

# 'STOPPING THE START' CREATING A SMOKEFREE GENERATION & TACKLING YOUTH VAPING NATIONAL CONSULTATION

<b>Relevant Board Member(s)</b>	Councillor Jane Palmer: Joint Chair, Health and Wellbeing Board Sandra Taylor: Executive Director ASC and Health, LBH
<b>Organisation</b>	London Borough of Hillingdon
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<b>Papers with report</b>	None

## 1. RECOMMENDATION

That the Board:

- 1) note the report and the significant public health impact implementation of Smokefree Generation will have on long term population health.
- 2) Is aware of the national consultation process and determines any planned consultation responses by the Board and partners.

## 2. INFORMATION

### 2.1. Introduction:

The Government has introduced a historic new law to protect future generations of young people from the harms of smoking. The new Government strategy 'Stopping the start: our new plan to create a smokefree generation' (2023)<sup>1</sup> lays out the route for addressing the harms of tobacco addiction by supporting smokers to quit, prevent addiction to smoking before it starts and curb the rise of vaping in children and young people. This will be achieved by:

**2.2.1. Creating the first smoke-free generation** - Legislate to raise the age of sale one year every year from 2027 onwards. 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 full population. Following in the footsteps of New Zealand, this does not criminalise smoking however takes a phased approach for anyone legally being sold tobacco.

**2.2.2. Supporting people to quit smoking** - Double the funding for local authority Stop Smoking Services, through new Treasury money available from April 2024<sup>2</sup>. Increase funding for awareness raising campaigns by £5 million this year and £15 million from next year onwards. This will fund national tobacco marketing campaigns to explain the changes, the benefits of quitting and support available.

**2.2.3. Curbing the rise in youth vaping** - reduce the appeal and availability of vapes to children – striking a balance with ensuring vapes are available for adults to help them quit smoking.

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<sup>1</sup> <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>

<sup>2</sup> <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-funding-allocations-and-methodology>

**2.2.4. Strengthening enforcement activity** - new powers to fine rogue retailers on the spot who sell tobacco products or vapes to people underage, action to track down illicit tobacco and vaping products, and take further steps to enhance online age verification so that age of sale law is enforced across both online and face-to-face sales. Increase funding for enforcement on illicit tobacco and e-cigarettes by £30 million from next year.

### **2.3. The Health Risks of Smoking and Nicotine:**

Smoking is highly addictive, with 4 in every 5 smokers starting before the age of 20 and remaining addicted for the rest of their lives. By stopping young people from 'ever' starting to smoke, the government propose to protect future generations of young people from the life-long health, social and economic harms of smoking.

There is no argument that smoking is one of the most significant contributors to poor health in the UK and is a driver of health inequalities and disparities. The adverse health risk from smoking puts significant pressure on the NHS, with almost one hospital admission every minute attributable to smoking, and approximately 75,000 GP appointments each month taken up by smoking-related illness.

Smoking is the UK's biggest preventable killer and is the direct cause of 1 in every 4 cancer deaths and leads to 64,000 deaths per year in England. Deaths from smoking are more than two times higher in the most deprived areas of the country compared with the most affluent, and health the health risks in vulnerable groups exacerbate existing long term conditions, for example people experiencing mental ill-health, and for women who smoke in pregnancy which in some areas is circa 20% of pregnant women, poor child health outcomes, include the rate of stillbirths can increase by 50% compared to areas with lower stillbirth rates.

Smoking has an economic cost, to individuals who smoke, their family incomes, and costs the economy £17 billion a year, through smoking related lost earnings, unemployment, early deaths and costs to the NHS<sup>3</sup>.

### **2.4. Creating a Smokefree Generation & Tackling Youth Vaping National Consultation:**

On 4 October 2023, the Prime Minister Rishi Sunak announced his ambition for creating the first smokefree generation which was then presented in the Kings Speech (7 November 2023) stating the anticipated plans by the UK Government to consult on new national smokefree legislation<sup>4</sup>.

