HULL CITY COUNCIL

WE COULD BE HEROES!

INSPIRE A SMOKE-FREE GENERATION FOR HULL

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Since last year we have seen changes in our city, new buildings, new jobs and a continuing excitement about Hull’s year as UK City of Culture 2017. I am proud to be working in this city for and on behalf of the people of Hull alongside the Hull 2017 team, our Health and Wellbeing Board and Hull 2020 partners on plans to ensure that we maximise the health benefits of 2017. Watch this space!

This year, Hull City Council and Hull Clinical Commissioning Group (CCG) joined others across the country in signing the Declaration on Tobacco Control.

This provides a foundation for Hull and for our bold ambition that the next generation of children will be born and raised in a place free from tobacco, where smoking is unusual.

This bold ambition is one that is being shared by all Yorkshire and Humber authorities who are supporting Breathe 2025, but there is no doubt that Hull has the biggest challenge.

You will have noticed that there is a different look and feel to this year’s report. I wanted to highlight the mission for a smoke free generation and celebrate our local, regional and national heroes who have joined us in this. I also wanted to make sure that this year’s report was accessible to a wider audience.
In this year's report you will see that some of my co-authors talk about social norms. I thought it would be best to tell you a real life story to illustrate what we mean by that.

In 1980 when I started my nursing career smoking was a social norm. In the same year, I met Stan a 59-year-old dad, granddad and much loved member of the local community. Stan was also dying from a lung disease caused by smoking, Chronic Obstructive Lung Disease (COPD).

I met him by his hospital bed, leaning over his bed side table, struggling to breathe, dependant on oxygen and smoking a cigarette. In 1980 smoking in hospital was normal. Stan knew smoking caused his illness and was devastated that he could no longer take an active part in family life; he worried for his children who were smokers.

In 2015 another granddad, who would have been a young man in 1980, told his story on the local radio.

He too, is a victim of COPD and at the end of his life and he called for his children and grandchildren to make smoking history. Both these men grew up in a society when it was usual to smoke- it was a social norm.
That is why I am calling for every citizen in Hull to join us as a hero in the fight to reduce the harm that tobacco causes every single day in Hull and to ensure that our children and future generations do not continue to bear the health and financial burden of the past.

In my Annual Report last year, I told the story of how inequalities in Hull affect local people, the places in which they live, work and learn and the communities they participate in. I asked people to sign up to commitments on a number of issues including the living wage, good quality employment and tackling poverty.

These commitments are now reflected in a Health Equity Action Plan developed by our Health and Wellbeing Board. The fight to tackle inequalities in health and wellbeing continues and was brought into stark relief for Hull when the 2015 Index of Multiple Deprivation (IMD) was released in September 2015. The new data demonstrates a worsening position for Hull and we cannot ignore the part that our smoking rates play in keeping Hull amongst the 10 per cent most deprived local authorities in England.

Together we have got to work harder and faster to address inequalities and this year’s report encourages all of us to do our part. Tackling smoking is central to our ambitions to reduce inequalities.

ACKNOWLEDGEMENTS

I would like to thank all those who contributed to my annual report either through writing, providing case studies, design or producing statistics. A wealth of information on the health and wellbeing of Hull’s residents can be found in our Joint Strategic Needs Assessment on our Public Health website www.hullpublichealth.org
Secured new working relationships with Hull and York Universities to get a better understanding of how ‘in work poverty’ affects our population

Developed a better understanding of the impact of the national living wage for people and businesses in Hull

Undertaken a Health Impact Assessment on the Local Plan - a planning document which will guide growth and development of the city for the next 15 years

Developed and strengthened links with key health providers to improve the health of the workforce

Committed half a million pounds to community based projects to promote capacity building of the Voluntary and Community Sector (VCS) and worked with VCS partners to better understand their role in reducing health inequalities and improving health

Commissioned a new Stop Smoking Service that targets the areas with highest rates as well as pregnant smokers, people living with a mental illness, chronic obstructive pulmonary disease and coronary heart disease

Agreed a new smoking cessation pathway for under 16-year-olds

Following work in 2015, we are this year launching an integrated health and wellbeing service for children and young people. This innovative service will support people aged 0-19 and is underpinned by our Health and Wellbeing Board ambition to ensure every person in Hull has the best start in life

secured 14 prosecutions for the illegal selling of foreign-labelled and counterfeit cigarettes/tobacco including the seizure of 177,460 cigarettes in one month alone

