

## **Manchester Health and Wellbeing Board Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board - 1 November 2023

**Subject:** Stopping the start: Our new plan to create a smokefree generation in Manchester

**Report of:** Director of Public Health

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### **Summary**

On 4<sup>th</sup> October 2023, the Rt Hon Steve Barclay MP, Secretary of State for Health and Social Care, wrote to Directors of Public Health to advise them of the government's future plans to control tobacco use and vaping. This letter was accompanied by the publication of a Command Paper titled, "*Stopping the start: our new plan to create a smokefree generation.*" The Command Paper sets out the government's plan to prevent addiction to all forms of tobacco, to support current smokers to "quit" and to enhance the controls and legislation around electronic cigarettes, with the particular aim of curtailing the worrying phenomenon of youth vaping.

The proposals contained within the Command Paper are the subject of a major public and professional consultation which closes on the 6<sup>th</sup> December 2023.

The Department of Public Health at Manchester City Council welcomes the contents of the Command Paper because smoking remains the biggest cause of preventable death in Manchester. Government estimates suggest that there have been as many, if not more, deaths from smoking, as from COVID-19 in England since the start of the pandemic. In Manchester, although improvements have been made, smoking rates are still higher than national averages.

Vaping, when used appropriately, could be one of the treatment solutions available to support tobacco users to manage their addiction to Nicotine and ultimately to "quit" smoking. However, Manchester is experiencing some of the social problems associated with vaping, in terms of youth vaping and a significant counterfeit market.

Manchester City Council and partner organisations have taken a whole system approach to Tobacco Control for many years. The well established partnership programme has been extended to incorporate the phenomenon of vaping and is well placed to implement all the government's recommendations and indeed, much of this work is already underway.

This paper provides an update to previous reports about our Tobacco Control and Vaping Programme and sets out our response to the government's proposals.

### **Recommendations**

The Board is asked to:

- (1) Note the report.
- (2) Agree that the Chair, supported by the Director of Public Health, responds formally to the consultation on behalf of the Manchester Health and Wellbeing set out in section 6.4.

### Our Manchester Outcomes Framework

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	A thriving and sustainable city economy relies upon its residents being healthy and economically active. Smoking is the biggest cause of preventable disease and premature mortality and places a heavy economic burden on the city. By ending tobacco addiction residents will also have more money available to them for other uses
A highly skilled city: world class and home-grown talent sustaining the city's economic success	This work protects throughout the life course from pre-pregnancy, pregnancy, through to later life so that individuals and whole families are healthy and can engage fully in education and work
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The proposals contained within this report are progressive and in line with international good practice. They would bring forward new legislation and protections to reduce health inequalities and supporting work towards Manchester being a Child Friendly City
A liveable and low carbon city: a destination of choice to live, visit, work	Cigarettes are the biggest source of microplastic pollution globally. Disposable electronic cigarettes are made from single use plastic, lithium and from production, transportation, use and then disposal, place a significant carbon burden on countries of production and Manchester
A connected city: world class infrastructure and connectivity to drive growth	This work reduces health inequalities, which is vital to help residents achieve their full potential. The tobacco and vaping control programmes are also part of a national and international system of Public Health through the <i>WHO Framework Convention on Tobacco Control</i> , which have been adopted locally

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### **Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1. <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>
2. Report to Health and Wellbeing Board, 6 July 2022:  
<https://democracy.manchester.gov.uk/documents/s34450/The%20Khan%20Review%20and%20Tobacco%20Control%20in%20Manchester.pdf>
3. Report to Health Scrutiny Committee 8 February 2023:  
<https://democracy.manchester.gov.uk/documents/s38108/drugs%20alcohol%20and%20smoking%20addiction%20report.pdf>

## 1. Introduction

- 1.1 The Chief Medical Officer for England, Professor Sir Chris Whitty, visited Manchester in December 2022. During this visit he spoke with our Director of Public Health, clinicians, and Public Health managers about tobacco control work in various Manchester settings. Professor Whitty's commitment to tackling tobacco related disease has been unwavering and his foreword to the Command Paper outlines the issues so powerfully as set out below:

*“Smoking damages and cuts shorts lives in extraordinary numbers. From increasing stillbirths, through asthma in children, to dementia, stroke and heart failure in old age, it causes disability and death throughout the life course. It drives both cancers, especially lung cancer which is the most common cause of cancer deaths in both women and men in the UK. It causes and accelerates heart disease, the biggest single cause of deaths overall. Large numbers of people are confined to their home by heart failure or chronic obstructive pulmonary disease caused by smoking, unable to even climb stairs. Non-smokers, including children and pregnant women are exposed to the risks of second-hand passive smoking.....*

*.....Data over the last 5 years shows that most smokers want to quit, but cannot, due to an addiction that started on their teenage years. Over 80% of smokers started before they turned 20, many as children. They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want”.*

**Source: Professor Chris Whitty, Chief Medical Officer for England. Stopping the start: our new plan to create a smokefree generation.**

- 1.2 The summarised proposals contained within the Command Paper are:
- i) To bring forward legislation that will ensure that children turning the age of fourteen, or younger, will never legally be sold tobacco.
  - ii) To increase investment in stop smoking services.
  - iii) To support the use of vaping devices for existing tobacco smokers who wish to stop. The “Swap to Stop” scheme will provide up to one million free vapes in England (in conjunction with local services).
  - iv) A suite of measures to protect and discourage children from vaping.

