



Office for Health
Improvement
& Disparities

Achieving Smokefree 2030

Tobacco control in England

11 April 2023



Smokefree 2030: The Next Nine Steps

Smoking in England

1. **Youth vaping:** A call for evidence
2. **Swap to stop:** 1 million smokers
3. **Illicit products:** A new national “flying squad”
4. **Smoking in pregnancy:** A national incentive scheme
5. **Smoking in mental health:** Quit support in MH services
6. **Licensed medicines:** Unblocking supplies
7. **Tobacco packaging:** Mandatory pack inserts
8. **The Major conditions Strategy:** Smokefree at the core



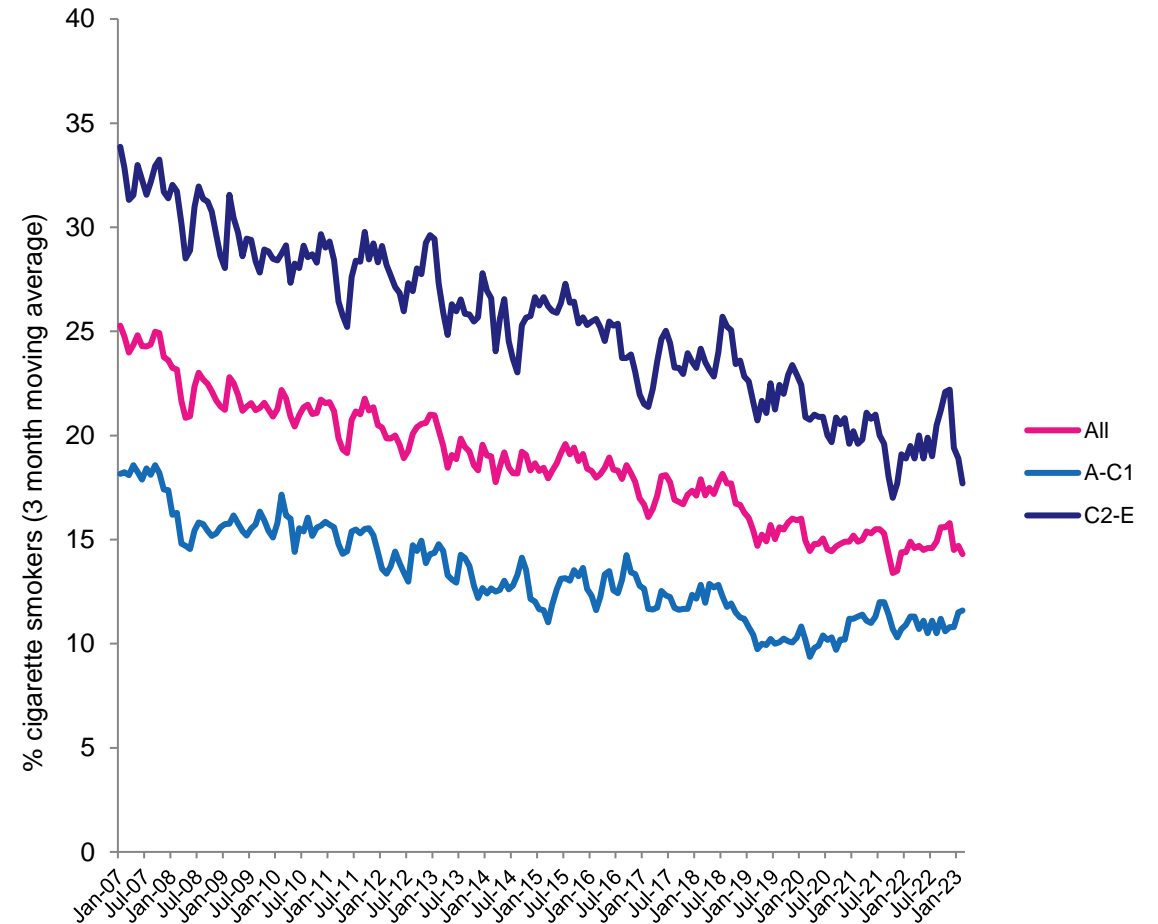
Smoking in England

One in seven adults (5.4m people) still smoke in England and tobacco remains the single biggest cause of preventable illness and death.

