

**Blackpool
Tobacco Control
Strategy
2014 - 2016**

Introduction

Effective tobacco control is central to realising the right to life and the right to the highest attainable standard of health for everyone in Blackpool. It recognises that people deserve to live in a town free from the harms caused by tobacco, where people choose not to smoke and enjoy longer, healthier lives. This Strategy has been developed with input from the Blackpool Tobacco Alliance which includes partners from Lancashire Fire and Rescue, North West Ambulance, Blackpool CCG and Blackpool Teaching Hospitals and sets out the next steps on Blackpool's journey to becoming tobacco-free.

England has come a long way in shifting cultural attitudes to smoking and are now seen as world leaders on tobacco control and smoking cessation. In recent years we have seen:

- a ban on direct advertising of tobacco, followed by a ban of tobacco companies sponsoring sporting events and teams, especially Formula 1 from 2005
- the implementation of smoke-free legislation in 2007
- an increase in the age for tobacco sales from 16 to 18 in 2007
- an overhaul of tobacco sale and display law, including legislation to ban automatic tobacco vending machines, and a ban on the display of tobacco and smoking-related products in shops at point of sale in large stores and supermarkets which came into force in 2012 and which will be in place for all other shops and stores in 2015
- comprehensive awareness-raising campaigns
- record investment in NHS smoking cessation services helping hundreds of thousands of people to attempt to quit smoking

However, while there is clear evidence that action, such as the smoking ban, has led to a range of health benefits including reduced heart attack admissions to hospital ⁽¹⁾, reduced childhood asthma admissions to hospital ⁽²⁾ and fewer premature births ⁽³⁾, smoking still remains one of the most significant public health challenges.

Smoking is associated with a range of illnesses and is the primary preventable cause of ill health and premature death. Each year, there are over 403 smoking related deaths (around a quarter of all deaths in Blackpool every year) and 2,125 smoking related hospital admissions in Blackpool ⁽⁴⁾. Annual costs to

Blackpool's health service associated with smoking-related illness are estimated to exceed £7m each year with an additional £744,000 as a result of secondhand smoke (SHS) ⁽⁵⁾.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have remained static over the last few years at around 29.5% of the adult population smoking as compared to the England average at 20%. Smoking rates in the most deprived communities in Blackpool remain disproportionately high - 51% in the most deprived areas (e.g. Bloomfield) compared to less than 25% in the least deprived areas (e.g. Anchorsholme). This is a key factor in contributing to Blackpool's persistent health inequalities that result in the unfair differences in life expectancy between the richest and poorest of our communities. People in routine and manual occupations are around twice as likely to smoke as those in managerial and professional occupations. In Blackpool smokers from routine and manual groups comprise 44% of the overall smoking population; reducing smoking in this group is also critical to reducing inequalities in the town.

Tackling health inequalities and their underlying causes is part of our collective responsibility to advance the right to life and to increase life expectancy, taking steps to protect us all, particularly children, from risks to life ⁽⁶⁾. Such measures are also clearly required to advance the right to the highest attainable standard of health ⁽⁷⁾. This is why tobacco control remains central to achieving Blackpool Council's Vision and Priorities ⁽⁸⁾, as well as to meeting our international obligations such as the World Health Organization's Framework Convention for Tobacco Control. For Blackpool to become a more successful town, with opportunities for everyone to flourish, we need to remove the burden of ill health, which tobacco contributes significantly to.

This two-year strategy therefore sets out a range of actions across three priority themes as we believe these to be the areas of greatest opportunity where the greatest differences can be made:

- **Prevention** - creating an environment where (young) people choose not to smoke
- **Protection** - protecting people from SHS
- **Cessation** - helping people to quit smoking

We will not however achieve our ambition of a tobacco-free Blackpool without addressing the stark socio-economic inequalities in smoking prevalence rates. Tobacco control sits firmly within Blackpool Council's commitment to tackling the underlying causes of poor health which contribute to the health inequalities that exist across Blackpool's population.

This Strategy builds on a multi-faceted approach balancing a range of national, regional, sub-regional and local actions that complement and reinforce each other. In implementing decisive tobacco control policies, Blackpool Council and our partners must show leadership in responding to the direction of travel set out in this Strategy. However, communities themselves also have a role to play. Whole population approaches such as regulation and investment in services must be supported by interventions which are driven by, and meet the needs of, local communities. We all need to consider, as individuals and communities, what we can do to support each other to make smoking a thing of the past and improve not only our own health but also the health of our local areas. Only by taking this approach can we achieve our ambition of a tobacco-free Blackpool and accelerate our efforts to tackle the underlying causes of health inequalities.

What is tobacco control?

