

Health and Wellbeing Board

20 March 2024

Tobacco Control; the current position and next steps



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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. In County Durham tobacco control is one of the four key priorities of the Joint Local Health and Wellbeing Strategy. 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 2022 Local Tobacco Control Profiles outlines that smoking prevalence in County Durham is estimated to be 15.4% this means that around 1 in 6 people in County Durham are current smokers. This is now comparable with the North East and England averages compared to previous years where this has been higher.

- 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 been reviewed to ensure that there are more elements including; the addition of a vaping subgroup which reports to the Tobacco Control Alliance, better support to workplaces especially those employing routine and manual workforces, a renewed emphasis on engaging with social care and social housing.
- 6 A recent report published in March 2023 estimated that smoking costs County Durham £188,900,000 per year. The costs are associated with £150,400,000 for productivity loss for those who are unable to work, on long term sick or sick days due to smoking related illnesses. £22,200,000 cost to healthcare due to smoking related illnesses, social care needs as a result of smoking for adults 50 and over has been estimated to be £14,000,000 and increase in fire call outs due to smoking is £2,200,000. These findings illustrate that tackling smoking not only improves the population's health, reduces inequalities, boosts our local economy and eases pressure on the NHS, but also reduces pressure on public services.
- 7 There are current impacts on the Stop Smoking Service with the lack of availability of both Varenicline and Bupropion. However, from January 2024 Cytisine will be available within England to support smokers in their quit attempts. Electronic cigarettes are currently being rolled out as a new approach to support smokers to stop and has been explored further in 2023. A bid was successful to Department of Health and Social Care (DHSC) for 3,000 free vapes to provide a 12-week quit to 1,500 individuals within 23/24 and a further 1,500 individuals within 24/25.
- 8 A Health Equity Audit (HEA) was completed in 2023 for the time period April 2019 to March 2022. The results of this were overall positive showing that the SSS is effective at targeting the County's top 30% deprived communities, though the conversion to quit rate remains challenging. There are four key recommendations which have emerged from the HEA which will inform future work of the SSS in County Durham. These include celebrating successes, reviewing how to increase the quit rate in deciles 1-3, working alongside NHS colleagues to increase engagement of pregnant women and exploring access and quit rates of priority or vulnerable groups within the SSS.

- 9 Smoking at time of delivery (SATOD) in County Durham for 2022/23 was at 14.2% which was a reduction from the previous year, which was 14.6%. County Durham has the second highest rate of SATOD in the North East, and the 7th highest rate in England. Work has been undertaken to transfer Stop Smoking Services from the community into midwifery services to provide support to those women who are smoking during pregnancy.
- 10 There has been a number of government announcements relating to Tobacco Control including the ministerial announcement in April then the Stopping the Start command paper published in October 2023 which was supported in the Kings Speech on 7th November 2023. A response to the consultation to support the proposed legislation within the Stopping the Start command paper was submitted in December 2023. Durham County Council Public Health team continues to work with key partners within the locality and Fresh across the North East to urge the government to go further to reduce smoking prevalence.
- 11 Compliance teams have seen a large number of non-compliant vapes and illicit cigarettes seized over the period during 2023.

Recommendations

- 12 The HWB is 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 government's plans regarding 'Stopping the Start';
 - (c) Champion Tobacco Control to become everyone's business;
 - (d) To 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) To 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 to ensure that vapes are available as a tool to support adult smokers in County Durham to quit, including through the local Stop Smoking Service;

- (f) Commit to conduct local research to ensure that we add to the evidence-base and continue to provide the best support to local smokers who are wanting to make a quit attempt;
- (g) Commit to support the key recommendations from the quality improvement workshop regarding Treating Tobacco Dependency in Pregnancy (para 41) to reduce preventable harms to mother and unborn baby.

Background

- 13 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.
- 14 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.
- 15 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 second-hand smoke also has detrimental impacts on babies, children, and other family members.
- 16 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.
- 17 County Durham continues to provide leadership and advocacy across the North East, linking in with regional and national groups to share good practice with other areas.
- 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;

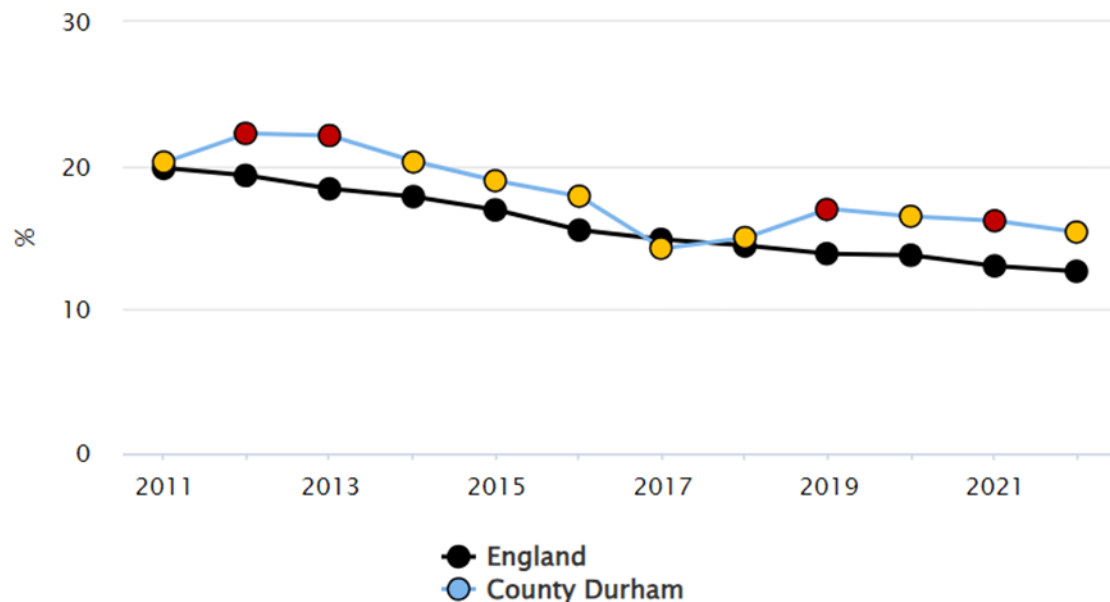
(g) research monitoring and evaluation.