NB. The tobacco products included in new legislation include cigarettes, cigarette papers, hand rolled tobacco, cigars, cigarillos, pipe tobacco, waterpipe tobacco products (for example shisha), chewing tobacco, heated tobacco, nasal tobacco (snuff), herbal smoking products.

- 1.3 On the 12 October 2023, the governments of England, Scotland, Wales and Northern Ireland agreed to a joint consultation in accordance with the Command Paper. The consultation asks for views on 3 areas:
- i) Creating a smokefree generation: the consultation gathers views on the smokefree generation policy (above) and its scope, to inform future legislation.
  - ii) Tackling youth vaping: the consultation gathers views on several options to ensure we take the most appropriate action to tackle youth vaping. The proposals in the consultation include restricting vape flavours, regulating point of sale displays of vapes, regulating packaging and presentation of vapes, and considering restricting the sale of disposable vapes. In addition, the consultation gathers views on the implementation of a new duty on vapes.
  - iii) Enforcement: the consultation asks about introducing new powers for local authorities to issue on-the-spot fines (Fixed Penalty Notices) to enforce age of sale legislation of tobacco products and vapes.
- 1.4 The Department of Public Health at Manchester City Council and its partners have delivered a comprehensive Tobacco Control Programme for many years and works closely with the Office of Health Improvement and Disparities (OHID) in relation to tobacco and vaping.
- 1.5 This paper provides the latest epidemiology around tobacco use and vaping in Manchester and, an outline of some of the problems our communities have been facing in relation to youth vaping *and* the counterfeit economy, which is exacerbating the problem. The paper will then outline work already underway in the city that will inform our response to the Command Paper.
- 1.6 The Command Paper included an annex setting out the indicative allocations to Local Authority Stop Smoking Services. This additional investment will be delivered through a new Section 31 grant and Manchester will receive £909,515 per annum from 2024/25 until 2028/29. These indicative allocations have been calculated based on localised estimated adult smoking prevalence data, as per National Tobacco Profiles. The Manchester Department of Public Health commissions the Specialist Stop Smoking Service for the city and will be able to scale up the treatment service infrastructure once this funding is confirmed. The Director of Public Health and his team are preparing more detailed plans that will be brought back to the Health and Wellbeing Board in January.

## **2. Background**

- 2.1 Tobacco contains the highly addictive chemical, Nicotine. Nicotine in the short term, helps people to relax, to concentrate and is extremely addictive. The long history of tobacco use in cities like Manchester is beyond the scope of this paper, but its use correlates highly with deprivation. Tobacco is used in the form of cigarettes, hand rolled tobacco, cigars, cigarillos, pipe tobacco,

waterpipe tobacco products, chewing tobacco, heated tobacco, nasal tobacco (snuff), herbal smoking products. Sometimes tobacco can be mixed with drugs such as Cannabis. However, the most popular way that tobacco is used in Manchester is cigarettes, which is why professionals and public use the terms “smoking cessation” and “stop smoking services”, for example. It is important to stress that the Manchester Tobacco Control Programme and treatment services do address and treat *all* forms of tobacco use.

- 2.2 Tobacco is highly carcinogenic and contains many other toxic chemicals which cause harm to humans. The additive agent, Nicotine, consumed in an isolated form, without tobacco, is much less harmful. For this reason, Nicotine Replacement Therapy (e.g., Nicotine patches and gum), has been a mainstay of treatment to support smokers for many years, allowing smokers to gradually reduce their addiction in a managed way. Electronic cigarettes, which contain isolated Nicotine, but not tobacco, can have the same pharma-therapeutic benefit, again, without exposure to tobacco.
- 2.3 Electronic cigarettes (also known as vapes or vaping devices) are provided to smokers as just one of a range of treatment options in our Manchester community Stop Smoking Service, (called Be Smoke Free), the smoking in pregnancy service and in some secondary care smoking cessation services.
- 2.4 Although in legal, chemical and health impact terms, vaping and smoking tobacco are completely different activities, it became clear some time ago that the issue of vaping had become both a solution and a challenge for our multi-agency Tobacco Control programme in Manchester. This is because some adult *non-smokers*, children and young people have taken up vaping, which is contrary to Public Health advice.
- 2.5 In 2016, the Director of Public Health in Manchester established the Manchester Tobacco Alliance. This group gave governance and direction to our Tobacco Control Programme. Manchester has adopted the World Health Organisation Framework Convention on Tobacco Control. The framework clearly sets out that reducing smoking and tobacco use requires a programme of activity which reduces the chances and opportunities for people of all ages to start smoking, including enforcement activity, helps smokers and tobacco users to “quit,” using evidenced based treatment programmes, and carries out activities which help to de-normalise smoking.
- 2.6 In April 2020, the city-wide Stop Smoking (tobacco treatment) Service, called Be Smoke Free was launched. This is a nurse led, evidence-based service which provides free pharmacotherapy alongside a twelve-week course of behavioural and motivational support. The service was able to mobilise and adapt even during the initial parts of the pandemic, when face to face treatment in stop smoking services was not permitted. Since then, the service has continued to develop and embed in our communities and achieves Quit Rates which comfortably exceed those stipulated by NICE guidance.
- 2.7 The NHS Long Term plan recommends the systematic identification and treatment of smokers in maternity, secondary care and mental health inpatient

