Bolton Tobacco Control Plan 2022 – 2026

Summary

Smoking remains the biggest cause of ill health and early death in the UK (United Kingdom). This is despite significant reductions in smoking prevalence following the introduction of a programme of tobacco control measures over a twenty-year period.

Adult smoking estimated prevalence in Bolton is 14.2 % which equates to over 42,000 smokers in 2022. This rate is not significantly different from the North-West average of 13.4% and the England average of 12.7%.[1]

NHS Digital data[2] covering the period April 2021 to March 2022 shows the rate of women who are smoking at time of delivery Bolton is 11.4% this equates to 393 babies born to smoking mothers in the year 2019/20. This rate is similar to the North-West average of 10.7% and higher than the England average of 9.1%.

A 2021 study to examine the impact of Adverse Childhood Experiences (ACEs) on the health and wellbeing of adults in Bolton found a quarter (25.3%) of adults reported cigarette use. The evidence also suggests that you are twice as likely to have smoked in the last year if you have four or more ACEs.[3]

The ASH (Action on Smoking and Health) Ready Reckoner is an interactive tool that analyses the evidence and local data to help to give an assessment of the type and scale of impact tobacco has on the local population and health system.[4] It is estimated that the annual cost of tobacco harm in Bolton £95 million , this includes the additional costs from increased social care and other public services as well as impact on the local economy related to lost days of productivity. A breakdown of these costs can be found in appendix 3.

Towards a Smokefree Generation - A Tobacco Control Plan for England was published in July 2017. As the title suggests it main theme is to work towards a time where no young people start smoking, making it an obsolete activity and greatly improving the health of the population as a whole.

In early 2022 the Secretary of State for Health and Social Care, commissioned independent review of 'smokefree 2030' strategy, and asked for a progress review of the government ambition to get smoking rates down from 13.5% to 5%. The Khan Review 'Making Smoking Obsolete' was published in June 2020[5].

The review found that

- almost 6 million people still smoke in England
- approximately 64,000 people are killed by smoking each year that's around twice as many people as have died from coronavirus (COVID-19) in the last 12 months

[1] Public Health Outcomes Framework, 2019 data

[2] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/quarter-4-2021-22/data-tables

[3] Adverse childhood experiences in Bolton: Relationships with health and wellbeing and resilience, Bangor University, 2021

[4] ASH Ready Reckoner 2022 - Action on Smoking and Health

[5] Making smoking obsolete (publishing.service.gov.uk)

- Around one third of adult smokers are people with a current mental health condition who will die 10 to 20 years earlier, the biggest factor in this is smoking
- making smoking obsolete in England would lift around 2.6 million adults and 1 million children out of poverty
- If we do nothing different, by 2030 over half a million more people in England will have died from smoking.

The review concluded that to achieve a smokefree society, smoking should be obsolete. It asks the government to go further than its current ambitions, in particular the review highlights the need to do more to protect future generations. The review calls for a new ambition which is to aim for 'net zero' – to make smoking obsolete. The review sets an ambitious, but realistic, target to ensure every community in every area is below 5% by 2035 and to drive a new ambition of making smoking obsolete by 2040.

The review makes 15 far-reaching recommendations which local priorities will align with as set out in this strategy.

The priority to safeguard children and young people from tobacco related harm which is highlighted in the national plan and the Khan review will be replicated locally. This is not just ensuring young people do not start to smoke; we need to protect infants, children and young people from the health and social impact of living in a smoking environment and ensue those young smokers are supported to quit. A detailed strategy for reducing the impact on the children of Bolton is set out this local plan.

The United Kingdom has comprehensive set of Tobacco Control legislation, the purpose of this is to make tobacco less visible, less attractive, less available, and less affordable. These measures help to stop children and young people having the opportunity to start smoking but also put a number of controls on adults who continue to smoke. Evidence shows that the most effective way to stop a new generation starting to smoke is for them to grow up in a smokefree environment, and the best way to do this is to help current smokers quit.

There are certain groups in the population where people are much more likely to start smoking and find it more difficult to quit. The groups are usually already living with poorer health outcomes and other disadvantages. Smoking accounts for approximately half the difference in life expectancy between the richest and poorest in society. This injustice in the variation in smoking prevalence can be seen across Bolton. Data shows that smoking prevalence is at 42.3% among people who rent from social housing, or the Local Authority compared to a rate of just 8% for people who have a mortgage. There are similar inequalities related to job status with smoking prevalence at 33.9% for routine and manual workers, 27.8% for people who are long-term unemployed compared to just 4.9% of people who work in professional or managerial roles. A full breakdown of this data can be found in Appendix 2.

Bolton completed the Public Health England process 'CLEAR –Excellence in Tobacco Control' in 2022. This framework allows Local Authority areas to complete a self-assessment and then receive a visit from an outside peer-review team to evaluate how robust and effective the local Tobacco Control programme is. In the final report the main recommendation for Bolton was that while acknowledging that there is excellent local work on this agenda a more coordinated and mainstreamed approach would give the population the biggest gains. The recommendations made in the CLEAR report are incorporated into this plan. The full report can be found in appendix 1.

Contents

Reducing the pressures caused by Tobacco Harm on the local Health & Social Care System

Overall ambition is to establish Tobacco Control as a priority objective across the Integrated Care Partnership

The NHS Long Term Plan was published in January 2019. As part of a renewed commitment to putting prevention at the heart of future delivery of the NHS it defined the top risks for poor health and early death in England using the Global Burden of Disease Study, this found smoking to be still the biggest risk factor of early death.[6] There were 1,147 smoking attributable deaths in Bolton between 2017 and 2019.[7]

Public Health England published a paper in 2017 'Cost of smoking to the NHS in England: 2015' which estimated that the total smoking-related cost to the NHS was £2.6 billion in one year (Public Health England, 2017b).

Current and former smokers are more likely to require primary care services than those who have never smoked. Excess primary care events (the difference between usage of services between current smokers and never smokers; and former smokers and never smokers) were taken from the 2006 General Lifestyle Survey (GLS). Unit costs were applied to the smoking-related excess events. The total smoking related costs to primary care was estimated to be £1.1 billion (Public Health England, 2017b). [8]

The GLS also provided estimates of excess outpatient visits in hospitals which amount to an estimated £696.6 million nationally in 2015. In 2015 to 2016, there were approximately 520,000 smoking attributable hospital admissions in people aged 35 and over in England. The total costs of these admissions are estimated to be £851.6million (Public Health England, 2017).

Action on Smoking and Health (ASH) have developed a Ready Reckoner[9] this estimates that the annual cost of smoking to the NHS across Bolton is £11.78million, this breaks down to £4.49 million is due to approximately 2,216 hospital admissions for smoking related conditions, and £7.3 million is due to treating smoking related illness via primary and ambulatory care services (114,200 GP consultations, 37,150 practice nurse consultations, 63,630 GP prescriptions and 20,050 outpatient visits).

Many current and former smokers require Social Care in later life as a result of smoking related illnesses each year in Bolton these costs of £6.4million, of this £3.36million is residential care and £3.04 million is domiciliary care.

The Kahn Review recommends that the NHS needs to prioritise prevention, with further action to help people stop smoking, providing treatment for stop smoking across all its services, including primary care.

The NHS has a central role in identifying smokers and offering them advice, support, and treatment. Over the last decade, the NHS has spent billions on treating the effects of smoking. The review concluded that NHS, hard-working clinicians have assumed that somebody else would treat the

[6] NHS Long Term Plan, 2019, https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf

[7] Tobacco Control Profiles for Bolton, Public Health Outcomes Framework, smoking attributable mortality

[8] Public Health England (2017b) Cost of smoking to the NHS in England: 2015 https://www.gov.uk/government/publications/cost-of-smoking-to-thenhs-in-england-2015/cost-of-smoking-to-the-nhs-in-england-2015

[9] ASH Ready Reckoner 2022 - Action on Smoking and Health

cause as long as they treated the effects. But the NHS, along with local authorities, has responsibility for encouraging smokers to quit and improving the lives of their patients and local populations.

Amanda Pritchard, Chief Executive Officer of NHS England said: *"Smoking remains one of the biggest causes of poor health, which is why in 2019 the NHS Long Term Plan made significant commitments to support our colleagues in local government to help people to quit."*

Professor Sanjay Agrawal, Chair of the Royal College of Physicians Tobacco Advisory Group said: *"All clinicians in every setting and speciality will see their patient's medical problems improve by supporting them to quit smoking."*

treatment should be prioritised in the allocation of health service resources to reflect the impact of quitting smoking on health." The NHS Long Term Plan commitments to tackling smoking in secondary care mark a welcome step change, but the NHS must still do more to make smoking prevention part of its service offer to all patients and not limit it to people who have been admitted to hospital. By the time a person is admitted to hospital for an operation or an illness directly attributable to their smoking, many key opportunities to help them stop smoking have been missed.

