

HEALTH AND WELLBEING BOARD			
Report Title	Local Government Declaration on Tobacco Control		
Contributors	Director of Public Health	Item No.	
		10	
Class	Part 1	Date:	
		19.11.13	

1. Summary

- 1.1 Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking is a priority outcome of the Health and Wellbeing Strategy. A report outlining progress in relation to this priority was presented to the Health and Wellbeing Board in September. The importance of addressing this challenge in Lewisham was recognised by Board members.
- 1.2 This paper asks the Health and Wellbeing Board to support the London Borough of Lewisham signing up to the Local Government Declaration on Tobacco Control.
- 1.3 The Declaration commits the Council to:
- Reducing smoking prevalence and health inequalities
 - Developing plans with partners and local communities
 - Participating in local and regional networks
 - Supporting Government action at national level
 - Protecting tobacco control work from the commercial and vested interests of the tobacco industry
 - Monitoring the progress of our plans
 - Joining the Smokefree Action Coalition.
- 1.4 A number of councils have already signed the declaration across England. The Parliamentary launch of the Local Government Declaration on Tobacco Control is on Wednesday 11th December and Lewisham has been invited to attend. The Declaration and the invitation to sign the Declaration are attached as appendices to this report.

2. Purpose

- 2.1 The purpose of this paper is to outline the Local Government Declaration on Tobacco Control and to seek support for the London Borough of Lewisham to sign the declaration.

3. Recommendation

- 3.1 Members of the Health and Wellbeing Board are recommended to agree that it would be beneficial for the London Borough of Lewisham to sign the Local Government Declaration on Tobacco Control.

4. Policy Context

- 4.1 Reducing smoking prevalence was identified in 'Healthy Lives, Healthy People: A Public Health Strategy for England', (which informed the Health and Social Care Act 2012) and as an indicator in the Public Health Outcomes Framework, which sets out a vision for public health, desired outcomes and the indicators to measure improvement.
- 4.2 From 1st April 2013, the public health function has been transferred from the National Health Service to local authorities. Each top tier and unitary authority has its own Health and Wellbeing Board and a Director of Public Health, and these local authorities are responsible for commissioning stop smoking and other relevant services.
- 4.3 The Framework Convention on Tobacco Control (FCTC)¹ is the world's first public health treaty, negotiated through the World Health Organisation. It has been ratified by more than 170 countries, including the UK. Key provisions include support for: price and tax measures to reduce the demand for tobacco products; public protection from exposure to tobacco smoke; regulation of the contents of tobacco products; controlling tobacco advertising, promotion and sponsorship; measures to reduce tobacco dependence and promote cessation; tackle illicit trade in tobacco products; and end sales to children. Article 5.3 commits parties to protecting their public health policies from the commercial and vested interests of the tobacco industry and the UK has explicitly committed to live up to this obligation in chapter 10 of the Tobacco Control Plan for England.
- 4.4 Smoking is one of the nine priority outcomes, identified in the Health and Wellbeing Strategy for Lewisham. Reducing smoking is a priority for the Board this year, along with reducing alcohol consumption and obesity.
- 4.5 The Lewisham Children and Young People's Plan 2012-15 identifies the importance of intervening early to reduce the numbers of children and young people starting smoking focus.
- 4.6 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in *Shaping our Future – Lewisham's Sustainable Community Strategy* and in Lewisham's Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to *Shaping our Future's* priority outcome which states that communities in Lewisham should be *Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing*.

5. Background

- 5.1 Smoking is the primary cause of preventable morbidity and premature death. Tobacco kills over 80,000 people in England every year, more people each year than obesity, alcohol, road accidents and illegal drug use put together.

¹ World Health Organisation, *Framework Convention on Tobacco Control*,
http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf (Accessed 11th April 2013)

- 5.2 Compared to England, Lewisham had significantly more smoking attributable deaths in 2008-10 and hospital admissions in 2010/11.
- 5.3 Currently about 20% of people over 18 smoke in England and about 22% of people smoke in Lewisham (approximately 43,000 smokers). This has fallen since a peak in the 1940s, but shows signs of levelling off more recently. Two thirds of smokers want to stop.
- 5.4 Thousands of children also suffer harm as a result of smoking. Not only are 17,000 children under the age of five admitted to hospital every year as a result of passive smoking but Cancer Research UK also estimate that 430 children in England start smoking every day. Two thirds of smokers start before the age of 18, and across the UK more than 200,000 children aged between 11 and 15 start to smoke every year, even though it is illegal to sell cigarettes to anyone below the age of 18.
- 5.5 Two thirds of smokers say they began to smoke before they were legally old enough to buy cigarettes.² Research shows that by the age of 20, four fifths of smokers regret they ever started. Growing up around smoke puts children at a major health disadvantage in life. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease, resulting in around 10,000 hospital admissions each year.³
- 5.6 Although smoking has fallen from 40% to 20% since 1980, there has been little change within our poorest communities and smoking is responsible for half the difference in life expectancy between the richest and poorest.
- 5.7 Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities. About half of all smokers in England work in routine and manual occupations. Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles. The poorer and more disadvantaged you are, the more likely you are to smoke and as a result to suffer smoking-related disease. Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged in society.
- 5.8 Smoking rates are also higher among particular ethnic groups, the prevalence rate among Afro-Caribbean men is 37% and among Bangladeshi men it is 36%.⁴
- 5.9 The annual cost of smoking to the UK national economy has been estimated at £13.7 billion. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year on their habit. Based on 2009 prices, poorer smokers proportionately spend five times as much of their weekly household budget on smoking than do richer smokers. If poorer smokers quit they are more likely to spend the money they save in their local communities.⁵

