

# Tobacco Control Alliance in Derby

## Purpose

The purpose of the Tobacco Control Alliance is to co-ordinate a comprehensive approach to reducing the prevalence of tobacco use.

## Overarching aims

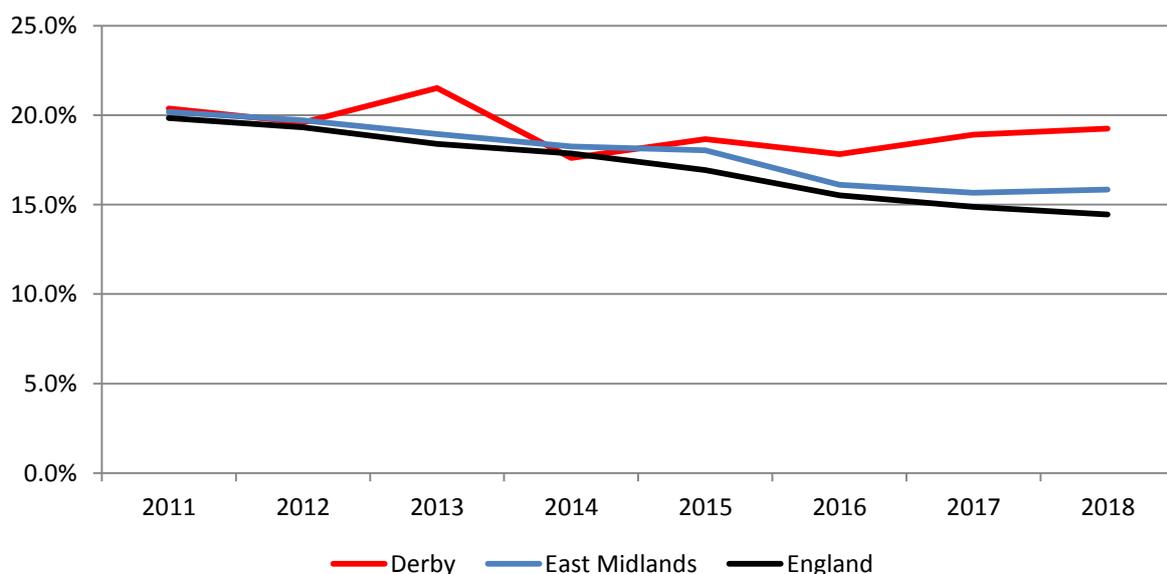
Towards a Smokefree Generation, the Tobacco Control Plan for England 2017-22<sup>1</sup> was published by the Government in July 2017 to continue leading the national effort on tobacco control. The plan identifies key specific areas of focus including to:

- Reduce the prevalence of 15 year olds who regularly smoke by the end of 2022.
- Reduce smoking prevalence amongst adults by the end of 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022.
- Reduce the prevalence of smoking in pregnancy by the end of 2022.

## Current position

Smoking prevalence data is reported routinely as part of the Public Health Outcomes Framework. As shown below, recent years have seen an increase in smoking prevalence overall and in both routine and manual groups, and in pregnant women. There has also been a widening in the gap between the prevalence in Derby and the national average.

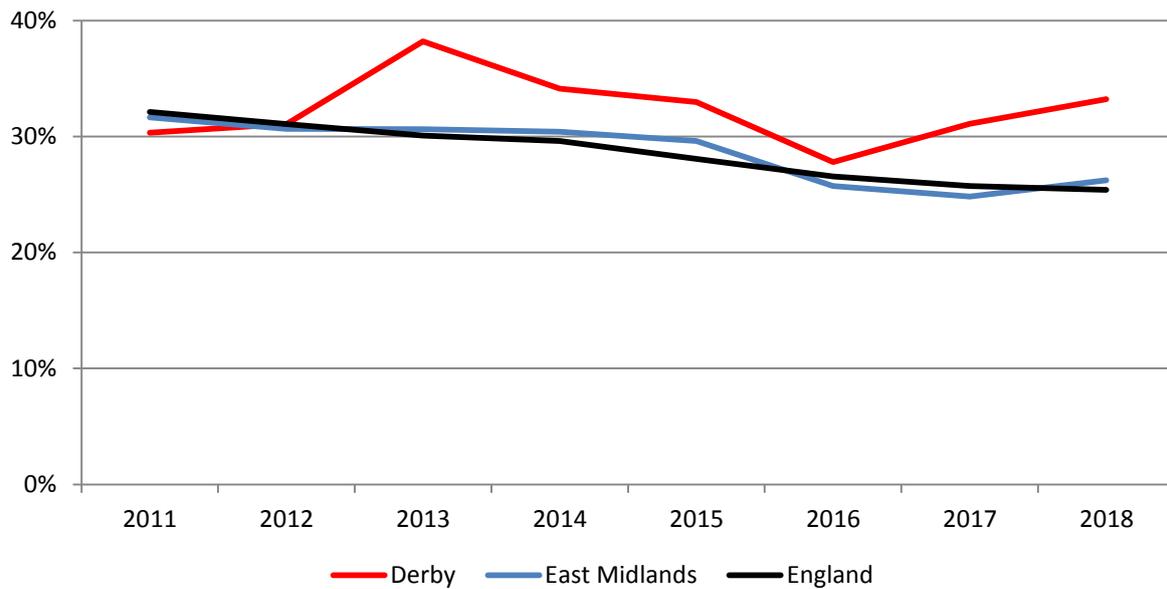
### Smoking Prevalence in adults (18+) - Current smokers