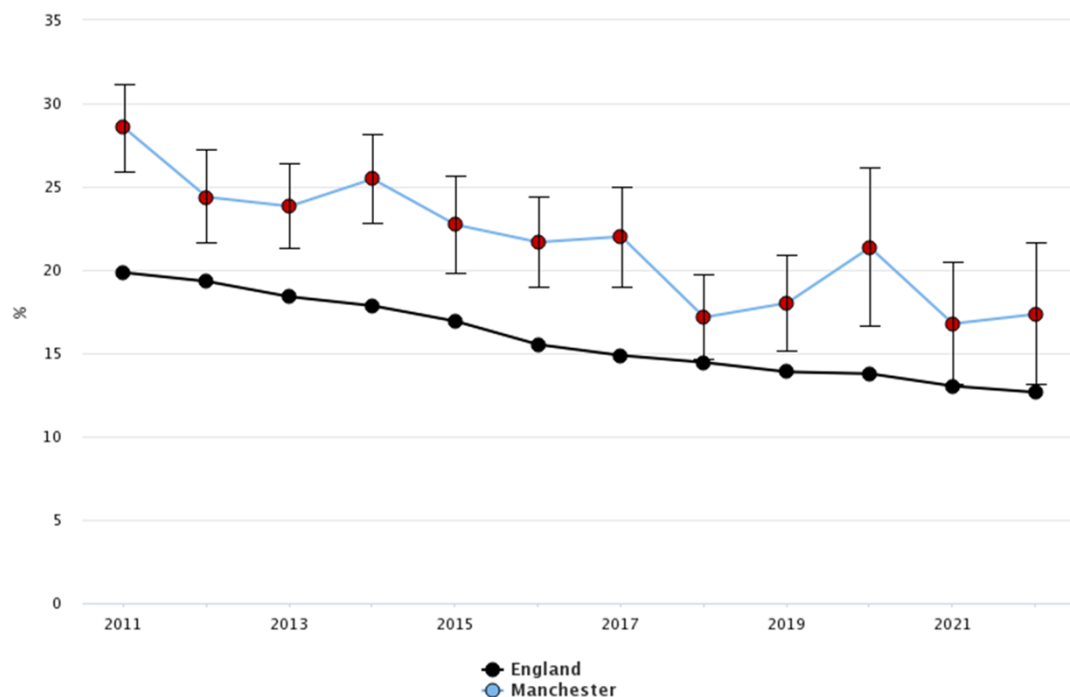
settings. The Greater Manchester Making Smoking History Team, now part of NHS Greater Manchester Integrated Care, have led the introduction of programmes, which were often piloted in Manchester city. The CURE programme, Smoking in Pregnancy Service, Lung Health Checks Programme and Mental Health Inpatient Programme are almost fully implemented across Manchester and Greater Manchester. Therefore, in the last six years, the opportunities for smokers to be identified and treated have increased hugely across Manchester.

- 2.8 Manchester now has a high quality and comprehensive programme around tobacco control and vaping, however, the ambition to do more has been limited by current legislation. The Government have looked at evidence from other countries, such as New Zealand, Australia, the USA and some European countries, to see what has worked well elsewhere and what measures the UK might adopt to protect children, populations and to narrow health inequality gaps.

### **3. Prevalence of Smoking and Smoking Related Disease in Manchester**

- 3.1 Reducing smoking rates is one of the biggest single health interventions to contribute to the government's levelling up agenda and in particular to Making Manchester Fairer. Information on the prevalence of cigarette smoking in Manchester is based on data collected as part of the Annual Population Survey (APS), a continuous household survey, carried out by the Office of National Statistics (ONS). Survey respondents are asked whether they have ever smoked cigarettes regularly and, if so, whether they smoke cigarettes at all nowadays. Based on this, respondents are classified as a "current smoker", "ex-smoker" or "non-smoker". The APS focuses on cigarette smoking and does cover other modes of tobacco consumption, such as shisha or vaping.
- 3.2 The latest published data covers the calendar year 2022 and suggests that 17.3% of adults aged 18 and over in Manchester currently smoke cigarettes. This compares with a figure of 12.7% in England as a whole. The current figure is a small but not statistically significant increase on the figure for 2021 (16.8%). Looking back further, the prevalence of cigarette smoking among adults in Manchester has fallen since 2011, when the prevalence rate was estimated to be 29.5% (see chart below).

