

**November 2024**

## **Oxfordshire Tobacco Control Alliance (OTCA) Annual Update**

### **Purpose / Recommendation**

This is an annual update to the Health Improvement Board related to progress by Oxfordshire Tobacco Control Alliance.

The Health Improvement Board (HIB) is asked to;

- Note updates on some of the key projects of interest to HIB being overseen by Oxfordshire Tobacco Control Alliance.
- To receive an update on progress on 'Stop the Start' funding and activities enabled via this in Oxfordshire.
- To receive updates from partners about initiatives implemented to support key 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> It is also the single biggest driver of health inequalities being responsible for half the difference in life expectancy between the most and least advantaged in society<sup>2</sup>

Action on Smoking and Health (ASH) estimate the cost of smoking in Oxfordshire equates to £450 million per year. Loss of productivity, social care cost, cost to the NHS and from accidental fires account for this huge sum of money. It is also estimated that more than 23,000 working age adults in Oxfordshire live in poverty when expenditure on tobacco is taken into account. The average smoker spending £2,500 on tobacco each year.

For many, smoking is not a lifestyle choice. Research over the last 5 years shows most smokers want to quit, but cannot due to an addiction that started in their teenage years. Over 80% of smokers started smoking before they turned 20, many as children. They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want<sup>3</sup>.

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.

---

<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](https://www.ash.org.uk/our-work/inequalities)

<sup>3</sup> [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/stopping-the-start-our-new-plan-to-create-a-smokefree-generation)

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.

HIB received a detailed update in [September 2022](#) of work related to reducing smoking prevalence in Oxfordshire, an [annual update in 2023](#) with a focus on enforcement and regulation pillar of the TCA. Below is the 2024 annual update.

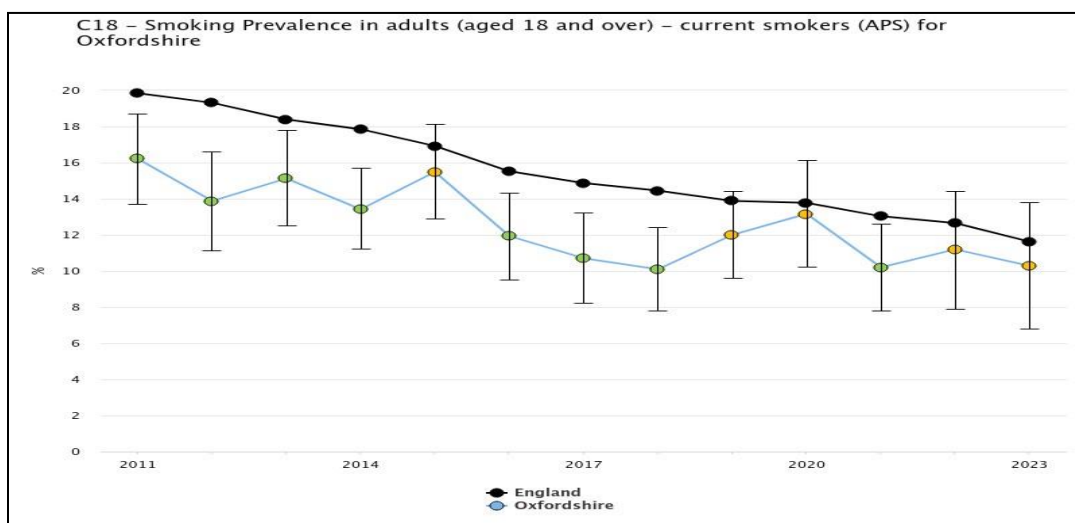
## Key Issues

### Progress Towards Oxfordshire's Smokefree Ambition (reduce prevalence to 5% or less)

**Smoking Prevalence** the latest Oxfordshire data (from the annual population survey-APS) 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 10.3% (2023). This compares favourably to the Southeast (10.6%) and England (11.6%).

It should be noted that this reduction is not yet statistically significant, and confidence intervals overlap due to a decreasing sample sizes. See Figure 1.

