Tobacco Free Lancashire & South Cumbria Strategy 2023 - 2028

Cumbria and Lancashire Public Health Collaborative

September 2023

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Foreword

Over recent decades, much work has been done in Lancashire and South Cumbria to reduce the harm from smoking and tobacco in communities. However, tobacco continues to cause a significant level of harm to our population. In fact, smoking is the number one cause of preventable death across England, resulting in more deaths than the next five causes combined (obesity, alcohol, road traffic accidents, drug abuse and HIV infection) and is a huge driver of health inequalities. 1.

The single best action that an individual can take to improve their health is to stop smoking. Therefore it is imperative that we provide our population with a comprehensive tobacco control strategy to provide the best support possible, not only to support individuals to stop smoking, but also to prevent the uptake of smoking and reduce exposure to dangerous secondhand smoke.

The development of Integrated Care Systems across England provides a fantastic opportunity to work together as Lancashire and South Cumbria to stamp out tobacco harm. It is our hope that by working together as a system we can generate a whole that is more than just the sum of our parts.

We want to create a future in Lancashire and South Cumbria where every person is able to breathe clean air, free from the harmful effects of tobacco smoke. In order to do this, we are working toward the Smoke Free 2030 ambition of lowering smoking prevalence in every neighbourhood to less than 5% by 2030. This ambitious vision cannot be made possible by one organisation alone, and will require a sustained and comprehensive effort from local authority public health, the NHS, our service providers and communities.

Councillor Brian Taylor, Blackburn with Darwen

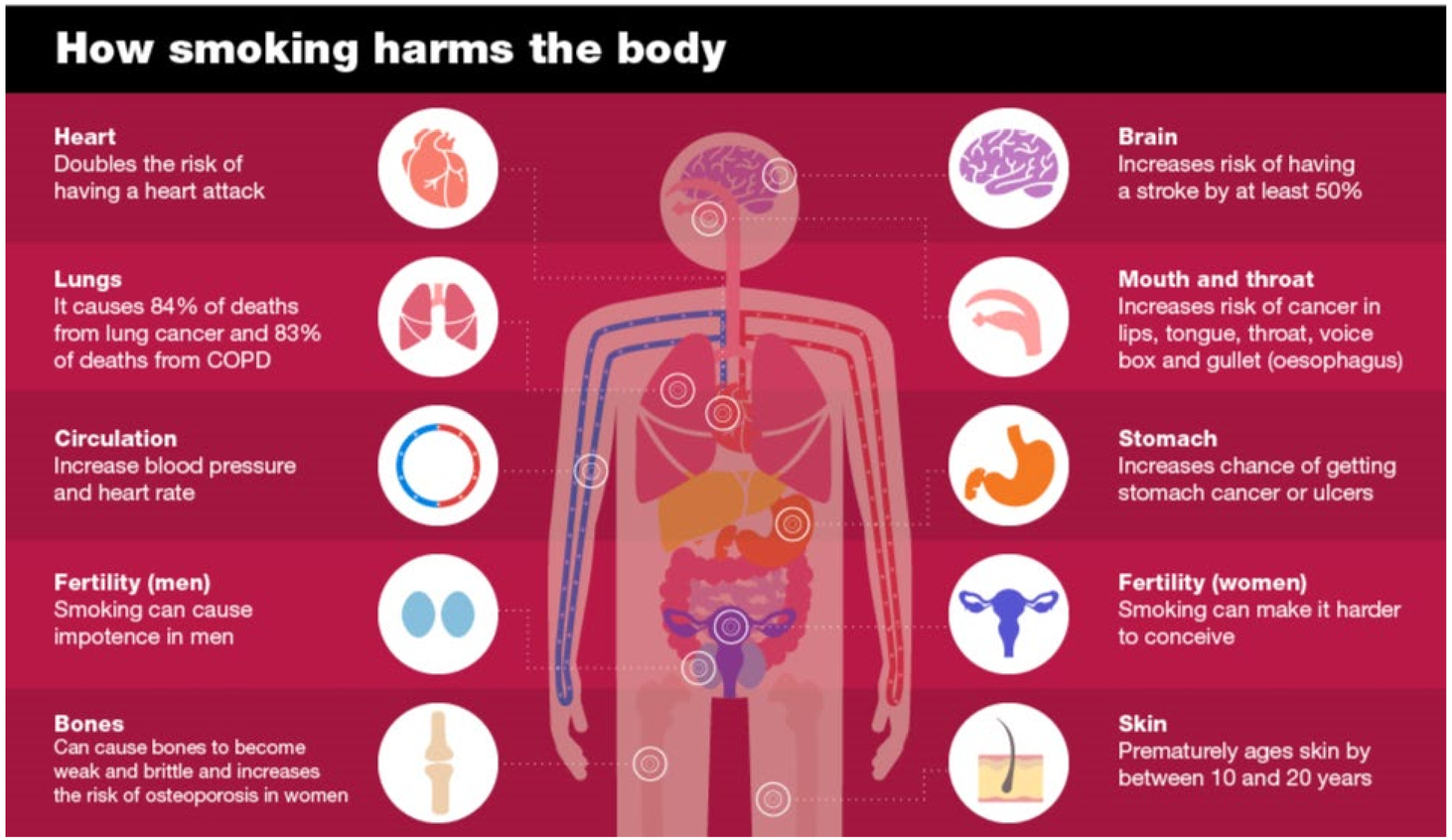
Introduction

Why is smoking such a big concern?

Smoking is linked to over 100 different conditions, including at least 15 types of cancer, nine mental health conditions and numerous respiratory, cardiovascular and other disorders. Prevalence of smoking in England has been gradually declining for a number of years, with around 13% of the adult population estimated to be current smokers in 2021 compared to 45% in 1974. However, this still equates to over 6 million people who smoke in England and smoking continues to kill almost 75,000 people per year.

Tobacco use is also the largest driver of health inequalities in England and is perhaps the most significant public health challenge that we face today. Recorded life expectancy for smokers is at least 10 years shorter than for non-smokers with a disproportionate impact on those from poorer backgrounds where smoking prevalence is higher, as well as those suffering from mental health conditions2.

Many of the local authorities with the highest proportion of smokers rank among the most deprived in England. In 2016, people living in the most deprived areas of England were four times more likely to smoke than those living in the least deprived areas. This is reflected in the outcomes for diseases such as lung cancer and chronic obstructive pulmonary disease (COPD) where smoking is the biggest risk factor. Deaths from respiratory diseases are more than twice as common in the most deprived places in England as in the least deprived places3.



Source: Health matters: stopping smoking - GOV.UK (www.gov.uk)

Policy context

Tobacco use in Lancashire and South Cumbria

Tobacco use remains a significant public health challenge in Lancashire and South Cumbria. It is estimated that currently around 15% of adults in Lancashire and South Cumbria smoke (APS, 2021) which is significantly higher than the 13% smoking prevalence estimate for England.

Figure 1.1 shows the trends in smoking prevalence in adults (18+) within England, the North West region and within the local authorities in our footprint using data from the Annual Population Survey - the largest household survey in England. Smoking can be seen to have declined in the past decade in each of our local authority areas, with decline starting to slow in more recent years. In 2021, it is estimated that 14.7% of adults in Lancashire smoke, 15.5% in Blackburn with Darwen, 14.3% in Cumbria, and 20.6% in Blackpool.

Smoking also varies within local authority areas, and this can be illustrated when we look at smoking prevalence by district (Figure 1.2). In 2021, the lowest smoking prevalence was seen in Fylde where 9.3% of adults are current smokers, and the highest prevalences are seen in Rossendale (20.9% current smokers) and Burnley (21.2% current smokers). Yet all three of these areas sit within Lancashire County Council local authority. This demonstrates the importance of looking at the drivers of smoking at district and neighbourhood levels.