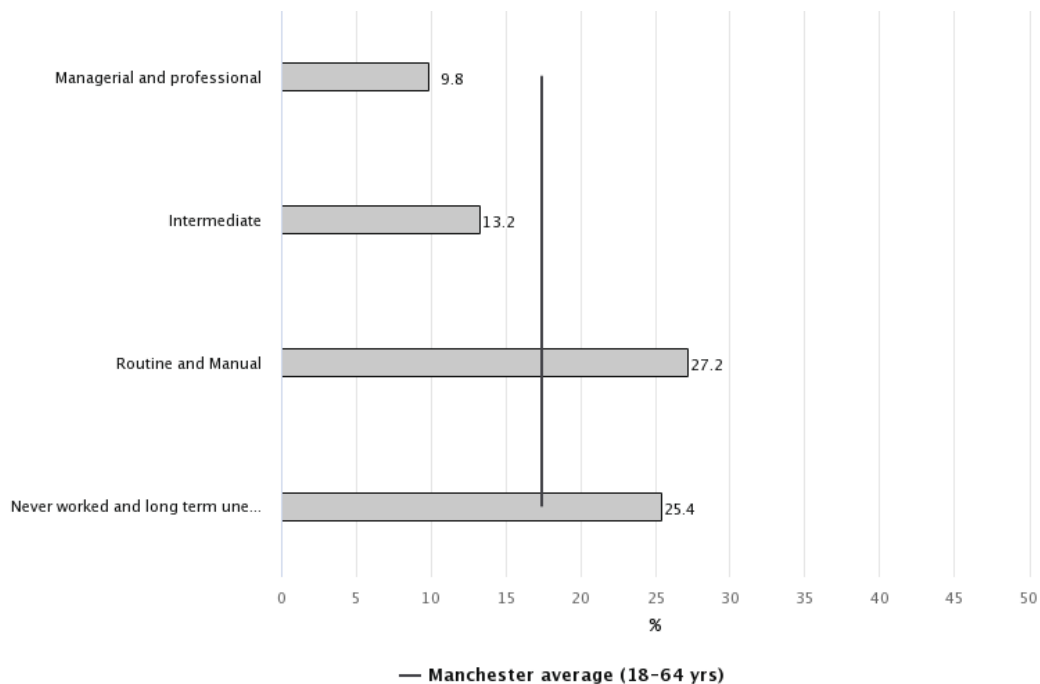
### Smoking Prevalence in adults (18+), 2011-2022



- 3.3 Within Greater Manchester, the prevalence of adult cigarette smoking ranges from 20.2% in Tameside to 8.0% in Trafford. Manchester is ranked 2nd out of the 10 Local Authorities in Greater Manchester. Tameside and Manchester are the only local authorities within the conurbation where smoking prevalence in adults is statistically significantly higher than the rate for England overall.
- 3.4 The prevalence of smoking is not consistent across the whole of the adult population and there are differences between men and women and also between people from different occupational groups and housing tenures. For example, in 2022, 20.5% of adult men in Manchester were estimated to smoke compared with 13.9% of adult women. This pattern is broadly consistent over time. Smoking prevalence is also higher in people renting from a local authority or housing association (34.7%) compared with those who own their house outright (10.9%) or with a mortgage (10.5%).
- 3.5 Smoking prevalence among in adults (aged 18-64 years) working in routine and manual occupations remains much higher than that for the general population. In 2022, smoking prevalence among in adults in routine and manual occupations (27.2%) was nearly 10 percentage points higher than that for the adult population as a whole (17.3%). Adults working in a routine or manual occupation in Manchester were just over twice as likely to smoke compared with those working in another occupation.

