lose around 16 years of life**
- ❖ **759 people in Halton died due to smoking (2013-2015)**. The majority of these deaths were due to lung cancer, followed by COPD then heart disease. **[See Pie chart below]**.
- ❖ **Deaths due to smoking account for 27% of all deaths in Halton.**

Source: Tobacco Control Profile and ONS death registrations

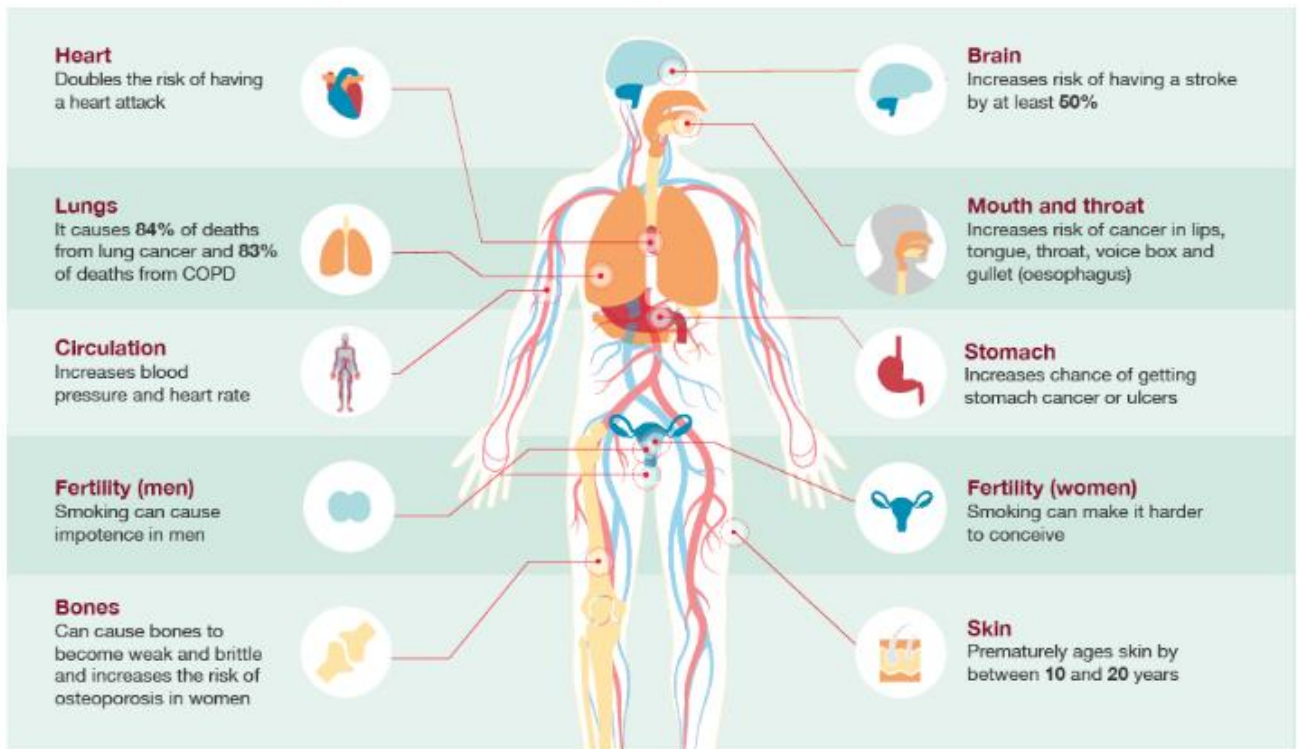


- ❖ As well as dying prematurely, **smokers also suffer many years in poor health**. For every death caused by smoking, approximately 20 smokers are living with a smoking-related disease.
- ❖ In 2015/16 in Halton there were **1,178 smoking attributable hospital admissions**
- ❖ **Many of the disease caused by smoking are chronic illnesses** which can be debilitating for the sufferer, reduce their quality of life and make it difficult to carry out day to day activities. Because of this **smokers are less likely to be in employment than those who do not smoke and more likely to need domiciliary care**.
- ❖ Smoking and the harm it causes aren't evenly distributed. **People in more deprived areas are more likely to smoke and are less likely to quit**. This means that **those earning the least suffer more ill health and are more likely to die prematurely due to smoking**.

By successfully stopping smoking people can avoid smoking related diseases and live longer, this is true regardless of old they are and however long they have smoked for.

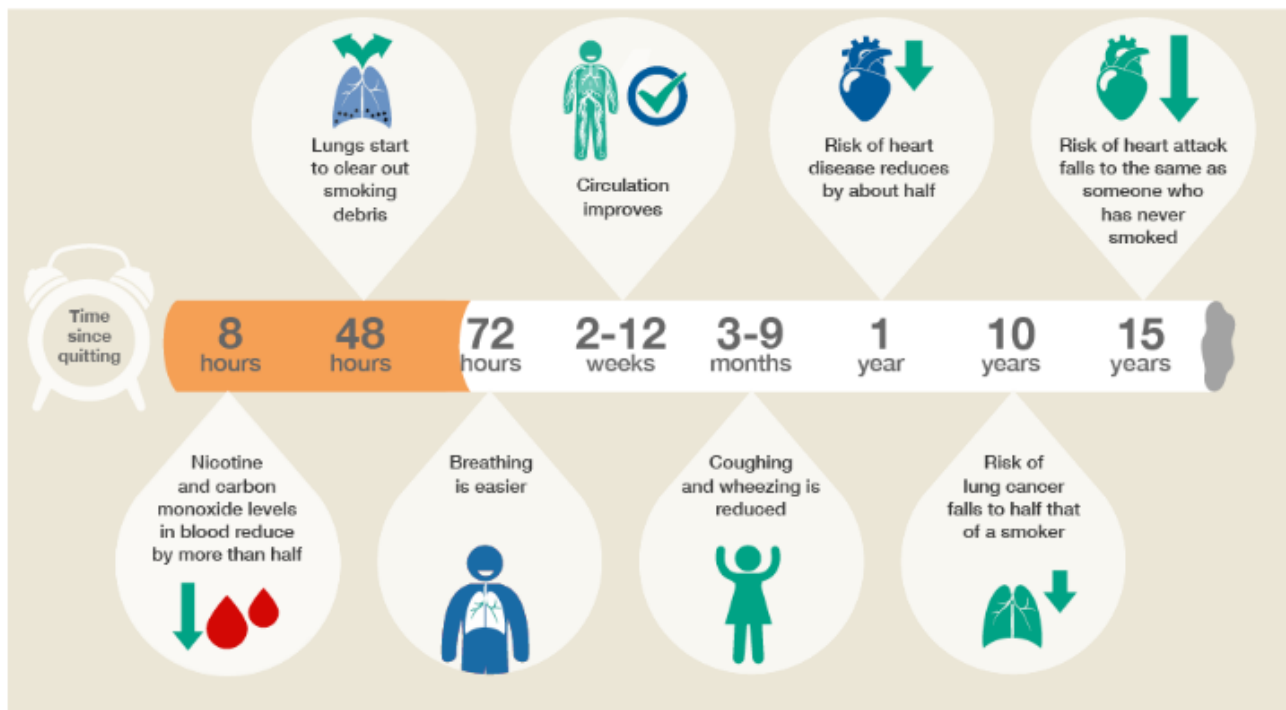
[Source: ASH - Smoking and poverty calculator]

