

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

**Report of the Director of Public Health
5th April 2017**

Barnsley Smokefree Town Centre Zones

1. Purpose of report

- 1.1 The introduction of smokefree town centre zones was approved by Cabinet in July 2016 as part of a tobacco control programme of work to inspire a smokefree generation in Barnsley. This work builds on the success of the recently implemented smokefree play parks in the borough.
- 1.2 This report describes in detail the rationale and proposed implementation of voluntary smokefree zones in Barnsley town centre, starting with a proposal to designate the Barnsley Pals' Centenary Square outside the Town Hall as smokefree on 30th June 2017, to mark the 10 year anniversary of smokefree legislation. Other zones are also described and proposed as part of later phases in development.

2. Recommendations

- 2.1 Support the student-led social norms public consultation method described in order to gather data on public opinion about smokefree zones in the town centre.
- 2.2 Given an appropriate level of public support, approve the phased implementation of smokefree zones in the town centre, starting with the Pals' Centenary Square.

3. Introduction

3.1 Why smoking matters

More than 1 in 5 adults in Barnsley smoke¹. Whilst smoking prevalence in Barnsley is reducing, it remains high compared with regional and national averages, despite good quit rates. We have committed to reducing smoking prevalence as part of Future Council 2020 outcomes, and recently as part of the Barnsley Place-based Plan we have committed to the South Yorkshire and Bassetlaw ambition of reducing smoking prevalence to 10% by 2021.

Interventions with the biggest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms, de-normalising tobacco use and stopping young people ever starting. The most obvious reason to try to reduce smoking prevalence is because of the considerable impact on health. 1

¹ Integrated Household Survey 2014, Smoking prevalence Barnsley 22.3%

in 2 smokers will die of a smoking-related disease².

However, smoking matters to the local economy too³. Smoking costs the Barnsley economy £78.2 million per year (£1,862 per smoker). Every year, lives lost early due to smoking mean that we lose 1,161 years of productivity (costing £20.2 million). Smoking breaks cost Barnsley businesses £31m per year and they lose nearly 55,000 days of productivity due to smoking-related sick days (£4.9m). The costs to the economy of smoking are approximately twice the amount collected in duty tax (Barnsley smokers paid £38m in duty on tobacco in 2014/15).

There is obviously a large impact on the NHS with annual costs of £12.7m (£12.1m in direct treatment of smoking-related disease in smokers, and £609,293 in passive smoking-related conditions in non-smokers). The impact extends to social care costs; current or ex-smokers requiring care in later life as a result of smoking-related illness cost Barnsley an additional £8.4m per year, of which £4.6m will fall to the Local Authority and £3.8m to individuals to self-fund.³

Lastly, smoking impacts on our local environment. Smoking materials are a major contributor to accidental fires, and are estimated to cause 10 fires per year in Barnsley. Costs to the local economy from these fires are £965,000 per year (due to deaths, injuries and non-human costs). Smoking also accounts for a significant contribution to waste, and as the majority of cigarette filters are non-biodegradable these are disposed of in landfill. In Barnsley 169m filtered cigarettes (including filtered roll-ups) are smoked per year, which contributes 29 tonnes of waste. 7 tonnes of this is discarded as street litter and therefore needs to be collected by the Local Authority.³

3.2 Protecting children from smoking

Children need protection from the adverse effects of smoking role models. Research has shown that even pre-school children who observe their parents smoking have already learnt that smoking is appropriate or normative in social situations⁴. Children exposed to smoking are significantly more likely to take up smoking themselves and two thirds of smokers started smoking before they were 18 years old⁵. Therefore by changing the smoking behaviour of adults, we can have the biggest impact on reducing the numbers of children or young adults who ever take up smoking. Recent engagement activity with local residents in Worsbrough gained insight into an acceptance of smoking in pregnancy, despite awareness of health messages and adherence to other health messages about children and pregnancy. This demonstrated we still have significant progress to make in changing attitudes with regards to smoking and children in Barnsley.

