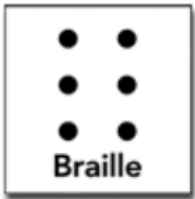
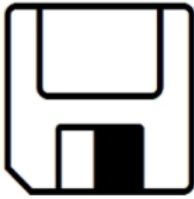
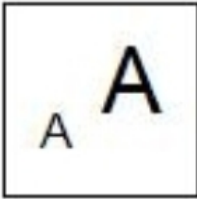


SMOKEFREE ROSSENDALE STRATEGY

2008/11



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Version 1.2 – 30 October 2008
Philip Mepham
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Summary

Rossendale Borough Council's Cabinet approved a Smokefree Rossendale Strategy in January 2007 prior to the implementation of action to enforce the Health Act 2006 in Rossendale.

At the Smokefree NorthWest Summit in November 2007, a commitment was given that Rossendale Borough Council would continue to work towards eradicating tobacco related health inequalities and break the cycle of children and young people's addiction and exposure to tobacco.

The health effects of the use of tobacco are well understood and smoking is by far the greatest cause of preventable death and ill health and disproportionately affects people of greatest disadvantage.

Work is underway involving a range of Authorities, agencies and organisations throughout the North West and more locally. This strategy identifies a number of ways that Rossendale Borough Council can act to keep its commitment to the Summit and contribute to the protection and improvement of the health and wellbeing of people in Rossendale.

1.0 Introduction and purpose for the Strategy

- 1.1 Smoking is the largest single cause of preventable death in the UK. The medical and scientific evidence of the risks to health from exposure to second-hand smoke is well established and documented. Smoking – more than any other identifiable factor – contributes to the gap in healthy life expectancy between those most in need and the advantaged.

The purpose of this Strategy is to set out the approach that Rossendale Borough Council will take to improve and protect the health of its residents and reduce the health inequalities between different parts of its community.

1.2 Health Effects of Tobacco use

The following are some of the adverse effects that result from smoking:-

- Smoking causes almost 90% of deaths from lung cancer, around 80% of deaths from bronchitis and emphysema, and around 17% of deaths from heart disease.
- About one third of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, stomach, liver and cervix.
- People who smoke between 1 and 14 cigarettes a day have eight times the risk of dying from lung cancer compared to non-smokers.
- Smokers under the age of 40 have five times greater risk of a heart attack than non-smokers.
- On average women smokers go through the menopause up to 2 years earlier than non-smokers and are at a greater risk of developing osteoporosis.
- Smoking has been associated with increased sperm abnormalities and is a cause of impotence.
- It can affect both your sense of taste and smell. Smokers are more likely to develop facial wrinkles at a younger age and have dental hygiene problems.
- Teenage smokers experience more asthma and respiratory symptoms, suffer poorer health, have more school absences and are less fit.

1.3 Context for Tobacco Control

The Health Act 2006 created Smokefree indoor workplaces and public places. The Department of Health takes the lead on tobacco control in England. They have a Public Service Agreement objective of reducing adult smoking rates to 21% or less by 2010.

Local Area Agreement - although no National Indicators are included within the LAA relating to smoking, the following NIs are relevant to this Authority:-

NI120 – all-age all cause mortality rate

NI123 – 16+ current smoking prevalence

NI137 – healthy life expectancy at age 65

Sustainable Community Strategy 2008-2018 – this contains the following priority outcomes where the Smokefree Rossendale Strategy will contribute to the success criteria:-

1. People who live here will experience increased health and mental well-being.
2. Measurable progress on reducing the gaps in health inequalities between the people of Rossendale and the rest of England.

Corporate Plan 2008-2011 – has the following corporate priority:-

- 5.1 Increased life expectancy – addressing factors which have a negative effect on life expectancy.

Rossendale's Health & Wellbeing Strategy 2008-2018 – this is currently undergoing consultation. As the use of tobacco is one of the major determinants of health, action to focus on tobacco use will make a considerable contribution to the delivery of the overall Health & Wellbeing Strategy.

Smokefree Northwest is a region-wide initiative to tackle tobacco related health inequalities across the North West. They are a campaigning organisation committed to leading the debate for a tobacco free future for everyone in the North West.

Smokefree Northwest supports the tobacco control agenda alongside public sector and voluntary groups and individuals across the region. Key areas of work include improving policy and legislation, encouraging smokers to quit and making sure people have the support they need to stop smoking for good, but cultural change is the goal, to de-normalise tobacco in society and reach for a tobacco free future, particularly for children and young people.

There are five strands to Smokefree Northwest's work in 08/09:

1. Protecting children & young people from exposure to tobacco, including secondhand smoke (SHS), and reducing the take up and prevalence of smoking amongst young people and young adults;
2. Maximising the impact and health outcomes from stop smoking services (SSS), including a focus on pregnancy, young people, mental health and prisons;
3. Restricting and regulating the supply of tobacco with a focus on smuggled and counterfeit tobacco
4. National and regional advocacy activities for tobacco control, with a focus on influencing the expected National Tobacco Control strategy
5. Programme Management and development of an effective infrastructure for tobacco control region-wide

Smokefree East Lancs. Group – is comprised of a number of partners; East Lancashire Teaching Primary Care Trust, Blackburn with Darwen Primary Care Trust, East Lancashire Hospital Trust, East Lancashire Fire & Rescue, Lancashire County Council, Hyndburn Borough Council, Ribble Valley Borough Council, Burnley Borough Council, Pendle Borough Council, and Rossendale Borough Council. Together they have formulated a Tobacco Control Action Plan with the following objectives:-

1. Strengthen infrastructure and capacity
2. Reduce exposure to secondhand smoke
3. Building and strengthening local action on Stop Smoking Services
4. Media and Communications
5. Reducing the supply of counterfeit and smuggled tobacco
6. Reducing the supply and availability of tobacco products to children
7. Reducing tobacco promotion
8. Research, monitoring and evaluation

A wide range of actions are being implemented in Rossendale by the various agencies participating in this partnership and also by the North West Alliance.

