

**Tobacco Control; the current position
and next steps**

**Report of Jane Robinson, Corporate Director of Adult and Health Services, Durham County Council and
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Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 To update the Health and Wellbeing Board (HWB) on developments that contribute towards achieving the ambition to reduce smoking prevalence in the county to 5% or less by 2030.
- 2 To highlight to HWB members, the ongoing work within Tobacco Control, both at a local and regional level, but to also re-emphasise the work needed to ensure that we reach our key milestone targets, including our work with priority groups.

Executive summary

- 3 Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking-related illness, which could have been prevented.
- 4 The recently published 2021 Local Tobacco Control Profiles outlines that smoking prevalence in County Durham is estimated to be 16.2%. This is higher than both the regional and national prevalence with the gap increasing between the North East and County Durham between 2020 and 2021. During Covid-19 the data collection methods for smoking prevalence had to be changed and were only done via telephone collection, therefore data published for the 2020 Local Tobacco Control Profiles has been changed to reflect that the prevalence was 16.5% rather than the previously stated 14.3%.
- 5 The Tobacco Control Alliance has continued to meet with the strategic plan being refreshed and aligned to the Fresh outcomes for a

comprehensive Tobacco Control Plan, this continues to be implemented. The plan has added in more elements around supporting individuals through poverty by stopping smoking, increase in information and support to quit through vaping and better work with local businesses to target those working in routine and manual workforces.

- 6 A recent report published in March 2021 found that the total additional spending on social care in County Durham as a result of smoking for adults 50 and over has been estimated to be £13,394,362. These findings illustrate that tackling smoking not only improves the population's health, reduces inequalities, and eases pressure on the NHS, but also reduces pressure on social care services.
- 7 Smoking at time of delivery in County Durham for 2021/22 was at 14.6% which was a reduction from the previous year, which was 15.5%. This is still significantly worse than the England and North East Average. Work is currently underway to transfer Stop Smoking Services from the community into midwifery services to provide support to those women who are smoking during pregnancy.
- 8 There is ongoing engagement with County Durham and Darlington NHS Foundation Trust (CDDFT) to ensure the implementation of an `Ottawa` type model of tobacco treatment in secondary care. This approach has been advocated and championed on a regional basis by Dr. Ruth Sharrock (Respiratory Consultant) and builds on existing plans for an automated referral system for smokers in hospital. New Stop Smoking Specialist Advisors have been recruited into the Trust to commence this work. There has been strong engagement from CDDFT within the Tobacco Control Alliance to ensure that there is a good support mechanism in place.
- 9 There are current impacts on the Stop Smoking Service with the lack of availability of both Varenicline and Bupropion. There are additional pressures on sourcing nicotine replacement therapy (NRT) locally as there is an increased demand across the sector for NRT due to the unavailability of other products. Electronic cigarettes are currently being considered as a new approach to support smokers to stop and will be rolled out in 2023.
- 10 In June 2022 Dr Javed Khan published an independent review into the ways the government can help more people to quit smoking and live healthier lives. This review found that without further action England will miss the smokefree 2030 target by at least 7 years, with some areas not reaching this target until 2044. Recommendations were made to support the government to achieve these targets.

- 11 The Director of Public Health Annual Report had a focus on Tobacco this year to ensure that this remains a key priority, not just for the Public Health team within County Durham, but for the entire system working together.
- 12 Compliance teams have seen a large number of non-compliant vapes and illicit cigarettes seized over the period from 1st April 2022 to 13th Jan 2023

Recommendations

- 13 Members of the Health and Wellbeing Board are recommended to:
 - a) Note the contents of the report and support a renewed emphasis on tobacco control work to address the smoking prevalence across the County.
 - b) Continue to support the work of the Tobacco Control Alliance to deliver on its actions, which include the recommendations from the Khan Report.
 - c) Champion Tobacco Control to become everyone's business.
 - d) Champion stop smoking advice and support to become a core part of all council directorates including, but not limited to, social care and housing.
 - e) Support with the vaping agenda, ensuring that there is consistent communication and language used about vaping. Using the ADPH communications guidance, ensuring that all communications are approved in advance by the Director of Public Health

Background

- 14 Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence nationally, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.
- 15 Smoking and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our society. The difference in life expectancy between the poorest and most affluent groups can be up to nine years.
- 16 As well as dying prematurely, smokers also suffer from poor quality of life. Many of the conditions caused by smoking are chronic illnesses such as heart disease, stroke, lung cancer and respiratory disease. Smokers proportionately are less likely to be in work. Breathing in secondhand smoke also has detrimental impacts babies, children, and other family members.
- 17 Partners engaged in the County Durham Tobacco Control Alliance have an ambition to reduce smoking prevalence in the County to 5% or less by 2030, whilst maintaining a focus on key priority groups including pregnant smokers, routine and manual workers and people with serious mental health conditions. This ambition is driven by a vision to achieve a tobacco-free generation.
- 18 To achieve this ambition, the Tobacco Control Alliance has maintained its seven-point action plan which is monitored on a quarterly basis and refreshed annually. The action plan highlights areas of work and are referenced within this report.
 - a) Use of an integrated evidence-based strategic approach to reducing smoking prevalence in County Durham
 - b) Reducing Exposure to Second-hand Smoke
 - c) Motivating and supporting smokers to stop and stay stopped
 - d) Media, communications and engagement
 - e) Reducing the demand and supply of illegal tobacco products, increasing price and addressing the supply of tobacco to children
 - f) Tobacco regulation and reducing tobacco promotion

- g) Research, monitoring and evaluation

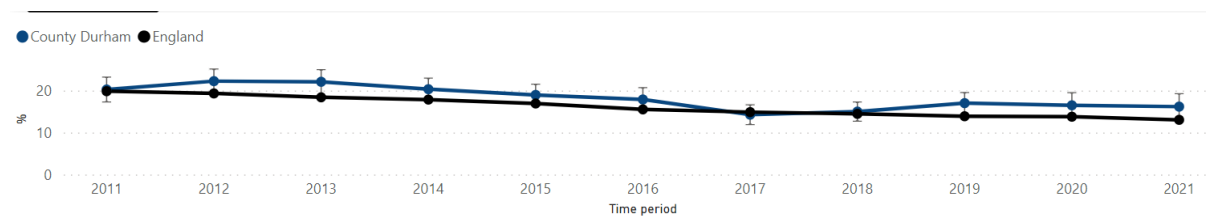
Local Tobacco Control Update

Use of an integrated evidence-based strategic approach to reducing smoking prevalence in County Durham.

- 19 According to the 2021 Local Tobacco Control Profile, smoking prevalence in County Durham is estimated to stand at 16.2%. Whilst this is lower than the prevalence for 2020 (16.5% in County Durham), this is still higher than both the regional and national prevalence.