Local Tobacco Control Update

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

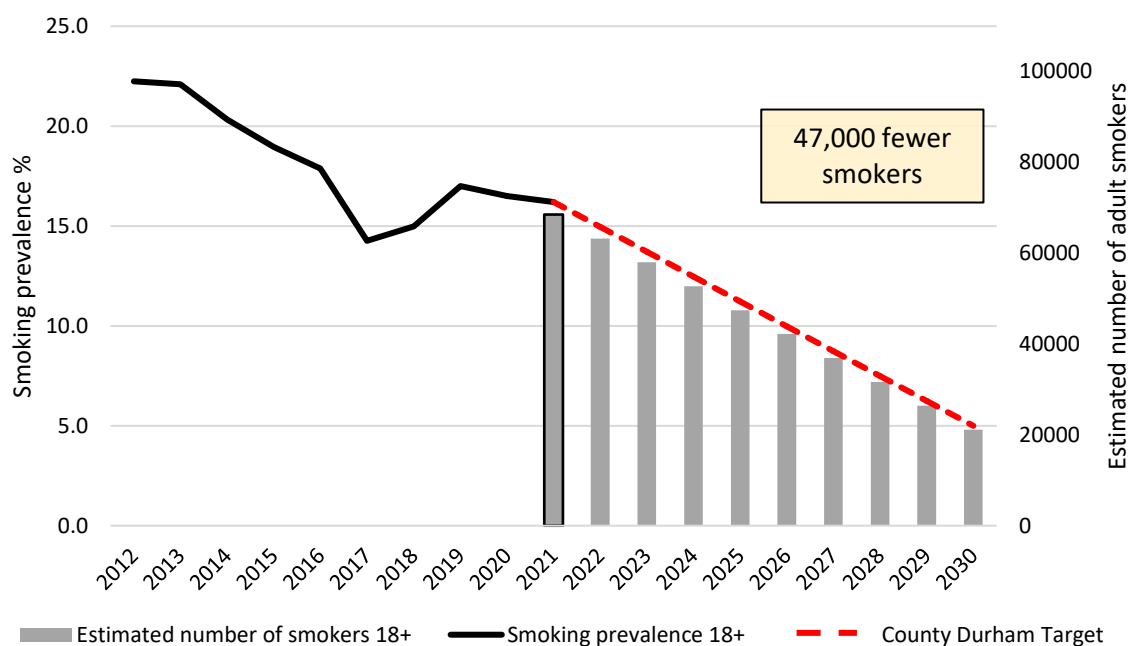
19 According to the 2022 Local Tobacco Control Profile, smoking prevalence in County Durham is estimated to stand at 15.4%. This highlights a reducing trend in prevalence when compared to 2020 (16.2% in County Durham).

Figure 1: Smoking Prevalence County Durham v England 2011-2022
Source: [Local Tobacco Control Profiles](#)



20 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 2022 suggests that there are approximately 63,200 people in County Durham who continue to smoke. To reach this target, analysis of the data indicates that a further 47,000 people are required to stop smoking by 2030.

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



- 21 In 2021 the prevalence in County Durham for those working in routine and manual workforces was significantly higher than the North East and England average. However, a reduction was seen in 2022 with the prevalence decreasing from 29.2% to 22% meaning this rate is now comparable with both the North East and England averages.
- 22 Smoking prevalence in County Durham is higher in females (17.2%) than males (13.5%) although the difference is not statistically significant. Compared to England whilst the smoking rates for males are statistically similar to England, the rate for females is statistically significantly worse. This is an area that will need to be explored locally to see how the local service can support in targeting females into local stop smoking services.
- 23 Information from the Action for Smoking & Health (ASH) Ready Reckoner suggests that each year there is £188.9M costs that are associated with smoking in County Durham each year:
 - (a) £150.4M 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) £22.2M on Healthcare costs associated with smoking. This includes costs for those accessing support in primary care or within hospitals;

- (c) £14.0M on social care, which includes costs of both residential and domiciliary care;
- (d) £2.2M on smoking related fire call outs.

Reducing exposure to second-hand smoke

- 24 Breathing in second-hand smoke also has detrimental impacts on babies, children, and other family members.
- 25 ABL have engaged with Housing Poverty Forum to promote the service offer, MECC training and co-production and co-delivery opportunities to promote stop smoking support messages. Two training sessions have been delivered with Housing Solutions staff.
- 26 During a quality improvement exercise within the Tobacco Dependency in Pregnancy (TDiP) workstream it was found that there is a profound impact of maternal smoking during pregnancy and exposure to second-hand smoke on children's health outcomes. Further work will be explored to reduce smoking prevalence rates in pregnancy and support postnatally to ensure that women do not resume smoking once they have delivered their baby.

