Making Cities Smoke-Free: the Liverpool Story



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Jon Dawson,

Jon Dawson Associates, Policy and Research Consultants, UK

Where is Liverpool?





Demography

- Liverpool has a population of 435,000 – part of a wider metropolitan area of 816,000
- mostly white population
- significant communities of Somali, Yemeni, Chinese and South Asian populations





History

- Historically a port city
- Impressive architectural heritage built on international trade – slavery and industrial revolution
- 1980s very high unemployment
- 1990s onwards economic and civic revival
- 2008 European Capital of Culture





Health Context

High mortality rates, low life expectancy, inequalities, poor, but improving, smoking indicators:

- Smoking prevalence 26% for males and females
- Within some parts of the city, smoking prevalence > 40%
- In UK, 1 in 5 of all deaths attributed to smoking
- In Liverpool, about 900 die each year from smoking
- 2003 estimates: 61 to 105 dying from cancer or heart disease because of exposure to SHS

The Beginning of a Smoke-Free Agenda

SmokeFree Liverpool Steering Group set up in 2003 with ambition to make Liverpool a smoke-free city by 2008.

Key partners:

- Primary Care Trust
- City Council
- Health @ Work
- Roy Castle Lung Cancer Foundation

Development Phase: Scoping Study

- Overview of smoke-free debate and issues
- Identified good practice
- Evidence of local situation and gaps
- Collated views of stakeholders
- Made recommendations for next steps

Development Phase: Study Visit to NYC



Study visit:

- Need to frame debate as a worker health issue
- Hospitality sector needed a "level-playing field"
- Ensure high level of awareness of risks of SHS
- Value of robust research
- PR activity
- "Champions" and effective campaigns

Strategy

Two key strands

- To achieve smoke-free legislation for the city twin strategy:
 - pursuing local legislation
 - pushing for national smoke-free law
- 2. To encourage workplaces to become smoke-free voluntarily

Integrated Approach



Lobbying for Legislation: in the City

Legal counsel: Liverpool City Council could attempt to pursue Private Bill in Parliament to obtain a Local Act of Parliament

1st step: City Council vote

PR, media and local research evidence used to enhance lobbying and "build the case".

cross-party consensus and substantial majority achieved
 2nd step: Bill deposited in Parliament in November 2004

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Lobbying for Legislation: at National Level

Government White Paper *Choosing Health* set out proposals for smoke-free law.

But: it proposed to exempt *pubs that did not prepare and serve food* and *private members clubs*

Smokefree Liverpool and other argued that exemptions meant:

- no protection for many hospitality sector workers
- creating an uneven playing field for businesses
- likely to exacerbate health inequalities
- problematic to enforce



February 2006, MPs voted for comprehensive law

Smoke-Free Law (part of 2006 Health Act)

- Law requires all enclosed public places and workplaces to be 100% smoke-free
- Includes transport, company vehicles, restaurants and bars
- Exemptions: hotel bedrooms, offshore installations, prisons
- Penalties:
 - failing to display no smoking sign FPN: £150-£200
 - individual smoking FPN: £30 £50
 - refusal to pay: up to £1,000
 - failure to prevent smoking: up to £2,500

Other Tactics in Liverpool

Engaging workplaces	 Package of smoking related services for businesses Educating local hospitality sector Engaging with Trade Unions 		
Working with local communities	 Smoke-free nights in pubs Media exposure 		
Working with young people	 Young people advocacy group set up <i>D-MYST</i> Awareness raising campaigns, plays, smoke-free events 		
Leading by example	 Smoke-free policies for PCT premises Smoke-free policies for hospitals 		

Preparing for the Legislation



Objectives :

- Constructing an effective enforcement infrastructure
- Ensuring businesses aware of the law

Actions:

- Training
- Why Wait? Campaign to encourage workplaces to become smoke-free in advance of law coming into effect

Enforcing the Legislation

- "Soft" approach during first few months
- Focus on premises where violations most likely
- Inspections soon scaled back
- Enforcement integrated into routine tasks of enforcement officers
- High levels of compliance
- Sporadic violations mainly taxi drivers

Impact

- Exposure to SHS has fallen, especially in pubs and clubs
- Ban on smoking accompanied by fall in smoking in the home – from 34% of homes where children live in 2005 to 25% in 2009
- Smoking prevalence has fallen from 30% (early 2007) to 26% (2011)
- Support for smoke-free laws increased from 69% (in 2005) to 78% (2008)

SmokeFree Liverpool Policy Lessons

- Focus on workers' health
- Clear, comprehensive law
- Building compliance and active enforcement
- Robust policy development process
- Effective leadership and partnership
- Effective strategies
- Programme support



Jon Dawson Associates Policy and Research Consultants

Westwood House 3 Dee Hills Park, Chester, CH3 5AR

Tel: +44 (0) 1244 344165

jon@jondawsonassociates.co.uk

www.jondawsonassociates.co.uk