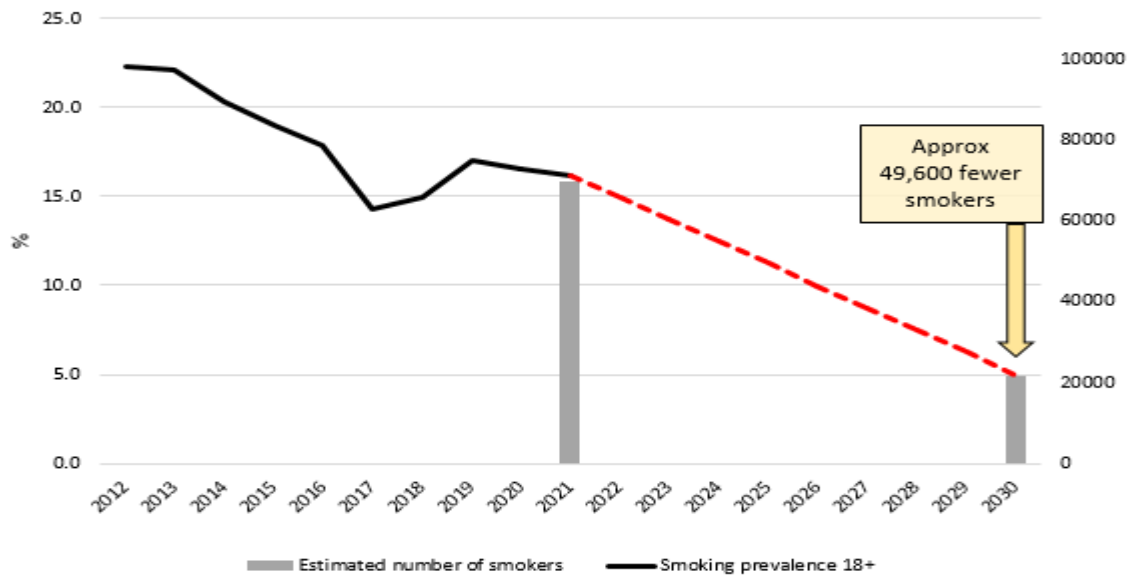
Figure 1: Smoking Prevalence County Durham v England 2011-2021

Source: [Local Tobacco Control Profiles](#)



- 20 The greatest contribution to prevalence in County Durham is through the routine and manual workforce. Data for 2021 shows prevalence of 29.2% which is higher than both regional and national figures. Trend data for 2019 and 2020 has shown that there has been an increase in prevalence for this group with the figures in 2018 being 25.1% which has contrasted to the regional and national picture where there has been a decline over the same period.
- 21 The County Durham Tobacco Control Alliance has an ambition to reduce smoking prevalence in the County to 5% or less by 2030. The latest prevalence data for 2021 suggests that there are approximately 69,900 people in County Durham who continue to smoke (16.2% of the total adult population). To reach this target, analysis of the data indicates that a further 49,600 people are required to stop smoking by 2030.

Figure 2: County Durham Tobacco Control Alliance Smoking Prevalence Reduction Target



- 22 Deaths from smoking attributable conditions including heart disease, stroke, lung cancer and chronic obstructive pulmonary disease (COPD) remain statistically worse than England with over 13,000 years of life lost in County Durham alone over the period 2016-2018.
- 23 In 2019/20 there was a reduction in smoking attributable hospital admissions for County Durham residents from 6,909 to 6,034. Whilst this was lower than the North East average it was higher than the England average.
- 24 The Office of Health Improvement and Disparities (OHID) are working to develop the new national Tobacco Control Plan as a driver to delivering on the Smokefree 2030 ambition. This plan, yet to be published, is eagerly awaited to support local authorities with their local alliance plans.
- 25 House of Commons backbench debate 3rd November 2022 was held by MPs on the recommendations from Javed Khan’s independent review of smokefree 2030 policies and call made for a new Tobacco Control Plan by the end of 2022 to deliver the ambition. Recommendations from the Khan Review have been incorporated into the local Tobacco Control Alliance Action Plan.
- 26 Information from the Action for Smoking & Health (ASH) Ready Reckoner suggests that each year there is £211.87M costs that are associated with smoking nationally?

- a) 170.72M of these costs are associated with lack of productivity from people unable to work due to ill health whether this is temporarily sickness, unemployment or early death.
 - b) 26.02M on Healthcare costs associated with smoking. This includes costs for those accessing support in primary care or within hospitals.
 - c) £13.39M on social care, which includes costs of both residential and domiciliary care.
- 27 County Durham continues to commission the contract for FRESH across the LA7 area. This programme of denormalisation of tobacco makes a significant contribution to the reduction in smoking prevalence. Through ICS Prevention Board and local authority match-funding, Teesside, Darlington and potentially North Cumbria will now re-join a regional approach for programme for tobacco control in 2023/24. This action will help maximise outcomes for smoker engagement across the region regardless of local authority boundaries.

Reducing Exposure to Second-hand Smoke

- 28 In Spring 2022 ASH and Housing Learning and Improvement Network published a report which looked at smoking prevalence rates across the Country for those who live within social housing. It was found that 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their own home. This highlights an inequality of those who live within social housing which is widening and causing health and financial implications. The high level of people smoking in social housing may have implications for harms also caused by secondhand smoke within the home.
- 29 To address the levels of smoking occurring in social housing and the potential impact of exposure to secondhand smoke, work has been reinvigorated to ensure workers within Housing Solutions are aware of how to start a Making Every Contact Count (MECC) conversation to encourage people to quit where they feel this will make a positive impact on their wellbeing and financial resilience.
- 30 ABL Health, the commissioned service within County Durham has engaged with schools across the area to offer training regarding second-hand smoke within schools so that staff are aware of the harms and can share these messages with parents and carers.

Motivating and support smokers to stop and stay stopped.

- 31 ABL Health, the commissioned service for Smokefree County Durham has remained operational throughout 2022. Whilst in previous years a blended approach to service delivery has been adopted to maintain client engagement due to the pandemic. Many smokers have stated that they prefer telephone consultations, however many more opportunities for face to face clinics are now available. These are predominately situated with GP surgeries with the highest prevalence of smoking or within community venues which are close to those surgeries.
- 32 There has been a service improvement plan, communications and engagement plan and also a Level 2 development plan which have been implemented in Quarter 3 and 4 (2022/23). A restructure of ABL Health staff has been undertaken in response to the NHS Long-Term Plan and Trust staff now providing in-house hospital services, such as maternity. These plans have been developed to support the service to delivered against the specification, to target those with the most need of support and also to link in better with new and emerging areas of work such as severe mental health and social housing.
- 33 Following the previous review of Level 2 (L2) providers there has been an exercise to work with those who are currently engaging to offer training and support so that they can achieve acceptable quit rates. There are currently seven L2 providers that are supporting across County Durham. There is an improvement plan in place to encourage more to take up this offer which includes:
 - a) Reviewing the training requirements which are needed for those to be trained to be a L2 provider – including shorter sessions, online delivery, whilst still ensuring a high quality of training for effective interventions
 - b) Engagement within Primary Care, offering the L2 offer as a first choice to those working with primary care, then offering specialist support only where L2 is not appropriate.
 - c) Support around recording of information and which database that this can be done on. Ensuring that this process is made as simple as possible to support L2 providers to do this seamlessly as part of their roles.
- 34 In 2021/22, in County Durham the numbers of smoking setting a quit date and quitters (complete annual data set) remained above the rate for England and north east averages:

All rates are per 100,000 of population	Those setting a quit date	Successful- quitters (self-reported)	% Quit Rate at 4-weeks
County Durham	4136	2345	57%
North East	3794	2007	53%
England	2809	1539	55%

Treating Tobacco Dependency in Pregnancy:

- 35 Latest Smoking at Time of Delivery (SATOD) data shows that in 2021-22 there were 4710 live births in County Durham. Of those giving birth 14.6% were documented to be smokers at the time of delivering their baby – around 1 in 6 women. Although, the trend for this value is steadily decreasing, it is still significantly worse than England’s 9.1% and the North East 12.6%.
- 36 In 2021/22, County Durham had the highest rate of SATOD amongst North East local authorities (14.6%). The North East has the highest percentage for SATOD amongst other regions (12.6%), however other individual local authorities in those regions have higher rates than County Durham. The County Durham Tobacco Control Alliance continues to work collaboratively to drive towards the regional goal of reducing smoking at time of delivery to 5% or less by 2025 and a local ambition that all pregnant women and mothers will not smoke. This is critical to our drive to ensure children have the best start in life.

Table 1. Smoking at Time of Delivery

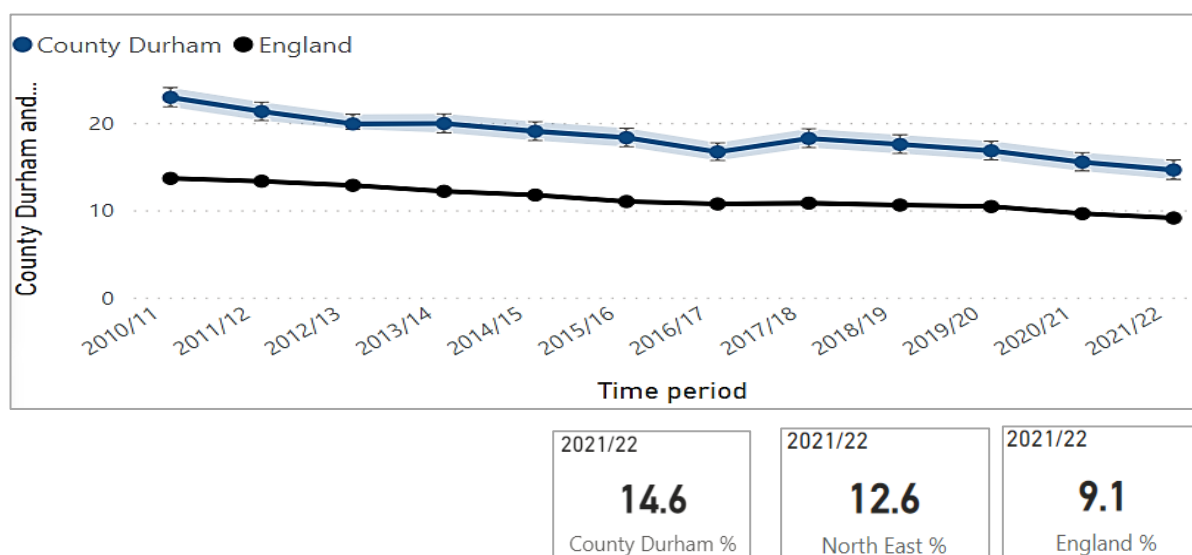


Table 2 showing Benchmarking of North East Neighbours 2021-2022

Area	Recent Trend	Count	Value
England	↓	49,534	9.1
North East region	↓	3,004	12.6
County Durham	↓	568	14.6
Sunderland	↓	360	14.0
Stockton-on-Tees	↓	248	14.0
Redcar and Cleveland	↓	170	14.0
Middlesbrough	↓	230	14.0
Hartlepool	→	124	14.0
Darlington	→	139	14.0
South Tyneside	↓	173	12.1
Gateshead	↓	226	11.8
Newcastle upon Tyne	↓	340	11.7
Northumberland	↓	257	10.1
North Tyneside	↓	170	8.3

37 Most recent quarterly data (2022/23 Quarter 2): 13.7% of women known to be smoking at time of delivery (YTD 14.5%)

Table 3. Smoking at Time of Delivery quarterly data 2021-2023

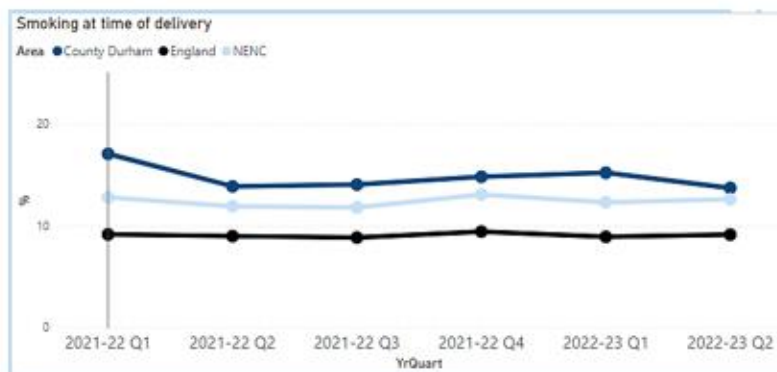


Table 3ii. Q2 Data 22/23

2022-23 Q2
13.7
SATOD - County Durham (%)

Table 3iii. Year to Date

2022/23			
Area	Known Smokers %	Non smokers %	Unknown %
England	9.0	91.0	3.3
NENC	12.5	87.5	0.7
NHS County Durham CCG	14.5	85.5	1.2

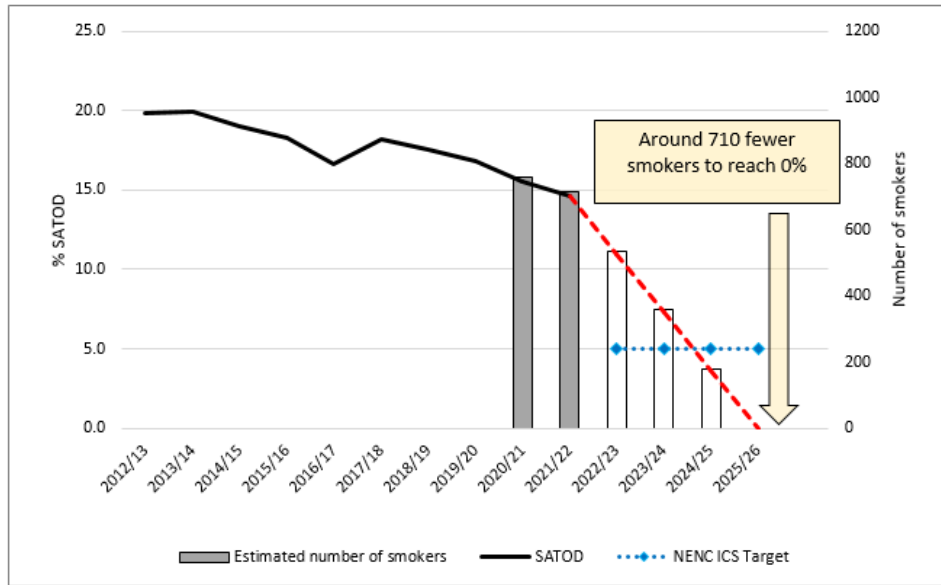
38 Improvements in data collection are currently being reviewed. Issues within CDDFT relating to the implementation of BadgerNet in 2021 (electronic maternity records) had resulted in the smoking status of many women not being appropriately documented at time of birth. This included a large number of records had smoking status as

