***Draft Health and Wellbeing Board paper***

**“****Stopping the start- plan to create a smokefree generation” – DHSC consultation and new Greater Manchester Declaration for a Smokefree Future**

1. **Impact of tobacco smoking on Greater Manchester:**

Tobacco is the [single most important entirely preventable cause of ill health, disability and death](https://fingertips.phe.org.uk/static-reports/health-profile-for-england/hpfe_report.html) in this country, responsible for [64,000 deaths in England](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/159/par/K02000001/ati/15/are/E92000001/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0.%202021) a year. [No other consumer product kills up to two-thirds of its users](https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-015-0281-z). Smoking causes harm throughout people’s lives. It is a [major risk factor for poor maternal and infant outcomes](https://www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking/), significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average [a decade earlier than they would have otherwise](https://ash.org.uk/resources/view/the-cost-of-smoking-to-the-social-care-system), often while still of working age. [Smokers lose an average of ten years of life expectancy](https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs), or around one year for every 4 smoking years.

Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the [great majority of lung cancer](https://www.nhs.uk/conditions/lung-cancer/causes/) [cases](https://www.nhs.uk/conditions/lung-cancer/causes/). Smoking is also a major cause of [premature heart disease, stroke and heart failure](https://vizhub.healthdata.org/gbd-results/) and [increases the risk of dementia in the elderly](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext). Non-smokers are exposed to second-hand smoke (passive smoking) which means that through no choice of their own many come to harm - in particular children, pregnant women, and their babies.

As a result, smoking puts significant pressure on the NHS. [Almost every minute of every day](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/159/par/K02000001/ati/15/are/E92000001/iid/93753/age/202/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0.%202021) someone is admitted to hospital because of smoking, and up to [75,000 GP appointments could be attributed to smoking each month](https://news.cancerresearchuk.org/2023/03/07/ending-smoking-could-free-up-gp-appointments/) - equivalent to over 100 appointments every hour.

Those who are [unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/7/gid/1938132885/pat/6/par/E12000009/ati/402/are/E06000022/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0_ine-yo-1:2022:-1:-1_ine-pt-0_ine-ct-59). Smoking attributable mortality rates are [2.1 times higher](https://fingertips.phe.org.uk/profile/tobacco-control/data#page/7/gid/1938132885/pat/159/par/K02000001/ati/15/are/E92000001/iid/93748/age/202/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0.%202021) in the most deprived local authorities than in the least deprived.

Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. [Three-quarters of current smokers would never have started if they had the choice again](https://www.gov.uk/government/news/smokers-encouraged-to-take-part-in-stoptober-as-they-report-smoking-more-during-pandemic) and on average [it takes around 30 quit attempts to succeed](https://pubmed.ncbi.nlm.nih.gov/27288378/). The majority of smokers start in their youth and are then addicted for life. [More than 4 in 5 smokers start before the age of 20](https://www.gov.uk/government/publications/health-matters-smoking-and-quitting-in-england/smoking-and-quitting-in-england). In short, it is much easier to prevent people from starting smoking in the first place.

It is estimated that the total costs of smoking in England are over £49.2 billion. This includes an annual £32 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £16.9 billion.

We are committed to doing all we can to reduce smoking prevalence in Greater Manchester to 5% by 2030 and 79% of Greater Manchester adults support this. As estimated by ASH in their ready reckoner [tool](https://ash.org.uk/resources/view/ash-ready-reckoner) based on 2022 data, smoking rates in Greater Manchester cost £2.7Bn each year in healthcare costs (£104.5M), lost productivity (£1.7Bn), social care costs (£863.3M) and fire costs (£20.1M).

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| **Area Name** | **Number of smokers** | **Overall cost** | **Healthcare costs** | **Productivity loss** | **Social care costs** | **Fire costs** |
| North West | 784,400 | £6.8Bn | £259.4M | £4.3Bn | £2.2Bn | £49.9M |
| Greater Manchester ICB | 317,000 | £2.7Bn | £104.5M | £1.7Bn | £863.3M | £20.1M |
| Bolton | 31,900 | £264.4M | £10.3M | £174.6M | £77.7M | £2.4M |
| Bury | 17,600 | £165.8M | £6.1M | £104.9M | £53.8M | £1.0M |
| Manchester | 73,400 | £628.8M | £22.4M | £394.2M | £208.1M | £4.2M |
| Oldham | 19,700 | £191.2M | £6.5M | £112.2M | £70.4M | £2.1M |
| Rochdale | 25,900 | £241.9M | £9.5M | £153.3M | £77.4M | £1.6M |
| Salford | 32,000 | £266.0M | £10.9M | £168.0M | £85.3M | £1.7M |
| Stockport | 27,500 | £232.3M | £8.6M | £154.0M | £68.1M | £1.7M |
| Tameside | 36,400 | £315.3M | £12.3M | £219.8M | £81.2M | £2.0M |
| Trafford | 14,400 | £138.6M | £4.8M | £83.1M | £49.6M | £1.2M |
| Wigan | 38,500 | £292.6M | £13.3M | £182.5M | £94.6M | £2.1M |

1. **Background to DHSC consultation**

**The smokefree 2030 ambition for England**

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

**The APPG on Smoking or Health** published a rep[o](https://ash.org.uk/resources/view/delivering-a-smokefree-2030-the-all-party-parliamentary-group-on-smoking-and-health-recommendations-for-the-tobacco-control-plan-2021)rt on a Smokefree 2030 in June 2021 which set out detailed recommendations on how to reduce smoking to 5% by 2030. (locality name) endorsed this report.