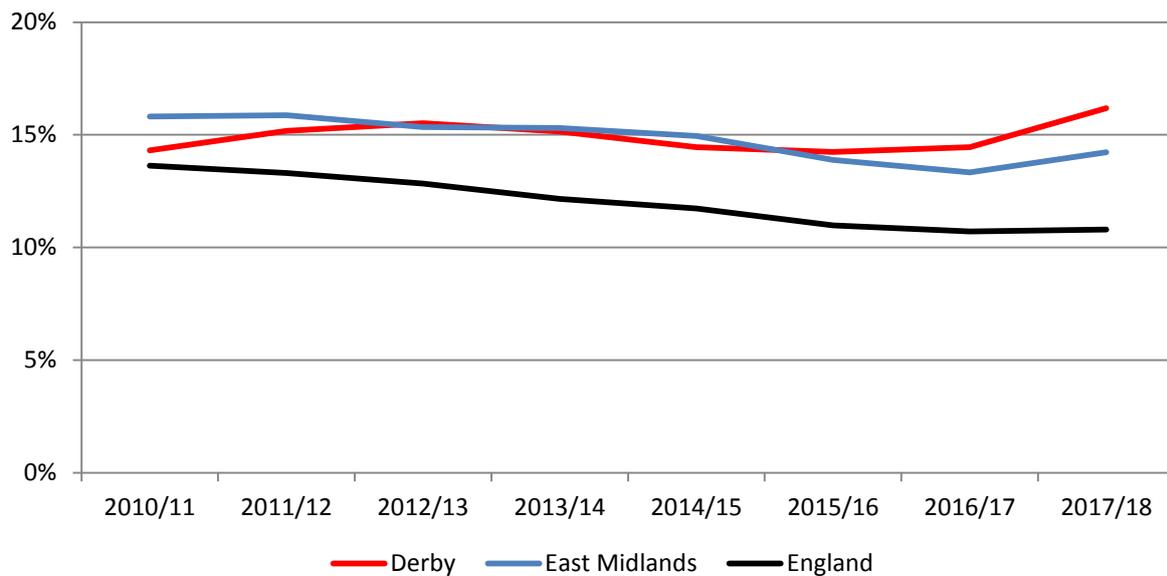
<sup>1</sup> <https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022>



### Smoking Prevalence in adults - Routine and manual occupations (18-64)



### Smoking in pregnancy - Smoking status at time of delivery



## Potential priorities

### Groups at greater risk of tobacco related harm

There are a number of groups that are at a greater risk of harm from tobacco use, either because of an increased prevalence of smoking, niche use or that they are more susceptible to the effects.

As well as reducing overall tobacco use, the Tobacco Control Plan for England has key areas of focus on:

- Pregnant women
- Children & young people



- Routine and manual occupations

As well as indicating a significantly high smoking prevalence in adults in Derby at 19.2% compared to 14.4% nationally, local data<sup>2</sup> also indicate high smoking rates in:

- Pregnant women, 16.2% compared to 10.8% nationally
- Routine and manual occupations, 33.2% compared to 25.4% nationally
- Adults with a long term mental health condition (32.8%) and adults with a serious mental illness (39.8%)

National guidance also indicates an increased prevalence of smoking in lesbian, gay, bisexual and transgender (LGBT) people, some ethnic groups and in prisoners.