As part of Barnsley's pledge to inspire a smokefree generation by 2025, we are requesting that adults choose not to smoke in key public areas where children are present. We have already launched smokefree play parks (Locke Park on 25th January), and are now working with the hospital to improve their smokefree grounds, and with schools. The smokefree town centre zones will support this

² BMJ. 2004 Jun 26; 328(7455): 1519. doi: 10.1136/bmj.38142.554479.AE

³ Local Costs of Tobacco model v5.7 Jan 2017, ASH: <http://ash.org.uk/category/information-and-resources/local-resources/>

⁴ Thorax 2011;66:847e855. doi:10.1136/thx.2010.153379

⁵ ASH: <http://ash.org.uk/information-and-resources/fact-sheets/young-people-and-smoking/>

work and make a significant contribution to changing the environments in which children and young people spend their time.

3.3 Changing adult smoking behaviour

In order to avoid smoking rates stabilising or increasing again, we must learn lessons from the pioneering tobacco control work in New York and keep continuing to implement a range of measures and initiatives which support quit attempts and reduce smoking initiation⁶. There are a range of measures shown to be effective in tobacco control and these are most effective when all used together; for example, high taxation on cigarettes, bans on advertising and price promotions, plain packaging, age of sale restrictions, tackling illegal and counterfeit sales, and the provision of stop smoking support.

Smokefree places are also an effective measure in tobacco control. When smoking is made less visible, it is also made less convenient and less normal⁷. Given that at any point in time two thirds of smokers want to quit, supporting that intention by changing the environment and offering quit support can encourage quit attempts⁸. The implementation of smokefree legislation in the UK in July 2007 banned smoking in indoor workplaces, most notably in pubs and restaurants. This not only had a significant and measurable impact on improving the health of the general population through reducing exposure to second-hand smoke⁹, but has also changed and influenced public opinion on the appropriateness of smoking behaviour in public.

There has been an increase in support for smokefree outdoor spaces over time and this is greatest where children are referenced¹⁰. The UK is behind other countries in designating smokefree outdoor spaces. Chandigarh in India implemented extensive smokefree legislation in 2007 covering parks, markets and other outdoor public places as well as indoor public places. New York City has had smokefree parks, beaches and pedestrian plazas since 2011 and there are similar schemes in other US cities, such as Chicago, Los Angeles, Santa Monica and Seattle. Melbourne in Australia has an extensive smokefree zone across the city where smoking is only allowed in designated shelters.

Where countries or states have aggressively implemented a wide range of tobacco control policies, such as taxation, restrictions on advertising and smokefree legislation, they have seen the greatest impact on smoking prevalence. From 2009 to 2013, the prevalence of adult smoking in New York declined by 21% compared with 14% nationally, dropping to 16.6% in 2013¹¹. In Australia, the government have committed to reducing the national adult daily smoking rate to 10% by 2018. Smoking rates there have almost halved in the last 20 years, from 1993 to 2013, for daily smokers aged 18 years or older, from 26.1% to 13.3%¹².

⁶ Lord Darzi, in Research briefing for House of Commons, March 2015

⁷ Leo Benedictus, The Guardian: <https://www.theguardian.com/society/2015/feb/07/is-bristols-outdoor-smoking-ban-last-gasp>

⁸ ASH fact sheet: <http://ash.org.uk/category/information-and-resources/fact-sheets/>

⁹ BMJ 2010; 340 doi: <https://doi.org/10.1136/bmj.c2161> and Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD005992. DOI: 10.1002/14651858.CD005992.pub3.

¹⁰ Nicotine and Tobacco Research 2009;11,6,584-590. doi: 10.1093/ntr/ntp046

¹¹ https://www.health.ny.gov/prevention/tobacco_control/docs/2014_independent_evaluation_report.pdf

¹² <http://www.health.gov.au/tobacco>

In the UK it was February 2015 before Bristol became the first city to designate voluntary smokefree outdoor areas in 2 privately owned city centre squares. Since then smokefree outdoor events have taken place in Nottingham, and in 2016 a beach in Pembrokeshire and another in Swansea were the first UK beaches to be designated voluntary smokefree areas. Smokefree play areas are becoming more common across the country. A survey of 1,300 people in the North West found that 83% of people supported smokefree outdoor spaces aimed at children and families.¹³