Motivating and supporting smokers to stop and stay stopped

- 27 ABL Health, the commissioned service for Smokefree County Durham has remained operational throughout 2023. Whilst in previous years a blended approach to service delivery has been adopted to maintain client engagement due to the pandemic, this year there has been a push to engage more people face to face.
- 28 A restructure of ABL Health staff has been undertaken in response to the growing cost per quitter and the overall reduction seen nationally, regionally and locally of less people quitting through a Stop Smoking Service. This restructure aims to increase quits from 1,443 in 22/23 to 2,048 in 23/24 and to 3,038 in 24/25. This new model will also ensure more links to new and emerging areas of work such as severe mental health and social housing.
- 29 In 2022/23, in County Durham the self-reported quit rate was higher than both the North East and England average. This indicates that the current model of the stop smoking service in County Durham is working well to support individuals to make a quit attempt and to be quit at 4-weeks.

Area	4 week quit rate (self-reported)	Lost to Follow-up rate
County Durham	58%	18%
North East	52% (highest 84%, lowest 23%)	23% (highest 37%, lowest 10%)
England	54%	17%

- 30 During 2023 ABL trained 11 providers and 33 staff to deliver a level 2 service. The 11 providers included 6 GP practices (covering 12 surgeries), 3 pharmacies, 1 occupational health organisation, and the Wellbeing4Life Health Trainers.
- 31 Successes in recruitment of level 2 services include having established cross-county coverage serving the most deprived areas and recruiting new providers that have previously never delivered a service. The biggest challenges to recruitment remain providers being unable to devote the time to delivering a service due to other pressures (particularly pharmacies), not being able to release staff for training or delivery following training, and retention due to staffing issues or being unable to fulfil the clinical requirements of the role (such as clinical record keeping on the 1S4H database).

Medication Shortage and Distribution

- 32 During 2023 there was still no access to both Varenicline and Bupropion. This has caused some pressure within the system. However, as of January 2024 Cytisine is now available to support those who are wishing to make a quit attempt.
- 33 In November 2023 a bid was submitted for 3,000 free vape starter kits and 12-weeks liquid to DHSC. This was successful. It is hoped that by adding e-cigarettes to the options of support available to local smokers wishing to make a quit attempt that this will alleviate some pressures on medications not being available.

Electronic Cigarette Pilot

- 34 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.

- 35 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.
- 36 As part of the Swap to Stop pilot funded by DHSC 12-week kits will be provided to those wishing to make a quit attempt by using a vape. This will only be available as a quit aid to those smokers aged over 18. This will include; the vape, spare coils and 12 week supply of liquids for the vape in a variety of strengths and flavours to suit the quitters needs. 1,500 vapes will be given out during Q4 2023/24 with a further 1,500 vapes available for distribution in 2024/25.
- 37 The vapes provided through DHSC were to be targeted at specific groups which will be; those in a routine and manual occupation, those living in Deciles 1-3 within County Durham and those living in social housing. However, there will be a full service roll out of e-cigarettes to all those accessing ABL services through existing SSS funding.

Workplace

- 38 The prevalence of smokers in routine and manual occupations has reduced, this is potentially due to an increase in engagement work taking place. During 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.
- 39 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 businesses employing routine and manual workers with support included to help staff members to begin a conversation about the importance of stopping smoking.
- 40 The ABL stop smoking service has engaged with a number of new workplaces directly during 2023 including: Amazon, Epicurium, Co-op, Aycliffe Secure Unit and Low Newton Prison. The service has always trained level 2 advisors within occupational health, these staff then cascade their knowledge through a number of workplaces across South Durham to support local smokers.

Treating Tobacco Dependency in Pregnancy and the Postnatal Period (TDIPP)

- 41 Smoking is a leading cause of preventable harm and health inequalities affecting mothers and babies in County Durham. It is the single most modifiable risk factor in pregnancy and remains a persistent challenge, despite ongoing public health efforts. Whilst rates of smoking at time of delivery (SATOD) are slowly improving, there is still a great deal of work to do. Further work identified from a quality improvement workshop has identified key areas to be:
- (a) assessments and data analysis;
 - (b) pathway mapping;
 - (c) identifying gaps and barriers to delivery;
 - (d) communication and collaboration.
- 42 Studies have consistently shown that smoking during pregnancy can cause serious pregnancy-related health problems and is associated with an increased risk of infant mortality. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.
- 43 Babies born to mothers who smoke are more likely to experience complications such as low birthweight, preterm birth, and respiratory problems. These factors contribute to a higher risk of infant death, particularly from conditions like respiratory distress syndrome, sudden infant death syndrome (SIDS), infections, and other health complications.
- 44 In 2022/23, the North East region had the highest % for SATOD amongst other regions in the UK (12.5%, compared to England's 8.8%). County Durham has the second highest % of SATOD amongst North East local authorities, with 14.2% of those giving birth known to be smokers at the time of delivering their baby (around one in 5 women). County Durham is ranked as the 7th highest county in England for SATOD (out of 152 local authorities).
- 45 For quarter 1 2023/24 (April to June at sub-ICB level) in NHS County Durham 13.6% of women were known to be smoking at time of delivery, compared to 10.5% across the North East and Cumbria ICB and 8.0% for England as a whole. The range across the ICB footprint extends from a low of 6.3% (NHS North Tyneside) to a high of 13.6% (NHS County Durham).

Annual data is preferable for examining trends over time however it is encouraging that when comparing the County Durham figure to the same period last year, the latest data represents a reduction of 1.6 percentage points (Q1 2022/23 for County Durham was 15.2%).

