

**CABINET MEETING – 9 NOVEMBER 2023**

**EXECUTIVE SUMMARY SHEET – PART I**

**Title of Report:**

Creating a Smokefree Generation and Tackling Youth Vaping Consultation

**Author(s):**

Executive Director of Health, Housing and Communities

**Purpose of Report:**

To seek Cabinet’s approval to support the consultation proposals for Creating a Smokefree Generation and Tackling Youth Vaping as set out in this report.

**Description of Decision:**

Cabinet is requested to authorise the Executive Director of Health, Housing and Communities in consultation with the Portfolio Holder for Healthy City and the Health and Wellbeing Board to respond to Creating a Smokefree Generation and Tackling Youth Vaping consultation on the proposed actions the UK Government will take to reduce smoking and youth vaping.

**Is the decision consistent with the Budget/Policy Framework?      \*Yes**

**If not, Council approval is required to change the Budget/Policy Framework**

**Suggested reason(s) for Decision:**

The 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. The consultation response would support the proposed introduction of measures to reduce the harms from smoking in our local communities, reduce health inequalities, reduce smoking and youth vaping. The measures would help to achieve our target of 5% smoking prevalence by 2030 and deliver local Health and Wellbeing Board Priorities, the objectives of Sunderland’s City Plan, Healthy City Plan and local Public Health outcomes.

**Alternative options to be considered and recommended to be rejected:**

There are 2 potential alternative options as follows:

- a. Do not support the introduction of measures outlined in the consultation. This option is not recommended as smoking is the leading cause of premature

mortality. Sunderland has higher rates of smoking than the England average and therefore it is important to support the measure as outlined in the consultation.

- b. Support some measures but not others in the consultation. This option is not recommended as it is important to support all the measure as outlined in the consultation and the independent review, Khan Review: making smoking obsolete 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.

**Impacts analysed**

**Equality**

**Privacy**

**Sustainability**

**Crime and Disorder**

Y

N/A

N/A

N/A

**Is the Decision consistent with the Council’s co-operative values? Yes**

**Is this a “Key Decision” as defined in the Constitution?**

**No**

**Is it included in the 28 day Notice of Decisions?**

**NA**

## CREATING A SMOKEFREE GENERATION AND TACKLING YOUTH VAPING CONSULTATION

### Report of the Executive Director of Health, Housing and Communities

#### 1. Purpose of the Report

- 1.1 To seek Cabinet's approval to support the consultation proposals for Creating a Smokefree Generation and Tackling Youth Vaping as set out in this report.

#### 2. Description of Decision

- 2.1 Cabinet is requested to authorise the Executive Director of Health, Housing and Communities in consultation with the Portfolio Holder for Healthy City and the Health and Wellbeing Board to respond to Creating a Smokefree Generation and Tackling Youth Vaping consultation on the proposed actions the UK Government will take to reduce smoking and youth vaping.

#### 3. Introduction/Background

- 3.1 Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country, responsible for 64,000 deaths in England a year<sup>1</sup>. No other consumer product kills up to two-thirds of its users<sup>2</sup>. Smoking causes harm throughout people's lives. It is a major risk factor for poor maternal and infant outcomes<sup>3</sup>, 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, often while still of working age. Smokers lose an average of ten years of life expectancy<sup>4</sup>, or around one year for every 4 smoking years.
- 3.2 Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the great majority of lung cancer cases<sup>5</sup>. Smoking is also a major cause of premature heart disease, stroke and heart failure<sup>6</sup> and increases the risk of dementia in the elderly<sup>7</sup>. 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.
- 3.3 In Sunderland those who are on low incomes or living in areas of deprivation are far more likely to smoke than the general population<sup>8</sup>. Smoking attributable mortality rates are 2.1 times higher in the most deprived local authorities than in the least deprived.

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<sup>1</sup> [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/about-us/our-work/our-research-and-evidence/local-tobacco-control-profiles)

<sup>2</sup> [Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence | BMC Medicine | Full Text \(biomedcentral.com\)](https://www.biomedcentral.com/bmcmedicine/14/1/100)

<sup>3</sup> [What are the health risks of smoking? - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/smoking/risks/)

<sup>4</sup> [Hiding in plain sight: Treating tobacco dependency in the NHS | RCP London](https://www.rcplondon.ac.uk/resources/publications/hiding-in-plain-sight-treating-tobacco-dependency-in-the-nhs)

<sup>5</sup> [Lung cancer - Causes - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/lung-cancer/causes/)

<sup>6</sup> [VizHub - GBD Results \(healthdata.org\)](https://vizhub.healthdata.org/gbd-results)

<sup>7</sup> [Dementia prevention, intervention, and care: 2020 report of the Lancet Commission - The Lancet](https://www.thelancet.com/commission/2020)

<sup>8</sup> [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/about-us/our-work/our-research-and-evidence/local-tobacco-control-profiles)

- 3.4 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<sup>9</sup> and on average it takes around 30 quit attempts to succeed<sup>10</sup>. 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<sup>11</sup>. In short, it is much easier to prevent people from starting smoking in the first place.
- 3.5 An independent review, Khan Review: making smoking obsolete<sup>12</sup> was published 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.
- 3.6 Sunderland’s Healthy City Plan 2020-2030 has identified key areas in which improvements can be made to improve smoking prevalence rates across the city, to achieve a target of 5% smoking prevalence by 2030. Currently smoking prevalence is 13.2% which is higher than the England average of 12.7%.