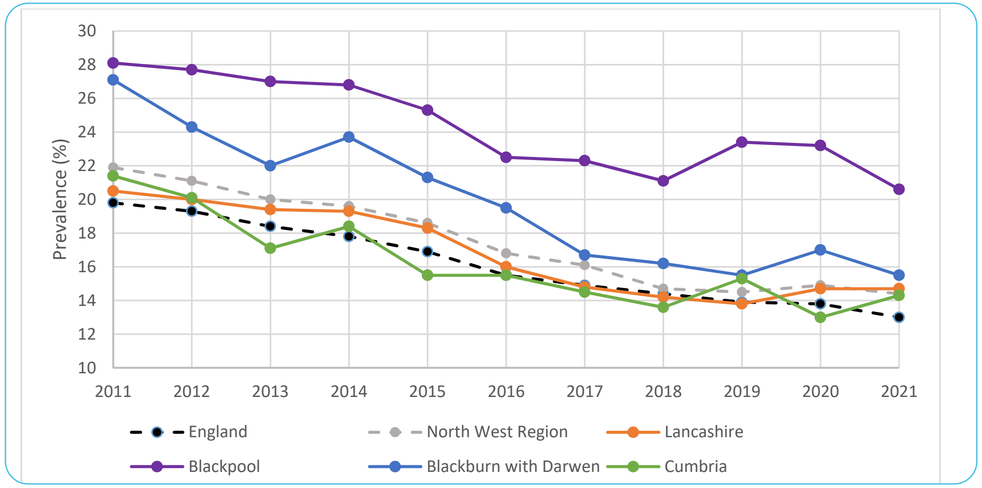


Figure 1.1 Smoking prevalence (%) in adults (18+), 2011-2021, Annual Population Survey (APS), by local authority

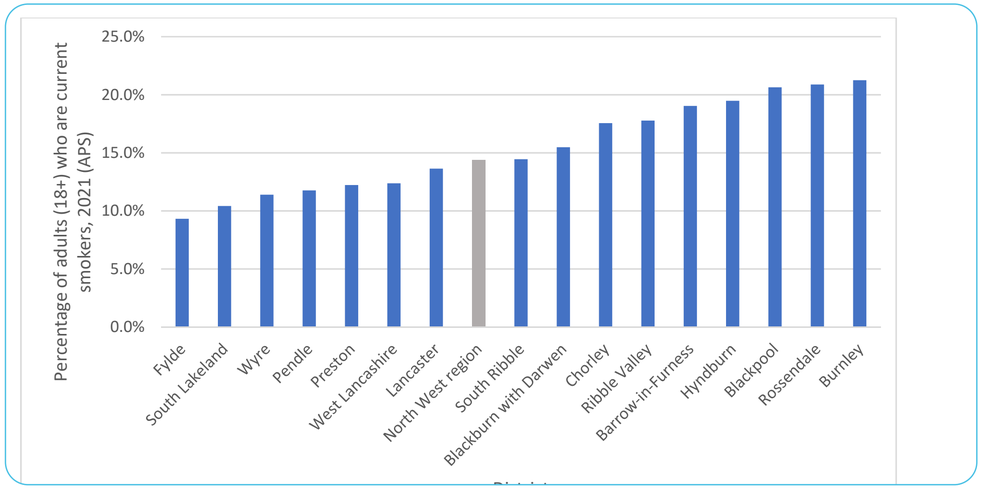


Figure 1.2 Smoking prevalence in adults by district (APS 2021)

Policy context

Mortality and morbidity from smoking

Across Lancashire and South Cumbria, smoking is responsible for around 7,600 premature deaths and over 17,000 hospital admissions each year.

Looking at smoking attributable hospital admissions acts as a proxy to give an idea about how much ill-health from smoking is suffered in our communities. In England, there are around 1,398 hospital admissions per 100,000 of the population per year which can be attributed to smoking. In the North West as a whole, the smoking attributable admissions are higher than England with around 1,540 admissions per 100,000 population per year. Figures for each local authority in Lancashire and South Cumbria can be seen in Figure 2.1. In Blackpool, smoking attributable admissions are over double that seen across England with around 3,071 admissions per year due to smoking.

Smoking is also a major preventable cause of death, contributing to deaths from cancers, COPD, cardiovascular disease and many other conditions. Across England around 202 deaths per 100,000 population each year are caused by smoking. This is higher in the North West as a whole with around 247 deaths per 100,000 population each year. In Cumbria, the levels of smoking related deaths are similar to those seen across England. However, in Lancashire, Blackburn with Darwen and Blackpool, smoking related deaths are significantly higher than those seen across England. The highest levels being in Blackpool where around 380 people per 100,000 population die due to smoking each year.

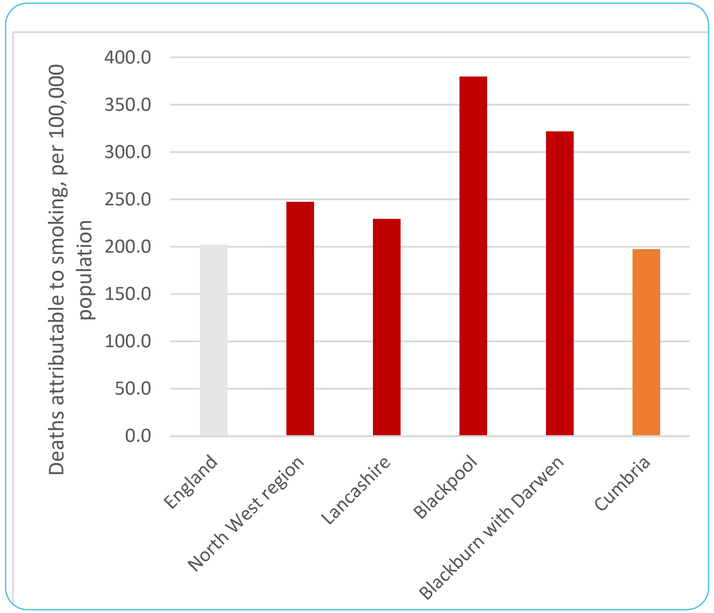


Figure 2.1 Smoking attributable hospital admissions 2019/20, per 100,000 population, by local authority

