

Buckinghamshire Tobacco Control Strategy

2024 - 2029



Foreword

Welcome to the new Buckinghamshire Tobacco Control Strategy 2024 – 2029.

This strategy provides guidance for leaders, policymakers, and service providers to collaboratively work towards a smokefree generation. Developed by the Buckinghamshire Tobacco Control Alliance, it includes representation from local government, the NHS, and statutory services, the Voluntary, Community, and the Social Enterprise (VCSE) sector.

While smoking rates have decreased, about 1 in 10 people in Buckinghamshire still smoke, contributing significantly to health inequalities¹. Smoking continues to be the largest preventable cause of ill health and early death and is a very significant contributor to the differences in health experienced by different groups in society. Smoking is a key cause of socioeconomic health inequalities^{2,3,4,5}.

Our goal is to achieve a smokefree generation, defined as a smoking prevalence below 5% by 2030. With the current trajectory, continued action is crucial to ensure that this target is met. The strategy will be supported by a dynamic, multi-agency action plan managed by the Buckinghamshire Tobacco Control Alliance and it will be reviewed quarterly. All partners have a role to play in achieving our vision, and we thank everyone who commented and contributed to the development of this strategy.

A new Buckinghamshire Vaping Position Statement will accompany this strategy and it will be updated annually to align with evolving legislation, guidance, and evidence. Achieving our ambition for a smokefree generation will improve our population's physical and mental health, put money back in people's pockets, boost productivity in our local economy and relieve pressures on the health and social care system.

We encourage you to join us to implement this strategy to achieve our ambition.

Jane O'Grady
Director of Public Health and Community Safety

Thank you to the following organisations for their contribution:

- Be Healthy Bucks
- Buckinghamshire Healthcare NHS Trust - Family Nurse Partnership
- BOB Integrated Care Board
- Buckinghamshire and Surrey Trading Standards, Buckinghamshire Council
- Buckinghamshire Healthcare NHS Trust
- Community Pharmacy Thames Valley
- Community Safety Team, BC
- Department of Work and Pensions
- Integrated Commissioning Team, Buckinghamshire Council
- Planning Department, Buckinghamshire Council
- Public Health
- Youth Concern

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Vision

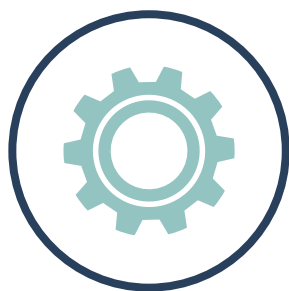
The national vision is to create a smokefree generation in England by 2030; this is defined as a national prevalence of 5% or lower. We aspire for Buckinghamshire to align with this vision, aspiring to achieve a smokefree status by 2030. Our efforts are dedicated to realising this vision, envisioning Buckinghamshire as a community where individuals flourish, making positive decisions to refrain from smoking or using various tobacco products like shisha and chewing tobacco.



Introduction

In England, smoking claims over 200 lives daily⁶ and contributes significantly to the difference in life expectancy between the most and least deprived in society⁷. It is still the single largest preventable cause of illness and premature death⁸. If smoking was obsolete in England, over £11.4 billion would go back into communities' and families' pockets and one million fewer children would be living in poverty⁹.

This can be broken down as follows:



Productivity costs
£284.8 million



Healthcare costs
£13.8 million



Social care costs
£8.8 million



Fire costs
£2.3 million

In England there have been concerted efforts to reduce the number of smokers in the population, with prevalence reducing from 45% in 1974 to 13% of adults in 2021¹.

There are inequalities related to tobacco use. The use of tobacco and the associated harms continue to fall hardest on some people in our communities, for example, those with a serious mental illness or those in routine and manual roles are more likely to be smokers⁸.

In Buckinghamshire, around 1 in 10 people smoke¹. Reducing levels of smoking in the local population is a priority in the Buckinghamshire Joint Local Health and Wellbeing Strategy 2022-2025¹¹. This tobacco control strategy also supports the work of local NHS Trusts to deliver the tobacco dependency service requirements of the NHS Long Term Plan (2019)¹².

Everyone, whether in schools, workplaces, communities, or hospitals, has a role in reducing tobacco-related harm in Buckinghamshire.

The focus is on preventing young people from starting, tackling illegal tobacco and vapes, creating smoke-free areas, and helping those in communities with higher smoking rates to quit. Preventing the next generation from starting to smoke and discouraging young people from starting vaping are key priorities.

The Buckinghamshire Tobacco Control Strategy 2024-2029 outlines our approach to achieving these goals. Everyone, whether in schools, workplaces, communities, or hospitals, has a role in reducing tobacco-related harm in Buckinghamshire.

The national picture

Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes.

The 2018 Tobacco Control Plan for England envisions a smokefree generation, defined by a smoking prevalence of 5% or less by 2030¹³. Achieving this goal is crucial for reducing health inequalities and improving healthy life years and requires a rapid decline in smokers. A smokefree 2030 will only be achieved by motivating more smokers to quit using the most effective aids, whilst reducing the number of children and young adults who start smoking each year. Additionally, the government's Green Paper published in July 2019 emphasised the need to reach the 2030 target, with a new Tobacco Control Plan which has been delayed since December 2021¹⁴.