Proposed new legislation has the potential to phase out smoking in young people almost completely as early as 2040. It could mean up to 1.7 million fewer people smoke by 2075 and has the potential to avoid up to 115,000 cases of strokes, heart disease, lung cancer and other lung diseases. In summary children who turn children up to the age of 14 will never legally be able to buy cigarettes in England, creating a 'smokefree generation'.

The legislation proposals include:

- Making it an offence for anyone born on or after 1 January 2009 to be sold tobacco

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<sup>3</sup> <https://www.gov.uk/government/news/prime-minister-to-create-smokefree-generation-by-ending-cigarette-sales-to-those-born-on-or-after-1-january-2009>

<sup>4</sup> <https://news.cancerresearchuk.org/2023/11/07/kings-speech-tobacco-and-vapes-bill-age-of-sale/>

products – this is a model already operational in New Zealand.

- Restricting the flavours and descriptions of vapes so that vape flavours are no longer targeted at children to ensure this is done in a way that continues to support adult smokers to switch.
- Regulating point of sale displays in retail outlets so that vapes are kept out of sight from children and away from products that appeal to them, for example, confectionary.
- Regulating vape packaging and product presentation, ensuring that neither the device nor its packaging is targeted to children.
- Considering the restriction of the sale of disposable vapes, which are clearly linked to the increase in vaping in children. It is recognised that these products are not only attractive to children but also incredibly harmful to the environment.
- Exploring further restrictions for non-nicotine vapes and other nicotine consumer products such as nicotine pouches.
- Exploring whether increasing the price of vapes will reduce the number of young people using them.
- Introducing new powers for local authorities to issue on-the-spot fines (fixed penalty notices) to enforce age of sale legislation of tobacco products and vapes.

The proposed actions are outlined in more detail in the policy paper, 'Stopping the start: our new plan to create a smokefree generation', which can be found here [Stopping the start: our new plan to create a smokefree generation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/stopping-the-start-our-new-plan-to-create-a-smokefree-generation) .”

## **2.5. The National Consultation on Smokefree Generation:**

The consultation is open for submissions and will close on 6 December 2023.

The consultation has 27 questions that explore the stated proposals with an opportunity to add in recommend novel approaches that could achieve comparable health outcomes and tackle current smoking and youth vaping levels.

The consultation can be found here: [Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping)

Responses are encouraged from individuals, statutory forums, organisations and interest groups. Fresh and Ash, the national interest groups have sent early versions of their consultation submissions as have the London Tobacco Alliance and Stop Smoking London. All welcome the launch of a UK-wide Government consultation to stop the start of new smokers and address youth vaping which launched yesterday<sup>5</sup>.

## **2.6. The Challenge:**

The importance of stopping young people smoking is probably the most significant public health intervention of this generation.

However, there are challenges in communicating a message that young people understand and act on that protect young people from ‘ever’ smoking and to recognise that whilst vaping is significant less harmful than nicotine smoking, it is not health risk free. Vaping must not be considered an alternative to smoking for those who do not smoke nicotine.

This message is in tandem with the narrative that despite not being risk free, vapes are a less

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<sup>5</sup> . <https://londontobaccoalliance.org.uk/news/youth-vaping-consultation/>

harmful alternative to cigarettes, and a tool for current smokers to quit smoking.

The challenge is there has been a significant increase in young people who have never smoked using vapes as a result of easy access to vapes and the marketing of products using colours, flavours and cheap disposable that is creating a new health risk.

Getting the messages right, informing and educating young people, and addressing the easy access to popular and cheap vapes, including enforcing an under-age sales ban requires investment.

### **3. Improving outcomes in Hillingdon: The scale of action:**

Smoking disproportionately affects the most disadvantaged in the community and largely contributes to the health inequalities in the borough<sup>6</sup>. The smoking rate amongst social housing residents is one of the highest in England; around 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their home and 1 in 7 in the general adult population<sup>7</sup>.

The Hillingdon data<sup>8</sup> shows that:

- Prevalence of smoking based on OHID information is 8.1% (accuracy is being checked)
- Those who are in routine and manual occupations in Hillingdon have a smoking prevalence of 15.9% compared to London (20.7%) and England (23.2%)
- Those with a long-term mental health condition in Hillingdon have a higher prevalence rate of 30.9% compared to London (26.0%) and England (26.3%).
- Smoking in pregnancy, at the time of delivery, Hillingdon has a higher prevalence of 5.8% compared to London (4.6%) but lower than England (9.6%).