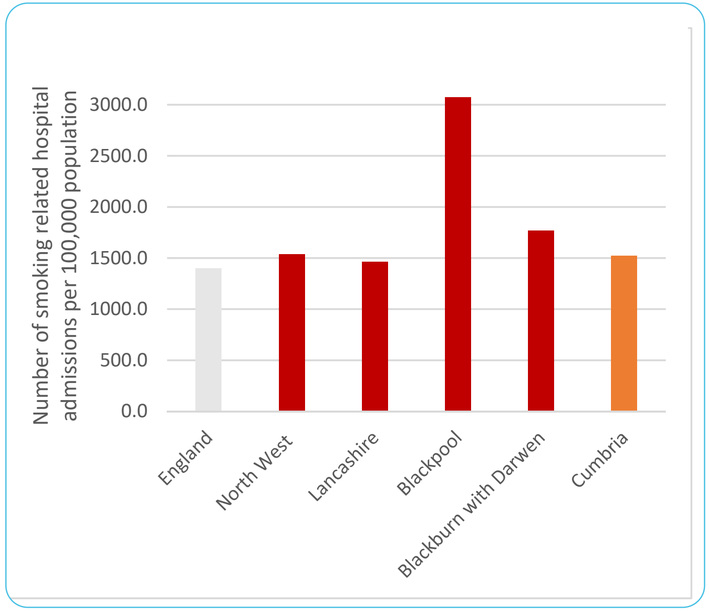


Figure 2.2 Smoking attributable mortality by local authority, 2017-19

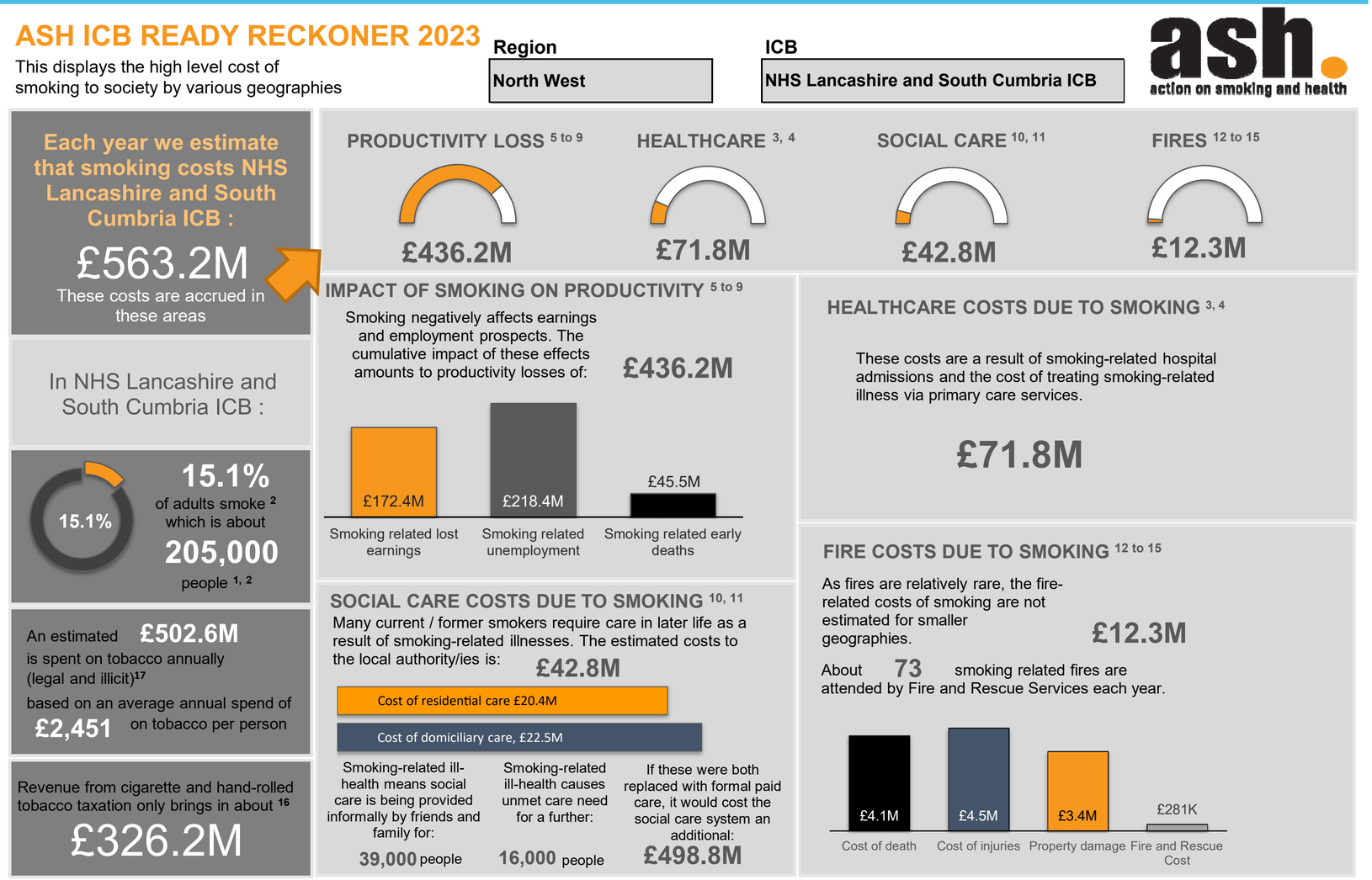
Policy context

Wider effects of smoking on Lancashire and South Cumbria

Smoking not only impacts on the health of our population but also has wider economic costs to our society.

There are almost 200,000 people who smoke in Lancashire and South Cumbria, who on average spend £1,945 per year on tobacco (legal and illicit). This gives Lancashire and South Cumbria residents a total spend of over £388 million per year on tobacco products. Stopping smoking could save each person currently smoking 10-20 cigarettes per day around £2,000 - £4,000 every year.

In addition to this, smoking also accrues wider costs due to its impact on productivity, healthcare, social care and costs of managing smoking related fires. The Ready Reckoner tool created by Action on Smoking and Health (ASH) allows us to estimate the extent of these effects in Lancashire and South Cumbria4.



Source: Health matters: stopping smoking - GOV.UK (www.gov.uk)

Policy context

National policy and guidance

In 2019 the government set a target for England to be smokefree by 2030 which would mean that by 2030 less than 5% of the population will smoke. In order to achieve this target, considerable upscaling of current tobacco harm interventions is required as very few areas of the country are on track to meet this target. Summarised below are key national policy, strategy and guidance on tobacco control that inform our approach in Lancashire and South Cumbria.

National Tobacco Control Plan 2017-2022

Between 2017 and 2022 action has been guided by the National Tobacco Control Plan 2017-2022 5. This plan set out a variety of ambitions to achieve by the end of 2022, including reducing inequalities in smoking between routine and manual occupations, improving support for smokers with mental health conditions and encouraging innovation to help smokers quit. Part of these ambitions included targets for lowering smoking prevalence in key groups:

Reduce smoking prevalence among adults in England from 15.5% to 12% or less.

Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.

Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

Policy context

National policy and guidance

To achieve these targets the Tobacco Control Plan set out the below actions:

1. Prevention first

To achieve a smokefree generation we will:

- Ensure the effective operation of legislation such as proxy purchasing and standardised packaging designed to reduce the uptake of smoking by young people.
- Support pregnant smokers to quit. NICE has produced guidance on how pregnant smokers can be helped to quit. Public Health England and NHS England will work together on the implementation of this guidance.

2. Supporting smokers to quit

To achieve a smokefree generation we will:

- Provide access to training for all health professionals on how to help patients - especially patients in mental health services - to quit smoking.
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit, with the goal of creating a smokefree NHS by 2020 through the 5 Year Forward View mandate.

3. Eliminating variations in smoking rates

To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups so we will:

- Promote links to “stop smoking” services across the health and care system and full implementation of all relevant NICE guidelines by 2022.
- Support local councils to help people to quit by working with Directors of Public Health to identify local solutions, particularly where prevalence remains high.

4. Effective enforcement

To reduce the demand for tobacco and continue to develop an environment that protects young people and others from the harms of smoking we will:

- Maintain high duty rates for tobacco products to make tobacco less affordable.
- Ensure that sanctions in current legislation are effective and fit for purpose,

The next iteration of the National Tobacco Control Plan has not yet been released at time of writing this strategy.

Policy context

The Khan Review *Link: The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)*

This independent review by Dr Javed Khan OBE was published on the 9 June 2022, commissioned by the Secretary of State for Health and Social Care to inform the government's approach to tackling the wide health disparities associated with tobacco use6. In the absence of a new National Tobacco Control Plan at the time of strategy development, the findings from this review, have provided key evidence and recommendations to inform our local plans.

Khan finds in his review that without further action, the national Smokefree 2030 target would be missed by at least seven years, with the poorest areas of England not meeting this target until 2044. Indeed, Khan suggested that to meet the 2030 target the decline in smoking rates would have to accelerate by 40%.

In order to achieve this Khan set out 15 recommendations to be implemented at national and local levels. Four of these recommendations were described as "critical recommendations" needing urgent action if we are to meet the 2030 Smokefree target.

A number of these recommendations require national policy decisions and cannot be implemented on a local scale without national action. This includes raising the age of tobacco sale, increasing central investment for interventions and services, increasing taxes and levies on the tobacco industry, developing regulations around how cigarette packers should look and introducing tobacco licenses. Therefore it is important that we use our voice in Lancashire and south Cumbria to lobby national government for actions that would be beneficial for our population.

Khan's critical recommendations

- Urgently invest £125m per year in interventions to reach smokefree 2030.
- Raise age of sale of tobacco by one year, every year
- Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
- The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care

Policy context

The Khan Review: Independent review into smokefree 2030 policies

Part 1: Invest Now

REC 1: Urgently invest £125 million per year in interventions to reach smokefree 2030.

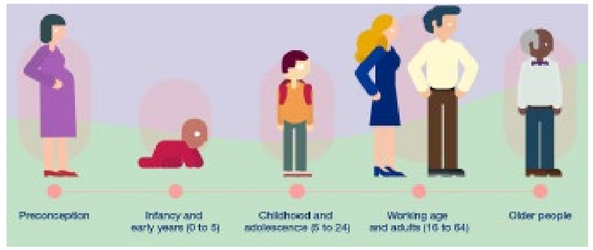
Option 1: Additional funding from within government

Option 2: A 'polluter pays' industry levy

Option 3: A corporation tax surcharge

Part 2: Stop the Start

REC 2: Raise age of sale of tobacco by one year, every year.



The image above shows the lifecycle of a smoker. From smoking in pregnancy and the impact on the unborn baby, to old age, where 2/3 lifetime smokers will likely die from smoking. Interventions are needed at all stages of a person's life.

REC 3: Substantially raise the cost of tobacco duties (more than 30%) across all tobacco products, immediately. Abolish all duty free entry of tobacco products at our borders.

REC 4: Introduce a tobacco licence for retailers to limit where tobacco is available.

REC 5: Enhance local illicit tobacco enforcement by dedicating an additional funding of £15 million per year to local trading standards.

REC 6: Reduce the appeal of smoking by radically rethinking how cigarette sticks and packets look, closing regulatory gaps and tackling portrayals of smoking in the media.

REC 7: Increase smokefree places to denormalise smoking and protect young people from second-hand smoke.

Part 3: Quit for Good

REC 8: Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.

REC 9: Invest an additional £70 million per year into 'stop smoking services', ringfenced for this purpose.

REC 10: Invest £15 million per year in a well designed national mass media campaign, supported by targeted regional media.

Part 4: System Change

REC 11: The NHS needs to prioritise prevention, with further action to stop people smoking, providing support and treatment across all its services, including primary care.

REC 12: Invest £15 million per year to support pregnant women to quit smoking in all parts of the country.

REC 13: Tackle the issue of smoking and mental health.