“unknown,” providing an inaccurate dataset. Quality improvement work was undertaken in CDDFT to address this issue, resulting in significant improvement in the accuracy of ‘Unknown’ smoking status at time of delivery.

Transition from Community Stop Smoking Service into the in-house NHS Tobacco Dependency Treatment Service (TDTS).

- 39 From September 2022, CDDFT maternity services implemented a new in-house referral and management pathway for the pregnant population. A standard operating procedure has been developed and is pending Trust approval.
- 40 A designated lead for maternity is linked into CDDFT and provides support with service delivery, including staff engagement and supervision. An action plan has been implemented, covering staff training, data quality, equipment and compliance with the referral and management pathway.
- 41 Whilst the work ongoing within maternity is positive there may be implications for reporting on system-wide quit rates for pregnant smokers. Pregnant smokers who successfully quit using maternity services will be logged on the electronic patient record (Badgernet), whilst those accessing support from ABL will be reported on a separate system. ABL are referring pregnant smokers back to maternity services for support, but work has been initiated to ensure reporting on SATOD remains streamlined.
- 42 The Treating Tobacco Dependency in Pregnancy (TDiP) Action Plan has been revised for 2023-2025. An objective for the TDiP Steering Group is reframe the narrative that tobacco dependency in pregnancy as an addiction, not a lifestyle choice.
- 43 To reduce the number of mothers smoking at time of delivery to 0% by 2025, approximately 710 fewer mothers need to stop smoking 2025/26 (previously 760). This equates to a 3.7 percentage point drop per year for four years (approximately 178 fewer mothers smoking each year).
- 44 Smoke Free Tobacco Programme via NECS transformation board with ICS Prevention board sign off. The funding is to provide an ICS-wide incentive scheme to pregnant women who use tobacco. Further funding has been requested from the LMNS and NECS Transformation (outcomes awaited). The TDiP Steering Group is currently considering how continuation of the scheme could be funded from place.

Table 5. Projections to achieve %5 Smoking Prevalence by 2030



45 The tobacco Dependence in Pregnancy Incentive Scheme is due to launch within the local NHS FT (County Durham & Darlington) on 14.02.2023. The funding for the scheme was sought by the ICS.

Medication Shortage and Distribution

46 Currently there are a lack of products available on the market to support those who are wanting to make a quit attempt. Both Varenicline and Bupropion are currently not available. This has caused some pressure within the system of the availability of certain types of NRT, such as inhalators as there is an increased demand on other products available to support those who are wanting to make a quit attempt.

47 This has meant that there is a barrier of engagement for those who have previously had a successful quit attempt via using one of the now unavailable options. ABL Health have conducted an electronic cigarette pilot to better understand how e-cigarettes can support people to quit within County Durham before exploring a full service roll out.

Electronic Cigarette Pilot

48 Electronic Cigarettes (E-Cigs) have been advocated as an effective method of smoking cessation intervention, with evidence indicating that they are significantly (95%) less harmful than conventional cigarettes.

49 E-cigs have become increasingly popular among smokers who want to limit the risks smoking poses to their health. They have been cited as

the most popular quitting aid since 2013 and help facilitate long-term smoking cessation and are safe to use over short to mid-term. There is a rise in youth use of E-Cigs which is associated with a decrease in young people smoking cigarettes.

- 50 ABL Health have developed 4 e-Cig pilots within the Drug and Alcohol Recovery Service (DARS) whereby those who want to quit smoking are offered an E-Cigs as another option to them to support with their quit attempt. This can be delivered instead or alongside other products such as NRT and are provided free of charge for 12 weeks. A case study is available in [Appendix 6](#).

Smokefree NHS

- 51 County Durham and Darlington Foundation Trust (CDDFT) remain fully engaged with the Tobacco control agenda. The designated Smoke-free lead continues to build on the strong working relationships with the Tobacco Control Alliance, and regular service development updates are provided.
- 52 All patient facing staff now complete Very Brief Advice (VBA) to ensure that all patients who smoke are supported whilst in an acute setting with support from a Tobacco Dependency Advisor who will support alongside medication and NRT, they are then also supported on discharge from hospital with further medication and a referral into community support.
- 53 Within maternity this is now an opt out referral to stop smoking support where CO readings are taken at every contact with specialist support available within maternity to support those who are wishing to stop smoking. For those who have partners or family members within the home who smoke there is a pathway to refer into ABL.

Mental Health

- 54 The North East & North Cumbria ICS were selected to be an early implementer site to review the model within primary care for smoking cessation support for adults on Serious Mental Health Illness (SMI) register. We know that smoking prevalence rates are higher in adults with a registered SMI than the general population. Within County Durham the prevalence rate of those with a registered SMI is 31% compared to the population prevalence rate of 14.3%. This is significantly higher and as so is a key priority group for us to engage with to provide support to stop smoking.

- 55 Within the North East & North Cumbria four areas have been supported to deliver a pilot with County Durham being one of the areas who have been supported with funding. In County Durham funding was made available for 1WTE specialist advisor and 0.5WTE Administrator to facilitate this work.
- 56 Following the identification of individuals who smoke referrals are made directly into the Specialist Stop Smoking Advisor for Mental Health It is expected that this support and enhanced offer may exceed the 12-week standard pathway for this patient cohort. A part time administrator will also be recruited to support with case finding and monitoring access and outcomes The administrator will also be responsible in ensuring that the practices are updated on quit attempts so that their records are maintained.
- 57 This work will also engage with the County Durham Drug and Alcohol Recovery Service (DARS) to ensure that there is support for individuals who are also smoking cannabis, especially with tobacco. Wrap-round support will be offered to all those identified.
- 58 Through the work of the NHS Long Term Plan Treating Tobacco Dependency Advisors have been employed into the Mental Health Trust, with 2WTE workers covering the Durham area. These workers will support in-patients in Tees, Esk & Wear Valley Trust (TEWV) to stop smoking where appropriate and then refer into the community stop smoking service, ABL on discharge from hospital.