Up to two out of three lifelong smokers will die from smoking, and smoking substantially increases the risk of heart disease, heart attack and stroke and causes 7 out of 10 cases of lung cancer.

Tackling smoking is one of the most evidence based and effective interventions that we can take to prevent ill health.

It will help us to deliver one of the Prime Minister's key priorities: to cut NHS waiting lists. Reducing smoking rates not only improves health outcomes and reduces the burden on the NHS, but it also boosts productivity and economic growth too.



1 Youth vaping: A call for evidence

Our aim:

To identify opportunities to reduce the number of children accessing and using vapes, explore issues such as

- regulatory compliance, the
- marketing and promotion of vape products
- environmental impact of disposable vapes.

In line with our commitments under the Framework Convention on Tobacco Control, we encourage contributions from colleagues across society stakeholders and citizens to help inform our next steps.

Next step: We will be publishing the Call for Evidence on the day of the speech.



2. Swap to stop: 1 million smokers

We will exploit the potential of vaping as a powerful tool to stop adults smoking.

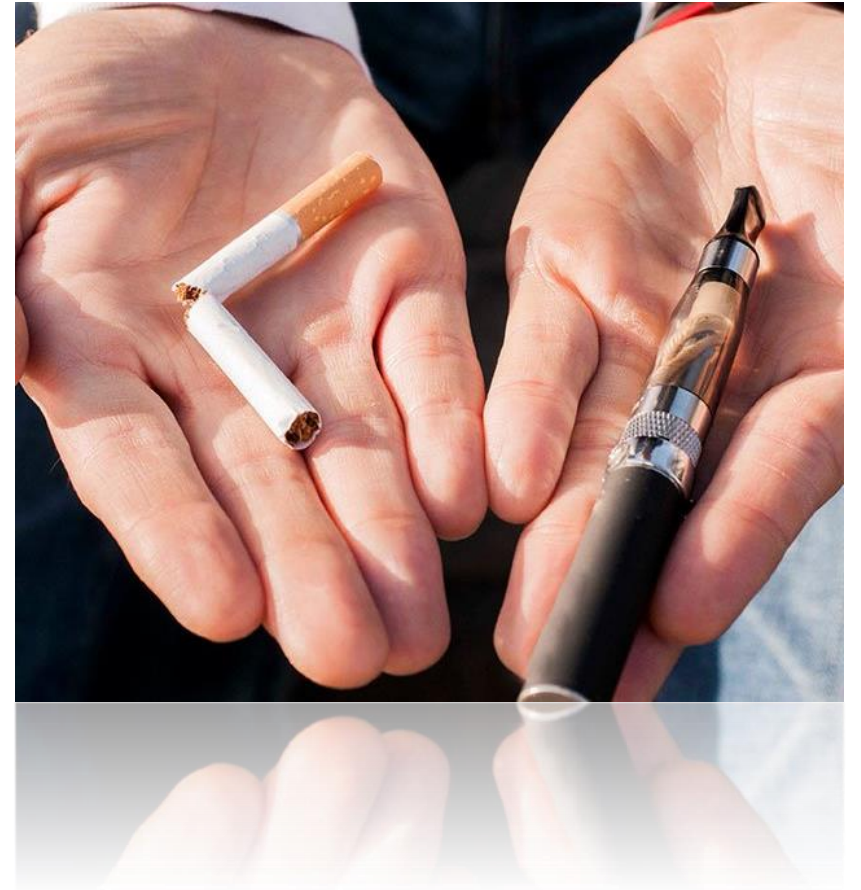
Vaping is substantially less harmful than smoking and our most effective quit aid – particularly when provided alongside behavioural support.

We will be supporting a million smokers to ‘swap to stop’ to vaping – in the first national vaping scheme of its kind in the world.

We will be seeking a first wave of Local Authorities to act as path finders as OHID provides the materials and the local system provides the expert support.

The scheme will run initially over two years and we will target the most at-risk communities first - focusing on settings such as job centres, homeless centres, and social housing providers.

