

	Health and Wellbeing Board 15 September 2016
Title	Report on Shisha communication campaign
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 - 3: Campaign Posters
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<h2>Summary</h2>
<p>The shisha Task and Finish group have developed a communications campaign to raise awareness of the health harms of shisha smoking in Barnet. This report aims to inform the Health and Wellbeing Board of the communications art work and seek approval of a revised launch date in October 2016.</p> <p>The key health messages are based on the best available evidence and it is the intention of the Task and Finish group to continue to engage with businesses in order to highlight responsibilities relating to the Smoke Free Legislation. Key actions include using Barnet First as a medium to launch and promote the campaign, contacting shisha businesses in advance to inform them of the imminent health education campaign and furnish them with a guidance document specifically targeting shisha business owners.</p>

<h2>Recommendations</h2>
<ol style="list-style-type: none"> 1. The Board approves the Shisha Communication Campaign highlighted in this report led by the communications team. This includes further engagement with shisha businesses within Barnet. 2. The Board approves and supports the art work and health messages related to the campaign as part of the communications campaign.

3. The Board approves the distribution of campaign materials to relevant and appropriate sites.

4. The Board approves that the communications campaign is launched in October 2016 .

1. WHY THIS REPORT IS NEEDED

1.1 BACKGROUND

1.1.1. In March 2016, the Health and Wellbeing Board approved the formation of a shisha Task and Finish group to tackle the growing number of shisha bars in Barnet. Part of the actions of the Task and Finish Group was to develop and implement a broad communications strategy that would raise awareness of the health risks associated with smoking shisha.

1.1.2. The shisha health education campaign was due to launch on the 16 August. In response to senior officer and Member concerns, the campaign has been paused until there is time to review the communications and engagement with local businesses.

1.1.3. Feedback is sought from the Health and Wellbeing Board in order to continue with the health education campaign. In particular, to ensure that the health messages contained within the campaign are evidenced based and are sensitive to local populations. The aim of the communication campaign is to address 'urban myths' surrounding shisha and to ensure that residents are aware of the health impacts of smoking shisha.

1.1.4. The communications campaign includes posters with clear health warnings on smoking shisha containing tobacco (Appendix 1 - 3). These posters are intended to be displayed in strategic sites across the borough including council owned advertising space, GP surgeries and pharmacies. We will also be working with delivery partners such as colleges, universities and sports facilities in the borough.

1.1.5. Engagement with this key target audience will be primarily through social media and online channels using partners such as Saracens to broadcast the health risks of smoking shisha. This includes signposting Barnet residents to the Council website which will address myths surrounding shisha.

1.1.6. Endorsement is sought from the Board on current engagement with shisha businesses and future plans to further inform businesses of the emerging campaign.

1.2 EVIDENCE ON HEALTH MESSAGES

1.2.1 As part of the health education campaign, key messages are used to convey the health harms of shisha through three posters (Appendix 1 - 3). The current campaign materials highlight the health risks of smoking shisha and make bold statements. Messages were carefully selected after user testing with

three key audience groups (Black and Minority Ethnic Groups, Citizens Panel Group and a Young Peoples Group). These statements are deliberately hard hitting as it has been proven to work with other anti-smoking campaigns and tested well with focus groups.

1.2.2 The Barnet campaign messages are:

- **Poster 1: “Smoking shisha could double your risk of cancer”.**
- **Poster 2: “Shisha contains tobacco and can give you cancer”.**
- **Poster 3: “Shisha contains as much addictive nicotine as cigarettes”.**

1.2.3 There is well-established evidence showing that smoking shisha which contains tobacco is at least as harmful as smoking cigarettes. The smoke contains a significant number of carcinogenic toxins and contains far more tar, carbon monoxide and nicotine than cigarette smoke¹.

1.2.4 According to the World Health Organisation, WHO (*Control and Prevention of Waterpipe Tobacco Products*, 2014), waterpipe (shisha) tobacco smoking is likely to be associated with several types of cancer. The likelihood of oral cancer is strongly associated and comparable with cigarette smoking (odds ratio 4, to odds ratio 4.65)². Oesophageal cancer and lung cancer also have strong association with smoking shisha and poor health outcomes³.