At every contact with the healthcare system there is a brief 'teachable moment' when a 30 second conversation could help a smoker quit for good. But the opportunity is often lost, and in some places more often than others.

Many healthcare professionals, such as GPs and hospital staff, are not confident or sufficiently aware of the impact that a brief intervention might have, or the value of referring their patients to stop smoking services. They may not even know what help is available.

Action 1- Establish Tobacco Control as an ICP priority in Bolton

To address tobacco harm local systems need to come together to coordinate systematic and equitable support. Despite good intentions, a historical barrier exist between the prevention and the treatment of smoking related illnesses, with local authorities often on one side and the NHS on the other.

ICSs (Integrated Care Systems) bring together the NHS, local authorities, primary care, and the voluntary sector, working interdependently to improve population health. As local system leaders are responsible for improving population health. This is an opportunity here for ICSs to organise the efforts of the local system and ensure smokefree 2030 is prioritised at all levels, with partners working interdependently to achieve the smokefree goal. ICSs have the potential to combine the best evidence with effective planning, local assets and local insights into the lives people lead.

Amanda Pritchard, Chief Executive Officer of NHS England said:

"*The legal creation of integrated care systems now offers an exciting opportunity for local council and NHS leaders to work together, and with communities, to maximise the impact their collective resources can make in reducing smoking rates and tackling the health inequalities highlighted so starkly by COVID-19*."

The Khan review makes a number of recommendations that government, which are relevant to the Bolton ICS (Integrated Care System). Overall the task is to make planning across the ICS more integrated, essential to deliver an effective response to smoking.

- A tobacco control impact objective in the ICP plan

- Prioritising the commitments set out in the NHS Long Term Plan and ensure that there is ongoing stop smoking treatment and support prioritising targeted interventions for specific target groups with high smoking prevalence rates (for example, people with mental health conditions; people living in social housing)
- Enhance working in 'place-based partnerships' (PBP) using evidence-based tobacco control interventions and stop smoking support conforming to the renewed National Centre for Smoking Cessation Treatment (NCSCT) standard. Every PBP should prioritise a range of interventions, working to ensure that the ICS activity reflects local needs, working across the range of local delivery partners ensuring coherence and impact.
- Set clear targets for reduction from the best available baseline data demonstrating local system leadership, accountability, and performance through an annual report

Action 2 – Establish a Smokefree Bolton Foundation Trust

The NHS Long Term plan identified smoking as the number 1 cause early death in England. Hospital has a duty of care to help patients manage the disease of nicotine addictions, with the same level of resource and commitment they treat alcohol addiction for example.
The CURE project is a comprehensive secondary care treatment programme for tobacco addiction. At its heart is systematically identifying all active smokers admitted to secondary care and immediately offering nicotine replacement therapy and other medications, as well as specialist support, for the duration of the admission and after discharge.

The term 'CURE' has been specifically chosen to 'medicalise' tobacco addiction and move away from the stigma of a lifestyle choice to disease treatment. Treating tobacco addiction must become part of the core activity of all clinicians in every part of the hospital.

CURE is part of Greater Manchester Health & Social Care Partnership's Making Smoking History programme, which is taking a whole system approach to reduce smoking rates in Greater Manchester by a third to 13% by the end of 2021 and to 5% by 2027. This is faster than any other major global city and would mean 115,000 fewer smokers by 2021.

Smokefree estates help establish smokefree culture protects patients, staff, and visitors from second-hand smoke. Bolton Foundation Trust is compliant in terms of smokefree signage, but smoking continues in and around the estate. Other NHS locations have established a non-confrontational conversation with smokers alongside the offer of instant NRT (Nicotine Replacement Therapies) and ongoing quit support.

By applying the CURE Model outcomes to the estimated 52,780 smokers admitted to acute hospitals in Greater Manchester over the course of 1 year, the following benefits are expected:

- If 13.3% were readmitted at 30 days and we reduced that to 7.1% we would save 3,273 admissions at 30 days
- If 38.4% were re-admitted within 1 year and we reduced, it to 26.7% we would save 6,176 admissions at 1 year
- If 11.4% died within 1 year and we reduced that to 5.45% we would save 3,141 lives in 1 year
- 18,473 successful 4-week quitters in the first year
- The estimated savings from prevention of readmissions by applying the CURE Model to Greater Manchester is £9.9 million per year.

Furthermore, the average length of hospital stay in England is 5 days (NGS Digital Data 2015-2016). The CURE project is estimated to save 30,880 bed days per year, equivalent to 84 additional beds per day across Greater Manchester.[10]

- To develop the CURE model at Bolton Foundation Trust using a multi-agency planning and implementation group.
- For Bolton Council to commission a Community Tobacco Control Service that forms part of the CURE pathway, offering intensive support on discharge from hospital.
- For all roles offering stop smoking support to have had up-to-date training from the National Smoking Cessation Training Centre (NSCTC).

Action 3 - Smokefree Integrated Care Team

The NHS long term Plan recommend that expansion of Integrated Community Teams and Multi-Disciplinary working across health and social care teams. A new plan based on this model of working and aligned with new Primary Care Networks has started in Bolton. Using risk stratification these teams will offer care and support to people with multiple issues that impact on their health, as such it is essential that all staff are able to offer consistent information and support around the benefits of being a smokefree household.

- The Community Tobacco Control Service will work with local integrated neighbourhood teams to create smokefree service for patients and will brief the teams about the full cost of tobacco harm to both the individual and the system.
- The smokefree service plan will then be based on a three-step process will be that supports any smoking staff to be smokefree in working hours and offers training and clear pathways that help staff support patients and their families to quit.

Action 4 – Stop Smoking Support within Primary Care

Following the introduction of a free stop smoking services and smokefree legislation there has been a dramatic reduction in smoking prevalence across the population, meaning those smokers who are left are likely to have ingrained smoking behaviours and will be either resistant to quitting or had unsuccessful quit attempts. It is this group of smokers will be unaffected by smoking harm messages and are unlikely to be use a stop smoking service. They are also likely to be experiencing poor health related to smoking, particularly those who have smoked for a long time.

GP's have limited time within appointment times to address complex risk behaviours such as smoking. The Bolton Health Improvement Practitioners employed by GM (Greater Manchester) Integrated Care can offer behaviour change interventions to help people adopt heathier choices for themselves. By using patient records to identify smokers it is possible to position this support as part of the care given via a GP surgery, both reaching people who may need support the most in a place they feel more confident they are getting the right kind of help.

[10] Data from Greater Manchester Combined Authority Cancer Programme, https://gmcancer.org.uk/the-cure-project/#:~:text=The%20aim%20of%20the%20programme,the%20admission%20and%20after%20discharge.

- Work with the Primary Care Manger and the Operational Manager of the Health Improvement Practitioners to establish an ongoing programme.

Action 5 - Smokefree Social Care System

The majority of local smokers live in the more disadvantaged areas of the town their health and are affected by a number of social determinates. People who smoke will likely have several other high-risk behaviours leading to multiple poor health outcomes. Children living in smoking households where nicotine addiction uses a large proportion of income are more likely to live in poverty as well as living with the dangers of second-hand smoke.

Social care practitioners often support individuals and families who are in crisis with a number of immediate issues that need addressing, and smoking may not appear to be an immediate danger. However, as part of a long-term package of support helping a person or household become smokefree has wide ranging benefits, from helping lift people out of poverty, improving mental health in part by removing an addiction cycle, as well as the physical health benefits.

- The Community Tobacco Control Service will work with social care teams to create smokefree service and will brief social care team about the full tobacco harm costs to both the individual and the system.
- The smokefree service plan will be based on a three-step process will be that supports smoking staff to be smokefree in working hours and offers training and clear pathways that help staff support patients and their families to quit.

Reducing Tobacco Related Harm on Bolton's Children

Overall, all ambition would be to a narrow the inequalities gap for women who smoke in pregnancy so the rate across levels of deprivation is in-line with or below the national average by 2026.

Tobacco Smoking impacts infants and children in many and complex ways. The risks of smoking during pregnancy are serious, from premature delivery to increased risk of miscarriage, stillbirth, or sudden infant death (Public Health England, 2018a). Also, for children who are born into smoking households, or who are exposed to smoky environments they are at risk of harm from second-hand smoke, the consequences of this risk include higher risk of respiratory infections, asthma, bacterial meningitis, and cot death. Second-hand smoke has been linked to around 165,000 new cases of disease among children in the UK each year (Cancer Research UK, 2016).