Tobacco control is public health science, policy and practice dedicated to restricting the growth of tobacco use and thereby reducing the morbidity and mortality it causes. There are six strands that make up tobacco control:

- stopping the promotion of tobacco; e.g. display ban at point of sale, standardised packaging
- making tobacco less affordable; e.g. by price increases usually due to higher taxing
- effective regulation of tobacco products; e.g. raising the minimum age for purchasing tobacco
- helping tobacco users to quit; e.g. commissioning accessible stop smoking services
- reducing exposure to SHS; e.g. the ban on smoking in indoor public places and the proposed ban on smoking in cars
- effective communications for tobacco control; e.g. education campaigns such as second-hand smoke, Stoptober

What is tobacco harm?

The smoke from tobacco, both that given off by the cigarette as it burns or that inhaled and exhaled by the smoker is toxic. Tobacco contains over 4,000 different chemicals including carbon monoxide. Smokers and those who live with smokers have a much higher risk of developing many diseases as a result of inhaling these toxins.

In adults, smoking related diseases include heart and lung disease and most cancers. As a result of their smoking, one in two long-term smokers die prematurely - half of these in middle age. On average, each smoker loses 16 years of life and endures many more years of ill-health than a non-smoker.

Of all smoking related deaths for adults between the ages of 20 yrs and 65 yrs, 2% are directly due to exposure to SHS ⁽⁹⁾. In Blackpool that means that approximately 8 people a year die as a result of their exposure to SHS.

For adults exposed to SHS there is a:

- 24% increased risk of developing lung cancer ⁽¹⁰⁾
- 25% increased risk of developing heart disease ⁽¹⁰⁾

For children exposed to SHS:

- there is double the risk of sudden infant death
- the chance of lower respiratory infections is increased by 50%
- depending on the child's age, there is up to 65% more risk of the child developing a wheeze
- the risk of a school aged child having asthma is increased by 50%
- there is over 35% increased risk of middle ear infection
- the risk of contracting bacterial meningitis is doubled ⁽¹¹⁾

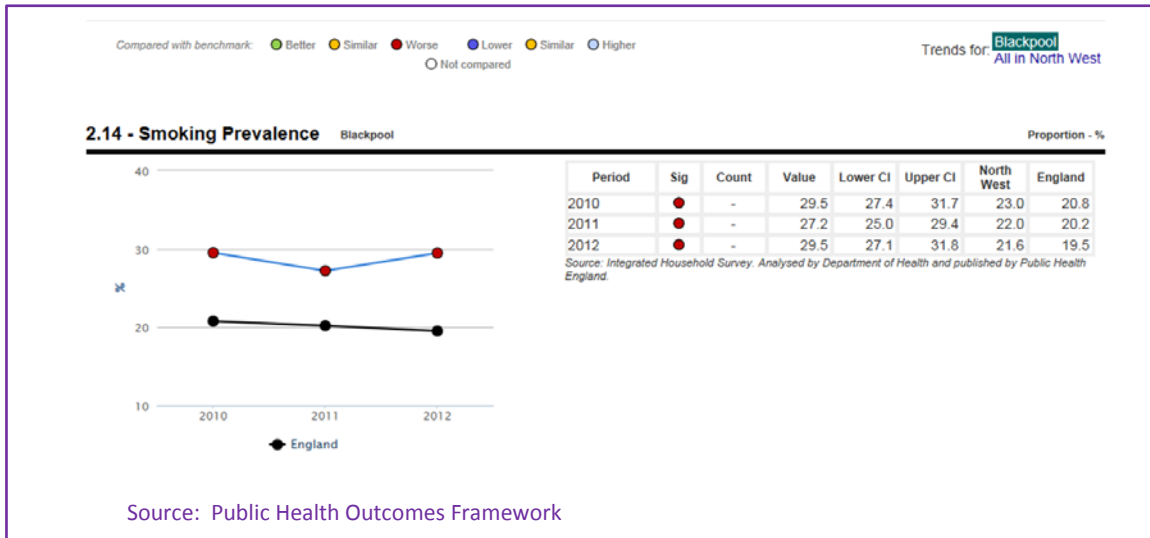
As a result of maternal smoking during pregnancy in the UK there are approximately:

- 5,000 miscarriages a year
- 300 perinatal deaths a year
- 2,200 singleton deaths a year
- 19,000 babies born with a low birth weight with the average reduction in birth weight of 250g ⁽¹¹⁾

