

# REPORT TO THE HEALTH AND WELLBEING BOARD

7<sup>th</sup> June 2016

## SMOKE FREE BARNSELEY

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**Received by SSDG:** 17<sup>th</sup> May 2016  
**Date of Report:** 10<sup>th</sup> May 2016

### **1. Purpose of Report**

- 1.1 To present the Smoke Free Barnsley Action Plan which outlines local ambitions to inspire a smoke free generation.

### **2. Recommendations**

- 2.1 Ratifies the Smoke Free Barnsley action plan.

### **3. Introduction and Background**

- 3.1 Tobacco use remains one of the most significant public health challenges. While rates of smoking have continued to decline over the past decades, 22.3% of adults in Barnsley still smoke. Although 2 out of 3 smokers when asked say they want to quit, smoking prevalence has fallen little since 2007. Continued action is required to drive smoking rates down further along with consideration of a different approach.
- 3.2 Smoking is the primary cause of preventable morbidity and premature death, accounting for 1355 deaths in Barnsley between 2012 – 2014. This equates to 7 double decker buses full of people dying in Barnsley as a direct result of smoking every year.
- 3.3 Tobacco addiction (like all drug addictions) is a complex combination of pharmacology, learned behaviour, genetics, and social and environmental factors. Smoking may be a personal choice but this is shaped by someone's family, the community they live in and the marketing strategies of tobacco companies.
- 3.4 Tobacco is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.
- 3.5 There is no doubt that lives can be saved by promoting smoking cessation services. However, motivation to quit has fallen across the UK and evidence from the World Health Organisation states that to have any chance of

reducing smoking prevalence across a population, an effective and multi-stranded tobacco control strategy must be in place.

- 3.6 The Tobacco Control Plan for England sets out priorities against six internationally recognised strands, which are: stopping the promotion of tobacco; making tobacco less affordable; effective regulation of tobacco products; helping tobacco users to quit; reducing exposure to second hand smoke; and effective communications for tobacco control.
- 3.7 Interventions having the greatest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms and denormalising tobacco use. The Government has highlighted social norms as key to changing health behaviours with key strategies tackling the affordability, availability and acceptability of smoking.

#### **4. Smoke Free Barnsley Action Plan**

- 4.1 The Smoke Free Barnsley Action Plan (2016 – 2018) aims to see the next generation of children in Barnsley born and raised in a place free from tobacco, where smoking is unusual. The plan contains an ambitious target to reduce adult smoking prevalence by 1% year on year. If successful, in 2018 (based on a smoking prevalence of 19%) there will be 6210 fewer smokers in Barnsley, £1.9m saved to the local NHS and 4.3 tonnes less of cigarette waste.
- 4.2 Key objectives within the plan include: setting a clear example; making it harder for children and young people to access and use tobacco; making tobacco less affordable, especially for children and young people; limiting tobacco marketing and exposure to smoking seen by children and young people; educating young people to make healthy choices; reducing exposure to second hand smoke; and supporting current smokers to quit, targeting those who are most in need including smokers with long term conditions, smokers with a mental health problem, smokers working in routine and manual jobs and pregnant smokers.

#### **5. Financial Implications**

- 5.1 Depending on the approach taken to introduce smoke free environments, there will be a financial implication but this has yet to be costed.

#### **6. Consultation with stakeholders**

- 6.1 The action plan has been developed in consultation with Smoke Free Barnsley, the local Tobacco Control Alliance who will also oversee delivery of the actions.
- 6.2 Consultation has also taken place with Public Health colleagues working in the distributed model across BMBC.

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