NHS Digital data[11] covering the period April 2021 to March 2022 shows the rate of women who are smoking at time of delivery Bolton is 11.4% this equates to 393 babies born to smoking mothers in the year 2019/20. This rate is like the North-West average of 10.7% and higher than the England average of 9.1%.
Smoking at the Time of Delivery (SATOD) rates have fallen by around a quarter in the past four years across Greater Manchester – down from 1 in 8 (12.6%) new mothers in 2017-18 to fewer than 1 in 10 (9.8%) in 2020-21, meaning 945 more babies were born smokefree. The Greater Manchester Health and Social Care Partnerships' Smokefree Pregnancy programme which was set up in 2018 and is recognised as best practice nationally. In the 12 months between April 2020 and March 2021, the programme supported more than 1,700 people on their journey to stop smoking, including pregnant women and their partners, and saw a 65% successful quit rate.[12]

However the Bolton rates still do not meet the national ambition which was a rate of 6% by 2022. We also still need to be aware of the disparities that exist within the local rates with women who live in disadvantaged areas, younger women and women who are white who all more likely to smoke in pregnancy.

These inequalities can be seen in 2018/19 data from Public Health England that recorded details from initial maternity booking-in appointments from Bolton women who reported smoking in early pregnancy. This data found that the rate of smoking was 24% for those women who lived in the most deprived areas as compared with 4.3% for those in the most affluent area. The age of the mother was also a significant factor with a rate of over 31% for women aged under 20 years reducing to less than 10% for those aged 30 years or over. There was also a significant difference between ethnicities with a rate of 24% for white mothers and 1.7% for Asian mothers.[13]

While we can be assured that women in contact with maternity services are receiving a quality programme of support it would be better for the health of both mother and baby to be smokefree as early in pregnancy as possible or preferably pre-conception. Pregnancy can be an anxious time for many mothers, especially if it is a first child, and the health of the baby will be a paramount concern feeling of guilt and worry about being judged can mean many smoking mothers do not feel confident

[11] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/quarter-4-2021-22/data-tables
[12] New figures reveal smoking in pregnancy rates at all-time low in Greater Manchester - GMHSC
[13] Public health profiles - OHID (phe.org.uk)

about asking for support. Many women also report that they did not understand the full affect smoking will have on boteh the health and the future of their baby and felt more chance to understand the full picture would be helpful – this can be seen in the case studies that feature in the new Khan Review that includes a quote "I don't really know the impact of it. The only obvious one that I was told was the impact could be is that the baby could be small. If I had known more things about it, I think I would have stopped."

We want to ensure that all women who are planning to become pregnant, are in early pregnancy or mothers who smoke, or if they live with smokers, receive information and support to stop smoking or reduce the risk of second-hand smoke. To do this a wide range of early years staff should be briefed and trained to have wide ranging conversation with women about smoking and the tobacco trade as well as be able to give stop smoking brief-advice to women.

More than 80% of second-hand smoke is invisible and odourless, so no matter how careful a smoker can be about not smoking around children they still breathe in harmful poisons, putting them at risk of meningitis, cancer, bronchitis, and pneumonia. Just because you can't see it doesn't mean it's harmless. People who breathe in second-hand smoke are at risk of the same diseases as smokers, including cancer and heart disease.
Smoking in a room or car, toxic chemicals like nicotine cling to walls, clothing, upholstery, and other surfaces, as well as your skin. Children are the most vulnerable to third-hand smoke because of exposure to surfaces like the floor and on their clothes and other objects in the house. This is particularly true for very young children who frequently touch objects and then put their hands in their mouths. This can increase their exposure to the toxic chemicals. Non-smoking adults who live with regular smokers are also at a much higher risk for third-hand smoke exposure.

In 2011/12 approximately 2.3 million children, 17% of children in the UK, were estimated to be in relative poverty. Cigarette smoking is expensive and places an additional burden on household budgets and is strongly associated with socioeconomic deprivation. A 2015 study aimed to provide an illustrative first estimate of the extent to which parental smoking exacerbates child poverty in the UK, it found 1.1 million children - almost half of all children in poverty - were estimated to be living in poverty with at least one parent who smokes; and a further 400,000 would be classed as being in poverty if parental tobacco expenditure were subtracted from household income. It concluded that smoking exacerbates poverty for a large proportion of children in the UK, and tobacco control interventions which effectively enable low-income smokers to quit can play an important role in reducing the financial burden of child poverty.[14]
Smoking can also cause high levels of anxiety for children. Nearly three quarters of children worry that their mum or dad will die because they smoke. Not only that, but the children of smokers are also three times more likely to smoke when they grow up (NHS Smokefree, 2019).

Action 5 – Protecting infants and children from Tobacco Harm

Briefing Early Years staff on the wide-ranging risks that smoking brings to children's lives is a priority. Often smoking is seen as an issue that is too sensitive to discuss or out of the scope of a particular role. However by equipping staff with a better understanding of the short and immediate danger smoking the aim would be to build a better understanding and confidence across staff to more

[14] Parental smoking and child poverty in the UK: an analysis of national survey data, Belvin et al, 2015

conversations with parents about smoking. Further training for all professionals who work with families, especially those who visit the homes of smoking families will arm them with a number of strategies to help reduce the risk to children and ultimately to help them quit.

- Training to develop practical strategies for working with families who are resistant to change can be accessed via the Bolton Community Tobacco Control Service.
- A training programme and re-fresher training should be made mandatory for those working in early years roles. Free online training is available through National Smoking Cessation Training Centre which can be completed within 30 minutes.

Action 7 - Reducing tobacco related child poverty

Smoking is so corrosive to individual, family, and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants of health, above all through reductions in poverty. Helping disadvantaged smokers quit is the best way to reduce health inequalities (Public Health England, 2017a).

- To strengthen the skills and confidence of those professionals giving support to low-income families so that every time they work with a parent who smokes they can describe the benefits being smokefree and can maximise the opportunities to quit.
- Training to develop practical strategies for working with families who are resistant to change can be accessed via the Bolton Community Tobacco Control Service.

Reducing Tobacco Related Harm on Bolton's Young People

Overall ambition is to reduce young people's smoking prevalence to 5% by 2026

Smoking remains an addiction which is largely taken up in childhood, with most smokers starting as teenagers. A study in 2014 found that 77% of smokers aged 16 to 24 began smoking before the age of 18, with 32% of smokers (current and ex-smokers) starting when they are 16 or 17 (Public Health England, 2017a)[15].

There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The 2017 tobacco control plan sets out the Government's aim to reduce the number of 15-year-olds who regularly smoke from 8% to 3% or less.

To help address the issue of reducing the uptake of smoking among children, data from the Public Health Outcome Framework was updated in 2022 to estimate the prevalence of regular smokers among persons aged 15 years. It estimates that in Bolton the rate of regular smokers at age 15 years is 6.9% which is higher than the England rate of 5.4%. It also gives an estimate for occasional smokers at 8.9% similar to the England average of 8.2%.[16]

The Young Persons' Alcohol and Tobacco Survey has been conducted by Trading Standards North-West every two years since 2005. The fieldwork for the latest survey was completed from mid-November 2019 to the end of February 2020, with the majority of views captured in 2020. There were 593 questionnaires completed in Bolton. The full report can be seen in appendix

The results showed fewer young people in the Bolton are smoking. The number of those who have never tried smoking continues to increase. The percentage of young people in Bolton claiming to smoke has fallen by 4% since 2017. It is lower than the level recorded for the North-West region overall. Most young people start smoking at 13-14 years old. The percentage indicating that they started to smoke from the age of 12 or less has fallen since 2017.

Young people in Bolton primarily access cigarettes through their friends. More so friends who are under 18 rather than over 18. Approximately a quarter claim to buy cigarettes themselves from local shops and off-licences, and this has not changed in the last 3 years.
Approaching 1 in 5 young smokers in Bolton claim to have purchased illicit cigarettes. This is lower than reported in 2017, but higher than the regional average. Results suggest that they are buying these mainly from local shops.

There has been an 8% fall in the percentage of young people in Bolton claiming to have tried e-cigarettes. The percentage claiming to have tried e-cigarettes in Bolton is lower than for the North-West overall. Usage is higher amongst those from a white ethnic background.
There has been a 1% increase in the percentage claiming to smoke e-cigarettes more than once a month. Although based on low sample sizes, results indicate that former and current smokers are more likely to be smoking e-cigarettes regularly.
An increasing percentage of young people in Bolton are trying e-cigarettes before real cigarettes. Two-thirds claimed to have tried an e-cigarette either before or rather than a real cigarette, compared to three-fifths in 2017. The majority appear to be sourcing e-cigarettes through their

[15] Public Health England (2017a) Tobacco commissioning support pack 2018-19: key data: Planning for comprehensive local tobacco control interventions – Bolton
[16] Public health profiles - OHID (phe.org.uk)

friends. Results suggest that there has been an increase in the percentage of young people in Bolton buying e-cigarettes themselves from local shops, off-licences and online.

