

DRAFT

SMOKEFREE ROSSENDALE
STRATEGY

Version 1.0 – 2 January 2007
Philip Mepham
Interim Manager, Environmental Health
Rossendale Borough Council

Contents

1. Introduction and context for the Strategy
2. Where are we now?
3. Consultation
4. Smokefree Rossendale Alliance
5. Smokefree legislation
6. Vision and Aims of the Strategy
7. Detailed Aims and Targets
 - 7.1 Raise levels of awareness
 - 7.2 Provide support to employers
 - 7.3 Provide links to smoking cessation service
 - 7.4 Restrict access to tobacco
 - 7.5 Enforcement policy after implementation
 - 7.6 Minimise smoking waste
 - 7.7 Maximise encouragement of smokefree homes
 - 7.8 Work with local, regional and national organisations.
8. Monitoring and Review

1. Introduction and context for the Strategy

- 1.1 Smoking is the largest single cause of preventable deaths in the UK, killing 120,000 people/year – that's about a full jumbo jet crashing every day - more people than traffic accidents, suicides, fires, drugs, AIDS and alcohol combined.
- 1.2 Approximately 10 Rossendale people die each year due to exposure to secondhand smoke at work.
- 1.3 Tobacco smoke has an immediate impact on health. Within 30 minutes, exposure can lead to blood clots, narrowing of the arteries and increased blood pressure. Tobacco smoke can damage almost every organ in the human body. At first people may notice coughing, headache, eye and throat irritation, breathing problems, asthma attacks and irregular heartbeat. Over time they may witness worsening of chest problems and allergies like hay fever, bronchitis and emphysema.
- 1.4 Secondhand smoke makes blood platelets more sticky which means the person has a higher risk of a blood clot forming in a narrowed artery, of blocking the blood flow if in a coronary artery on the surface of the heart, then that could trigger sudden death, heart attack, angina pain or heart failure.
- 1.5 Pregnant women exposed to secondhand smoke can also pass on the harmful chemicals to their babies. Smoking during pregnancy can result in reduced birthweight of the baby with the consequent implications on development.
- 1.6 Smokefree environments encourage smokers to quit, ex-smokers to stay stopped, young people not to start smoking and promotes non-smoking as the norm. Stopping smoking leads to less chronic, debilitating disease, increases length of time living independently and maintains physical and mental functioning.

1.7 Health Inequalities

Smoking – more than any other identifiable factor - contributes to the gap in health life expectancy between those most in need and the advantaged.

- 1.8 Despite a reduction in the overall prevalence of tobacco smoking in the UK over the last 30 years, there has been little change among those in lower income groups. Smoking in Britain has therefore become increasingly concentrated among the most disadvantaged in society, thereby increasing health inequalities.
- 1.9 Smoking accounts for more than half of the mortality differentials by social class and for most of the widening in inequalities over the past 25 years. The financially less well off spend up to 15% of weekly income on cigarettes, compared to an average of 2% by the better off. Nearly 70% of smokers in

lower socio-economic groups indicate that they want to stop smoking. People on low income, in small businesses and in the hospitality trade are at most risk of health hazards posed by secondhand tobacco smoke.

1.10 What does Smokefree mean?

Smokefree is where the public and all workers are protected from involuntarily inhaling secondhand tobacco smoke i.e. smoke resulting from other people smoking

1.11 There is conclusive evidence that exposure to secondhand tobacco smoke causes death and disease. Secondhand tobacco smoke increases the risk of coronary heart disease and lung cancer. The effects of tobacco smoke in places of work are most relevant to the employees at those places. They have no choice but to breathe other people's tobacco smoke with the consequent ill effects on their health. If they already smoke themselves, a smoky environment will support their habit and make it more difficult for them to stop smoking and thereby protect their own health.

1.12 The overall aim is to protect non-smokers from exposure to secondhand tobacco smoke by increasing the provision of smokefree public places and places of work. Public places are defined as enclosed, or substantially enclosed, indoor areas in both the public and private sector, which are used by the general public.

2.0 Where are we now?

2.1 The estimated smoking prevalence in Burnley, Pendle and Rossendale is 29%. This compares unfavourably with levels for England (23%) and the North West (28%). The level for manual groups is even higher (34%).

2.2 The extent of existing indoor Smokefree environments is currently unknown in respect to most places of work. The Public Health Network surveyed 99 Rossendale licensed premises in 2005 (response rate of 62.6%) and found that 29% opposed the introduction of a law to make work places smokefree while 45% supported such a move. No survey has yet been undertaken of other types of workplace.