**Figure 1: Smoking Prevalence in Oxfordshire VS England, OHID 2023**



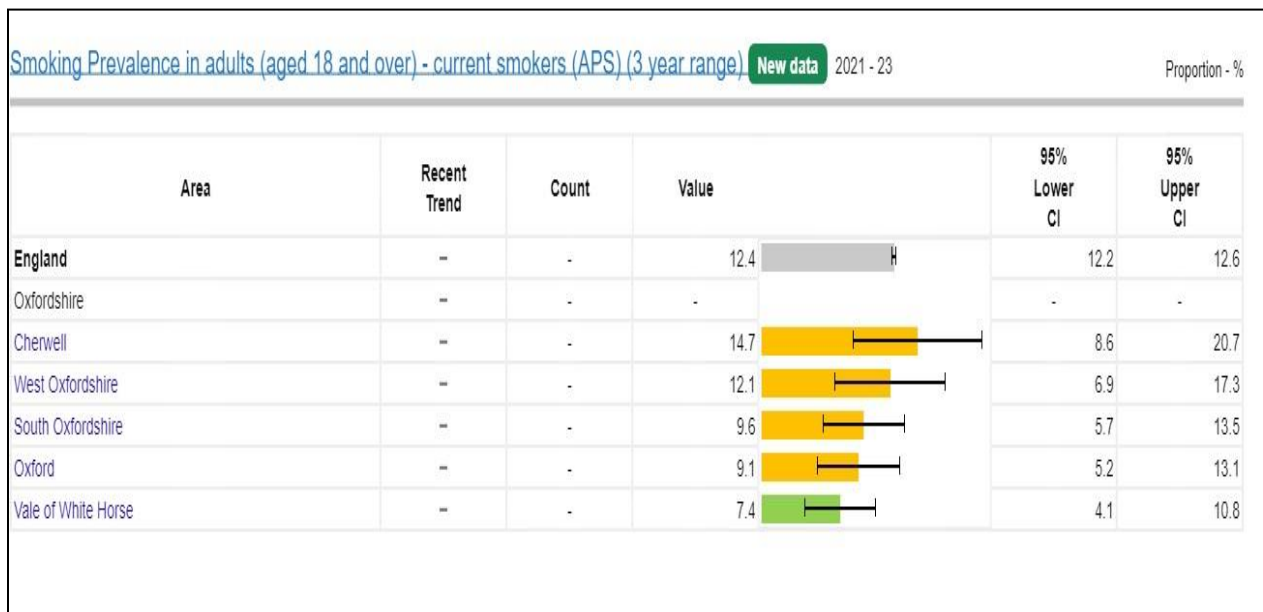
Helpfully, there is new for this year, aggregated data for 3 years. Using this data, Oxfordshire Prevalence is **10.5%** compared to 12.4% nationally.

### District level

Using the aggregated data from the Annual Population Survey (APS), we can look at prevalence by district. As indicated in figure 2, Cherwell appears to have the highest rate of smoking at 14.7% followed by West Oxfordshire (12.1%), South Oxfordshire (9.6%), Oxford City (9.1%) and Vale of White Horse (7.4%). The confidence intervals overlap with national average for all districts except Vale of White Horse which tells us

smoking prevalence for the latter is statistically better than nationally. For the other 4 districts, smoking rate is similar to that of the national average (12.4%).

**Figure 2:** Smoking Prevalence in adults 18yrs + APS - 3 year range



**Disparities in Smoking Prevalence** – We continue to see higher rates of smoking in key population groups. For example:

- **Routine and manual occupations**, smoking prevalence in Oxfordshire has declined from 25.7% (2022) to 15.3% (2023) though the reduction is not quite statistically significant, Oxfordshire is now statistically similar to the National average (19.5%) whereas previously Oxfordshire was a notably higher outlier.
- **People living with a long-term Mental Health condition** with an Oxfordshire prevalence of 21.5% (2022/23) better than the national average at 25.1% but still disproportionately high.
- **Smoking in pregnancy** is a leading contributor to poor health outcomes during both pregnancy and childbirth for both the mother and infant. Children with parents who smoke are about three times more likely to start smoking themselves<sup>4</sup>, In Oxfordshire we continue to see decline in the proportion of women smoking at the time of delivery (SATOD). This has declined from 7% in 2021/22, to 6.4% (2022/23). For the first quarter of 2023/24, prevalence of smoking at the time of delivery is 5.3%. However there have been challenges a new data system affecting recording status so this figure should be treated with some caution.

Appendix 3 provides a comprehensive summary list of our priority group and further details around some of the disparities they face.