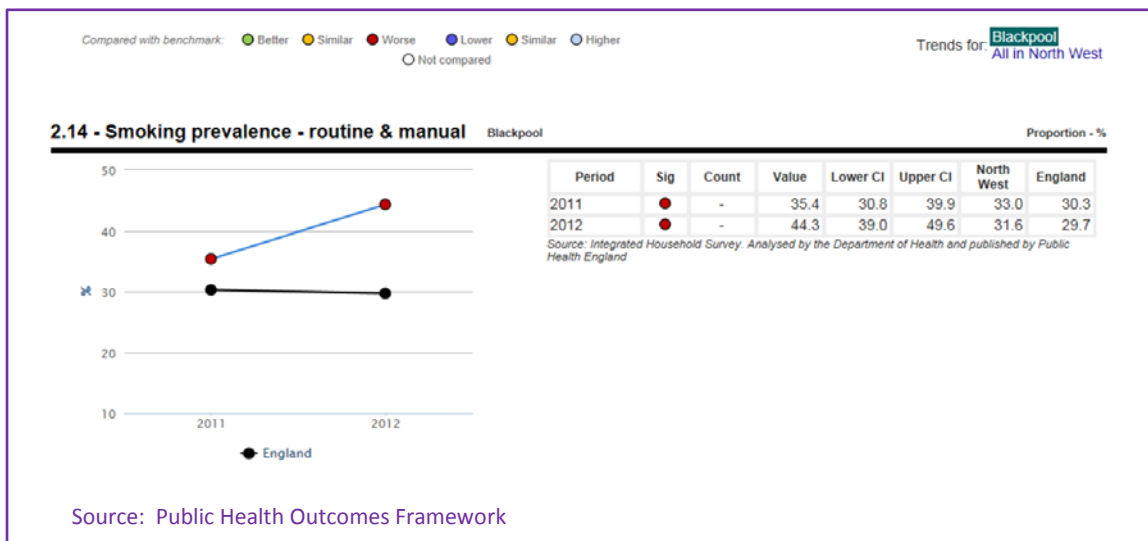
As well as the health harms there are also wider reaching effects such as fire from discarded cigarettes and the effects that tobacco related illness can have on family and friends.

Tobacco Use in Blackpool

In England there has been steady decline in smoking prevalence in the adult population since 2010 with a reduction from 20.8% in 2010 to 19.5% in 2012. The picture in the North West as a whole is similar with smoking prevalence showing a similar decline. However in Blackpool, whilst there was small decline in prevalence in 2011, overall the rate has remained higher than both the England and regional average at 29.5%.



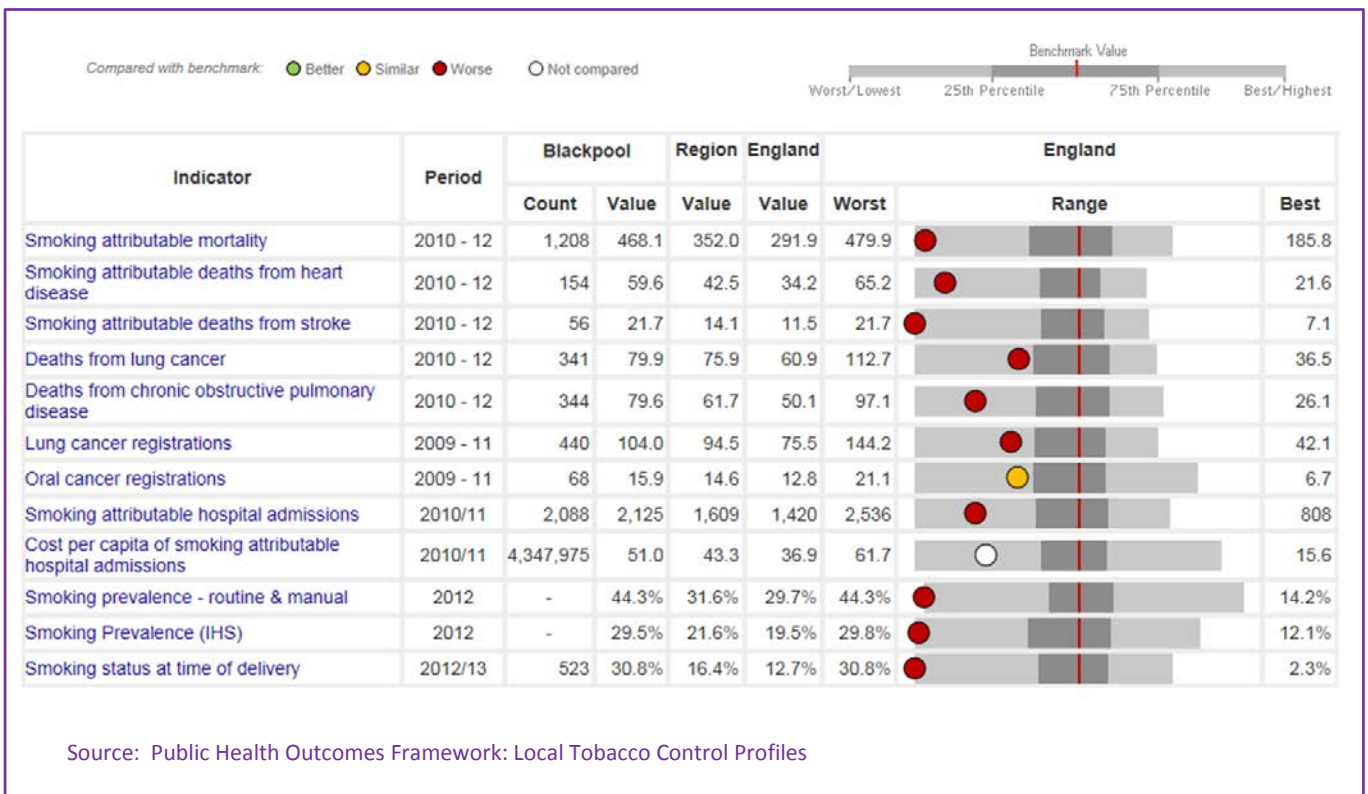
For prevalence amongst the routine and manual workers section of the population, England showed a small downward trend in the period 2011-2012. The North West region showed almost a two point decline in the rate. However, in Blackpool there was a worryingly sharp rise in the prevalence rate amongst this group from 35.4% in 2011 to 44.3% in 2012.