The Secretary of State for Health and Social Care is committed to enhancing prevention in the NHS Long Term Plan, recognising the NHS's role in tackling tobacco dependence, particularly among specific groups¹²; especially for hospital inpatients, pregnant women, and long-term users of mental health services. *The Khan Review: Making Smoking Obsolete* in June 2022 called for urgent government action to address health and economic disparities caused by smoking¹⁵.

The report presented four recommendations for the government to address to achieve a smokefree England by 2030:

- 1. Increased investment***
- 2. Increase the age of sale***
- 3. Promotion of vapes as an effective 'swap to stop' tool to help people quit smoking***
- 4. Improve prevention in the NHS***

This report was a call to action for the government to address the health and economic disparities caused by smoking.

Addressing preventable risk factors like smoking aligns with the Major Conditions Strategy, which focuses on key issues such as cardiovascular disease and chronic respiratory conditions¹⁶.

As of October 2023, Central Government published their intention to introduce a historic new law to protect future generations of young people from the harms of smoking. The proposed new legislation will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products, effectively raising the smoking age by a year each year until it applies to the whole population. This has the potential to phase out smoking in young people almost completely as early as 2040.



Impact of smoking

Smoking is the largest cause of preventable illness and early death and approximately 64,000 people are killed by smoking each year¹⁷. In 2019/20, smoking contributed to an estimated 506,100 hospital admissions in England¹⁷. For every smoker who dies, 30 others suffer severe smoking-related diseases, requiring social care 10 years earlier than non-smokers¹⁸.

Clear evidence links smoking to over 50 serious health conditions, including fatal and long-term irreversible damage. It damages lungs, leading to conditions like COPD and pneumonia, causes 70% of lung cancers, elevates the risk of various cancers, and harms the heart, increasing the likelihood of coronary heart disease and stroke¹⁹. Smoking exacerbates respiratory conditions and infections. Additionally, research shows that smoking tobacco is harmful to our brain health including conditions like dementia, as smoking speeds up the decline of our brains.

Helping the most disadvantaged smokers to quit will return thousands of pounds to family budgets.

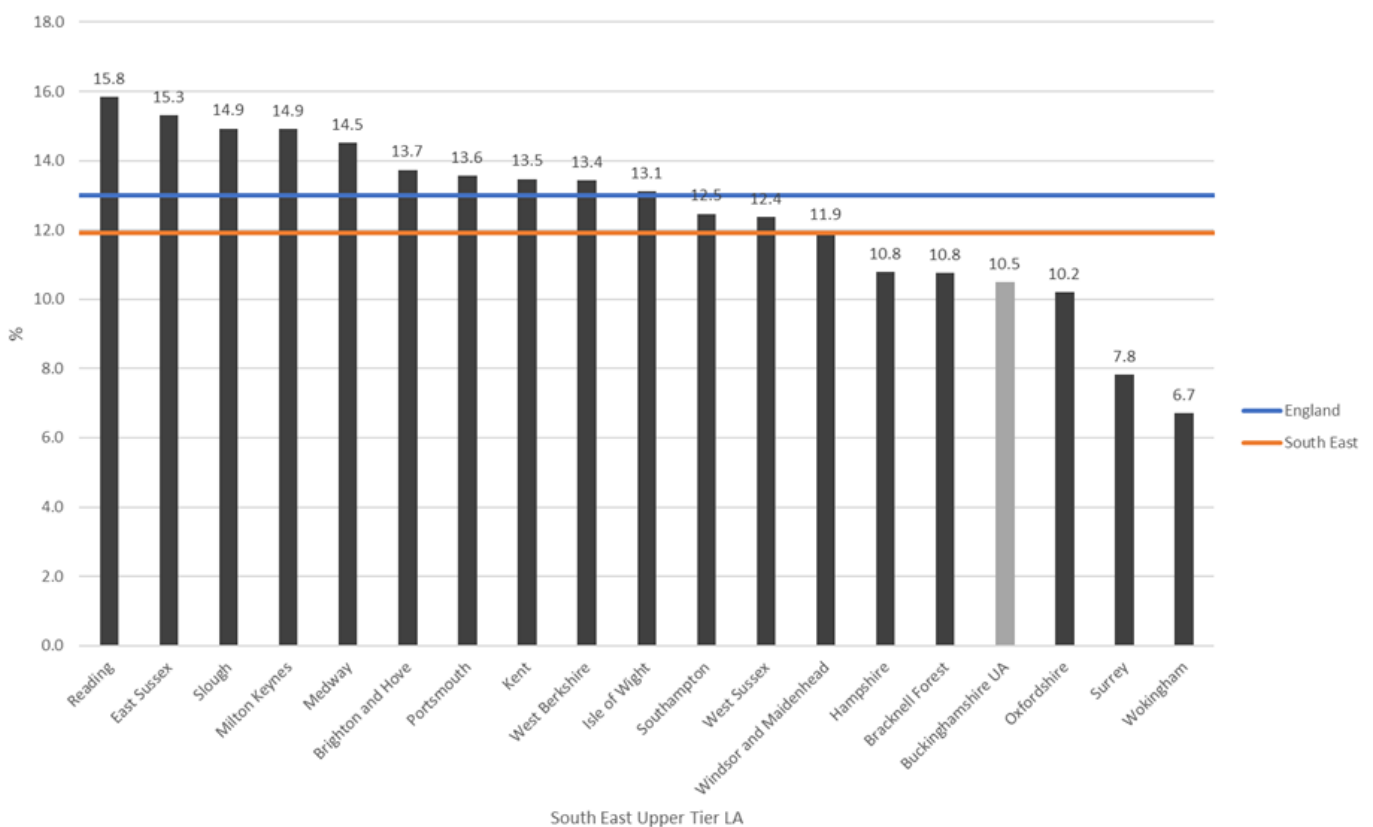
Beyond the health impacts, smoking incurs a societal cost of approximately £17.3 billion annually in England¹⁰, surpassing the £10 billion generated from tobacco duties²⁰. Treating smoking-related diseases costs the NHS £2.6 billion yearly²¹. Over the past decade, tobacco prices have doubled, leading some to turn to cheaper illegal alternatives²². Helping the most disadvantaged smokers to quit will return thousands of pounds to family budgets.