Workplace

- 59 The prevalence of smokers in routine and manual occupations has risen over the last 3 years rather than reduced in County Durham. In response to this Stoptober Business Durham were engaged to provide support sessions to staff who worked within routine and manual workplaces to provide opportunities to stop smoking and learn about the local offer availability through ABL.
- 60 Staff within DCC have been given opportunities to quit smoking for 28 days during September and provided with information on ABL's offer to stop smoking. Resources have been tailored for those business employing those working in routine and manual work with support included to help staff members to begin a conversation about the importance of stopping smoking.

Media, Communications and Education

- 61 FRESH continue to work closely with Public Health teams across the LA7 to promote FRESH's Don't Wait campaign. The campaign builds upon Quit4Covid messages and features a North East respiratory consultant Dr Ruth Sharrock highlighting the smoking harms to the lungs and immune system, plus increase risks of heart attack, stroke, COPD, diabetes and cancer.
- 62 In Summer 2022 a new website was launched www.freshquit.co.uk as a one stop shop for all our Fresh campaigns with information on quitting and links to local stop smoking services.
- 63 The "Don't Wait" campaign was delivered via TV adverts on both live TV and catch up (ITV), radio adverts (Smooth and Metro) and through social media to share the messages that if you're thinking about quitting there's no better time and not to wait.
- 64 Stoptober resources were shared with localised campaigns including photoshoots including Director of Public Health, Amanda Healy and Cllr Chris Hood.
- 65 All these resources are shared widely through our tobacco control alliance locally within County Durham so that we can ensure that all our key partners are able to share consistent communications about seeking help to stop smoking
- 66 A vaping communications toolkit has been developed to ensure that there will be consistent and clear communications across the North East. This will be followed up locally in County Durham with a specific event in March which will focus on vaping.

Reducing the demand and supply of illegal tobacco products, increasing price and addressing the supply of tobacco to children.

- 67 Fresh developed Keep it Out advertising on radio and online in summer 2022 as part of the approach to reduce the supply of illicit tobacco. This aims to reduce people's comfort levels in buying illicit tobacco and also acts as a deterrent to those who may be selling it. It also aims to generate intelligence for local Trading Standards teams to be more aware of where illicit tobacco is being sold locally.
- 68 Whilst this campaign was active between July and September in County Durham there were 70 pieces of intelligence gathered on local illicit tobacco that were generated directly to Trading Standards and a further 42 that went to Fresh.

- 69 There have been 4016 vapes that have been seized between 1st April 2022 and 13th Jan 2023. These were mainly due to the fact that the refill container was excessive in size of over 2ml, excessive strength with some found to have more than the maximum of 20mg of nicotine or that there were labelling issues indicating that they were destined for another country and not legal for sale in the UK
- 70 There have been reports into Trading Standards where appropriate to notify them of suppliers selling these products. 61,870 cigarette sticks have been seized over the same time period and 35.05kg of hand-rolling tobacco.

Conclusion

- 71 Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Despite reductions in prevalence, there are still approximately 7.3 million adult smokers and more than 200 people a day die from smoking related illness, which could have been prevented.
- 72 Smoking prevalence in County Durham currently stands at 16.2% (2021). This is higher than both the regional and national prevalence. The greatest contribution to the increase in prevalence in County Durham is through the routine and manual workforce. Local plans are being reviewed about how we target messaging to this workforce. Focus groups will take place within social housing to better understand what support people need to quit smoking so that this can be delivered locally.
- 73 The number of L2 advisors within a range of settings will be explored across County Durham with measures in place to better support primary care to engage as per the recent exercise. However, considerations need to be made that the numbers accessing local services may drop due to changes in place due to the NHS long-term plan, e.g. maternity.
- 74 Further developments will be made to better support engagement within social housing.

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Appendix 1: Implications

Legal Implications

No identified legal implications

Finance

Underspend identified and discussion required on proposed spend

Consultation

Not applicable

Equality and Diversity / Public Sector Equality Duty

Resources are focused on groups of people, such as routine and manual workers, people with mental ill-health, pregnant women and people who live in the more deprived areas of County Durham who are more likely to smoke.

Climate Change

No adverse implications

Human Rights

No adverse implications

Crime and Disorder

A continued focus on illicit tobacco will have a positive impact on crime and disorder in local communities.

Staffing

None

Accommodation

None

Risk

None

Procurement

A new case management system for Smokefree County Durham has been included in the potential for a future procurement schedule

Appendix 2. Costs associated with social care for County Durham. (ASH, June 2021).

Select your location (press delete to clear a level):	
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<i>Upper Tier:</i>	<input type="text" value="North East Combined Authority"/>
<i>Lower Tier:</i>	<input type="text" value="County Durham"/>

The total additional spending on social care as a result of smoking for adults aged 50 and over in 2021 was approximately:	
£ 13,394,362	

<p>Total local authority spending on smoking-attributable home based social care for adults aged 50 and over in 2021:</p> <p>£ 7,034,854</p> <p>This equates to 956 individuals receiving state-funded home based care</p>	<p>Total local authority spending on smoking-attributable residential social care for adults aged 50 and over in 2021:</p> <p>£ 6,359,508</p> <p>This equates to 196 individuals receiving state-funded home based care</p>
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<p>It is estimated that around 12,325 people receive unpaid care from friends and family for smoking-attributable needs.</p> <p>If this care were instead purchased from formal sources, this would cost society an additional</p> <p>£ 91,847,051 annually</p>	<p>In addition, a further 5,065 individuals are estimated to need but are not receiving care due to smoking-attributable illnesses. Providing paid-for care to these individuals would cost</p> <p>£ 66,521,578 annually</p>
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Appendix 3: Association of Directors of Public Health Vaping (e-cigarette) Communications Guide



Vaping (electronic cigarettes) communications guide

This guide is to help local authorities frame a consistent message around electronic cigarettes. It is intended primarily to enable Directors of Public Health to support colleagues – across regulatory services, education, social care, and elected members – to communicate effectively the latest evidence on vaping. The aim is that messages can replicate those of public health nationally to encourage smokers to switch to a less harmful product while supporting the efforts of regulatory colleagues to reduce youth access.

The Association of Directors of Public Health North East also has a position statement on Vaping which can be accessed [here](#).

The guide is informed by the [Nicotine vaping in England 2022 evidence update](#) and should be read in conjunction with the following [briefings from ASH](#), both of which have also been used to inform this guide:

- ASH briefing for local authorities on youth vaping
- ASH guidance for schools and colleges

It is important to communicate different messages about vaping with respect to adult smokers and children. These are:

1. That there is sufficient evidence about the effectiveness of e-cigarettes as a smoking cessation tool, and that there are reduced relative risks of vaping compared to smoking, to support encouraging smokers to use vapes to switch completely away from smoking.
2. It is vital to reduce the accessibility and appeal of nicotine products to children and to remove from the market products which don't comply with existing UK regulations.

These messages are disparate and there is potential for confusion so this document has been produced to guide effective communications.