REC 14: Invest £8 million to ensure regional and local prioritisation of stop smoking interventions through ICS leadership.

REC 15: Invest £2 million per year in new research and data, including investing £2 million in an innovation fund.

Four critical recommendations are boxed in red. These are 'must dos' for the government to achieve a smokefree England by 2030, around which all other interventions are based.

Policy context

The NHS Long-term Plan

The NHS Long-term Plan was published in 2019 and is a 10-year plan which outlines steps to be taken to improve the health of the population and maintain and develop the NHS to provide the best possible care to patients7. A key part of this plan involves increasing prevention within the NHS and addressing inequalities. For smoking cessation this has meant the introduction of a new NHS funded treating tobacco dependency service in:

- Inpatient settings.
- Maternity services.
- Mental health and learning disability services.

Smoking cessation commitments in the NHS Long Term Plan:

- "By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will also be adapted for expectant mothers, and their partners, with a new smokefree pregnancy pathway including focused sessions and treatments.
- A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services."

Policy context

NHS Core20PLUS5

Core20PLUS5 is a national NHS England approach to reduce healthcare inequalities. This approach targets the 20% of England's population living in the most deprivation as identified using the Index of Multiple Deprivation (IMD), as well as population, groups at local levels who experience inequalities such as those from ethnic minority backgrounds, people with long-term conditions, and other vulnerable groups.

The approach defines five clinical areas where focus is required to accelerate improvement. These are:

- **Maternity**
- **Severe mental illness**
- **Chronic respiratory illness**
- **Early cancer diagnosis**
- **Hypertension**

Each of these areas are impacted heavily by smoking, further demonstrating the need to incorporate strong action to tackle smoking moving forward.

Five clinical areas of focus are impacted by smoking

MATERNITY	SEVERE MENTAL ILLNESS	CHRONIC RESPIRATORY ILLNESS	EARLY CANCER DIAGNOSIS	HYPERTENSION
Smoking is the leading factor for poor birth outcomes. **In your ICS 13% of women smoke at time of delivery ~ 2,034 women annually.**	**Smoking is the leading cause of the 10-20 year reduction in life expectancy for people with SMI.** **In your ICS 4.4% of of people with SMI smoke.**	**Around 86% of all COPD deaths are caused by smoking.** **In your ICS 1,123 people a year die from COPD.**	**Smoking is the leading preventable cause of cancer responsible for 27% of cancer deaths.** **In your ICS 1,086 people a year die from cancer caused by smoking.**	**Smoking cessation is embedded in NICE guidelines on hypertension because smokers' CVD risk is double that of non-smokers.** **In your ICS 394 people a year die from CVD caused by smoking.**

Source: Briefings for Integrated Care Systems - ASH

Policy context

NICE guidance

The National Institute for Health and Care Excellence (NICE) is an independent public body who provide guidance and advice to improve health and social care in England. NICE have published guidance on the public health approach to smoking cessation in **NG209 "Tobacco: preventing uptake, promoting quitting and treating dependence"** 8. This was published in November 2021 and replaces previously published guidelines for smoking harm reduction (PH45), stop smoking interventions and services (NG92) and guidance for smoking cessation in acute settings, pregnancy and mental health (PH48).

This comprehensive guideline covers support to stop smoking for anyone aged 12 and over, how to reduce harm from smoking for those not ready to quit, and preventing uptake of smoking.

New and updated recommendations can be found in this guideline regarding adult-led interventions in schools, stop smoking interventions, e-cigarettes, support to stop smoking in secondary care, identifying and supporting pregnant women who smoke and commissioning and designing of services. It also includes best practice guidance on preventing uptake, promoting quitting, treating tobacco dependence, policy, commissioning and training.

This evidence based guidance plays a key role in our strategy, in determining what works and how to support our population to stop smoking, reduce harm from smoking and prevent the uptake of smoking.

Policy context

Smokefree 2030: government action

On the 11 April 2023 Neil O'Brien MP gave a ministerial speech regarding the nine next steps by the government to work towards their 2030 Smokefree ambition:

1. **Youth vaping: A call for evidence**
   A call for evidence has been published to explore evidence related to youth vaping. This is to collect information and explore issues such as accessibility of vapes to children and young people, regulation, marketing, promotion and environmental impacts of disposable vapes.

2. **Swap to stop: 1 million smokers**
   A two year "swap-to-stop" scheme has been announced that will see nationally funded vaping kits being distributed to a million smokers to be used as quit aids to stop smoking. It has been announced that this will target the most at-risk communities first- including job centres, homeless centres and social housing providers.

3. **Illicit products: A new national "flying squad"**
   £3 million of funding is being used to develop a new "flying squad" to tackle underage and illicit vape sales through trading standards.

4. **Smoking in pregnancy: A national incentive scheme**
   Financial incentive schemes for pregnant women to quit smoking are to be funded centrally and will be offered to all pregnant women who smoke by the end of 2024.

5. **Smoking in mental health: Quit support in mental health services**
   All mental health professionals to be trained to at minimum signpost to services.

6. **Licensed medicines: Unblocking supplies**
   There have been issues regarding supply of some evidence based medications to help smokers quit such as Varenicline and Cystisine. Action is planned to improve access and unblock supply chains.

7. **Tobacco packaging: Mandatory pack inserts**
   Consultation is planned on introducing mandatory inserts inside cigarette packs that promote the benefits of stopping smoking and signpost to support
   The Major Conditions Strategy: Smokefree at the core.

8. **Major Conditions Strategy: Smokefree at the core**
   As stated above, the next iteration of the National Tobacco Control Plan has not yet been delivered at the time of writing. It has been announced however, that the Major Conditions strategy will have Smokefree at its core.

Although these announcements were welcomed by the Public Health community, the consensus is that the actions do not go far enough. Many of the recommendations from the Khan Review have not been discussed and there appears to be no plans for the substantial additional central investment recommended, or for policy change such as raising the age of tobacco sales and increasing tobacco industry taxes. Many questions still remain as to whether the announced measures will have enough impact and influence on smoking levels, particularly in areas where smoking is most prevalent.

Our priorities for smokefree Lancashire and South Cumbria 2023-2028

The purpose of this strategy is to provide clear direction for commissioners, strategic leads and policymakers across Lancashire and South Cumbria around how we can together make Smokefree a reality for Lancashire and South Cumbria, and reduce the harm to our population from smoking and tobacco.

In order to achieve this our strategy is built around four key priorities;

Priority 1: Working together as a system for a smokefree tomorrow
Priority 2: Action to address health inequalities
Priority 3: Making smokefree the new normal
Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

Priority 1: Working together as a system for a smokefree tomorrow

To effectively move towards a smokefree 2030 in Lancashire and South Cumbria, it is essential that we provide our population with effective support to stop smoking. One of the most effective and cost-effective ways to do this is through provision of evidence based treating tobacco dependence services.

Where are we now?

Community stop smoking support is currently commissioned and funded through local authorities. However in addition to this, as part of the NHS Long-term Plan commitment to prevention, new specialist stop smoking support should now be in place for in-house inpatient, maternity and mental health services at NHS acute trusts across Lancashire and South Cumbria. Despite this progress, availability of funding and equity of service provision remains an issue as need and complexity in the levels of intervention needed to successfully treat tobacco addiction means there remain unacceptable levels of variation of support within Lancashire and South Cumbria. What services you have access to very much depends on where you live.

Comprehensive evaluation of different stop smoking models and interventions over the years provide us with robust evidence that the most effective provision for stop smoking support is a specialist treating tobacco dependence service, providing a universal offer with pharmacology alongside behavioural support. This must be provided by a service whose primary role is the provision of stop smoking support9. Despite financial pressures on local authority the 2021/22 survey by ASH found that 67% of local authorities still provided community treating tobacco dependence services using this model of delivery with some areas of the country having tried alternative approaches to delivery and having gone back to the specialist approach10.

Lancashire and South Cumbria Integrated Care Partnership (ICP) was created with the ambition and purpose to harness the collective efforts of all partners to improve the health and wellbeing of the Lancashire and South Cumbria population. This presents a great opportunity to come together to tackle tobacco addiction across the footprint equitably, with the collective efforts of partners to enable a whole that is more than just the sum of our parts.

Priority 1: Working together as a system for a smokefree tomorrow

Ambitions:

- We will work towards reducing smoking prevalence in every district of Lancashire and South Cumbria to 5% or below by 2030, taking a targeted neighbourhood approach where appropriate.
- We will work together as a system across Lancashire and South Cumbria to ensure that there is consistent, fair access to stop smoking support at every touch point within heath and care services.
- We will ensure that the level of investment needed to tackle tobacco addiction is appropriate to the needs and circumstances of our communities, to allow provision of evidence based effective interventions and to address variations in levels of provision.
- We will use local and national intelligence to understand smoking and nicotine use in our populations and provide support that meets the unique needs of populations in each locality.