The Smoking at Time of Delivery (SATOD) rate in Blackpool has been the highest in the country since 2010 with rates over double that of the rest of England as whole. Whilst England has shown a small decline in the rate from 13.5% in 2010/2011 to 12.7% in 2012/2013, and the North West region shows a similar trend with the rate falling from 17.7% in 2010/2011 to 16.4% in 2012/2013, the trends in Blackpool are very different. In 2011/2012 the rate fell to 29.7% from 33.2% the previous year. However, in 2012/2013 there has been a rise to 30.8%.



The table below shows how Blackpool compares to England and the North West region for other indicators. This shows that for all but two indicators Blackpool's figures are worse than the rest of England.



What has been achieved so far in Blackpool?

In addition to national initiatives, legislation and campaigns, locally various steps have been taken which go towards further reducing harm from tobacco within our population. These steps include:

- smokefree hospital and grounds to protect patients and visitors
- signage to encourage smokefree playgrounds and parks to protect our children
- working with midwifery services and pregnant women to reduce the rate of pregnant women smoking at the time of delivery giving babies a better start in life with initiatives including:
 - being the first area to introduce carbon monoxide (CO) monitoring at 36 weeks
 - a positive opt out referral to stop smoking services
- social marketing projects to understand what pregnant women need to encourage them to have a smoke free pregnancy and birth (e.g. BUMP magazine)
- introduction of an incentive scheme to encourage pregnant women to make a quit attempt
- commissioning a smoking cessation service within GP practices in addition to the Specialist Stop Smoking Service ensuring wider more accessible services for those people wishing to stop smoking
- working closely with colleagues such as Trading Standards on various operations relating to proxy sales of tobacco to children, employing specialist sniffer dogs on illicit and illegal tobacco operations, and operations at Blackpool airport on smuggling
- commissioning a lung health check project to find the 'Missing Millions' – people who may be in the first stages of Chronic Obstructive Pulmonary Disease (COPD) with the aim of giving those people information that would encourage them to seek help to stop smoking
- an in-patient tobacco service at Blackpool Victoria Hospital offering patients access to NRT during their stay, specialist support at the bedside and referral to community services on discharge

Tobacco Free Lancashire

Blackpool Tobacco Alliance is supported by and works closely with Tobacco Free Futures and Tobacco Free Lancashire. Tobacco Free Futures work to lobby on national and regional tobacco control issues such as standardised packaging as well as working towards regional reductions in smoking prevalence and exposure to SHS.

Tobacco Free Lancashire Strategy aims

Tobacco Free Lancashire is a multi-agency partnership which is made up of senior representatives from NHS organisations, Local Authorities, Lancashire Fire and Rescue and other partner organisations across Lancashire, Blackburn with Darwen and Blackpool. In line with the World Health Organization's Framework Convention on Tobacco Control (FCTC) and the national Tobacco Control Plan, Tobacco Free Lancashire adopts the six internationally recognised strands of comprehensive tobacco control measures as their core aims, which are to:

- Aim 1) Stop the promotion of tobacco
- Aim 2) Make tobacco less affordable
- Aim 3) Effectively regulate tobacco products
- Aim 4) Help tobacco users to quit
- Aim 5) Stop exposure to secondhand smoke
- Aim 6) Effectively communicate for tobacco control

Additionally, Tobacco Free Lancashire has also adopted the following aims:

- Aim 7) To protect tobacco control policy from industry influence
- Aim 8) To reduce health inequalities in Lancashire through reduced tobacco consumption
- Aim 9) To ensure that tobacco control is prioritised in cross-cutting policies, guidance and funding

All of these aims relate to reducing tobacco consumption and exposure to second-hand smoke in both children and adults living in Lancashire.