Table 1. Smoking at Time of Delivery 2010-2023

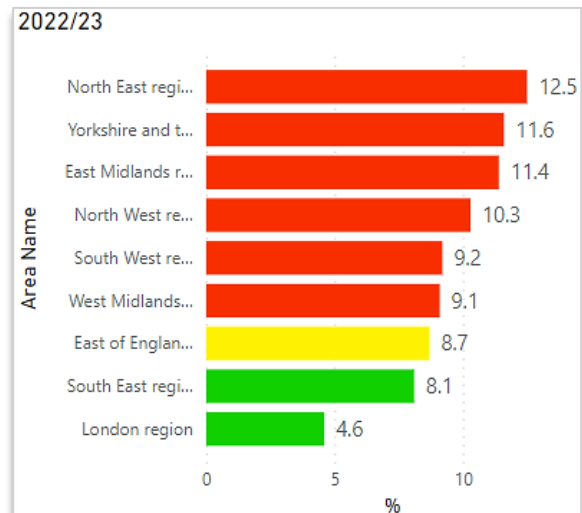
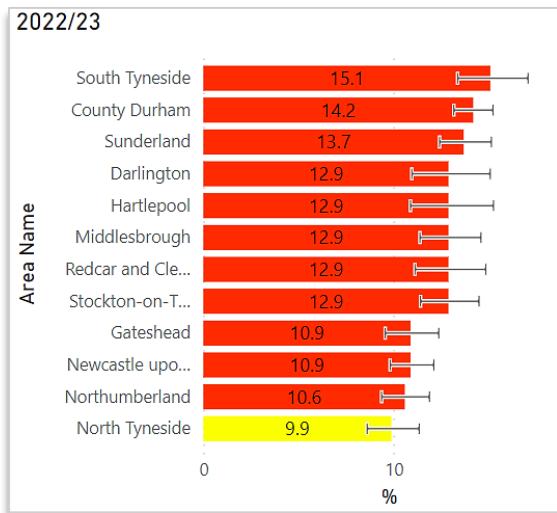
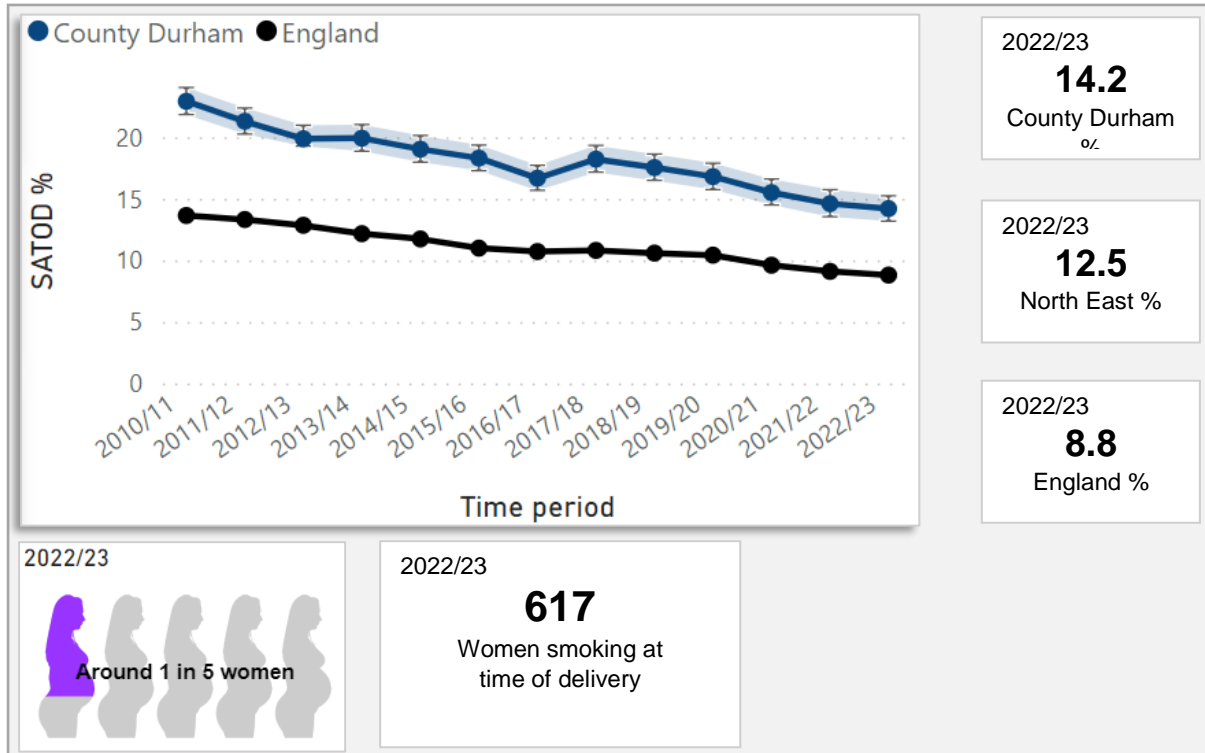


Table 2b. Benchmarking: Neighbours Regions

Key (statistical significance):