3.0 Consultation

3.1 A poll was placed on Rossendale Council's website in February 2006. In answer to the question "Do you think that smoking should be banned from all public places" 68% of a total of 431 responses voted **Yes**. This could not be claimed to be a scientifically designed poll but does give an indication of the level of support amongst the public. In a survey undertaken in GB in 2005 91% of adults favoured restrictions in restaurants, 86% at places of work and 65% in pubs. The trend in recent years has been increasingly in favour of smokefree environments.

3.2 A report was considered by Rossendale Borough Council at their meeting in September 2005 when they expressed support for the concept of a Smokefree Rossendale. The report was also considered by the Executive of the Local Strategic Partnership on 31 October 2005 when again support was confirmed.

4.0 Smokefree Rossendale Alliance

4.1 A working group has been established, to implement this strategy, which includes representatives of Rossendale Borough Council's Environmental Health Service, East Lancashire PCT Smoking Cessation Service, Smokefree Homes Co-ordinator, Lancashire Trading Standards Service and the East Lancashire Public Health Network. Members will be invited to join the alliance from the business sector to ensure that the needs of businesses are represented.

5.0 Smokefree legislation

5.1 The primary legislation, the Health Act 2006, was enacted on 19th July 2006. This will be implemented through several sets of secondary regulations, most of which are still being produced. They are as follows:-

a) Smoke-free (Premises and Enforcement) Regulations 2006, which come into force on 1st July 2007.

b) Smoke-free (Signs) Regulations - are currently in draft form and are in the process of being checked against EU legislation for consistency.

Three other sets of Regulations to be laid in Parliament in early 2007 will:-

- set out exemptions from smoke-free legislation
- set out the vehicles required to be smoke-free, and
- set levels of penalties for offences under smoke-free legislation.

In addition, further sets will:-

- set out duties to prevent smoking in smoke-free vehicles, and
- define the form of penalty notices.

5.2 The legislation, generally, requires premises and vehicles to be smokefree if they are open to the public and/or used as a place of work by more than one person. Those premises need to be smokefree only in those areas that are enclosed or substantially enclosed. These terms are defined in the Regulations. Regulations may also be made adding further places or descriptions of places to the list of smokefree environments.

6.0 Vision and Aims of the Smokefree Rossendale Strategy

6.1 The **Vision** is that Rossendale indoor environments, including relevant places of work and public places, comply fully with legislation by 1st July 2007

6.2 The **Aims** of the strategy are:-

- To establish a capacity to ensure the effective implementation of the legislation.

- To raise the level of awareness of the legislation and its effects, including the responsibilities of those in control of public places and workplaces as well as the general public,
- To provide support to employers and others in control of indoor environments in order that they can design and implement smokefree policies,
- To provide links to smoking cessation resources,
- To support the enforcement of legislation in connection with the supply of smoking materials and sales to underage children,
- To establish an enforcement policy for implementation after the legislation comes into force in relation to smokefree environments,
- To minimise smoking waste originating in the vicinity of places of employment and places with smokefree indoor environments,
- To work with other local, regional and national organisations in order to ensure success and consistency in implementation.

6.3 In order to determine, monitor and achieve progress towards a Smokefree indoor environment, the Achieving Smoke Freedom Tool Kit produced by the Chartered Institute of Environmental Health (CIEH) and Action for Smoking and Health (ASH) will be used.

7.0 Detailed Aims

7.1 *Establish a capacity to implement the legislation*

7.1.1 Evidence from the implementation of Smokefree legislation in Scotland and Ireland shows that successful implementation depends on working with businesses and education and promotion campaigns designed to help people change their smoking behaviour well before the implementation date. The existing health & safety enforcement service within Rossendale's Environmental Health Service comprises approximately 1.3 f.t.e who are already committed to a programme of health & safety enforcement. This new legislation will be enforced by Rossendale BC in relation to all premises, including those for which the Health & Safety Executive is the enforcement authority. This means that implementation cannot be undertaken within existing resources and that additional premises will become our responsibility in relation to this issue. A bid has therefore been made to recruit a temporary Technical Officer to assist the service until the end of March 2008 by which time the peak of the work should be passed.