Overall key messages:

- Smoking will kill up to 2 out of 3 long term users. Tobacco remains the single biggest cause of preventable illness and death with approximately 64,000 deaths in England every year.
- If you smoke, it is far less risky to vape instead. In the short and medium term, vaping poses a small fraction of the risks of smoking.
- Nicotine vaping is one of the most effective and popular tools for quitting smoking.
- Vaping is not for children and whilst it can help people quit smoking, vaping is not risk free. Those who don't smoke should not vape.

Messages to use

“Vaping poses a small fraction of the risks of smoking.”

Smoking is the UK's biggest killer with up to two thirds of smokers dying early as a result of smoking tobacco. Most of the health harms from tobacco come from the tar rather than the nicotine. Vaping poses only a small fraction of the risks of smoking, with the toxic substances which cause the main smoking-related diseases like cancer, COPD and cardiovascular disease either not present in e-cigarettes or found in much lower levels than in tobacco. But people only get the full benefits if they switch completely from smoking to vaping.

“Vaping is a popular and effective tool for quitting smoking.”

Most smokers want to quit and it can take many tries before quitting for good. E-cigarettes are now the most commonly used quitting aid in the UK, and are helping more people to stop smoking than other quit aids like nicotine-replacement therapy (e.g. patches and gum). The routines of smoking can be hard to stop, so some people find vaping helps them because of the hand to mouth action and the similar sensation in the back of their throat to smoking. There is also growing evidence that daily vaping can trigger quitting among smokers with no immediate plans of quitting.

“Vaping is a fraction of the risk of smoking but is not risk-free – it is not recommended for non-smokers and young people.”

Vaping is not recommended for non-smokers and young people because it is not completely harmless. Vaping is far less risky than smoking but is not likely to be risk free – the healthiest option is not to smoke or vape. If you do not smoke, do not start vaping.

“In the UK, e-cigarettes are tightly regulated for safety and quality.”

Regulations exist to ensure vaping quality and safety covering tank size, nicotine strength, packaging, ingredients, labelling and notification to the MHRA, and Trading Standards are responsible for enforcement. Restrictions also exist on promotion and advertising, in particular to protect under 18s, and the Advertising Standards Authority also has a role here.

“It’s important to encourage smokers to switch while also stopping children from vaping.” To protect children, while at the same time ensuring vaping products remain an accessible and affordable option for smokers wanting to switch, more needs to be done to address compliance and close regulatory loopholes. Trading Standards are playing a key role by working with local retailers to ensure they understand the law around electronic cigarettes and to reduce access among children.

Messages to avoid

“Vapes are unsafe/harmful/dangerous.”

Care should be taken to ensure that any communications do not inadvertently discourage smokers from switching to less harmful forms of nicotine. Tobacco use kills up to two thirds of smokers and the priority must be to encourage smokers to quit. While vaping is not riskfree and is not advised for people who have never smoked, in the short and medium term vaping poses a small fraction of the risks of smoking.

*See also discussion around this in next section with regards to tank size.

“All young people are vaping.”

Although the proportion of young people who vape has increased, only a minority of young people vape. Current use is up from 4% of 11-17 year olds in 2020 to 7% in 2022 – and uptake has a distinctive age profile: the key ages are 16, 17 and particularly 18, although it can occur earlier. At the same time, youth smoking is declining and some experts believe that vaping is replacing smoking. The latest youth data from ASH is available [here](#).

“Vaping is a gateway to smoking.”

A 2022 study in the journal [Addiction](#) found no statistically significant or substantial association between prevalence of e-cigarette use and ever having smoked regularly at population level, suggesting that if there is a gateway effect, either into or away from smoking, this would be small.

“Vaping is dangerous for bystanders.”

While secondhand smoke from cigarettes causes serious harm to others, there is no evidence so far that vaping is harmful to bystanders. E-cigarettes do not produce tar or carbon monoxide, two of the most harmful elements in tobacco smoke and short exposures to secondhand vaping do not result in detectable changes in levels of nicotine, volatile organic compounds or tobacco-specific nitrosamines. As a precaution, it is best not to vape around babies and children if it can be avoided, especially as young children often copy what adults do, and consideration for others is encouraged.

Messages to be cautious of

“Potentially unsafe / dangerous vapes have been seized from shops.”

Trading Standards play an important role around product safety. However the term “unsafe” can mean different things and in this case, the term “unsafe” could be interpreted as being as bad for health for people as smoking tobacco, which could in turn deter switching and compound the health risks. Under current legislation, vapes can be illegal for a number of reasons including tank size and nicotine strength but it is important not to suggest to vapers that shops are full of potentially hazardous devices. It is also important to not confuse vapes with any type of tobacco – legal or illegal – or put them into the same category of harm.

“We don’t know enough about the long-term health effects.”

Current evidence suggests the long term health risks of vaping are likely to be a fraction of that of smoking, but we need to ensure electronic cigarettes continue to be monitored for safety.

“We need to clamp down on vaping”

E-cigarettes are already subject to strict regulations on safety and advertising in the UK and it is important to find a balance between encouraging smokers to switch and reducing youth access. 6 million smokers in England still smoke tobacco – a uniquely deadly product causing cancer, lung disease, COPD and cardiovascular disease – and more tobacco regulation is needed as a priority. Loopholes do exist that need closing, for example free distribution to children, child friendly packaging and promotion at point of sale are all legal. Continued advocacy is therefore needed, but this must be balanced against the need to protect their accessibility to smokers who want to quit.

“Vaping products are a fire risk.”

All electronic devices carry a fire risk but fires and explosions relating to vaping products are uncommon. Substantially more fires are caused by cigarettes and cigarette lighters than by vaping products and explosions are rare. The [Office for Product Safety and Standards have produced guidance](#) on vape battery safety to avoid fires and explosions.

“Flavours are all aimed at children.”

Fruit flavours are sometimes marketed in packaging and labelling that is attractive to children, and this needs regulating. However fruit flavours are the most popular flavours used by adults who vape, followed by menthol or mint.

DO

- Ensure the Director of Public Health has oversight of communications on vaping.
- Consider all the factors identified above before issuing communications or answering questions in your local authority about vaping.
- Share this guide with interested colleagues in and outside of the local authority.
- Link to well-established websites e.g. the latest [OHID evidence update](#), the [Better Health vaping to quit smoking website](#) and, for North East smokers, www.freshquit.co.uk.
- Highlight how to report breaches of e-cigarette regulations – underage sales or illegal promotion in shops can be made to Trading Standards through [Citizens Advice](#).

Complaints about other advertising, including on social media, can be reported to the [Advertising Standards Authority](#).

DON'T

- Use language which may deter smokers from switching.
- Confuse in any way vapes with tobacco, for example by calling vaping smoking.
- Demonise nicotine. While smokers smoke for the nicotine, it's the poisons in tobacco smoke which kills people. Nicotine is used in many quitting aids available on the NHS
- Allow any personal opinions to get in the way of what the latest evidence is reporting on electronic cigarette safety and prevalence.