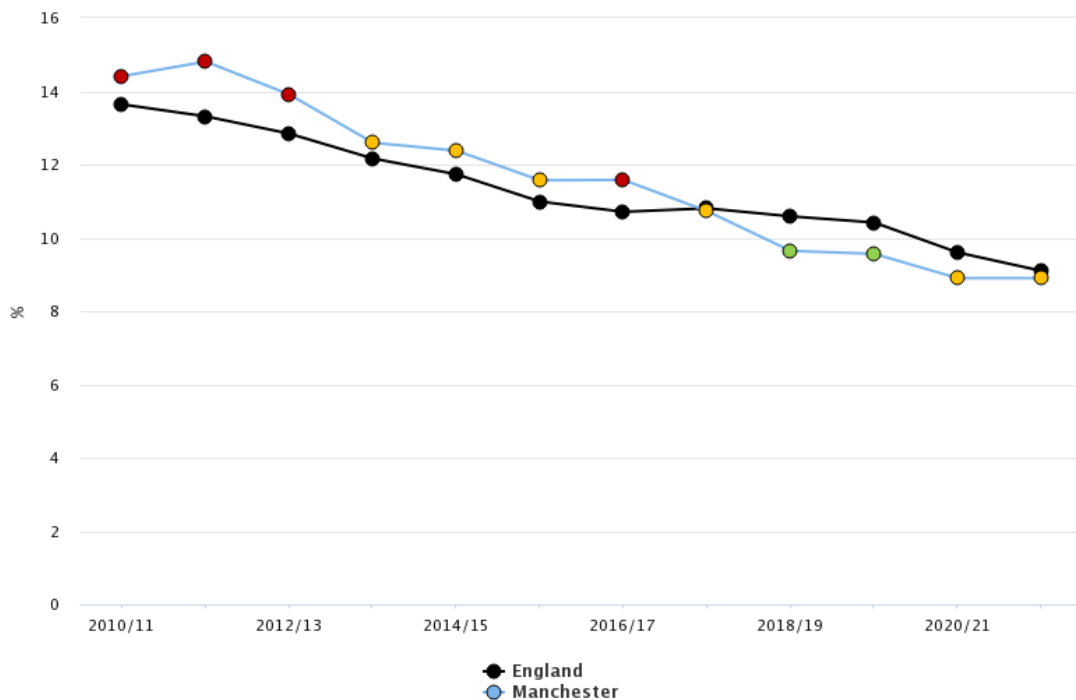


### Smoking prevalence in adults (18+) by socioeconomic group (18-64 years)



- 3.6 Smoking in pregnancy has well known detrimental effects for the growth and development of the unborn baby, the health of the mother and can cause serious pregnancy-related health problems, including complications during labour, an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them quit in the long term, which would provide health benefits for the mother and reduce exposure to secondhand smoke for the infant as he/she grows.
- 3.7 In the 2021/22, 8.9% of pregnant women in Manchester were known to be smokers at the time of delivery (SATOD). This is a significant reduction compared with 2010/11, when 14.4% of pregnant women in the city were known to be smokers at the time of delivery. In 2021/22, the percentage of pregnant women known to be smokers at the time of delivery in Manchester was not statistically significantly higher than the average for England as a whole (9.1%).

**Percentage of pregnant women known to be smokers at the time of delivery:**



- 3.8 The impact of persistently high rates of smoking among adults in Manchester can be seen in the rate of hospital admissions and deaths attributable to smoking. In 2019/20, there were 4,393 hospital admissions attributable to smoking in Manchester - a rate of 2,422 admissions per 100,000 population compared with the England average rate of 1,398 admissions per 100,000.
- 3.9 The most recent set of data (for the three year period 2017-2019) shows that around 637 deaths each year can be attributed to smoking. This is equivalent to a rate of 389 deaths attributable to smoking per 100,000 population. This compares with a rate of 202 deaths attributable to smoking per 100,000 population across England as a whole. The rate of smoking attributable mortality in Manchester is the highest of any local authority in the North West region and the second highest in England (behind Kingston upon Hull).
- 3.10 Smoking costs the NHS and social care sector millions of pounds each year in direct costs. It also places a burden on the economy in various ways, for example, in lost earnings, unemployment caused by ill health and premature death. Action on Smoking in Health (ASH) research suggests that being a smoker is associated with a 7.5% lower probability of being employed and about £1,424 lower earnings a year. Government estimates suggest that each lung cancer case costs society £360,000 from lost productivity, morbidity and mortality. This impact is amplified in Manchester because a greater percentage of our adults smoke compared to many more affluent areas.

- 3.11 ASH estimates that smoking causes a £897 million productivity loss in Greater Manchester, compared to a £191 million in Cambridge and Peterborough.
- 3.12 These cycles of deprivation, poor health and further deprivation, could be addressed to a significant degree, on a personal and city level by reducing smoking rates.
- 3.13 There are limitations in data collection about the extent and types of other tobacco usage because questions about such are not routinely asked or recorded in NHS settings. Work is underway with colleagues in primary and secondary care in Manchester to try to address this situation and to ensure that questions about Shisha use and other forms of tobacco use are asked by health professionals. What is unequivocal, is that Manchester City Council enforcement teams regularly enforce the Health Act 2006 in Shisha Cafes in the city to stop indoor Shisha smoking, which is illegal and hazardous to the health of the smoker, staff and other people in the cafes. (Appendix 1).