Approximately 1 in 7 young people in Bolton claim to have tried shisha smoking. This is higher amongst those from ethnic minority groups. The majority of those who have smoked shisha claimed to have done this whilst on holiday. This is different from when we last asked this question to young people in the North-West in 2015, when most claimed that they had smoked shisha either at home with friends or in a shisha café. Those who claim to have tried shisha smoking are more likely to believe that it is less harmful and irritating than smoking real cigarettes. This is consistent with the North-West region overall.

The prevention of new smokers continues to be a main concern for the tobacco control agenda. There are several risk factors associated with increased likelihood of smoking initiation among young people. The following are associated with higher odds of youth smoking: exposure to parent, carer, sibling and peer smoking, lower socio-economic status, higher levels of truancy and substance misuse. Smoking prevention is therefore not achieved by youth targeted interventions alone (Department of Health, 2017). The current national tobacco control programme sets out the ambition to create the first smokefree generation, primarily by supporting people not to start smoking.

The reason people smoke is complex; smoking is transmitted across the generations in a cycle underpinned by social norms, familiarisation, and addiction. In poorer communities, young people are more exposed to smoking behaviour, more likely to try smoking and, once hooked, they find it harder to quit. Smoking is so corrosive to individual, family, and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants of health, above all through reductions in poverty. Helping disadvantaged smokers quit is the best way to reduce health inequalities (Public Health England, 2017a).

The UK has a comprehensive tobacco control legislation achieved through wide ranging public health measures, all of which help reduce the numbers of young people who start to smoke. These include banning of smoking in public places; raising legal age of purchase; taxation to make tobacco products less affordable; make tobacco less available, especially to young people, via banning of vending and packs of ten; wide ranging restrictions on advertising and sponsorship and the banning of novelty products such as menthol flavours or lipstick packs. Over the period of the last national strategy (2011-2015), new legislation which curbed advertising further and established more smokefree public places as well as introducing new measures such as larger and more prominent graphic health warnings, a ban on both proxy purchasing and smoking in cars with children, and standardised packaging.

Tobacco is the deadliest commercially available product in England, with tobacco regulations serving to safeguard people, particularly children and young people from the avoidable disease and premature death it causes. Comprehensive enforcement is crucial and, across England, smokers, local councils, businesses, particularly tobacco retailers, play a vital role in protecting young people from the harms of tobacco. This is a responsibility that most people take seriously, and research shows high rates of compliance with the majority of tobacco regulations across England. Despite the controls on the sale of tobacco many young people can still access tobacco in shops. Often these are repeat offenders whose actions facilitate children trying and becoming addicted to smoking. Non-compliance with tobacco regulations seriously undermines public health and damages legitimate local business (Department of Health, 2017).

The illegal tobacco trade undermines controls to limit smoking and it is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking (HM Revenue and Customs, 2015). This criminal element is then often present in communities by local people who will sell illegal products via small shops or from back-doors. There is a perception that it is a victimless activity. Even when consumers of illegal product suspect duty evasion have affected the price, they might not understand the extent of criminality beyond that both on an international scale but also by the seller, or how the profits they are contributing to may be used (HM Revenue and Customs, 2015).
The sale of illegal tobacco undermines public health policy by offering a cheaper option for those who might otherwise not be able to smoke; specifically it makes tobacco more accessible to children. It is of particular concern that young people who are given or who buy cigarettes from local illegal tobacco sellers become vulnerable to grooming or future exploitation. In some community's people selling illegal tobacco are seen as 'local heroes' helping out smokers on a low budget. However in reality children and young people who buy illegal products are likely to come into contact with criminal individuals making them more vulnerable to harm, with addiction to tobacco being implicated in cases of coercion and exploitation (Department of Health, 2017).

The Chartered Trading Standards Institute (CTSI) has voiced its concerns over emerging evidence suggesting a potential link between underage vaping and the risk of Child Sexual Exploitation in a press release dated August 2022.
New data from local Trading Standards teams across England and Wales has found a significant increase in the reporting of underage vape sales between 2021 and 2022. While absolute numbers remain low, May 2021 and July 2022 intelligence logs surged by 1958% and complaints reported to Local Trading Standards services via Citizen's Advice significantly increased by 1367%.
Of greater concern are reports from several regions across England and Wales that vapes have been supplied to underage children by shops and other businesses, with the intention of grooming them for Child Sexual Exploitation (CSE). CTSI understands that several live cases are currently under investigation by safeguarding teams and police across England and Wales.

Action 8 – Smokefree & Vape free Schools

To maintain a Smokefree School programme across Bolton using evidence-based approaches detailed in the NICE guideline (NG209) 'Tobacco: preventing uptake, promoting quitting and treating dependence'[17]. To ensure all schools are compliant with smokefree status and are offered support to achieve re-accreditation on a three yearly basis. The education element to include the realities of the illegal tobacco and vaping trade.

- It is proposed this becomes part of the Bolton Community Tobacco Control Service performance management framework.

[17] Tobacco: preventing uptake, promoting quitting, and treating dependence, NICE guideline [NG209]Published: 30 November 2021 Last updated: 04 August 2022

Action 9 – Preventing underage access to tobacco and vaping programme

To promote compliance with tobacco and vaping legislation and to carry out a targeted programme of test purchasing and enforcement activities. This work to be backed up through increased coverage of tobacco education via the youth service and early years/family hubs network.

- The creation of the Tobacco Control Enforcement Officer
- The number of intelligences led operations and compliance inspections.

Action 10- Young People's Stop Smoking Support

Bolton has achieved very few young people quits year on year. It is essential a strong partnership across young people services is fostered and a clear young people's stop smoking pathway created. There needs to be some accountability across all relevant agencies that young smokers are offered robust interventions and supported to quit.

- To be clear in communications of the offer across the population where young people can get quit support this does include young people from the age of 12 getting help from pharmacists.
- For stop smoking support to be part of the local Early Help offer, and for a wide range of children and young people roles to be skilled and confident to address smoking issues with the support of the Community Tobacco Control Service, as necessary.

Reducing Tobacco Related Health & Social Inequalities

Overall ambition to reduce smoking rates to 20% or less in all groups by 2026.

Tobacco use is a powerful driver of health inequalities and is perhaps the most significant public health challenge we face today (Public Health England, 2017a).

The specific drivers of smoking uptake and tobacco addiction must also be addressed. The reasons people smoke is complex; smoking is transmitted across the generations in a cycle underpinned by social norms, familiarisation, and addiction. In poorer communities, young people are more exposed to smoking behaviour, more likely to try smoking and, once hooked, they find it harder to quit. Smoking is so corrosive to individual, family, and community health that any success in reducing smoking in disadvantaged groups has knock on benefits for the wider determinants of health, above all through reductions in poverty. Helping disadvantaged smokers quit is the best way to reduce health inequalities (Public Health England, 2017a).

Smoking rates are much higher within certain groups and deprived communities. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Because smoking is so harmful, differences in smoking prevalence across the population translate into major differences in death rates and illness, with smoking being the single most important driver of health inequalities (National Centre for Smoking Cessation, 2013)[18].

Smoking is also far more common among unskilled and low-income workers than among professional high earners. The current rate of smoking for Routine and Manual workers at 28.4% is more than double the rate across the general population. While in 2021 the rate of smokers who live in council or social housing owned properties was 26.6% as compared to an 8.9% rate for people with a mortgage.[19]

There is a need for a more focussed and targeted approach to help the most deprived groups more effectively to stop smoking and reduce the associated health inequalities. Make Smoking History Team at Greater Manchester conducted a survey of attitudes and behaviours of smokers across the region to gain an insight into how best to support people to quit.[20]

They found that 93% were daily smokers, with smoking between 6-20 cigarettes a day most common. The clinical Fagerstrom[21] scale was used to get a picture of dependency and found that on average there was low to medium dependency, but another question found that on average people felt they did 'need' to smoke.
Top answer for why smoke – firstly enjoy it, second addicted, third stress relief. However, when the attitudes about the experience of smoking were rated on average it found most smokers say the enjoyed, or even loved to smoke.
In terms of thinking about the long-term health issues, on average smoker reported that they tend not to think about the long-term consequences. However, smokers did show a high level of curiosity about CO monitoring.

[18] National Centre for Smoking Cessation (2013) Stop Smoking Services and Health Inequalities. [Accessed on 22/03/2018] [Available at: http://www.ncsct.co.uk/usr/pub/NCSCT_briefing_effect_of_SSS_on_health_inequalities.pdf]
[19] Public Health Outcomes Framework, 2021
[20] https://makesmokinghistory.co.uk/
[21] Fagerstrom Test for Nicotine Dependence (FTND)

When smokers were asked about their feelings about quitting - don't want to 26%, should but don't really want to 22%, want to quit but don' t know when they will 25%. For those who want to quit the reasons for quitting were rated as - top financial, second better for health in general, third better for health in future. It was also acknowledged that across all smokers that smoking now seen as antisocial behaviour.

