

16<sup>th</sup> November 2023

## Oxfordshire Tobacco Control Strategy (OTCS) Annual Update

### Purpose / Recommendation

This is an annual update to HIB related to progress against the Oxfordshire Tobacco Control Strategy and action plan.

The Health Improvement Board is asked to note updates against the Oxfordshire Tobacco Control Alliance (OTCA) Action Plan 2023-24 and recent national changes proposed to tobacco and smoking policy. The Health Improvement Board is asked to;

- Note the update on some of the key projects of interest to HIB
- Note the current consultation on new national policy measures to achieve a SmokeFree Generation and make a response endorsing these proposals.
- Each organisation on HIB to consider making an endorsement of the proposed smoke free generation policy through its own governance routes (such as full council motions or similar)
- To receive an overview of and update from Jo Reeves (Prevention and Health Inequalities Network Manager from BOB ICB) on the progress towards the implementation of NHS inpatient Tobacco Treatment services and pathways in Oxfordshire
- To receive an overview of and update from Ian Hiscock (Service Manager of Stop for Life Oxon) on the work done by Oxfordshire's Stop Smoking Service to reach and support priority groups to quit smoking

### Background

Smoking tobacco is the single biggest cause of preventable illness and death in England – up to 2 out of 3 lifelong smokers die of smoking<sup>1</sup>

Smoking is the single biggest driver of health inequalities and is responsible for half the difference in life expectancy between the most and least advantaged in society<sup>2</sup>

Tobacco is also the leading driver of inequalities between the rich and the poor with **23,655 working age adults in Oxfordshire living in poverty when expenditure on tobacco** is taken into account. The average smoker spends £2,500 on tobacco each year.

Smoking is a huge drain on local economies, and it is estimated to cost an estimated **£163.5 million** in **Oxfordshire**.

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<sup>1</sup> [Minister Neil O'Brien speech on achieving a smokefree 2030: cutting smoking and stopping kids vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-a-smokefree-2030-cutting-smoking-and-stopping-kids-vaping)

<sup>2</sup> [Tackling Inequalities - ASH](#)

The Oxfordshire Tobacco Control Alliance (OTCA) was set up in 2020 to deliver on the Oxfordshire Tobacco Control Strategy (OTCS) – a four-pillared approach to reduce adult smoking prevalence to less than 5% across Oxfordshire by 2025 (5 years earlier than the 2030 national target<sup>3</sup>).

The four pillars for a whole system approach to reduce tobacco use are prevention, local regulation and enforcement, creating smokefree environments and supporting smokers to quit.

Work is being done across the National Health System (NHS) as stipulated in the NHS Long Term Plan (LTP)<sup>4</sup> to offer NHS-funded tobacco treatment services to - anyone admitted to hospital overnight who smokes; pregnant women and members of their household; and long-term users of specialist mental health services.

HIB received a detailed update in September 2022 of work related to reducing smoking prevalence in Oxfordshire, available here: [CCMT \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/ccmt) This is an annual update on the activity that has happened since then.

## Key Issues

### Progress Towards Oxfordshire's 2025 Smokefree Ambition

**Smoking Prevalence** - the latest Oxfordshire data shows a downward trend in smoking prevalence from 2020, when the original smokefree aspiration for Oxfordshire was set. Adult smoking prevalence has fallen from 13.2% (2020) to 11.2% (2022). The 2021 prevalence of 10.2% has confidence intervals that cross over with the 2022 prevalence and OHID are investigating a potential data flaw. This compares favourably to adult smoking prevalence in the South East (11.5%) and in England (12.7%)

**Disparities in Smoking Prevalence** - we continue to see higher rates of smoking in key population groups – those working in routine and manual occupations (25.7%) and those living with a serious mental illness (36.4%),

**Smoking in pregnancy** is a leading contributor to poor health outcomes during both pregnancy and childbirth for both the mother and the infant. Smoking at the time of delivery (SATOD) has fallen to 6.1% (2022) from 7% in 2021.

