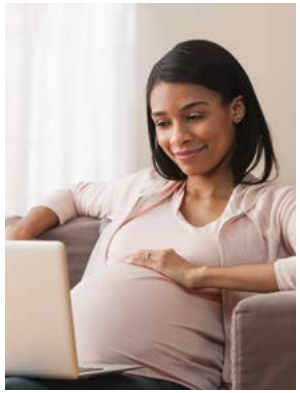
North Yorkshire Tobacco Control Strategy 2015-2025

Smoke-Free North Yorkshire



Working together to reduce the harm caused by tobacco to individuals, families, communities and businesses in North Yorkshire.

Health and Wellbeing Board
North Yorkshire

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Foreword

Smoking continues to be the biggest preventable cause of ill health and early death in North Yorkshire. It kills more than a thousand people every year in North Yorkshire. The impact of tobacco is felt most by the poorest in the county, not just on the smokers but also on their children and their communities.

North Yorkshire has a proven record of success in the provision of stop smoking services and the county was successful in implementing smoke free legislation in 2007, but much more needs to be done. A comprehensive approach to tobacco control is more than providing services or enforcing legislation. We need a wide range of co-ordinated activities, developed and delivered by individuals, communities and organisations.

As part of our ambition to 'inspire a smoke-free generation', North Yorkshire County Council and partners are committed to improving the health and wellbeing of all people of all ages living across the county. There is no dispute about the health and economic benefits of stopping smoking. In recognition of the extent of the harm being caused in North Yorkshire by smoking, tackling tobacco has been agreed as a Health and Wellbeing Strategy and Community Plan priority.

Smoking prevalence has been in overall decline but not so in our most vulnerable population groups such as mental health service users. We cannot afford to be complacent. If we do nothing, smoking rates will remain static or could even rise in North Yorkshire, a picture already happening in other parts of the country. We must protect the health of future generations by ensuring smoking prevalence continues to fall.

The North Yorkshire Health and Well Being Board will take responsibility for the overall implementation and monitoring of the North Yorkshire Tobacco Control Strategy and Implementation Plan. We urge you to read the plan and look at the actions and consider how you can contribute to prevent young people from taking up smoking and to support those who wish to stop. Together, we can be successful in making North Yorkshire free of tobacco and its harmful effects on health.

Dr Lincoln Sargeant
Director of Public Health

Cllr. David Chance
Executive Member for Stronger Communities and Public Health

For signatories

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Executive Summary

Tobacco use remains one of our most significant public health challenges. While rates of smoking have continued to decline over the past decades, around 17 per cent of adults in North Yorkshire still smoke, with wide variations between districts. Smoking prevalence has fallen little since 2007 and we need to take new action to drive smoking rates down further. Smoking in pregnancy remains an important issue, particularly in Scarborough.

Smoking is the primary cause of preventable morbidity and premature death, accounting for around 80,000 deaths in England in 2009. In England, deaths from smoking are more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse).

Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Consequently, tackling tobacco use is central to realising the North Yorkshire commitment to improve the health of the poorest, fastest.

To promote health and wellbeing, we will work to encourage communities across North Yorkshire to reshape social norms, so that tobacco becomes less desirable, less acceptable and less accessible. We want all communities to see a tobacco-free world as the norm and we aim to stop the perpetuation of smoking from one generation to the next. To reduce smoking uptake by young people, we all need to influence the adult world in which they grow up. We must also remove the considerable social barriers that smokers face when they are trying to quit.

The North Yorkshire Tobacco Control Strategy has been informed by the evidence and engagement activity specific to North Yorkshire. The Public Health Outcome Framework and other local and national indicators will provide the information on the progress of the 5 identified priorities. A partnership approach to deliver this strategy will be required and will be led by the North Yorkshire Tobacco Control Steering Group.

We thank you for your comments and contribution to this strategy for tobacco control and hope that together we can realise our vision of inspiring a smoke free generation.

Introduction

This document sets out the tobacco control strategy for North Yorkshire, and presents a model for tobacco control action.

The harmful effects of tobacco on health, both on the individual and on those around them, are widely accepted. Lesser known, however, are the significant costs to the economy which further exacerbates the burden imposed by tobacco. Section 1 of this document sets out the statistical evidence for the widespread harm caused by tobacco in North Yorkshire as identified in the Tobacco Control Needs Assessment. It is a solid basis for identifying the local need and designing a collaborative approach to tackle the issue.

A multiple agency approach, working across organisational divides, together with a correct balance between clinical and social policies/interventions is the most effective way to prevent and stop people from smoking. The North Yorkshire Tobacco Control Steering Group is a partnership of organisations committed to reducing the prevalence of smoking in North Yorkshire (Membership at appendix 1). Section 2 of this document sets out the approach to be used in North Yorkshire to reduce smoking prevalence in the local authority area.

This ten year strategy will be led by the Steering Group which will agree and review an action plan each year. In addition to the steering group, there is a need for wider membership of partners and individuals that are able to communicate key messages. The Steering Group will have a reporting link to the Health and Wellbeing Board (HWBB).

The North Yorkshire HWBB has updated its Joint Health and Wellbeing Strategy 2013-18 (JHWBS) which states the importance of starting well, living well and aging well.

The tobacco control strategy supports a reduction in overall smoking prevalence, inspiring a smoke free generation and reducing exposure to second-hand smoke which will contribute to improving the health of North Yorkshire's population.

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Section 1 The Impact of Smoking

A comprehensive Tobacco Control Needs Assessment was completed in 2012 and recently refreshed in 2014. The data presented within this section is a snapshot of the headline results.

Key Findings:

1. Smoking continues to be the primary cause of premature mortality and preventable illness in North Yorkshire.

2. The latest data from the Integrated Household Survey suggests that the North Yorkshire adult smoking prevalence in 2013 was 16.5% which is lower than prevalence rates for England at 18.4%.

3. Smoking in pregnancy rates continue to be a major concern, especially in Scarborough. The prevalence of smoking in pregnancy (measured at time of delivery) in NY in 2013-14 was 12.9%. This ranges from 8% for women in Harrogate and Rural District CCG to 21.1% for women within Scarborough and Ryedale CCG. This can be compared with the national prevalence of 11.4% in 2014/15.

4. The Growing up in North Yorkshire Survey in 2014 indicated that 5% of year 8 and year 10 pupils smoked at least once a week, which (although measured differently) is higher than the national smoking prevalence of 3% amongst young people (11-15 year olds) in 2013

5. In 2011-13, 16.9% (3128) of all deaths in North Yorkshire were estimated to be attributable to smoking.

6. The Scarborough District has four indicators significantly worse than the England average:

- Smoking attributable mortality 2011-13
- Smoking attributable heart disease 2011-13
- Smoking attributable strokes 2011-13
- Smoking attributable hospital admissions 2011-13

7. Research now shows that smokers are likely to need care on average nine years earlier than non-smokers[1].

8. People on low incomes are twice as likely to smoke as the more affluent, to have started younger and to be more heavily addicted. 26.9% of North Yorkshire's routine and manual population are smokers, compared to 28.6% nationally.

9. More than 40% of total tobacco consumption is by those with mental illness. Over 50% of smokers with a mental illness say they would like to stop but are less likely to be offered help to do so.

10. Passive (second-hand) smoking in the home is a major hazard to the health of millions of children in the UK who live with smokers.