Recommendation for action:

- Each area within the ICS footprint should have access to a specialist community treating tobacco dependence service that provides a universal offer of support to its population.
- Development of an options appraisal to look at what steps can be taken at an ICS level to work together towards achieving a Smokefree Lancashire and South Cumbria, and to determine levels of financial investment required to level up progress in line with the Smokefree 2030 ambition.
- Smoking status should be recorded for all patients visiting health and care services and this information should be available to treating tobacco dependence services so that support to stop smoking can be offered.
- Training in Very Brief Advice (VBA) should be mandatory for all frontline health and care staff, and be available for key individuals and organisations that work with residents who smoke. This training should be consistent across Lancashire and South Cumbria and include information on how to refer patients to treating tobacco dependence services.
- Delivery of Very Brief Advice and the outcome of encounters should be recorded and monitored to understand how training is translated into practice and how this impacts service use.
- All resources for training, education and public engagement should be used and developed collaboratively across the footprint. This will ensure that consistent messages are delivered with a shared vision. It will also allow more effective use of resources.
- Treating tobacco dependence services should work collaboratively with partners who can signpost and refer into services such as: acute trusts, mental health trusts, primary care, social care, schools, colleges and workplaces to ensure that it is clear how individuals can be referred or refer themselves to access support and what that support entails.

Priority 1: Working together as a system for a smokefree tomorrow

How will we measure success?

Equity of service provision will be monitored and reviewed through the Smokefree Lancashire and South Cumbria group.

Success will also be measured through improvements in the following indicators:

- Local smoking prevalences.
- Treating tobacco dependence service referrals.
- Recording of patient smoking status by services.
- Treating tobacco dependence service quit rates.
- VBA training compliance.

Priority 2: Action to address health inequalities

Smoking in pregnancy

Stopping smoking during pregnancy is one of the best things that a mother can do to ensure a healthy start in life for their child. Smoking cigarettes and exposure to secondhand smoke during pregnancy increases the risk of a variety of problems including increased likelihood of low birth weight, stillbirth, miscarriage, pre-term delivery and heart defects. Adverse health effects can also be seen after delivery with children of mothers who smoke being three times more likely to experience sudden infant death syndrome (SIDS).
A summary of the impacts of smoking in pregnancy is displayed below in Table 1.

Table 1: Impacts of smoking in pregnancy.

	Maternal smoking	Secondhand smoke exposure
Low birth weight	Average 250g lighter	Average 30g - 40g lighter
Stillbirth	Double the likelihood	Increased risk
Miscarriage	24-32% more likely	Possible risk
Pre-term birth	27% more likely	Increased risk
Heart defects	50% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

Source: NHS Long-term Plan

Rates of smoking in pregnancy are strongly linked to age and socioeconomic deprivation . Mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively). Women in routine and manual occupations are more than five times as likely to smoke throughout pregnancy compared to those in managerial and professional occupations. As a result, those from lower socio-economic groups are at much greater risk of complications in pregnancy.

For these reasons, smoking in pregnancy has been a key component of plans to reduce smoking at national and local levels and is a key area of focus in the NHS Long-term Plan, under which specialist in-house maternity treating tobacco dependence services are being rolled out across England. Prevalence of smoking within pregnancy is measured by collecting data on smoking status at time of delivery (SATOD) for pregnant women and the National Tobacco Control Plan for England 2017-2022 set an ambition to reduce smoking in pregnancy to below 6% by the end of 2022.

Priority 2: Action to address health inequalities

Where are we now?

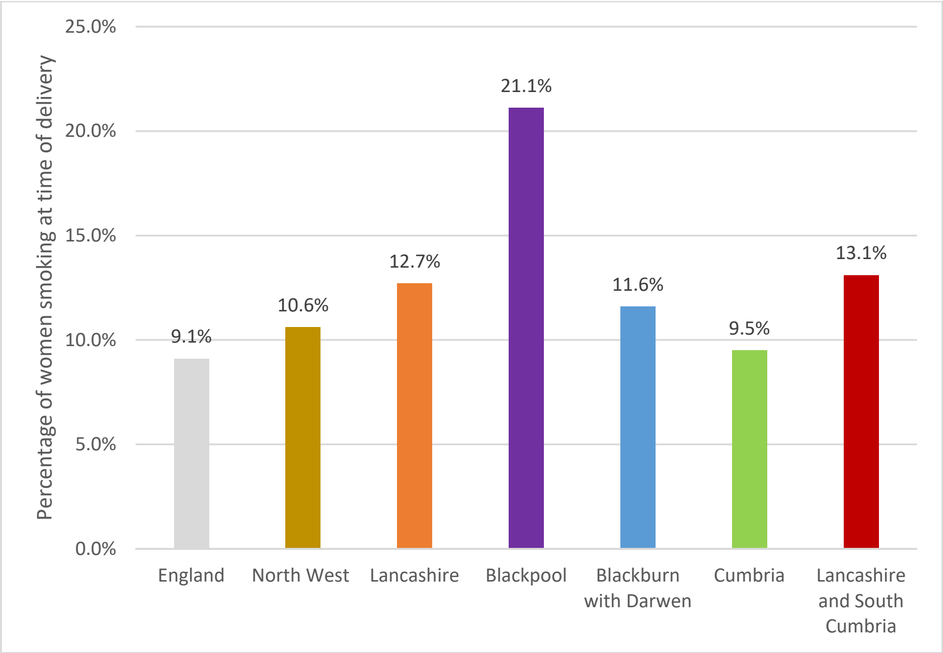
Rates of smoking at time of delivery (SATOD) have been gradually declining over the past decade, and vary considerably across England (Figure 3). Prevalence remains above national targets with the latest annual figure from NHS Digital in 2021/2022 year showing that 9.1% of women in England are smoking at time of delivery. This compares to 13.1% within Lancashire and South Cumbria, however there is great variation in this within the patch. The highest rates of smoking at time of delivery are seen in Blackpool, where 21.1% of women were still smoking at time of delivery.

In order to further reduce smoking in pregnancy in Lancashire and South Cumbria more action is needed to support pregnant women and their families. The new in-house specialist maternity treating tobacco dependence services, introduced as part of the NHS Long-term Plan, is a key step forward and will ensure all pregnant women have the option of a combination of nicotine replacement therapy (NRT) and psychological support from trained professionals to help them stop smoking.

There is good evidence that the use of financial incentive schemes for smoking cessation in pregnant women works, with those receiving incentives being twice as likely to stop smoking 11. Financial incentive programmes for pregnant women are now being rolled out as part of a national, centrally funded scheme announced in the April 2023 ministerial speech on tobacco and should be available for all pregnant women by the end of 2024.

Currently, not all women who report as smokers at booking with maternity services are referred and engage with treating tobacco dependence services. As it is an opt-out pathway, some women choose to stop smoking independently, some try to stop smoking but don't succeed and others do not feel able to engage with services. Some local insight work has been conducted previously in Lancashire and South Cumbria to understand the reasons behind different smoking behaviours in pregnancy, and smoking in pregnancy has also been a key focus in the recent qualitative research conducted by Bluegrass and ASH around smoking behaviours 12. Further developing, utilising and reviewing this work is imperative to understand how we can best support pregnant mothers.

Figure 3- Smoking at time of delivery (%) in 2021/22, by location



Priority 2: Action to address health inequalities

Ambitions:

- All pregnant women will have access to a specialist in-house maternity treating tobacco dependence service offering both NRT and behavioural support as part of standard care.
- To work towards a smoking at time of delivery prevalence of 6% of less in every neighbourhood.
- To ensure all evidence based best practice is adopted in maternity services so that women are given the best opportunity to stop smoking during pregnancy and beyond.
- To better understand why women in Lancashire and South Cumbria smoke during pregnancy and how they can be best supported to quit.

Recommendations for action:

- Regular training with consistent messaging and up-to-date information should be made available for midwives, maternity health trainers and midwifery support workers on the importance of stopping smoking during pregnancy, with a specific focus on how to counsel pregnant women
- Supporting significant others on the women's pregnancy journey should include them also having access to stop smoking support in all areas of Lancashire and South Cumbria. Where this support is to be delivered by community services, pathways and the referral process should be simple, clear and robust.
- All pregnant women who smoke should have access to a stop smoking incentive programme to support their quit attempt.
- Carbon monoxide monitoring should be performed and documented in all pregnant women, occurring as a minimum at booking and 36 weeks, with regular monitoring and auditing of these figures.
- Data should be systematically collected and analysed regarding reasons why stop smoking support is declined by pregnant mothers and why quit attempts do not succeed. This will allow a better understanding of the wider challenges faced by our pregnant mothers and inform public health action on wider determinants of health.
- Prominence of messages around why stopping smoking in pregnancy is important, and how to access support should be increased through campaigns across the ICS and wider region.