Next step: We shortly publish a rapid call for expression of interest for our pathfinder programme.



3 Illicit products: A new national “flying squad”

We need to tackle two failures in regulatory compliance:

- The sale of products that do not comply with our regulations
- The sale of compliant products to minors

Later this year, HMRC and Border Force will publish an updated strategy to tackle illicit tobacco. It will set out how we will continue to target, catch and punish those involved in the illicit market.

Today we announce £3 million of new funding to create a specialised “flying squad” to enforce the rules on vaping and tackle illicit vapes and underage sales.

This national coordination function, delivered by Trading Standards, will gather intelligence, undertake test purchasing and develop guidance to build regulatory compliance.

Next step: We will further develop the objectives and work programme of the flying squad, and provide more details in due course. We will work closely with HMRC on their strategy.



4 Smoking in pregnancy: A national incentive scheme

Across England, 9% of women still smoke in pregnancy.

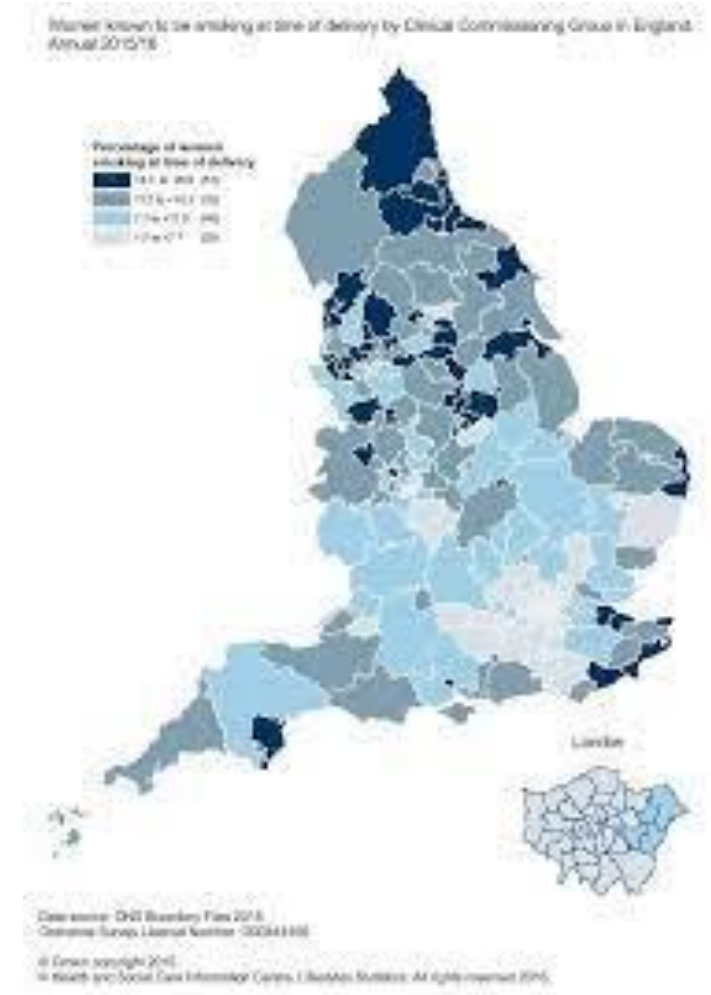
To tackle this, we will offer a financial incentive scheme to all pregnant women who smoke to quit by the end of 2024.

These evidence-based schemes have proven their value through pilots, with a return on investment of £4 for every £1 invested.

Building on the ground breaking programmes we have seen across England, OHID will meet the cost of the incentives and provide a national digital platform to underpin the scheme. We will look to Local Maternity Systems to manage the patient contact consistent with NICE Guidance.

We will seek local partners to act as early adopters, leading the national roll out.

Next step: We will publish an invitation to tender for a national digital platform.



5 Smoking in mental health: Quitting in IAPT

Poor mental health increases smoking. Smoking increases poor mental health.

People with mental health issues are twice as likely to smoke.

But quitting smoking is as effective at reducing anxiety and depression as anti-depressants.