7.1.2 The Department of Health have recognised that this legislation will require additional resources to ensure successful implementation and have granted Rossendale BC additional sums of £5,944 in 2006/7 and £29,044 in 2007/8 to cover the expected costs. The Aim is to create and fill a temporary post for this purpose.

7.2 *Raise level of awareness of legislation*

7.2.1 The Department of Health is launching a direct marketing push, aimed at businesses and consumers, and proposes to spend £10m advertising the

legislation, partly using direct mailshots to all businesses. Activity will begin in March 2007 with a campaign highlighting the risks of inhaling secondhand smoke.

7.2.2 A fully interactive website www.smokefreeengland.co.uk has already been launched by the Government.

7.2.3 A liaison group of Officers within Rossendale Council has been formed to ensure that the Council is able to respond as an employer as well as provider of services. The legislation has a range of implications which are currently receiving responses from the Council's services in relation to the following:-

- a) Experience of Scotland and Ireland shows that there is likely to be a number of situations where people smoke outside licensed premises or other businesses. This may lead to increased numbers of planning applications for outdoor structures.
- b) This will also have implications for Building Control, in respect of the construction of those structures, for Noise Control and Anti-Social Behaviour in relation to the way those outdoor premises are used
- c) There may be an increase in tobacco waste requiring reception and removal
- d) The Council will need to implement a policy in relation to its own premises and vehicles,
- e) The Council will also have to consider the implications of its own staff working in areas currently exempt from the smokefree legislation,
- f) The Communications team will need to be able to respond to a likely increase in media interest
- g) There will be a need for increased readiness for higher levels of enforcement action after implementation.

7.2.4 Smokefree North West, an organisation formed by the Department of Health's North West Public Health Team, will be launching a high profile communications campaign to be carried out across the region to support local implementation of the smokefree legislation.

7.2.5 The Aim is for Rossendale BC to design and deliver a communications strategy utilising the Council's existing links and relationship with local media and the community using mainly nationally produced materials. The sum of £2,000 has been awarded to Rossendale BC by the Smoke Free Cumbria and Lancashire Partnership (SCALP) towards the cost of communications up to the end of March 2007.

7.3 *Provide support to employers and others in control of indoor public places*

7.3.1 Rossendale Borough Council is responsible for the enforcement of Health & Safety legislation in about 1,250 premises. The Health & Safety Executive are responsible for enforcement in a further 850 premises within Rossendale. There is a further indeterminate number of public places to which the legislation applies in addition to an indeterminate number of vehicles.

- 7.3.2 The introduction of Smokefree indoor environments will introduce new responsibilities on employers and employees alike. This will need to be handled sensitively in order that unnecessary problems are not created in the workplace. While it is expected that non-smokers will be pleased with their new environment, committed smokers may need support and encouragement to continue working without affecting their colleagues with secondhand smoke. Employers and people in control of public places will consider how much of their premises should be Smokefree as some may wish to extend the Smokefree environment beyond their indoor areas.
- 7.3.3 The Aim is for the Environmental Health Service to work with an existing Officer of the East Lancashire Public Health Network and provide local assistance to businesses and others in the design and implementation of Smokefree policies within the premises for which they are responsible.
- 7.4 *Provide links to smoking cessation services*
- 7.4.1 Evidence from implementation elsewhere shows that there is an increased level of uptake of Smoking Cessation Services provided by the PCT during the implementation stage of legislation. The Aim would be to ensure that effective liaison is established with the local SCS in order to help them cope with any expected peaks in demand.
- 7.5 *Support restrictions on sales of tobacco to underage children*
- 7.5.1 Access to smoking materials is controlled in a number of ways:-
a) restrictions on advertising and promotion through the media
b) restrictions on advertising and promotion in legally operated retail premises
c) restrictions of sales to underage children
d) restrictions of illegal importation and sale of smoking materials.
- 7.5.2 Restrictions on the availability of smoking materials have been included in the Lancashire Area Agreement as a key target under the Healthy Communities and Older People theme. Lancashire Trading Standards Service has received pump priming funding to tackle the sale of tobacco to underage children. The Service is undertaking increased levels of attempted purchases using underage children both over the counter and from vending machines. Current experience shows that 35% of attempted sales to a 14 year old test purchaser in Rossendale have been successful indicating a high level of non-compliance with existing legislation.
- 7.5.3 The Aim is to support the Trading Standards Service in the achievement of their targets by:-
a) Checking that all Rossendale retail outlets have been informed about the illegal sales and the increased attempted purchase campaign.
b) Assisting Trading Standards by identifying premises where it is possible the control cannot readily be exercised on the sale of tobacco through vending machines to underage children.