How smoking harms the body



The health benefits of quitting

It's never too late to quit



[Source: Public Health England]

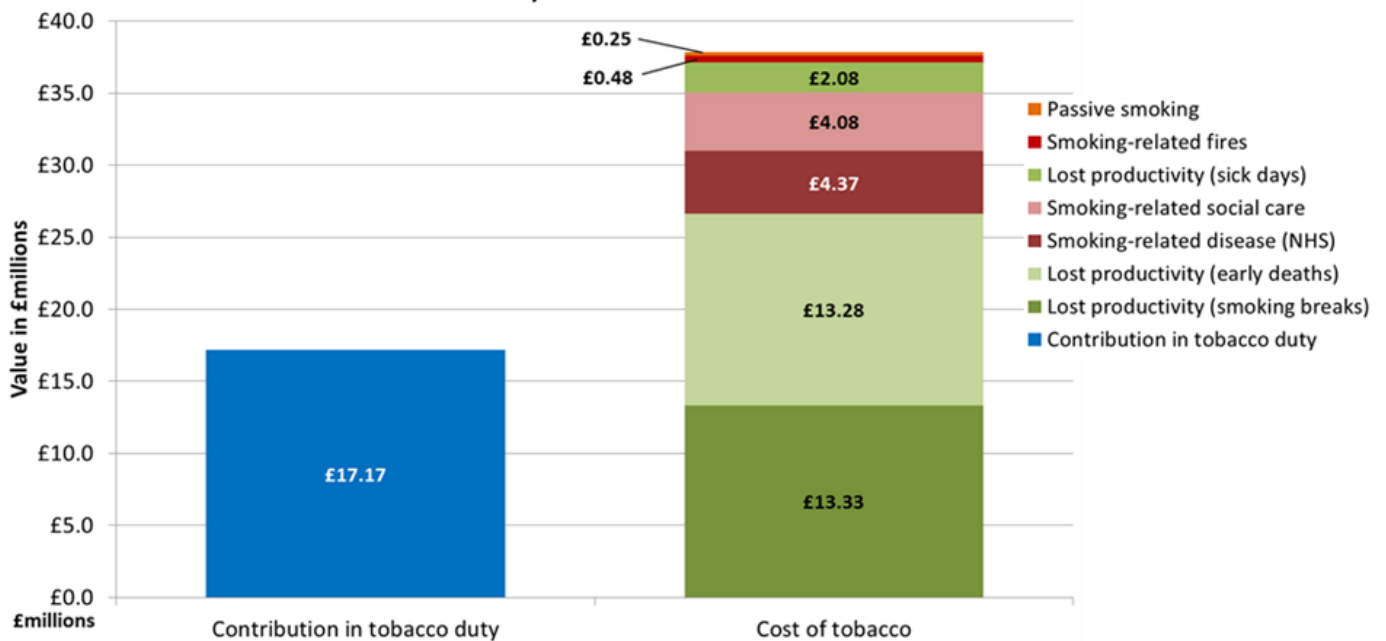
The Economic Costs of Smoking

Helping people to stop smoking is a good use of scarce resources and can save money for individuals and their families, the Local Authority, NHS and for society as a whole.

- ❖ **Smoking costs the local Halton economy £37.9 million each year.** This is considerably more than is generated through tobacco duty (£17.2) per year.
- ❖ **Smoking costs the National Health Service (NHS) in Halton approximately £4.4million a year** for treating diseases caused by smoking. This includes the costs of hospital admissions, GP consultations and prescriptions.
- ❖ **Smoking is contributing to the current social care crisis. Smoking costs social services in Halton £4million a year.** Smokers are more likely than people who have never smoked to need domiciliary care as they age, which in many cases will have to be paid for from local authority funds.
- ❖ Smoking impacts negatively on local businesses through lost productivity (smoking breaks and sick days due to smoking related illnesses).

Smoking-related contributions and costs to the local Halton economy

Source: ASH ready reckoner tool 2016



Helping People to Quit Smoking Can Lift Them Out of Poverty

- ❖ Smoking costs the individual smoker and their families. ***A 20-a-day smoker of a premium brand will spend about £3600 a year on cigarettes.***
- ❖ **Smoking increases the number of children living in poverty.** Every penny spent on tobacco is no longer available for improving a child's quality of life, including quality food, family holidays, sport, education and recreational activities. The impact is greatest for those already on low income – a low-income family earning £18,400 a year, where both parents smoke 20 cigarettes a day, will spend a quarter of their entire income on tobacco.

There are around 11,699 households in Halton with at least one smoker.

When net income and smoking expenditure is taken into account, 3,650 or 31% of households with a smoker fall below the poverty line.

If these smokers were to quit, 1,419 households in Halton would be elevated out of poverty.

The residents in these households include:

- **Around 1,541 adults below pensionable age**
 - **Around 382 pension age adults**
- **And around 1,051 dependent children**

This means that roughly 2,974 people would not be below the poverty line if the cost of smoking were returned to the household.

[Source: ASH - Smoking and poverty calculator]