Smoking prevalence

In England, an estimated 5.8 million adults are currently smokers; this is equivalent to around 13% of England's adult population (2021)¹. This is a decrease from 19.8% in 2011 and is the lowest prevalence to date.

In Buckinghamshire, adult smoking prevalence has also dropped from 16.5% in 2014 to 10.5% in 2021, totalling around 45,104 smokers. This prevalence is lower than the South East regional average (11.9%).

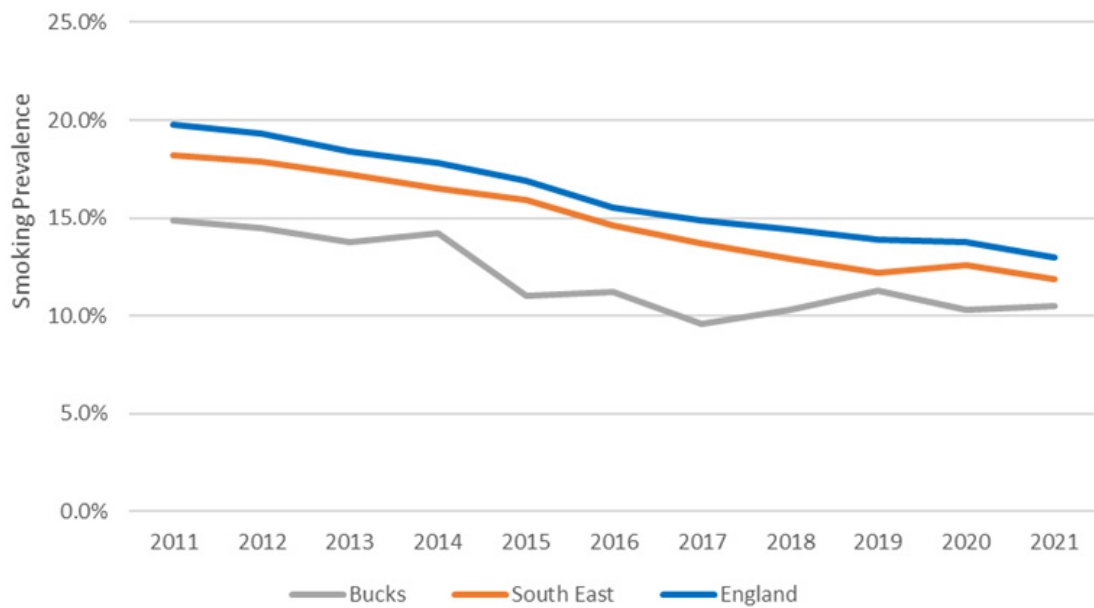
Smoking prevalence in adults (18+) - current smokers (APS), 2021, South East Region, percentages



Source: Office for Health Improvement and Disparities (OHID), accessed through [Fingertips](#).

Despite a decline in smoking rates in Buckinghamshire, there has been an unfortunate increase since 2017 when only 9.6% of adults smoked in the region. This highlights the need to continue to focus on reducing smoking in our population.

Smoking prevalence in adults (18+) - current smokers (APS), 2011-2021, percentages



Source: Office for Health Improvement and Disparities (OHID), accessed through [Fingertips](#).





Groups at higher risk from smoking

It is crucial to direct specific attention to the following groups as they are particularly susceptible to the effects of tobacco.

Smoking during pregnancy

Smoking during pregnancy poses significant health risks for both mothers and babies, including stillbirth, miscarriage, low birth weight, and sudden infant death syndrome^{23,24}. Quitting smoking is highly beneficial for the pregnant woman's health and contributes to the wellbeing and development of the baby²⁵.

In England, smoking during pregnancy is tracked using Smoking at Time of Delivery (SATOD) data, with a government target of 6% by 2022²⁶. However, in England between 2022 to 2023, 8.8% of mothers smoked at the time of delivery, indicating a need for further progress to meet the target²⁷.