- c) Encouraging the public to report breaches of tobacco advertising restrictions and point of sale regulations.
- d) Reminding tobacco retailers in licensed premises about their responsibilities for preventing underage sales through the newsletter produced by the Council's Licensing section.

7.6 *Enforcement Policy for use after implementation*

- 7.6.1 The main driver of the Smokefree legislation was as a health protection measure in the workplace. The Health & Safety Executive have already stated that the law is a public health provision and not a provision related to Health & Safety at Work and they will, therefore, not be undertaking any enforcement action in their premises. The current situation is, therefore, that the Local Authority will be responsible for enforcement in all premises.
- 7.6.2 Enforcement will therefore be required in approximately 2,100 places of work a currently unknown number of public places. It is anticipated that the vast majority of people and premises will voluntarily comply with legislation. There may be a very small number who may not be aware of the implications of the legislation or who are not clear about their responsibilities. There may also be a very small number who fail to comply.
- 7.6.3 The Enforcement Policy is currently being revised to cover all Council enforcement activities and will be in line with national requirements and codes of practice. Enforcement in relation to the Smokefree legislation will be covered by the overall policy. A specific appendix will cover issues specifically related to this legislation. The Aim is to ensure that the effort being spent in publicising requirements before 1st July 2007 will ensure full compliance or identify those for whom compliance may be a problem. These will receive extra attention after implementation to ensure full compliance.

7.7 *Minimise smoking waste*

- 7.7.1 One of the consequences of the creation of Smokefree indoor environments is that smokers, intent on continuing to smoke, will do so outdoors, often adjacent to the premises within which smoking will soon be banned. This can have the effect of increasing the level of tobacco related litter.
- 7.7.2 Cigarette ends are litter. There is a myth that cigarette ends quickly biodegrade and therefore do not matter. Filtered cigarettes are made from cellulose acetate, a form of plastic, and can take years to decompose and are contaminated by their action of filtering out some of the hazardous chemicals produced by smoking. Smokers are, by their actions, having a lasting negative impact on the environment in many differing ways as well as damaging themselves.
- 7.7.3 Removal of cigarette ends is a problem for the Council if they are not disposed of with consideration for the environment. The Industry Council for Packaging and the Environment found that the amount of cigarette ends

littering the street increased by 44% as the number of smoking bans multiplied.

- 7.7.4 To control tobacco related litter, advice needs to be targeted at both premises owners and the smoking public. Premises owners can be encouraged to provide facilities for the collection and disposal of tobacco related litter produced by their employees.
- 7.7.5 Seeing a niche for a new product, entrepreneurs have developed pocket ashtrays or butt pouches. They are fire tested, padded and metal-lined so do not get hot. These could be provided to smokers to encourage them to reduce the litter problem and take their refuse home.
- 7.7.6 Keep Britain Tidy is planning a public education campaign starting in February 2007, encouraging smokers to dispose of their tobacco waste responsibly. Surveys have shown that 4 out of 5 smokers say they would bin their cigarette ends if suitable containers were available.
- 7.7.7 The Aim is to develop a programme of enforcement and education targeting premises owners and the smoking public to ensure responsible behaviour is exhibited in relation to the collection and disposal of tobacco related litter.

7.8 *Work with local, regional and national organisations*

- 7.8.1 Rossendale's Environmental Health Service is working with Smokefree East Lancashire, part of East Lancashire Public Health Network, to ensure consistent interpretation and application of legislation across East Lancashire and to spread good practice.
- 7.8.2 Rossendale BC liaises with Smokefree North West, which has set itself targets for achievement of reductions in smoking prevalence of 21% by 2010 across the North West region. We have been invited to contribute £660 towards the cost of the Smokefree North West's communications strategy. However, it is felt that as the Government is planning to undertake a comprehensive campaign, contacting businesses direct, and Rossendale would propose to undertake local promotion of direct relevance to local businesses and communities, the addition of funding for a regional layer, which may or may not reach our residents, would be unnecessary.

8.0 Monitoring and Review

- 8.1 The Environmental Health Service will use a template devised jointly by the Chartered Institute of Environmental Health and Action for Smoking and Health (ASH) to monitor progress towards compliance. The implementation of the legislation will be undertaken using the Council's corporate programme and project management approach. This will ensure a systematic and consistent approach to managing the process.