The team implementing the smokefree city squares in Bristol carried out some general opinion surveys. They found that smokers would prefer a polite but persuasive voluntary request to refrain from smoking rather than a formal enforced ban. In June 2014 they asked 300 people, 150 of whom were smokers about smokefree high streets, and 72% of smokers said it would not be a problem. More than half of smokers surveyed also felt it was antisocial to smoke where people were eating and drinking. Following the smokefree signage at the Bristol squares, a third of smokers stated they had changed their behaviour as a result and were more conscious of smoking away from children, such as at family events. Smoking does still occur in the square, but it is more likely to be in an evening, and there have been no known issues resulting from the implementation. The initial 6 month trial period which was to appease business owners on the square, has been allowed to roll on indefinitely.¹⁴

3.4 Social norms

'Social norms' is a technique that has been shown to influence and change behaviour¹⁵. Sometimes lifestyle behaviours, such as smoking, drinking alcohol, and sexual activity, are driven by our perception of what we think others think or do. Where perception of how much other people do a particular activity is actually greater than reality, behaviour can be changed by just sharing the true facts. For example, this has been used as a technique to modify student drinking behaviour¹⁶. This technique is now being widely used in smokefree work to demonstrate widespread acceptability of requests to refrain from smoking, e.g. '99% of patients, staff and visitors keep our hospital entrances free from cigarette smoke'¹⁷. The Barnsley smokefree town centre work will include surveys to determine users' perceptions and preferences, so that we can use this information to specifically tailor the implementation and signage materials.

¹³ Healthier futures survey: <http://www.healthierfutures.org/our-work/campaigns/smokefree-outdoor-spaces>

¹⁴ Public Health Action: <http://smokefreesouthwest.org.uk/what-we-do/smokefree-outdoor-space/towns-and-cities.html>

¹⁵ Berkowitz AD. An overview of the social norms approach. In: Lederman LC, Stewart LP editor(s). *Changing the Culture of College Drinking: A Socially Situated Health Communication Campaign*. Cresskill, NJ: Hampton Press, 2005.

¹⁶ Moreira MT, Smith LA, Foxcroft D. Social norms interventions to reduce alcohol misuse in University or College students. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006748. DOI: 10.1002/14651858.CD006748.pub2

¹⁷ Pinderfields Hospital, Wakefield, smokefree grounds materials 2012

4. Proposal and justification

4.1 Aims of smokefree town centre zones

The aim of the smokefree town centre zones is to create family friendly town centre areas which Barnsley can be proud of.

The benefits of achieving this are:

- Demonstrating explicitly that most people prefer a smokefree environment.
- Expanding the number of places where smoking is not seen.
- Implicitly portraying the message that smoking is harmful to health, that our children should be protected and countering perceptions of smoking being socially acceptable.
- Thereby supporting both children and adults to view 'not smoking' as the norm, encouraging quit attempts, changes in smoking behaviour and reducing the likelihood children take up smoking.
- Reducing cigarette litter, making our environment cleaner and safer.

As the number of zones is expanded in future phases, we hope to become the first place in the UK to have a smokefree high street, thereby proudly putting Barnsley in a positive position as a fore-runner nationally. This will send an implicit positive message about economic regeneration in Barnsley and highlight the future plans for the town centre.

4.2 Smokefree zones in this phase

The main zone proposed for the first phase of the project is the outdoor space around the Town Hall, namely Barnsley Pals' Centenary Square. We are also in discussion with The Civic regarding Mandela Gardens, to determine how we can phase this public space as another smokefree zone.

We know that smokefree outdoor spaces are most acceptable to smokers and the general public when they are spaces that children frequent. This work supports and expands existing smokefree play parks and school gates. The Town Hall square is an area frequented by families, visiting the museum and enjoying the fountains. Mandela Gardens is another key public space in the town centre, where families gather outside The Civic Theatre.

4.3 Voluntary social norms informed implementation

We know from previous research that there is public preference for polite voluntary requests for smoking to be refrained from, rather than enforced bans. This has the benefits of also being a less aggressive and paternalistic approach to public freedoms and reduces the need for legal processes and the cost of enforcement. However, litter fines will continue to be relevant and will continue to act as a deterrent to smokers.