Hillingdon has one of the lowest prevalence,' however the rate will mask higher prevalence amongst more deprived and diverse communities in the borough.

### **4. Financial Implications**

The government is investing an additional £70 million per year to support local authority led stop smoking services and support. This will more than double current spending from £68 million per year, to a total of £138 million, and support around 360,000 people to quit smoking<sup>9</sup>.

In allocating funding for stop smoking services and support, the government have based the proposed funding uplift for each area on the number of smokers in each local authority and are based on the average smoking prevalence over a 3-year period, rather than a one-year period.

Based on the additional funding (£70 million per year from 2024 to 2025) by the total number of smokers across England (5.6 million), provides an approximate funding rate per smoker (£12.39). The funding rate per smoker is then multiplied by the estimated number of smokers

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<sup>6</sup> OHID - Local Tobacco Control Profiles

<sup>7</sup> Smoking and social housing: Supporting residents, addressing inequalities - Action on Smoking and Health (ash.org.uk)

<sup>8</sup> OHID - Local Tobacco Control Profiles - Available at Public Health England Public Health Profiles. Local Tobacco Control Profiles - Data - OHID (phe.org.uk)

<sup>9</sup> <https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-funding-allocations-and-methodology>

in each local authority, to give a total indicative allocation to each local authority.

The table below shows the confirmed funding allocations for Hillingdon which will initially apply for the first year of the grant (the financial year 2024 to 2025).

Local Authority	Average 3-year smoking prevalence (2020 to 2022)	Estimated number of smokers (2021 populations)	Current annual spend	Confirmed additional allocation
Hillingdon	10.10%	23,614	105,612*	£281,393

\*Please note that the stated current investment reported is inaccurate: current funding is £135,000

Specific allocations for 2025 to 2026 and beyond cannot be provided at this stage, but the government has already confirmed additional funding of £70 million a year for 5 years, from 2024 to 2025 through to 2028 to 2029. Allocations will continue to be based on the average smoking prevalence over a 3-year period to ensure the allocations are based on the most robust and recent data.

#### 4.2. Expected Criteria for Investment:

OHID has stated that the additional investment into Local Boroughs will be comparable to the SSMTR Grant for combating drugs and alcohol and is likely to require assurance that:

- There is no evidence of disinvestment in current stop smoking services. With the new service currently being tendered there is no reduction in public health grant investment in stop smoking services.
- Governance processes that provide oversight and assurance of spend that support a Tobacco Control Alliance, the existing forums for improving services.
- A need assessment is completed that informs activity. The Board will be aware that a need assessment, strategy and action plan was completed in 2022.
- There are agreed annual plans with funding aligned to activity that demonstrates outcomes that is reported to OHID as performance and financial returns quarterly.

#### 5. Next Steps:

It is anticipated that the funding criteria will be confirmed in December 2023. To ensure we remain proactive work needs to have started to plan for new interventions. What we learned from the SSMTRG is that all areas will be focused on similar interventions, and this will create competition and demand on finite resources.

Review and revise the need assessment to ensure it aligns to the Smokefree Generation requirements and how we move from the priority group focus to a population level approach with clear and effective pathways of referrals from hospitals and wider NHS services to stop smoking and data reporting processes that follow the service user and the outcomes being achieved.

The impact of the interventions being implemented to determine what works.

## **EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **5.2. What will be the effect of the recommendation?**

This consultation aims to support the implementation of new legislation has the potential to improve the lives of 19,000 current smokers in Hillingdon, and their families, improving their health and income, the societal impact of the cost of poor health associated with smoking on the economy and the NHS and is a significant tool to tackle the smoking related health inequalities in the Borough. If implemented the future generations of children will be protected over their lives from the health risks that have affected the lives of adults.

It is recommended that as individuals, organisations and a partnership we support the consultation and take action to submit a response.

### **6. Consultation Carried Out or Required**

This report directs the Board to the national consultation for local action.