2.0 **Brief outline of current situation in Rossendale**

The Rossendale Health Profile 2007 reported that the smoking rate in Rossendale is similar to the England average. The death rate from smoking in Rossendale is higher than the England average. Smoking accounts for 131 deaths every year in Rossendale.

The East Lancashire Health & Community Survey of 2006 reported an overall smoking prevalence in Rossendale of 24.9% with 23.4% of women and 26.5% of men reporting that they were current smokers. However, this overall figure masks the fact that the prevalence varied geographically with rates for women varying from 23.6% to 29.9% and for men from 23.8% to 33.3%.

3.0 **Vision for the Smokefree Rossendale Strategy**

The Vision of this Strategy is that, by 2010, the use of tobacco is reduced to less than the England average in all parts of the community with an overall prevalence below 21% with less than 26% amongst routine and manual groups and less than 15% amongst pregnant women.

4.0 **Policy Statement**

Rossendale shall use all means possible to encourage the development and maintenance of Smokefree environments and to encourage the denormalisation of tobacco use.

5.0 **Strategic Aims**

In order to achieve the Vision, the following aims show where the emphasis of action will be undertaken by Rossendale Borough Council.

- 5.1 Reducing Smoking prevalence – especially amongst children and young people, pregnant women and those in routine and manual groups.

- 5.2 Protecting people from effects of smoking – in the workplace, in the home and in places of leisure.
- 5.3 Restricting supply of tobacco – to work with partners across East Lancashire and beyond to restrict the supply of smuggled and counterfeit tobacco.
- 5.4 Promote reduction in tobacco use – to work with partners to promote the reduction of tobacco use and provide information, advice and contact details to help people make informed choices.

6.0 **Performance Monitoring and Reporting**

This strategy will contribute to the overall Health & Wellbeing Strategy of Rossendale. As such, reports of progress will be reported to the Health & Wellbeing Theme Group and the East Lancashire Tobacco Control group as well as internally through Rossendale Council's performance management system.

7.0 **Action Plan**

The appendix contains the actions that will implement this strategy. This is confined to those Actions that can be implemented by Rossendale Borough Council.

Document Management

Version	Date	By Who
Version 1.0	29 September 2008	Philip Mepham Environmental Health Manager
Version 1.1	30 September 2008	Philip Mepham Environmental Health Manager
Version 1.2	30 October 2008	Philip Mepham Environmental Health Manager

If you would like a summary of this information in large print, on audio cassette or language other than English, please let us know and we will be happy to arrange it.

Please telephone 01706 217777 or Contact Communications Section, PO BOX 74,Bacup,OL13 OWU

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SMOKEFREE ROSSENDALE STRATEGY ACTION PLAN 2008-2011

<i>Ref</i>	<i>Action</i>	<i>Anticipated outcome</i>	<i>Timescale</i>	<i>By whom</i>
Aim 1	To reduce smoking prevalence			
1.1	Encourage the voluntary development of smokefree children's playgrounds	All Rossendale children's playgrounds to be Smokefree	March 2010	Parks & Open Spaces
1.2	Work with Lancashire Schools to ensure smoking is actively discouraged in school grounds	Reduced tolerance of smoking in schools	March 2010	Environmental Health
1.3	Encourage reduction in smoking prevalence amongst RBC employees	Reduced smoking prevalence	March 2010	People and Organisational development
1.4	Use the workplace setting to target young women and also their partners pre-pregnancy	Reduced smoking prevalence amongst pregnant women	March 2010	Environmental Health
Aim 2	To protect people from the effects of smoking			
2.1	Implement enforcement action to ensure compliance with Health Act 2006 in workplace vehicles	Increased level of compliance with Health Act 2006.	May 2009	Environmental Health
2.2	Promote the take up of the Smokefree homes scheme	Increased take up of scheme	March 2010	Environmental Health
Aim 3	To restrict the supply of tobacco			
3.1	Remind employers of the implications of allowing the sale of illegal tobacco on their premises or from their vehicles	Reduced availability of illegal tobacco in workplaces	September 2009	Environmental Health
3.2	Survey retail premises for indications of sale of illegal tobacco during inspections and other visits	Reduced availability of illegal tobacco in retail premises	March 2010	Environmental Health
3.3	Strengthen the Council's licensing powers to discourage access to tobacco in licensed premises.	Reduced availability of tobacco on licensed premises	March 2010	Licensing Section

Aim 4	To promote a reduction in tobacco use			
4.1	Develop a website link to local health promotion providers	Links to Smoking Cessation Service, Health Trainers, Smokefree Homes and LifeChecks.	March 2009	Environmental Health
4.2	Raise the level of awareness of the hazards associated with tobacco use amongst ethnic minorities	Reduction in tobacco use amongst ethnic minorities	March 2010	Environmental Health
4.3	Work with businesses and local communities to develop local venues for smoking cessation services	Increased take up of smoking cessation services amongst target groups	March 2009	Environmental Health
4.4	Develop brief intervention training for front line staff in smoking reduction	Improved encouragement for smoking cessation	September 2009	Environmental Health