11. Children with a mother or both parents who smoke are 2-3 times as likely to take up smoking themselves

12. Only 6% of smokers access a stop smoking service when they try to quit but when they do success is 4 times more likely.

13. Emerging use of E cigarettes is changing smoking behaviour and further work is required to monitor the impact of their use.

Smoking – the facts

Smoking is still the largest single preventable cause of death, killing over 80,000 people annually in England alone. This totals more than suicide, diabetes, alcohol and drug related deaths, road traffic and other accidents put together[2]. Tobacco is linked to more than 200 diseases and is the primary cause of lung cancer and chronic obstructive pulmonary disease (COPD). Moreover, it is the primary reason for the gap in healthy life expectancy between rich and poor as identified by Marmot in his review of health inequalities[3].

Smoking kills half of all regular smokers[4]. In 2011-13, 16.9% (3128) of all deaths in North Yorkshire were estimated to be attributable to smoking, but rates do vary greatly across the Districts. The mortality rates for North Yorkshire are shown in the graph on page 10, with Scarborough and Selby having the highest levels in 2011-13, and Scarborough's rate is significantly above the England average. Smoking attributable mortality in North Yorkshire is showing a decline as it is in England[5]. Smoking is the greatest single factor in the difference in life expectancy between social classes.

1 The cost of smoking to the social care in England ASH 2014 www.ash.org.uk/localtoolkit/docs/SocCareCostsSum.pdf

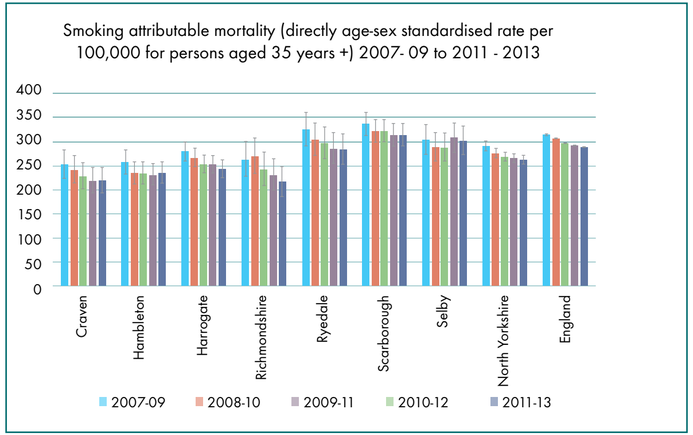
2 Smoking Statistics: illness and death. http://ash.org.uk/files/documents/ASH_107.pdf

3 Post 2010 Strategic Review of health inequalities (the Marmot Review)

4 Doll, R. (2004) Mortality in relation to smoking: 50 years observations on male British doctors. BMJ.

5 Public Health England. Local Tobacco Control Profile for England 2012-14

Graph 1: Attributable mortality by District, NY and England 2007-09 to 2011-13: Smoking



Almost half of smoking-related diseases are cancers, 25% are respiratory and 27% are cardiovascular. More than one in four cancers is attributable to tobacco, whilst one in five deaths from cardiovascular disease is caused by smoking.

The local picture for deaths from heart disease, stroke, lung cancer and respiratory disease is shown in Table 1 below. Whilst North Yorkshire fares better than the England average, other Local Authorities in England have even lower rates, as shown by the England best column.

Source: Local Tobacco Control Profiles for England 2012-14. Public Health England.
Data shown is the age-standardised rate per 100,000 population

Table 1: Mortality in North Yorkshire

Indicator	North Yorkshire Value	England Average	England Worst	England Best
Smoking attributable mortality 2011/13	262.1	288.7	471.6	186.1
Smoking attributable deaths from heart disease 2011/13	33.4	32.7	65.5	20.6
Smoking attributable deaths from Stroke 2011/13	13.4	11	21.5	7.2
Deaths from lung cancer 2011/13	51.1	60.2	111.6	32.3
Deaths from COPD 2011/13	40.6	51.5	101	26.8

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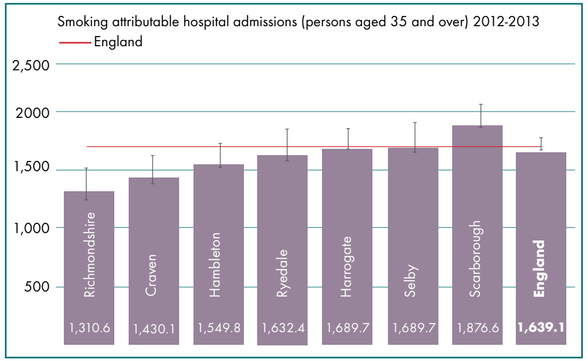
Hospital Admissions

Smoking attributable hospital admissions were significantly higher than the national average in Scarborough in 2012-13; however North Yorkshire is below the England average and is statistically significantly better. This costs the NHS £35.7 for every person aged over 35.

Graph 2: Smoking attributable hospital admissions by District, NY and England



Source: Local Tobacco Control Profiles for England 2012-14. Public Health England. Data shown is the age-standardised rate per 100,000

Second hand Smoke

The harm caused by smoking is not just to the individual. Exposure to smoke is harmful and this is particularly a problem for children. Tobacco smoke contains over 4,000 chemicals, 60 of which are known to be carcinogenic. In 2004 the Scientific Committee on Tobacco and Health (SCOTH) report found that second-hand smoke is a cause of lung cancer and ischaemic heart disease in adult non-smokers, and a cause of respiratory disease, cot death, middle ear infections and asthma attacks in children. The Committee reported a "causal effect of exposure to second-hand smoke on the risks of lung cancer, ischaemic heart disease and a strong link to adverse effects in children", and found that second-hand smoke "represents a substantial public health hazard[6]."

In 2010 The Royal College of Physicians published a landmark report entitled "Passive Smoking and Children". The report acknowledges the importance of smoke-free legislation in reducing exposure to second-hand smoke in the workplace but points out that the principle source of exposure for non-smokers is in the home and that children are especially at risk[7].

It has been estimated that domestic exposure to second-hand smoke in the UK causes around 2,700 deaths in people aged 20-63 and a further 8,000 deaths a year among people aged 65 years and older[8].

6 Second-hand smoke: review of evidence since 1998. Scientific Committee on Tobacco and Health (SCOTH) DH (2004)

7 Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP 2010

8 Jamrozik, K. Estimate of deaths among adults in the UK attributable to passive smoking. BMJ, 2005

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Smoking in Pregnancy

Smoking during pregnancy can cause serious pregnancy-related health problems. These include: complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy[9]. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%[10]. Quitting during pregnancy is the single most important step a mother can take to protect her health and her baby's health.

Children exposed to tobacco smoke in the womb are more likely to experience wheezy illnesses in childhood. In addition, infants of parents who smoke are more likely to suffer from serious respiratory infections (such as bronchitis and pneumonia), symptoms of asthma and problems of the ear, nose and throat (including glue ear). Exposure to smoke in the womb is also associated with psychological problems in childhood such as attention and hyperactivity problems and disruptive and negative behaviour[11].

Women who are still smoking after confirmation of pregnancy tend to be young, have more psychological, emotional and family problems, have less support and financial resources, less residential stability, live in smoke filled home environments and with partners who smoke[12].

