

Manchester City Council Report for Information

Report to: Manchester Health and Wellbeing Board - 20 November 2024

Subject: Stopping the start: creating a smoke free generation in Manchester

Report of: Director of Public Health

Summary

The previous government set an ambition to have a “smoke free generation” in England by 2030. “Smoke Free” in this context is defined as an adult smoking prevalence of under 5%. A Tobacco and Vapes Bill was presented to parliament early in 2024, alongside measures, such as grant funding, to support local authorities to reduce smoking prevalence.

On 5 November 2024, the Labour government presented a *new* Tobacco and Vapes Bill to parliament (1). This bill will sit alongside environmental legislation presented on the 24 October 2024, which will ban the sale of disposable vapes from 1 June 2025 (2).

This report provides an update to earlier reports called, “Stopping the start: Our new plan to create a smokefree generation in Manchester” which were presented to the Health and Wellbeing Board on the 1 November 2023 and 24 January 2024 respectively.

This report provides initial information about the new Tobacco and Vapes bill, reports on how we are using the Local Government Stop Smoking and Support Services Grant and provides an update on the Swap to Stop initiative in Manchester.

The report concludes with an update of tobacco and vaping elements of the government’s budget on the 30 October 2024.

The report is split broadly into two parts. Part one deals with Tobacco Control. Part two deals with problems associated with vaping.

Recommendations

The Board is asked to note the contents of the report and support the ongoing programme of work.

Wards Affected: All

<p>Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>	<p>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. The council’s work to safely dispose of this litter is significant and adds to carbon emissions.</p>
<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>	<p>Tobacco use correlates strongly with people and places affected by economic, health and social inequalities in Manchester. These inequalities are amplified greatly by tobacco use. Our programme is targeted to where tobacco use and related morbidity is greatest to reduce associated inequalities and to help to lift people out of poverty (tobacco addiction is expensive).</p>

Manchester Strategy outcomes	Summary of how this report aligns to the Our Manchester Strategy/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	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 reducing tobacco related morbidity residents will be able to take part more fully in education, employment and cultural opportunities in the city.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Our tobacco and vaping programme is based on the WHO Framework Convention on Tobacco Control and is progressive in terms of its focus on communities and people at most risk, taking a community based, community led approach. The programme supports 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	A connected city also relies upon its residents being healthy, educated and economically active. Smoking is the biggest cause of preventable disease and premature mortality and places a heavy economic burden on the city. By reducing tobacco related morbidity residents will be able to take part more fully in education, employment and cultural opportunities in the city.

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

None

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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 four years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Previous HWB Board reports on same topic 1st November 2023 and 24th January 2024.

1. Background and legislative context:

- 1.1 In October 2023, the previous government put forward a Command Paper titled, *“Stopping the start: our new plan to create a smokefree generation.”* A public and professional consultation established widespread support for the measures proposed. A Tobacco and Vapes Bill was subsequently laid.
- 1.2 The new Labour government has maintained a commitment to a Tobacco and Vapes Bill and presented a new bill to parliament on the 5th November 2024 (1). The government states that this bill forms part of their reform agenda which aims to “shift the focus of healthcare from sickness to prevention”.
- 1.3 The Tobacco and Vapes Bill 5th November 2024 contains the following proposals:
 - Phasing out the sale of tobacco products across the UK to anyone aged 15 or younger this year.
 - Consultation on extending indoor smoking ban to specific outdoor spaces (e.g. children's playgrounds and outside schools and hospitals). The consultation will also consider extending restrictions in places that are currently smokefree, to also become vape free, especially in areas where there are children and young adults.
 - Ban on vape advertising and sponsorship; as well as powers to restrict the flavours, display and packaging of all types of vapes as well as other nicotine products.
 - The Bill will also include powers to introduce a licensing scheme for retailers to sell tobacco, vape and nicotine products in England, Wales and Northern Ireland with “on the spot” fines of £200 to retailers found to be selling these products to people who are underage.
 - The government will support current smokers to quit by exploring standardising packaging for all tobacco products, for example cigars or pipe tobacco.
 - Measures are proposed for secondary care settings, such as ensuring that all hospitals integrate ‘opt-out’ smoking cessation interventions into routine care. This will complement existing programmes to help support smokers quit.
- 1.4 The Tobacco and Vapes bill will sit alongside environmental legislation presented to parliament on the 24th October 2024, which will ban the sale of disposable vapes from 1st June 2025 (2).
- 1.5 This proposed legislation is reported to the Health and Wellbeing Board at their very early stages. The Department of Public Health in Manchester will need to continue to work closely with Tobacco Control partners at the Office of Health Improvement and Disparities to ensure that we fully understand and implement new legislation as it develops. In line with the WHO Framework Convention on Tobacco Control (3), the government have proposed measures which span the pillars of tobacco control. This means that locally, the Department of Public

Health must continue to work closely with our council partners in Trading Standards and Licensing and Out Hours teams.

