

# Inspiring a smoke-free generation in Doncaster

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*part of Breathe 2025*

## Summary of aims, recommendations and deadlines

- We have an overall aim to reduce smoking prevalence and be part of the national effort to inspire a smoke-free generation – Breathe2025.
- We want to trial some voluntary (not enforced) smoke-free spaces, which will all include information about support to quit, starting with family-friendly spaces
- We will want a steer from the Cabinet Member for Public Health, Leisure & Culture and the Director of Public Health about the overall proposal and the ordering of the staged approach
- We will need a Cabinet decision to proceed.

## Main report

### Aims

- **Reduce smoking prevalence** – in particular as part of the smoke-free generation – stopping starting
- **Decreasing the opportunity for children to see adults smoking around them** – children more likely to start smoking if they see smoking around them and tend to overestimate the proportion of people who smoke
- **Making smoke-free the social norm** - potentially reducing the likelihood for young people to start smoking and motivating smokers to cut down or to quit
- Protecting the environment and saving money by **reducing tobacco-related litter**
- Provide opportunity for **public acceptance of voluntary smoke-free locations.**

### Rationale

- 19.7% of the Doncaster population smoke (CI: 17.1-22.4)<sup>1</sup>, this is the fourth highest within Yorks & Humber
- Around half of all life-long smokers will die prematurely and on average, cigarette smokers die 10 years younger than non-smokers.<sup>2</sup>
- Smoking is a major factor in illnesses that limit daily living such as COPD, heart attacks and lung cancer<sup>3</sup>
- Smoking is the biggest driver in health inequalities in the UK.<sup>4</sup> Doncaster has the second-highest socio economic gap in adult smokers in Yorkshire & the Humber.<sup>5</sup>
- Smoking prevalence for all ages has decreased (from 25.8% in 2011) in Doncaster in line with the national average; however, for the past 3 years (since 2015) prevalence has stayed roughly the same. In contrast, the prevalence in Yorkshire & the Humber and England has continued to reduce over this time period.
- We have committed to reducing smoking prevalence to 10% by 2021. To achieve this, we need to reduce the number of people who start smoking as well as helping existing smokers to quit.
- Three-quarters of smokers aged 16-24 in 2014 said they began smoking before the age of 18. Children who live with parents or siblings who smoke are up to 3 times more likely to become smokers themselves than children of non-smoking households.<sup>6</sup>

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<sup>1</sup> PHE Fingertips, 2017 data, accessed October 2018

<sup>2</sup> Doll et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *Bmj*. 2004 Jun 24;328(7455):1519.

<sup>3</sup> ASH, Facts at a Glance, 2018

<sup>4</sup> ASH, Smoking and health inequalities, accessed 2018

<sup>5</sup> PHE Fingertips data from 2017, accessed Oct 2018: defined as Smoking prevalence in adults - gap between current smokers in routine and manual occupations and other occupations (APS)

<sup>6</sup> ASH, Young People & Smoking, 2015

- In a recent trial consultation with college students in Doncaster, we found that the vast majority (49 students which was 87.5% of those who responded) over-estimated smoking prevalence – they thought it was 60% or 80% prevalence. Although this consultation only involved small numbers, it suggests people think smoking is much more common than it is. We need to do more work to understand perceptions.
- Other parts of the country (and the world) have started implementing smoke-free places, mainly on a voluntary basis, and have had good public support for this, especially in areas where children go.
- In our own recent consultation, the majority of participants agreed or strongly agreed with proposals for designated voluntary smoke-free spaces, for example 94% (320 responses) for schools, 85% (291 responses) for hospital grounds and 83% (282 responses) for council family-friendly events. The majority said they would visit spaces more frequently if they became smoke-free, for example outside seating areas where people eat and drink, entrances to shopping centres and public buildings and specific places in Doncaster town centre. Of those participants that stated they smoked tobacco (40 responses, 11.8%), 17.5% (7 responses) smoked less when children were around, 60% (24 responses) moved away from children and 15% (5 responses) never smoked around children. 55% (184 responses) would feel more comfortable to ask someone to stop smoking if signage was displayed. 66% (225 responses) agreed that e-cigarettes should be included in a ban.
- Evidence suggests a population-wide approach to encourage quit attempts is most effective with targeted media, within a comprehensive tobacco control programme, to ‘decrease tobacco use, reframe social norms and cultural acceptance, increase quit attempts and promote use of stop smoking tools and services’<sup>7</sup>
- People are four times as likely to quit if they get expert help. We have an excellent stop smoking service with a high quit rate for all smokers and targets for routine & manual workers and other high risk groups.

## Proposals

We have identified a range of ways in which we could encourage smoke-free spaces to inspire a smoke-free generation through de-normalising smoking and making it less visible, thereby reducing the number of children and young people who decide to start.