12.9% of women are smokers at time of delivery in North Yorkshire compared to 11.4% for England. In Scarborough the rate is significantly higher at 21.1% 2014/15 and this has been the case for several years (Smoking Status at Time of Delivery [SATOD], 2014/15).

[9] Royal College of Physicians (1992) Smoking and the young. London: RCP

[10] Department of Health (2007) Review of health inequalities infant mortality PSA target. London: DH.

[11] Button, TMM., Moughan, B., McGriffin, P,. (2007) The relationship of maternal smoking to psychological problems in the offspring. Early Human Development 83 (11): 727-32.

[12] DiClemente, C., Dolan-Mullen, P., Windsor., The process of pregnancy smoking cessation: implications for intervention. Tobacco Control, (2009) (suppl III): p.16-22.

Social Care Costs and Smoking

The costs of smoking to the NHS and to the economy in general are well understood. However, there are also costs to the social care system, which are less well known, and have not previously been quantified. These costs are not only those directly borne by local authorities but also the costs to those funding their own care needs and the burden on friends and family carers.

The burden on smokers as a result of illnesses caused by their addiction is significant. In the past it has been estimated that for every smoker who dies, 20 are living with a smoking-related illness. Research now shows that smokers are likely to need care on average nine years earlier than non-smokers. Research also found that being a smoker doubled the chances of receiving care of any sort and increased the risk for ex-smokers by 25%.

Current and ex-smokers who require care in later life as a result of smoking related illnesses cost society an additional £14.6 million each year in North Yorkshire. The social care costs of smoking to North Yorkshire County Council are about **£8,358,951 million a year.** This figure is probably an underestimate. It does not include any additional domiciliary care costs for current or former smokers aged under 50, nor has it been possible to include all local authority costs. The research also estimates the cost to people who do not meet the local authority means test and have to fund their own care. The cost to self-funders is estimated to be about **£6,197,727 million a year**[13]**.**

The Economy

National and Local Costs of Smoking

Smoking imposes a huge burden on NHS resources. It is the single most significant drain on the NHS, accounting for 23% of the NHS spends on five common diseases. In 2005, smoking cost the NHS £5.2bn per year compared to a £3bn spend on overweight and obesity. Therefore, reducing the prevalence of smoking could significantly reduce the future costs in treating cancer, COPD and cardiovascular disease[14].

The total cost of smoking to the economy is substantial and, contrary to popular belief, is not outweighed by tax revenue on tobacco. The Policy Exchange, in their 2010 report 'Cough Up', estimate that the annual cost to the economy is as much as £13.74bn. Tax revenue contributes £10bn annually.

ASH has developed a ready reckoner tool to calculate the likely cost of smoking to local areas[15]. It calculates that in North Yorkshire smoking costs society £133.1 million pounds a year. This includes £39.6 million lost output from early deaths, £28 million on smoking breaks, and £24.2 on sick days, £26.1 million NHS costs £6.9 million from second-hand smoking and £4.9 million on fires. In total smokers in North Yorkshire spent £142.6 million on tobacco products. This generates £108.6 million in duty for the exchequer, leaving a £24.4 million annual funding shortfall.

The World Bank states that no other public health expenditure provides the social and economic returns of the magnitude that result from investing in reducing smoking prevalence.

[13] ASH (2014) The Costs of Smoking to the Social Care System in England

[14] Allender, S., Balakrishnan et al. (2009) The Burden of smoking related ill health in the UK. Tobacco Control. 18:262-267

[15] Action of Smoking and Health (2011) http://www.ash.org.uk/localtoolkit/docs/reckoner.xls [accessed on 21 July 2014]

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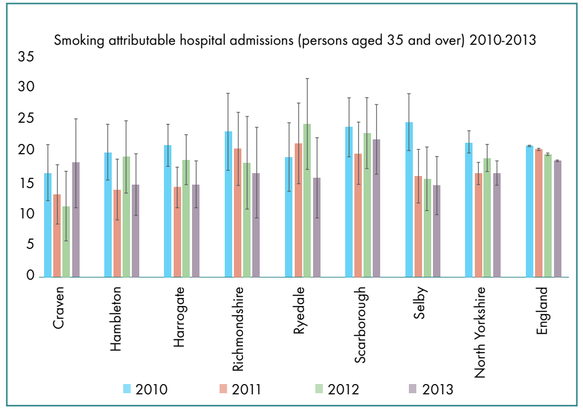
The Present Picture - The Prevalence of Smoking in North Yorkshire

- Adults

The data from the Integrated Household Survey quoted below is currently classed as "experimental statistics". However, it is the data that is used to report on the Public Health Outcomes Framework smoking prevalence measure.

Graph 3: Prevalence of adult smoking over a 4 year period by District, NY and England



District prevalence rates are subject to very wide confidence intervals due to the small sample sizes, and the rates have varied considerably during the four year period shown above. Notably, Richmondshire and Selby have seen prevalence reductions year on year. Harrogate, Scarborough and Hambleton have shown no consistent pattern and have fluctuated over the four year period. The statistics indicate Selby has the lowest prevalence at 14.57% and Scarborough the highest at 21.79% in 2013, but it would be unwise to rely too heavily on this data because of the small sample sizes.

Overall, North Yorkshire has seen a decline in prevalence since the reporting began in 2010 (21.34%). However, it decreased significantly in 2011(16.48%) and then rose in 2012 (18.89%) but not to 2010 levels. In 2013, it decreased again to 16.55%. It is too soon to suggest any significant trend for NY and this data will continue to be monitored on an annual basis.

Most smokers are found in the routine and manual occupational (R & M)groups and North Yorkshire NHS stop smoking services direct their efforts at this group. 26.9% of North Yorkshire's routine and manual population are smokers, compared to 28.6% nationally.

Smoking is the leading cause of health inequalities as the poorer you are, the more likely you are to smoke[16]. Smokers with mental health problems are heavier and more dependent smokers than those in the general population[17]. For example one study found that 51% of those with schizophrenia and half of those with bipolar affective disorder, smoked more than 20 cigarettes a day compared to only 8% in the general population A significant contribution can be made to reducing health inequalities by targeting certain population groups.

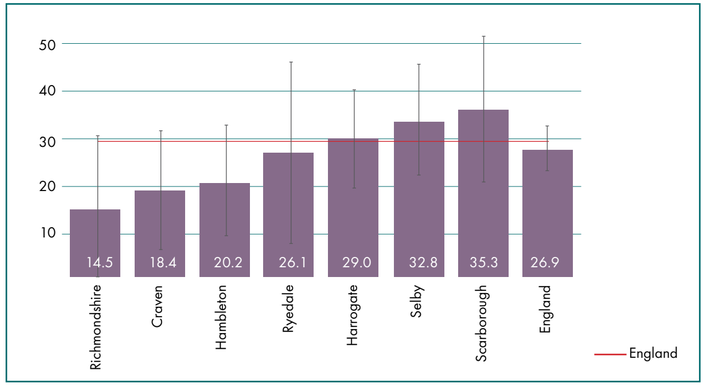
As the prevalence of smoking has decreased generally in the population, it has been increasingly recognised that there is a now a population of "hard core" smokers requiring support. It is likely that most of these will be from the R&M group and will be more heavily addicted and so find it harder to quit and need longer term more intensive support. Therefore services need to be continually aware of, responsive to the needs of this group for services to remain appropriate and accessible and to target social marketing to encourage people to want to quit.

