# A Tobacco-Free Fife





One Vision Many Faces

**Many Places** 

2016-2020

### cknowledgments

## This document has been created with community members, for community members.

The initial step was to bring together a wide and varied group of stakeholders to consult on a draft document. This shaped the function and form of a strategy that will be embraced by everyone.

Utilising partners' areas of expertise allowed Fife's tobacco control strategy to be set in as broad a context as possible and encourage explicit links to tobacco control outcomes in wider environments.

We would like to thank everyone for their contributions and attendance at the stakeholder event and to ASH Scotland for provision of economic costs of tobacco in Scotland and permission to adapt tobacco related visuals.

Additional thanks go to Marisa de Andrade, Programme Director: Integrated Service Improvement, University of Edinburgh for the creation of the draft document.

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Based on 2 adult smokers in a family earning less than £19k per annum

of household income will be spent on tobacco

The total productivity loss due to smoking breaks, increased absenteeism & productivity loss due to premature death attributable

to smoking is £692 million per annum in Scotland.

o<mark>reword</mark>

### The purpose of the Tobacco Control Strategy...

...is to support the people of Fife to identify ways in which they can contribute to the Tobacco agenda and ultimately support Fife to achieve the aspirational goal of a Smokefree generation by 2034.

Whilst Fife's smoking rates are gradually declining there is still a way to go. This strategy restates our commitment to reducing tobacco related harm further. This requires everyone, everywhere to be involved. Together we can be successful, reduce the significant health inequalities linked to smoking and improve the health of people in Fife.

We urge you to read the strategy and consider how you can help prevent young people from taking up smoking, protect people from second hand smoke and support those who wish to quit. Only through a range of coordinated activities, developed and delivered by individuals, communities and organisations can we address the health, social and economic costs caused by tobacco.

We thank you for your comments and contribution to this strategy and we hope that together we can realise our vision.



Michael Kellet, Director of Health & Social Care

Noderal



Margaret Hannah, Director of Public Health

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## Clearing smoking related litter from streets - £34 million

### Tobacco Free Fife

Fife's bold commitment to a Tobacco-Free Generation by 2034...

...a radical national target calls for an innovative local strategy.

Tobacco control is everyone's business, this strategy is for your action, when you read the word 'we' it means 'you' and 'us'.

### Tobacco use in Fife effects everyone

by littering & reduction of air quality. The PRESSURE on the public purse is from the IMPACT on services: NHS, Fire & Police. The IMPACT on child development is through school days missed. Asset DEPRECIATION due to increased building maintenance. IMPACT on families due to money taken from household purse. Health IMPACT on individuals. For the health professional there is an increased COMPLEXITY of care.



## Fife's aspiration is to cultivate a culture of mutually beneficial cooperation...

... and inspire creative and original responses to achieve a tobacco-free generation.

Through the lens of inequalities, smoking is not just an isolated behaviour impacting on health outcomes. It is an area to be considered alongside poverty, deprivation, unemployment, education, vulnerability, anti-social behaviour and safety.

We can protect and improve the health of people living and working in Fife by reducing the use of tobacco and exposure to secondhand smoke, particularly targeting populations in areas of greatest need. Measures have gone a long way in shifting cultural attitudes towards smoking and reducing smoking prevalence. We want to go further.



#### A Tobacco-free Fife

Our vision is to help Scotland achieve its target to reduce the percentage of the population who smoke to less than five percent by 2034¹. An asset-based approach is fundamental. We envisage a Fife where smokers are viewed not simply as consumers, patients or service users - but human beings, who know why they smoke and what will help them stop. They are assets, who understand their own environment and circumstances better than anyone else.

#### Changing the social norm

Our ambition is to cultivate a Fife where the youth view non-smoking as the social norm. Where they are not tempted to experiment with smoking, encourage their peers to make positive lifestyle changes, support each other to quit, are aware of tobacco industry business and marketing strategies, and have an active voice in health policy and practice.

#### • A multi-stakeholder responsibility

Our intention is to position smokers and young people centre stage in our strategy. By working collaboratively with them and other partners we aim to broaden our understanding of tobacco control so that it comes to be acknowledged as more than just a health issue within the NHS's remit, but a wider societal issue that should be prioritised across all agendas.