Buckinghamshire has shown improvement, with SATOD prevalence declining from 8% in 2014/2015 to 6.2% in 2022/2023²⁸. Yet, 6.8% of babies in Buckinghamshire have a low birth weight at term, exceeding the South East average of 6.2%²⁹.

To accelerate progress, the NHS Long Term Plan committed to implementing an opt-out smokefree pregnancy pathway by 2023/2024.

The Saving Babies' Lives Care Bundle Version 2 (SBLCB2), 2019³⁰ focuses on reducing smoking in pregnancy. It recommends:

- Carbon monoxide (CO) testing of all pregnant women at antenatal booking appointment.
- Carbon monoxide (CO) testing at 36 weeks.
- Referral to a stop smoking service/specialist based on an opt out system.
- Training on CO monitor use and Very Brief Advice (VBA) for all relevant maternity staff.

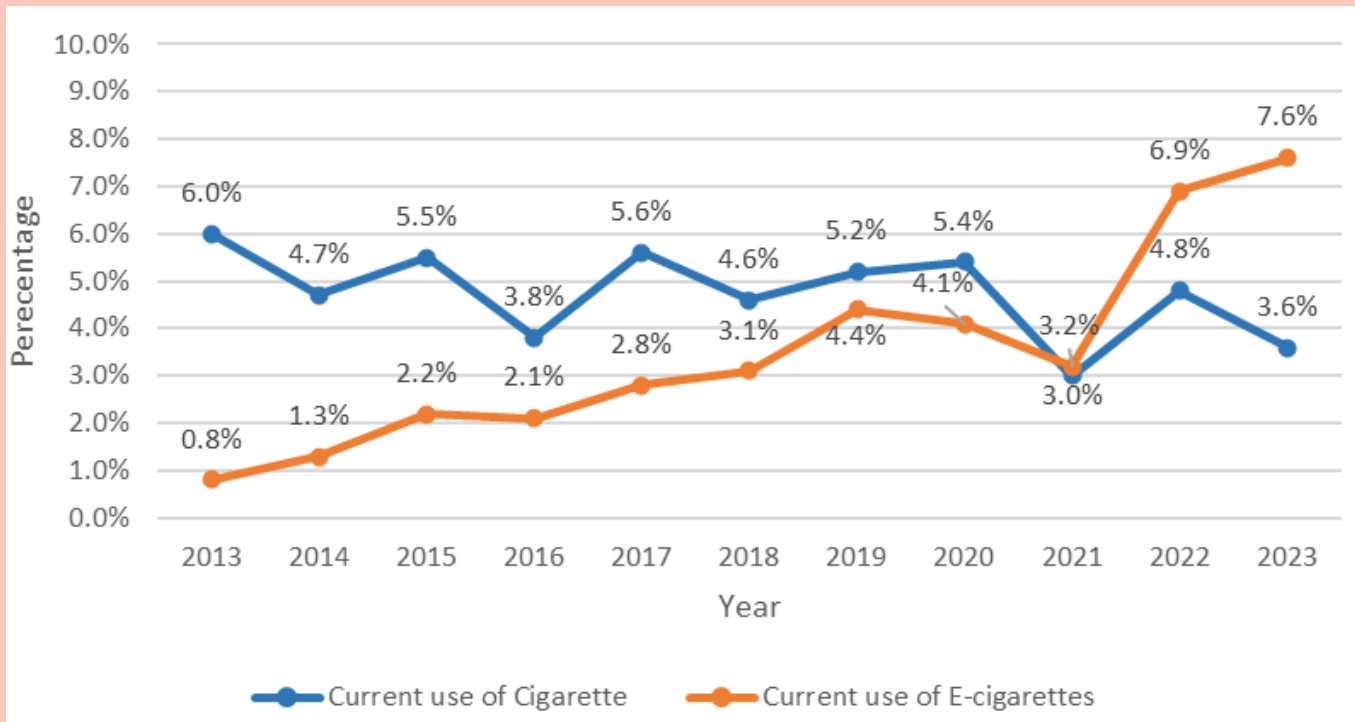
Children and young people

In the United Kingdom (UK), around 207,000 children start smoking annually³¹. Two-thirds of adult smokers started before 18, and children with smoking parents are four times more likely to smoke themselves³². Higher deprivation, higher levels of truancy and substance misuse are all associated with higher rates of youth smoking³³.

Smoking rates among under-16s in England hit record lows, with 12% having ever smoked and 3% currently smoking³⁴. In 2016, 48% of children reported second-hand smoke exposure, leading to health issues like respiratory infections and sudden infant death syndrome³⁵.

Concerns are rising over the growing popularity of disposable vapes among young people. The 2023 YouGov survey revealed a 50% increase in vaping (also known as e-cigarettes) experimentation, with current vaping rising from 3.2% in 2021 to 7.6% in 2023³⁶. Despite vaping being illegal for under 18s, most acquire vapes from shops or friends/adults/parents. Colourful, pocket-sized vapes with sweet flavours at cheap prices make them appealing and accessible to young people.