- Young People

Every year, around 200,000 children and young people start smoking regularly[18]. Of these 67% start before the age of 18 and 84% by age 19 making smoking a decision of childhood[19].

Nationally, 13% of 15 year olds say they have smoked in the last week, 8% being regular smokers in 2013. Girls and boys are now equally likely to be regular smokers. Prevalence has been falling steadily[20]. The government has modelled NY smoking prevalence estimates.

Graph 4: Prevalence of adult smoking amongst the routine and manual group



16 Office for National Statistics. Statistics on smoking. England (2011)

17 Coultard, M., Farrell, M., Singleton, N. and Meltzer, H. (2000) Tobacco, alcohol and drug use and mental health. London: Stationary office.

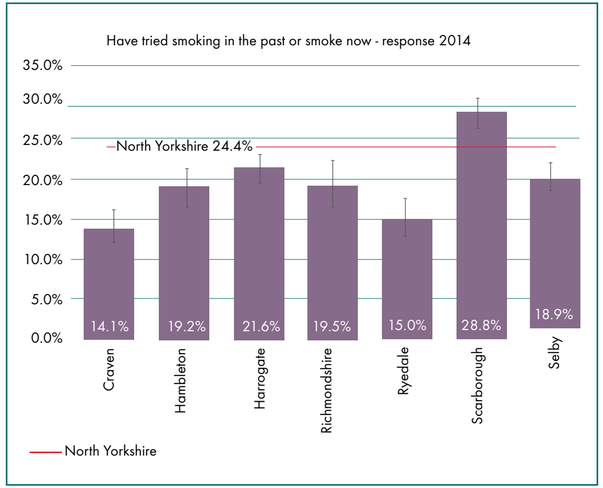
18 A smoke free future: a comprehensive tobacco control strategy for England (2010) HM Government.

19 Robinson, S and Bugler, C. Smoking and drinking among adults. General Lifestyle Survey (2008)

20 Smoking, Drinking and Drug use among young people in England 2013 report. HSCIC

North Yorkshire County Council's Growing up in North Yorkshire Survey in schools indicates that 9% of year 8 and year 10 pupils smoked at least once in the last week – which is above the national prevalence[21]. 8% reported smoking regularly or occasionally and 5% reported that they were regular smokers. However, certain groups of pupils had much higher rates of smoking: amongst special school and pupil referral service children, 38% reported smoking regularly, as did 59% of those with behavioural, emotional or social difficulty. Although the age ranges don't match exactly, this appears to be in line with the national picture.

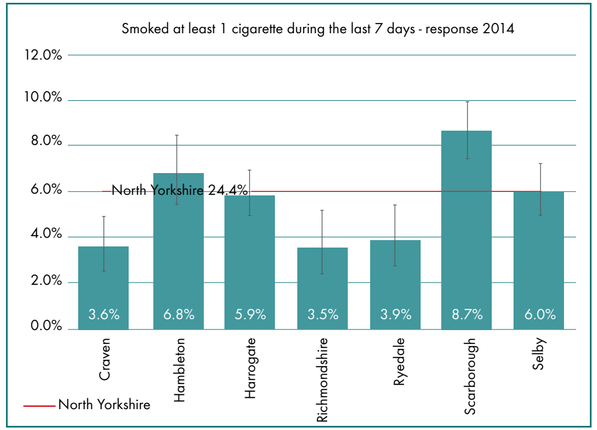
Graph 5: Growing up in North Yorkshire Survey: Smoking Status of year 8 and 10 pupils by District -Have tried smoking in the past or smoke now- response 2014



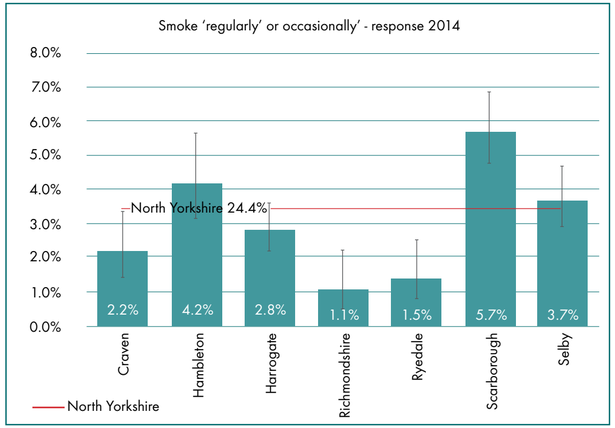
21 North Yorkshire County Council – Giving up in North Yorkshire Survey (2014).

22 ONS (2011) General Lifestyle Survey, 2009 report

Graph 6: Growing up in North Yorkshire Survey: Smoking Status of year 8 and 10 pupils by District - Smoked at least 1 cigarette during the last 7 days - response 2014



Graph 7: Growing up in North Yorkshire Survey: Smoking Status of year 8 and 10 pupils by District - Smoke 'regularly' or occasionally' - response 2014



These (5-7)graphs show the district variations with Scarborough having significantly higher rates and Craven having significantly lower rates of tried smoking in the past or now, at least one cigarette during last 7 days and regularly or occasionally smoking.

Two thirds of smokers and ex-smokers say they started smoking regularly before the age of 18[22]. Young people become addicted to nicotine quickly, and peer pressure can make it additionally difficult to quit. The younger a person starts smoking, the more years they are likely to smoke for, and the higher their likelihood of dying from a smoking-related disease. Nationally, smoking prevalence is highest amongst the 16-24 age groups.

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A national survey to measure smoking, drinking and drug use amongst young people in 2012 found that 23% of pupils had tried smoking at least once, the lowest value since the survey began in 1982, when 53% of pupils had tried smoking. 4% reported smoking regularly (at least once a week) – this has fallen from a peak of 13% in 1996. Smoking increases with age, with 0% of 11 year olds smoking regularly,rising to 10% of 15 year olds.

Black pupils were less likely to be regular smokers than other ethnic groups. Other ethnic groups did not have significantly different rates to white pupils.

Two thirds (67%) of pupils nationally reported that they had been exposed to second-hand smoke in the past year. 55% of pupils said that this had happened in someone else's home, 43% in their own home, 30% in someone else's car and 26% in their family's car.

The onset of smoking is a function of three combined factors: individual, family and community. As an individual factor smoking is considered part of the construction of a young person's self-image. Research has shown that young people perceive smoking to be more common than it is and it is used as a social tool, particularly in transition periods. They also feel that smoking helps people relax and cope with life. A 15 year old living with a parent who smokes is 80% more likely to smoke than a 15 year old living in a household where no-one smokes[23]. Mental health problems are the most significant risk factor for children and young people taking up smoking. Nationally 43% of all smokers aged 5-16 years come from the 10% of children and young people with conduct disorder and emotional disorder[24]. Regular smoking is associated with other risky behaviours such as drinking alcohol, drug use, truancy and exclusion from school.

