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Smoking

Public Health Policy
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Ms Barbara Chinyani
Group 3

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Ionela Alexandrina Stan (1905365)

Jainaba Jum (1917571)

Jennifer Oluwakemi Laguda (190729)

Kibibi Birau (Group Leader) (191571)

Marinela Ancuta Szeri (1917613)

Michael Abak (1917009)

Mihaita Munteanu (1913128)

Introduction

This presentation will be about smoking, and our focus will be on adults.

We will be talking through:

- The identification and background of the act of smoking.
- The occurrence and causative effect, the groups that are vulnerable, the incidence and the influence factors.
- The impact of national and global policies on smoking generally, and specifically on adults.
- The role of agencies, locally, nationally and globally to reduce smoking.
- Summary, conclusion and recommendations and supply of references.

Kibibi Birau (1915171)

The identification and background of smoking

- **Smoking**, the act of inhaling and exhaling the fumes of burning plant material (Leone et al., 2010).
- Different plant materials are smoked, including marijuana and hashish, but the act is most associated with tobacco as smoked in cigarettes, pipes and cigars or snuffing tobacco product. (World Health Organization, 2008)

Different smoking **forms and types** such as:

- Smokeless tobacco
- Hookah
- Electronic cigarettes (National Jewish Health, 2015)

- **Nicotine** is an addictive alkaloid that is found in tobacco and can have both stimulating and tranquilising psychoactive effects.

Jennifer Oluwakemi Laguda 190729

Smoking causes and effects

- Smoking in public places was banned in the UK in 2007. (Hudson et al.2019)
- Worldwide, more than one billion people, 20% of the world population smoke cigarettes every day.
- In the UK, around 6.9 million people smoke regularly. (Song et al., 2020)
- Illnesses related to smoking are mostly fatal or will cause irreversible long-term health damage. (Pepper et al., 2020.)
- Increases the risk of developing coronary heart disease, vascular disease and cerebrovascular disease.(Banks et al.,2019.)
- It can cause infertility and birth defects (mother and baby) and impotence, sudden infant death syndrome (SIDS).
- Lung damage, chronic obstructive pulmonary disease (COPD) which incorporates bronchitis and emphysema.(Sitas et al., 2021)
- Increased risk of heart attacks and stroke. (Gray et al., 2020.)

Marinela Ancuta Szeri (1917613)

The occurrence and the vulnerable groups affected by Smoking

- 78.000 deaths attributed to smoking every single year in UK. For the entire 20 century it is estimated that around 100 million people died prematurely because of smoking global. (Smoking et al,2021).
- Based on the estimation from Annual Population Survey, 14% of people aged 18 and above smoked cigarettes in the UK in 2019. (Adult smoking habits in the UK - Office for National Statistics, 2021)
- In the UK 16.5% of men smoked and 13% are women.
- In 2018, 6.3% of people in the UK said they were using an e-cigarette, equating to 3.2 million adults.
- Globally, one in every 5 adults (20%) use tobacco. Southeast Asia and the Pacific Islands have high numbers of smokers, as well as Europe but lower numbers in Africa and South America. (Ritchie and Roser.2021).

- Smokers fallen from 14.7% in 2018 to 14.1% in 2019. (Adult smoking habits in the UK - Office for National Statistics, 2021)

Ionela Alexandrina Stan (1905365)

Background of smoking

- Over 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries.

Vulnerable groups for example:

- **People suffering from mental health issues like** depression, anxiety and stress are among some factors that link to the relationship of young people smoking. (Fluharty et al., 2016)
- Statistically the poor, homeless, LGBT, racial minorities and people suffering from mental health illnesses tend to be more vulnerable.
- Peer pressure.
- Rebelling and showing independence.
- Their parents are smokers

- influence, interest, social situations, stress and pleasure. (Schane et al., 2009)

Kibibi Birau (1915171)

National Policy

Smoke free law.

Effect on the 1st of July 2007.

- Now makes it illegal to smoke in all public enclosed or substantially enclosed area and workplaces.
- The ban includes smoking on vehicles which serve the public and/or are used for work purpose.
- Appropriate no smoking signs must be clearly placed in all smoke free premises and vehicles.
- The owners/managers of any premises must take reasonable steps to ensure that all staff and/or visitors are aware of the ban and to uphold the ban.
- Smokers looking for an appropriate place to smoke may check the no smoking signs in and around premises to easily see which areas are restricted or ask a staff member.

(smoke free law, 2021)

Jainaba Jum (1917571)

Global Policy

WHO Framework Convention on Tobacco Control 2003.

- Price and tax measures to reduce the demand for tobacco
- Regulation of tobacco product disclosures
- Packaging and labelling of tobacco products

MPOWER Policy 2008, Six policies to reverse the tobacco epidemic.

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise taxes on tobacco (WHO, 2008)

Mihaita Munteanu (1913128)

Role of agencies

LOCAL AUTHORITIES

- The **monitoring and enforcement** of tobacco control regulations.
- **Stop smoking services** (Burki, 2020) for example the Essex council free Nicotine replacement therapy (Essex Wellbeing Service, 2021) and training through vape shops (Public Health England, 2018).
- **Bilingual smoking advisers** (Cancer research UK, 2020) and **targeting** of high prevalence groups like young adults.

ROLE OF PHE AND THE GOVERNMENT

- Campaigns, Setting targets and price increase. (Brown et al., 2014)
- Providing tools and data to support local tobacco control.
- Tobacco control plan for England.

Michael Abak (1917009)

Role of agencies

VOLUNTARY ORGANISATIONS

- **Action on smoking & health** (ASH) advocacy to reduce addiction(Ash, 2019) .
- **British lung and heart associations** raising money for research & campaigns, cures and treatments (BHF, 2019).
- **Cancer research UK** funding research on cancer and campaigns.

INTERNATIONAL AGENCIES

- **WHO** global **target** of 30% reduction by 2025 (Bilano et al., 2015), and tobacco free initiative July 1998. (World Health Organization, 2021)
- **World bank global tobacco control programme** tobacco tax reforms. (The World Bank, 2018)
- **EU** ban on cross border tobacco sponsorship and adverts. (European Commission, 2016)

Conclusion

The evidence suggests that legislation, penalties and campaigns have led to a reduction in smoking but too much focus has been placed on the stick rather than the carrot, there should be a balance.

Recommendations

- Pregnant women should be offered financial incentives to quit.
- Raising of purchase age from 18 to 25.
- Services inserted in cigarette packets. (Burki, 2020)
- Increase in fines, £50 fixed penalty not enough to dissuade people from breaking the law.
- A fifth of the local authorities surveyed by **ASH** and **CRUK** offered integrated lifestyle services instead of specialist stop-smoking services emphasis should be on specialist smoking services.

Michael Abak (1917009)

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