Current use of cigarettes and e-cigarettes over time, GB youth (11-17), 2013-2023



Source: ASH Smokefree GB Youth Surveys, 2013-2023. Unweighted base: All 11-17 year olds (2013=1,895, 2014=1,817, 2015=1,834, 2016=1,735, 2017=2,151, 2018=1,807, 2019=1,982, 2020=2,029, 2021=2,109, 2022=2,111, 2023=2,028).



To prevent the next generation of smokers and to discourage young people from starting vaping, smoking free environments such as Smokefree Parks and Playgrounds, Smokefree Sidelines and Smokefree Gates are important initiatives that will de-normalise smoking and vaping in communities.



Groups with higher rates of smoking

Higher smoking rates are observed in the following groups compared to the general population. Local initiatives aimed at reducing smoking should give priority to these groups.

People living in more deprived areas

Smoking prevalence is associated with levels of deprivation, with one-third of smokers residing in the 20% most deprived areas in England³⁷. In Buckinghamshire, data from GP systems (EMISweb) reveals a contrast in smoking prevalence between the least deprived areas (10%) and the most deprived areas (20.1%)³⁸. This work compliments the 'Opportunity Bucks' programme, our local response to the government's Levelling Up White Paper published in February 2022. The programme focuses on 10 wards in Buckinghamshire across three areas where people are experiencing the most hardship, and several of our tobacco control initiatives are focussed in these areas.

Lower-income individuals face higher smoking rates, often encountering difficulties in quitting due to factors such as limited social support or stress. Those in social housing are three times more likely to smoke than mortgage holders³⁹. The UK is facing a cost-of-living crisis (as of October 2022) that will hit the most deprived hardest, yet it is often those who cannot afford to smoke who spend the most on their smoking addiction¹⁵. In Buckinghamshire, an estimated £110 million is spent on tobacco annually, with each smoker averaging £2,451 in spending. Nearly all this money goes straight out of the local economy as tobacco industry profits or tax⁴⁰.



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Men

Smoking is more prevalent in men, with 15.5% (around 3.7 million) smoking compared to 12.1% of women (around 3 million) in 2021⁴¹. This gender difference, observed since 2011, may result from various physiological, cultural, and behavioural factors³⁹. Men are also more likely to vape daily (9.7% compared to 5.7% of women)⁴². In Buckinghamshire in 2022, more women (54%) set a quit date than men (46%), but ultimately, more men successfully quit (61% compared to 59% for women)⁴³.

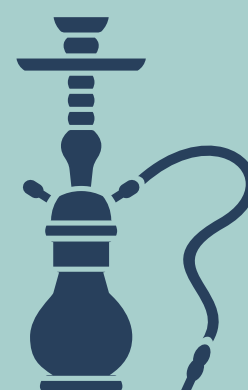


15.5% of men smoke compared to 12.1% of women.

People from mixed or white ethnic groups

Smoking prevalence varies among ethnic groups, with higher rates in Mixed (19.5%) and White (14.4%) groups, and lower rates in Chinese (6.7%), Asian (8.3%), and Black (9.7%) groups in 2019⁴⁴. Significant gender differences are observed, particularly in Asian (13.9% in men, 2.9% in women), Chinese (12.6% in men, 4.0% in women), and Black (12.9% in men, 6.9% in women) ethnic group⁴⁵.

Research on smokeless tobacco use in the UK is limited. Chewing tobacco, primarily betel quid or paan, is common among South Asian communities, with a 2004 survey finding 9% of Bangladeshi women using it⁴⁶. Waterpipe smoking (shisha) use in the UK remains low, however we know that it is more commonly used in Black and Asian populations⁴⁷. Like cigarettes, shisha contains nicotine, tar and carbon monoxide. A single shisha session equals inhaling smoke equivalent to over 100 cigarettes⁴⁸. Tobacco-free shisha is not a safe alternative.



A single shisha session equals inhaling smoke equivalent to over 100 cigarettes.

More research is needed to understand the effects of shisha and chewed tobacco, especially among ethnic minorities.

People in routine and manual occupations

Smoking prevalence in England is linked to employment status. In 2021, 25.7% of unemployed adults were current smokers, while only 13.3% of employed adults smoked⁴⁹. Unemployment is associated with higher smoking rates, with one in four unemployed individuals smoking compared to one in eight employed individuals. In 2019, 23.4% of those in routine and manual occupations smoked, approximately 2.5 times higher than those in managerial and professional roles (9.3%)⁵⁰.