To ensure more people with a mental health condition receive the support they deserve, we will work with mental health services to improve the signposting to evidence based support for smokers.

At a minimum, all mental health practitioners will be able to provide signposting to specially developed, evidence based, digital quit resources.

Next step: We will be engaging with the NHS mental health services to improve the signposting to evidence based support for smokers.



6 Licensed medicines: Unblocking supplies

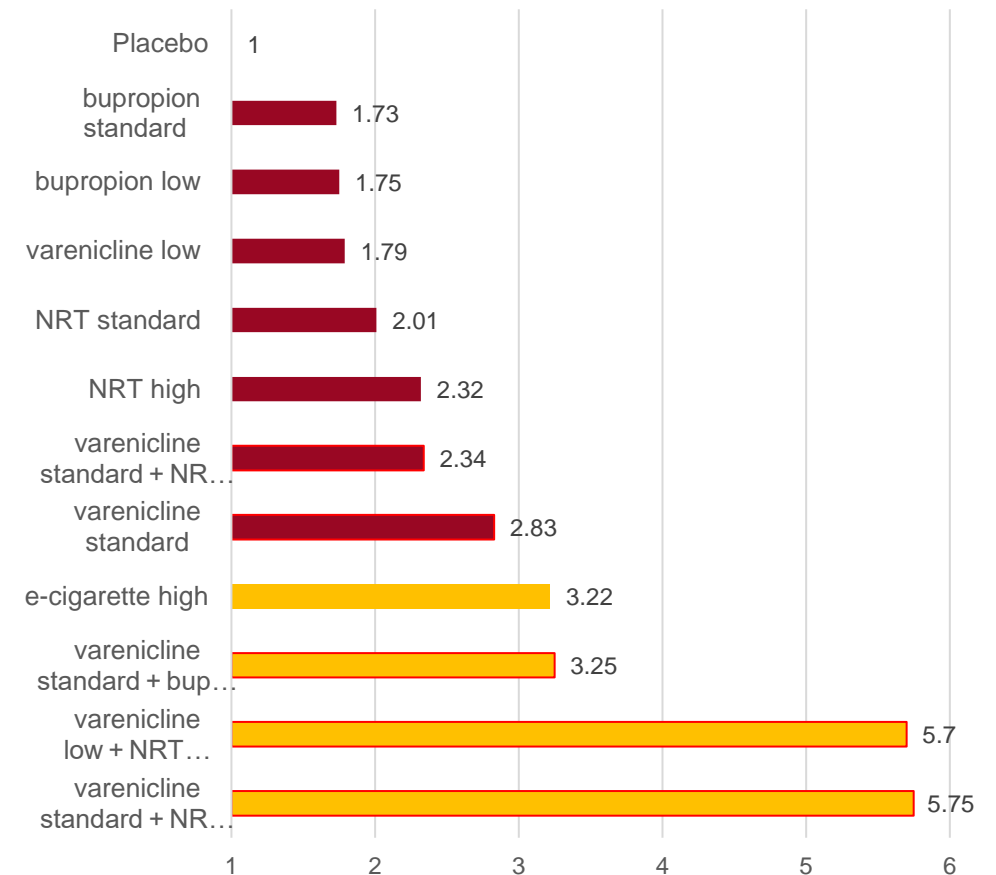
Some of the most cost-effective stop smoking treatments we have are not currently available in England.

We are working closely with suppliers to give access to prescribers, to put licensed medications in the hands of those who would benefit the most from them.

For example, we need to ensure the availability of proven smoking cessation medicines such as Varenicline and Cytisine.

Next step: We will shortly be communicating with the system on how they can access supplies of generic Varenicline and make it available to quitters *in advance* of a full marketing authorisation.