“...The reasons to stop smoking far outweigh the reasons to start or continue. It should not be an issue of legality or financial cost but the impact on your long term health and that of your family and friends; that cost is something that cannot be paid back. Adult smoking in Hull is the highest in the country and contributes to deaths of those we care about, make a difference and quit today”

Scott Young, Communities Commander Chief Superintendent, Humberside Police
Smoking is the biggest threat to public health in Hull; it is the single most preventable cause of premature death affecting not just the smoker but those around them too. It is absolutely right that in this Annual Report we focus on one of the biggest killers in today's society – smoking - and its impact on the health and wealth of our residents.

Reducing smoking levels is central to improving public health and life chances, whilst we have seen many successes in Hull over the years, but even though numbers are reducing, we still have the second highest proportion of adult smokers in the country. The majority of Hull residents don't smoke, but about a third do - around 63,000 people.

Smoking directly kills 40 people in Hull every month

...and that just can't be right. But giving up smoking is hard, very hard, and we need to work with those people that do want to quit and give them as much support as possible.

The more children that grow up in a smoke free home, the less likely it is that they will smoke when they are older. We need to try and achieve a society where smoking isn't the norm, where it isn't right, and where it isn't accepted.
CHAPTER ONE:
Mission: possible - why we’re taking on tobacco
Tobacco is a cause and effect of health inequalities. We know that inequalities are determined by the circumstances in which people are born, grow, are educated, live and age; however, smoking causes half the life expectancy difference between rich and poor. Two thirds of smokers get hooked as children. We can STOP this now if we work together. Young people are most at risk if they grow up in a world where smoking is normal or accepted, where they have easy access to cigarettes, believe smoking is desirable or helps them deal with difficult relationships or circumstances. Children disadvantaged socially, educationally or economically will bear the greatest burden.

Each month 40 families in Hull lose someone they love directly as a result of smoking. For many families they will have seen their loved one deal with long term illness prior to death, illness that has prevented them from working, doing what they want to do with their families and contributing to their community. These deaths are preventable.

Hull bears a heavy burden compared with other parts of Yorkshire and Humber and the rest of England. Almost one-third of the adult population in Hull smoke and in our poorer communities that rises to half of all adults. People in poorer social groups who smoke, start smoking at an earlier age, find it more difficult to stop when they do start and death rates are two to three times higher than those who are better off. Children growing up among smokers are twice as likely to become addicted to smoking themselves.

“A Smoke-free generation… that would be amazing. Less messy and healthier so you would be able to breathe when you walk. Cleaner, better, easier to breathe, less chance to get lung disease, fewer tabs, more money in your pocket, more money for hospitals, more clean and bright spaces”

Hull Youth Parliament representative, 2015
Reducing smoking rates in Hull will not improve our death rates overnight but we will see immediate and significant improvements in rates of illness and disease for those who stop smoking and their families. Every reduction in the rate now will have an impact on death rates in future generations.

Hull has the second highest adult smoking prevalence in England - 30 per cent of people in Hull smoke; it is estimated that there are over 63,000 smokers in Hull.

Smoking takes a severe toll on people in the city of Hull - during the period 2012-2014, one in five deaths in Hull were attributable to smoking, rising to almost one in four early deaths (before the age of 75). It is estimated that 1,448 deaths (including 622 premature deaths) were registered during the three year period 2012-2014 which were due to smoking, equating to an annual average of 483 deaths, or 40 deaths per month, or more than one death per day, which were directly related to smoking.

Smoking in pregnancy is still too high - currently one-in-five new mothers are smokers (2014/15)

Across Hull’s wards, life expectancy in Hull differs by 12 years for men and by 11 for women. On average, Hull residents spend one-quarter of their lives in poor health.
One in five children aged 11 to 16 years live in a household where at least one adult regularly smokes indoors; two-thirds of young people living in the poorest 20 per cent of areas in Hull live with a smoker.

An estimated £118mn is spent each year on tobacco by residents aged 18+ years (£600 per resident) in Hull.

The estimated cost of smoking to the local economy in Hull is £93m each year (from smoking breaks, sick days, premature mortality, to NHS, to fire service and additional social care costs).