2. Introduction

- 2.1 On the 5th November 2024, the government presented “landmark legislation” to parliament to address the health harms of tobacco and vaping (1). The Chief Medical Officer for England, Professor Chris Whitty, said of the bill:
“A smokefree country would prevent disease, disability and premature deaths for children born today and for people long into the future. Smoking causes harm across the life course from stillbirths, asthma in children, cancers, strokes and heart attacks to premature dementia. Most smokers wish they had never started but are trapped by addiction. Second-hand smoke causes harm including to children, pregnant women and medically vulnerable people so reducing this is important. If vulnerable people can smell smoke they are inhaling it. The rising numbers of children vaping is a major concern and the Tobacco and Vapes Bill will help prevent marketing vapes to children, which is utterly unacceptable. This is a major piece of legislation which if passed will have a positive and lasting impact on the health of the nation.”
- 2.2 Tobacco use is the biggest cause of preventable death and mortality in Manchester and Tobacco Control is an ongoing priority for the council. In 2016, the Director of Public Health in Manchester established the Tobacco Control Alliance and in 2017, Manchester City Council launched its first Tobacco Control Plan (4), based on the World Health Organisation Framework Convention on Tobacco Control and the national plan for Tobacco Control (3, 5).
- 2.3 The latest published data, which covers the calendar year 2023 suggests that adult smoking prevalence has continued to fall in Manchester. Further detail is given in Section 3 (Epidemiology).
- 2.4 The Department of Health and Social Care, Office of Health Improvement and Disparity (OHID), have now started to make payments to the council under new Section 31 “Local Stop Smoking Services and Support Grant” arrangements. Manchester has been allocated £929,359 per financial year from 2024-2025 to 2029- 2030. Grant conditions are robust, but our investment plan, as described in more detail below, will enable Manchester City Council and our commissioned stop smoking service, Be Smoke Free, to fulfil the grant conditions and increase the number of people who can be supported to stop smoking.
- 2.5 Detailed below is an update about our participation in the government’s “Swap To Stop” Scheme, which is a further government measure intended to drive up smoking cessation.
- 2.6 There is a complex interrelationship between tobacco use and vaping. Vaping is an activity which was introduced as an alternative form of Nicotine Replacement

Therapy, i.e. a way to help people to stop smoking. Evidence suggests that many smokers have been able to “quit” by switching to vaping. However, there have been many unintended consequences of vaping, some of which are health related and some of which are environmental. As a result, there is widespread public confusion. The Manchester City Council Department of Public Health must also navigate this complex landscape, with further information provided below.

Part One: Tobacco Control

3. Epidemiology of Tobacco Use in Manchester

- 3.1 Smoking is the most significant cause of preventable ill health and premature mortality in the UK and is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. The number of cancer cases caused by smoking has increased by 17% since 2003, with 20 additional people a day being diagnosed with cancer caused by smoking compared to 20 years ago (1).
- 3.2 Smoking claims around 80,000 lives a year in the UK, putting huge pressure on our NHS, taking up appointments, scans and operations, and costing taxpayers £3.1 billion a year (1).
- 3.3 Smoking tobacco may be described as modifiable “behavioural” risk factor. However, it is important to note that because of the active ingredient, Nicotine, any tobacco use is highly addictive and in recent years, it has been recognised that beyond the first few uses, choice by the user is replaced by addiction. For complex reasons, some people and communities are much more vulnerable to starting to smoke and the subsequent addiction. For this reason, treatment services should provide a combination of pharmacotherapy and psychological/behavioural support (9).
- 3.4 Although data presented below relates to the smoking of tobacco (usually in the form of cigarettes), there are other forms of tobacco use: some smoked and some not. Unfortunately, we do not have accurate data for the prevalence of all types of tobacco use, either locally or nationally. However, in all its forms, tobacco is a carcinogen and causes disease, even if not smoked or inhaled (the latter carrying additional risks). For this reason, our programme addresses all forms of tobacco use, although cigarettes are the most frequently used product. Section 7 below details some of the work attempting to improve awareness and data collection with regards to other forms of tobacco, especially Shisha.
- 3.5 New data on smoking prevalence in adults aged 18 and over for 2023 was included in an update of the [Smoking Profile](#) in October 2024.