23 Department of Health (2011) Healthy Lives, Healthy People: a tobacco control plan for England. London: DH.

24 Department of Health (2011) Local Stop Smoking Services: service delivery and monitoring guidance 2011/12. London: DH

25 Action on smoking and health: e cigarette briefing: http://ash.org.uk/files/documents/ASH_715.pdf

E- Cigarettes

Figures released by Action on Smoking and Health (ASH) reveal that usage of electronic cigarettes among adults in Britain has tripled over the past two years from an estimated 700,000 users in 2012 to 2.1 million in 2014. Nearly two-thirds of users are smokers and one third are ex-smokers, an increase in the proportion of ex-smokers compared to previous years. Current use of electronic cigarettes amongst self-reported non-smokers is negligible (0.1%) and only around 1% of never smokers report ever trying electronic cigarettes[25].

Awareness of electronic cigarettes is widespread among adults. The 2014 survey found that 95% of smokers and 90% of non-smokers had heard of electronic cigarettes.

Just over a third (35%) of British adults believes that electronic cigarettes are good for public health while around a quarter (22%) disagree.

Although historically in the UK, NRT was licensed for smoking cessation only, over recent years licencing regulations have become more relaxed, and in 2009 the UK Medicines and Healthcare Products Regulatory Agency (MHRA) approved an extension to include harm reduction as an indication for the Nicorette inhalator, and suggested extending this indication to other nicotine containing products. In recent NICE guidelines, which cover licensed nicotine-containing products, long term use of medicinal nicotine has been recommended to help with quitting smoking, cutting down on smoking, or temporary abstinence. Harm reduction was also promoted in tobacco control white papers produced by both the previous Labour administration and the coalition government. Many of these changes were encouraged in a report by the Royal College of Physicians, published in 2007. Harm reduction was also endorsed by Action on Smoking and Health in 2008 report endorsed by over 60 national organisations.

In 2013, after a consultation process that began in 2010, the UK MHRA announced that from 2016, it intended to regulate electronic cigarettes and other nicotine-containing products as medicines by function, and thus require manufacture to medicinal purity and delivery standards, and proactive controls on advertising.

The emergence of electronic cigarettes and the likely arrival of more effective nicotine-containing devices currently in development provide a radical alternative to tobacco, and evidence to date suggests that smokers are willing to use these products in substantial numbers. Electronic cigarettes and other nicotine devices, therefore offer vast potential health benefits, but maximising those benefits while minimising harms and risks to society requires appropriate regulation, careful monitoring, and risk management.

Health inequalities caused by smoking

Stopping smoking is the strongest action we can take to improve the health of our population. The Marmot Review, Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England (2010) identified strengthening the role and impact of ill-health prevention as one of its six policy objectives. The review stressed that tackling health inequalities was a matter of social justice, with real economic benefits and savings. The review recognised that the losses from illness associated with health inequalities account for productivity losses including reduced tax revenue, higher welfare payments and increased treatment costs. It recommended action across the social gradient of health – not just on the health of the most disadvantaged – across the social determinants of health. The current government responded to this review with Healthy Lives, Healthy People: a tobacco plan for England (2011).

For tobacco control work, this means efforts need to be targeted towards helping smokers from routine and manual groups as they make up the largest group of smokers. Ultimately by reducing smoking rates in this group we are likely to make the biggest difference to our overall smoking cessation rates. Profiles of where these populations live and how they are influenced will be required to target our work more effectively.

Reducing smoking rates in disadvantaged groups and areas is a critical factor in reducing the health inequalities gap as evidence suggests that tobacco use is the primary reason for the gap in healthy life expectancy between rich and poor. There is also evidence to show that poorer smokers are more physically addicted to nicotine, and are therefore less likely to succeed in their quit attempts.

The availability of illegal tobacco makes tobacco more affordable. There is a need for support to strengthen resources and partnership working to tackle illegal tobacco in our community.

It is recognised that higher taxation on tobacco is an effective tobacco control measure. However, it can increase poverty for those who buy legal cigarettes and are very addicted with limited incomes. Exploring other options to support these members of the community for example financial advice, tobacco harm reduction programmes, and more intensive stop smoking support will be required.

Smoking prevalence is very high in vulnerable groups such as drug and alcohol users and mental health. The Marmot Review recommends effective participatory decision making at a local level by empowering individuals and communities, we will use all opportunities to take this approach.

How will tobacco control be addressed?

Excellent progress has been made in reducing smoking prevalence through legislation on smoking in public places and strengthening regulations on the sale of tobacco. However, the Irish experience shows that such measures only have a short term impact and prevalence can return to pre-legislation levels without sustained action. Moreover, it should be noted that whilst we have seen reductions in tobacco use among the general population, slower progress has been made in reducing tobacco use among routine and manual groups and deprived populations.

Without further action to control tobacco use, the prevalence of smoking is likely to remain similar to what it is now. Smoking related inequalities in health would also persist and could even worsen. The Marmot Review made a strong case for prioritising upstream, preventative approaches to tackle health inequalities that was then endorsed by the government's tobacco control plan. One of its six policy objectives is to directly address health behaviours by strengthening the role and impact of ill health prevention.

As the reasons behind smoking are diverse, it is generally accepted that no single approach to tackling smoking will be successful. Concerted, sustained, and co-ordinated action on a number of issues by a wide range of agencies and individuals is required. Local Tobacco Control partnerships have a major role to play here as they co-ordinate a multi-faceted response.

Smoke-Free North Yorkshire

Tobacco control activity is guided by the Department of Health's six strand approach developed by the World Bank.

These six strands are:

- Supporting smokers to quit
- Reducing exposure to second-hand smoke
- Running effective communications and education campaigns
- Reducing tobacco advertising, marketing and promotion
- Regulating tobacco products
- Reducing the availability and supply of tobacco products.

Some actions can only be taken at a national level but there is much to be done at the local level and this is recognised in Healthy Lives, Healthy People: A Tobacco Plan for England (2011).

The plan sets out three ambitions which are:

- to reduce smoking prevalence among adults to 18.5% or less (from 21.2%) by the end of 2015;
- to reduce smoking prevalence among 15 year olds to 12% or less (from 15%) by the end of 2015;
- to reduce smoking during pregnancy to 11% or less (from 14%) by the end of 2015.

The Tobacco Control Plan for England is due to expire by end of 2015; a new report, entitled 'Smoking Still Kills' has been published by ASH. The purpose of this new report is to keep tobacco issues high on the public health agenda and make sure that the incoming Government in 2015 renews the tobacco control strategy.

The Public Health Outcomes Framework for England, 2013-16 has two outcomes:

- Increased healthy life expectancy.
- Reduce differences in life expectancy and healthy life expectancy between communities.

Tobacco control is a key element in achieving both these outcomes. Specifically, the framework will measure smoking prevalence of adults, young people and pregnant women. Other indicators that smoking can influence are low birth weight in babies, infant mortality, mortality from cardiovascular, respiratory disease and cancer, sickness absence and hospital readmissions within 30 days of discharge.

Tobacco control work in North Yorkshire has a strong evidence base and a performance framework will need to be developed including the three main public health indicators above and be reported to the Health and Wellbeing Board as part of its implementation of the Joint Health and Wellbeing Strategy for 2013-18. This will track the trajectory for reduced prevalence and the inequality gap between the least and most deprived areas in North Yorkshire.

Section 2
The North Yorkshire Tobacco Control Strategy

The Vision:

'To inspire a smoke-free generation in North Yorkshire'

Aims:

The overall aims of this tobacco control strategy are as follows:

- To improve the health of the population of North Yorkshire by reducing the smoking prevalence rate and exposure to second-hand smoke.
- To reduce health inequalities in North Yorkshire in the longer term by reducing the number of smoking-related illnesses suffered by the population.