For stop smoking offer in communities this survey did offer some insights that will help develop tailored community offers for those wanting to quit.

- Money and the cost of smoking is important and likely to become more urgent as the cost-of-living increases. This is likely to be a high motivating factor across all ages.
- Many smokers realised that they were more addicted to the habit than to the nicotine. Communications recognising this can help as well as offering strategies for people to feel they were still getting 'downtime' or 'me time.'
- Getting advice from GP/ health professional - didn't score well, many smokers felt like they'd already had advice and it not really helping. So creating a less medical and more informal support environment will be important.
- For those with children there was a level of motivation to quit.
- Younger smokers - more confident in ability to quit, but a service will need to understand what will motivate them to start a quit. Social networks could be positive, if there is a low level of normalcy and approval among social networks. Or could be a barrier if a peer group has normalised smoking behaviours. Youth channels and the use of social media will play a big part in this new strategy
- Middle aged least confident in ability to quit, and as they are more likely to have a higher rate of mental wellbeing issues this may be the reason. They also reported anxiety about failing, so don't want to start in case they do fail. A service that allows for relapses a without stopping support can help this.
- Older smokers – have higher levels of dependency, older, with heavier smokers there was lack motivation, ingrained in smoking, and often report they enjoy it. However, many smokers reporting feeling they were more addicted to the habit than the nicotine. There were also reports of poor mental wellbeing and that smoking helped cope with that. A service that can help find alternative strategies for improving wellbeing alongside smoking support would be a beneficial offer.

As a town the ambition to reduce this inequality gap by reducing the rate to 20% across all groups in Bolton. It is proposed that the Bolton Community Tobacco Control Service that their performance targets to reflect this ambition.

Action 11 – Taking Tobacco Control Services into communities

Since the creation of free stop smoking services in the year 2000, they have played a large part in the large reductions in prevalence. The effectiveness of local stop smoking services to help people to quit smoking is well documented; a smoker is four times more likely to be successful if they receive support from a smoking advisor.

However, this means that over time as the numbers of smokers have decreased the local stop smoking service are now trying to attract and engage those long-term smokers that are most resistant to behaviour change. It is also likely that these hard-to-reach smokers will have already tried the local stop smoking service and had an unsuccessful quit attempt and are unlikely to try them again unless they believe that the service has something new to offer. Nationally and locally this has been reflected in the big reduction in numbers going through local stop smoking services.

There is national evidence that shows improved outcomes where community tobacco services have offered new or innovative interventions and services. For example we know that some people are not ready or able to quit smoking in one step, there is guidance from National Institute for Clinical Excellence (NICE)[22] around a number of harm reduction methods that can be used to engage with long term smokers. There is also a growing body of evidence that popularity of vaping has helped large number of long-term smokers either to cut down or quit smoking. While acknowledging the many concerns health professionals have, the benefits vaping can bring in terms as a quitting aid cannot be ignored by stop smoking advisors.

It is also acknowledged that the service will need to work in partnership with the VCSE sector as a trusted source of information and advice into communities. There are already existing projects and programmes that aim to improve health and wellbeing that include elements of stop smoking that have had success in engaging local smokers. A case study from a recent project at Bolton at Home can be found in appendix

- A Smokefree Bolton communication approach will reflect a rage of messages and support offers available through the service.
- The Community Tobacco Control Service will work in partnership with any organisation in the town who is addressing tobacco harm.
- An evidence-based approach to advising smokers on using self-funded vaping as a quit aid.
- The evidence-based Allen Carr Easyway sessions will be offered in the town to enhance the offer from the Community Tobacco Control Service.
- A range of front-facing role will be briefed and receive training to feel skilled and confident in discussing the benefits of quitting.
- Smokefree Bolton service will also be made more accessible by making the service more visible and easier to use in communities
- The Community Champions programme offers an opportunity for local people to become more knowledgeable about tobacco harms, including the illicit trade, and to become advocates for quitting with family, friends, and peers .
- Community venues will be supported with smokefree policies and support will integrated into these.

Action 12 –Smokefree Workplaces, particularly targeting routine and manual workers

There is estimated 108,700 who work for Bolton employees, 29% of these are in routine and manual occupations.[23] 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 the UK, approximately 1 in 4 of those in routine and manual occupations smoke, double that of managerial and professional roles.

[22] Tobacco: preventing uptake, promoting quitting, and treating dependence, NICE guideline [NG209]Published: 30 November 2021, updated: 04 August 2022

[23] Bolton JSNA, equality characteristics. 2021

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 UK businesses £7.5 billion a year. Helping staff to stop smoking is the single most effective intervention employers can make in improving staff health and productivity.[24]

Although almost all workplaces have been smoke-free for a number of years, problems can still arise, and it is good practice to have a negotiated policy in place that deals with the issue in an effective way. Smoking policies should not victimise smokers but seek to eliminate employee exposure to tobacco smoke, and support smokers who want to quit. They also have to deal with issues such as the use of electronic cigarettes.

- The Bolton Community Tobacco Control Service will support businesses to develop practical Smokefree Workplace Policies, alongside offering support to help any employees who smoke. This offer will be targeted to routine and manual workplaces, particularly those where high number of the workforce are living in more deprived parts of the town.
- This will be monitored via the Bolton Community Tobacco Control Service Performance Management Framework.

Action 13 - LGBT programmes to include stop smoking support

Lesbian, gay, bisexual and trans (LGBT) people are more likely to experience health inequalities and have higher rates of smoking. Many within LGBT communities also report a lack of access to treatment. Services must, therefore, be inclusive and welcoming to LGBT communities.[25]
LGBT people are more likely to suffer from a number of social disadvantages which make them more vulnerable to smoking.

- Young LGBT people are more likely to be homeless (Albert Kennedy Trust, 2014). Research carried out by the Homeless Link (2014) suggests as many as 77% of homeless people smoke.
- People from LGBT groups are more likely to experience mental ill health. A third of all cigarettes smoked in England are smoked by people with a mental health disorder
- People in the LGBT community are also significantly more likely to use illegal drugs (Home Office, 2014). High rates of smoking are often found among those using other substances.

The Department of Health guidance document "Improving access to health and social care for LGBT people" will be the foundation for this. Stop Smoking Services should demonstrate that they are open to working with people from the LGBT community, for example, by explicitly stating they work with the local outreach or community services on the website.

- The adult and young person's Sexual Health Commissioned Service would be to develop good communication with LGBT people encouraging them to be involved in their own wider wellbeing and healthcare and promote better health outcomes. The Department of Health guidance document "Improving access to health and social care for LGBT people" will be the foundation for this. Stop Smoking Services should demonstrate that they are open to working with people from the LGBT community, for example, by explicitly stating they work with the local outreach or community services on the website.

[24] Smokefree Workplaces, UK Health Security Agency, 2015
[25] Smoking and the LGBT community, Action on Smoking and Health (ASH), July 2016.

- Numbers of LGBT smokers supported to quit will be monitored via the Bolton Community Tobacco Control Service Performance Management Framework.

Action 14 – Substance Misuse Services Smokefree by 2026

In 2020/21 there were over 2000 adults in Bolton accessing treatment in specialist services for substance misuse. Use of tobacco in adults accessing treatment in specialist services for substance misuse is 4 times higher than in the rest of the population[26]. Poor health because of tobacco smoking is worsened in this population who already experience a higher risk of lung cancer and other chronic lung diseases such as COPD (Chronic pulmonary obstructive disease).
Smoking of tobacco is a driver of inequalities in health, with higher rates of tobacco use in more deprived populations. Reducing these rates of smoking in this vulnerable population is a keyway to tackle health inequalities. This may be directly through reduced rates of physical disease and premature death, or indirectly such as via the individual cost saving measures associated with tobacco abstinence.

Only around 2% of tobacco smokers attending substance misuse services in the UK in 2020/21 were offered interventions to address their smoking. Tackling tobacco smoking within this population is complex and challenging. This is a vulnerable group, where addictions to substances other than tobacco, such as cocaine, alcohol, or heroin, are given priority for addressing. Furthermore, there has been falsely perceived benefits of tobacco smoking in addressing these addictions and reducing relapse risk in substance misuse settings. However research has shown that this is not the case, and that reducing tobacco smoking in people with substance misuse issues has a positive impact on abstinence from illicit drugs and excess alcohol[27].