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<sup>3</sup> [Advancing our health: prevention in the 2020s \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/advancing-our-health-prevention-in-the-2020s.pdf)

<sup>4</sup> [Overview: NHS Long Term Plan tobacco commitments - ASH](https://www.nhs.uk/longtermplan/long-term-plan-tobacco-commitments/)

## National Update

In October 2023, the government announced a number of policy changes towards 'Stopping the Start: our new plan to create a smokefree generation'<sup>5</sup>

This included the following key aspirations:-

- **Raise age of sale** of tobacco products by one year every year from 2027 onwards. This means that children turning 14 this year and younger (born on or after 1<sup>st</sup> January 2009) will never be legally sold tobacco products. The aim of this policy is to stop the start.
- Additional government investment into **national anti-smoking campaigns**.
- **Additional ring-fenced funding** to support local authority stop smoking services – to be utilised over and above existing funding.
- **Additional funding** to provide evidence-based financial incentives to pregnant smokers.
- **Consultation** on potential measures to reduce the appeal and availability of vapes to children (closing on 6<sup>th</sup> December) and available here: [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](https://www.dhsc.gov.uk/consult/condocs/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views)
- **Strengthening enforcement activity** by offering additional funding to trading standards, Border Force and HMRC, introducing new powers for local authorities to issue on-the-spot fines to enforce age of sale legislation of tobacco products as well as vapes, and enhance online age verification to stop underage sales of tobacco products and vapes.
- A **Swap to Stop** scheme, aiming to distribute 1 million vapes, alongside behavioural support, to smokers in England by March 2025 has also opened for bids<sup>6</sup>.

Action on Smoking and Health (ASH) have highlighted the influence local leaders have and have suggested Health and Wellbeing Boards and in our case Health Improvement Boards have a role in making both a strong response to the Consultation and in publicising their support for the measures. A draft response is included in the appendices should HIB wish to adopt it.

## Oxfordshire Tobacco Control Alliance Action Plan and update against key projects of interest to HIB

The current OTCA Action Plan is arranged under the four pillars of prevention, environment, enforcement and support. Work is ongoing against a suite of projects (see appendix 1).

In September 2022, HIB were updated on new proposed actions for the TCA Action Plan 2022-23 following the publication of '[Making Smoking Obsolete](#)', the [Javed Khan Review](#) and the ASH report on youth vaping (2022). These actions related to supporting social housing tenants to quit and Trading Standards work to address

<sup>5</sup> [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

<sup>6</sup> [Smokers urged to swap cigarettes for vapes in world first scheme - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/smokers-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme)

under-age sales of e-cigarettes. HIB also requested further information around youth vaping and work to support smokers in debt.

A brief update against each of these areas is below:-

### **Smokefree Communities – Social Housing Work**

Of all socio-economic measures, housing tenure appears to be the strongest independent predictor of smoking in England<sup>7</sup>. Across Oxfordshire, there are around 49,000 social housing stock with around 8,000 of these owned by district councils. On average, 1 in 3 people living in social housing smoke<sup>8</sup>.

A Smokefree Communities Toolkit was launched in February 2023 and attended by representatives from 6 housing associations. The toolkit was sent to a wider audience of housing associations across all five Oxfordshire districts. We are scoping work with Oxford City Council about the prospect of embedding smoking cessation adverts into their regular communications with their tenants. Some Oxford City housing officers have completed VBA training. We are currently working with Clarion housing who own social housing stock in Wantage in the Vale of White Horse (VWH) district. They are keen to promote our local stop smoking service (Stop for Life Oxon) through their charitable arm, Clarion Futures. Further work needs to be done on how we can evaluate the impact of this via data collected from Stop for Life Oxon. If this project is successful, we would look to expand to other housing providers.

### **E-Cigarettes/ Vaping**

HIB are reminded that quitting smoking is one of the best things an individual can do for their health. Vapes are an effective quit tool for adults who want to quit smoking and are more effective than other nicotine replacement therapies. There is limited evidence for adult smokers about the long-term (>12 months) effects of vapes; they are less harmful than smoking tobacco as they do not contain tar or carbon monoxide (two of the most harmful products of smoking tobacco). However, vapes are not risk-free and are not recommended for use by non-smokers.