1.2.5 Research has shown that a 45 minute shisha session exposed smokers up to 1.7 times the amount of nicotine and contained 8.4 times the amount of harmful carbon monoxide and 36 times the amount of tar, compared with one cigarette over a five-minute period⁴.

1.2.6 Furthermore, smoking shisha generates high volumes of smoke and on analysis, the WHO has evidenced that several carcinogens and toxicants, such as tobacco-specific nitrosamines, aldehydes and heavy metals (arsenic, and lead) are found in the smoke. It is worth noting that some of these toxicants play a role in enhancing dependence on nicotine (*Report on the Growing Issue of Shisha Smoking in Barnet*, section 2, page 4.)

1.3 **ENGAGING SHISHA BUSINESSES**

1.3.1 The shisha Task and Finish Group include colleagues from Environmental Health and Trading Standards. Linked to the campaign there has been operational engagement with shisha businesses. In June 2016, joint visits to shisha businesses by HMRC, Trading Standards and Environmental Health were undertaken. In addition to this, Environmental Health have been carrying out advisory visits to shisha bars concentrating on the N3 and N12

¹ M.Jawad (2013) The Public Health Implications of Shisha smoking in London. Department of Primary Care and Public Health Imperial College London.

² Sandri, G and Mahjub, H . Tobacco smoking and oral cancer: A meta Analysis (2007). Journal of Research in Health Sciences July 28;7(1):18-23.

³ Aslam, H. et al, Harmful effects of shisha: literature review, International Archives of Medicine. 2014; 7: 16

⁴ Eissenberg, T and Shihadeh, A. Waterpipe Tobacco and Cigarette Smoking Direct Comparison of Toxicant Exposure (2010). American Journal of Preventative Medicine Dec:37(6):518-523.

area where businesses were given advice and guidance on Smoke Free compliance and the risk from shisha smoke. Environmental Health has reported that five of the seven shisha businesses visited were non-compliant with the Smoke Free legislation.

- 1.3.2 In response to Member requests, Public Health will be writing to all shisha businesses in the borough to inform them of the emerging campaign. In addition to this, communications will be redesigning a guidance leaflet on compliance and responsibilities relating to smoke free and shisha, aimed at shisha businesses. This will include responsibilities of shisha businesses, information on legislation and health risks associated with shisha smoke within enclosed spaces.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The recommendations are a response to ensuring that the HWBB approve:
- (a) The general approach taken in the communications campaign
 - (b) The health messages are evidenced based and reflect the aim of raising awareness amongst Barnet residents of the health risks of smoking shisha
 - (c) Engagement approach with shisha bars

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The alternative approach is for communications and Public Health to cease work on the health education campaign, such that the art work which has been produced would not be placed in strategic locations or circulated to relevant partner organisations.
- 3.2 This is not recommended as the Task and Finish group agree that the messages and art work for the shisha campaign offer an effective way of raising awareness, educating and protecting residents from the risks of smoking shisha.
- 3.3 The potential consequences of this mean that Barnet residents would continue to smoke shisha unaware of the significant health risks associated with it.
- 3.4 This is not recommended as the Health and Wellbeing Board in March 2016 approved the approach of undertaking a health campaign aimed at key target groups and diluting or withdrawing the campaign would undermine the corporate message that smoking shisha has serious health risks associated with it.

4. POST DECISION IMPLEMENTATION

- 4.1 Once approval is gained from the Health and Wellbeing Board to continue the health education campaign targeting Barnet residents, the communications team will:

- Timetable the launch of the health education shisha campaign in October 2016. This will coincide with the publication of Barnet First and the agreed artwork with key messages will be placed in this edition.
- Utilise council owned media spaces at bus stops and high streets (A1) of which there are approximately 250 spaces. A4 posters will also be posted in GP surgeries, pharmacies, libraries and given to secondary schools and youth centres to display.
- Write immediately to shisha businesses and inform them of the up and coming campaign and include the newly designed guidance leaflet.
- Finalise the webpages
- Finalise the social media strategy
- Environmental Health will continue to support businesses to achieve compliance on smoke free and inform businesses of their responsibilities relating to the various legislation.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Councils Corporate Strategy (2015-2020) highlights that Barnet's vision is that public sector services (including London Borough of Barnet) will be more integrated, intuitive and efficient.