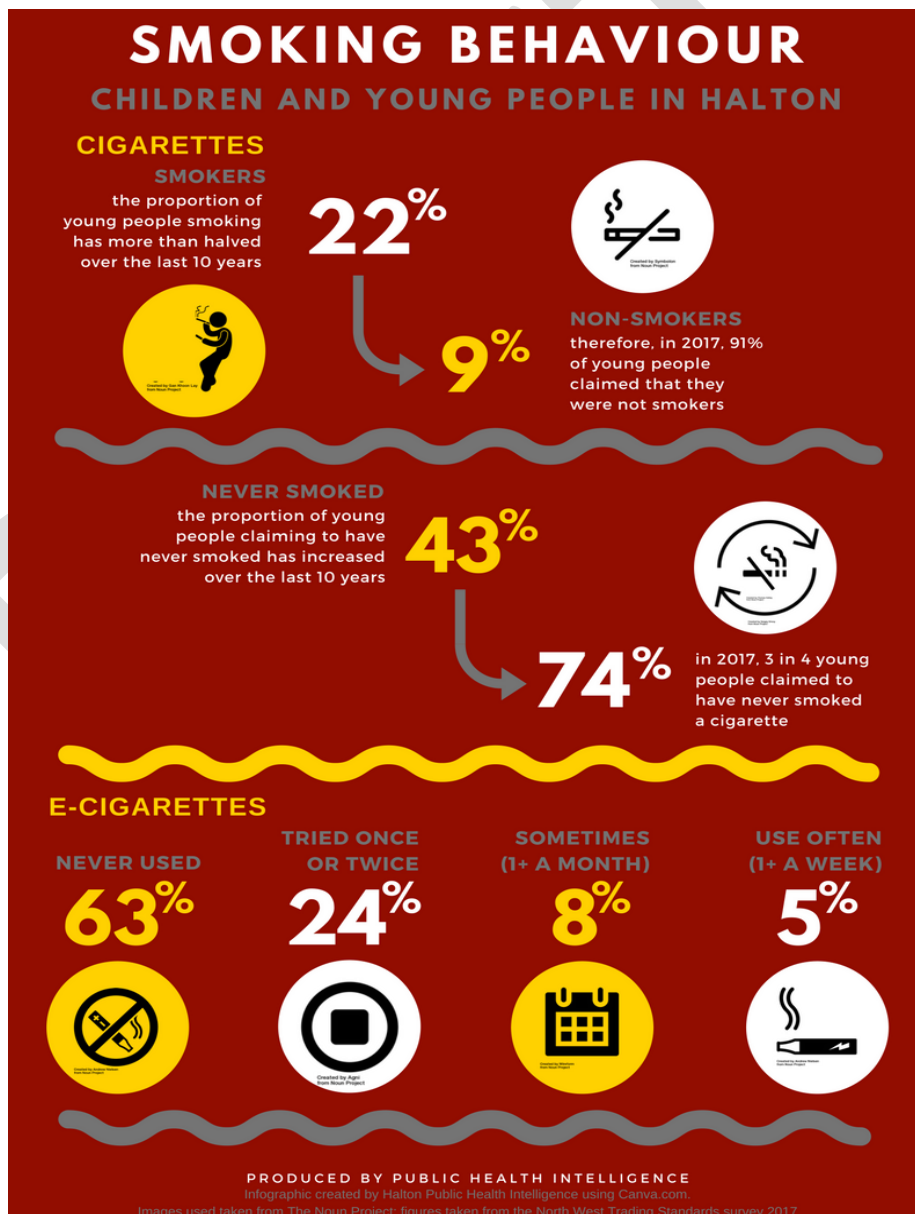
Chapter 1: Stopping the Inflow of Young People Recruited as Smokers

Why is this important?

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. As a result many young people become addicted before they fully understand the health risks associated with smoking. Smoking passes down the generations - children who have parents who smoke are 2-3 times more likely to be smokers themselves.

In recent years, there has been an increase in the sale, promotion and use of e-cigarettes in the UK. There are concerns about the potential for use of e-cigarettes by children and young people. This concern focuses on two main issues: first, that e-cigarette use could act as a gateway to tobacco use for young people; and second, that their use and promotion could undermine the success of initiatives and legislation in de-normalising cigarette smoking over the last decade.

Where we are now



What are we currently doing?

We know that children are heavily influenced by adult role models who smoke. Therefore one of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst young people, and achieving a Smokefree generation (*see Chapter 2 for more details*).

Promoting Smokefree spaces de-normalises smoking and protects future generations of children and young people from taking up smoking (*see Chapter 3 for more details*).

Reducing access to tobacco products by strictly enforcing laws prohibiting tobacco sales to minors is vitally important to reduce youth smoking rates (*see Chapter 3 for more details*).

School and College Based Activity

- ❖ The “Healthitude” programme delivered by the *Halton Health Improvement Team* offers to deliver comprehensive Tobacco Control education to all primary and secondary schools across Halton. The Tobacco Control education under “Healthitude” consists of:
 - Education around the harms from tobacco
 - The dangers of Secondhand smoke
 - Awareness of the harms of Smoking in pregnancy
 - The financial cost of tobacco to individuals and families
 - Tobacco industry tactics to recruit smokers
 - The harms of using E-Cigarettes
- ❖ *Young Addaction Halton* attends Personal, social, health and economic (PSHE) education and Health Days in local secondary schools to educate young people around the harms of tobacco use (and wider substance misuse).
- ❖ The *Halton School Nursing Service* provides a comprehensive programme of support for young people including drop in sessions, health promotion and support for schools in terms of planning and policies. This includes working on a 1-2-1 basis with young people who require support around smoking and working in partnership with other agencies where appropriate.



Community Based Activity

- ❖ *Young Addaction Halton* delivers health education on the harms of smoking and tobacco use within community youth clubs (in Widnes and Runcorn). This is done in an interactive and fun way using the visual tar jar and other resources. They also provide a mobile outreach through the VRMZ Bus and Streetwise teams where the dangers of smoking are also discussed.

Supporting Young People who Smoke to Stop

- ❖ Young people aged over 12 in Halton who smoke can be referred into *Halton Stop smoking service*.
- ❖ The *Halton Stop Smoking Service* undertakes outreach work with local colleges (Riverside and Cronton 6th Form College) to deliver tobacco education awareness sessions and offer smoking cessation support.
- ❖ *Young Addaction Halton* discuss risks of smoking to young people within their specialist young people treatment service and refer onto the local smoking cessation service as appropriate.

Focus for action

In order to reduce the number of young people smoking in Halton we will:

School and College Based Activity

- Increase the number of young people in Halton receiving Tobacco Control Education through the "Healthitude" programme
- Identify and induct Youth Health Champions in schools to cascade information on Health Issues, including Tobacco Control, to peers.
- Promote the Wellbeing Tobacco online magazine to all schools requesting Tobacco Control Education
- Deliver brief intervention training for all staff in schools (including teachers, teaching assistants, and school nurses) to encourage stop smoking referrals into the Stop Smoking Service for young people and their families.
- Offer cessation support to all staff working within schools to provide children with non-smoking role models within the school environment.

Community Based Activity

- Work in partnership with community groups e.g. youth groups, LGBT young people groups, young carers groups, groups for young people with special educational needs (SEN). Raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice
- Work in partnership with the Youth Offending Services in Halton to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.
- Work in partnership with the Children and young people mental health service in Halton to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice

Young People and E-Cigarettes

- Educate young people around the harms of e-cigarette through school based “Healthitude” programme and within community youth club settings.
- Educate parents on the health harms of e-cigarette use by young people
- Identify suppliers of e-cigarettes, check compliance with the labelling requirements and take appropriate action where non-compliance is identified. Also provide advice and information on due diligence systems to prevent the sale of e-cigarettes to under 18’s
- Develop a communications plan for the public to raise awareness that it is an offence to buy e-cigarettes for under 18 year olds

Reducing Underage Sales (See Chapter 3 for More Info)

- Work with traders within the Borough to reduce the availability of tobacco products to persons under the age of 18 and promote due diligence by visiting every identified tobacco seller to inform them of current legal requirements, check compliance and offer advice or take enforcement action as appropriate
- Check compliance with cigarette traders relating to point of sale signage and package labelling
- Undertake undercover test purchasing at traders of e-cigarettes and /or tobacco within the borough when and where intelligence is received using an underage volunteer
- Improve awareness of the offence of proxy purchasing with traders and the public and develop and agree an enforcement approach where there is more persistent non compliance
- Where young people are found to be asking for tobacco from traders, to develop an approach, in consultation with the Health Improvement team which will enable the officer to offer support to the young person in stopping smoking
- Ensure information on Illegal and Counterfeit Tobacco is included in Tobacco Control Education delivered to schools

Smokefree Places (See Chapter 3 for more info)

- Work with schools to develop and promote Smokefree policies, including playgrounds, for school environments. This will include e-cigarettes.
- Develop and promote Smokefree homes and cars with a focus on families with young children.