Comparison to England: ■ Worse ■ Similar ■ Better

Table 3. Smoking at Time of Delivery Quarterly Data

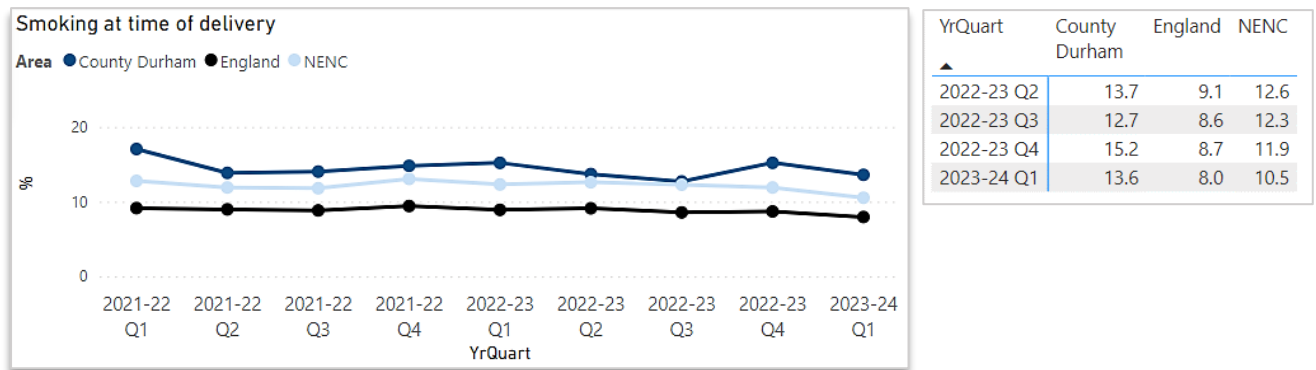


Table 4. SATOD Year to Date 2023/24

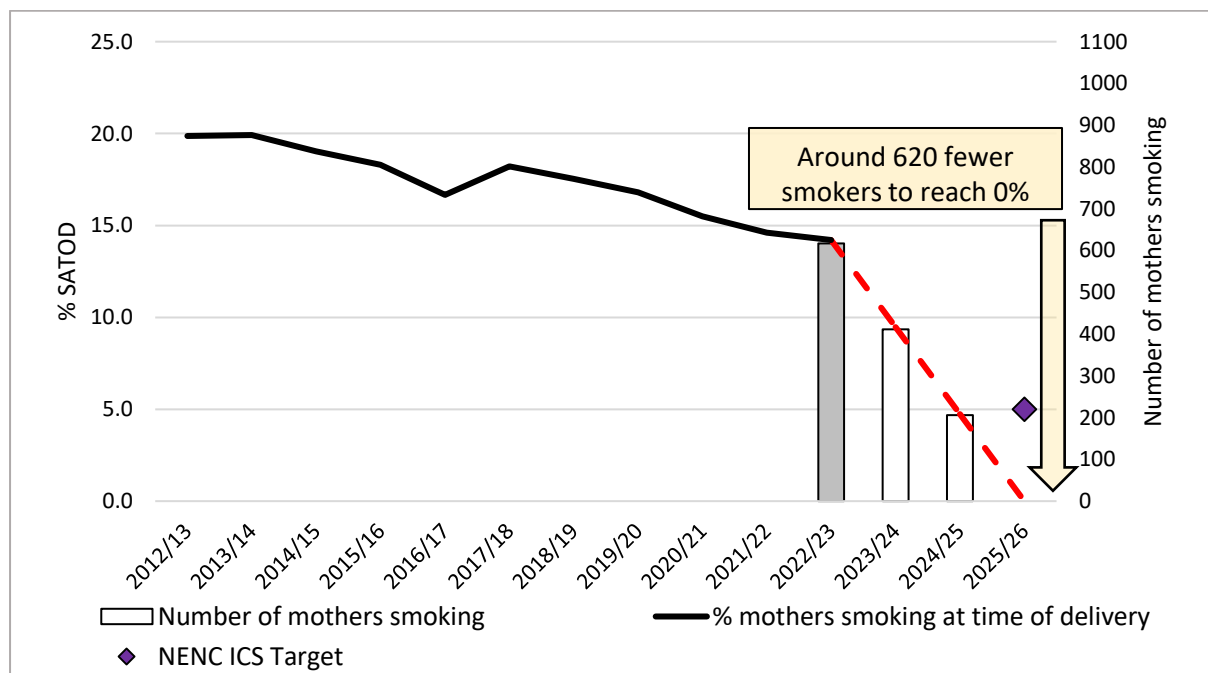
2023/24			
Area	Known Smokers %	Non smokers %	Unknown %
County Durham Sub-ICB	13.6	86.4	1.5
England	8.0	92.0	2.5
NENC	10.5	89.5	2.9

(Visuals and charts retrieved from Durham Insight: <https://www.durhaminsight.info/tobacco-control/>)

Local Ambition to Reduce Tobacco Dependency in Pregnancy (TDiP)

46 County Durham has an ambition to reduce the % of mothers smoking at time of delivery to 0% by 2025/26, approximately 620 mothers need to stop smoking (previously 710). This equates to a 4.7 percentage point drop per year for three years (approximately 206 fewer mothers smoking each year).