ASH (Action on Smoking and Health) estimate that approximately 7,000 residents in Hull would no longer be below the poverty line if the household smoker(s) were to quit and the cost of smoking was returned to the household income.
Our mission is underway and already we are seeing signs of improvement - a combination of local and regional action (as demonstrated by some of our local heroes in chapter three) and legislation have already contributed to positive changes in smoking behaviour across the city.

Local surveys show that smoking rates have fallen from 39 per cent in our 2003 and 2004 surveys to 32 per cent in 2007. Our 2014 survey reports that smoking rates are now at a low of 31 per cent.

In some wards across Hull which tend to be the most deprived almost half of adults smoke.
Local surveys show that smoking rates have fallen significantly amongst 15 year olds from 29 per cent (2002) to 17 per cent (2012).

In 2014-2015, Hull had a better rate of people who were still confirmed as a smoking quitter after 4 weeks compared to England – 628 quits per 100,000 people in Hull compared to 361 quits per 100,000 people across England.

Although rates of smoking during pregnancy are still too high, our rates have substantially reduced since 2005/06 from 30 per cent to 22 per cent.

“We all know somebody or someone that lived to a ripe old age and smoked like a chimney, ate what they wanted and never exercised but it isn’t the norm nor is it a reason for one’s own immortality and destiny. For the one that may get away with it due to a variety of reasons (apart from spending a great deal of money that is) there are hundreds more that have not and will suffer the worst ravages of smoking – cancer, heart disease, breathlessness, amputation and at some point an appointment with an early and potentially avoidable death.

Here at City Health Care Partnership (CHCP CIC) as a major provider of quit smoking services to the people of Hull the achievement of a smoke free generation has to be a great goal and would be such a great accolade for the City, one in which it is seen by its young people as strange that you would even want to take up or not give up smoking." Andrew Burnell, Chief Executive Officer, City Healthcare Partnership CIC”

Andrew Burnell, Chief Executive Officer, City Healthcare Partnership CIC
It is a MYTH that smoking helps people deal with stress - the stress is often actually the symptoms of nicotine withdrawal.

It is a MYTH that quitting smoking always leads to weight gain - this may make exercise easier due to improved lung function.

It is a MYTH that roll-ups are 'healthier' - the amount of tar and carbon monoxide inhaled does not go down.

**MYTH-BUSTING**

24 HOURS TO SAVE A SMOKER

20 minutes after your LAST cigarette your blood pressure and heart rate reduce and your hands and feet return to their normal temperature.

48 hours after your LAST cigarette your sense of smell and taste noticeably improves.

2-12 weeks after your LAST cigarette your risk of a heart attack starts to fall and your lungs start to improve.

3-12 weeks after your LAST cigarette your cough and breathing will improve.

12 months after your LAST cigarette your excess risk of heart attack or stroke will reduce to less than half that of a smoker.

15 years after your LAST cigarette your risk of heart disease will be the same as for a person who has never smoked.
Most smokers smoke because of their addiction to nicotine, and NOT out of choice.

31% of smokers say smoking is too expensive and a waste of money.

Doctors agree that helping smokers to quit is the single most cost-effective life-saving intervention provided by the NHS, and smoking cessation advice in hospital can be very effective.

If you stop smoking before the age of age 30, your life expectancy remains similar to that for a non-smoker.

After the age of 35-40, for every year you continue to smoke, you lose about 3 months of life expectancy.

Stopping smoking at any age gives extra years of life, slows the drop in lung function and results in immediate health benefits.

There is strong evidence that standardised packaging will reduce the appeal of smoking to non-smokers and children.

There are concerns about the safe charging of vaping / e-cigarette devices.

You should only use the charger which came with the device, or buy one from a reputable supplier.

Public Health England (PHE) have suggested that vaping is less harmful than smoking.
CHAPTER TWO:
Fighting the good fight: how heroes took on tobacco
The smoking of tobacco was established in English society in the 1580s. By 1870, the new tobacco companies had established a market dominated by pipes, cigars, snuff, and hand-rolled cigarettes. But consumption remained low until the 1890s when a milder tasting tobacco was developed, which was easier to inhale, resulting in more absorption of nicotine and greater dependence. Cigarette-making machines that could make forty times more cigarettes than by hand created a standardised product for a mass market, stimulated by the promotion of cigarettes as a marker of social status.