Effectiveness for smoking cessation relative to placebo
(Wide confidence intervals in yellow. Varenicline in red frame)



7 Tobacco packaging: Mandatory inserts

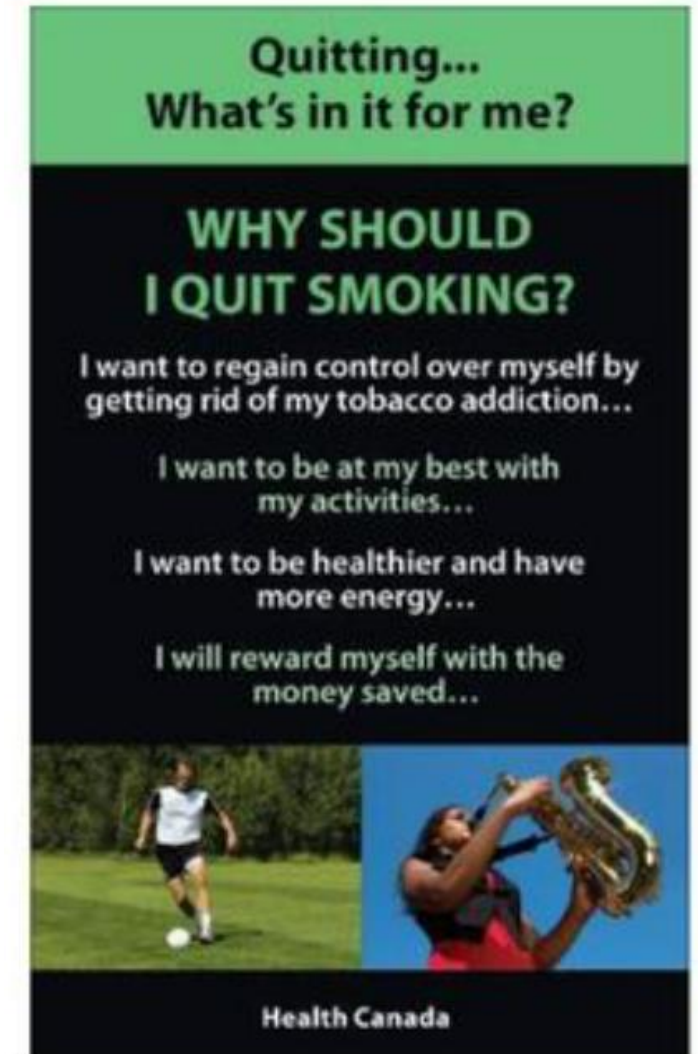
The outside of tobacco packaging is the right place for “loss framed” warnings. The target is not the established smoker, who soon becomes desensitised to daily exposure. The aim is to associate the products with harm among those who have not yet become dependant.

The inside of the pack offers an opportunity for “gain framed” messages.

Inserts are already mandatory in Canada. We will consult this year on introducing mandatory cigarette pack inserts, to refresh the health messaging on cigarette packets with positive messages and information to help people to quit.

We are exploring how best we can use innovative approaches within this, such as the use of QR codes to make it as easy as possible to get help to quit.

Next step: We will publish a consultation on cigarette pack inserts later this year. We will also have developed research on messaging by the University of Stirling.



8 The Major conditions Strategy: Smokefree at the core

This year on 24th January, the Health Secretary unveiled the [Major Conditions Strategy](#)— our plan to tackle preventable ill-health and mortality in England.

It will focus on tackling the most prevalent conditions that contribute to morbidity and mortality in our population – cancers, cardiovascular disease, stroke and diabetes, chronic respiratory diseases, dementia, mental ill health, and musculoskeletal conditions.

These areas account for around 60% of total Disability Adjusted Life Years in England. Tackling them is critical to achieving the Government’s manifesto commitment of gaining five extra years of Healthy Life Expectancy by 2035, and levelling up mission to narrow the gap in Healthy Life Expectancy by 2030.

Tackling smoking will be central to this strategy.

Next step: We will be feeding into the call for evidence questions and interim report, both due to be published in the summer.

Government Action on Major Conditions and Diseases

Statement made on 24 January 2023

Statement UIN HCWS514

Statement made by



Steve Barclay

Secretary of State for Health and Social Care

Conservative

North East Cambridgeshire

Commons

Statement

As this House is aware, the health and social care system faces long-term challenges to ensure the public enjoy longer and healthier lives. Currently in England, 5.4 million people live with cardiovascular disease, around 8.6 million live with chronic respiratory disease and 8.2 million people live with mental health issues.