## National Update

<sup>4</sup> [Young people and smoking - ASH](#)

At the last meeting in Nov 2023 HIB were updated on the former Governments October 2023 announcement of a number of policy changes towards 'Stopping the Start: our new plan to create a smokefree generation'<sup>5</sup>

Including the following key aspirations: -

- **Raise age of sale** of tobacco products by one year every year from 2027 onwards.
- 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. Oxfordshire is set to receive £795,255 per annum.
- **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
- **Strengthening enforcement activity**
- A **Swap to Stop** scheme, aiming to distribute 1 million vapes, alongside behavioural support, to smokers in England by March 2025

Since this time 'Stop the Start' funding has been received. Please see update below with regards to planned spending for Oxfordshire.

The Kings Speech in July 2024 also referenced the Tobacco and Vapes Bill With similar plans from the new Government to introduce a progressive smoking ban to prevent anyone born after 2009 from taking up smoking. With plans to also limit how vapes and other nicotine products are branded and advertised and enforcement strengthened to enable Trading Standards to issue Fixed Penalty Notices for underage sale of tobacco and vaping products.

On 24<sup>th</sup> October, Government made announcements to ban all single use disposable vapes in England and Wales. This will support Oxfordshire local action around environmental impact of waste, with the inappropriately disposed of single use vapes. It is also hope that this will curve availability of vapes to children and young people, who predominately access disposable vapes.

Public health minister Andrew Gwynne said banning disposables would "reduce the appeal of vapes to children and keep them out of the hands of vulnerable young people".

Though this alone is unlikely to achieve this ambition – The Tobacco and Vapes Bill is still required to have significant benefit to preventing vapes getting into the hands of children and young people<sup>6</sup>.

---

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

<sup>6</sup> [Disposable vapes to be banned by 1st June 2025 - ASH](https://www.ash.org.uk/news/2024/disposable-vapes-to-be-banned-by-1st-june-2025)

## 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)

While we continue to see increased numbers of quits through our local stop smoking services, we know that we have groups in our population where smoking rates continue to be higher.

At the last report to HIB, an update was given against the 'support'. The ICB gave an overview of services within the NHS Acute Trust funded by NHSE that had commenced to support inpatients to quit. The Local Specialist Stop Smoking Service presented on their work, including specific interventions to reach routine manual workers (outreach, work with workplaces etc).

This year the TCA has focussed on planning for the utilisation of 'Stopping the Start' monies and further reaching communities such as routine manual workers and people with mental health conditions to quit. Below we have given an update on each of these areas. Lydia Avan, will be presenting from Cherwell District Council on their Smokefree Policy. Stephen Gilroy-Lowe will be providing an update from Response. Please also find a summary of update on Section 31 Grant (Stop the Start monies).

### Smokefree Generation funding – Section 31 Grant

The below is a summary of some of the key activities that have been developed utilising Smokefree Generation Funding this year:

- **Allan Carr Pilot**, a pharmacotherapy-free approach to quitting smoking that is delivered through group seminars or online courses, endorsed by World Health Organisation (WHO) and National Institute for Health and Care Excellence (NICE). Oxfordshire pilot the approach from May 2024. Initial outcomes have been positive, with >60% quit success rate at 4 weeks and >50% at 12 weeks. Plans in place to explore 6 months and longer follow up.
- **Targeted Lung Health Check Programme**, an NHS England (NHSE) commissioned service currently implemented in a number of areas across England (including Oxfordshire). Individuals aged 55-74 years who have ever smoked, are invited to engage in lung screening with risk of lung cancer calculated. Research found embedding smoking cessation into the programme to be effective. Locally in Oxfordshire, a pilot is about to launch to embed very brief advice, increase Tobacco Dependency Advisor capacity and provide direct access to stop smoking aids.
- Based on a successful pilot elsewhere a **Tobacco Dependency Advisor (TDA)** will be embedded in **Accident and Emergency** at Oxford University Hospital.
- Public Health have commissioned two pieces of work – a **qualitative insight piece** and **Smoking Health Needs Assessment**. The former, commissioned

to better understand what it is like for people who smoke in Oxfordshire, to aid understanding on what might motivate people to quit and how best to engage them. The end goal was a set of social marketing/ communication tools co-produced with local people who smoke which can be used County wide. The later, initially provided a comprehensive review of current local stop smoking support provision (across all routes in Oxfordshire) against best practice in order to make preparations for a new service commencing July 2025. It engages with a range of stakeholders and partners in the system to understand the gaps, strengths and needs of a future local stop smoking service. This is in draft form (recommendations within appendix 6). Work is now underway to fully explore the wider system– prevention, wider environment.