Manufactured cigarettes led to a rapid overall rise in consumption that spread right across the world. In 2012, the number of cigarettes smoked globally was 5,800,000,000,000 (5.8 trillion), and although smoking rates in many developed countries continues to fall (due to the heroes of tobacco control), aggressive marketing by the tobacco industry in developing countries means more smokers are being created. The history of tobacco promotion versus tobacco control is an ongoing fight between heroes and villains.
Since the 1990s the tobacco companies have tried to salvage their reputation by reinventing themselves as responsible and reformed. They gave the appearance of opposing young people smoking by restricting marketing to teenagers, supporting campaigns stressing that ‘smoking is for adults’ and endorsing initiatives such as ID-cards and raised age limits.

However, what this approach actually does is to reinforce the view that smoking is an ‘adult’ activity, thus enhancing the image of the cigarette as ‘forbidden fruit’ and smoking as ‘rebellious’. Cleverly, this stance simultaneously expresses concern for protecting children and protecting the ‘freedom’ of adults.

Targeted youth prevention measures end up having no effect or even increasing the number of potential customers and the take up of underage smoking. And whilst tobacco companies support the involvement by figures of adult authority in anti-smoking activity, they simultaneously endorsed role models such as racing drivers, actors and rock stars in promoting tobacco. Indeed, advertising has always been crucial to sustaining sales. Image advertising develops brand personality and helps to recruit young smokers by instilling favourable beliefs about smoking and stylish examples of what typical smokers are like.

Since 2002, most direct and indirect advertising of tobacco has been prohibited by law in the UK so tobacco companies have relied on film, TV, internet, video games and music to transmit billions of desirable smoking images to young people across the globe. Result? Big Tobacco targeting young people whilst pretending not to.
In 1951 Dr Richard Doll published the first large epidemiological study of the relationship between smoking and lung cancer. It found, that of 5,000 patients in British hospitals, 1,357 were men with lung cancer and of these, 99.5 per cent were smokers. These stark figures revealed the huge health risks for the first time. How did the tobacco industry respond? Shock...disbelief...denial.

Doll also started what was to become a 50 year study of 35,000 British male doctors' smoking habits and death rates. Between 1951 and 1964 about half the doctors who smoked gave up, resulting in a dramatic fall in lung cancer incidence compared to those who continued to smoke.

- After 20 years study, Doll concluded that one in three smokers died from their habit
- After 40 years study the conclusion was that about half of all regular cigarette smokers were likely to be killed by their habit
- By 2004, the data showed that smoking caused the deaths of up to two thirds of all persistent smokers

Doll's 50 years of data has revealed the true health risk from prolonged smoking. Today we know that more that 80 per cent of all lung cancer deaths are directly attributable to smoking.

“...There is a fatalistic view in this city that ‘if I am going to die of something it might as well be from smoking’. I think that if people fully understood just how painful, disabling and unpleasant many smoking related illnesses were, they would have a different view. People also rarely consider the impact of living with someone who is dying of these diseases has on relatives and carers right up to and beyond the death of their loved one.”

Chris Long, Chief Executive, Hull and East Yorkshire Hospitals NHS Trust
Dr Jeffrey Wigand is the former vice-president of research and development at Brown & Williamson (B&W) Tobacco Corporation (a subsidiary of British American Tobacco). In 1993, after less than 5 years in post, Wigand was fired, he says, because he knew that the company was approving the use of carcinogenic additives in their tobacco. After his dismissal, Dr Wigand co-operated with US government agencies investigating the tobacco industry, and in 1995 he aired what he knew on national TV.

In the first US court cases against the tobacco companies he testified that scientific research papers had been altered by company lawyers and that B&W had known that nicotine was an addictive drug back in 1963. Subsequently he has received numerous awards and public recognition for his actions in revealing the truth about the tobacco industry, or ‘Big Tobacco’.
In 1962 clouds of tobacco smoke were everywhere; in pubs, cinemas, trains, buses, on the streets, and even in hospitals and schools. Despite emerging evidence of the health effects, smoking was all-pervading, accepted and established - around 70 per cent of men and 40 per cent of women in the UK smoked.

"Smoking and Health" (1962), the first Royal College of Physicians (RCP) report, included the first policy recommendations on tobacco control. This caused a media storm but a hesitant, even hostile, response from some parts of government and the media. But in the mind of the public it established the real impact of smoking on health.