Our local Stop Smoking Service added in reusable e-cigarettes as a quit aid to the service in July 2022. Since this time, 238 number of clients have chosen to use a vape to quit smoking and 149 have successfully quit smoking at 4 weeks.

As reported at the last HIB, information about the prevalence of smoking and vaping amongst young people locally is limited however, nationally it is estimated that 20.5% of children, aged 11-17 years, have tried vaping<sup>9</sup>. Locally, data from the OxWell survey (2021) – 1500 school pupils in Oxfordshire found a similar proportion 22% had tried e -cigarettes, with 1.5% using them regularly.

A number of resources have been distributed to schools in Oxfordshire including: advice and guidance on managing vapes in schools which includes parent letters,

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<sup>8</sup>[Tackling Inequalities - ASH](#)

<sup>8</sup>[Smoking and social housing: Supporting residents, addressing inequalities - ASH](#)

<sup>9</sup>[Use of e-cigarettes among young people in Great Britain - ASH](#)

policy information and general guidance, links to posters, leaflets and a short animated film for display and use in PHSE lessons with pupils, and lesson plans and resources for use with Key Stage 3 pupils [resources for use with KS3 pupils](#) .At the same time a local youth smoking and vaping survey was distributed with a closing date of 21<sup>st</sup> December. Preliminary results are similar to findings from OXWELL Survey: 22% had tried e-cigarettes. We have requested more responses from older pupils in year groups 9 to 13 as the majority of respondents were from year groups 7 to 9 who may have been less likely to have vaped. A link to the survey is available - <https://forms.gle/VP5L6Yza81NsCfzt7>

The **national consultation** on potential measures to reduce the appeal and availability of vapes to children (closing on 6<sup>th</sup> December) is available here: [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](#)

At the September 2022 HIB meeting Trading Standards gave a detailed update around their enforcement work. They continue to carry out enforcement work with respect to e-cigarettes. They have regular contact with secondary schools and council staff involved with supporting young people in care and displaced families in order to seek information about premises that are making illegal vape sales. Since June 2021, the following activities have been carried out:

- 51 business advice visits made to follow up on complaints regarding underage sales, with 11 more due to be made
- 5,539 illegal e-cigarettes have been seized (all excess strength or capacity devices)
- 36 stores visited during test purchases
- 9 businesses investigated following failed test purchases, resulting in 4 prosecutions and 5 cases resolved via other means
- 3 businesses under investigation for continuing to sell illegal high capacity vapes after we previously made seizures & warned them
- Held our first joint illegal tobacco and e-cigarette community engagement event in Witney, with the intention to do more around the county soon
- Provided up to date advice to businesses on products of concern (<https://www.oxfordshire.gov.uk/business/trading-standards/advice-communities/e-cigarettes-and-vape-pens>)

As mentioned in the September 2022 HOSC paper ([aebhdfh \(oxfordshire.gov.uk\)](#)), we aim to increase the availability of e-cigarettes to smokers who wish to quit. We have submitted an expression of interest to the national Swap to Stop scheme with the aim of expanding the provision of free e-cigarettes to all Oxfordshire residents and with a promotional push to NHS and Social Care staff to support them to quit smoking. We are looking into future possibilities of working with Tobacco Dependency Advisors within healthcare services to distribute voucher codes for e-cigarettes to patients.

### **Supporting people experiencing debt**

As well as work to increase awareness and availability of Stop Smoking Service through Food Banks as reported at previous HIB, a pilot scheme is in the process of

development in some Citizen Advice Bureaus (CAB) in Cherwell District. CAB advisors have undertaken VBA training, with a focus on the financial gains of quitting smoking and will be inviting clients to take part in a smoking incentive scheme. Smokers who wish to take part in the scheme will be referred to Stop for Life Oxon where they will receive free nicotine replacement therapy of their choice, alongside behavioural support and the opportunity to receive financial vouchers based upon continued abstinence from smoking. This pilot will be evaluated by colleagues at the Nuffield Department of Primary Care Health Sciences at the University of Oxford, with the first evaluation expected at 6 months in May 2024 and the final evaluation at 12 months in January 2025. If the pilot is successful in meeting the Key Performance Indicators, we may look to roll it out across Oxfordshire.