Addressing the urgent needs of this population including acute drug and alcohol addictions and withdrawals is vitally important, however it does not reduce the importance of tackling tobacco use. Physical illnesses within this group, many of which are contributed to by tobacco use, are the main causes of premature death for individuals with substance misuse issues[28)]. These illnesses include cancers, heart disease, alcoholic liver disease and lung disease[29].

The Bolton Community Tobacco Control Service will work in partnership with Substance Misuse Services to brief and upskill staff to comprehend the nature of nicotine dependency and be confident in discussing and supporting tobacco quits as part of addiction services. The Community Service will also support in the introduction of process to ensure the right nicotine replacement therapies and behavioural support are easily available to clients.

- This will require the services treat nicotine dependence as an equal priority alongside other addictions
- Substance Misuse services to be delivered from a smokefree environment, and
- Substance Misuse staff to be smokefree while working with clients.
- Number of smoking quits will be monitored via Substance Misuse Performance Management Frameworks

[26] Interventions for tobacco use cessation in people in treatment for or recovery from substance use disorders. Apollonio et al, Cochrane Database of Systematic Reviews. 2016.
[27] Impact of quitting smoking and smoking cessation treatment on substance use outcomes: An updated and narrative review. McKelvey et al, Addict Behav. 2017
[28] Role of community drug and alcohol services in physical healthcare for people who use illicit opioids: a qualitative study of clinical staff in the UK. Bradbury M, et al BMJ Open. 2021.
[29] Mortality, cause of death and risk factors in patients with alcohol use disorder alone or poly-substance use disorders: a 19-year prospective cohort study. Hjemsæter et al BMC Psychiatry. 2019.

Controlling illegal tobacco trade in Bolton

Overall ambition to significantly reduce the supply of illicit tobacco in Bolton by ~~2026.~~2026.

Tobacco is the deadliest commercially available product in England. It is imperative we enforce tobacco regulations which serve to safeguard people from the avoidable disease and premature death it causes. Comprehensive enforcement is crucial, and across England, smokers, local councils, businesses and particularly tobacco retailers, play a vital role in protecting people from the harms of tobacco. This is a responsibility that most people take seriously, and research shows high rates of compliance with most tobacco regulations across England (Department of Health, 2017).

Despite these controls on the sale of tobacco there remains a number of individuals who supply illicit tobacco whether through retail premises or from domestic properties that are heavily contributing to the problem this commodity poses.

This illegal trade in tobacco has a devastating effect on individuals and communities across the UK and abroad. Bolton is no exception. The sale of illegal tobacco undermines public health policy by offering a cheaper option for those who might otherwise see price as a reason to stop smoking and allows smokers to smoke more. Illegal tobacco damages legitimate business, and as part of serious organised crime, the proceeds made from it are used to fund further criminality, perpetuating the cycle of harm in communities.

In Bolton, unscrupulous business operators are using more and more elusive ways to store and supply illegal tobacco, making it evidentially harder to bring them to justice. As their trade in this illegal commodity is so profitable, their foothold in the local economy is growing, as the proceeds from illicit tobacco are funding other businesses to launder the financial gains made. This in turn is affecting the make-up of our communities and attracting the clientele these illegal products entice. This brings anti-social behaviour and other types of crime to Bolton's neighbourhoods- all due to the existence and profitability of illegal tobacco. The illegitimate supply of nitrous oxide, illegal vaping products and occasionally pharmaceutical drugs not approved for supply in the UK is now commonplace alongside finds of illegal tobacco in Bolton, which exacerbates the negative impact on the health and experiences of our residents.

Action 15 – Adopt a whole system approach to controlling the illicit tobacco trade in Bolton

- To create Tobacco Control Enforcement roles within the Trading Standards Team as part of the wider tobacco control approach in the town.
- To address the harm illicit tobacco is having on our communities by adopting a comprehensive approach to enforcement and disruption
- To better capture and articulate the harm illicit tobacco is having on our communities through better public and partnership engagement.
- Improve the flow of information between internal and external partners for better informed and more expedient development of intelligence.

Action 16 – Maximise resources to address enforcement issues

- To investigate 100% of complaints received about the sale of illicit tobacco and illicit vaping sales.

- To use the most efficient enforcement tools in any given situation to achieve the most expedient and disruptive effect.
- To increase public confidence and consequently improve both the quality and flow of intelligence to our pathways.
- To better integrate enforcement and Public Health approaches to tobacco control to best inform one another's work and maximise our outcomes.
- To optimise the partnership enforcement response to illicit tobacco in Bolton with our partners in Greater Manchester Police.
- To map and determine the threat posed by organised illicit tobacco supply in Bolton (illicit tobacco OCG's).

Reducing the impact of Tobacco on the Non-Smoking Residents

Overall ambition for a voluntary Smokefree Town Centre policy to be in place by 2026

Breathing other people's smoke is known as passive, involuntary or second-hand smoking (SHS). It can also be called 'environmental tobacco smoke.' Smokers and non-smokers alike inhale SHS and this are an unavoidable consequence of being in a smoke-filled environment. While there is legislation protecting non-smokers and children in indoor spaces from SHS harm there currently is no legal requirement for outdoor public spaces.

Exposure to SHS has immediate health effects. It can reduce lung function; exacerbate respiratory problems; trigger asthma attacks; reduce coronary blood flow; irritate eyes; and cause headaches, coughs, sore throats, dizziness, and nausea. There is no safe level of exposure to tobacco smoke, particularly for young children, and there are long-term health effects, including heart disease and lung cancer, especially with continued exposure over time. There is also the issue of personal courtesy, protecting the personal freedom of non-smokers to enjoy outdoor spaces and eating areas without being swathed in tobacco smoke.

In response to these health risks and growing public demand for smokefree public places, most nations have passed laws to minimise citizens' exposure to second-hand smoke. Since 2007, smoking in enclosed public places has been prohibited throughout the UK. Back in July 2007 the English government passed a new law which make it illegal for anyone to smoke in an enclosed public place and within the workplace. This ensured that everyone could use the train station, eat in a restaurant or shop without suffering the negative effects of second-hand smoke. While there is currently no smokefree legislation related to outdoor spaces there are many examples of voluntary schemes that aim to make public spaces cleaner and family friendly by introducing smokefree policies.

Over recent years the public have become more aware of the dangers of SHS, and the numbers of smokers have decreased an entrenched smokefree culture has emerged. The Smokefree Great Britain Survey 2019[30] aims to give a snapshot of public opinion across the regions. In 2019, the North-West supported Government action to tackle tobacco showing -

- More than three quarters (78%) of adults in the North-West supporting activities to limit smoking or think the government could do more
- In the North-West, the proportion of respondents who think the Government could do more to limit smoking has grown substantially from 29% in 2009 to 47% in 2019

There are important lessons to be learned from the development of public opinion over tobacco control measures including smokefree legislation. When the Office for National Statistics first asked a question about smokefree provision in autumn 2003, only 20% of people wanted no smoking allowed anywhere. When it asked the same question in autumn 2004 this had risen to 31%. In June 2008, the one-year report on smokefree legislation from the Department of Health showed that 80% of the public now agree with the legislation.

A new report from ASH in 2022 examines the public support for measures to reduce the harm of smoking.[31] Smokefree legislation led to real change in the lives of ordinary people throughout

[30] Smokefree Britain Survey 2019, YouGov Plc Smokefree Great Britain Surveys 2018, and 2019 http://ash.org.uk/information-and-resources/local-resources/local-opinion/

[31] Public support for measures to reduce the harm of smoking, ASH, 2022.

England. That change stimulated public support for further measures to reduce the harms of tobacco. This virtuous circle remains powerful today.

The report finds three quarters (74%) of adults in England support the Government's goal to reduce smoking prevalence to below 5% by 2030. Other insights were that the proportion of people who thought the government was not doing enough to limit smoking increased from 29% to 46%; while the proportion who thought government action was about right fell from 47% to 30%. Most strikingly, the proportion of people who thought that the government was doing too much to limit smoking fell from 20% in 2009 to only 6% in 2022.
The report also found that there is majority public support for many of the key measures proposed in the independent Khan review, which sets out a path to achieving the 2030 goal. This support extends both across the socio-economic spectrum in England and across the political spectrum.

Smokefree legislation and subsequent measures have contributed to a decline in smoking prevalence in the adult population of England. The experience of smokefree environments at work and leisure led to a collective re-evaluation of the acceptability of smoking in everyday life. Smoking has long ceased to be an acceptable norm and, almost everywhere, the air is cleaner to breathe.-

The experience of working and socialising in smokefree spaces has increased public enthusiasm for making other shared environments smokefree. One location where tobacco smoke remains a problem for many is the outdoor seated areas of restaurants, bars, and cafes. This can be a particular problem in the summer when smokers and non-smokers alike want to eat and drink outside. The 2022 YouGov survey found that 62% of adults would like to see smoking banned in these areas. Other public areas where there is currently majority public support for prohibiting smoking are university and college campuses, beaches, parks, and town centres.