As a result, for the first time in a decade, cigarette sales fell. So began five decades of action on tobacco control by the RCP:

• Smoking and Health Now (1971) led to a five per cent drop in smoking, although largely by “professional” rather than “manual” groups
• Smoking or Health (1977) made the strongest calls yet for tough government action on smoking
• Health or Smoking? (1983) examined for the first time the health risks of passive smoking
• Smoking and the Young (1991) focussed on smoking rates among young people and set out wide ranging recommendations aimed at preventing children and pregnant women from smoking.

During the period in which these five reports came out, there were over six million premature deaths worldwide annually from smoking. Finally, in the decade from 2002 to 2012, the RCP reported good progress at last after the years of persistent campaigning and after support from Sir Liam Donaldson, Chief Medical Officer. By 2012 there was a ban on smoking in public places, a ban on tobacco advertising and promotion, successful roll out of NHS cessation services, and continued government commitment to tobacco control, all of which have been major contributors to a steady decrease in smoking-related deaths. Now we have a country in which generally smoking is no longer ‘the norm’. Our schools, hospitals, pubs, cinemas and public transport are subject to smoke-free laws. Only 18.5 per cent of the population in England smokes. Government, media and society have largely accepted the need to protect people, particularly children, from the harm associated with tobacco smoke.
King James I “o custome loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs and in the black stinking fume thereof, nearest resembling the horrible stygion smoke of the pit that is bottomless” He is the first to impose a heavy tax on tobacco

Philip Morris opens a shop in London selling hand-rolled cigarettes. 1889 - American Tobacco Company is created by Buck Duke, merging a decade later with a British company to form Imperial Tobacco. In 1902 the American and British tobacco companies unite to form the British American Tobacco Company (BAT) to sell both companies’ brands abroad. Philip Morris sets up a business in New York to sell its British brands, including one called ‘Marlboro’

The ‘Marlboro’ brand is targeted at women. (previously women who smoked were considered to have dubious morals). Other companies begin the pursuit of female smokers. Lucky Strike adopts the advertising slogan “Reach for a Lucky instead of a sweet”

During WWII cigarettes are included in soldiers’ rations and tobacco companies send millions of free cigarettes to the troops
In 1956 the UK Government refuses to accept the link between smoking and lung cancer and seeks to control Tobacco industry activity mainly through a series of ineffective voluntary agreements. It seems unclear if the government is more concerned with the health of its citizens or its relationship with Big Tobacco. The first UK laws on tobacco control are only introduced in 1991 to comply with European Commission rules.

Dr Jeffrey Wigand - former Tobacco industry R&D Manager, blows the whistle on the industry on American television and testifies in the first court case against the industry.

Sir Liam Donaldson (Chief Medical Officer) challenges the UK Government to ban smoking in public places. This becomes the law in July 2007, followed by a ban in 2015 on smoking in cars with children, and laws on standardised packaging in 2016.

Philip Morris takes out an injunction against any further showings of the hard hitting documentary ‘Death in the West’ about illness and death among cowboys who smoke, in contrast to the ‘Marlboro Cowboy Image’ of the adverts.

In a survey of 6,000 consumers, British American Tobacco is voted ‘least popular company’.

As legal cases are launched against ‘big tobacco’, the tobacco industry faces litigation in the US, UK, Canadian and European courts. In most, but not all cases, the industry loses and has to pay £billions in compensation and punitive damages.

Two city squares in Bristol become Britain’s first outdoor spaces to go smoke-free (as a voluntary pilot).

Hull’s Heroes help create a smoke free generation!
"It is in all our interests as health care professionals, policy makers, parents, friends, colleagues and individuals that we do all we can to ensure that in Hull we have the first ‘smoke free’ generation. What a fantastic legacy for a city steeped in the tradition of emancipation from slavery that hundreds could and should be freed from the tyranny of addiction to nicotine by never starting in the first place. As a city, I am sure we can work together using all the means at our disposal to succeed in this aim”

Dr Dan Roper, Chair, NHS Hull Clinical Commissioning Group
Heroes needn’t just be groundbreaking scientists or industry whistle-blowers. Local heroes can come from anywhere in our society, ordinary people who:

• say “NO!” and refuse to take part in the tobacco industry’s pursuit of profit, by never starting to smoke
• withstand peer pressure or the influence of celebrities who smoke;
• give up for the sake of their unborn children, grandchildren or families
• finally give up after years of trying
• play their part, however small, in tobacco control and helping people to quit.