#### **4. Vaping in Manchester**

- 4.1 Nationally, data collected as part of the [Smoking Toolkit Study \(STS\)](#) run by University College London (UCL), suggests that the use of e-cigarettes in adults has increased gradually since 2020, especially among young adults. E-cigarette use by people who have never smoked cigarettes has increased since 2021 but remains relatively rare (<2%) while use among long-term ex-smokers has continued to grow since 2013. E-cigarette use in smokers and recent ex-smokers plateaued between 2013 and 2020 but has grown since. Around half of e-cigarette users are 'dual users' (i.e. they also smoke cigarettes). E-cigarette use for quitting has declined from a peak in 2016 through to 2020 but has grown recently. The growth in e-cigarette/vaping as a quitting method has been accompanied by a reduction in use of licensed Nicotine products and prescription medication,
- 4.2 Youth vaping is thought to have tripled in the last three years, with one in five children having now used a vape. An ASH survey 2023 found that 20.5% of children (aged 11 and 17) had tried vaping, up from 15.8% in 2022, and 13.9% in 2020.
- 4.3 It is difficult to pinpoint exactly when vaping became popular in the UK. It has certainly been a phenomenon in Manchester for at least six years. Although views about the risks and harms associated with vaping remain polarized and sometimes confused, what is clear is that if you are a habitual smoker, vaping as an alternative to smoking tobacco will reduce the smokers risk of health harm. Vaping is a "harm reduction" intervention *only* recommended as a treatment option only for existing smokers. Rechargeable vapes/electronic cigarettes are supplied to some clients in a supervised and evidence based way, by our community Stop Smoking Service, Be Smoke Free.
- 4.4 A significant number of vaping companies are owned by tobacco companies. Marketing appears to have been effective and is widespread. Vaping products are sold openly in many retail settings and often has highly attractive branding.

There are concerns that the marketing makes vaping attractive to children, young people and non smokers, as well as those who may benefit, i.e. smokers trying to “quit”.

- 4.5 Had vaping been confined to people trying to give up smoking, the issues posed by this activity now would be quite different. However, unfortunately some adults who were not smokers now vape and most worryingly, a significant number of young people vape, despite the fact that selling or supplying an electronic cigarette/vaping products to someone aged under 18 is illegal. It is regrettable that an intervention and device which could have helped many smokers has been misused and now causes a range of health and social problems.
- 4.6 The Chief Medical Officer has highlighted youth vaping as a concern and this certainly echoes intelligence from partners in Manchester, e.g. our Trading Standards Team, the Healthy Schools Team and the Young Persons Substance Misuse Team. Although much less harmful than smoking or using tobacco, there is evidence suggesting that in adolescence the brain is more sensitive to the risks of Nicotine, posing additional risks to children and young people who vape.(1)
- 4.7 Vaping liquids also contain Propylene Glycol and Glycerine which can produce toxic compounds if overheated in a vaping device. The long term health harms are as yet unclear. Furthermore, the long term health harms of colours and flavours added to this mix of Glycerine and Propylene Glycol are unknown. It is for this reason too, that government departments, NICE guidance, the NHS and Public Health system nationally and in Manchester have repeatedly advised that vaping should only be used as a short to medium term way of stopping smoking.

#### Youth Vaping in Manchester:

- 4.8 Youth vaping is now common in the UK and many other countries. Intelligence from our Trading Standards Team, who conduct investigations into underage sales with regard to tobacco and vaping, indicates that the trade in counterfeit, non compliant vaping and disposable vaping devices is often aimed or accessible to children and young people. It is evident that some counterfeit devices and vaping liquids contain concentrations of Nicotine far higher than is legally allowed. This makes those devices even more addictive to the people who use them.
- 4.9 The government’s recent youth vaping “call for evidence” found that vape use among children is still increasing with corner shops cited as the most frequent place of purchase. Children and young children often use disposable vapes, some of which are priced as low as £3 each. Intelligence in Manchester indicates that much of the counterfeit market is linked to disposable vapes.
- 4.10 Reports to the Manchester Tobacco Control Alliance about problems of youth vaping in schools led us to establish a dedicated Youth Vaping workstream within our Tobacco Control Programme.

- 4.11 The Manchester Tobacco Alliance and Programme Lead have always worked strategically with system colleagues from the combined authority, the Office for Health Improvement and Disparities (OHID), academics and NHS providers. The same approach has been taken with emerging vaping issues. The Department of Public Health, Manchester City Council and NHS colleagues are part of a “Vaping Task Group” set up by the OHID Northwest. This group will produce a North West Schools Vaping Framework, designed to help, guide and support schools and other organisations in developing their own vaping policies for children and young people which are consistent and clear. The group will respond and advise as evidence emerges and best practice is established.
- 4.12 A Manchester multi-agency Vaping Task Group was established in February 2023 to better understand the challenges and issues around children and young people vaping in Manchester specifically. The group has led the development of a training package for professionals working with children and young people in the city. The training will initially target key front-line professionals with delivery to commence in November 2023.
- 4.13 A recent phenomenon in Manchester is that children, young people and adults have presented to our Stop Smoking Service, the Healthy Schools Service and our Substance Misuse Service for help to give up vaping because they have become addicted to Nicotine. At the present time, relevant teams and professionals in Public Health and its commissioned services, are working to develop appropriate, new, treatment pathways.
- 4.14 Manchester City Council has been receiving requests for permission to hand out various types of free Nicotine products, including vaping devices, for a number of years. Because of the relationship the Department of Public Health has with other council teams, namely Licensing and Event Planning teams, it has been possible to collectively decline requests to hand out Nicotine pouches, products and vaping devices on shopping thoroughfares in Manchester and at events.
- 4.15 The Department of Public Health recently initiated a piece of work with colleagues in the city council to explore the potential to limit what vaping and gambling products were advertised around the city. Partners were keen to set up an “*ethical advertising*” group to look at what can be controlled or influenced in advertising terms. This reflects our focus on limiting the advertisement of products which harm Manchester residents. In the past month a company advertising brightly coloured, attractive looking vaping devices at various sites in the city agreed to remove this advert.