## Challenges

The key challenges include:

- Reaching/engaging providers who work with key priority groups such as local authority and social housing providers, job centres and workplaces employing routine and manual workers.
- Utilising the Swap to Stop scheme – the eligibility criteria for receiving vapes from the Office for Health Improvement and Disparities (OHID) includes a requirement for data to be submitted via the existing Stop Smoking Services Quarterly Monitoring Return.

## Key Dates

Report by: Beth Ferris, Speciality Registrar in Public Health & Derys Pragnell, Consultant in Public Health, Senior Responsible Officer for Tobacco Control, Oxfordshire County Council (from February 2022)

Contact Officer: Derys Pragnell, Consultant in Public Health, Oxfordshire County Council. [derys.pragnell@oxfordshire.gov.uk](mailto:derys.pragnell@oxfordshire.gov.uk)

[October 2023]

Appendices

## Appendix 1: OTCA summary of projects

<b>Prevention</b>	<b>Environment</b>	<b>Local Enforcement</b>	<b>Support</b>
Report on actions following local data related to smoking and vaping prevalence including sourcing data in children and young people – <i>data has been collected from the OxWell survey, West Oxfordshire Youth Needs Assessment, school focus groups and a school nurse survey with further data expected from second phase of a school survey in December 2023</i>	TCA membership outdoor premises being smokefree with clear signage indicating this.	Undertake regular proactive visits to “bricks and mortar” retailers to inspect for any illegal tobacco products, using tobacco detection dogs where appropriate – <i>5 proactive visits undertaken leading to seizure of 21,080 illegal cigarettes and 9150g of illegal hand-rolling tobacco</i>	Mass media campaigns are developed and promoted by all Alliance members – <i>2023 Stoptober campaign was promoted by Alliance members and other OCC partners- review/evaluation underway.</i>
Undertake a gap analysis against guidance associated with preventing the uptake of smoking (and e- cigarettes) in CYP, recommend and implement recommendations practice – <i>this has been completed, gaps and recommendations in process of being addressed.</i>	Staff Smokefree Policy in place including time-off to attend smoking cessation support, promotion of Stop Smoking Support, regular reminders to employees of the benefits of stopping smoking, promotion of Stop for Life through payslips – <i>ongoing</i>	Undertake regular proactive monitoring of popular online marketplaces such as Facebook groups – <i>ongoing but difficult to get Facebook to remove groups selling illegal cigarettes</i>	Maximise opportunities in primary care to support people to quit smoking – <i>GP-surgery-level smoking prevalence data has been collected; Stoptober campaign was advertised via BOB ICB primary care bulletin. Further opportunities to advertise LSSS across Primary care being explored</i>

Prevention	Environment	Local Enforcement	Support
<p><b>Quitting during pregnancy</b> Continuation of Family Nurse Partnership Incentive Scheme launched May 2022 . Twelve month review found of 25 clients deemed eligible, 7 enrolled in the scheme and 2 successfully quit smoking. The scheme has <i>now been incorporated into the 0-19 contract for ongoing monitoring and review.</i></p> <p>Continued support for pregnancy women to quit via Stop Smoking Service - <i>53 achieved 4-week quit through specialist service (2022-23)</i></p> <p>Plans for expansion of direct quit support to pregnant women via NHS Tobacco Dependency Service.</p>	<p>Explore the possibility of expanding the above to promote Stop for Life Oxon through business rate advertisements, Council Tax bills (specific for DCs), etc.</p>	<p>Respond to complaints and/or intelligence from members of the public, other businesses, and other agencies without undue delay (<i>ongoing, subject to available resources – 1.5 officers funded by PH</i>)</p>	<p>Increase staff training in providing advice to quit (VBA) and explore incorporating into MECC training – <i>VBA training has been provided to staff at Citizens Advice Bureau, housing staff and staff working for the FNP scheme</i></p>
	<p>Smokefree parks – <i>in place in Witney and Oxford City. Further engagement needed across high prevalence areas</i></p>		<p>Map opportunities to support smokers utilising debt management services and food banks to access support. Consider piloting an incentive scheme in debt management – <i>CAB pilot scheme due to commence November 2023.</i></p>