5.1.2 The proposal to tackle shisha draws upon the fact that the corporate priority recognises Public Health as a priority theme across all services in the Council. The partnership proposal to tackle shisha in Barnet fits into the Council vision of being integrated, intuitive and efficient service.

5.1.3 The Joint Health and Wellbeing Strategy (2015-2020) makes a commitment to reducing premature mortality due to cardiovascular disease and cancers. Smoking tobacco is a known contributory factor to these conditions. Also, tackling the growing use of shisha through health educational campaigns supports residents to adopt a healthy lifestyle which is one of the overarching aims of the strategy.

5.1.4 Finally, the commitments to growth and business identified in Entrepreneurial Barnet⁵ provide an excellent springboard from which to further develop the positive experience of those who work, live and study in Barnet through integrating responses to key public health issues and town centres.

5.2 RESOURCES (FINANCE & VALUE FOR MONEY, PROCUREMENT, STAFFING, IT, PROPERTY, SUSTAINABILITY)

5.2.1 The cost of the shisha campaign is being funded from the public health grant.

5.3 SOCIAL VALUE

⁵ Entrepreneurial Barnet - <https://www.barnet.gov.uk/citizen-home/business/Entrepreneurial-Barnet.html>

5.3.1 Not applicable as this is not a procurement activity.

5.4 **LEGAL AND CONSTITUTIONAL REFERENCES**

5.4.1. Under the Council's Constitution – Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes:

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care.
- To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
 - Overseeing public health
 - Developing further health and social care integration

5.5 **RISK MANAGEMENT**

5.5.1 The risk of the communications campaign materials being withdrawn as part of the wider programme of work to tackle shisha means that smoking shisha will remain a public health concern and the health risks associated will not be addressed.

5.5.2 The impact of this means that, tobacco related illness in the Borough will not be reduced and the toxic effects of shisha smoke will continue to be a risk to the target population.

5.6 **EQUALITIES AND DIVERSITY**

5.6.1 The communications campaign does not exclude, prevent or discriminate against any of the protected equality groups. Shisha smoking is traditionally more prevalent in certain (Middle Eastern) ethnic groups. However, in London, it is becoming more popular amongst all ethnic groups, particularly amongst young people.

5.6.2 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day

business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.3 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

5.6.4 *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

5.6.5 *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

5.6.6 *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.6.7 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

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5.7 **CONSULTATION AND ENGAGEMENT**

5.7.1 The current campaign posters imagery is a result of receiving feedback from testing with three focus groups undertaken in June and early July. These groups comprised of Black and Minority Ethnic Groups, Citizens Panel Group and a Young Peoples Group. An independent facilitator directed the focus group and tested key themes.

5.7.2 Testing of the materials included imagery, health message and credibility of the health message.

5.7.3 Key points to note is that testing showed strong interest and support for the shisha campaign and it was generally felt that the campaign offered new knowledge and information on the health effects of shisha.

5.7.4 Furthermore, the testing showed that a link between smoking and shisha should be made explicit with evidence based statements. The original artwork was felt to glamorise shisha smoking and therefore in response to this, the images were changed. Recommendations from testing suggested that:

- Re-brief was required to make explicit link between shisha and cigarette smoking
- Proposition that shisha is at least as harmful as cigarettes (as this is new knowledge to most people)
- Include explicit visual or text cue to known anti-smoking campaigns (e.g. 'Smoking Kills')
- Text and image must work immediately together
- Key facts must focus on serious health harms and be supported by evidence/source
- Important to de-glamorise shisha smoking and not to imply it is socially normal. This is best achieved by using images that invoke disgust.

5.8 **INSIGHT**

5.8.1 The Joint Strategic Needs Assessment (2015-2020) highlights that smoking prevalence estimates in regular smokers amongst 11-15 year olds and 16-17 year olds is similar to the England average. However, data from The What About Youth (WAY) survey (2015) shows that compared with the rest of England, when all the Local Authorities in England are ranked in terms of proportion of respondents who have smoked 'other tobacco products', Barnet appears towards the middle of the rankings (15 out of 35 Local Authorities).

6. **BACKGROUND PAPERS**

6.1 Health and Wellbeing Board, Thursday 10th March, 2016. The Growing Issue of Shisha. <https://barnet.moderngov.co.uk/ieListDocuments.aspx?MIId=8392>