Blackpool Tobacco Control Strategy

Whilst continuing to work together with Tobacco Free Futures and Tobacco Free Lancashire, Blackpool has developed this strategy to deal specifically with the very unique problems faced by the town.

More people die from smoking in Blackpool than from the next six most common causes of preventable death combined (i.e. alcohol, drug use, road accidents, other accidents and falls, preventable diabetes and suicide). The importance of smoking as a public health issue has been highlighted in a number of recent key policy and strategy papers both locally and nationally. Addressing the harm caused by smoking has been a Blackpool priority for many years. Indeed, significant investment has been made to tackle tobacco related problems and although progress has been made, smoking prevalence and other tobacco harm indicators in Blackpool remain amongst the highest in the country.

The transfer of Public Health to the Local Authority offers the opportunity for making tobacco control everybody's business. The Blackpool Tobacco Alliance has developed this Tobacco Control Strategy 2014-16 on behalf of the Blackpool Health and Wellbeing Board. It will concentrate its efforts on the three priority themes; prevention, protection and cessation, as they believe these to be the areas of greatest opportunity where the greatest differences can be made.

The strategy identifies a vision, aim (incorporating ten measurable key objectives) and states an ambition which in turn feed into the national targets and ambitions.

Vision

'To help make smoking history by creating a smokefree Blackpool for all'.

Strategy aims

To build a tobacco control strategy and action plan which work across the three main themes:

- **Prevention** - creating an environment where (young) people do not want to smoke
- **Protection** – reduce the impact of SHS
- **Cessation** – helping people to quit

This will be achieved by:

1. Reducing the promotion of tobacco
2. Making tobacco less accessible by considering licensing sales/local initiatives and reduce the flow of illicit and illegal tobacco products into Blackpool
3. Effectively regulating tobacco/nicotine containing products
4. Helping tobacco users to quit
5. Reducing exposure to SHS
6. Effectively communicating for tobacco control
7. Protecting tobacco control policy from industry influence
8. Reducing health inequalities through reduced tobacco consumption
9. Ensuring that tobacco control is prioritised in cross-cutting policies, education, guidance and funding
10. Working with communities to change the cultural norms around smoking

Ambitions

The Blackpool Tobacco Control Strategy will pursue the following ambitions to:

- Reduce adult (aged 18 or over) smoking prevalence in Blackpool from 29.5% to 22.5% or less by the end of 2017.
- Reduce rates of regular smoking among 15 year olds in Blackpool to 12% or less by the end of 2017.
- Reduce rates of smoking at the time of delivery (SATOD) in Blackpool from 30.8% to 25% or less by the end of 2017.

Meeting these targets will in turn contribute to the national targets to:

- Reduce adult (aged 18 or over) smoking prevalence in England to 18.5% or less by the end of 2015.
- Reduce rates of regular smoking among 15 year olds in England to 12% or less by the end of 2015.
- Reduce rates of smoking at the time of delivery (SATOD) to 11% or less by the end of 2015.

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Action Plan

Prevention - Creating an environment where (young) people do not want to smoke

Evidence

Evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker, the heavier they are likely to smoke during adulthood and the more likely they are to fall ill and die early as a result of smoking ⁽¹²⁾.

We know that most smokers take up smoking as a young person. Around two-thirds of smokers in the UK started smoking under the age of 18 and over a third (39%) started under the age of 16 ⁽¹²⁾. We also know that young people from the most deprived areas progress to regular smoking more rapidly than those in the least deprived areas ⁽¹³⁾. Smoking rates are also disproportionately high amongst certain groups of young people, such as, looked after children and young offenders ⁽¹⁴⁾. Supporting young people to choose not smoke will therefore have both health and inequality benefits.

There is no single reason why a young person starts to smoke. Evidence suggests that there are three levels of influence associated with a young person starting to smoke:

- individual
- societal (peer pressure, wanting to be part of a crowd), and
- environmental (living in a smoking household)

Effective smoking prevention approaches must address all of these ⁽¹⁵⁾.

We also know that health behaviours do not exist in isolation. The most recent Smoking Drinking and Drug Use Among Young People in England Survey 2013 ⁽¹⁶⁾ results show that around:

- 30% of 15 year olds were regular smokers (smoking at least one cigarette every week)
- 6% of 11 year olds and 72% of 15 year olds had tried alcohol
- 5% of 11 year olds and 30% of 15 year olds had taken drugs

Action to support young people to negotiate decisions about tobacco must also take account of the potential interactions between smoking and other risk-taking and health-damaging behaviours.