The stories set out in this chapter include heroes from Hull working in schools, hospitals, pharmacies, environmental health and enforcement teams and the voluntary and community sector (VCS). Our local heroes are doing the things that really matter, that will make the difference to Hull and help us in our fight to prevent future generations become victims of tobacco.
CASE STUDY:
Hull Alliance On Tobacco

Hull Alliance on Tobacco (HALT) is a multi-agency tobacco control network working towards a smoke-free Hull. HALT works to discourage the uptake of smoking, encourage smoking cessation, enforce smoke-free and tobacco related legislation to protect people from harmful tobacco use, and promote the benefits of smoke-free environments. The work of the Alliance has led to some substantial successes in reducing harm from tobacco. Despite this progress, tobacco use still remains the single biggest threat to public health in Hull. In 2014 the Alliance launched a new Tobacco Control Plan with the aim of creating a smoke free generation. The plan clearly sets out six strands of work based on best evidence and the World Heath Organisation’s comprehensive tobacco control plan.

1. Stopping the promotion of tobacco
2. Making tobacco less affordable
3. Effective regulation of tobacco products
4. Helping tobacco users to quit
5. Reducing exposure to second hand smoke
6. Effective communications for tobacco control.

“Too many families in Hull will lose a loved one this year, or see someone suffer long-term illness, because they have used tobacco. My father was a lifelong smoker and he died far too young, so I really do know the pain of this loss. Tobacco use is still seen as too normal and we all need to work together to reduce the attractiveness of tobacco, particularly to young people. At Humber NHS Foundation Trust we are working with our staff, our patients and their carers and loved ones to achieve a smoke free generation. Our ambition is that our service users and staff will choose not to smoke and we work with those who are smokers to help them quit – and sustain it”

David Hill, Chief Executive, Humber NHS Foundation Trust
Hull City Council Enforcement Officer:

“My initial focus was to make sure that people responsible for running retail premises were fulfilling their obligations in relation to tobacco control legislation.

“My role has evolved over time so now my main focus of activity is the illegal selling of foreign labelled and counterfeit cigarettes and tobacco at a much lower price than their market value.

“As a result and following intelligence gathering initiatives, a rolling programme of pro-active, multi-agency operations led by the Hull TCO was initiated. These initiatives were supported by Trading Standards, Humberside Police, HMRC and specialist tobacco detection dogs and handlers. The activity was focused on retail premises where criminality was suspected.

“This has resulted in significant success such as the recent seizure of 177,460 foreign labelled cigarettes and 42.95kg foreign labelled and counterfeit hand rolled tobacco in July 2015. A total of 14 prosecutions have been made over the past 12 months”.

CASE STUDY:
Tobacco Control Officer (TCO)
Hull City Council Health Education Officer:

“I deliver sessions on tobacco control to classes or whole-year groups in secondary and primary schools to increase children’s knowledge of tobacco and smoking and discussing attitudes to smoking. The role also involves local campaigns such as the Shisha events at Hull University and Hull College, a litter campaign in the city centre and promotion of smoke-free play areas at the Queens Gardens Play Day event, which resulted in over 96 per cent of people asked agreeing that events specifically for children should be smoke-free. In addition we support national campaigns such as No Smoking Day and Stoptober with other local partners.

“Between 2014 and 2015, a total of 60 events and educational sessions were attended by 7,000 participants.

“Working in public health can be challenging at times but it is also very rewarding, particularly being a local lad contributing to a better, healthier city to live in”.

One Year 7 teacher said: “Both of my Year 7 classes loved the session. They were all enthusiastic about the content, asked probing questions and absolutely loved the props brought in. It really hit home with them as many talked about their parents smoking and how worried they were about it”.

CASE STUDY:
Tobacco education
City Healthcare Partnership Stop Smoking Advisor:

"9am: I arrive at a venue to set up my clinic. Eight clients are expected, one is already waiting for me who has been a smoking quitter for two weeks and is doing well and is already feeling the benefits of stopping smoking.

09.20am: Two more clients arrive. The first client has been advised to quit smoking by his doctor following a recent admission to hospital although he doesn't really want to give up. I work with the client to strengthen their motivation and raise their confidence levels. Having been smoke-free for three weeks he is pleased with his Carbon Monoxide (CO) reading and leaves the clinic with some behavioural change strategies to help break the habit and a slip to collect a further issue of Nicotine Replacement Therapy (NRT).

My next client is new so I do a full pre-quit assessment. This involves looking at smoking history inclusive of medical history, nicotine dependence and reasons for wanting to quit. Treatment plans are explained and she leaves with a service booklet, information on medications available and a smoking diary to prepare for setting a quit date.