General resources

[Nicotine Vaping in England: 2022 evidence review](#)
[ASH briefing for local authorities on youth vaping](#)

ASH Smokefree GB survey data on e-cigarette use by [adults](#) and [young people](#) [APPG Smoking and Health report on Delivering a Smokefree 2030](#)

For smokers

[OHID Better Health pages on vaping to quit smoking](#)
[Fresh Quit](#)

For health care professional and public health colleagues

[Cochrane living systematic review on the use of e-cigarettes for smoking cessation](#)

[NICE guidance on tobacco: preventing uptake, promoting quitting and treating dependence](#)

For enforcement colleagues

[ASH/ADPH webinar on e-cigarette regulation and enforcement](#)

For schools

[ASH guidance for schools and colleges](#)

Appendix 4: Association of Directors of Public Health North East Position Statement of Nicotine Vaping



Association of Directors of Public Health North East Position Statement on Nicotine Vaping November 2022

The Association of Directors of Public Health North East (ADPHNE) is the North East regional arm of the representative body for Directors of Public Health in the UK. This position statement on nicotine vaping should be read in conjunction with the [ASH briefings and guidance for local authorities and schools](#), the [ADPH position statement on tobacco](#) and the ADPHNE and Fresh Vaping Communications Guide. It has been developed following publication of the [Nicotine vaping in England 2022 evidence update](#). Please note that for the purposes of this document, any references to vapes, vaping or e-cigarettes relate to nicotine-containing vapes, nicotine vaping and nicotine-containing e-cigarettes that comply with UK regulations.

Our position on nicotine vaping

- Smoking tobacco will kill up to 2 out of 3 long term users. Tobacco remains the single biggest cause of preventable illness and death with approximately 5,000 people in the North East dying each year from smoking.
- Smoking tobacco products is a significant driver of health inequalities. Our priority for tobacco control must be to reduce the number of people who smoke a known uniquely lethal product.
- The evidence is clear that, for smokers, vaping is a far less risky option and, in the short and medium term, vaping poses a small fraction of the risks of smoking. We must ensure that vaping is an affordable and accessible alternative for smokers who want to reduce their risk of dying from a smoking-related disease.
- A critical recommendation to the government from Dr Javed Khan OBE's independent review on making smoking obsolete is to promote vaping as

an effective tool to help people to quit smoking tobacco, outlining the role that vaping can play in an effective tobacco control strategy.

- At the same time, we recognise that vaping is not risk-free and therefore vaping must be presented as an alternative to or replacement for smoking, not an activity which is appealing to the wider non-smoking population.
- Vaping is not for children and whilst it can help people quit smoking, those who don't smoke should not vape. We need to reduce the number of young people accessing vape products and the amount of non-compliant products available for sale. We need to work closely with our Trading Standards colleagues to support compliance with regulations and to take enforcement action when necessary. We also need to continue to advocate for tighter e-cigarette regulations where needed, ensuring the right balance is taken around protecting young people and supporting smokers to quit.
- In households where tobacco smoking occurs, vaping offers a less harmful alternative for non-smokers. Exposure to secondhand tobacco smoke is dangerous. Compared with cigarettes, vaping products produce no or little side-stream emissions. The evidence update found that there is no significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape.
- There are concerns that only a small proportion of adults who smoke accurately believe that vaping was less harmful than smoking. We therefore support the delivery of

evidence based communications among stakeholders and the public to widen understanding and to ensure smokers understand that switching to vaping is a significantly less harmful option than continuing to smoke

The problem with smoking

Tobacco smoking is our biggest killer and a key contributor to avoidable health inequalities. Cigarettes are the only legal consumer product that, when used exactly as the manufacturer intends them to be used, will kill up to two thirds of long term consumers. Tobacco and vapes both contain nicotine which is an addictive substance, but nicotine itself has been used safely for many years in medicines to help people stop smoking. However, tobacco and the smoke it produces contains a toxic mix of over 6,000 chemicals, many of which are known to cause cancer as well as other fatal and life limiting conditions such as respiratory and cardiovascular disease, not just among smokers but also among those who are exposed to secondhand smoke.

15.3% of adults in the North East smoke, down from 29% in 2005 but despite faster progress in this region than other areas, an inequalities gap remains. The smoking rate among routine and manual workers is 24.3%, resulting in a significantly negative impact on income as well as employment, due to ill health and disability. Among those with mental health conditions, the smoking rate is 27%, with smoking being a leading cause of reduced life expectancy. Overall, smoking costs the North East nearly £888 million every year, £67 million of which is spent on smoking-related social care and £125 million on health care.

The evidence base on vaping

The most robust evidence on nicotine vaping is contained within the [Nicotine Vaping in England: 2022 evidence update](#). The report is the most comprehensive to date, its main focus being a systematic review of the evidence on the health risks of nicotine vaping. Based on the evidence within the review, a summary of conclusions is that:

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.
- There is no significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape.

The role of vaping in helping smokers to quit tobacco

Vaping products are helping people to quit smoking. The [Cochrane living systematic review on electronic cigarettes for smoking cessation](#) shows that vaping is effective at stopping people smoking. NICE recommends that smokers are encouraged to vape in their quit attempt and they are currently the most common aid used by people to help them stop. However the majority who use them are doing so without behavioural support: quit rates will increase if behavioural support is provided alongside switching to vaping.

E-cigarette regulation

E-cigarettes are regulated in the UK through legislation relating to quality, safety, age of sale and advertising. Enforcement of laws on underage sales, sales of illegal products, and point of sale advertising is the responsibility of Trading Standards. Enforcement of other advertising and promotion of vaping to under-18s, for example on social media, is the responsibility of the Advertising Standards Authority. However, there are concerns about the attractiveness of some vaping to children, that a proportion of retailers are selling to under 18s and that products that don't comply with UK rules are easily accessed. These issues need to be looked at nationally to ensure the products available are compliant and aren't sold to children while at the same time ensuring that vapers can access devices that can support them to quit and stay quit.

Footnotes:

The ADPHNE

The Association of Directors of Public Health North East (ADPHNE) is the North East regional arm of the representative body for Directors of Public Health (DsPH) in the UK. The ADPH seeks to improve and protect the health of the population and is a collaborative organisation working in partnership with others to maximise the voice for public health.

General resources

[Nicotine Vaping in England: 2022 evidence review](#)

[ASH briefing for local authorities on youth vaping](#)

ASH Smokefree GB survey data on e-cigarette use by [adults](#) and [young people](#) [APPG Smoking and Health report on Delivering a Smokefree 2030](#)

For smokers

[OHID Better Health pages on vaping to quit smoking](#)
[Fresh Quit](#)

For health care professional and public health colleagues

[Cochrane living systematic review on the use of e-cigarettes for smoking cessation](#)

[NICE guidance on tobacco: preventing uptake, promoting quitting and treating dependence](#)

[Smokefree Action Coalition information on vaping during pregnancy](#)

[PHE guidance on using e-cigarettes in NHS mental health organisations](#)

For enforcement colleagues

[ASH/ADPH webinar on e-cigarette regulation and enforcement](#)

For schools

[ASH guidance for schools and colleges](#)

Appendix 5: Vaping briefing for County Durham schools

Briefing template

Vaping factsheet for professionals working in schools
and/or with young people



This factsheet has been prepared for any professional working with children and young people. This includes, but is not limited to, designated safeguarding leads, PSHE leads and professionals developing school policies on vaping in the context of the far greater risk from smoking. It has been adapted based on the guidance by Action on Smoking & Health (ASH) [ASH guidance on developing school policies on vaping](#) and [ASH brief for local authorities on youth vaping](#) for local use.