Table 3. Projections to achieve 0% SATOD by 2025/26



County Durham TDiPP Steering Group and Action Plan

- 47 In partnership with the County Durham Tobacco Control Alliance, the TDiP Steering Group 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.
- 48 Following a stakeholder analysis and prioritisation exercise, the membership of the Group has been refreshed and includes representation from a wider range of partners.
- 49 A multiagency TDiPP workshop was held in August 2023 to raise awareness of the high SATOD rate for the county, local work, and context. The group completed an 'Action SWOT Analysis' aimed towards gathering information to prepare for pathway/process improvement planning.
- 50 Actionable tasks were identified that build on strengths, mitigate weaknesses, capitalise on opportunities, and prevent future threats. The findings have been compiled and will be mapped against the action plan and inform the TDiP Group's next steps, accountabilities, and deadlines.
- 51 A new specialist Midwifery Matron for Health Inequalities has been recruited within the local provider trust (County Durham & Darlington NHS Foundation Trust, CDDFT), funded by the Family Hubs & Start for Life Transformation Programme. This newly created post will join the TDiP Steering Group as Co-Chair alongside DCC Public Health, providing clinical midwifery expertise and strengthening the strategic leadership in the Group, working together to drive forward the aims and objectives of the TDiP Action Plan. The matron will report directly to the Head of Midwifery and CDDFT's maternity services SMT.

Implementing the NHS Long Term Plan (LTP)

- 52 From September 2022, CDDFT maternity services began delivery of NHS-funded Tobacco Dependency Treatment Service (TDTS) in-line with the NHS LTP commitments. This involved significant transition and change, moving from Local Authority Stop Smoking Services to a new in-house delivery model and referral pathway. The Local Maternity (and Neonatal) System (LMS) play a key role in overseeing the delivery of these services across the NENC ICS footprint.

- 53 The model for pregnant women is delivered in-line with NICE guidance [NG209] and builds on the Saving Babies' Lives Care Bundle. It is a bespoke offer of behavioural support and pharmacotherapy is delivered without an external referral to a third party, with patient administration and responsibility for delivering the tobacco dependence intervention staying in the NHS.
- 54 Supporting the transition of the NHS LTP is a key priority area for the TDiP Steering Group; working collaboratively to ensure that there is dedicated support and capacity across the system to help embed in-house NHS tobacco dependence treatment interventions. The TDiP Steering Group regularly review how NHS TDTS can work with LA SSS to support/improve delivery and better support system integration during this period of transformational change.

North East & North Cumbria (NENC) TDiP Incentive Scheme

- 55 The NENC Integrated Care System (ICS) have introduced a financial incentive scheme to support pregnant people to stop smoking alongside the implementation of the NHS Long Term Plan pathway for maternity.
- 56 The incentive scheme is designed to support women to quit smoking during pregnancy. This involves the provision of financial incentives (shopping vouchers) to encourage ongoing engagement with quit support programmes, throughout their pregnancy and beyond. Importantly, the scheme utilises incentives in addition to routine care that is in-line with NICE guidance, not as a replacement for any part of this.
- 57 Scheme Model: Incentives are in the form of "Love to Shop" vouchers for pregnant women, which cannot be used to purchase tobacco or alcohol:
- (a) first quit appointment and quit date set; £20;
 - (b) successful four-week quit and every subsequent six weeks onwards until delivery (max six vouchers): £40;
 - (c) successful four weeks postnatal quit: £80;
 - (d) successful quit for partners/significant others at four weeks postnatal: £40;
 - (e) up to £380 per scheme.

58 The scheme was launched in CDDFT on 14th February 2023. An evaluation is being undertaken alongside implementation to understand the experiences of pregnant people that choose to take part, to understand and address any possible barriers to access.

TDiP 'Call to Action' Report

59 An in-depth report, focusing on the urgent need to reduce TDiP as a modifiable risk factor for poor health outcomes in County Durham, has been produced by Public Health and shared with key partners. This has included presentations to the Child Death Overview Panel (CDOP), County Durham Care Partnership Forum, Tobacco Control Alliance, and Best Start in Life Steering Group.

60 The report aims to:

- (a) provide an update to system leaders on the action being taken to reduce tobacco dependency in pregnancy (TDiP) and rates of smoking at time of delivery (SATOD) across County Durham;
- (b) examine the critical issue of smoking as a modifiable risk factor for a range of maternal and child health problems and increased mortality, both before and after birth. It highlights the profound impact of maternal smoking during pregnancy and exposure to second-hand smoke on children's health outcomes;
- (c) highlight areas for improvement and actions needed to ensure all babies born in County Durham are able to benefit from the best possible start in life;
- (d) stress the urgency of addressing this issue through the delivery of targeted interventions and effective tobacco control measures.

Media, communications and engagement

61 County Durham continues to commission the contract for FRESH across the North East. This programme of denormalisation of tobacco makes a significant contribution to the reduction in smoking prevalence. This was expanded from the LA7 to the North East during 2023/24 which has seen an increase in engagement for smokers across the region regardless of local authority boundaries due to being able to advertise more.

62 In March 2023 Fresh re-launched the award-winning Don't be the 1 campaign across the North East and North Cumbria. It ran on TV, radio, ITV Catch Up / Video on Demand, Facebook and Google Display for four weeks. The Don't Be the 1 campaign message highlighted that one in every two long term smokers will die from a smoking related illness.