Prevention	Environment	Local Enforcement	Support
	Smokefree school gates – <i>toolkit promoted in June 2023. 2 schools have in place. Requires further drive and engagement in areas of high prevalence in particular</i>		Work with social housing tenants and providers to support smokefree initiatives – <i>work ongoing with Clarion housing, difficulties with engaging social housing providers needs to be addressed</i>
	Smokefree side-lines – <i>61 (half of football clubs) taking part. Exploration of expansion to RFU and other sports clubs planned.</i>		Explore opportunities to develop a workplace wellbeing offer for external workplaces with a smoking support focus on RM workers (including engagement with OXLEP and Unions) – <i>bid for funds planned</i>
	Smokefree community fund in place <i>6 applications granted</i>		Continue to work towards successful implementation of NHS Tobacco Dependency Services within Maternity, Acute and MH – <i>ICB ongoing work</i>

## ***Health and Wellbeing Board/Health Improvement Board Briefing*** **“Stopping the start- plan to create a smokefree generation” – DHSC** **consultation**

*Adapted from materials developed by [Fresh](#) in the North East*

### **1. Impact of tobacco smoking on England and Oxfordshire:**

Tobacco is the [single greatest entirely preventable cause of ill health, disability and death](#) in this country, responsible for [64,000 deaths in England](#) a year. [No other consumer product kills up to two-thirds of its users](#). Smoking causes harm throughout people’s lives. It is a [major risk factor for poor maternal and infant outcomes](#), significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average [a decade earlier than they would have otherwise](#), often while still of working age. [Smokers lose an average of ten years of life expectancy](#), or around one year for every four smoking years.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the [great majority of lung cancer cases](#). Smoking is also a major cause of [premature heart disease, stroke and heart failure](#) and [increases the risk of dementia in the elderly](#). Non-smokers are exposed to second-hand smoke (passive smoking) which means that many come to harm through no choice of their own - in particular children, pregnant women, and their babies.

As a result, smoking puts significant pressure on the NHS. [Almost every minute of every day](#) someone is admitted to hospital because of smoking, and up to [75,000 GP appointments could be attributed to smoking each month](#) - equivalent to over 100 appointments every hour.

Those who are [unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population](#). Smoking attributable mortality rates are [2.1 times higher](#) in the most deprived local authorities than in the least deprived. In Oxfordshire, there are 10,534 families pushed into poverty due to spending on tobacco which totals around £2,500 a year for the average smoker<sup>10</sup>.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. [Three-quarters of current smokers would never have started if they had the choice again](#) and on average [it takes around 30 quit attempts to succeed](#). The majority of smokers start in their youth and are then addicted for life. [More than 4 in 5 smokers start before the age of 20](#). In short, it is much easier to prevent people from starting smoking in the first place.

[It is estimated that the total costs of smoking in England are over £17 billion](#). This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion.

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<sup>10</sup>[Economic and health inequalities dashboard - ASH](#)

Action on Smoking and Health have calculated that the overall annual costs to Oxfordshire are £209.7 million, made up of £17.4 million in healthcare costs, £178.4 million in productivity costs, £10.8 million in social care costs and £3.0 million in fire costs<sup>11</sup>.

## **2. Background to DHSC consultation**

### **The smokefree 2030 ambition for England**

In 2019, the government published its green paper on preventative health; [Advancing our health: prevention in the 2020s](#). Here, it announced an ambition for England to become ‘smokefree’ by 2030 – achieved when adult smoking prevalence falls to 5% or less.