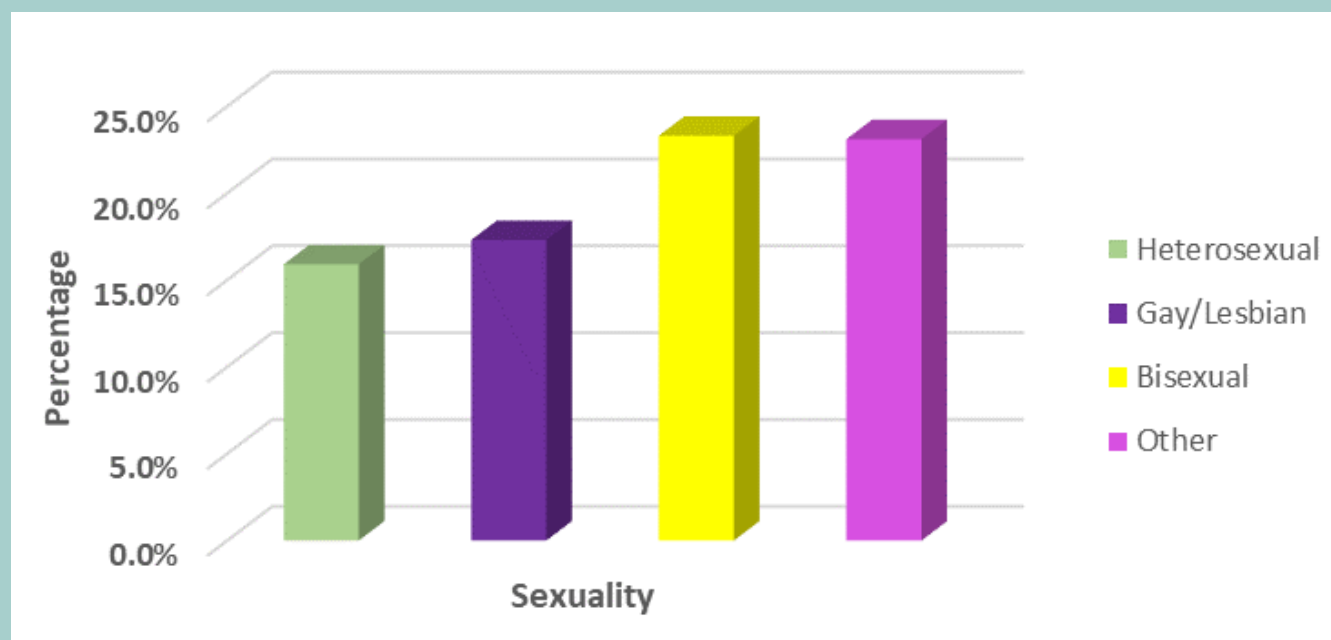


23.4% of those in routine and manual occupations smoked.

LGBT people

Government policy emphasises the necessity of ensuring that the LGBT populations receive necessary care, especially to address health inequalities⁵¹. Smoking rates among lesbian, gay, bisexual, and transgender (LGBT) individuals exceed the national average⁵².

Adult smoking habits in the UK, 2018, ONS data



Source: Office of National Statistics: Adult smoking habits in the UK: 2018

The chart illustrates significantly higher smoking prevalence in the gay/lesbian groups (17.3%) and bisexuals (23.23%) compared to heterosexual groups (15.9%), based on 2018 data. Young LGBT individuals are more prone to starting smoking earlier and smoking more heavily⁵². LGBT communities often face barriers in accessing medical treatment, and they are disproportionately affected by social inequalities, increasing the risk of smoking initiation and addiction. While research on smoking among transgender people is limited, surveys indicate a higher likelihood of smoking⁵³.

NICE guidelines from 2018 emphasise the importance of targeting and prioritising LGBT smokers in cessation initiatives and services⁵⁴. Stop smoking services should ensure accessibility for the LGBT community, demonstrating inclusivity in equality policies and health promotion campaigns, as seen in examples like the Greater Manchester Health and Social Partnership's 'You Can' campaign^{55,56}.



Smoking rates among lesbian, gay, bisexual, and transgender (LGBT) individuals exceed the national average.