- **Additional funding** has been put into the **current specialist community stop smoking service** to increase workforce capacity and quit targets for the final year of contract. This has seen higher numbers successfully quitting this year.
- **Regional approach to communications and Stoptober:** in line with recommended best practice, we have bought into regional assets being used in Stoptober and beyond and have recently launched the Stoptober '*well worth it*' campaign. We will be utilising this alongside learning from a successful campaign developed in house earlier this year which resulted in an increase in referrals and successful quits in the service. Monitoring has been built in, to yield an understanding of reach and impact to inform future mass campaigns.

#### **Forward look at activity in the pipeline over the next 5 months (end of year).**

- **Recommissioning of the local stop smoking Service,** will be using a significant proportion of 2025/26 and beyond funding allocation to support a new contract with increased capacity and reach for population groups we most need to support. Taking on learning from Health Needs assessments, consumer insights and evaluation of pilot programmes mentioned above.
- **Enhanced Community Outreach Project.** providing community outreach into the Well Together programme, with healthy lifestyles signpost and MECC informed conversation (Making every contact count) to support signposting and referrals and Smokefree for life Oxon Smoking cessation service. This will also support the newly commissioned Lifestyle healthy weight service.

Exploring commission of **Smoke Free App licences** for workplaces and residents, focus on Routine and Manual workers who may be more likely to work shifts.

#### **Supporting people with mental health conditions to quit smoking**

NHS England funding has enabled mental health acute trusts to develop in house smoking cessation services. This has been adopted locally across BOB ICB. In addition, Oxford University Hospital is offering Swap to Stop, ensuring priority group can swap smoking cigarettes one of the most helpful quitting aids (nicotine vapes) and helping to reduce harm from smoking whilst in hospital and beyond upon discharge.

The new smoking cessation service (to launch July 2025) will explore further opportunities to support people with mental health conditions in the community. Response, are in attendance to give an update on their Harm reduction initiatives.

### **Supporting routine manual workers to quit smoking**

There has been much work undertaken over the past year to support Routine Manual Workers to quit smoking. Primarily through the current specialist stop smoking service (as presented at the last HIB meeting). Recent activities include:-

- Forging relationships with food larders, and community outreach and engagement teams to promote services through pop-ups and stands, increasing visibility of the service to reach a number of priority groups including RMW.
- Launching targeted campaign messaging and outreach activities around the financial benefits - "*what could you do with £98 a week?*"
- Specific outreach to workplaces and with Thames Valley Police and Unipart
- Exploring reducing barriers to booking appointments including bringing in a self-access booking at community venues.

Within our own organisations some work has been piloted to reach our workforces. Cherwell District Council will be attending to talk about this for some of their staff. How it was implemented progress, challenges and learning to share.

### **Support for Children and Young People (CYP)**

In December 2023 a local survey on smoking and vaping had over 5000 responses from Children and Young People across the county.

The majority of CYP had never tried smoking cigarettes (87%). With 1.0%, reporting to smoke every day and 4%, having 'only tried smoking once or twice'. The majority of CYP said that they had never tried vaping (76.2%), 9.7% said they had tried vaping once or twice and 3.5% said they vape every day. As age increased, the percentage of CYP who had never tried vaping decreased with those aged 17 & 18 years old having the highest proportion of individuals vaping every day (10.1%).

The majority of CYP thought that there was no different in terms of harm from vaping and smoking cigarettes (40.8%). Just under a fifth of CYP thought that vapes were more harmful than cigarettes (19.1%).

Shops (74.1%), are where most CYP reporting seeing vapes being promoted, followed by social media (48.1%) and websites (32.6%). Over a third (34.7%) said that they hadn't seen vapes promoted on social media.

Noting this, an evidence based, behaviour change programme, INTENT has since been commissioned to support children and young people in Oxfordshire, focused on preventing the start of smoking and/or vaping and providing smoking cessation (where applicable). Thus far, seven secondary schools have trained and started delivering

and the ambition is to engage more schools to implement this programme. Supporting the PSHE curriculum objectives, providing teachers with high quality session plans and resources. Students who participate in INTENT are 25.6% less likely to start smoking<sup>7</sup>. The programme has application beyond school settings which will be the next focus.