Our proposal, for discussion, is to combine a strong coordinated communications campaign with a big launch, followed by a staged approach to smoke-free spaces. We suggest that we start with trialling and developing smoke-free spaces in a staged way as follows (more details in the appendix).

- Ongoing: develop and implement communications plan
- Stage 1: play parks and park events, schools and school gates, hospital grounds and family-friendly council events
- Stage 2: Outdoor eating and drinking areas, Pedestrianised areas in town centre, Parks – not just play areas, Smoke-free sidelines
- Stage 3: Other council events
- Stage 4: Bus stops, railway station and airport (note that the railway station may need to be considered earlier due to redevelopment)
- Stage 5: Smoke-free high streets (other town centres), Smoke-free markets (including no sale of tobacco products)

This staged approach is based on experience from elsewhere and the following reasoning:

- To allow the campaign to develop over time so that we can continue to publicise the messages
- To work within the resources and capacity we have
- To learn as we go

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<sup>7</sup> Towards a Smoke-free Generation, National Tobacco Control Strategy, 2017

- To start with the elements that are most likely to be acceptable to Doncaster residents and continue to consult and engage with them as we develop the work further

Throughout all stages, the communications campaign will:

- provide additional opportunities for getting the smoke-free messages across
- support the specific stage by amplifying the messages for that space
- get the offer of support to quit out to more of the population
- change the social norms around smoking to support our aims for a smoke-free generation

## Key messages: Questions & Answers

1. **Consultation and co-production:** ensuring our approach will be supported by Doncaster residents
  - a. There is public support in England for smoking to be banned in outdoor areas not covered by the legislation<sup>8</sup>:
    - i. 82% agreed with banning smoking in outdoor children's play areas (7% disagreed).
    - ii. 72% agreed with banning smoking in hospital grounds (15% disagreed).
    - iii. 59% agreed with banning smoking in communal spaces such as parks and beaches (23% disagreed).
  - b. We will continue to consult in Doncaster about the proposals as well as undertaking trials.
  - c. We will work with representatives of the target audience to develop materials and ideas.
2. **Clear and honest primary aim:** to reduce smoking prevalence by stopping children from starting smoking
  - a. Chapman (2009) criticises authorities for introducing smoking bans and using public health reasons when the primary reasons may often be because of litter. We are clear about our primary reasons and where the evidence supports this (changing social norms).
3. **Voluntary approach:** support not stigma or enforcement – will it work and how will it work?
  - a. ASH (2008: 4) found that the public will only support tobacco measures that restrict their individual liberty in certain instances, such as the protection of children. We are proposing a voluntary approach focused on family-friendly events and spaces.
  - b. Most people who smoke are considerate, as experience with smoke-free spaces has shown, and will smoke away from smoke-free spaces. We found this in our consultation and will continue to test through the staged approach.
  - c. We would have signage and use social media, press releases and any event materials to ask people to help us in keeping the event smoke-free for our children and young people.
  - d. We would not expect to do any enforcement – this is about voluntary social norms
  - e. Our consultation found some people felt that smoke-free spaces would deter them from visiting but the vast majority would continue to visit places or be more likely to.
  - f. We will focus on the message that smokers need support not stigma. All smoke-free publicity will include information about support to quit. We will work with SWYFT and RDASH to ensure support is available.
4. **E-cigarettes:** we propose that e-cigarettes would be included in the voluntary smoke-free spaces
  - a. E-cigarettes are too new for us to fully understand the health impacts
  - b. Although our smoking cessation service is 'e-cigarette friendly,' in that it will support people to quit using an e-cigarette if they choose to do so, our messaging 'ditch or switch' is clear that stopping smoking is the main aim with e-cigarettes supported only as a quitting aid and e-cigarettes are not allowed to be sold to children
  - c. It is potentially confusing for members of the public and children if e-cigarettes are not included
  - d. We consulted specifically on this point as part of our consultation approach and found 66% support for this position.

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<sup>8</sup> ASH and YouGov, Smokefree Survey 2017. The survey was carried out online by YouGov for ASH; the total sample size was 10488 adults in England. Fieldwork was undertaken between 16th February 2017 and 19th March 2017. The figures have been weighted and are representative of all adults (aged 18+).

- e. As we go through the staged approach we will remain considerate of the need to ensure there are spaces within a reasonable distances of spaces and events for people who are vaping to quit.
- 5. **Perceived negative targeting of smokers:**
  - a. We will ensure there is a support to quit message in all media and signage
  - b. There was a perception in the consultation by small number that this was a waste compared with other ASB in the town centre. We are clear that this is not instead of other work on Complex Lives. This is a separate issue about protecting our children from becoming addicted and having poor health as adults.
- 6. **Education in schools** – perception this is more important than smoke-free spaces
  - a. We are considering how to improve support and work with schools through Healthy Learning Healthy Lives
  - b. We will be working to improve young people’s understanding of the true levels of smoking in Doncaster and UK
  - c. There is good evidence that children who are not exposed or less exposed to smoking growing up are less likely to start smoking
- 7. **Some questions were asked in the consultation about why the council was not leading the way** – staff smoking visibly outside the Civic building was given as an example
  - a. We propose that staff are offered time to attend counselling during work time (initial appointment is half an hour face to face followed by 15 minute appointments which can be made by telephone) instead of smoking breaks
  - b. We need an ongoing communications approach via for example the weekly blog and including some quitting incentives such as gym passes and more innovative approaches to supporting quitting