Public opinion on tobacco control is a dynamic phenomenon. Decisive and effective steps by Government create public approval: there is no need and no good reason to wait for overwhelming public backing before acting (Department of Health, 2008). Locally we have the opportunity to become leaders in creating a town centre public space that is environmentally clean and where families and non-smokers able to enjoy the facilities protected from SHS.

Action 17 - Smokefree Public Places

- Advocacy at a strategic level around the introduction of a voluntary scheme to introduce Smokefree Town Centre.
- Introduction of controls on the congregation of smokers in outdoor spaces, in particular protecting diners in alfresco environments and in areas used by families such as new developments in the town centre.
- Use licensing policies to promote smoke free areas that seek to protect non-smokers from second hand smoke.

Action 18 - Tobacco products litter, disposal, and fines

The vision for the new regenerated Bolton Town Centre is for it to be an environmentally clean and pleasant place to visit – tobacco litter has no part in this vision.

- Resource for Public Protection to provide enforcement officer patrolling the town centre area.
- Role of Public Protection enforcement officers in working with new premises to understand their responsibility to put controls on tobacco litter and clearance.

Improving Tobacco Harm communications across Bolton

For Tobacco Control to become a priority issue for the Bolton cross system Communications cell by end of 2023

Towards a Smokefree Generation - A Tobacco Control Plan for England 2017[32], highlighted the need for increased public awareness of tobacco harm and the support available to quit. Evidence reviewed indicated that taking a population wide approach to encouraging quit attempts is the most effective approach. Nationally targeted mass media interventions, in the context of a comprehensive tobacco control programme, continue to be an extremely cost-effective way to decrease tobacco use, reframe social norms and cultural acceptance, increase quit attempts, and promote the use of stop smoking tools and services. Regional variation in smoking prevalence requires consideration to approach different audiences and explore innovative ways to reach them. The most effective regional and local campaigns are those which deliver culturally appropriate messages which tie in well to other local tobacco control activity.

The three primary strands of the national tobacco communications strategy attached the national plan were to boost motivation to quit, trigger quit attempts and provide support to make quit attempts successful. The plan also acknowledged the pervasiveness of social media and as apriority better understanding how to use these channels to better target those groups where smoking prevalence remains high. The plan asked for local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns. Making Smoking Obsolete - The Khan Review that assessed the progress of the national plan in 2022 found that the broader NHS messaging should also be targeted on encouraging people to stop smoking. People listen to their healthcare professionals individually, but they also listen to the NHS collectively. So, it's important that the NHS is providing messages to patients through very brief advice (VBA) and the Better Health campaign, but also providing wider stop smoking messaging as an organisation. The NHS communications campaigns and communications channels are a key opportunity to direct smokers to treatment and remind them of the risks. Senior leaders in the NHS need to champion prevention and stop-smoking treatment as an organisational priority.

The NICE guideline (NG209) 'Tobacco: preventing uptake, promoting quitting and treating dependence'[33] gives direction on organising and planning national, regional, or local mass-media campaigns. These recommendations are for commissioners and organisers of mass-media campaigns and can be viewed in appendix 6.

Action 19 – A town-wide tobacco control plan

- A communications strategy to developed as part of the overall delivery of the Tobacco Control Approach.
- For a communications delivery plan to be implemented by the system wide communications cell.

[32] Towards a Smokefree Generation - A Tobacco Control Plan for England 2017

[33] Tobacco: preventing uptake, promoting quitting, and treating dependence, NICE guideline [NG209]Published: 30 November 2021 Last updated: 04 August 2022

Appendices

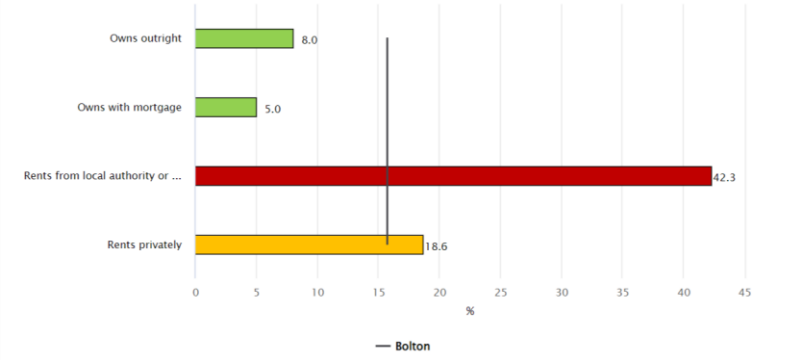
Appendix 1 – Report from the first Tobacco Control Partnership Event, in including the results of the CLeaR peer assessment

CLEAR group session - PiP report #2.pdf

CLEAR group session - PiP report #2.docx

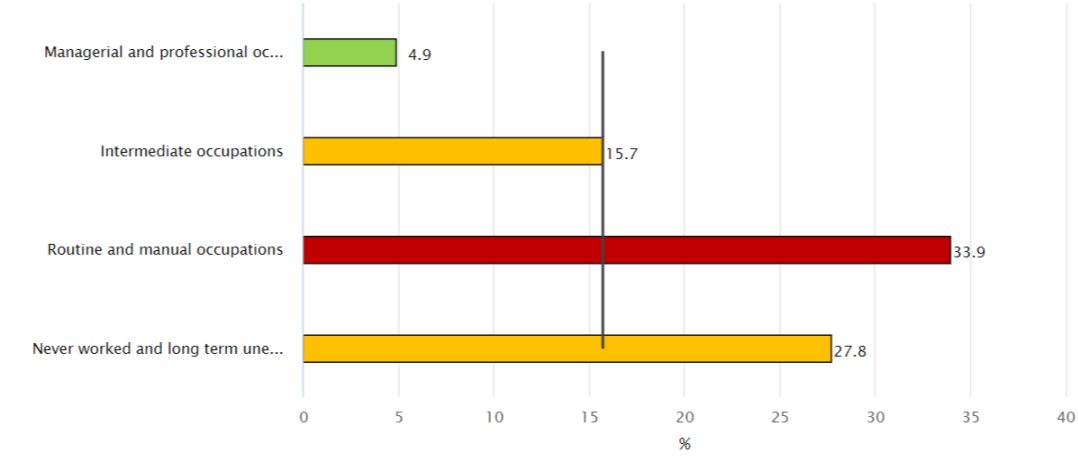
Appendix 2 - Public Health Outcome Framework, Tobacco Control Profiles 2020, Smoking Prevalence in Adults aged 18+.

Inequalities in smoking rates by Housing Tenure



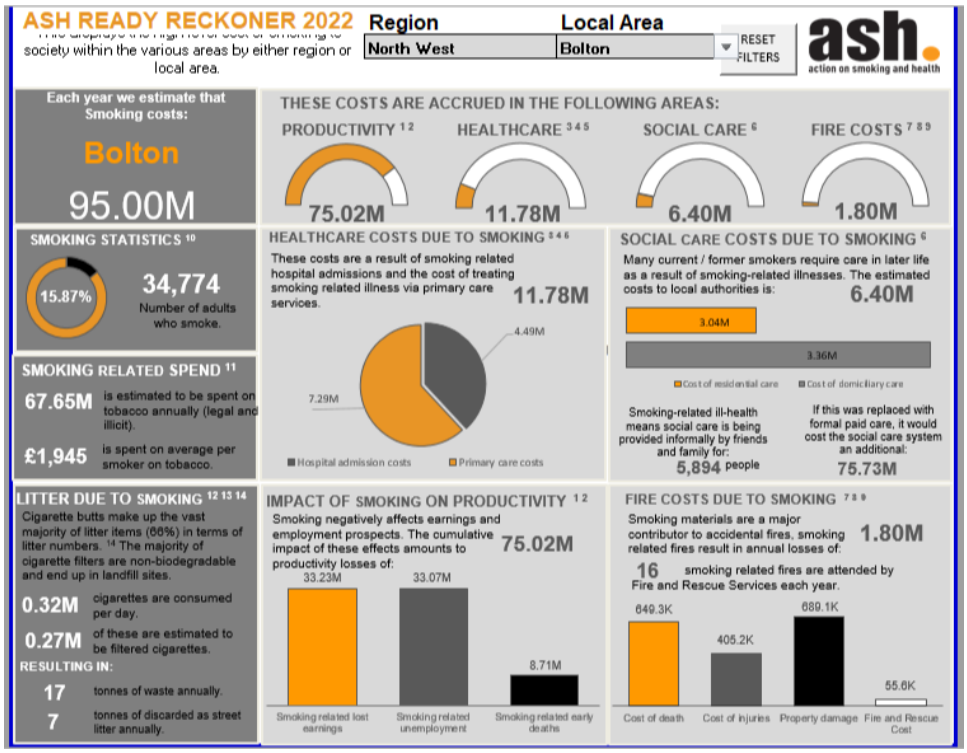
	Count	Value
Bolton	-	15.7
Owns outright	-	8.0
Owns with mortgage	-	5.0
Rents from local authority or housing association	-	42.3
Rents privately	-	18.6