## 4. Current Position

- 4.1 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<sup>13</sup>, where the government set out an intention to create the first ‘smokefree generation’.
- 4.2 The DHSC launched a consultation on the proposals set out in the policy paper on 12 October 2023, and is inviting responses until 6 December 2023. The consultation 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.
- 4.2.1 **Introducing new legislation to raise the age of sale for tobacco** - New legislation to raise the age of sale for tobacco will mean that anyone born on or after 1 January 2009 will never be able to legally buy tobacco. This will not criminalise smoking or remove the right to purchase tobacco from anyone who currently has it. We recommend that we support the introduction to raise the age of sale based on the rationale set out below:
- **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.

<sup>9</sup> [Smokers encouraged to take part in Stoptober, as they report smoking more during pandemic - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/smokers-encouraged-to-take-part-in-stoptober-as-they-report-smoking-more-during-pandemic)

<sup>10</sup> [Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

<sup>11</sup> [Health matters: smoking and quitting in England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-matters-smoking-and-quitting-in-england)

<sup>12</sup> [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/the-khan-review-making-smoking-obsolete)

<sup>13</sup> [Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/creating-a-smokefree-generation-and-tackling-youth-vaping)

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 Sunderland to reduce smoking rates to 5% by 2030 as set out in our City Plan.
- **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.

**4.2.2 Further regulating vaping to reduce its appeal to children -** The legislation proposals to curb the rise in youth vaping. We recommend that we support the 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 this is why we do not support an outright ban on the sale of vapes.

**4.2.3 Introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes -** We recommend that we support proposals around issuing fixed penalty notices around breaches of sale of both tobacco products and vaping products. We believe that £200 is too low given the lethal nature of tobacco products and the potentially lethal outcome of selling such a product to someone who is underage. This needs to be thought

through carefully, in consultation with Trading Standards, to determine the most appropriate level.

## 5. Reason for the Decision

- 5.1 The consultation response would support the proposed introduction of measures to reduce the harms from smoking in our local communities, reduce health inequalities, reduce smoking and youth vaping. The measures would help to achieve our target of 5% smoking prevalence by 2030 and deliver local Health and Wellbeing Board Priorities, the objectives of Sunderland's City Plan, Healthy City Plan and local Public Health outcomes.

## 6. Alternative Options

- 6.1 There are 2 potential alternative options as follows:
- a. Do not support the introduction of measures outlined in the consultation. This option is not recommended as smoking is the leading cause of premature mortality. Sunderland has higher rates of smoking than the England average and therefore it is important to support the measure as outlined in the consultation.
  - b. Support the introduction of some measures but not others in the consultation. This option is not recommended as it is important to support all the measure as outlined in the consultation and the independent review, Khan Review: making smoking obsolete 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.

## 7. Impact Analysis

- 7.1 A summary impact analysis for the proposed extensions is provided below.
- 7.2 The consultation aims to reduce inequalities by policy change to those that are most likely to experience disadvantage.
- (1) **Equalities** - An equalities impact assessment has been carried out in respect of the proposals. The key findings are as follows:
    - a. The recommendations within the consultation will have a positive impact people of all ages, for example by reducing smoking in pregnancy, encourage smokefree homes and environments, improving workplace health, and preventing illnesses related to smoking.
    - b. It is anticipated that the proposal will have a positive impact on pregnancy and maternity as it will help reduce tobacco use during pregnancy.
    - c. Evidence shows that the most deprived wards in Sunderland have the highest smoking rates, it is anticipated that the measures will help reduce smoking rate within these areas. This will have a positive impact on changing behaviour and preventing smoking related ill-health.
  - (2) **Co-operative Values** – Supporting the consultation will support the aim of reducing health inequalities in Sunderland by supporting those communities that have highest levels of need.
  - (3) **Financial Implications** – There are no additional direct financial implications from responding to the consultation.

- (4) **Legal Implications** – There are no current identified legal implications.
- (5) **Policy Implications** – The scheme aims to support the shared values within the Sunderland Healthy City Plan, focusing on prevention, tackling health inequalities and equity.
- (6) **Health & Safety Considerations** – There are no current identified Health & Safety Considerations associated with the proposal.
- (7) **Procurement** – There are no current identified procurement implications.