Case Study: School Based Education on the Harms of Smoking

The “Healthitude” programme delivered by the *Halton Health Improvement Team* offers to deliver comprehensive Tobacco Control education to all primary and secondary schools across Halton. The Tobacco Control education under “Healthitude” consists of education around the harms from tobacco, the dangers of secondhand smoke, awareness of the harms of Smoking in pregnancy, the financial cost of tobacco to individuals and families, tobacco industry tactics to recruit smokers, the harms of using E-Cigarettes.

“They really, really enjoyed and were really engaged in the sessions. One child has even asked his dad to pack in the fags and told him all of the bad effects. He is working abroad at the moment, so I'm not sure he expected that in his phone call home!” (Teacher, Hale Primary)

Halton Health Improvement Team with pupils at Halebank Primary School



Chapter 2: Motivating and Assisting Every Smoker to Quit

Why is this important?

Tobacco dependence is one of the hardest addictions to break. A smoker will typically have many failed quit attempts before they manage to successfully quit smoking. Some two-thirds of current smokers in England say that they want to quit smoking, with three-quarters reporting that they have attempted to quit smoking at some point in the past.

Providing support to help smokers quit is highly cost-effective and continues to offer smokers the best chance of quitting. Smokers who use stop smoking service support are up to four times as likely to quit successfully as those who choose to quit without help or with over the counter nicotine replacement therapy products.

Where we are now

We have made great progress in reducing the harms caused by tobacco in Halton. The number of people in Halton who smoke has reduced significantly from around 30% in 2001 to just 16.6% in 2016, the lowest level since records began.

However in our journey towards a Smokefree generation, we risk leaving some people behind. Smoking rates are much higher among some social groups and this is where we now need to focus our efforts. In Halton:

- ❖ 24.1% of workers in a routine and manual occupation are smokers
- ❖ 16% of pregnant women were smokers at the time of delivery (higher than the England rate of 10.6%)
- ❖ 47.5% of residents with a serious mental illness smoke
- ❖ Smoking rates are 2-4 times higher in those with alcohol and drug dependencies than the general population
- ❖ Smokers are more likely to live with a long-term health condition. People with a long-term condition who smoke face increased health risks and complications and are more likely to be hospitalised or need domiciliary care.



SMOKING PREVALENCE

AMONG AT-RISK GROUPS IN HALTON

GENERAL PREVALENCE

16.6% of all Halton residents are estimated to be smokers (2016)

16.6%



47.5%

MENTAL ILLNESS

480 Halton residents with a serious mental illness are estimated to be smokers (2015/16)

ROUTINE & MANUAL

24.1% of workers in a routine or manual occupation are estimated to be smokers (2016)

24.1%



16.0%

PREGNANT WOMEN

244 of pregnant women were smoking at the time of delivery (2015/16)

SUBSTANCE TREATMENT

Smoking rates are 2-4 times higher in those with alcohol or drug dependencies than the general population (Apollonio et al., 2016)

2-4x



PRODUCED BY PUBLIC HEALTH INTELLIGENCE

Infographic created using Canva.com; images used taken from The Noun Project

Figures taken from PHE's Tobacco Control profiles, the North West Trading Standards survey 2017 and Apollonio et al. 2016

Local Stop Smoking Service in Halton

The *Halton Stop Smoking Service* provides all smokers who live or work in Halton (aged 12+) an easily accessible service which includes motivational and behavioural support alongside pharmacotherapy products and follows national evidence based guidelines to aid successful quitting. The service runs community based drop in clinics across Widnes and Runcorn (24 sessions per week in 19 venues).

The team of trained advisors support people to stop smoking through:

- Free advice and support, tailored to the individual needs of the smoker
- One-to-one or group support and advice from trained staff, for people motivated to stop smoking
- Pharmacotherapy support - Access to free or reduced cost Nicotine Replacement Therapy (NRT) via a voucher scheme

In addition the *Halton Stop Smoking Service* also:

- Delivers Brief intervention Stop Smoking training on request. This includes staff beyond the health sector. For example Cheshire Fire and rescue have been trained to undertake a brief intervention around smoking and refer smokers into the local stop smoking service as appropriate.
- Works in partnership to encourage referrals into service
- Attends community venues and to educate people on the harms of smoking and identify people who need support to quit smoking.
- Promotes national Stop Smoking campaigns such as Stoptober.

Local Pharmacies have been trained to deliver a stop smoking service. This means local people can access stop smoking support via their local pharmacy. Currently 27 pharmacies in Halton offer this service (14 in Widnes and 13 in Runcorn).



Public Health England

HOW WILL YOU QUIT THIS STOPTOBER?

There's lots of support available, so talk to your local Stop Smoking Service.

Search Stoptober
/stoptober @stoptober

STOP TOBER

BECAUSE THERE'S ONLY **ONE YOU**

© Crown copyright 2012

Launched in 2012, Stoptober is the 28-day stop smoking challenge from Public Health England that encourages and supports smokers across England towards quitting for good. Stoptober is based on the insight that if you can stop smoking for 28-days, you are five times more likely to be able to stay quit for good.

Focus for action

In order to support people to stop smoking the *Halton Stop Smoking Service* will:

- Provide 1-1 and “Drop In “cessation sessions for clients in a variety of venues across Halton for all smokers to easily access. Out of hours sessions will be made available for those clients unable to access the service during working hours.
- Undertake home visits for clients unable to access venues due to ill health and text messaging and telephone support for clients when unable to attend appointments to aid prevention of relapse
- All clients who access the 12 week programme and quit at 4 weeks are to be followed up at 26 weeks, and 52 weeks after original quit date to measure long term abstinence and support those who have relapsed.
- Promote the service to other Health Professionals in primary care and acute services e.g. GP’s, Halton and Warrington Hospitals to increase referrals into service
- Deliver Brief Intervention (level 1) Stop Smoking training to Health Professionals and local community & voluntary sectors incorporating Making Every Contact Count (MECC) to increase throughput into the service
- Deliver Intermediate (level 2) training and support to Health Professionals e.g. pharmacies and local community & voluntary sectors when requested to increase capacity and access for clients wishing to stop smoking ensuring data collection and inputting from those services delivering cessation are included in Stop Smoking Service data
- Maximise opportunities to increase referrals into the service by promotion locally of national campaigns e.g. Stoptober, No Smoking Day through social media networks, partnership working and attending awareness events e.g. Vintage Rally
- Offer support to people who want to use electronic cigarettes (e-cigarettes) to help them quit smoking (In line with NCSCT Guidance).

Do you want to quit smoking?

Be a Quit Hero!

We've helped thousands of local people to quit smoking for good. We can offer you:

- Access to free or reduced cost products
- Friendly advice and practical support to cope with cravings and stay stopped.