10.17am: My next client, four weeks into their programme, has smoked whilst socialising with friends, so we discussed sticking points, high risk situations, coping strategies and alternatives to smoking.

After lunch, I return to the office to check for messages, answer queries and collect resources.

1pm: I begin three home visits for Chronic Obstructive Pulmonary Disease (COPD) clients who need particular specialist help. These clients are often breathless and easily tired so all visits are planned in advance. On arrival at one client's home I find out that they been admitted to hospital that day so I contact my colleague at the hospital to make sure the patient receives their NRT as this can be easily overlooked.

5pm until 7.30pm: I run a 'drop-in' clinic at a GP practice. I see clients at all stages of treatment. Three clients achieved their four-week quits. One client had symptoms of COPD so I have arranged a lung screening appointment. Two clients who didn't attend their appointment were contacted by telephone and an ex-client popped in for a CO reading and to let us know that they hadn't smoked in nineteen weeks and to say thank you"
CASE STUDY: Encouraging families to have smoke-free homes

Children’s Centre Worker:

“I meet with families in their home on a planned visit or at a Children’s Centre. At the first meeting I ask a series of questions to build a comprehensive picture of the family and their needs. Several of the questions are around smoking. If they are smokers, we will discuss issues such as: smoking in the home and car, smoking within sight of the children, second hand smoke and social norms. If the family agrees, I refer them to the Stop Smoking Service. I strongly feel that if Children’s Centres can encourage a family to keep cigarette smoke away from the children that has to be a step in the right direction”.
Worker at Rhubarb Theatre:

‘What a Waste’ – a Play in a Day has been created to cover all aspects of smoking with children in Year 6. The children move through four groups: art, drama, dance and song learning as they develop scenes, the script is simple so the children are confident in their delivery.

The scenes address:

• The cost of smoking
• How children living in a smoking home are more likely to try smoking
• The unpleasant side effects and deadly side effects of smoking
• What is inside a cigarette
• How they can affect your health in sport
• How they affect your teeth and insides
• How they are the cause of many house fires
• E-cigarettes - the unknown and untested and how they are able to advertise again
• How your life and that of your family can be improved by giving up

There is a lot of humour in the content, so the children can have fun with characters and props but by using humour, more important messages have added poignancy. Prop making is an important part of the day and are essential to making the message visually clear. In the afternoon the groups come together to rehearse and perform their final piece to an audience of Year 5 children. ‘What a Waste’ is very popular with schools and we have a waiting list of schools wanting to take part.”

Participant quotes:

• “I've been teaching for ten years and this is the best thing we've ever done”
• “Excellent, I can’t believe how much was achieved”
Deputy Chief Fire Officer, Chris Blacksell

"I would be absolutely delighted if the next generation of children born in Hull grew up in a place where smoking was unusual. As someone who started working for Humberside Fire and Rescue Service in Hull over 27 years ago, I have seen the devastation that smoking can cause in families too many times. I do have concerns about the high number of fires in Hull that are caused by smoking, but I'm even more concerned about how many people sadly die or are injured as a result of them.

"In Hull the percentage of deaths in fires caused by smoking is far higher than the national average and the percentage of people who are injured is almost double the national average. I am also very aware of research that shows that someone who smokes is less likely to survive a fire, even if smoking didn't cause the fire, as a result of the chemicals which are already in the person's lungs.

"I very much support the drive for a smoke-free generation in Hull, and look forward to seeing how we can contribute to make it a reality".

The fire officer’s view: don’t forget the smoking safety risks
Stacy Suddaby and Craig Salter are campaigners working to raise awareness of the potential fatal risks of asthma after Stacy’s 10-year-old son Cameron, to whom Craig was a devoted stepdad, died following an attack.

While Cameron’s death was not related to smoking, second-hand smoke can pose a significant risk to children and adults with asthma and Stacy and Craig are keen to promote the ideal of a smokefree generation which would benefit everyone in the city.

The parents have already amassed huge support for a charity set up in their child’s memory, Breathe for Cameron, through which they raise funds and awareness. Their projects include working closely with schools to ensure staff are educated about asthma and pupils are never without inhalers. They have also helped supply emergency inhalers to schools through the Inhalers for Schools Scheme.