4.4 E-cigarettes

The other UK voluntary smokefree outdoor areas have included e-cigarettes. The public health messaging around e-cigs is complex, as they are reasonably new onto the market and as such evidence about harms to health is largely unknown. From a harm reduction perspective, it is of significant benefit to health for smokers to swop to e-cigs, and many are using this method to support

quit attempts, which should be supported and encouraged. However, allowing e-cig use in a smokefree zone complicates the message, is potentially confusing to children who may not understand the difference, and dilutes the impact of a smokefree norm. On balance it is felt that the smokefree zone should therefore request refraining from use of e-cigs, though perceptions on this will be sought in the consultation surveys.

4.5 Future phases – expanding to pedestrian shopping areas

In the longer-term it is hoped that Barnsley could become the first place in the UK to have a smokefree high street, thereby proudly putting Barnsley in a positive position as a fore-runner nationally.

The proposed future smokefree town centre zones would include the pedestrian shopping high streets:

- Queen Street and Cheapside running up to the Alhambra Shopping Centre
- plus across to the May Day Green temporary market
- Market street and the link to Cheapside via Albert Street East
- Peel Square

These zones chosen are all pedestrian areas. This is for 3 main reasons:

- They are easily defined and demarcated – you know if you are in a zone without the need for excessive signage.
- They are areas where people spend more time and are places where there is large foot-fall.
- By choosing pedestrian areas, as the layout of the town changes during all the ongoing developments, the concept of pedestrian areas remains and public space is expanded and these can remain smokefree zones.

Many shoppers are accompanied by children at weekends, and during the week by pre-schoolers who, as already mentioned, are already learning about the world around them from their observations. As the re-developments progress and the temporary market becomes a public square next to the library, squares in the town will already have precedent as smokefree pedestrian areas for families.

A longer time scale for this phase will enable work with planning and regulations colleagues to investigate issues, such as those relating to outdoor seating areas currently used by smokers at premises with relevant licenses, and to dovetail smokefree zones into economic regeneration plans. Survey data will be collected on opinions relating to a smokefree high street during the public consultation.

In general there is little information about the impact of outdoor smokefree zones on businesses. However, surveys in Wellington, New Zealand where businesses along the Golden Mile shopping street were asked about proposals to make the shopping street smokefree, 83% felt it would have a positive or negligible impact. Non-food businesses were the least concerned about smokefree high streets¹⁸.

¹⁸ Nicotine and Tobacco Research 2013;15,1,287-290. doi: 10.1093/ntr/nts115

4.6 Preparation and consultation

An important aspect of this first phase of the smokefree town centre zones work is a public survey with users of the town hall square, Mandela gardens, the markets and shopping high streets. This will test the public appetite for the proposals and gather useful data that can be shared as part of the marketing materials and signage, such as the percentage of shoppers preferring a smokefree environment. If public opinion is not as positive as we would hope, it will provide us with information to inform decisions about whether we re-consider the zones, do further community work to drive forward change, or decide to launch as a pilot project as part of the regeneration works.

Where appropriate signage provision for town centre zones will be supported by our in-house team at Smithies Lane depot. Careful consideration will be given to signage and other communication and marketing methods to determine how best to ensure a high profile of the smokefree designation of the Pals' Centenary Square without impacting on the aesthetics of the square. Visitors to the Town Hall will be reminded about or made aware of the smokefree zone outside, such as through information at the reception desk.

Communication materials will also be tested, ensuring an appropriate image is developed which appeals to families and shoppers and encourages smokers to adhere. 'Vox pops' or case studies will be collected from members of the public, as appropriate, so that these can be used to promote and launch the smokefree zones.

4.7 Barnsley College

Public consultation surveys and where appropriate communications design work will be undertaken by students at Barnsley College and Barnsley Sixth Form College. Teaching around social norms and behaviour change with respects to healthy lifestyles will be delivered to students and students will then take part in competitions to design and collect survey data, collate marketing insight and develop communication materials for signage. Students will also be able to contribute to the launch and dissemination of the messages through social media and other communication channels.