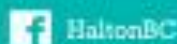
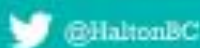


Contact us for free friendly advice and more information on local sessions in Runcorn & Widnes:

0300 029 0029

or visit www.haltonhealthimprovement.co.uk

BECAUSE THERE'S ONLY
ONE YOU



Helping Pregnant Women to Stop Smoking

Why is this important?

Smoking, and maternal exposure to tobacco smoke, during pregnancy increases the risk of: ectopic pregnancy; miscarriage; placental abnormalities and premature rupture of the foetal membranes; still-birth; preterm delivery; low birth weight (under 2,500 grams); perinatal mortality; sudden infant death syndrome. More than a quarter of cases of sudden infant death syndrome (SIDS) are attributable to maternal smoking during pregnancy.

What are we currently doing?

Halton has been part of the Liverpool City Region Child Poverty and Life Chances Commission Pilot to reduce smoking in pregnancy. Key components of the scheme are:

- ❖ Providing stress management support sessions to help clients cope with the stresses associated with quitting smoking during pregnancy.
- ❖ Requesting all pregnant women to identify a “Quit Buddy” to support them through the quitting process
- ❖ Offering all pregnant women referred to the Stop Smoking Services financial incentives to encourage them to stop smoking

NHS Halton CCG has been offered some targeted financial support from NHS England to help go further with efforts to reduce smoking in pregnant women. This funding will help System wide approach...

Focus for action

In order to reduce the number of pregnant women smoking we will:

- Appoint a dedicated Smoking in Pregnancy lead within the Halton Borough Council Stop Smoking Service.
- Work closely with Halton Midwives to re-establish the Babyclear programme – A Systematic approach to CO monitoring and referral by midwives at first booking appointment.
- Review and develop robust smoking in pregnancy pathways for local women, Community Midwives, and Stop Smoking Service to include seamless referral and follow up mechanisms including fast track referrals, 24 hour response rates, text messaging, telephone support, helplines, and home visits (where appropriate)
- Work alongside Family Nurse Partnership to deliver cessation for young pregnant mums and their families at home visits
- Continue to deliver the Liverpool Poverty and Life Chances Commission Pilot - Providing stress management support sessions to help clients cope with the stresses associated with quitting smoking during pregnant and supporting all pregnant women to identify a “Quit Buddy” to support them through the quitting process

- Expand funding for established voucher scheme (financial incentive for pregnant women to quit smoking and to stay quit) to include added incentive for attendance and ensure further promotion of this programme via Midwives, Family Nurse Partnership (FNP) ,CGL, Breastfeeding Team and Health Visitors
- Develop marketing and communication plan to promote stop smoking service for pregnant women to partners (to include GP, Pharmacies, Family Planning and Contraception Services)
- Work with Halton and Warrington Hospital Sonographers to promote referrals into Stop Smoking Service at scan appointments for pregnant smokers.
- Ensure Healthy Community Pharmacies provide cessation intervention or referral through to Stop Smoking Services upon purchase of pregnancy test kit.
- Review and enhance maternity service performance contract indicators related to SIP (to include use of CO monitor at booking appointment and onward referral)
- Undertake an audit with of accuracy recording of smoking status at time of delivery



Case Study: My Journey to Quit Smoking when Pregnant

I was referred to the Stop Smoking Service through my midwife. I wanted to stop smoking to reduce the harm to my new unborn baby and also to be a good role model for my other daughter. I also wanted to save money!

The felt the benefits of stopping smoking immediately, I could breathe better, I certainly smelt better, my skin and hair felt more nourished and money definitely stayed in my purse longer.

I was so happy to find out I was pregnant and thinking of the harm smoking was doing to my baby gave me the motivation and the will to stop. When I went to the stop smoking service I never ever felt patronised, I knew it was wrong to smoke but I was never told I had to stop. I think I would have struggled if I had been told I had to stop.

Smoking is an addiction and before I attended the Stop Smoking Service I never believed that I could quit. I wanted too but never thought I could.

It helped that as I was quitting my partner also decided to quit and we supported each other. Another good motivator that helped was that the longer I stayed off the cigs I was given 'Love to Shop' vouchers which was great as I could go and treat my daughter or buy things for the new baby.

I knew I had to keep going and never gave in. Whenever I needed help and support the Stop Smoking Service advisor was always there for me. I could always speak to her over the phone as she also gave me her mobile number and she told me to ring her any time if I needed her or I was having a wobble. I have thanked her and she just keeps telling me, "I've done nothing...you've done all the hard work, your amazing!"

I would definitely recommend the stop smoking service to everyone.

Now, at the end of my journey I have the most beautiful, healthy little baby daughter and I know I will not smoke again and my children will not be around smokers and fingers crossed they won't smoke either!



Parity of Esteem: Supporting People with Mental Health Conditions

Why is this important?

Smoking is a key cause of premature death, disability and poverty among people with a mental illness. In Halton nearly half (47.5%) of adults with a serious mental illness currently smoke. People with mental health conditions want to quit smoking as much as other smokers do. They have an equal right to be asked whether they smoke and provided with advice and access to effective support to quit or reduce harm.

What are we currently doing?

Halton stop smoking service has trained North West Boroughs Healthcare Mental health teams to support patients to stop smoking. To date 68 members of staff have been trained.

The Halton stop smoking service delivers smoking cessation sessions at the Brooker centre each week. Within 30 minutes of admission clients who smoke are offered NRT products by Mental Health Care staff to replace their tobacco. The Stop Smoking Service then attends twice weekly on Tuesdays and Fridays in order to deliver a full 30 minute consultation where behaviour changes are discussed and NRT product is reordered or changed if relevant. This is known as 72 hour intervention.

The Halton Stop Smoking Service is supporting the Brooker Centre to go Smokefree and staff attend monthly meetings with mental health care staff to discuss any problems.

Focus for action

In order to reduce smoking among people with a mental illness we will:

- Halton Stop Smoking Service will provide 1-1 cessation sessions for patients and staff residing and based in the Brooker Centre at Halton Hospital ensuring easy access.
- Provide text messaging and telephone support for clients and staff when unable to attend appointments to aid prevention of relapse.
- Support and work closely with North West Borough Healthcare mental health teams by attending monthly task and finish meetings to help promote and initiate smoke free environments and grounds within the hospital setting
- Work in close partnership and promote the service to other Health Professionals working in mental health services within community settings to increase referrals into the service
- Deliver Brief Intervention (level 1) training to those Health Professionals and local community & voluntary sectors in contact with mental health service users incorporating Making Every Contact Count (MECC) to increase throughput into the service
- Deliver Intermediate (level 2) training and support to Mental Health Professionals when requested to increase capacity and access for clients wishing to stop smoking ensuring data collection and inputting from those services delivering cessation are included in Stop Smoking Service data

Reducing Smoking among People with a Long-term condition

Why is this important?