**The All Party Parliamentary Group on Smoking or Health** published a [report](#) on delivering a Smokefree 2030 in June 2021 which set out detailed recommendations on how to reduce smoking to 5% by 2030. Oxfordshire’s Tobacco Control Alliance endorsed this report.

### **The Khan Review**

The government commissioned Javed Khan to carry out a review into the government’s ambition to make England smokefree by 2030. Mr Khan published his independent review, the [Khan Review: making smoking obsolete](#), in June 2022 which found that “without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044”.

The review set out a package of 15 recommendations aimed at supporting the 2030 ambition. This included four “critical must dos” for the Government, centred on increasing investment in smokefree policies, increasing the age of sale of tobacco by one year every year, promoting vaping as a smoking cessation tool, and improving the prevention of ill health by offering smokers advice and support to quit at every interaction within the NHS.

Oxfordshire’s Tobacco Control Alliance endorsed the Khan review and welcomed the overall recommendations which were also endorsed by HIB.

### **Raising the age of sale of tobacco for those born on or after 1 January 2009**

In October 2023, Prime Minister Rishi Sunak set out plans to [introduce legislation to prohibit children born on or after 1 January 2009 from legally buying cigarettes in England](#). This would effectively raise the smoking age by one year, every year, until it applies to the whole population. The government would also prohibit people above the age of sale from purchasing tobacco products for people below the age of sale (‘proxy purchases’).

The proposal formed part of the government’s ambition to create the first ‘smokefree generation’, discussed below.

## **3. Creating the first ‘smokefree generation’**

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<sup>11</sup>[RR-Autumn-2023-Table-of-Costs-to-Local-Authorities-PDF.pdf \(ash.org.uk\)](#)

In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, [Stopping the start: our new plan to create a smokefree generation](#), where the government set out an intention to create the first 'smokefree generation'.

The government proposed several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and restricting the sale of disposable vapes.

The government also committed to funding several initiatives to improve smoking cessation support, including an additional £70 million annually to support local authority led stop smoking services, and £45 million over two years to roll out the national 'Swap to Stop' scheme, supporting people to stop smoking with the free provision of a vape kit and behavioural support.

#### **4. Consulting on the new proposals**

The Department of Health and Social Care [launched a consultation on the proposals set out in the policy paper](#) on 12 October 2023, and is inviting responses until 6 December 2023.

Specifically, DHSC is seeking views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.

##### **4.1 Age of sale of tobacco proposal**

It is recommended that Oxfordshire HWB responds to this important consultation and given its previous endorsement to both the APPG on Smoking or Health report and Khan Review **supports the key recommendation around raising the age of sale of tobacco to those born after 1<sup>st</sup> January 2009.**

Rationale for this support is clear:

- **Smoking is not a free choice it is an addiction**

Smoking is an addiction, not a free choice. The only free choice is whether to smoke that first cigarette. Two thirds of those trying just one cigarette, usually as children, go on to become daily smokers, and daily smokers are addicted smokers. Most adult smokers want to stop smoking, but on average it takes 30 attempts, and many never succeed.

- **This is a package of measures including significant investment in measures to help smokers quit**

The proposal is coupled with a package of measures to help smokers quit which includes doubling the grant for local authority stop smoking services for the next five years, increasing funding for awareness raising campaigns about the harms of smoking, providing one million free vapes to smokers to help them quit, financial

incentives and stop smoking support to all pregnant smokers. These are all welcomed and will help Oxfordshire to reduce smoking rates to 5% by 2030 as per our local and regional ambition.

- **Raising the age of sale will not increase the black market**

Concerns have also been raised that it would lead to an increase in the black market, but experience from previous tobacco control policies tells us this is unlikely. Raising the age of sale will have a gradual impact over time, so is unlikely to significantly impact the black market. When the tobacco age of sale increased from 16 to 18 in 2007 it had no impact on the black market. The size of the illicit market is mainly an issue of enforcement. The UK has strong enforcement which has led to the illicit market for cigarettes shrinking from 22% of the market in 2000 to 11% in 2022. The introduction of tough anti-smoking policies such as smokefree laws in 2007 and plain cigarette packs in 2015 did not lead to an increase in black market sales.