#### Counterfeit and Illegal Vape Sales in Manchester

- 4.16 For many years, the Trading Standards Team in Manchester have been pivotal to our Tobacco Control work, enforcing Tobacco Control Legislation, investigating underage sales and combatting the trade in illicit tobacco; which not only sells tobacco cheaply so that people stay addicted, but funds

organised crime. This expertise has been needed to deal with developing crime associated with vaping.

- 4.17 The popularity of vaping has been seized upon by businesses who do not operate within the confines of the law and current regulation. There is now a huge market in counterfeit vaping devices in Manchester and is one of the biggest areas of work for the council's Trading Standard's Team. (Appendix 1)
- 4.18 Our Trading Standards team have been flagging issues around what would appear to be marketing aimed at children for several years. In Manchester, the significant counterfeit vaping market tends to revolve around disposable vaping devices which are made from plastic, are not usually recycled, are often dropped as litter, have considerable environmental impact and are in some cases are a fire risk. Banning disposable vapes is a key proposal in the Command Paper and one which the Director of Public Health and his team support.
- 4.19 The vapes which are seized by Trading Standards Officers often have a tank size in excess of the permitted 2 millilitres. They often contain many multiples of the permitted concentration of Nicotine, making them very highly addictive. Illegal vapes are often sold to children by non compliant traders.
- 4.20 Some years ago Trading Standards Officers typically found non compliant and illegal vapes on open sale because traders were not aware of relevant regulations. More recently, the use of Detection Dogs, for example, have resulted in Officers finding stocks of vapes, deliberately hidden in such a way, as to suggest that traders knew they are illegal products.

## **5. The Current Manchester Tobacco Control and Vaping Programme**

- 5.1 The Manchester Plan for Tobacco Control adopts the World Health Organization (WHO) Framework Convention on Tobacco Control as stated above. The programme is governed by the multi-agency Tobacco Alliance, established in 2016 by the Director of Public Health.
- 5.2 The Department of Public Health works with a wide range of partners because WHO framework is based on an understanding that tobacco control (i.e. reducing smoking) is fundamentally about "supply and demand" principles. Operationally, this translates to the prevention of intergenerational smoking, protection from exposure to smoke in all kinds of enclosed spaces, including homes and cars, and this protection must extend to the unborn child. It is important to denormalise smoking in outdoor public places too, in order to support people trying to stop smoking, but also to positively role model to children and young people. The work of our enforcement partners in Manchester City Council's Trading Standards and Licensing and Out of Hours Teams is absolutely invaluable alongside other health based work.
- 5.3 In recent years, our Tobacco Control programme has responded to emerging issues very effectively. The programme has been proactive and anticipated issues early. The issues around vaping have been a clear example of this, as

our network of partners in schools, services and enforcement flagged issues around Nicotine addiction, non smokers vaping, youth vaping, counterfeit and illegal sales, marketing to children etc some time ago. Manchester has been at the forefront of work with partners in Greater Manchester NHS, the Office of Health Improvement and Disparities North West (OHID) and providers such as Change, Grow, Live (CGL), to respond to these emerging issues.

- 5.4 In April 2020, Manchester City Council launched Be Smoke Free, which is “gold standard”, nurse led Specialist Stop Smoking Service. This service has been a success. Helping Manchester smokers to stop is at the heart of our Tobacco Control programme and our service responds dynamically to the needs of Manchester communities and NHS partner programmes.
- 5.5 Manchester is working towards becoming a Child Friendly City adopting the “The United Nations Convention on the Rights of the Child” (UNCRC) as a framework. As part of the ‘Discovery’ stage the council has been consulting and listening to young people about what is important to them in order to make Manchester a more child and young person friendly city. There has been a reoccurring reference to the need to reduce people smoking around young people, especially in public spaces such as parks and outside community facilities such as libraries. Vaping also features as a concern for young people who feel that it is far too easy for young people to access vapes. Young people themselves have called for stricter retail laws and enforcement!
- 5.6 An overview of workstreams which make up our Tobacco Control Programme, as well as recent summary of enforcement activity is summarised in Appendix 1.