Approach

We will create an environment that supports young people to choose not to smoke, ensure that young people are aware of the health harms of tobacco use and make efforts to reduce the availability, attractiveness and affordability of tobacco to young people.

Action	How	When	By Whom	Update
Develop and promote local media campaigns and training packages with partners on illicit tobacco	2 campaigns per year 1 student event	March 2015	Trading Standards Public Health - CD Blackpool Fylde and Wyre College	Student event held at Blackpool Fylde and Wyre college on 01/06/15. Illicit tobacco information resources offered/provided at this student event.
Support the legislative option for introducing the standardised packaging of tobacco products	National legislation	April 2015	Public Health TFF	Campaign to be developed by TFF and delivered in Q.4
Use social marketing principles to support and amplify national, regional and sub-regional tobacco control campaigns to inform communications, production and distribution of awareness materials	Minimum of 1 campaign per year	October 2015	Public Health - CD	Smokefree Cars legislation communication plan in place through Blackpool Council Communication Team. Working in partnership with PHE.
Use social marketing principles and a co-production approach with colleges to identify the best media and methods of communication of awareness materials for college students	Material to be used by Blackpool colleges and 6 th forms	July 2015	Public Health - CD Blackpool and the Fylde College	Smoke and Mirrors young person training opportunity offered to college. Awaiting response. This training has also been offered to a range of external young people's services/agencies to no avail.

				Possible involvement through a the young person's group at BTH – awaiting update.
Use social marketing principles to develop communications and awareness materials for different ages of children (Pre-school/families)	Material to be used by 75% of schools	July 2015	Public Health Children's Services School nurses Schools Sara McCartan	
Ensure that Blackpool Council signs up the Local Government Declaration on Tobacco Control and promotes uptake amongst partners	Council adoption of the Local Government Declaration on Tobacco Control	April 2015	CEO Council	Blackpool Council signed up to declaration. Currently working on developing a policy for contact with the tobacco industry.
Engage and work with the youth sector to support smoking prevention programmes			Public Health TFF	Smoke & Mirrors project

<p>Work with service providers in the statutory and voluntary sector to assist parents, carers and professionals address the smoking habits and associated health behaviours</p>			<p>PH Secondary Care Drugline @ Renaissance</p>	<p>Brief intervention community training opportunities in place.</p>
<p>Following the success of the Alcohol Enquiry in Blackpool, we will recruit members of the community, from a range of backgrounds, to develop a series of recommendations and solutions which support people to choose not to use tobacco</p>	<p>To further develop interventions to engage with all sections of the community</p>	<p>Oct 2015</p>	<p>Public Health - RS</p>	

Protection - Reducing the impact of secondhand smoke

Evidence

Tobacco smoke damages a smoker's health and the health of the people around them. Breathing other people's smoke is called secondhand smoking (SHS). Long term exposure to SHS is linked to an increased risk of developing numerous long-term life limiting conditions and diseases such as heart disease, lung cancer and stroke.

Children are especially at risk from the effects of SHS because they have smaller vessels and their organs are still developing; they breathe faster and therefore breathe in more toxic chemicals than adults.

Children exposed to SHS are at increased risk of:

- bronchitis
- asthma symptoms
- middle ear infections (glue ear)
- meningitis
- sudden infant death syndrome (cot death)

A report conducted by the Royal College of Physicians estimates that SHS annually causes:

- 20,500 new cases of lower respiratory tract infection in children aged two years and under
- 121,400 new cases of middle ear infections in children of all ages
- 22,600 new cases of wheeze and asthma in children
- At least 200 new cases of bacterial meningitis

The effect of increased illnesses for children leads to loss of school days and decreased attendance leads to lower attainment. Also children learn their behaviour from adults so those children who live with smokers are 2-3 times more likely to smoke themselves.

The World Health Organisation (WHO) has listed SHS as a human carcinogen to which there is no safe level of exposure. With over a third of children across Blackpool estimated to live in a house with a smoker, it is estimated that in Blackpool adults' and children's exposure to SHS costs the NHS approximately £744,000 to treat every year ⁽⁵⁾.

Having smokefree homes and cars will improve children's health, which will:

- reduce GP appointments, hospital admissions and time off school
- improve attendance rates, time spent learning and socialising with friends
- reduce children’s exposure to smoking behaviour, which may help stop them from starting smoking themselves

Approach

We will work in partnership with all professionals and front line staff who have access to children, young people, parents and pregnant women to bring about changes to the cultural norms around smoking and to encourage behaviour change in order to reduce exposure to SHS, in the home, in cars and for all mothers during their pregnancy.