Priority 2: Action to address health inequalities

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Smoking at time of delivery rates.
- Maternity treating tobacco dependency service quits.
- Maternity reating tobacco dependence service referrals.
- Incentive scheme offer and quit rates.
- CO monitoring compliance.
- Referrals of significant others into services and subsequent quits.

Priority 2: Action to address health inequalities

Mental health and smoking

Those with mental health conditions die, on average, 10-20 years earlier than the general population with smoking being the single largest cause of this gap in life expectancy. There is evidence that smoking prevalence is higher across a range of mental health conditions and that smoking rates increase with the severity of illness. In addition to this, people with mental health conditions smoke significantly more, have increased levels of nicotine dependency, and are therefore at even greater risk of smoking-related harm 2.

Smoking causes the release of a chemical called dopamine in the brain. When someone smokes they begin to crave this dopamine release and feel more stressed when levels of nicotine decrease in the bloodstream between cigarettes. The relief felt when this craving is finally satisfied is the feeling that smokers commonly describe as ‘relaxing’.

For smokers with a mental health condition, the association between smoking and feeling relaxed is more pronounced and this can lead some to believe that smoking is good for their mental health13. However, the relief from nicotine withdrawal is only temporary and there is evidence that smoking can exacerbate problems. Smokers with a mental health condition tend to be more heavily addicted to smoking; and the higher the number of cigarettes smoked per day, the greater the likelihood of someone developing a mental health condition14.

Where are we now?

Data from the GP Patient Survey estimates that in 2020/21 26.3% of adults (18+) with a long-term mental health condition in England smoke. A similar prevalence can be seen across most areas of Lancashire and South Cumbria. However in Blackpool, 41.7% of those with a mental health condition are recorded as smoking.

Since July 2008, mental health facilities in England have been required by law to be smokefree indoors. Since this time, more mental health facilities have offered stop smoking support to patients who express an interest in quitting. Currently, as part of the NHS Long-term Plan, a specialist inpatient treating tobacco dependence service is being implemented in all Mental Health NHS Trusts in England.

However, many people with mental health conditions receive support from mental health services in their communities. Therefore it is imperative that support is also available in outpatient settings. People with a mental health conditions often anticipate the difficulty of stopping smoking, which can make quitting the habit harder. However, motivation to quit smoking is often high in these groups and it is therefore important to ensure that an adequate level of specialist support is available to meet their needs15,16.

Priority 2: Action to address health inequalities

How will we measure success?

Success will be measured through improvements in the following indicators:

- Referrals and quits in specialist mental health treating tobacco dependency services
- Smoking prevalence in patients with mental health conditions and severe mental illness

Priority 2: Action to address health inequalities

Sociodemographic inequalities in smoking

Smoking not only varies between local authority areas, but variation in prevalence can also be seen between and within our districts and neighbourhoods .

Figure 1.2 shows the smoking prevalence across Lancashire and South Cumbria at a district level. Within Lancashire County Council, prevalence ranges between 5.5% in Fylde to almost 23% in Burnley, therefore it is important when striving for targets around smoking levels, that we monitor habits and behaviours at district and neighbourhood levels and target additional interventions to reduce inequalities. Attention also needs to be paid to sociodemographic groups where smoking is more prevalent, including routine and manual occupations and in those with multiple addictions. Specific interventions may also need to be considered in some areas tackle smokeless tobacco products and shisha.

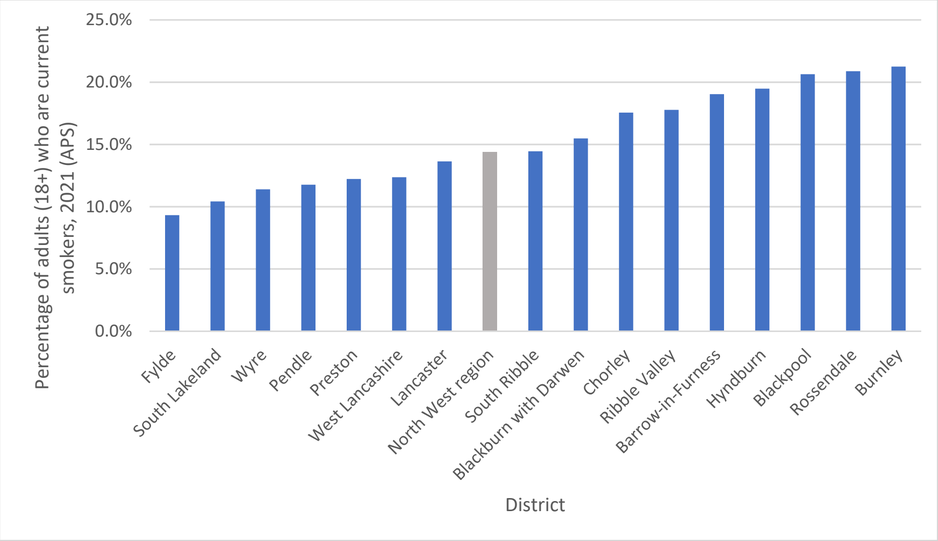
Ambitions:

- We will ensure that treating tobacco dependence service provision is equitable and services are able to provide support appropriate to the varying needs within our communities across Lancashire and South Cumbria.

Recommendations for action:

- Develop local data and intelligence to understand the reasons behind variations in smoking prevalence at district and neighbourhood levels.
- Target additional support at groups where prevalence is high.

Figure 1.2 Smoking prevalence(%) in adults (18+) by district (APS 2021)



Source: Annual Population Survey (2020), via Fingertips

Priority 2: Action to address health inequalities

Routine and manual occupations

In England, around 25% people working in routine and manual occupations (for example, as labourers, bar staff, lorry drivers, receptionists or care workers) smoke, compared to just 10% of those in managerial and professional occupations (for example, as lawyers, architects, nurses or teachers). In some areas of Lancashire and South Cumbria, the proportion of routine and manual workers who smoke is even higher. Data from the Annual Patient Survey estimates that in Burnley almost 46% of those in routine and manual occupations smoke, and in Blackpool 36% of these workers smoke.

Supporting this group to stop smoking is not only imperative to prevent the long-term health consequences that smoking causes, but is also important to ensure that we have a healthy and productive workforce to economically support our area.

Recommendations for Action:

- Stop smoking campaigns should be developed to target those in routine and manual occupations
- Work should be undertaken with employers and workplaces that provide these routine and manual occupations, especially in areas where smoking prevalence in this group is highest.
- Workplaces should be supported to promote a smokefree culture through development and implementation of smokefree policies
- All ICS partners should set a clear, strong example in their workplaces by ensuring that they have clear smokefree policies in place and pathways to treating tobacco dependence services and support for all employees and contractors

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Reduction in variation of smoking prevalence in routine and manual occupations from from general population smoking prevalence, at place level

Priority 2: Action to address health inequalities

Mental health conditions

Ambitions:

- Individuals with mental health conditions will have access to specialist stop smoking support, both in inpatient settings and in the community.
- Pathways between mental health and community treating tobacco dependence services will be strengthened with all staff appropriately trained to manage the unique needs of those with mental health conditions.
- We will work with partners across the footprint to dispel myths around smoking and mental health to ensure a change in culture in mental health settings.

Recommendations for Action:

- Lancashire and South Cumbria mental health inpatient specialist stop smoking support service should be appropriately resourced to support all those with mental health conditions. This should include adequate provision of pharmacotherapy and behaviour support for patients to make abstinence from smoking extend beyond their inpatient stay.
- Specialist stop smoking support should be made available for patients with mental health conditions as an outpatient, in the community.
- Evidenced based training for staff on smoking, access to treating tobacco dependence services (inpatient, outpatient and community) need to be available for all involved with the patient. This must include dispelling the myths around mental health and smoking and detailed guidance on medications.
- Work needs to be developed to engage all in a drive towards culture change which challenges the current social norms around smoking and mental health.

How will we measure success?

Success will be measured through improvements in the following indicators:

- Referrals and quits in specialist mental health treating tobacco dependency services.
- Smoking prevalence in patients with mental health conditions and severe mental illness.

Shisha and smokeless tobacco

Shisha smoking involves the smoking of tobacco through a shisha pipe, also known by the names water-pipe, hookah and narghile. This practice is traditionally more common in the Middle East and in some areas of Asia and Africa. However, shisha has become more popular in the UK in the last decade, with shisha lounges opening in many UK towns and cities.