Barnsley College have proposed that they also launch their own smokefree zone encompassing the Urban Space at their main college building. This currently hosts a smoking shelter, which sends conflicting messages to students about the appropriateness of smoking. The Student Council have been proposed as the mechanism to take forward this element of the project, but it is intended that it would be run and launched in the same time frame as the first town centre zones.

4.8 First launch event

The first phase of the smokefree town centre zones will be launched on 30th June 2017 to mark the 10 year anniversary of the national smokefree legislation. It is envisaged that there will be significant local press coverage. The Bristol smokefree squares attracted significant national press with a total estimated PR value of over £1m. It will therefore be essential that Members and officers are appropriately prepared and that as part of the consultation process we identify members of the public who would also be happy to play a role.

In the longer-term, launching a smokefree shopping high street would drive significant local and national media coverage and provide a unique opportunity to showcase our regeneration work and promote family friendly shopping and activities in the town centre.

4.9 Maintenance of smokefree zones

It is envisaged that in order to maintain a significant profile and encourage adherence, the smokefree areas will need repeated media and communications attention. As part of the development of the marketing materials, we will ensure that some of the materials created are appropriate for future reminders, such as for social media coverage.

The redevelopment of the town centre and launching smokefree zones in a phased approach provides an excellent opportunity to draw attention to the smokefree areas. Whenever a new development area is changed or opened, this gives an opportunity to highlight expectations. The opening of the public square following the relocation of the market back from the temporary site provides a fantastic opportunity to launch more smokefree zones with newly placed signs, to raise awareness again and to promote the family friendly public square.

4.10 Outcomes and evaluation

Predicting the outcome of the implementation of the smokefree town centre zones is not easy, given that it has not been regularly attempted before in the UK. However, as already stated, there appears to be a majority of public opinion in favour of outdoor smokefree zones, especially where they are of relevance to children. As already stated, in Bristol 72% of smokers surveyed were happy with the proposal for smokefree high streets and prior to our launch of these areas, we will have collected our own survey data from Barnsley shoppers.

We can expect high press coverage and the inclusion of descending opinions from Forest campaigners. Their responses to outdoor smokefree zones have previously focussed on the lack of evidence for harm from second-hand smoke in outdoor settings. However, this is not the intended purpose of this proposal; we are aware of conflicting evidence of the impact of second-hand smoke outdoors in exposed areas and this proposal is based on clearly defined benefits which do not include the health impact of second-hand exposure to cigarette smoke in the streets. The other main argument used by Forest tends to be the impact on personal freedoms; which is negated by this being voluntary and not a ban.

We can expect not everyone to adhere to the signage, due to lack of awareness and deliberate choice. However, surveys from Bristol showed that a third of smokers did modify their behaviour voluntarily and that it had changed the way they smoked when children were present.

Evaluation will form an integral part of the project. This will be used to compare preferences and opinions on smoking in the different proposed smokefree zones. Data will be collected on reported behaviour and actual counts of smoking occurrences in the town centre zones launched in this phase before

and after the implementation of signage in the squares.

5. Consideration of alternative approaches

- 5.1 This project and the wider smokefree programme are informed by public health research and a strong evidence base. Smokefree zones is an integral part of wider tobacco control work.
- 5.2 The town centre zones and the phases described have been chosen primarily because of their relevance to families, and therefore potential to impact on promoting the non-smoking norm perceived by children. Practical considerations, such as premises with pavement licenses and economic regeneration building works, have impacted on the phasing of zones. Testing of zone proposals forms a key part of the public consultation survey work.
- 5.3 Other options, such as temporary smokefree zones for town centre based outdoor family events have been implemented elsewhere. Such as in Nottingham where for example in 2016 they promoted smokefree events including their summer beach and Lord Mayor's Parade. Temporary smokefree events could also be considered in Barnsley.

6. Implications for local people / service users

- 6.1 This smokefree proposal will support BMBC and partners in their ambition to inspire a smokefree generation and give every child the best start in life. As already described, local students will be involved in the learning about the social norms approach in public health and in designing and carrying out surveys and communications work. Shoppers and visitors using the town centre will be involved in the public consultation through surveys.