**Trading Standards:** continue to target underage sales of smoking related products. There is increasing concerns around nicotine pouches as they contain varying strengths of nicotine. Trading standards have recently published an article on some of the work they are doing – [Oxfordshire News on Nicotine Pouches](#) . Public Health and Trading standards collaborated to develop an informative leaflet (appendix 6) which has been shared at the recent School Health Conference and well received with the newly commissioned 0-19 health care professionals in October.

They have also had significant success with licence reviews, which don't take place frequently, moreover, have strong deterrent outcomes of a 3-month suspension and a total revocation. A press release was shared 28<sup>th</sup> October - <https://news.oxfordshire.gov.uk/banbury-shop-licence-revoked-illegal-shisha-seized/>

At the end of 2023, the last two illegal tobacco legal cases both resulted in lengthy prison sentences.

### Challenges

- 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.
- **Smokefree space** – proactive enforcement in areas like maternity and across hospital.
- Not all of our own organisations have smokefree policies in place or a proactive approach to implementation when they are in place. This is a specific piece of work identified at the Oct 2024 meeting for Tobacco Control Alliance Partners to Progress.
- Continued misconceptions around vaping and negative impact this is having on harm reduction strategies to be gained from vaping.

### Key Dates

Report by: Yasmine Illsley, Acting Public Health Principal, Derys Pragnell, Consultant in Public Health and Charlotte Iddon, health Improvement Practitioner for smoking and tobacco control in Public Health.

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

---

<sup>7</sup> [effectiveness-trial.pdf](#)



## Appendices

### Appendix 1 - TCA action plan



OTCA\_Action\_Plan\_2  
3-24-Final\_Draft2.pdf

### Appendix 2 – Smoking Health Needs Assessment Recommendations



OCC smoking and  
tobacco control NA C

### Appendix 3 – Priority groups list



Priority group.  
doc.pdf

### Appendix 4 – Smokefree policy – Cherwell update



Smoke free policy  
CDC slide.pptx

### Appendix 5 – Response Slides/report (to follow)

### Appendix 6 – Nicotine Pouches info sheet



Nicotine pouch info  
poster V4.pdf

### Appendix 7: OTCA summary of projects

<b>Prevention</b>	<b>Environment</b>	<b>Local Enforcement</b>	<b>Support</b>
<p>Report on actions following local data related to smoking and vaping prevalence including sourcing data in children and young people – <i>this has been completed 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></p>	<p>TCA membership outdoor premises being smokefree with clear signage indicating this.</p>	<p>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></p>	<p>Mass media campaigns are developed and promoted by all Alliance members – <i>2024 Stoptober campaign was promoted by Alliance members and other OCC partners. Evaluation will follow.</i></p>
<p>Undertake a gap analysis against guidance associated with preventing the uptake of smoking (and vapes) in CYP, recommend and implement recommendations practice – <i>this has been completed, gaps and recommendations in process of being addressed.</i></p>	<p>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></p>	<p>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></p>	<p>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></p>

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. <i>The scheme has 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. - ongoing</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 in Cherwell, social prescribers, dental nurses, CHDOs, Response team, HCAs, TDAs 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 – promoted regularly to DCs and PCs</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>Citizen Advice (CA) pilot scheme has launched. Pilot has had some success and team have worked together to refine processes and promote scheme in CA.</i></p>

Prevention	Environment	Local Enforcement	Support
	<p>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. Promoted during campaigns via school news</i></p>		<p>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. Wellbeing at work offer will help with this group as well as continuing to promote the SH toolkit to providers.</i></p>
	<p>Smokefree side-lines – <i>62 out of 79 clubs taking part. Exploration of expansion to RFU and other sports clubs planned.</i></p>		<p>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>Recruitment for lead underway, HIP has begun work on SF policies, posters to advertise services and development of a toolkit for employers.</i></p>
	<p>Smokefree community fund in place <i>6 applications granted and regularly promoted to DCs, PCs and organisations who are supporting TCA.</i></p>		<p>Continue to work towards successful implementation of NHS Tobacco Dependency Services within Maternity, Acute and MH – <i>ICB ongoing work</i></p>

## **1. 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.

## **2. Creating the first 'smokefree generation'**

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.

### **3. 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