Action	How	When	By Whom	Update
Develop social marketing campaigns to raise awareness of SHS in enclosed spaces and to support people to reduce the harm it can cause	1 campaign per year	March 2016	Public Health England	
Work towards all outdoor events and family orientated tourist attractions in the town being smokefree	Help tourist attractions develop smokefree policies and protocols Include in the application process for event arrangement	March 2016	Public Health Regeneration, Tourism and Culture Department, Blackpool Council Blackpool Bid	Contact made with Blackpool Pleasure Beach – Marketing Director. Awaiting feedback following discussion with Operations Director. Lights Switch-On event – Visit Blackpool agreed to smokefree message on screens (subject to Sky Vintage TV approval)

<p>Ensure compliance with existing smokefree legislation to ensure that environments and settings (e.g. workplaces) are smokefree</p>	<p>Ongoing and as complaints received</p>	<p>December 2014</p>	<p>Public Health CD/RS</p>	<p>RS to support hospital Smokefree group. Smokefree schools project progressing. Smokefree information and advice supplied by ABL Health (service provider) to workplaces engaging with the Health at Work award.</p>
<p>Use insight work with pregnant teenage smokers in Blackpool to test interventions with the participants to gain insight into which are the best tools and resources to use to encourage young pregnant women to have a smokefree pregnancy</p>	<p>Develop interventions to engage with young pregnant women who smoke</p>	<p>April 2015</p>	<p>Public Health Tommy's – Activmob Maternity Services Children Centres - Sara McCartan</p>	<p>Tommy's deep dive completed, awaiting update from local group. Implementation discussions being undertaken with maternity services to progress the delivery of the babyClear programme. SATOD audit to be undertaken across Aug/Sept by CD.</p>
<p>Encourage families in Blackpool to pledge to have smokefree homes and cars, especially in the antenatal and postnatal periods.</p>	<p>1,300 pledges</p>	<p>March 2015</p>	<p>Public Health</p>	<p>Smokefree Cars and Homes contract now finished. This work will be undertaken by the new stop smoking service from the 1st October 2015.</p>
<p>Ensure that practitioners working with families</p>	<p>IBA training</p>	<p>March 2016</p>	<p>Public Health – Viv</p>	<p>Brief intervention</p>

<p>have access to appropriate resources to support families to make their home smokefree</p>			<p>PH – Secondary Care</p>	<p>community training opportunities in place, new stop smoking provider to undertake this work from October 2015 onwards.</p>
<p>Ensure that advice on exposure to SHS, cessation advice and support is fully incorporated in services (e.g. midwives, HVs etc.)</p>			<p>PH – Secondary Care</p>	<p>Every contact counts policy within place at BTH maternity services. Implementation discussions being undertaken with maternity services to progress the delivery of the babyClear programme.</p>
<p>Encourage public, private and voluntary organisations to adopt a vape-free working environment and workforce</p>	<p>Develop a voluntary/best practice protocol</p>	<p>March 2015</p>	<p>Public Health – R/S</p>	<p>Blackpool council smokefree policy updated to include e-cigarettes and promoted via council communication channels. Signage installed outside and surrounding Bickerstaffe.</p>

Cessation – Helping people to quit

Evidence

Blackpool has the second highest smoking prevalence in England with 29.5% of adults being current smokers. Of these it is estimated that 60% would like to quit. Those people who quit improve their health and wellbeing as well as that of their family and additionally the risk of their children becoming smokers is also greatly reduced.

If we are to achieve our aspiration of a tobacco-free Blackpool, smoking cessation services need to be of the highest possible quality. Whilst Blackpool Council will endeavour to maintain current levels of investment in smoking cessation, the current economic climate makes it more important than ever to ensure this funding delivers the best possible value for money. In keeping with Blackpool Council's policy on delivering value for money, this means delivering services that are not only safe and effective but, most importantly, person-centred. It is important that the services we provide are designed to maximise people's likelihood of realising this ambition.

This will also include evaluating the evidence with regard to harm reduction for those people who are unable to make a complete quit attempt; this includes reduced smoking and the use of electronic cigarettes.

Many of the actions identified in the prevention section of this action plan - such as price increases, reducing the availability of illicit tobacco, social norms in relation to tobacco usage and media representation, restrictions on tobacco marketing, social marketing campaigns and wider life circumstances - are just as influential in motivating someone to quit as they are in encouraging people not to start smoking in the first place.

Approach

We will continue to provide the very best smoking cessation services, whilst recognising that a range of factors contribute to someone's motivation and ability to quit, whether through a dedicated service or independently and will therefore also support national campaigns such as No Smoking Day and Stoptober which motivate smokers to quit and helps them to stay quit.