### pply the national priorities in local context.

Our strategy is aligned to published peer-reviewed evidence and key international, national and local policies, plans and outcomes.

We will adopt a range of approaches across:

**Prevention** (prevent uptake)

**Protection** (against disease)

**Cessation** (support to stop)

Fife's approach is guided by the principle of health optimisation - a shift towards a health service embedded in wellbeing, resilience, recovery, social prescription and early intervention. This is in line with the values of integrated health and social care as outlined by the Scottish Government in the 2020 Vision<sup>2</sup>.

Health optimisation places the individual at the centre and recognises the complex factors that contribute to health and ill-health - the conditions in which we are born, grow, live, work and age. Fife understands that income and other socio-economic factors impact significantly on inequalities in health and respect all individuals. Their views will underpin the development and implementation of this co-produced strategy - regardless of gender, age, disability, sexual orientation and race.

## id you know, every year in Scotland there are around:

Supporting the health, safety and wellbeing of Fife's employees and community members is integral to our strategy. Working with employers and staff, we will facilitate improved workplace environments thereby promoting healthy working lives.

Fife will plan locally in a way that engages with the community. Fife's outcomes are committed to developing, leading and sustaining local health and wellbeing initiatives which create supportive social networks and increase participation in community activities.

Informed by the principles of asset-based theory, Fife's strategy aims to best anticipate communities' needs and be proactive rather than reactive. Ultimately, we aim to support individuals, families and communities to lead healthier lifestyles thereby reducing the impact of tobacco in Fife. To do this, we need to understand who is smoking and why they smoke.

128,000 smoking-related hospital admissions

heavy smoking can increase the risk of developing

Rheumatoid
Arthritus by up to
100%

everyday, Fife children are exposed to

second hand smoke in their home

around a third of tobacco is used
by people with
mental health
issues

### ho is smoking?

## Smoking remains one of the principal causes of illness and premature death in Scotland,

••• with an estimated 13,000 deaths each year<sup>3</sup>. Across Fife, approximately 23% of deaths at all ages are attributed to smoking<sup>4</sup>.

Within Scotland as a whole, smoking prevalence increases significantly between the ages of 13 and 15 years and continues to rise steadily into early adulthood. In Fife, these rates are higher than the national average<sup>5</sup>.

There is also high correlation between smoking and socio-economic status. There are more adult smokers in the most deprived areas in Scotland (mirrored in Fife), and regular smoking is also more common among disadvantaged young people<sup>6</sup>.

More men than women smoke cigarettes, with the gender gap widest between the ages of 25 and 34 years<sup>7</sup>. Across Scotland, there are more pregnant women who smoked at booking appointments within the most deprived regions<sup>8</sup>. In Fife, rates are higher than the national average.

Smoking prevalence is also notable among vulnerable groups. In the UK, smoking prevalence is significantly higher in people with mental health problems than among the general population<sup>9</sup>.



Every cigarette reduces life expectancy by... 11 minutes

### istening to people - why are they smoking?

In national surveys, most Scottish smokers say they want to stop smoking predominantly for health reasons<sup>10</sup>.

In addition, survey data suggests that 42% of Fife children would like to give up smoking, 63% had tried to quit at some point and 65% thought that they would find it 'very' or 'quite' difficult to give up<sup>11</sup>.

Depending on their circumstances, some smokers may not be entirely aware of the health risks associated with tobacco on themselves and those around them. To provide better, more informed support for smokers **Fife needs to further understand the role that smoking plays in their lives.** 

Smoking is influenced by a complex range of personal, social, psychological and environmental factors. The majority of smokers take up the habit in their early or mid-teens<sup>12</sup>. The most often reported reasons influencing children and young people includes, having friends or relatives who smoke, parents with positive attitudes towards smoking or peers experimenting with cigarettes.

As young people become adults, they may be more likely to continue smoking if they have personal or financial problems, if they live in poverty, if they feel stressed or lonely, or if they misuse alcohol or drugs. Key vulnerable groups of smokers include, for example, mental health sufferers, pregnant women and the homeless. Indeed, life stressors are often cited by smokers as a barrier to giving up. Factors can include periods of unemployment, anxiety, deprivation or illness. Barriers common to all vulnerable groups are smoking for stress management, lack of support from health and other service providers, and a high prevalence and acceptability of smoking in vulnerable communities<sup>13</sup>.

