

WHY:

Smoking is still the biggest killer in the UK and is the biggest cause of health inequalities between rich and poor. Addiction to tobacco begins in childhood and takes hold into adulthood. We want significant reductions in prevalence across all groups (adults, routine & manual, pregnant women, 15 year olds) by 2025.

Vision

- Sheffield people live longer and healthier lives, smokefree
- A smokefree generation in Sheffield by 2025 (in line with the ambition of Breathe2025)
- Sheffield children will grow up in a city where smoking is unusual
- Sheffield will be a smokefree city in which to live, work and play

WHAT will be delivered locally?

A comprehensive local Sheffield Tobacco Control Programme including services, policy and communications.

Services will focus on screening, prevention, cessation, and harm reduction and will be targeted to those most vulnerable to the health harms of tobacco and groups who smoke the most:

Smoke screening (Very Brief Advice, Ask, Advise, Act): 70%¹ of people who smoke want to quit. It will be routine in certain settings, such as health and social care and housing services (because of fire risk), to be asked about smoking status, advised to stop smoking, and offered a referral to stop smoking support.

Stopping starting (Prevention): It is estimated that 5 children per day start smoking in Sheffield, we aim to reduce this to zero by 2025 through targeted prevention and peer education in-reach in schools and youth settings.

Stopping Smoking (Cessation): Around 79,000 people in Sheffield smoke tobacco, just under 1 in 5 adults. Around 1 in 4 routine and manual workers smoke. We will offer a range of stop smoking support services, with more intensive and longer duration interventions targeted at highest prevalence groups. We will “pay by results”.

Swapping Smoking for vaping (Harm Reduction): Electronic nicotine delivery systems (“e-cigarettes”) are a significantly safer alternative to combustible tobacco. We will promote swapping as a harm reduction alternative for those who can’t or won’t stop smoking.

Policy change is considered a key area of Tobacco Control. Sheffield City Council as the Local Authority has opportunities to lead in this area in line with Corporate Plan goals to improve health & wellbeing:

Smokefree City: “It will be as normal to be in a smokefree space as it is now to wear a seat belt”. Most young people do not remember a time when it was possible to smoke on buses, trains, planes, in cinemas, theatres and restaurants or not wear a seatbelt in cars; these once controversial public policy measures have become “normal”. Current smokefree legislation covers enclosed spaces but outdoor public spaces are not covered. A voluntary code in 2016 was agreed for Sheffield Children’s Playgrounds in public parks for these to be smoke and vape free. Sheffield Health & Social Care NHS Foundation Trust was the first NHS Trust in the city to be completely smokefree including its grounds. We want to agree voluntary codes to extend smokefree status and make smokefree the new “social norm” in Sheffield e.g. all major city centre spaces and events targeted at children, young people and families; all health and social care premises; all learning environments; all sporting events and venues.

Holding the price on tobacco: we want to eradicate cheap and illicit tobacco from Sheffield’s neighbourhoods. Cheap and illicit tobacco brings crime to Sheffield’s neighbourhoods, and blights neighbourhoods by occupying retail and housing space which would otherwise have a legitimate use. It makes tobacco more affordable, and therefore accessible to younger people, and enables people to maintain their habit. It is estimated that smoking prevalence

¹ References for statistics used in this summary can be found in the Sheffield Health Needs Assessment for Tobacco.

would drop by 10% if all cheap and illicit tobacco were eradicated. We will continue to disrupt the trade in cheap and illicit tobacco in Sheffield, working with neighbouring Local Authorities.

Social Norms approaches will be used to emphasise that over 80% of Sheffield adults do not smoke and that those smoking tobacco are a minority and declining. A communications strategy - including mass and social media campaigns- will support smokefree social norms and encourage people to stop smoking, or swap to an e-cigarette.

HOW will this be achieved?

Sheffield City Council Cabinet will be a leading voice for tobacco control in Sheffield. The Local Authority will work with **Strategic Partners** through its **Tobacco Control Board**, as well as with wider partners, such as Public Health England. We will work with and consult with key stakeholders in the city.

Sheffield City Council will build upon the **Tobacco Control Programme of 2014-17**. We will harness what worked best and learn from evidence regarding successful tobacco control programmes elsewhere. Our local strategy will be built on the foundation of the World Health Organisation's (WHO) six components of effective tobacco control (MPOWER): (1) Monitor tobacco use and prevention policies; (2) Protect people from tobacco smoke; (3) Offer help to quit tobacco use; (4) Warn about the dangers of tobacco; (5) Enforce bans on tobacco advertising, promotion and sponsorship; (6) Raise taxes on tobacco.

Sheffield City Council will use the opportunities afforded by being in a city with two universities to increase the evidence base for what is clinically efficacious, game-changing, and resource effective. A comprehensive health needs assessment for tobacco for Sheffield will guide decisions. In a difficult and austere environment, Sheffield City Council will strive to maintain its current levels of invest in tobacco control and seek increased investment from other partners in the city, including NHS partners.

How will we know if this is working?

Measures of success of this Tobacco Control Strategy for Sheffield will include: ▪ Tobacco Control Profiles for England (produced by Public Health England) ▪ Public Health Outcomes Framework (produced by Public Health England) ▪ Locally commissioned research, service data, surveys, evaluation, insight

SO WHAT?

Tobacco dependency is a chronic relapsing condition that usually starts in childhood and is currently under-treated. Treatment for tobacco dependency is the highest value intervention for today's NHS and Public Health system, saving and increasing healthy lives at an affordable cost.

Effective Tobacco Control supports 4/5 priorities of the Sheffield City Council Corporate Plan: Strong economy; Thriving Neighbourhoods and Communities; Better Health & Wellbeing; Tackling Inequalities. Tobacco is a social justice, fairness, and health inequalities issue for our city ▪ 5 children a day in Sheffield start smoking ▪ Tobacco kills 16 people per week in Sheffield, and those who smoke can expect to have shorter, less healthy lives.

Tobacco is the most harmful, in health terms, to the most vulnerable in our city ▪ 12.5% of pregnant women in Sheffield smoke at the time their baby is born ▪ Tobacco makes life economically harder for those on low incomes ▪ Lower paid workers are more likely to smoke (e.g. routine and manual workers) ▪ 40% of people with mental health issues smoke, and spend proportionally more of their income on tobacco ▪ 77% of homeless people smoke

Our "asks" to national government: 1) License tobacco retailers in the same way as alcohol retailers 2) Strengthen sentencing for profiting from cheap & illicit tobacco 3) Extend smokefree legislation to outdoor public spaces 4) Increase investment in national mass media 5) Restrict smoking in films/TV to 18+ certificates or after 9pm watershed 6) Impel the tobacco industry to share marketing and sales data by postcode.