Action	How	When	By Whom
Undertake a review of specialist Stop Smoking Services in order to ensure improvements in effectiveness of service provision and service outcomes (person-centred) particularly amongst deprived communities	Full evaluation of results and consultation	March 2015	Blackpool Council – Public Health – R/S
Review the effectiveness and future sustainability of the GP Stop Smoking LES	Full evaluation of results and consultation	December 2014	Blackpool Council – Public Health R/S
Collect greater national and local evidence of the use of e-cigarettes in order to make an informed decision about how they are used locally	Full evaluation of the evidence with interventions for e-cigarette users to be incorporated into stop smoking services	March 2015	Blackpool Council – Public Health - Viv
Establish a licensing or registration process for vendors of tobacco products, including e-cigarettes in order to enable Blackpool to have	Implementation of necessary legal measures	December 2015	Licensing Trading Standards Public Health TFF

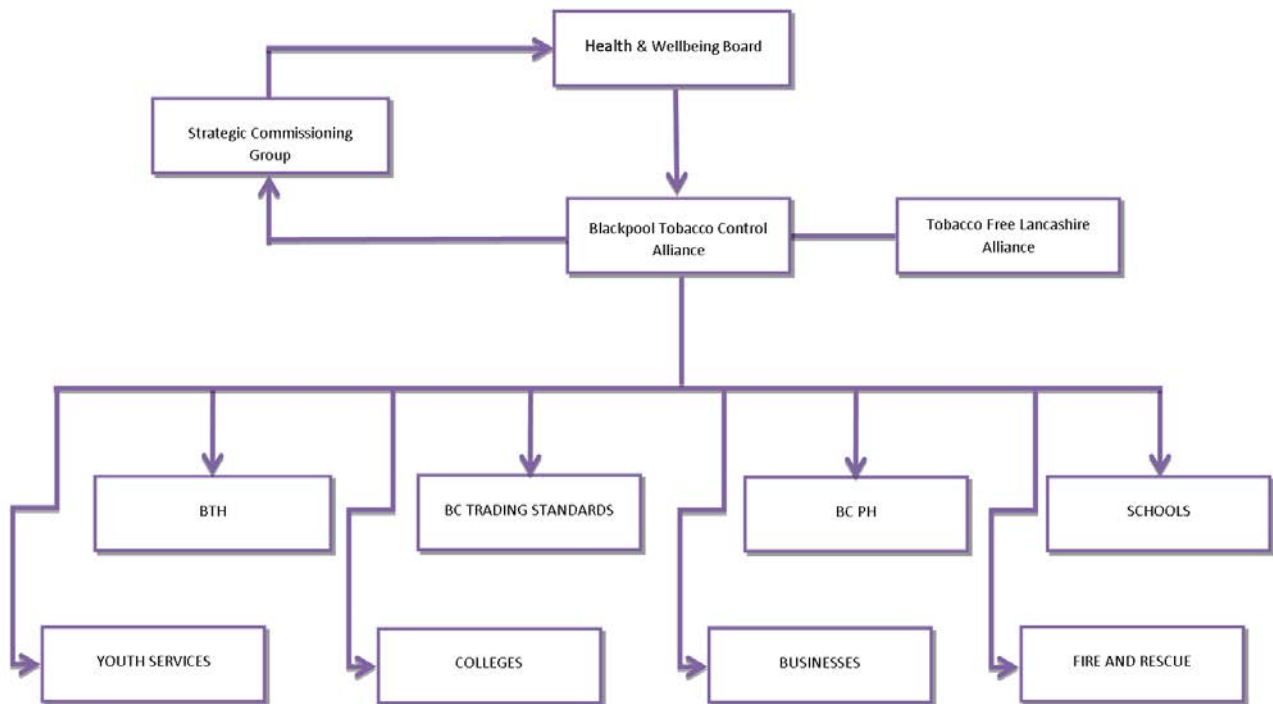
responsible traders/retailers			
Engage with mental health and substance misuse services to ensure patients engage with stop smoking services	Reduce smoking prevalence in mental health section of the population	January 2017	Public Health CCG Lancashire Care Trust – Nina Carter

How will we make the strategy happen?

Responsibility for performance management and delivery of the strategy and action plan lies with the Blackpool Health and Wellbeing Board, supported by the Strategic Commissioning Group. The Blackpool Tobacco Alliance is a multi-agency partnership responsible for implementing the strategy at a local level, whilst the Health and Wellbeing Board is a strategic partnership for ensuring improvements in health and wellbeing in Blackpool.

The Blackpool Tobacco Alliance will be responsible for ensuring that the actions in the Tobacco Control Strategy are delivered. Progress reports will be taken to Alliance meetings regularly in order to monitor progress, and a full review will take place at the end of each year. The action plans will be updated to reflect new or changing priorities. A number of ad hoc tobacco working groups will also meet to ensure the operational delivery of the strategy as required (e.g. Smoking in Pregnancy) and some of this work will be undertaken at a Lancashire level.

Accountability structure



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