Smoking both causes and exacerbates long-term conditions. Smoking causes around 90% of COPD cases. Smoking significantly increases the risk of heart disease and stroke. Smokers are 2-4 times more likely to have a stroke. In addition people with a long-term condition who smoke face increased health risks and complications and are more likely to be hospitalised or need domiciliary care. Smoking also doubles the risk of developing social care needs. Non-smokers have, on average, shorter hospital stays, lower drug doses and fewer complications.

What are we currently doing?

The Halton Stop Smoking Service is working alongside the Halton respiratory team to support patients to stop smoking. The Service also attends local Pulmonary and cardiac rehab education sessions and the local breathe easy group to raise awareness to the harms of smoking and promote the Stop Smoking Service.

Home Visits are arranged for patients unable to attend the drop in sessions due to poor health.

Work has been undertaken with primary care to encourage referral into the Halton Stop Smoking Service using Map of Medicine. Halton Stop Smoking Service also deliver cessation clinics within primary care settings e.g. Weaver Vale and BrookVale Medical Centres.

Focus for action

In order to reduce the number of people with a long-term condition in Halton smoking we will:

- Provide weekly 1-1 cessation sessions in Halton Hospital for patients, staff, and Halton residents, also those smokers referred to the Respiratory Team with long term health conditions, ensuring easy access.
- Deliver Health Days and promote national campaigns i.e. Stoptober, No Smoking Day and delivering COPD6 screening (Lung Age) at Halton Hospital to initiate referrals and raise awareness to Respiratory Health conditions resulting from smoking addictions.
- Work with Warrington Stop Smoking Service to develop a robust pathway for pre-operative patients (incorporating 'Stop before the op' programme) to enable fast tracking into the service of acute patients
- Deliver Brief Intervention (level 1) training to those Health Professionals within the Hospital and community settings incorporating Making Every Contact Count (MECC) to increase throughput into the service
- Attend Pulmonary Rehab, Cardiac Rehab and local Breathe Easy Group sessions to raise awareness to the harms of smoking and promote the Stop Smoking Service
- Work with stop smoking leads from NHS community and acute trusts to implement and monitor performance related to the NHS Prevention CQUIN (This CQUIN focuses on identifying and, where required, providing advice and offering referral to specialist services for inpatients in community and mental health trusts (2017-19) and all acute trusts (2018-19).
- Promote the Halton Stop Smoking Service at Primary Care protected learning time sessions and increase stop smoking delivery support within primary care settings.

Reducing smoking among Routine and Manual workers

Why is this important?

Smoking is often part of the daily routine for many workers, which can make it difficult to break the habit and quit. Like other health behaviours, there are inequalities in smoking. In Halton, approximately 1 in 4 of those in routine and manual occupations smoke, double that of managerial and professional roles. People who smoke also take an average of two or three days more sick leave per year. In combination with lost productivity from regular cigarette breaks, employees who smoke are estimated to cost Halton businesses over £15 million a year.



What are we currently doing?

In order to support routine and manual workers to stop smoking the Halton Health Improvement Team have been working in partnership with local businesses to deliver workplace interventions (drop in sessions, lung age readings) and awareness sessions. Workplaces have been supported to promote national campaigns e.g. Stoptober, National No Smoking Day.

Local workplaces have been supported to develop smoking policies. Occupational health staff have been trained in smoking cessation training so that they can deliver brief intervention, advice and referral to the Halton Stop Smoking Service as appropriate.

Focus for action

In order to reduce smoking among routine and manual workers we will:

- Halton Stop Smoking Service to provide 1-1 or group cessation sessions for smokers in workplace settings across Halton ensuring easy access.
- Deliver Brief Intervention (level 1) training to Occupational Health staff and/ or HR staff in workplaces
- Support workplaces by attending Health Days and promoting national campaigns i.e. Stoptober, No Smoking Day and delivering COPD6 screening (Lung Age) to initiate referrals and raise awareness to Respiratory Health conditions resulting from smoking addictions.
- Support HR staff in workplaces through advising on No Smoking policies and E-cigarettes in the workplace
- Work in partnership with the Halton Housing Trust to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.
- Work in partnership with the Halton Citizens Advice Service to raise awareness and increase referrals into the stop smoking service and explore opportunities to deliver cessation within the Services and train staff to deliver smoking cessation advice.

Reducing Smoking Among People who Misuse Substances

Why is this important?

Rates of smoking amongst people who misuse drugs and alcohol are 2-4 times higher than in the general population. Cigarette smoking amongst people who misuse substances is an important health risk within a population subgroup whose general health may already be compromised. People who misuse substances tend to start smoking at a younger age and are also more likely to be heavy smokers and experience greater difficulty with quitting. However it is wrong to assume that individuals with substance misuse problems do not want to quit smoking.

What are we currently doing?

The Halton Stop Smoking Service has been working in partnership with the local substance misuse treatment provider Change Grow Live (CGL) to support clients to stop smoking. This has included delivery of stop smoking drop in sessions at CGL premises in Runcorn and Widnes, home visits to housebound CGL service users and training of CGL staff in Smoking Cessation.

In addition a lung awareness event has been organised alongside Halton Respiratory Team to raise awareness of the dangers of smoking, support clients to stop smoking and identify undiagnosed cases of COPD.

Focus for action

In order to reduce smoking among people who misuse substances we will:

- Halton Stop Smoking Service to provide weekly 1-1 cessation sessions for patients and staff attending CGL drug and alcohol recovery service in Runcorn base and Widnes base ensuring easy access.
- Deliver Brief Intervention (level 1) training to Key Workers/Peer Mentors at CGL
- Support CGL service by attending Healthy Lifestyle events for service users and deliver COPD6 screening (Lung Age) to initiative referrals into the Stop Smoking Service and raise awareness to Respiratory Health conditions resulting from drug, alcohol and smoking addictions

Case Study: I could have been a millionaire – now I feel a million dollars

I am 61 years old of age and have smoked since I was 16. Yes, that's correct-45 years as a smoker. If I average £50 per week spent on cigarettes it would be approximately £163,800, scary! Not to mention the cost to my health - always getting colds and coughs.

However, the past is the past, I can't change that. I can control my future by not smoking. I do feel better. Skin glowing, better night's sleep, hands and nails in fantastic condition, walking without the wheezing. I do wish I had done it years ago. However, I'm living in the now and enjoying the benefits.

I only decided to stop smoking over 6 weeks ago. I joined the stop-smoking clinic and when I first blew in the carbon monoxide monitor my reading was off the scale - that of a heavy smoker. Since then my readings have been nil or 1 - that of a non-smoker. I can't express the "buzz" I feel when I see those readings. I actually like going to appointments and seeing my progress. I feel so so proud could not have done it without the support of the clinic and my fantastic Smoking Practitioner.

It's not been easy. My life has changed a lot in 7 months - resulting in anxiety and depression so it's hard not to look for comfort in a cigarette. Boundaries also have been put in place to avoid smokers, to ask my friends who smoke not to and not offer me any temptations. I have a "reward" jar- all the money I have saved from not smoking is going towards treats for me. My aim is a Spa Day.

Another big bonus is because I feel so proud of my achievements it's given me confidence to reach out and do other things – Yoga being one.