- **This is a major step towards a smokefree future.**

This is only possible because smoking rates among children have now fallen from one in five at the turn of the century to only 3% now. Already shortly after it was first announced it has majority public support, far higher than for the ban on smoking in pubs and clubs when it was first introduced. When first proposed the ban on smoking in public places was considered a step too far and people said it would be unenforceable. Compliance was 97% from the outset and it was largely self-enforcing. No-one would now consider repealing the law on smoking in public places.

- **It is workable.**

The raising of the age of sale will be coupled with an increase in budget and enforcement powers for local trading standards, who are ready to support this legislation. Further, there have been some suggestions that this would criminalise smoking and take up police time. This is not the case, only the sale of tobacco will be legislated against and the possession or smoking of tobacco will not be illegal for anyone. The legislation will also not be a police matter but will only be enforced by trading standards.

#### **4.2- Vaping proposals**

The government is consulting on a range of measures aimed at reducing youth vaping whilst ensuring that adult smokers have easy access to vapes as part of their quit attempts. Smokers who use vaping products as part of their quit attempts are 60% more likely to be successful than those using NRT products. The availability of vapes and the choice of flavours are important factors in facilitating these quit attempts and the benefits of helping smokers to move away from smoking must be balanced against the need to tackle youth vaping.

The proposals the government is looking at include:

- restricting vape flavours
- regulating vape packaging and product presentation
- regulating point of sale displays
- restricting the sale of disposable vapes
- introducing an age restriction for non-nicotine vapes
- exploring further restrictions for other nicotine consumer products such as nicotine pouches
- preventing industry giving out free samples of vapes to children

ASH made four key policy changes aimed at reducing youth vaping whilst maintaining vapes as an accessible and attractive alternative to smoking for adult smokers, laid out in the [call for evidence on youth vaping](#). These are:

- **Increase Price**

Put an excise tax on disposable vapes to reduce their affordability and accessibility to young people. ASH survey data shows that the growth in youth vaping, in particular experimentation, has been driven by a growth in the market for disposable vapes, which are cheap, widely available and easy to use.

- **Prohibit instore promotion of e-cigarettes**

In 2023 more than a half (54%) of children were aware of e-cigarette promotion in shops up from 37% in 2022, and the most frequent source of vapes for current underage vapers in shops (48%). Removing in store promotion and ensuring vaping products are only displayed behind counters will help to keep vapes out of sight and reach of children.

- **Prohibit branding with appeal to children**

Remove the use of sweet like naming that appeal to children and regulate packaging so that it does not include cartoon characters or references to sweets or other consumable products popular among children. However, ASH has not found that flavours are the main reason children try products, with most being influenced by peers, but have found that flavour options are popular amongst adult users. Therefore, ASH does not recommend flavour options are completely removed but instead are regulated to have simple names.

- **Public health campaigns which frame vapes as a quitting aid**

ASH found that four in ten smokers wrong believe that vaping is as or more harmful as smoking. Concerns around youth vaping have led adult smokers to believe that vapes are harmful, public campaigns are needed to redress this, to ensure adult smokers are aware that vaping is a far safer alternative to smoking, whilst reminding young people that vapes are a harm reduction tool that should not be taken up by nonsmokers.

#### **4.3- Enforcement proposals**

We support proposals around issuing Fixed Penalty Notices around breaches of sale of both tobacco products and vaping products. We believe that £200 is too low given the lethal nature of tobacco products and the potentially lethal outcome of selling such a product to someone who is underage. This needs to be thought through

carefully, in consultation with Trading Standards, to determine the most appropriate level.