Smokeless tobacco is a term which encompasses a range of tobacco products that are not smoked but may instead be chewed, inhaled through sniffing or placed in the mouth. Examples include tobacco pouches, paan and naswar.

Both shisha and smokeless tobacco are most commonly used in minority ethnic, particularly groups of South Asian descent17. In Lancashire and South Cumbria, prevalence of shisha and smokeless tobacco use varies, and is most common in areas with a higher South Asian populations such as Blackburn.

There are a number of commonly held misconceptions around the health risks of shisha and smokeless tobacco. Some mistakenly believe that the process of passing tobacco through water in a shisha pipe filters the tobacco making it safer than smoking or believe that shisha is less addictive. Whilst shisha is not as extensively researched as cigarette smoking, there is considerable evidence that smoking shisha constitutes similar health risks to smoking, including exposure to tar, nicotine and various carcinogens.

Whilst smokeless tobacco is not associated with the same risk for lung cancer and respiratory diseases as smoking, there are still considerable associated health risks to this practice, including risks of oral and pharyngeal cancers, ischaemic heart disease and stroke.

Priority 2: Action to address health inequalities

Recommendations for Action:

- Increase awareness of the harms caused by smokeless/niche tobacco products, targeting specific communities, utilising health harm awareness campaigns.
- Develop and implement treating tobacco dependence services and care pathways for smokeless tobacco users, and find sustainable mechanisms to embed these pathways in targeted communities (such as through faith groups and community leaders).
- Trading standards should be supported to ensure that shisha premises comply with laws and regulations.
- Organisations should ensure they consider niche tobacco, such as shisha and smokeless tobacco when developing local guidance and policy. This can be supported by use of the OHID niche tobacco self-assessment tool.

How will we measure success?

Success will be measured through trading standards intelligence on shisha establishments and improvements in the following indicators:

- Quit rates through services in users of niche and smokeless tobacco products.
- Referrals into services for users of niche and smokeless tobacco products.

Priority 2: Action to address health inequalities

Smoking in those with multiple addictions

Smoking rates in those with alcohol and other drug dependencies are between two and four times higher than rates seen in the general population.

Sometimes treating tobacco dependence services and support may not seem like a priority in these settings but it presents a good opportunity to quit and improve their health outcomes. Evidence shows that by providing support to stop smoking to individuals in treatment for alcohol and other drug dependencies increases the likelihood of successfully quitting18.

Recommendations for action:

- Strengthen pathways of support between stop smoking and substance misuse services.
- Provide further training for all staff within our drug and alcohol treatment services to highlight the importance of stopping smoking alongside treatment for other dependencies, and dispel myths around smoking, mental health and stress relief.
- Provision of a support offer for staff who are regular smokers to drive towards a shift in culture.
- Collaboration with alcohol and drug services to provide co-located support offers to individuals with multiple addictions.

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Quits in individuals receiving support for other addictions.
- Referrals into services for individuals receiving support for other addictions.

Priority 3: Making smokefree the new normal

Smoking and the environment

Smoking not only impacts our population negatively, but also has negative effects on our environment. Cigarette butts make up 66% of all litter items in the UK and the majority of cigarette filters are made of non-biodegradable material that ends up sitting in our landfill sites.

In Lancashire and South Cumbria approximately 1.8 million cigarettes are consumed each day, with over 1.5 million estimated to be filtered cigarettes. This results in approximately 41 tonnes of street litter from cigarettes alone each year.

Smokefree places

A key part of becoming smokefree is to denormalise smoking and create more smokefree spaces. Smoke from tobacco does not only cause harm to the smoker. Secondhand smoke (SHS) comprised “mainstream smoke” which is exhaled by the smoker, and also “sidestream smoke” from the lit end of the cigarette. There is no safe level of exposure to secondhand smoke and inhalation by those around individuals who smoke increases the risk of a number of diseases commonly experienced by smokers including lung cancer, heart disease, stroke and COPD.

Secondhand smoke is especially dangerous in children and babies. Exposure increases the risk of sudden infant death syndrome (cot death), asthma, glule ear and respiratory problems in later life such as emphysema20. It is therefore extremely important to minimise exposure to cigarette smoke as much as possible.

The biggest step forward in the UK to reduce the impact of secondhand smoke on our population came in 2007 when the smoking ban in public and work spaces was implemented following the Health Act 2006 21. This made smoking illegal in enclosed public spaces such as restaurants and bars, and workplaces such as offices. This law was extended in 2015 to also include a ban on smoking in cars where children under the age of 18 are present. This legislation has been imperative in reducing exposure to secondhand smoke, especially in children and young people. Media campaigns around the benefits of smokefree homes have also meant that far fewer children are now exposed to secondhand smoke at home. In ASH’s Youth Smokefree 2019 survey, 90% of young people aged 11-18 across the UK said that people are never allowed to smoke inside their house, 7% lived in houses where people can smoke, and 3% said that they didn’t know.

However, there is still room for further progress. Smoking is still common in outdoor public spaces and can expose nearby individuals to similar levels of secondhand smoke as indoor settings22. This can be combatted by the creation of smokefree places, where individuals are asked to refrain from smoking.

This is beneficial in helping us move towards a Smokefree generation in a number of ways:

- Reducing exposure to dangerous secondhand smoke.
- Denormalising smoking to younger generations by reducing the visibility of smoking.
- Supporting those trying to quit smoking by reducing their exposure to others who are smoking.
- Helping to reduce cigarette litter and waste.

Priority 3: Making smokefree the new normal

Ambitions:

- We will ensure that all health and care settings are smokefree.
- We will reduce the prevalence of smoking within family homes.
- We will work with partners to develop and implement smokefree parks and public places in Lancashire and South Cumbria.
- We will support partners to ensure compliance with smokefree policies.
- We will encourage businesses to develop smokefree policies and support staff to stop smoking.
- We will reduce the impact of cigarette litter on our environment.

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group.

Recommendations for action:

- All Local Authorities and NHS trusts should be signed up to the latest smokefree pledge.
- NHS Trusts should monitor and review implementation of their smokefree policies regularly in collaboration with frontline staff and treating tobacco dependence services.
- Development of co-ordinated action is needed on the development and implementation of outdoor smokefree places such as parks, children's play areas and other services across Lancashire and South Cumbria.
- Joint resources need to be developed to support businesses and organisations to implement smokefree policies and support staff to stop smoking.
- Campaigns should be developed to include focused messaging on the importance of smokefree homes and the dangers of secondhand smoke.
- We need to ensure that all social housing providers in Lancashire and South Cumbria work towards the ambition to have their homes smokefree.
- Trading Standards and Environmental Health should be supported to enforce smokefree legislation, particularly smoking in cars and littering of tobacco and e-cigarettes.
- Management of tobacco products and e-cigarettes should be incorporated into local authority strategies around the environment and sustainability.

Priority 3: Making smokefree the new normal

Smoking in Children and Young People

Smoking often begins at a young age with around two-thirds of our current adult smokers reporting that they took up smoking before the age of 18 - 23. If we are to become a smokefree society, a key part in this is preventing the uptake of smoking in children and young people.

The younger an individual starts smoking, the greater the risk to their health. Starting smoking young is associated with higher levels of dependency and a lower chance of successfully quitting24. Moreover, smoking can stunt the development of children's respiratory systems, making them more susceptible to COPD in later life and also putting them at greater risk of coronary heart disease and lung cancer 25.

The latest data from the 2021 smoking, drinking and drug use survey shows that across England, there has been a decrease in the prevalence of smoking cigarettes in young people aged 11-15 with 12% of pupils having never smoked (16% in 2018), 3% being current smokers (5% in 2018), and 1% regular smokers (2% in 2018).

This decreasing trend is positive, but more work is needed to reduce these figures further. To do this it is important to understand why children and young people smoke. Parental smoking is a key influencing factor, further strengthening the need to support adult smokers to quit the habit. Peer pressure, stress and the media also contribute to this picture.

Priority 3: Making smokefree the new normal

Ambitions:

- We will reduce the uptake of smoking in children and young people.
- We will reduce underage sales of tobacco and nicotine products to children and young people.
- We will provide support to children and young people who smoke to stop smoking.
- We will reduce exposure to secondhand smoke for children and young people.
- We will reduce the culture of smoking across our footprint with further development of smokefree places.

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Smoking prevalence in children and young people.
- Trading standards intelligence on illicit and underage sales.