If I can do it anyone can and yes I feel like a "million dollars". Thank you, Jean (a non-smoker)



Chapter 3: Protecting Families and Communities from Tobacco-Related Harm

Smokefree Places

Why is this important?

Exposure to Secondhand smoke is hazardous to health, especially for children. Secondhand smoke contains more than 4,000 chemicals, many of which are irritants and toxins. The smoke also contains more than 50 known carcinogens. People who breathe in secondhand smoke are therefore at risk of the same diseases as smokers, including cancer and heart disease. Children exposed to a smoky atmosphere are more likely to suffer from breathing problems, allergies and chest infections.

Research shows that reducing children's exposure to smoking decreases the uptake of smoking amongst young people in the long term. Children learn their behaviour from adults and so it's essential that tobacco use in our communities is not seen as part of everyday life. Promoting Smokefree spaces therefore de-normalises smoking and protects future generations of children and young people from taking up smoking.

Where we are now

2017 marks the tenth anniversary of the implementation of Smokefree legislation in England. This ground-breaking legislation made it illegal to smoke in almost all enclosed work places and public places. This legislation means that more people benefit from clean air at work, while travelling on public transport and in enclosed public places. To further protect children, the government extended legislation to cover private vehicles from October 2015. Smokefree laws are proving to be effective, popular and compliance is virtually universal.

However, despite Smokefree legislation, recent evidence shows that a quarter of young people are exposed to secondhand smoke, with over half of 16-24 year olds reporting exposure. It is therefore still important to raise the issue of secondhand smoke, especially for those who maybe smoking around children.

E-cigarette use is not covered by Smokefree legislation. E-cigarettes do not burn tobacco and do not create smoke. This means that unlike cigarette smoke, there is no evidence so far that exposure to secondhand vapour is harmful. However there are concerns that the presence of e-cigarettes might act to re-normalise smoking, undermining decades of work to tackle the harm from tobacco. Organisations and employers will need to be supported to update their policies to cover these new products, and PHE has published guidance to support this.

What are we currently doing?

Halton has made good progress in promoting Smokefree areas for children and young people. Halton Borough Council was the first local authority in Cheshire and Meresyside to introduce smokefree play areas in parks across Halton. 71 play areas across Halton have signed up to a voluntary code that discourages people from smoking. The scheme was supported by training for park wardens to discourage people who persist in smoking in play areas and by special signage designed by pupils of Oakfield School requesting that children be allowed to 'Play Smokefree'.

This initiative has been extended to a number of schools in Halton where parents were discouraged from smoking at playground entrances by the children themselves through designing artwork and posters on playground exterior walls and school entrances where parents congregate.

A school smokefree policy template has been distributed to primary and secondary schools across Halton as a guide for schools to refer to when updating their policies

 News > Liverpool News > Halton Council

Halton leads way in smokefree playgrounds

HALTON is leading the way in smoke-free playgrounds. A total of 71 play areas will be covered by the voluntary Play Smokefree code developed by local heart health charity Heart of Cheshire.



BY LIVERPOOL ECHO
00:00, 24 OCT 2011 | UPDATED 06:07, 8 MAY 2013

NEWS

Work has been undertaken with local workplace to encourage them to develop Smokefree policies. Halton has been awarded the Smokefree Workplace Charter from Heart of Mersey.

Smoke free home and car schemes have also been promoted previously in Halton where residents are asked to:

- Take the pledge to not smoke in the house.
- Keep children's playing area, eating area and sleeping areas completely smoke-free.
- Always try to smoke outdoors, away from children as smoke can seep through closed doors.
- Tell family and friends about your new smoke-free house and ask them to help by not smoking in your house.
- Avoid smoking in cars – on long trips, stop, have a break and smoke outside the car.
- Remember, that 85% of Tobacco smoke is invisible.

Focus for action

In order to reduce exposure to secondhand smoke and de-normalise smoking we will:

- Work with NHS colleagues to support the implementation of Smokefree policies across all local hospitals and community clinics (to include e-cigarettes).
- Work with schools to develop and promote Smokefree policies for school environments (to include e-cigarettes).
- Work with employers to develop and promote Smokefree policies for work environments (to include e-cigarettes).
- Develop and promote Smokefree homes and vehicles with a focus on families with young children.
- Ensure compliance with Smokefree public places e.g. playgrounds and vehicles (including public transport)

Case Study: Smokefree NHS

Tackling the devastating harm of tobacco is a national priority and the NHS must be front and centre for us to secure a Smokefree generation in England.

The burden of smoking on the NHS is large: each year, around 1,178 hospital admissions in Halton are attributable to smoking and the total annual cost is estimated at £4.4 million, with a further £4 million in social care costs.

Public Health England has recently written to all NHS Trust chief executives in England, calling for their personal commitment to work towards a truly Smokefree NHS.

We can reach many smokers through health services; they are in waiting rooms, consulting rooms and beds, and many are NHS staff. It is estimated that as many as 25% of patients in our acute hospital beds are smokers.

A Smokefree NHS means:

- No smoking anywhere in NHS buildings or grounds
- Stop smoking support offered on site or referrals to local services
- Every frontline professional discussing smoking with their patients

By helping people stop smoking we are increasing their chance of living longer, healthier lives and also reducing their need to use health and social care services in the future.

We need to ensure that local NHS services are places that provide a supportive tobacco-free environment for patients, staff and visitors, and in which the treatment of tobacco dependence is fully integrated into clinical pathways.



Reduce the Availability of Tobacco Products and E-Cigarettes to Persons Under the Age of 18

Why is this important?

As outlined in *Chapter 1* smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. Reducing the availability of cigarettes through preventing illegal underage sales restricts young people's access to tobacco products and helps prevent them from developing this addiction.

Where we are now

The Trading Standards North West survey 2017 found that:

- ❖ 81% of young people are aware it is illegal to sell cigarettes to under 18's
- ❖ Only 69% of young people are aware it is illegal to sell e-cigarettes to under 18's
- ❖ Young people mostly get their cigarettes from friends (51%).
- ❖ There has been a reduction in the number of young people who claim to buy cigarettes themselves from shops/ off licenses (currently 17%, down 9% since 2 years ago).
- ❖ 11% of young people get adults outside shops to buy cigarettes for them (proxy purchasing).

What are we currently doing?

As part of the Healthitude Programme delivered by the Halton Health Improvement Team we are educating young people in school that it is illegal for those aged under 18 to buy cigarettes and e-cigarettes.

Halton Trading Standards Team advise businesses selling tobacco products and e cigarettes on their due diligence systems and the law. They are also being given info and advice on identifying and avoiding proxy purchasing. They also conduct "mystery shopping" exercises using an 18 year old volunteer to check compliance with the law to not sell to under 18's. Advice and training are provided where failures to comply occur.

In addition the Halton Trading Standards Team are undertaking a project to ensure that our tobacco and e cigarette suppliers comply with the new labelling rules (105 local premises have been advised in writing and 19 premises visited so far).