Local intelligence from Trading Standards has also highlighted niche tobacco use in the form of shisha and the availability of illicit tobacco products as concerns within the city.

## Core membership

The core membership of the Tobacco control alliance will be made up of senior level officers, who are responsible for raising the profile of tobacco control across local organisations and partnerships:

Suggested membership:

- Local councillors
- Director of Public Health
- Consultant in Public Health
- Senior Trading Standards Officer
- Stop Smoking Service Manager
- Community Safety representative
- CCG commissioning representative
- CCG Primary Care representative
- Public Health England tobacco control lead
- Acute Trust Representative
- Mental Health Trust Representative
- Maternity Representative
- C&YP Public Health Representative

## Task and finish groups

Beneath the core group it is proposed that a number of task and finish groups focus on specific priorities:

- Prevention first
  - To stop the inflow of young people recruited as smokers
    - Reducing underage sales: test purchasing and educating retailers
    - Denormalising tobacco use and reducing availability

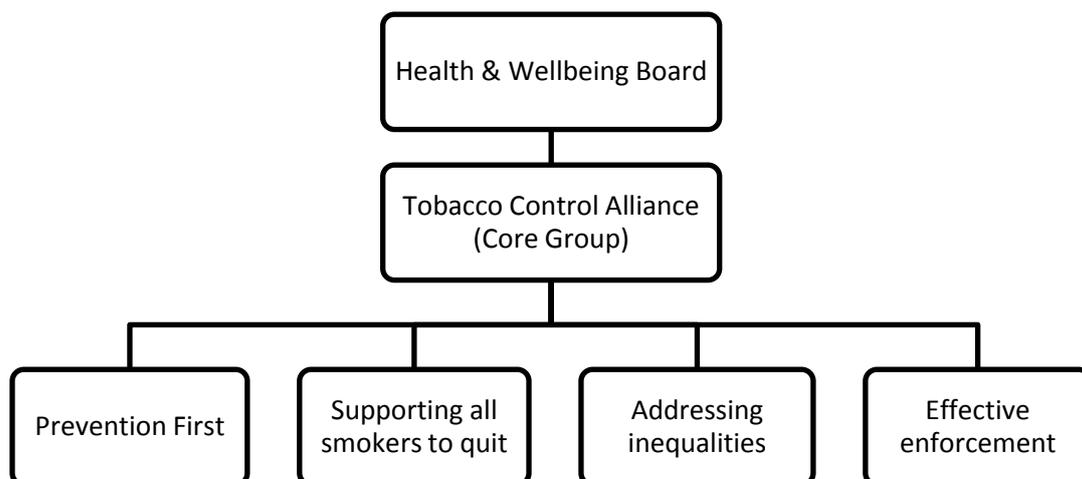
<sup>2</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>



- Delivering tobacco control interventions with children and young people: whole school/college approaches, PSHE, smokefree schools, young people friendly Stop Smoking Services
- Supporting all smokers to quit
  - To motivate and assist every smoker to quit
    - Very brief and brief interventions
    - Stop Smoking Services: best practice and guidance, training stop smoking advisors
- Addressing inequalities in the use and effects of tobacco products
  - Targeting priority groups:
    - Pregnant and breastfeeding women
    - Routine and manual occupations
    - Mental health service users
    - LGBT groups
    - Former prisoners
    - Specific ethnic groups
    - Niche tobacco use such as shisha
- Effective enforcement
  - Ensure effective regulatory enforcement measures are implemented in relation to tobacco control including:
    - Smoke free public places
    - Advertising and promotion of tobacco products
    - Illicit tobacco

## Governance & structure

It is proposed that the Tobacco Control Alliance reports to the Health & Wellbeing Board, with a number of delivery groups sitting under it.



## Next steps

Initial work has started on a draft terms of reference for the alliance and on identifying the most appropriate potential members. It is proposed to undertake a CLeaR self-assessment<sup>3</sup> in collaboration with Public Health England. The self-assessment tool will help evaluate and score the city's tobacco control efforts, identifying areas of good practice as well as areas for development and improvement.

Once the self-assessment has been completed it is proposed that a Tobacco Control Strategy be developed and brought back to the Board for approval.

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August 2019

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<sup>3</sup> <https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>