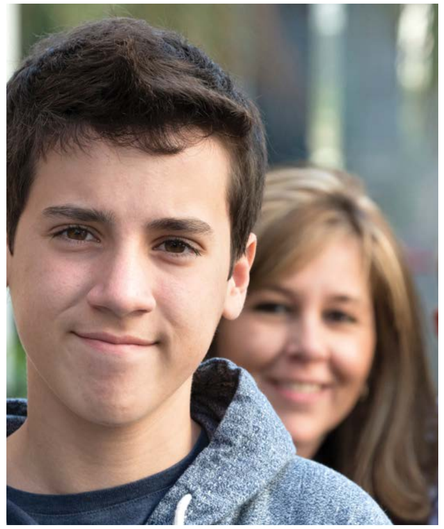
Key Principles:

It is proposed that the following principles should underpin local action to tackle tobacco:

1) A shared strategic approach among partners with clear vision and leadership
2) A commitment to working together in partnership
3) Evidence based practice and support of innovative working
4) A focus on de-normalising smoking

Proposed North Yorkshire Tobacco Control Model

Five priorities for tobacco control in North Yorkshire have been identified following a recent engagement process with partners and current or potential providers. A CLeaR self-assessment was also undertaken in 2013/14. CLeaR is a way for local authorities to assess, review and improve their tobacco control work and can be found at Appendix 2. A summary of this work is included under each priority.



The five priorities for Tobacco Control across North Yorkshire:

1. Preventing children and young people from smoking.
2. Normalise a smoke-free lifestyle.
3. Reduce illegal tobacco in the community.
4. Support smokers to quit (including pregnancy).
5. Carry out marketing and communication programmes.

Reducing health inequalities caused by smoking is a cross cutting theme which features in all of the five priorities.

In addition to the development of local interventions, we will strive to enhance national activity and, where appropriate, collaborate with colleagues across the region to strengthen the impact of our own local actions.

PRIORITY 1 - Prevention for children and young people

Objectives:

- **Reduce regular and occasional smoking among 15 year olds to 2% by 2025.**
- **Reduce the number of underage sales of tobacco to children and young people.**
- **Reduce the number of homes where children are exposed to second-hand smoke.**

It is recognised that starting to smoke is a decision of childhood as 84% of smokers start before the age of 19 years. The evidence supports initiatives to help stop children and young people from starting to smoke and to find ways to help them stop as soon as possible if they have started. Starting young can lead to a lifetime of tobacco addiction and a three times increased likelihood of dying young due to their smoking behaviour. Millions of children and young people are exposed to tobacco smoke in homes and cars every day.

What are the issues for North Yorkshire?

Focus groups were undertaken with young people and youth workers in the youth setting. These are the headline recommendations following analysis.

- Inform and work with trading standards on illicit tobacco, underage sales and sales of e-cigarettes to young people.
- Need to develop guidance for young people and young people's settings on e-cigarettes.
- Prevention work with young people should be done on a regular basis.
- As part of adult smoking services information should be included on role modelling as parents have a significant influence.
- Further insight work would be useful with children and young people across North Yorkshire.

How will we address the issues?

The Strategy supports government action to tackle this agenda. Initiatives to improve knowledge and understanding about this issue locally should be explored further. Empowering children to make an informed choice will be central to the approach. The evidence supports encouraging the young to be advocates on this subject, and local initiatives to support our children and young people to be involved will be pursued. Gold standard school smoke-free policies promote a smoke-free lifestyle for children and their families.

There is little evidence to support smoking cessation initiatives amongst young people and it is agreed that prevention strategies are more successful. Efforts to stop children taking up smoking are less effective for children living in a smoking environment. Therefore reducing adult prevalence has a direct effect on children. However, there are a limited number of evidence-based prevention interventions to draw on and these are cited in NICE Guidance PH23: School-based interventions to prevent the uptake of smoking among children (2010). The five recommendations below include the following advice:

- The smoking policy should support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds).
- Information on smoking should be integrated into the curriculum. For example, classroom discussions could be relevant when teaching biology, chemistry, citizenship and maths.
- Anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status.
- Anti-smoking activities should aim to develop decision-making skills and include strategies for enhancing self-esteem. Parents and carers should be encouraged to get involved and students could be trained to lead some of these programmes.
- All staff involved in smoking prevention should be trained to do so.
- Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.

We wish to engage the voices of young people in shaping and taking forward the prevention programme and make best use of the Growing up in North Yorkshire survey data on smoking to target work effectively.

This is a key area for NYCC through its Trading Standards, Children and Young People services, who have a key role to play in this priority, through actions to:

- Undertake test purchasing activity
- Deliver no proof of age, no sale education campaigns or similar.
- Deliver 'whole school approaches' and peer-led prevention programmes in schools, such as the Assist programme.

Smoke-Free North Yorkshire

PRIORITY 2 - Normalise a smoke-free lifestyle

Objectives:

- **Increase the number of smoke-free places and promote why and how to quit smoking.**

What are the issues for North Yorkshire?

- There has been high compliance with little need for enforcement measures of the smoke free legislation in 2007; this is in line with the national evidence.
- NYCC and all District Councils have a smoke free policy; some areas have updated the policy to include e-cigarettes. Some District Councils tackle smoking in workplace vehicles for own and other businesses but do not have powers to stop vehicles. There is opportunity to revisit these policies and provide support to employers and employees to reduce smoking in the workplace.
- Other public organisations such as the NHS, particularly mental health units/ premises are currently not smoke free or complying with the smoke free legislation.
- Currently responding to complaints in a reactive way rather than proactive.
- There is strong public support for smoke free play areas in the Harrogate District. A recent public survey receiving overwhelming support in favour of introducing action being taken to prevent or discourage smoking in play areas.
- Communication between NYCC Trading Standards and Environmental Health districts needs developing.
- Budgets have been reducing over the last 5 years within Local Government, removing all non-statutory activity; investment for tobacco control would be welcomed for District Councils. NYCC Trading Standards have welcomed recent investment from public health to undertake tobacco control work.

Opportunities for development include:

- Smoke free policies within local organisations – updated to include e-cigarettes and support for employees and/or patients who wish to quit.
- Support, advice and guidance provided to local organisations and businesses on compliance with the law and good practice.
- Provide support and advice to secondary care settings (maternity, acute, mental health) to become smoke free and compliant with NICE PH 48.
- Tackle smoking in business vehicles which serve the public and / or are used for work purposes.
- Advice to employers on Health Act compliance, shelters and smoking signs.
- Establish smoke free homes, cars, and environment schemes including play areas and sports venues
- Raise awareness to organisations, members and officers on tobacco control work.

How will we address the issues?