² Office for National Statistics, *General Lifestyle Survey 2011, Chapter 1 Smoking*, <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-1.html> (Accessed 11th April 2013)

³ *Smoking: Children*, <http://www.ash.org.uk/localtoolkit/docs/cldr-briefings/Children.pdf> (Accessed 11th April 2013)

⁴ ASH, *Smoking Statistics Who Smokes and How Much*, http://www.ash.org.uk/files/documents/ASH_106.pdf (Accessed 11th April 2013)

⁵ ASH, *The Economics of Tobacco*, http://www.ash.org.uk/files/documents/ASH_121.pdf (Accessed 11th April 2013)

- 5.10 Reducing smoking prevalence and preventing the uptake of smoking among young people remains a challenge in Lewisham.

6. The Local Government Declaration on Tobacco Control

6.1 In May, Newcastle City Council passed a declaration setting out our commitment to tackle the harm smoking causes our communities. This has become known as the Local Government Declaration on Tobacco Control and been endorsed by, among others, the Public Health Minister, Chief Medical Officer and Public Health England. Since then many other councils from across the country have joined Newcastle in signing the declaration.

6.2 Councillor Nick Forbes, Leader of Newcastle City Council, has invited Lewisham Council to sign up to the Declaration.

6.3 The Parliamentary launch of the Local Government Declaration on Tobacco Control is on Wednesday 11th December and Lewisham has been invited to attend.

6.4 The Declaration commits local authorities to take concerted action to protect their communities from the harm tobacco causes. It has been developed to provide a very visible opportunity for local government to:

- publically acknowledge the significant challenge facing us;
- voluntarily demonstrate a commitment to take action;
- publish a statement of its dedication to protect local communities from the harm caused by smoking.

6.5 The Declaration includes a specific and important commitment to protect health policy from the influence of the tobacco industry. Neil Forbes, Newcastle City Council Leader states that:

'This is an obligation already placed on local authorities through the World Health Organisation treaty on tobacco, however the Declaration reminds us of our obligations and restates our commitment.'

6.6 Neil Forbes also emphasises that the Declaration is about taking effective action against threats from the tobacco industry:

'In the past there have been examples of local councils allowing tobacco companies inappropriate access through, for example, their funding of city academies, museums and smoking shelters on council property. This summer representatives of a British American Tobacco subsidiary contacted councils across England, almost certainly yours too, to speak to local councils about their tobacco harm reduction strategies. It is also true that almost all local government pension schemes in England have some investment in tobacco companies. I share the frustrations of many in public health regarding these investments, however our fiduciary duties makes effective action difficult. The greatest threat from the tobacco manufacturers comes not from investments by our pension fund managers but from their influence on our health policy.'

6.7 Signing the Declaration would commit the Council to the following actions:

- To act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- To develop plans with our partners and local communities to address the causes and impacts of tobacco use, according to our local priorities and secure maximum benefit for our communities;
- To participate in local and regional networks for support;
- To monitor the progress of our plans against our commitments and publish the results;
- To join the Smokefree Action Coalition;
- To protect our tobacco control strategies from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- To support the Government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities.

7. Financial Implications

- 7.1 Any activity undertaken to deliver the commitment as set out in the Declaration will be found from existing resources.

8. Legal Implications

- 8.1 There are no legal implications resulting from signing this declaration.

9. Crime and Disorder Implications

- 9.1 Activity to support the commitments included in the Declaration will seek to reduce illicit sales of tobacco and associated criminal gang activity.

10. Equalities Implications

- 10.1 This declaration will contribute to a reduction in smoking. Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities.

11. Environmental Implications

- 11.1 The main environmental implications from smoking are smoking litter (estimated at 40% of all litter) and indoor pollution, leading to passive smoking. Reducing smoking prevalence would lead to a decrease in both indoor pollution and outdoor smoking litter.

If there are any queries on this report please contact **Jane Miller, Deputy Director of Public Health** on 020 8314 9058.