Focus for action

In order to reduce the availability of tobacco products and E Cigarettes to persons under the age of 18 we will:

- Work with traders within the Borough to reduce the availability of tobacco products to persons under the age of 18 and promote due diligence by visiting every identified tobacco seller to inform them of current legal requirements, check compliance and offer advice or take enforcement action as appropriate
- Check compliance with cigarette traders relating to point of sale signage and package labelling
- Undertake undercover test purchasing at traders of e-cigarettes and /or tobacco within the borough when and where intelligence is received using an underage volunteer

- Improve awareness of the offence of proxy purchasing with traders and the public and develop and agree an enforcement approach where there is more persistent non compliance
- Where young people are found to be asking for tobacco from traders, to develop an approach, in consultation with the Health Improvement team which will enable the officer to offer support to the young person in stopping smoking
- Identify suppliers of e-cigarettes, check compliance with the labelling requirements and take appropriate action where non-compliance is identified. Also provide advice and information on due diligence systems to prevent the sale of e-cigarettes to under 18's
- Develop a communications plan for the public to raise awareness that it is an offence to buy e-cigarettes for under 18 year olds

Reduce the Availability of Illicit and Counterfeit Tobacco Products

Why is this important?

Illegal tobacco products are cigarettes or hand-rolling tobacco that have been smuggled, bootlegged or are counterfeit. The sale of illicit tobacco undermines public health policy by offering a cheaper option for those who might otherwise see price as a reason to stop smoking.

Illicit tobacco damages legitimate businesses and makes tobacco more accessible to children. Tobacco smuggling is serious organised crime and the proceeds made from it are used to fund further criminality, perpetuating the cycle of harm. As illicit cigarettes often do not comply with UK rules and regulations they may be more harmful to health. Counterfeit tobacco has also been found to contain arsenic, rat droppings and far more tar and carbon monoxide than legal products.

Where we are now

As this activity is illegal and undercover estimating the scale of the problem locally is difficult.

At a national level, following co-ordinated enforcement action in the UK and at European level, the level of illicit trade in the UK has subsequently fallen. HM Revenue & Customs estimates for 2015/16 were that 13% of cigarettes in the UK market were illicit (down from 21% in 2000), and 32% of hand-rolled tobacco in the UK market were illicit (down from 63% in 2000).

What are we currently doing?

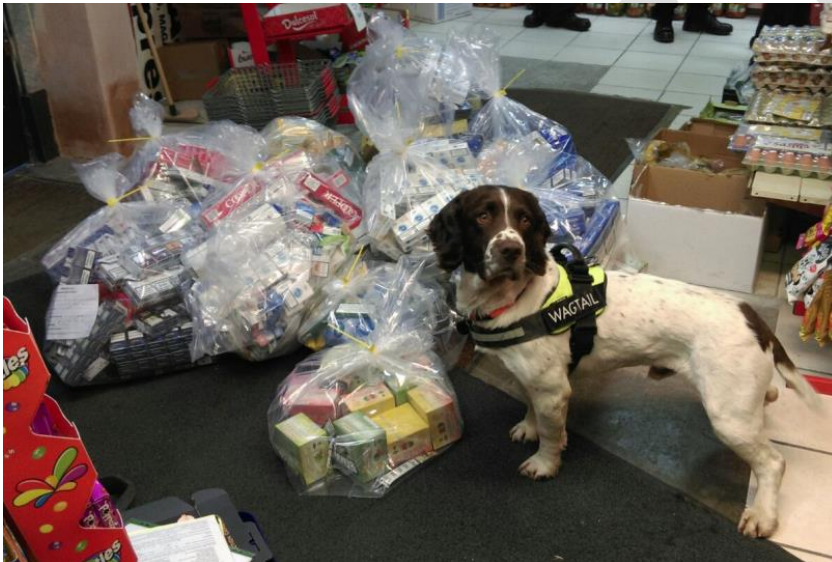
Where complaints/intelligence is received the potential breaches are being investigated. The Wagtail sniffer dog is used to search premises to identify illicit tobacco which is often concealed and well hidden.

Other sources of intelligence are also being looked into because of the lack of information which comes through from the general public.

Focus for action

In order to reduce the availability of illicit and counterfeit tobacco products we will:

- Investigate all intelligence and complaints received in relation to illicit and counterfeit tobacco, using Wagtail sniffer dogs as appropriate.
- Improve the opportunity for residents to report intelligence relating to traders/sellers of illicit and counterfeit tobacco products by developing a communication/PR strategy
- Ensure information on Illegal and Counterfeit Tobacco is included in Tobacco Control Education delivered to schools



Wagtail dog (Bradley) with identified illicit tobacco

Reducing the Availability of Illicit and Counterfeit Tobacco Products

Case Study 1: Stopping Traders Selling Tobacco to Halton Residents on Facebook

Intelligence indicated the traders were involved in the sale of cigarettes via the social media platform Facebook. The traders had previously given warnings for possession of counterfeit tobacco/cigarettes and other goods over a three year period. Online investigations confirmed the traders were brazenly selling illicit tobacco/cigarettes via their Facebook accounts:



As a result of the investigation by Halton Trading Standards in joint partnership with Cheshire Police, the traders were stopped in their vehicle and found to be in possession of over 12,000 cigarettes with an estimated value of £5,000. As a result of the seizure the trader's car, iPhone, £600 and the cigarettes were all seized. In addition the traders were prosecuted and given 12 month prison sentences (suspended for 18 months), 200 community hours and probation orders.

Case Study 2: Stopping the Selling of Cigarettes to Children from Residential Premises

Intelligence suggested this trader was selling cigarettes to children as young as 9 years of age from his residential address. Halton Trading Standards Officers visited the trader with support from Cheshire Police. Upon entering the trader's home it became apparent the trader was in possession of a variety of different brands of illicit and counterfeit cigarettes/tobacco.



The trader was arrested and later prosecuted for offences contrary to the Trade Marks Act and safety legislation. The trader pleaded guilty to five offences and was given a £775 fine and a forfeiture order was issued for the seized cigarettes (10,500) and tobacco (3kgs), valued at £4,366. In addition a proceeds of crime order was processed for £4,366, the perceived benefit to the defendant.

Delivering the Tobacco Control Plan

This Tobacco Control Plan sets out evidence-based actions, based upon national policy, research and local insight, to reduce smoking rates and tobacco-related harm in Halton. The Plan is supported by an action plan which outlines exactly how, by whom and when the agreed actions will be undertaken and the outcomes we hope to achieve.

The *Halton Tobacco Alliance* will monitor the implementation of the action plan and refresh the action plan on an annual basis. Progress reports will be presented to the Halton Healthy Lifestyle Board and the Health and Wellbeing Board.

How we will measure success

The *Halton Tobacco Alliance* will monitor progress related to high level indicators included within the Public Health and NHS Outcomes Framework this includes:

- Smoking prevalence young people
- Smoking prevalence in adults
- Smoking prevalence in adults routine and manual occupations
- Smoking status at time of delivery
- Smoking prevalence in adults with a severe mental illness
- Smoking attributable hospital admissions