Inequalities in smoking rates by Socioeconomic class



	Count	Value
Bolton	-	15.7
Managerial and professional occupations	-	4.9
Intermediate occupations	-	15.7
Routine and manual occupations	-	33.9
Never worked and long term unemployed	-	27.8

Appendix 3 – Bolton Tobacco Costs, ASH Ready Reckoner, interactive tool updated January 2022



Appendix 4 – Young Persons' Survey 2020, Attitudes and Behaviour towards Alcohol, Smoking and Knives, Local Authority Report for Bolton, Trading Standards North-West

TSN Survey UAS 2019.pptx

Appendix 5 - Case Study - Bolton at Home Helping Tenants to Quit

Bolton at Home is the largest local provider of social housing, it has a large programme of work that seeks to improve the health and wellbeing of people living in the neighbourhoods it serves.
Smoking was identified as a priority issue both in terms of health and poverty and so in partnership with the Greater Manchester Making Smoking History programme and local NHS colleagues a 6-month pilot programme was agreed on Bolton at Home estate, commencing February 2021.
This pilot project to encourage customers to stop cigarette smoking by taking up Vaping and or using NRT. The project is incentivised as participants receive a free starter vape on weekly visits and have the oils paid for the life of the project. If they attend all sessions and make positive ~~progress~~progress, they will receive an upgraded Vape at the end of the project.
WhatsApp group for peer support and instant access to advice about the technical sides of the vapes as well as share positive stories about how they were doing. A pilot to encourage 25 people to swap from conventional cigarettes to e-cigarettes was piloted on the Washacre estate (a socially disadvantaged estate in Bolton).
Prior to the project commencing, it was identified that one of the barriers to people stopping cigarette smoking is the perception that the person will gain weight as a result. Therefore to address this we wanted to incorporate some physical activity sessions into the project.
Peer Navigators to own a new 'Health Focused' project to help them engage with community. All officers involved did appropriate training. This gave them the confidence to talk to the participants around the issues surrounding giving up smoking such as cravings, stressors, triggers as well as detailed information about the different types of NRT (Nicotine Replacement Therapy).
To enable customers to give up smoking with peer support via weekly catch up /WhatsApp group that also aimed to enable customers to be more physically active following pandemic, enable customers to improve their mental health following pandemic, to engage with new customers /get people back out on estates using community facilities.
The project was publicised through social media and door knocks. Creation of a Facebook page that people could message to be signed up. It should also be noted that we had a few people join the project part way through because of positive word of mouth feedback about how well participants were doing. It also meant they were trained/able to carry out Carbon Monoxide level checks on participants at weekly sessions.
Vape Experts were present at initial session. Feedback from this session was positive and some participants explained that they had tried vaping in the past but were unsuccessful as they had not had any advice to go alongside it. Weekly sessions (one in the afternoon and one in the early evening to accommodate those working).Participants attended a 5–10-minute slot, where they had their Carbon Monoxide levels monitored alongside a general discussion on how they were doing and if they had managed to go the whole week without a cigarette.
Participants also asked what fitness sessions they would be interested in and their availability. Sessions would be delivered on the MUGA (Multi use games area~~)~~), and local fitness groups were

approached to deliver. After two months, the format of the weekly sessions changed from just the CO check and consultation to a group fitness session. Choice of circuit training or Yoga
Need to offer weekly sessions, we had to cancel a few due to Covid and found numbers attending weekly meetings dropped to about half when we reinstated them. Maybe don't start in the middle of a pandemic!!
Costs are high, would not be able to roll out at this cost, currently looking at less expensive ways of running the project in other estates. Not everyone has taken up the offer of fitness sessions, would need to look at alternate activities (the Arts etc) and be led by the group.
The 6-month duration is a big commitment, need to look at community champion approach or redirect onto another project to continue the stop smoking aspect. A good initial uptake with around 20 participants signing up. Strong retention with only a couple dropping out of the programme and a couple more whose attendance has been sporadic. The CO monitoring has proved an effective tool to motivate participants.
Most people have either quit entirely or cut down to around 1 a day (and looking to cut that out 2)
Feedback from the weekly sessions has been positive and both peer navigators have built up a good working relationship with participants. Participants have also been signposted to other services and community groups such as Money Advice Team and the local growing site to volunteer.
The WhatsApp group has proven a tremendous tool to engage and motivate participants. Initial feedback from fitness sessions is positive. Increase in Community Cohesion – working with new customers. Reduction in social isolation – some members only reason for leaving home. Increase in physical activity

Appendix 6 - The NICE guideline (NG209) 'Tobacco: preventing uptake, promoting quitting and treating dependence'

The NICE guideline (NG209) 'Tobacco: preventing uptake, promoting quitting and treating dependence'[34] gives direction on organising and planning national, regional, or local mass-media campaigns. These recommendations are for commissioners and organisers of mass-media campaigns and can be viewed in appendix

National, regional, or local mass-media campaigns to prevent the uptake of smoking among young people under 18.

- Work in partnership with the NHS, national, regional, and local government and non-governmental organisations, children and young people, media professionals, healthcare professionals, public relations agencies, and local anti-tobacco activists.
- Integrate regional and local campaigns to prevent smoking in children and young people with any national communications strategy to tackle tobacco use.
- Think about targeting campaigns towards groups that epidemiological data identify as having higher than average or stagnant rates of smoking. Base the campaigns on research that identifies and helps to understand the target audiences.
- Base campaign messages on strategic research and qualitative before-and-after testing with the target audiences. Repeat the messages in various ways and regularly update them to keep the audience's attention.

[34] Tobacco: preventing uptake, promoting quitting, and treating dependence, NICE guideline [NG209]Published: 30 November 2021 Last updated: 04 August 2022

- Use a range of media channels to get unpaid press coverage and generate as much publicity as possible. Reach specific audiences by:
    - using regional and local channels
    - using the full range of media used by children and young people.
- Share effective practice in campaigns to prevent smoking in children and young people, including effective local and regional media messages, locally, regionally, and nationally.
- Run campaigns to prevent smoking in children and young people for 3 to 5 years.
- Use process and outcome measures to ensure campaigns are being delivered correctly and effectively. For recommendations on the principles of evaluation.

Campaign strategies to prevent uptake and denormalise tobacco use

- These recommendations are for local authorities, trading standards bodies, organisers and planners of national, regional, and local mass-media campaigns, and commissioners and planners.
- Assess whether an advocacy campaign is needed to support policy related to illegal tobacco sales.
- If an advocacy campaign is needed, base it on good practice. Use a range of strategies to reduce the attractiveness of tobacco and contribute to changing society's attitude towards tobacco use, so that smoking is not considered the norm by any group. This could include:
- generating news by writing articles, commissioning newsworthy research and issuing press releases
        - using posters, brochures, and other materials
        - using digital media.
- As part of an advocacy campaign, provide a clear, published statement on how to deal with underage tobacco sales.
- Do not develop or deliver mass-media or access-restriction campaigns in conjunction with (or supported by) tobacco organisations. Actively discourage use of enforcement and related campaigns developed by tobacco organisations.

Helping retailers avoid illegal tobacco sales

- These recommendations are for local authorities and trading standards bodies.
- Provide retailers with training and guidance on how to avoid illegal sales. This includes encouraging them to:
    - ask for proof of age from anyone who appears younger than 18 who attempts to buy cigarettes, and get it verified (examples of proof include a passport or driving licence, or cards bearing the nationally accredited 'PASS' hologram)
    - inform Trading Standards of each tobacco sale refused on the grounds of age.
- Make it as difficult as possible for young people under 18 to get cigarettes and other tobacco products. In particular, exercise a statutory duty under the Children and Young Persons (Protection from Tobacco) Act (1991) to prevent underage sales by:

    - prosecuting retailers who persistently break the law
    - making test purchases each year, using local data to detect breaches in the law and auditing the breaches regularly to ensure consistent good practice across all local authorities.
- Work with other agencies to:
    - identify areas where underage tobacco sales are a particular problem
    - improve inspection and enforcement activities related to illegal tobacco sales.
- Run campaigns for retailers to publicise legislation prohibiting underage tobacco sales. These could include:
    - details of possible fines that retailers can face
    - details of where tobacco is being sold illegally
    - successful local prosecutions
    - health information.
- Ensure efforts to reduce illegal tobacco sales by retailers are sustained.