## 5. Public support for more action on smoking is high

There is strong support across the England for national measures to reduce tobacco harm, with 75% supporting the smokefree 2030 ambition. Raising the age of sale by one year, every year, was popular before the Prime Minister made his announcement, but support has grown since. A YouGov poll for The Times found that 63% of people in the South support this policy:

	North	Midlands	London	Rest of South
Support (%)	64	63	65	63
Oppose (%)	25	26	18	24

[https://d3nkl3psvxxpe9.cloudfront.net/documents/TheTimes\\_VI\\_AdHoc\\_231005\\_W.pdf](https://d3nkl3psvxxpe9.cloudfront.net/documents/TheTimes_VI_AdHoc_231005_W.pdf) (see page 5 of the poll)

In the South East, 79% of adults believe the Government could be doing more to limit smoking, with wide support across a range of tobacco control policies including raising the age of sale from 18 years to 21 years (64% of adults support this) and raising the age of sale by one year every year until no one can buy a tobacco product in this country (50% of adults support this). The majority of adults in the South East support cigarette packs containing inserts to advise on quitting smoking (68%), introduction of a license to sell tobacco which can be revoked if evidence of underage sales (84%), health warnings on cigarettes (67%), increasing government investment in public education campaigns (71%), banning names of sweets, cartoons and bright colours on e-cigarette packaging (76%), banning point of sale promotion of e-cigarettes (76%), sources of funding revealed by anyone who submits evidence to the government (90%) and support for banning smoking in more public outdoor areas including outdoor areas where children play sport (77%), outdoor seating in restaurants, pubs and cafes (62%), beaches (59%), parks (55%), university and college campuses (64%) and further education colleges (70%).

## 6. Next steps

The consultation is just the first stage and there will be ongoing discussions, debate as the parliamentary process around any planned legislation starts. This could take months and may not be completed within this parliament.

Based on previous tobacco legislation this an important period to build further public and partner support and liaise with politicians. It is an opportunity to keep smoking within the media and public eye. We know that many smokers also use this time as a trigger for further quit attempts as the rationale for stopping is reinforced when there is framing of messages around how uniquely dangerous and lethal cigarette smoking is.

ASH and regional partners will strive to keep Health and Wellbeing Boards updated on this by supporting the Directors of Public Health and local tobacco control leads. Appendix 3: ASH Council Motion in support of smokefree generation proposals

**Draft Council Motion –  
Smokefree Generation and Smokefree Future**  
*Adapted from materials developed by [Fresh](#) in the North East*

**Council notes:**

That smoking is still THE key driver of health inequalities and premature death in Oxfordshire, and we support any action to help reduce smoking rates. Reducing smoking rates further will have a positive impact on the NHS – present and future – and help to boost economic productivity and prosperity.

Nearly all smokers regret taking up smoking and want to stop, with the vast majority becoming addicted as children. They also don't want their own children to get hooked to a uniquely lethal product guaranteed to kill 2 in 3 long term users when used as intended. According to annual [YouGov polling](#) commissioned by ASH in 2023, 77% of adults in England support Government action to limit smoking or think the government should do more, compared to only 7% of adults who say the Government has gone too far. Support is consistent across voters from all the main political parties.

Smoking costs Oxfordshire £209.7 million each year<sup>12</sup>.

**Council is concerned:**

We warmly welcome the [announcement](#) from the Government on 4<sup>th</sup> October 2023 around a smokefree generation and the plans to stop the start of a new generation of children and young people getting hooked to such a lethal addiction. We note the [strong public support](#) for this measure. We are committed to doing all we can to reduce local smoking prevalence to 5% by 2030. We welcome the subsequent consultation "[Stopping the start – a plan to create a Smokefree generation](#)" which has questions around raising the age of sale for tobacco, measures to reduce youth vaping and enhanced enforcement.

**Council resolves:**

1. To respond to the Government consultation with our support for the age of sale proposal.
2. To respond to questions on vaping to call for evidence-based measures to tighten the promotion, packaging, branding and pricing of vapes to reduce their appeal to children and young people while ensuring vapes continue to be available for adult smokers who would benefit from using them to quit smoking. (See ASH response to call for evidence on youth vaping [here](#))
3. To sign the [Local Government Declaration on Tobacco Control](#)

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<sup>12</sup>[RR-Autumn-2023-Table-of-Costs-to-Local-Authorities-PDF.pdf \(ash.org.uk\)](#)