The addictive effect of nicotine is also a key reason for continuing to smoke cigarettes. It has the capacity to trigger the release of dopamine in the brain, leading smokers to associate the activity with pleasure<sup>14</sup>.

In order to address the range of factors influencing individual decisions to start and continue smoking, we need a comprehensive approach that works across these different levels and considers individual, societal and cultural influences, not just health.



### riority areas for Action

### Using an inequalities reduction lens, we will work across three priority areas.

<u>Prevention</u> - Fife will create an environment where individuals, particularly children and young people, choose not to smoke.

A reduction of initiation and uptake of smoking in young people specifically will require creative, co-produced youth-led or youth-informed tobacco education programmes in schools and other community settings in collaboration with other agencies and organisations.

Engagement on the issue of tobacco will encourage children and young people to consider how smoking sits alongside other risky behaviours and is linked to broader Health and Wellbeing improvement programmes in the Curriculum for Excellence.

Critical capacity will be built by raising awareness of power, ideology and inequalities and creating opportunities for people to reflect on how individual behaviour has broad political and social implications.

Fife aims to advance an understanding of how the tobacco industry may influence government to restrict evidenced regulations such as the introduction of tobacco plain packaging, and market its products to children and young people through innovative tactics that circumvent existing regulations such as the ban on advertising.

Fife will also endeavour to protect children from targeted promotions and underage sales of electronic cigarettes<sup>15</sup>.

Through this approach, Fife's aim is to ensure high levels of legislative compliance on age restricted and proxy sales, the display ban and other tobacco products regulations.



## Protection Protection

<u>Protection</u> - Fife will aim to protect people from second-hand smoke and the wider harms associated with smoking.

This will involve raising awareness of the impact of second-hand smoke on self and others - highlighting an increased risk of cancer, heart disease and respiratory diseases, with younger children at particular harm<sup>16</sup>.

In this way, Fife aims to stimulate support for tobacco control legislations on smoking in cars, smoke-free grounds, hospitals and outdoor areas such as play parks. The expectation is that community members will champion regulations rather than feel compelled to abide by these rules without consultation.

Efforts to protect communities, particularly children and young people, will be introduced after listening to local people and understanding what is driving social norms. For example, we will consult on whether community members want to restrict the sale of cigarettes in shops near schools and in deprived areas and understand the reasons for their views.

Fife will get people thinking about how protecting children and young people from second-hand smoke becomes a principle form of prevention as children are less likely to become smokers if they are not exposed to caregivers and siblings who smoke.

Efforts to tackle the use of illicit tobacco, particularly in deprived communities, will be informed by knowledge from local people about the role that these cheaper, prohibited products play in their lives due to personal circumstances such as unemployment.

**Cessation** - Fife will support people to give up smoking.

Fife's Stop Smoking Services aim is to reduce rates and frequency of active smoking in adults, young people and vulnerable groups such as Looked After Children (LAC), pregnant women, individuals suffering mental health issues, transient workers, travellers and the homeless. The expectation is that community members and health professionals alike will understand the pathways towards services. Then, raise the issue and refer if appropriate.

Fife's efforts will be focused on increasing uptake, enhancing performance and improving the monitoring of our Stop Smoking Services, ensuring they are innovative in practice.

Fife will continue to consider service users feedback to improve service provision and delivery.

Fife will work with health professionals, community members, and other stakeholders to enhance referrals to the service and encourage the co-production of Stop Smoking Services that are accessible and sympathetic to the most disadvantaged in Fife.

Fife's three main priorities,

### **Prevention, Protection & Cessation**

will be overseen by coordinated partnership action on tobacco control, where key stakeholders and agencies are able to lead tobacco control priorities and influence other groups, partnerships and related action plans.



### artnership working achieving the same goals through a joined-up approach

#### Smoking is not just an NHS health issue it impacts everyone everywhere.

It cuts across silos, various stakeholder, agency and partner strategies and community driven initiatives. It is central to our coordinated partnership action on tobacco control.