- 63 Fresh launched Smoking Survivors in June 2023 which highlights the shocking, raw and life-changing experiences from former smokers in the North East. It features Cathy and Sue who are two real life “survivors” who were diagnosed with cancer from smoking while still in their 40s. The campaign is part of a commitment by all 12 North East local authorities. “Smoking Survivors” is NHS branded and ran for four weeks with advertising on ITV, Catch-up ITV, radio, outdoor and Facebook with supporting PR and social media. This was re-launched in September, with Durham amplifying the campaign on city centre digital totems, customer access points, Family Hubs and Durhamworks Facebook pages signposting to the County Durham Stop Smoking Service for support.
- 64 In September OHID released the new Better Health vaping for schools’ resources and social marketing toolkit which was shared via education channels.
- 65 Stoptober resources were shared with localised campaigns including photoshoots including Director of Public Health, Amanda Healy, Cllr Chris Hood, Cathy Hunt and other members of the County Durham Tobacco Control Alliance. Business Durham worked with local organisations and support two Stoptober events raising awareness to routine and manual workers of how to get help to quit smoking.
- 66 In support of the Stopping the Start government consultation additional social media work was conducted to share messages on smoking harms and to raise awareness of the consultation.
- 67 For New Year 2024, Fresh ran another phase of the successful “Smoking Survivors” quitting campaign across the North East and North Cumbria. The campaign has been running across ITV and ITVX (catch up) and Facebook for three weeks from December 28 aimed at encouraging people to make a quit attempt, and to keep going.
- 68 Promotion from January 2024 of the national NHS Better Health stop smoking campaign which builds on the creative route of ‘good things happen when you stop smoking’ that was developed for the Stoptober campaign back in October 2023. The campaign is capitalising on the New Year moment when we know there is greater intent for smokers to make a quit attempt, the campaign promotes the many benefits of quitting. The campaign will be delivered through TV, video-on-demand, radio, out-of-home advertising, and is focusing on the generational harms of smoking, highlighting that children are up to three times as likely to start smoking if their parents smoke. There is a suite of free campaign resources to help support and amplify the campaign locally including assets for use on social media, posters, web banners and images for digital screens.

- 69 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.
- 70 Further to this ABL have developed bespoke leaflets for workplace, stress, finances, heart health, diabetes, COPD and significant others of pregnant smokers in order to generate awareness of smoking harms, the role of the stop smoking service and where to access support. Both digital and physical copies of these resources have been shared with partners across the County.

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

- 71 Fresh developed Keep it Out advertising on radio and online in summer 2023 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.
- 72 During 2023 91 intelligence reports were received reporting to illicit tobacco of which 55 were gathered through the Keep it Out reporting route and were directly sent to Trading Standards.
- 73 Between January and December 2023 enforcement action has been taken to tackle illicit tobacco as a direct result of community intelligence, intelligence from partners and proactive inspections of premises. From this 418,340 cigarettes and 150.2kg of hand rolling tobacco has been seized.
- 74 In relation to closing orders of premises selling illicit tobacco court orders are obtained on the basis of causing a nuisance under the Anti-social Behaviour Crime and Policing Act 2014. This provides an application to the court for a closure of premises for up to three months on each application. In 2023 eight retail premises were either the subject of an initial closure order or an extension.
- 75 During 2023 the Special Investigations Team and the Consumer Safety Team seized 6319 non-compliant vapes.

Research, monitoring and evaluation

Health Equity Audit

- 76 A Health Equity Audit (HEA) of the SSS was undertaken in 2023. This is part of a rolling HEA cycle for the SSS which ensures a thorough understanding of whether the service is contributing to reducing health inequalities. In order for the latest HEA cycle to complete it is expected that the next audit will be conducted no sooner than 2026.
- 77 The purpose of this report was to assess whether the SSS in County Durham is having an impact on health inequalities and to identify how services are delivered relative to deprivation deciles across the county.
- 78 The HEA has reviewed data from April 2019 to March 2022. During this time period the provider was changed from Solutions4Health to ABL from 1st April 2020 onwards.
- 79 Overall the findings were positive, the review highlighted that services are being targeted at the county's top 30% most deprived communities with both high access and quit rates within the Middle layer Super Output Areas (MSOA).
- 80 The findings were both positive for the Level 3 Specialist Advisors and the Level 2 advisors working within GP surgeries & pharmacies.
- 81 However, the SSS is less effective at converting quit attempts into successful quits at 4-weeks in the most deprived areas. Further work is needed to better understand why the service is less effective at engaging smokers to produce a successful quit attempt. A further element to be explored is also how effective that ABL are at supporting priority groups, including routine and manual workers, those with a registered SMI, those with long-term health conditions and other vulnerable groups to engage within SSS and then also to quit smoking. This will need to be reviewed as part of any agreed extension to the SSS.
- 82 There were 4 main recommendations from the HEA which were:
- (a) to celebrate the successes highlighted from the report and better understand how the service has achieved an increase in the number of people accessing the service from our most deprived communities and build on this success;

- (b) review how the service can increase the rate of people from deciles 1-3 of the Index of Multiple Deprivation (IMD) who go on to quit at 4 weeks including reviewing the provision offered to this cohort. This should include a review of the quit rate in deprivation decile two for the level 2 service;
- (c) link in with our NHS colleagues as part of the NHS Treating Tobacco Dependency service to share the findings of the Health Equity Audit and undertake further in-depth work with Integrated Care System (ICS) colleagues to understand how to increase the engagement of pregnant smokers within services and promote a higher quit rate;
- (d) to work with ABL Health to explore the access and quit rates for several priority or vulnerable groups including examples such as; those with a registered Serious Mental Illness SMI, those in routine and manual work, those from the LGBTQ+ community, those with a recorded Long Term Condition and Veterans.

83 The above recommendations have been shared with the stop smoking service in County Durham and will be monitored within Contract Review meetings to better understand the progress being made.

84 In order to ensure that progress is made within County Durham to achieve the 5% smoking prevalence we will aim to collaborate with academic partners on further research to add to the existing evidence base and provide support to local smokers wishing to make a quit attempt.