### Alternatives considered in brief

- 1. Do nothing different – this will not help us to narrow health inequalities or reduce smoking-related harm and death to the extent we have set out in our strategy and targets
- 2. Start with a different type of smoke-free space – the order has been suggested based on experience from other areas and levels of public support in Doncaster but could be altered.
- 3. Do the whole programme at once – we do not have the capacity to do all of this at once, we are likely not to get public support for too many changes at once. Also, by running a staged approach, the communications lasts longer and therefore has more impact.

## Consultation Results



Smokefree Spaces  
Consultation Results :

## Appendix: staged plan

Stage	Theme	What would this look like	Communications approach	Costs and resources
ongoing	Communications	Communications plan developed and implemented This needs to be a partnership approach to include TCA members, local businesses and relevant partners for each stage – we should work through Team Doncaster communications	Brand developed Messaging developed – especially focused on social norms and targeted at key groups Webpages developed (could be part of regional or local website) Film clips of local services – what to expect / what we expect (e.g. smoke-free hospitals) / case studies (e.g. from events) Materials Channels of communication (potentially advertising, social media etc)	Each stage will be costed The overall costs are estimated minimum £10,000 – possibly less if we could get free filming (e.g. via the college), use an existing website and not spend on general materials and communications except for each stage (costs below)
1	Play parks	In 2017/18, Public Health ran a competition with children to design signage for parks, the topics were smoking and litter including dog fouling and now all council-run play areas within parks have smoke-free signage designed by local children The next phase could be to work with remaining parks in Doncaster such as ‘friends-of’ run and village parks, we could also encourage parks to have smoke-free family-friendly events such as picnics	Work with FIS to develop smoke-free directory of parks that are family-friendly Link in with environment teams and communities teams Also work with YourLifeDoncaster on smoke-free information Connect with any social media and websites for parks to ask them to promote the smoke-free message and support for people to quit	Materials such as banners, logo and signage for remaining parks and for schools would be needed  We would want creative approaches to materials – not necessarily just banners and signs, but have some costs included for information
1	Schools	Run some sort of competition within schools to engage children and young people e.g. poems and stories into a compilation to include on Healthy Learning Healthy Lives website and link in with Library Challenge in the summer Providing existing toolkit adapted from Barnsley and banners for schools	Smoke-free school gates – look into examples from other areas: <a href="https://www.bbc.co.uk/newsround/44614625">https://www.bbc.co.uk/newsround/44614625</a> <a href="https://www.bbc.co.uk/news/uk-england-south-yorkshire-45389034">https://www.bbc.co.uk/news/uk-england-south-yorkshire-45389034</a>  Social Norms – e.g. comparing perceptions and reality on roving mics etc	30 x A1 = £426.40 6ft x 2 ft banners (c.£25-30 per banner)
1	Hospitals	Doncaster & Bassetlaw Hospitals are already working on smoke-free site work including improved signage, training for staff including security guards in Very Brief Advice and a launch event on World No Tobacco Day 2019	Press and social media work planned by DBH Letters to patients will include this message Bedside information has been updated to include smoke-free site message and offer of support	

1	Council events – family friendly	Countdown to Christmas Summer events Tour de Yorkshire viewing Colour run	Signage Social media advertising the event to include smoke-free messaging and signposting to support For each event, some sort of ‘hook’ to promote interest, e.g. free ticket draw or local celebrity endorsement	
Further consultation specifically around the proposed next spaces and how they would work in practice				
2	Outdoor eating and drinking areas			
2	Pedestrianised areas in town centre			
2	Parks – not just play areas			
2	Smoke-free sidelines		<a href="https://www.activehumber.co.uk/news/2018/09/smokefree-sidelines-launched-in-the-humber">https://www.activehumber.co.uk/news/2018/09/smokefree-sidelines-launched-in-the-humber</a> <a href="https://www.itv.com/news/calendar/2018-09-17/parents-banned-from-smoking-on-the-sidelines/">https://www.itv.com/news/calendar/2018-09-17/parents-banned-from-smoking-on-the-sidelines/</a> <a href="https://www.bbc.co.uk/programmes/p062ml2p">https://www.bbc.co.uk/programmes/p062ml2p</a>	
3	Council events – other			
4	Bus stops, railway station and airport			
5	Smoke-free high streets			
5	Smoke-free markets (including no sale of tobacco products)			