## **6. Stopping the Start: our new plan to create a smokefree generation; a Manchester response**

- 6.1 The measures proposed in the Command Paper, *Stopping the start: our new plan to create a smokefree generation*, resonate strongly with our ambitions for Tobacco Control work in Manchester as described in this report and Appendix 1.
- 6.2 The Director of Public Health has worked with the Programme Lead for Tobacco Control to collate a Manchester response to the proposals contained within the Command Paper. These are set out in section 6.4 and the Health and Wellbeing Board are asked to comment on each of them. Pending any additions and changes suggested by the Board, the Chair, supported by the Director of Public Health, will submit the formal response to the consultation on behalf of the Board by 6th December 2023.
- 6.3 It is envisaged that the content of this response will inform responses by the respective partner organisations represented on the Board and other groups and networks. This would include VCSE groups and Clinical Networks.

### The Proposed Manchester Response

6.4 The initial summary responses are provided below to each:

- i) **Command Paper Proposal: Bring forward legislation that will ensure that children turning 14 or younger will never legally be sold tobacco**

**Proposed Manchester Response:** We fully support this proposal, which has been successfully introduced in New Zealand. We will be dependent on Trading Standards colleagues to enforce any new legislation, but the team in Manchester are well practiced in doing so (Appendix 1) and are a strong partner in our Tobacco Alliance. Any enforcement work will be supplemented by education and prevention work with partners in schools, by our smoking in pregnancy work, our multi-agency Smoke Free Homes and Families project and the fact that our community Stop Smoking Service can treat anyone who is already addicted to smoking, from the age of 12 upwards.

- ii) **Command Paper Proposal: To increase investment in stop smoking services**

**Proposed Manchester Response:** The *indicative* additional annual allocation for Manchester is £909,515, commencing 2024/25 until 2028/29.

Be Smoke Free, our Specialist Stop Smoking Service is a high performing service, however, this service was funded and commissioned to see 5% of the adult smoking population in Manchester annually, (as per NICE guidance (NG 209)). At the present time, the service is in need of further investment in order to expand provision to support Swap to Stop, focussed work in areas of high smoking prevalence and requests to take referrals from secondary care programmes such as CURE and Lung Health Checks, mental health inpatient units. The existing funding envelope is now limiting expansion of the service. We therefore welcome proposed new investment.

- iii) **Command Paper Proposal: To support the use of vaping devices for existing tobacco smokers who wish to stop. The Swap to Stop scheme will provide up to one million free vapes in England (in conjunction with local services)**

**Proposed Manchester Response:** We welcome this scheme and the Department of Public Health will be submitting a bid.

Our Stop Smoking Service, Be Smoke Free, have been providing free rechargeable vaping devices to some clients since early 2022 because of a persistent national shortage in a stop smoking medication called Varenicline. For those clients for whom other medication had not adequately helped with Nicotine withdrawal symptoms, vaping devices were provided, alongside a twelve week course of support. (N.B. Nicotine levels in vaping devices are titrated down during this period).



This intervention has proved very popular and very helpful for many Manchester smokers.

“Swap to Stop” will enable us to scale up this treatment option. We initially intend to pilot the work in an area of Manchester which has particularly poor smoking related health outcomes working in conjunction with local social housing providers, the Manchester Local Care Organisation and local GP Practices to help us to identify smokers to refer onto the scheme.

iv) **Command Paper Proposal: A suite of measures to protect and discourage children from vaping.**

**Proposed Manchester Response:** The UK has relatively little regulation around the sale of electronic cigarettes and vaping products generally. The government have looked at practice in other countries and learned from that. Although the measures proposed in the Command Paper are not as far reaching as in some countries, we do welcome the proposed new measures which will improve the current situation we believe and which do certainly respond to the intelligence that the government and Public Health systems have about youth vaping. In terms of the widespread advertising and promotion of vaping products, we would like this marketing to be brought into line with tobacco regulation. At a local level we are trying to limit vaping advertising but powers to do so are limited.

In the last twelve to eighteen months, the Director of Public Health and his team in Manchester have regularly received intelligence, anecdotal reports, concerns and frankly disturbing reports about youth vaping, illegal sales, marketing at children, sales to children and the counterfeit vaping market. We have been reporting these concerns back to our partners at OHID, discussing with various partners clinical, enforcement and otherwise and made the decision to set up a Youth Vaping Project in early 2023, as outlined in section 4 above.

We already feel that we have made some progress in Manchester with regard to treatment pathways, training for professionals, education for children and enforcement. However, we do need more tools as Public Health practitioners and enforcers and believe that those proposed will help significantly. We have the professional networks and experience to quickly implement any changes.

## **7. Recommendations**

### **7.1 The Board is asked to:**

- (1) Note the report.
- (2) To agree that the Chair, supported by the Director of Public Health, responds formally to the consultation on behalf of the Manchester Health and Wellbeing set out in section 6.4.