Government Announcements regarding Tobacco Control

85 In April 2022 there was a ministerial announcement regarding how the government plans to reach a Smokefree 2030, there were 8 parts to this plan which were:

- (a) a national youth vaping consultation was opened;
- (b) Swap to Stop – nationally one million vapes will be made available to support adult smokers to quit using a vape;
- (c) a new “flying squad” to support in identifying and removing illicit vapes from the market;
- (d) a national incentive scheme to be offered to those smoking in pregnancy;

- (e) Stop Smoking Support to be embedded into Mental Health services including IAPT (Improving Access to Psychological Therapies);
- (f) unblocking the supply chains for licenced medicines such as Varenicline and Bupropion;
- (g) a consultation to be opened on mandatory pack inserts;
- (h) tobacco to be embedded into the Major Conditions Strategy.

Stopping the Start: Command Paper

86 On the 4th October the Government published a Command paper which sets out the route which is needed in order to preventing addiction to smoking before it starts, supporting smokers to quit and to stop vapes being marketed towards children, whilst acknowledging the significant undertaking of work that has already been done to reduce smoking prevalence rates.

- (a) legislating to create a smokefree generation – making it an offence to sell tobacco products to anyone born on or after 1 January 2009;
- (b) providing additional support to local stop smoking services to support more people to quit;
- (c) £70m per year to support local authority-led stop smoking services;
- (d) £5m this year and then £15m per year after to fund new national anti-smoking campaigns;
- (e) up to £45m over 2 years to roll out new national ‘Swap to Stop’ scheme to support one million adult smokers to swap cigarettes for vapes.

87 Up to £10m over 2 years to provide evidence-based financial incentives to support all pregnant smokers to quit:

- (a) review a range of proposals put forward to reduce youth vaping, ensuring that there is a right balance between protecting children and supporting adult smokers to quit. These proposals include:
- (b) restricting vape flavours;
- (c) regulating vape packaging and product presentation;
- (d) regulating point of sale displays;

- (i) restricting the sale of disposable vapes;
- (ii) introducing an age restriction for non-nicotine vapes;
- (e) exploring further restrictions for other nicotine consumer products such as nicotine pouches;
- (f) preventing industry giving out free samples of vapes to children.
- (g) developing a strong approach to enforcement to target underage and illicit sale of tobacco and vapes. This will include:
- (h) providing £30m additional funding per year (from April 2024) to support enforcement agencies such as trading standards, Border Force & HMRC to implement and enforce the law and tackle illicit trade;
- (i) HMRC and Border Force to publish an updated Illicit Tobacco Strategy;
- (j) introduce new powers for local authorities to issue on-the-spot fines to enforce age of sale legislation on tobacco products, as well as vapes;
- (k) enhancing online age verification to stop underage sales of tobacco products and vapes online.

Consultation and our response

- 88 On the 12th of October the government launched an eight week consultation across the UK regarding the above proposals. The consultation was open for 8 weeks.
- 89 Durham County Council worked alongside our colleagues within Fresh to provide local evidence to ensure a thorough and comprehensive response to the consultation.
- 90 A time-limited task and finish group was established with key partners across County Durham to develop a multi-agency response to the consultation.
- 91 The consultations team in Durham County Council developed a survey to gather views from the general public within County Durham.
- 92 There were 267 responses from general public and a range of feedback from key partners including; stop smoking services, NHS trusts, Trading Standards, schools, children and young peoples services. This information was compiled into one response. Responses showed:

- (a) legislating to create a smokefree generation – making it an offence to sell tobacco products to anyone born on or after 1 January 2009;
- (b) strong support for evidence-based restrictions on vaping;
- (c) 80% further restrictions on flavours;
- (d) 70% restrictions on visibility;
- (e) 88% restrictions on imagery and colours of vapes;
- (f) 76% increase in price on disposable vapes.

93 On the 6th December a motion was passed at full council to support the consultation submission and support an increase in the age of sale of tobacco and tighter evidence-based restrictions on vaping to reduce appeal to children and young people whilst ensuring that we continue to encourage smokers to try to quit by switching to vaping instead of smoking.

94 In addition to the motion and consultation response work was conducted with key partners to raise awareness of the consultation, the importance of submitting the response and also smoking harms to encourage smokers to make a quit attempt. This was done by:

- (a) increased social media activity on all Durham County Council social media platforms;
- (b) letters sent to all MPs alongside a session with MPs;
- (c) presentation to gather support from Health and Wellbeing Board.

95 Government generally takes around 12 weeks to respond to a consultation, therefore, a response is expected in the Spring. Any Bill containing legislation must then be tabled and will go through five stages in the House of Commons and the House of Lords. The response will be reviewed when available to identify any implications for local practice.

96 The Health and Wellbeing Board has further shown support for the measures outlined by the chair Cllr Hood writing to local MPs to seek their continued support for the Bill.

Conclusion

- 97 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.
- 98 Smoking prevalence in County Durham currently stands at 15.4% (2022). Which whilst this is now comparable with both the regional and national prevalence, the percentage drop observed is not enough to reach 5% by 2030.
- 99 We will await the governments response to the Stopping the Start consultation in Spring 2024 and respond appropriately locally.
- 100 Further developments will be made to better support engagement within social housing, social care and engagement with routine and manual workforces whilst using the Swap to Stop initiative to increase the number of people accessing Stop Smoking Services locally.

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Appendix 1: Implications

Legal Implications

No identified legal implications.

Finance

Underspend identified and discussion required on proposed spend.

Consultation and Engagement

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

None, contract to continue until March 2025.