- Smoke-free legislation has made public places smoke-free. The legislation does not cover outdoor public spaces. It is important that the public sector leads by example, displaying to others the best of policy and implementation of policy. This strategy fully supports the smoke-free message in Local Government, the NHS and other public sector areas. This strategy recommends all NHS premises in North Yorkshire implement a gold standard 'whole organisation' smoke-free policy, supported with systems such as referrals to stop smoking and availability of nicotine replacement therapy. It will also support extending this approach to other organisations such as children's centres and housing associations. It will promote the smoke-free agenda to district councils and continue to lobby for further national smoke-free regulations. Smoke-free environments are needed in our communities to protect children, young people, babies and infants.
- This is a key area for NYCC through its Public Health, Children and Young People services, Trading Standards, alongside District Councils, NHS Trusts and Clinical Commissioning Groups (CCG's) who have a key role to play in this priority, through actions to:
- Promoting smoke-free places so that tobacco is further de-normalised.
- Smoke-free homes.
- Smoke-free cars.
- Smoke-free leisure site areas e.g., play parks, beaches, sports venues and local tourist attractions.
- Widening the scope of workplace smoke-free policies to include whole-site bans and a whole organisation approach.

PRIORITY 3 - Reduce illegal tobacco in the community

Objective:

- **Reduce the supply of and demand for illegal tobacco.**

What are the issues for North Yorkshire?

The priority for NYCC Trading Standards over the last few years has been to concentrate on mandatory duties and reduce proactive work such as participation in partnership groups like Community Safety Partnerships. This reduces the opportunities to share information and intelligence on illicit tobacco.

There are however significant opportunities that have been identified by Trading Standards and Public Health:

- Test purchasing to prevent underage sales.
- Research into the scale of the illicit tobacco problem in North Yorkshire.
- Intelligence on illicit tobacco and reporting of underage sales.
- Monitoring the displays at point of sale.
- Detection and disruption of illegal tobacco.
- Partnership working – HMRC, Police, Fire, Environmental Health, Public Health.
- Undertake educational activities to promote responsibility in relation to tobacco.

How will we address the issues?

Cheap illegal tobacco undercuts the national taxation policy and is linked to funding serious, organised crime such as human trafficking and drugs. Working together in partnership will be our most effective way of tackling this problem. Illegal tobacco is more accessible in areas of deprivation and supports the cycle of ill health and poverty. Central to the objectives is to reduce availability of this kind of tobacco in our communities.

There should be a commitment for us to work together and provide the public with safe means to share information with the authorities about the availability of illegal tobacco, and is committed to working in partnership to make a difference in this area. Key partners that will work in this field include HMRC, Trading Standards, North Yorkshire Police, community safety partnerships, health practitioners, the local stop smoking service, the local community, and local businesses, North Yorkshire Fire and Rescue and environmental health. Together they can commit a solid approach to tackling this issue. Key to the partnership will be creating local intelligence and a full range of information about illegal activity and its effect on the community. There will be a need to also enable agencies to be clear about our communication with the public through effective and consistent messages to be shared across the whole tobacco control steering group.

Opportunities for NYCC Trading Standards department as a leading partner for reducing illegal tobacco include:

- Increase partnership working arrangements with district councils.
- Undertaking research to identify the scale of the problem across North Yorkshire.
- Creating and sharing local intelligence on illicit tobacco.
- Detection and disruption of illegal/ counterfeit tobacco products.
- Niche products (e.g. snuff, e-cigarettes).
- Monitoring the display of products at point of sale.

From November 2011 all cigarettes sold throughout the EU must conform to 'reduced ignition propensity' standards, which should help to reduce the risk. This is another reason to make illegal tobacco a priority, as illegal tobacco is less likely to conform to the new standards and is therefore more likely to cause fires.

Smoke-Free North Yorkshire

Smoke-Free North Yorkshire

PRIORITY 4 - Support smokers to quit

North Yorkshire smoke free services (NYSFS)

Objective:

- **Increase the number of smokers using the local stop smoking services, particularly from priority groups.**

What are the issues for North Yorkshire?

- The current specialist service is a evidence based service following good practice and client centred.
- NYSFS offer a combination of different services including clinics, 1:1 support, drop-ins and home visits. Home visits are increasingly being arranged where appropriate.
- There has been some excellent work with maternity services in Scarborough, Harrogate and York hospitals, with improved care pathways for referral, mandatory training, CO monitoring and policy.
- Implementing Stop before your Op pathways across North Yorkshire.
- The level of complexity of clients is increasing and there is a need to work outside the abrupt four week quit model in order to support clients' needs better. This requires capacity to provide more intensive support over a longer period of time.
- There is a need for a whole system approach to very brief advice (VBA), vulnerable groups require further support and this requires good quality signposting or referral.
- Many barriers still exist in addressing smoking behaviour; it is not challenged in the same way as other conditions.
- An investment in IT would improve the service, specifically a website for online access into the service, use of social media, a data management system designed to meet the needs of a smoking or lifestyle service and mobile IT connectivity.
- Wider tobacco control model not just cessation but include prevention for young people.
- A well thought out stance on e-cigarettes.
- Smoking pathways need to be improved and acute trust protocols need to be developed further in line with recent NICE guidance. Increased capacity is required to support this work with strategic influence and commitment from Public Health and Clinical Commissioning Groups.
- Stopping people smoking is important to primary care, pharmacy and dental and should be a priority due to strong associations with chronic illnesses Long Term Conditions (LTCs).
- Regular campaigns and promotions are required.
- Single point of access.
- Targeted service for vulnerable groups – pregnancy, mental health, substance misuse, LTCs and Routine and Manual (R/M).
- Regular feedback on patients is required.
- A Patient Group Direction (PGD) for Pharmacies would improve the client journey.
- The payments could be improved to recognise all work undertaken
- Much more could be done in mental health services to support people to quit, there are no clear pathways in place, little or no referrals to NYSSS, ad-hoc training has been done with one provider but no training has been undertaken with social care staff.
- Likewise with substance misuse service users, more could be done to support smokers to quit, including smoke free policies and sites.

How will we address the issues?

The evidence and engagement strongly supports the work of the local NHS stop smoking service and the help they can give to people wanting to stop smoking. It recognises that nationally less than 6% of the smoking population accesses NHS stop smoking services. Quitters using NHS services are four times more likely to succeed than without support. No other method of quitting can match this success rate. Moreover, stop smoking services offer value for money. The All Party Parliamentary Group on Smoking and Health (2010) concluded that commissioning of stop smoking services should be a priority.

The published NICE guidance PH48 (2013) aims to support smoking cessation, temporary abstinence from smoking and smoke free policies in all secondary care settings. It recommends:

- Strong leadership and management to ensure premises remain smoke free.
- All hospitals have an on-site stop smoking service.
- Identifying people who smoke, offering advice and support to stop.
- Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care.
- Integrating stop smoking support in secondary care with support provided by community-based services.
- Ensuring staff are trained to support people to stop smoking while using secondary care services.
- Supporting staff to stop smoking or to abstain while at work.
- Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.
- The Strategy seeks to support the success of the stop smoking service in the following key areas:
- Stop smoking services to operate in a range of settings including GP Practices, Pharmacies and Dental Practices where appropriate. Stop smoking services to explore other areas for service presence and development such as the voluntary sector.
- Stop Smoking Services to work in a more targeted way giving priority to R&M, pregnancy, mental health, substance misuse and LTCs. Strong engagement with mental health and substance misuse services. High smoking prevalence exists in mental health and substance misuse settings and smokers in this category are sometimes neglected in mainstream services.
- Clear referral pathways must be established particularly for maternity, mental health, substance misuse and chronic disease management.