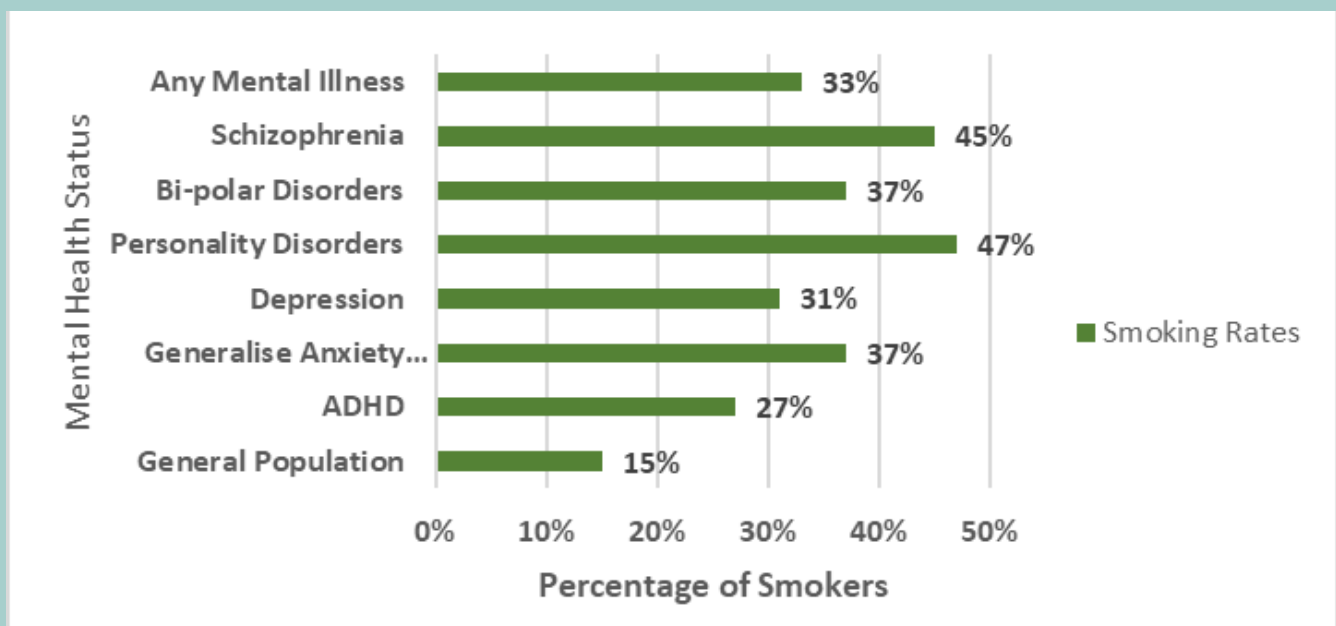
People with mental health problems

Approximately one third of adult tobacco consumption is by people with a current mental health condition, with smoking rates more than double the general population⁵⁷. People with mental health conditions die 10 to 20 years earlier, and the biggest preventable factor for this is smoking⁵⁸.

Research from the Royal College of Physicians indicates that people with depression are 1.7 times more likely to smoke, while those with schizophrenia are over twice as likely compared to those without a mental health condition. People with a mental health condition are also more likely to be heavy smokers, despite a more frequent desire to quit compared to the general population⁵⁹.

The severity of the mental health condition correlates with higher rates of smoking, smoking dependence, and a greater likelihood of relapse⁶⁰.

Smoking prevalence among individuals with mental illness



Source: Royal College of Physicians. Royal College of Physicians, Royal College of Psychiatrists. *Smoking and mental health. (2013)*

Long-term conditions

Smokers are more prone to long-term illnesses, and many of these conditions are either caused or worsened by smoking. Smoking significantly heightens the risk of heart-related issues, including heart attack and stroke. Smokers have a 30% to 40% increased likelihood of developing diabetes, leading to complications like kidney disease, nerve damage, circulatory problems, and non-healing sores⁶¹.

For individuals with asthma who smoke, hospitalisation rates, symptom severity, and lung function decline are higher compared to non-smoking asthmatics⁶². Chronic Obstructive Pulmonary Disease (COPD) results in 30,000 deaths annually in England, with smoking responsible for up to 80% of COPD-related deaths⁶³.



Smokers have a 30-40% increased likelihood of developing diabetes.

Purpose of the strategy

This strategy aims to guide leaders, policymakers, commissioners, service providers, and the voluntary sector in Buckinghamshire to collaboratively reduce smoking rates and mitigate tobacco-related harm.

It aligns with the national framework of four key themes for achieving a smoke-free generation (when adult smoking prevalence is less than 5%) *:

The four themes are:

1. **Prevention first**
2. **Support smokers to quit**
3. **Eliminate variations in smoking rates**
4. **Effective enforcement**

Realising this ambition cannot be achieved by any one organisation alone and relies on a whole-system, joined-up approach to the areas for action identified. The strategy is supported by a detailed action plan that was co-developed, agreed upon and jointly owned by all partners of the Buckinghamshire Tobacco Control Alliance. This group will continue to report to the Buckinghamshire Health and Wellbeing Board on an annual basis.

Aims and measures

Key aims and how we will measure achievement:

Aim	How we will measure it	Baseline	2029 target
Reduction in the number of smokers.	Proportion of adults 18+ that are current smokers.	10.5%	5% or less
Decrease in the prevalence of smoking among individuals in routine and manual occupations.	Proportion of adults 18+ that classify as having a routine and manual role that are current smokers.	17.5%	10% or less
Decrease in the prevalence of smoking among individuals with a severe mental illness.	Proportion of adults 18+ with a serious mental illness that are current smokers.	34.6%	Below 20%
Reduction in the number of women who are smokers at time of delivery.	Proportion of pregnant women smoking at time of delivery (SATOD).	6.2%	4% or less
Reduction in number of current smokers at age 15.	Proportion of 15 year olds that are current smokers.	5.1%	3% or less
Reduce the supply and demand of illicit tobacco and underage use of vapes.	Number of prosecutions of shops selling illegal tobacco or illegal vapes, as well as to those under 18.	16 enforcement actions per year	10* enforcement actions per year

* fewer actions to reflect a reduction in illegal activity

Achieving a smokefree generation through four areas of action

Details of each of the themes are set out below.



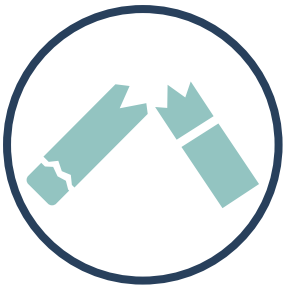
Prevention first

Our goal is to secure the best start in life for every child in Buckinghamshire. Emphasising the importance of a smokefree environment during their upbringing.