Included are: key facts, key messages, how to report underage sales in County Durham, how to signpost to local stop smoking service (which can also support people to stop vaping) in County Durham.

Key Facts

- Vaping is an effective quitting aid for a significant number of adults who try to do so.
- Electronic cigarettes are a regulated product in the United Kingdom and should not be sold to anyone under the age of 18.
- Cigarette smoking prevalence of 11-17 year olds has decreased from 18.4% in 2013 to 14.4% in 2022.
- Underage vaping among 11-17 year olds has increased in the last two years whilst smoking prevalence in this age group has decreased. The rate of vaping appears to be increasing faster than smoking prevalence is decreasing.
- It is not illegal to smoke or vape underage.
- Most children who try vaping, have also tried smoking. Vaping is far less harmful than smoking, which kills up to two thirds of smokers.

- The main source of supply to children of cigarettes and vapes is shops.
- In 2022, the most frequently used product was a disposable vape (52.0% compared to 7.7% in 2021), with the most popular brands being Elf Bar and Geek Bar.

Key messages

- Vaping is not for children. Whilst it can help people quit smoking, those who don't smoke, should not vape.
- The key ages for take up are 16, 17 and particularly 18, although it can occur earlier.
- Whilst nicotine, when smoked, is highly addictive, nicotine in itself is a mild stimulant, similar to caffeine. Those who vape are much less likely to be dependent and report fewer cravings than those who smoke tobacco.
- Nicotine replacement therapy, which has been widely used for many years to help people stop smoking and is an evidence-based, safe treatment, provides nicotine without burning tobacco.
- E-cigarettes also provide nicotine without burning tobacco, so there is no combustion of tar and carbon monoxide, of which the majority of harm from smoking is associated.
- The majority of harm associated with tobacco smoke is from the 4000+ chemicals including carbon monoxide, tar and over 70 cancer causing toxins.
- Vaping is not 100% safe. However, most of the chemicals causing smoking-related disease are absent and the chemicals which are present pose limited danger in products that comply with UK regulation.
- Supporting young people to quit smoking is essential to their health and wellbeing. Those who are using e-cigarettes to quit should be supported to do so.
- There is currently unclear evidence to suggest that vaping leads to a renormalisation of smoking, with 18.8% of 11-17 year olds in 2022 having tried an e-cigarette before trying a tobacco cigarette, however this has decreased from 24.5% in 2021.

How to report underage sales

- Nicotine containing e-cigarettes are age restricted products regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).
- Sales to those under 18 are illegal, but to be legally sold in the UK, nicotine containing e-cigarettes must also:
 - Contain 20 mg/ml or less of nicotine (equivalent to 2% or less)

- Carry the health warning ‘This product contains nicotine which is a highly addictive substance.’
- Be notified to the MHRA and listed on its [website](#).
- Children under 18 should be asked where they got their vape (or cigarette) from.
- In County Durham underage sales and complaints can be reported by email to EHCP@Durham.gov.uk. Or to trading standards through the [Citizens Advice online portal](#).
- Only nicotine-containing products are currently regulated in the UK under the Tobacco and Related Product Regulations, but adverse reactions associated with vaping of both nicotine and non-nicotine containing e-cigarettes can be reported to the MHRA via the [yellow card scheme](#).

Signposting to local services

- There are a range of tools and services available to young people to quit smoking, or to reduce their e-cigarette usage.
- These include, but are not limited to, school nurses, stop smoking services and online resources. If you are unsure where to start, the [Better Health website](#) is a great place to find out more.

Local area: County Durham	
Local support offer	Details
Local stop smoking service	Smokefree County Durham service is available to those aged 12 or older. Contact via: Phone 0800 772 0565 Text ‘DURHAM’ to 62277 Website www.smokefreecountydurham.co.uk For help to stop smoking or to reduce your e-cigarette usage.
0-25 Service/school nurse	Brief advice can be given through the school nurse service.

- If you are a professional working with young people and are considering making a quit attempt yourself, a range of support is available to you too. The [Better Health website](#) is a great place to start.

Version	1
Date	28/09/2022
Contact	Katie Bewick – Katie.Bewick@durham.gov.uk

Appendix 6: Local Case Study from the County Durham Stop Smoking Service

<p>What was your motivation to quit smoking?</p>	<p>I had just got out of prison that week and I was homeless and totally skint. I used a vape in prison but had started smoking again and was cadging cigarettes off mates because I couldn't afford to buy any. When my Drug and Alcohol worker mentioned the stop smoking scheme and that you could get a free vape, I thought I'd give it a go.</p>
<p>How was smoking impacting your day-to-day life?</p>	<p>Smoking made my life even more difficult as I couldn't afford to buy many cigarettes or rollies so was constantly on the look out for hand outs. This made me feel rubbish and was just another stress on top of everything else.</p> <p>When I was out of prison and walking about loads, I also noticed how unfit I was and how breathless and I think that was mostly down to smoking.</p>
<p>What do you think is the most difficult thing, for you, about giving up smoking?</p>	<p>Doubting myself that I could do it</p>
<p>What benefits have you had from quitting? (saved money, health benefits etc)</p>	<p>Massive financial benefits! I have to manage on basically no money and now that I don't have to buy tobacco, I have more money for food and basics.</p> <p>My breathing has improved and I can even run now</p>
<p>What product did you use to help you quit this time? What did/did not work well?</p>	<p>A vape. It really worked and stopped cravings. It was an easy swap; cigarettes for a vape. The fact that the vape and pods were free was a</p>

	big help and motivation to keep going with my quit.
What was the best advice you were given during your quit?	Honestly, I've had so much helpful advice from my advisor. I struggled a bit at first to stop smoking completely but Carol was really patient with me and kept pushing me forward and she really made me think about my smoking habits. Some things that stick in my head are when she said, 'If you can go whole days without smoking, the vape must be working so have you realized that you are choosing to smoke on other days?' And 'If you want to quit smoking, you have to quit smoking at some point otherwise you will stay in the 'trying to quit' bracket.'
Do you have any tips, advice you would like to share with other smokers trying to quit?	Stick with it even if it isn't easy at first. Listen to your advisor, think things through and use a vape. If I can stop, absolutely anyone can.
What has given you the most satisfaction about quitting smoking?	Not having to worry so much about money and feeling healthier.