7. Financial implications

- 7.1 There are no significant financial implications associated with this report. A small budget for rewarding student contributions through competition prizes, and for signage materials where appropriate has been identified within existing public health resource.

8. Employee implications

- 8.1 There are no direct employee implications associated with this report.

9. Communications implications

- 9.1 A communications plan is in development for this report and will be informed by the public consultation findings from the survey work. The communication plan will incorporate promotion of the first and future zone launches with the media, and also longer-term reinforcement of the smokefree zones, such as through social media.

10. Consultations

- 10.1 As described in 4.7, college students will design and carry out a survey which will incorporate public consultation. Work is ongoing with Barnsley College and The Civic. Links have been made with Place Directorate colleagues and other

key colleagues and partners will continue to be involved through existing arrangements, such as the Town Centre Programme Board and Barnsley Smoke Free Alliance.

11. The Corporate Plan and the Council's Performance Management Framework

11.1 This project has been developed in line with Barnsley Council's Corporate Plan and Performance Management Framework. It is relevant to all three of our main priorities and in particular to the outcomes: developing a vibrant town centre, strengthening our visitor economy, people are healthier, happier, independent and active, and people volunteering and contributing towards stronger communities.

11.2 Smoking prevalence is an indicator in the Council's Performance Management Framework. As previously stated in 3.1, we have committed to reducing smoking prevalence as part of Future Council 2020 outcomes. Recently as part of the Barnsley Place-based Plan we have committed to the South Yorkshire and Bassetlaw ambition of reducing smoking prevalence to 10% by 2021.

12. Promoting equality, diversity, and social inclusion

12.1 The principles underpinning this smokefree project are to give every child the best start in life and improve health outcomes for all our residents wherever they live and whoever they are.

12.2 This programme of work does not prevent us in any way from meeting our equality and diversity duties.

13. Tackling the Impact of Poverty

13.1 When net income and smoking expenditure is taken into account, 8326 (32%) households with a smoker fall below the poverty line in Barnsley. If these smokers were to quit, 2140 households would be elevated out of poverty and these households include around 1707 dependent children¹⁹. Supporting smokers to quit can therefore have a significant impact on reducing poverty.

14. Tackling health inequalities

14.1 Smoking has been identified as the single biggest cause of inequality in death rates between rich and poor. Smoking accounts for over half of the difference in risk of premature death between social classes.²⁰ Reducing smoking prevalence, particularly in more deprived communities where it is highest, would make a significant impact in reducing health inequalities.

15. Reduction of crime and disorder

15.1 Smokefree zones will be managed through a voluntary code with no

¹⁹ ASH Estimates of poverty in England adjusted for expenditure on tobacco, October 2015: <http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-poverty-calculator/>

²⁰ Jarvis MJ, Wardle J. Social patterning of individual health behaviours: the case of cigarette smoking. In: Marmot M, Wilkinson RG, editors. Social determinants of health. 2nd ed. Oxford: Oxford University Press; 2006. pp. 224–37.

enforcement action. However, it is hoped that through media coverage and promotion of family-friendly activities and places in the town centre, this will help to make a contribution towards reducing and combatting incidents of antisocial behaviour, crime and disorder.

16. Risk management issues

16.1 A risk log has been developed for this project. All risks are considered low.

17. Health, safety, and emergency resilience issues

17.1 There are no identified issues.

18. Compatibility with the European Convention on Human Rights

18.1 There are no known issues. Smokefree zones will be managed through a voluntary code and there will be no enforcement action.

19. Conservation of biodiversity

19.1 There are no identified issues.

20. Glossary

20.1 None applicable.

21. List of appendices

21.1 None applicable.

22. Background papers

22.1 Inspiring a smoke free generation in Barnsley, Cabinet paper 27/07/16
<http://barnsleymbc.moderngov.co.uk/mgAi.aspx?ID=6495>

Officer Contact: Gilly Brenner, Public Health Registrar

Telephone No: 01226 767192

Date: 29/03/2017

Financial Implications /
Consultation

*(To be signed by senior Financial Services officer
where no financial implications)*