**The Khan Review**

The government commissioned Javed Khan, former CEO of children’s charity Barnardo’s to carry out a review into the government’s ambition to make England smokefree by 2030. Mr Khan published his independent review, the [Khan Review: making smoking obsolete](https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete), in June 2022. The review found that “without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044”.

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

(locality name) endorsed endorsed the Khan review and welcomed the overall recommendations.

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

In October 2023, Prime Minister Rishi Sunak set out plans to [introduce legislation to prohibit children born on or after 1 January 2009 from legally buying cigarettes in England](https://www.gov.uk/government/news/prime-minister-to-create-smokefree-generation-by-ending-cigarette-sales-to-those-born-on-or-after-1-january-2009). This would effectively raise the smoking age by one year, every year, until it applies to the whole population. The government would also prohibit people above the age of sale from purchasing tobacco products for people below the age of sale (‘proxy purchases’).

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

1. **Creating the first ‘smokefree generation’**

In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, [Stopping the start: our new plan to create a smokefree generation](https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation), where the government set out an intention to create the first ‘smokefree generation’.

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

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

1. **Consulting on the new proposals**

The Department of Health and Social Care [launched a consultation on the proposals set out in the policy paper](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping) on 12 October 2023, and is inviting responses until 6 December 2023.

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

**4.1 Age of sale of tobacco proposal**

It is recommended that locality name HWB responds to this important consultation and given its previous endorsement to both the APPG on Smoking or Health report and Khan Review (delete as appropriate) **supports the key recommendation around raising the age of sale of tobacco to those born after 1st January 2009.**

Rationale for this support is clear:

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

Smoking is an addiction, not a free choice. The only free choice is whether to smoke that first cigarette. Two thirds of those trying just one cigarette, usually as children, go on to become daily smokers, and daily smokers are addicted smokers. Most adult smokers want to stop smoking, but on average it takes 30 attempts, and many never succeed. Two out of three long-term smokers die prematurely, often after years of disability, from the cancers, respiratory and cardiovascular diseases caused by their smoking.

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

The proposal is coupled with a package of measures to help smokers quit which includes doubling the grant for local authority stop smoking services for the next five years, increasing funding for awareness raising campaigns about the harms of smoking, providing one million free vapes to smokers to help them quit, financial incentives and stop smoking support to all pregnant smokers. These are all welcomed and will help Greater Manchester to reduce smoking rates to 5% by 2030 as per our local and regional ambition.

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

Concerns have also been raised that it would lead to an increase in black market, but raising the age of sale will have a gradual impact over time. When the age of sale increased from 16 to 18 in 2007 it had no impact on the illicit market. The illicit market share of cigarettes was 15% in 2006-7 went down to 13% in 2007-8 and stayed there in 2008-9. In 2022 it was 11% but of course smoking has also declined so the total volume of illicit cigarettes has declined more significantly from 7.5 billion sticks in 2006-7 to 3 billion in 2022.

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

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

* 1. **Vaping proposals**

We support measures to reduce the appeal of vaping amongst children and young people by:

* restrictions on their marketing
* descriptions of flavours
* branding/imagery (to not allow child friendly imagery like cartoons)
* instore promotion
* raising price of single use vapes.

We also recognise that vaping is a useful aid for smokers to quit their lethal addiction to cigarettes and why we do not support an outright ban on the sale of disposable vapes, or restrict flavours. The Association of Directors of Public Health North East has a position [statement](https://www.fresh-balance.co.uk/wp-content/uploads/2023/09/ADPH-NE-position-statement-on-nicotine-vaping-update-September-2023.pdf) on nicotine vaping which might be of interest.

* 1. **Enforcement proposals**

We support proposals around issuing Fixed Penalty Notices around breaches of sale of both tobacco products and vaping products. We believe that £200 is too low given the lethal nature of tobacco products and the potentially lethal outcome of selling such a product to someone who is underage. This needs to be thought through carefully, in consultation with Trading Standards, to determine the most appropriate level.

1. **Public support for more action on smoking is high**

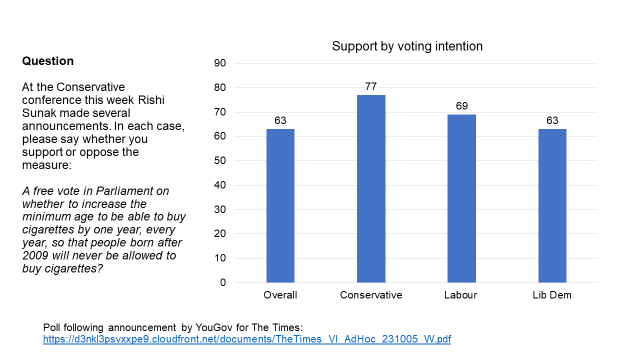
There is strong support across the Greater Manchester for national measures to reduce tobacco harm and in the Greater Manchester with 79% of adults wanting to make smoking history and supporting the ambition of Smokefree 2030 (Source: History Makers Public Consultation, 2018 and Smokefree Spaces Public Consultation, 2022).

Greater Manchester continues to support a range of measures to tackle tobacco harm across the region; investing in public health campaigns, supporting people to quit and backing measures to introduce a levy on tobacco manufacturers.

An independent survey of residents across Greater Manchester (2022) found:

* **79% of residents want to make smoking history (including 62% of current smokers)**
* **78% agree smokefree spaces should be extended**
* **74% want children in the area to grow up smoke free**

Specifically in relation to the proposal around age of sale there is already high support from voters across main parties:



1. **Next steps**

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

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