Recommendations for action:

- All schools and colleges should have smokefree policies in place and be supported to design and implement these.
- Resources for delivery of education around smoking, e-cigarettes and stopping smoking should be developed collaboratively across Lancashire and South Cumbria to deliver a consistent message.
- Children, young people, schools and youth organisations should be engaged in the development of resources to ensure accessibility and relevance of accurate, evidenced based materials.
- Insight work should be undertaken with schools, children and young people to understand and address reasons why they choose to start smoking; this may include discussion on whether e-cigarettes are a gateway to smoking.
- Community specialist treating tobacco dependence services should be accessible and appropriate to children and young people who wish to stop smoking (and/or vaping).
- Trading standards should receive further investment to increase their ability to tackle underage sales of tobacco, e-cigarettes and nicotine product sales; including illicit products.

Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

Evidence shows that media and campaigns can be an effective way to influence tobacco use behaviours in both young and adult audiences 26. However, the prominence of campaigns around smoking and tobacco use has decreased over the past decade both locally in Lancashire and South Cumbria, and nationally.

Digital and social media have huge potential to influence our population, especially in children and young people. Therefore it is important that these are utilised to communicate unified messages around smoking and tobacco across Lancashire and South Cumbria.

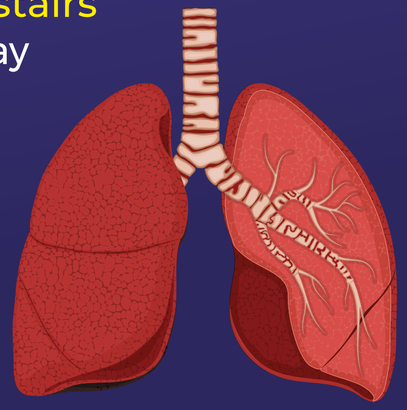
It is also important that Lancashire and South Cumbria's voice is heard at a national level. There are some important actions around tobacco that we do not have the power to implement at local level. For example, as recommended in the Khan Review, we feel that gradually increasing the age of sale of tobacco products, increasing duties on tobacco with a "polluter pays" approach, and increased funding for preventative services and trading standards are key components needed to help us reach the 2030 Smokefree ambition. Where we cannot implement measures locally, we as Lancashire and South Cumbria will use our voice, expertise and local intelligence to lobby national government and campaign for measures that will benefit our population.

DID YOU KNOW

Scarring of the lungs is not reversible. That is why it is important to quit smoking before you do permanent damage to your lungs.

Within two weeks of quitting, you might notice it's easier to walk up the stairs because you may be less short of breath.

Don't wait until later; QUIT TODAY!



Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

Ambitions:

- We will work together to raise the prominence of stop smoking and smokefree messaging across the footprint with joint media campaigns.
- We will work with key partners in local authority (including trading standards and environmental health), NHS Trusts, schools, businesses and the voluntary, community and faith sector to ensure prominence of action and messaging around smokefree.
- We will use our voice as a Lancashire and Cumbria system to lobby government around national policy and legislation changes needed to help us move towards our smokefree goals.

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group.

Recommendations for action:

- Launching of a united campaign across Lancashire and Cumbria ICS to highlight the dangers of smoking, engage vulnerable and excluded groups and signpost to specialist stop smoking support.
- All ICS organisations should work towards a shared smokefree policy to ensure consistency in patient experience across the region.
- Increase the prominence of stop smoking messages across the ICS using both physical and digital media.
- Lancashire and South Cumbria should use its combined voice as a system to lobby national government on legislation and policy that we are not in a position to change at regional and sub-regional levels. This should include:
  - Increased national investment in specialist treating tobacco dependence services in order to allow high quality, effective support to smokers to help them quit.
  - Substantial increases to cost of tobacco duties across all tobacco products.
  - Increasing the age of sale for tobacco and nicotine containing products.
  - Introduction of tobacco licencing for retailers.
  - Increasing ring-fenced funding for Trading Standards to ensure additional capacity and resource to tackle illicit tobacco, e-cigarettes and smokeless tobacco products, and to tackle underage sales of products.

Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

Vapes and vaping

Vapes, also known as e-cigarettes or electronic nicotine delivery systems (ENDS), are battery powered devices that deliver nicotine by heating a liquid solution containing nicotine, flavourings and other additives into a vapour. These devices have become increasingly popular across the UK in the last decade, with prevalence of vaping continuing to increase. Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 million and 3.2 million adults who vape.

Many people now use vapes as a quit aid when stopping smoking. In treating tobacco dependence services across England in 2020 to 2021, quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product).

However, there are concerns around vaping. Prevalence of vaping is also increasing in children and young people with national data estimating that around 8.6% of children and young people aged 11 to 18 are vaping regularly or occasionally, more than doubling estimates from 2021. Local intelligence tells us that in reality vaping prevalence in young people may be even higher. In Blackpool, the 2022 SHEU survey found that 17% of children in years 8 and 10 used vapes regularly (at least once per week).

Moreover, single-use or “disposable vapes”, which are low cost vaping devices that are pre-filled with a vaping liquid and contain a single-use lithium battery are also increasing in popularity. These devices cannot be recharged or refilled, therefore once used they are often thrown away. In adults who vape, around 15.2% use single-use devices, compared to 2.2% in 2021. In children and young people this increase is even more marked with 52.8% of under 18s who vape using single-use vapes compared to 7.8% in 2021. Concerns are held regarding both the environmental impact of these products and their accessibility to children and young people.

Balancing the potential benefits that vapes can bring in reducing smoking related harm, whilst also managing concerns around wider use of vapes is a highly complex and contentious issue. It was clear when developing this strategy that work also needed to be done to develop a consensus in Lancashire and Cumbria on vaping. To provide clarity on our position in Lancashire and South Cumbria, a position statement on nicotine vaping has been developed. This can be found in Appendix 1.

Ambitions:

- We will continue to use research evidence alongside local and national intelligence to inform a united stance on the place of vaping and e-cigarettes.
- We will support where appropriate, the use of vapes as a quit aid to stop smoking.
- We will work together to reduce the uptake of vaping in children and young people.
- We will work to minimise the negative impacts of vapes on our environment.

Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

Recommendations for action:

- To continue to monitor and review the evidence around vaping, using local and national intelligence to inform our position on vapes.
- Where services choose to commission vapes as part of smoking cessation programmes they should:
  - Encourage vape use as a quit aid rather than as a long-term replacement for cigarettes.
  - Ensure that quitters are provided with a supporting regime to gradually reduce and ultimately stop vape use.
  - Ensure that advice is given on how to effectively use vapes to satisfy nicotine cravings.
  - Ensure that suppliers of vapes do not have links with the tobacco industry in line with Article 5.3 of the WHO Framework Convention on Tobacco Control. This can be ensured using the OHID national vaping portal.
  - Avoid using suppliers who market products to children and young people or encourage long-term vape use in their marketing.
  - Use plain packaging where possible.
- Close working with trading standards should be ensured to tackle underage sales and illicit products.
- We advocate for further regulation around marketing of vapes and more severe sanctions for establishments who do not adhere to regulations, in order to better protect our children and young people.
- Schools and colleges should be both smokefree and vaping-free places. Schools and colleges should be supported to manage vaping, including disposal of confiscated devices, and ensure that policy is in place regarding how to manage vaping.
- Schools and colleges should be supported to provide further education around vaping.
- Further work is needed to understand and address the drivers of vaping behaviours in children and young people.
- Services commissioning vapes for use as a quit aid should choose reusable devices where possible. Where single-use vapes are used as a quit aid by services, it should be ensured that facilities are in place to appropriately recycle devices.
- Management of e-cigarette litter should be incorporated into local authority strategies around the environment and sustainability.

Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

How will we measure success?

Success will be measured through monitoring of the action plan implemented in the Tobacco Free Lancashire and South Cumbria group and through improvements in the following indicators:

- Reduction in vaping prevalence in children and young people.
- Increasing numbers of vape supported quits in adults.

Priority 4: Lancashire and South Cumbria - A united voice against tobacco harm

Governance and accountability

Tobacco Free Lancashire and South Cumbria is a multi-agency group which has individual lines of reporting to each of the partner organisations. Overall accountability for the work of the group is however to each of the Health and Wellbeing Boards (HWBs); Lancashire, Blackpool, Blackburn with Darwen, Westmorland and Furness, and to Lancashire and South Cumbria Integrated Care Board (ICB).

Links are made with national and regional expert advisors and good governance dictates that latest evidence, policy and practice are regularly reviewed to ensure that work continues to be relevant and current in the context of local needs and circumstances.

How will this strategy be delivered?

Implementation of this strategy includes a variety of actions at both individual local authority and integrated care system levels. A system wide action plan will be monitored and reviewed through the Tobacco Free Lancashire and South Cumbria multi-agency group and this should be supplemented by local tobacco action plans for each local authority area

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