In 2016, Stacy and Craig will be working closely with the council to ensure even more people know the asthma risks and what can be done to keep children as safe as possible – and to encourage the city’s smokers to help create a smokefree generation for the future.
CHAPTER FOUR:
Let’s Act Together
It is usual for Directors of Public Health to make recommendations in their Annual Reports but for those of you who know me you will know that I am not one to ask for permission to push for change. Recommendations will not address the impact that tobacco has on our community, people will.

**WE WILL:**

1. Positively promote a smoke free generation in everything we do:
   - Maximise the number of health professionals, organisations, families, communities and young people who sign up for Breathe 2025 pledges: www.breathe2025.org.uk
   - Work with other leaders in the Yorkshire and Humber region to consider the introduction of a region-wide programme to tackle smoking related illness and death, similar to the award winning ‘Fresh’ programme in North East England: www.freshne.com
   - Promote compliance with the new law requiring people not to smoke in vehicles carrying passengers under 18, which came into force in October 2015
   - Target hard the supply of counterfeit and illicit tobacco and prevent tobacco being sold to children
   - Continue to engage with children and young people to ensure our approach works for children, young people and families
   - Deliver excellent evidence based school interventions and support packages in settings where children and young people learn, socialise and play
   - Deliver year on year improvements in the number of people who have made attempts to quit smoking
   - Promote smoke free play areas and smoke free citywide events
   - Review our local approach to the use of e-cigarettes in the light of recently published evidence/reports to develop a consistent approach that maximises the potential health benefits from e-cigarettes but also considers the potential harms
2. Provide the best possible support and advice for everyone who wants to stop and even more support for those people who find it hardest to stop:

- Ensure that tobacco sold complies with the new law on standardised packaging from May 2016
- Provide the highest quality smoking cessation support for smokers in communities where smoking is more common, pregnant smokers, parents, people living with a mental illness and those in prison to help them to stop and stay stopped
- Build a strong partnership with Humber NHS Foundation Trust and Hull and East Yorkshire Trust to help eradicate smoking once and for all from our hospital sites and work alongside physicians to support people and parents to stop when they need to and to stay stopped
- Work with Hull and York Medical School and other regional academics on research to establish a centre of academic excellence in Hull for tobacco control so that we can better understand why Hull trails behind other comparator areas for reducing smoking and take the appropriate action
- Ensure that the wider workforce feels able and confident to raise the issue of stopping smoking with people
- Use the proposed Workplace Charter: www.wellbeingcharter.org.uk to promote smoke free working environments

“Inspiring a smoke free generation in Hull will be a significant and positive step towards improving health and reducing inequalities in the city. Our City Plan aspiration to create 7,500 jobs for local people is dependent on the good health and wellbeing of our workforce, and I call on our many partners, businesses and the wider community to join us in achieving this”

Matt Jukes, Chief Executive, Hull City Council
WHAT CAN YOU DO?

• Don’t accept smoking as a social norm; recognise that most people don’t smoke.
• Recognise that if you work or live in Hull, helping to reduce the number of people that smoke is important. Believe that you can help make a difference.
• If you smoke, consider the benefits of quitting for you and your family and remember that the local Stop Smoking Service is there to help you: www.readytostopsmoking.co.uk
• If you know someone who smokes, encourage them to consider the benefits of quitting and contact the Stop Smoking Service.
• Visit www.hullcc.gov.uk to find out about the Hull Alliance on Tobacco and get involved through your business/organisation or as an individual.
• Make a Breathe2025 pledge and act on it or become a champion: www.breathe2025.org.uk
• If you work with children and young people, visit: www.smokesnojoke.org.uk and get involved.
• Promote the implementation of the new legislation regarding not smoking in cars with children.
• Keep a lookout/be aware of businesses or individuals selling cheap, illegal tobacco or selling to children and report your concerns to Trading Standards at: www.hullcc.gov.uk or by calling 01482 300 300.
• Work with us to ensure enough resources are committed to inspiring a smoke-free generation.
• If you know someone who smokes, encourage them to consider the benefits of quitting and contact Ready to Stop Smoking on: 0800 3247 111.
References

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- RCP 1962 Smoking and Health
  https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-1962
Now you’ve read it, tell us what you think!

Let us know what you think of this report, at beahero@hullcc.gov.uk

If you need this in another format:

This document can be made available in other formats - please call 01482 300 300 or contact the office of the Director of Public Health, Hull City Council, The Guildhall, Hull HU1 2AA