- The level of complexity of clients is increasing and there is a need to work outside the abrupt four week quit model in order to support clients' needs better. This requires capacity to provide more intensive support over a longer period of time.
- Ensuring that promotion of referral to smoking cessation is included in a wide range of strategies and commissioning arrangements such as Health Checks and the prevention agenda.
- Developing a robust and systematic smoking cessation referral and discharge system in secondary care.
- Providing a whole system approach to very brief advice training with opportunities across a wide audience including health and social care organisations, voluntary sector and service provider organisations with strategic support. Introducing improved referral and feedback mechanisms between stop smoking services and referrers.

Reduce smoking in pregnancy

Objective:

- **Reduce the number of pregnant women smoking across North Yorkshire to 11% or less with a particular focus on Scarborough where rates are significantly higher.**

As stated in Section 1, smoking in pregnancy can cause increased risk of miscarriage, stillbirth, preterm birth and low birth weight. It has been found to increase infant mortality by about 40% and is 1.5 times higher in women in the manual workers group than the population as a whole. It is nearly three times higher among mothers aged under 20 compared with rates for all pregnant women.

Key areas for development to reduce inequalities around smoking in pregnancy are as follows:

- Clear care pathway for all professionals coming into contact with pregnant smokers and the wider family network into the local stop smoking services.
- Adequate specialist support for all pregnant smokers and wider family network across North Yorkshire.
- Continued focus and partnership work to reduce SATOD rates in Scarborough Hospital.
- Accurate data capture mechanisms to record smoking status at delivery must be in place. Current data capture systems should be assessed and improved where needed.
- Training around very brief advice and CO monitoring needs to be continued for community and hospital midwives at Harrogate and Scarborough sites and developed for the Friarage Hospital, Northallerton in partnership with South Tees Trust.
- Revisit CO monitoring and when this is undertaken to validate SATOD rates and introduce regular reporting of CO monitoring with thresholds.
- Systems to record and feedback to the midwives about their patients following a referral being made, would help improve high lost to follow up rates with re referral back into the stop smoking services.
- All professionals coming into contact with pregnant women that smoke should use that opportunity to give very brief advice and refer to stop smoking services. Regular training programmes need to be developed with strategic support for this.
- Further insight work with the professionals coming into contact with pregnant smokers to identify any barriers and address these once known.
- Development of targeted campaigns including social marketing and communications.

Smoke-Free North Yorkshire

PRIORITY 5 - Carry out marketing and communication programmes

Objective:

- **Raise the profile of smoking and its dangers so every smoker understands the dangers of smoking and second-hand smoke and also knows how to access the local NHS stop smoking service**

What are the issues for North Yorkshire?

Public health currently supports the national campaigns such as Stoptober and No Smoking Day. The focus has always been on smoking cessation with little or no activity on other tobacco control areas. More coordinated communication could be done and delivered in partnership. The Yorkshire and Humber region have recently launched Breathe 2025, a website and online guide for local areas. http://www.breathe2025.org.uk/

There is an opportunity to pledge support and become more engaged at a regional level.

How will we address the issues?

The Strategy seeks to take advantage of government campaigns and developments led by the Yorkshire and Humber Region. Locally all initiatives will follow these themes. This will create a consistent, coherent and coordinated communications strategy.

The Steering Group is developing a communications strategy to support its work.

Key areas of work for this priority are:

- Promoting stop smoking attempts according to national and regional branded campaigns such as Stoptober and No Smoking Day.
- Promoting the dangers of smoking during pregnancy and second-hand smoke.
- Using all partners and a social marketing approach to communicate the key messages in the strategy to their stakeholders and members around smoke-free policies, second-hand smoke and smoke-free environments.
- Using all partners to promote the NHS stop smoking support available in North Yorkshire.
- Reaching the high priority groups, routine and manual, pregnancy, young people, mental health service users, substance misuse and long term conditions through effective communications.

Smoke-Free North Yorkshire

Conclusion

The implementation of the North Yorkshire Tobacco Control Strategy is vital to improving the health and economics of North Yorkshire. Action needs to be undertaken on a range of fronts, not only by large or public organisations but by smaller agencies, communities and individuals working in partnership to deliver concerted and co-ordinated action on tobacco. This strategy does not stand alone but is integral to other county and district strategies. It is a key contributor to North Yorkshire's Health and Wellbeing Strategy. North Yorkshire has made good progress in some areas of tobacco control but must continue to take sustained and comprehensive action to ensure that tobacco is less attractive, less available and less accessible.

Next Steps

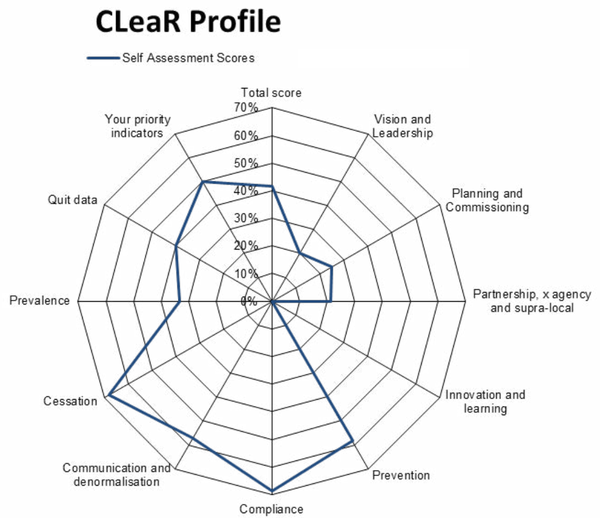
Progress against the delivery plan for the strategy wil be monitored by the Tobacco Control Steering Group reporting to the North Yorkshire Health and Well-being Board.

Appendix 1: Current membership of The North Yorkshire Tobacco Control Steering Group

- Katie Needham - Public Health Consultant, NYCC
- Emma Davis – Health Improvement Manager, NYCC
- Helen Edwards/Helen Bawn – Communications, NYCC
- David Miller – Divisional Officer, Food, Farming and Health NYCC
- Scott Crosby – Regional Tobacco Control Policy Manager, Public Health England
- Shane Mullen/Judith Yung – Public Health Intelligence, NYCC
- Clare Barrowman – Education and Skills CYPS, NYCC
- Greg Hayward – Health Improvement Officer, Scarborough and Ryedale CCG
- Suzanne Savage – Assistant Commissioning Manager, Harrogate and Rural District CCG
- Shirley Moses – Project Manager, Hambleton, Richmondshire and Whitby CCG
- Helen Billson – Senior Commissioning Specialist (Children and Young People) Partnership Commissioning Unit (PCU)
- Philip Mepham – Environmental Health Manager, representing all DC's in NY
- Phil Derych – Project Officer, NYCC
- Lesley Colley - Project Lead Smoking Cessation and Nicotine Management, Tees, Esk and Wear Valleys NHS Foundation Trust.

Smoke-Free North Yorkshire

Appendix 2: CLeaR Self-Assessment results profile:



Please let us know what you think about North Yorkshire's Tobacco Control Strategy

You can tell us what you think about the strategy by emailing your views to **nypublichealth@northyorks.gov.uk** or writing to:

Public Health
Health and Adult Services
North Yorkshire County Council
County Hall
Northallerton
North Yorkshire
DL7 8DD

If you would like this information in another language or format such as Braille, large print or audio, please ask us.
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Email: customer.services@northyorks.gov.uk