Areas for Action:

- Reduce the prevalence of smoking during pregnancy, through continuing to offer a robust and effective pathway for both women and their partners for identification, referral, and support to stop smoking.
- Heighten awareness among young people about tobacco health risks and persist in efforts to curb the availability, appeal, and affordability of tobacco for the young people.
- Advocate for smokefree environments, including play parks, school gates, and sport sidelines.
- Prevent young people starting smoking through the de-normalisation of smoking in adults.
- Reduce vaping among youth through reducing the appeal and accessibility.
- Implement evidence-based prevention programmes in schools, rooted in behavioural science for children and young people.
- Encourage planning departments to design features which mitigate the presence of second-hand smoke, such as smokefree/vapefree signage.





Support smokers to quit

This theme focuses on a whole-system approach to supporting smokers to quit. As smokers experience a greater incidence of poor health and disease, the health and care system will already be regularly engaging with them. We must seize these opportunities and Make Every Contact Count (MECC).

Prioritising support for individuals to quit, the strategy underscores the importance of accessible and effective stop smoking services. This involves providing high-quality assistance, incorporating nicotine replacement therapies and behavioural interventions to enhance smokers' chances of success. Evidence-based stop smoking services can significantly improve quit success rates, up to three times higher than attempting to quit alone⁶⁴.

Buckinghamshire Council currently commissions a local stop smoking service (Be Healthy Bucks) to help smokers to quit with the use of nicotine replacement therapy (NRT) and behavioural support.

Areas for Action:

- Sustain an accessible, evidence-based stop smoking service for both young people and adults.
- Promote smokefree environments in organisations and workplaces, offering support for staff to quit smoking.
- Buckinghamshire Healthcare NHS Trust (BHT) and Oxford Health NHS Foundation Trust (OHFT) will continue to implement the tobacco dependency commitments in the NHS Long Term Plan by supporting local referral pathways for smokers (including referrals to local pharmacies).
- Encourage smokers using, visiting, or working in the NHS to quit, including comprehensive smokefree policies.
- Encourage smoking cessation or the transition to vaping using national and local campaigns, such as Stoptober.
- Explore additional opportunities to shield both adults and children from the harm of second-hand smoke.
- Collaborate with Trading Standards to ensure shisha establishments adhere to regulations.
- Ensure that Primary Care identify and refer smokers to stop smoking support, including those on surgery waiting lists.





Eliminate variations in smoking rates

By directing tobacco control interventions to communities with higher smoking rates and lower socioeconomic status, the goal is to diminish differences in smoking prevalence throughout Buckinghamshire.

Areas for Action:

- Provide free support to quit smoking for populations with elevated prevalence, such as LGBT communities or routine and manual workers.
- Tailor stop smoking services to cater to the specific needs of key populations.
- Reduce the prevalence of smoking amongst people with mental health conditions and learning disabilities, offer targeted interventions and ensure mental health trusts implement the tobacco dependency commitments in the NHS Long Term Plan.
- Deliver mass media campaigns to advocate stopping smoking, raising awareness of harms.
- Support smokers with long-term conditions (LTC) in their efforts to quit.
- Promoting and offering Make Every Contact Count (MECC) training to key organisations.





Effective enforcement

All tobacco products sold in the UK are subject to excise duty, and illegal tobacco refers to any cigarettes or tobacco sold without paying this duty. Organised crime groups dominate the illegal tobacco market, often engaging in other criminal activities like drug smuggling or people trafficking. This illicit trade undermines tobacco control efforts, providing a readily available source of cheap tobacco products.

Illegal tobacco, sold at about half the price of legal alternatives, attracts some smokers but enables the initiation of smoking in children. In 2021, we launched a campaign highlighting the harms of illegal tobacco use and its broader impact on communities, supported by an illegal tobacco roadshow for community engagement.

The Buckinghamshire and Surrey Trading Standards team enforces legislation related to the sales of age-restricted products, including tobacco and vaping items. Retailers receive guidance on avoiding illegal sales, and the department employs various methods, including test purchasing, to ensure compliance.

Areas for Action:

- Expand outreach of the illegal tobacco campaign to communities with high rates of illegal tobacco use.
- Collaborate with Trading Standards and the police to identify illegal cigarettes and unsafe products, supporting partner enforcement actions to enhance safety.
- Increase the reporting of intelligence on underage sales and illegal tobacco/vape activities.
- Encourage residents to report illegal tobacco and illegal vape activities.
- Increase the number of underage sales testing operations, supported by a dedicated Trading Standards officer.
- Ensure effective prosecutions are taken in appropriate cases based on intelligence received.
- Promote safety messages regarding the safe operation of shisha establishments and advocate for accurate identification and recording of shisha premises.



Delivering our strategy

The Buckinghamshire Tobacco Control Alliance, comprising key agencies, owns and oversees this Strategy. Everyone is involved in addressing this issue.

The strategy builds upon established tobacco control efforts in Buckinghamshire, outlining new initiatives for success over the next five years. The actions presented represent novel approaches or modifications to existing practices.

In line with our guiding principle of flexibility, these actions may evolve during the strategy's lifespan to remain relevant. A smokefree generation will enhance physical and mental health, extend lives, contribute to economic growth, and alleviate pressures on health and social care.



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