We will ensure tobacco issues retain a high profile locally with a focus on improving health and wellbeing and reducing health inequalities across Fife.

All stakeholders are therefore ultimately working together to reduce inequalities, which means all need to recognise the vastly disproportionate negative effect of smoking on Fife's deprived communities. A greater focus on communities most at risk of unequal health, education, employment, safety and other outcomes is essential - as is the important role that tobacco control plays in improving these outcomes.









### ur collaborative co-produced tobacco control strategy

Successful and streamlined collaboration is key to establishing an effective tobacco control strategy across Fife.

By adopting a joined-up approach to designing and delivering high-quality integrated services within and across organisations, partnership working will facilitate opportunities for the collaboration of ideas, shared learning and ultimately good practice.

#### We will therefore:

- work collaboratively across partnerships, topics, settings, firmly putting tobacco control on all stakeholders' agendas.
- ensure that workers, partners and community members have the skills and knowledge around tobacco issues.
- work with communities and the youth to co-produce innovative action plans from the bottom-up to tackle tobacco control based on their needs, assets and aspirations.
- create a network of partners, including community members, that collectively generates and shares evidence and evaluations.

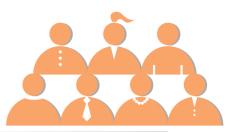
Through ongoing consultation, Fife will co-produce actions/activities and agree on simple mechanisms and clear interfaces for reporting and discussions with a focus on innovation rather than duplication of efforts by multiple stakeholders. Consideration will also be given to softer measures and indicators that are more challenging to capture and objectively measure - such as relationship building, connectivity and emotional wellbeing - but integral to asset-based working.

Fife's vision is to cultivate a culture of mutually beneficial cooperation and inspire creative and original responses to achieve a tobacco-free generation by 2034.

"Thanks to cooperation the whole is worth more than the sum of its parts"

Yves Morieux, TED, 2015





#### Fife sees Tobacco-Free Generation 2034 as an aspirational yet achievable target

...and an exciting opportunity to push the boundaries of conventional approaches to tobacco control.

There is clear evidence to show that top-down tobacco control legislation has an important role to play in achieving this target. These policies should continue to be implemented alongside local, bottom-up initiatives that build critical capacity and inspire action from motivated individuals, communities and partners. Fife will value community members as equal partners - their skills, knowledge and experiences will help us identify priorities and improve the way we implement tobacco control policies.

Fife's strategy also calls for consideration of radical responses to tobacco control such as proposals to promote a new generation of never smokers starting from those born in and after the year 2000. Confine tobacco sales to adult outlets such as betting shops or specialist tobacco stores, charge retailers extra to sell tobacco, ban filters and additives that increase smoothness and addictive potential, and increase targeted mass media campaigns to encourage quit attempts and counter-market against tobacco industry imagery. We will continue to consult with communities to ascertain if they are in favour of such responses or to suggest alternatives.

Fife's strategy requires a coordinated, partnership approach towards attaining a more equal society by tackling the wider determinants of health and stressors of life - for example poverty, low self-esteem, poor housing, income inequality, poor mental health - particularly those in areas of deprivation. Fife will endeavour to promote adaptive rather than maladaptive responses to stress so people do not turn to smoking, alcohol, drugs or other coping mechanisms when dealing with challenging circumstances.

Working with partners, we will re-orient services to make them health promoting and help meet individuals' aspirations to live healthily, safely and independently. We will actively work in the community trying different ways to engage with real issues and facilitate rather than deliver services.

Fife will implement the national public health agenda on a local level and use and develop the evidence base to achieve local and national outcomes. Fife's co-produced plans will contribute towards reducing health inequalities.

Fife will prioritise inequalities to prevent ill-health for individuals and communities and provide opportunities and support to improve health and life circumstances for all.

Tackling the health inequalities gap through community led approaches for the remaining 22% (23% men, 20% women) of smokers in Fife<sup>17</sup>.

the risk of developing

dementia
is up to 70%
higher amongst those who smoke heavily

Consideration will be given to the mechanism by which the strategy's agreed vision is being delivered.

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