3.6 Adult smoking prevalence:

Table 1 below shows the estimated rate of smoking prevalence in adults aged 18 and over in each of the 10 local authorities in Greater Manchester based on a 3-year range (2021-23).

Table 1. Smoking Prevalence in adults aged 18 and over: Greater Manchester, 2021-23 (3-year range)

Area	Prevalence (%)	95% Lower CI (%)	95% Upper CI (%)	Difference from England
Tameside	18.4	15.7	21.2	Worse
Bolton	15.9	12.9	19.0	Worse
Manchester	15.4	12.8	17.9	Worse
Salford	14.8	11.8	17.8	Similar
Rochdale	14.6	12.3	17.0	Similar
Oldham	14.0	11.4	16.5	Similar
Wigan	13.3	10.8	15.8	Similar
Stockport	11.7	9.2	14.2	Similar
Bury	11.2	9.0	13.3	Similar
Trafford	9.6	7.2	11.9	Better
England	12.4	12.2	12.6	-

Source: OHID, based on Office for National Statistics data

3.7 Based on the most recent data for 2021-2023 combined, Manchester is one of three local authorities in Greater Manchester with an estimated rate of adult smoking that is statistically significantly higher than the England average (along with Tameside and Bolton).

3.8 Socio-economic inequalities in smoking prevalence:

The latest update of the [Smoking Profile](#) contains new (2023) data on the odds of current smoking among adults aged 18-64 with a routine and manual occupation. This is a measure of the socioeconomic gap in smoking prevalence in adults and represents the likelihood of those with a routine or manual occupation smoking compared with those with another occupation.

3.9 The current figure for Manchester is 2.32, which means that **adults from a routine or manual occupation living in Manchester were around 2.3 times more likely to report that they were a current smoker compared with adults with another occupation**. This information is important to the Department of Public Health, because it helps us to direct interventions to the right people and places.

N.B. Please note the following caveats

- Self-reported smoking status may be prone to respondent bias, where respondents do not accurately report their smoking habits
- These data have not been age-standardised and, therefore, variation between area values may be a result of differences in population structure in terms of age
- Findings are based on a survey of a relatively small number of people. In the 2023 survey this was just 388 people. The sample size was previously larger (e.g. 1047 in 2019).

3.10 Although we are encouraged by the fact that smoking prevalence does appear to be continuing to reduce in Manchester, care should be taken when attempting to make a causal link between the improvements in the performance of stop smoking services, or our other tobacco control activities and the published smoking prevalence figure, based on the Annual Population Survey because of the small sample size, which could mean that changes in prevalence (up or down), may be the result of random variation.

4. Department of Health and Social Care Local Stop Smoking Services and Support Grant

4.1 The most significant short-term measure taken by the previous government to help to achieve a smoke free generation by 2030 was the allocation of a *Local Stop Smoking Services and Support Grant* to local authorities. This funding is delivered by new “Section 31” grant arrangements.

4.2 Allocations were calculated using local smoking prevalence data. As such, the fact that Manchester has high rates of adult smoking prevalence relative to other parts of England, means that the city has received one of the highest allocations. Manchester will receive £929,359 in 2024/25. Subject to conditions and possible further adjustments, the city can reasonably expect a similar allocation in 2025/26, 2026/27, 2027/28 and 2028/29.

4.3 **The Secretary of State for Health and Social Care determined that the grant will be paid to Manchester City Council based on the understanding that the funding will be used to:**

- Invest in enhancing local authority commissioned stop smoking services and support, in addition to and while maintaining existing spend on these services and support from the public health grant. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan.

- The grant will be ring-fenced for use on local stop smoking services and support.
 - Build capacity to deliver expanded local stop smoking services and support.
 - Build demand for local stop smoking services and support; and
 - Deliver increases in the number of people setting a quit date and 4 week quit outcomes, reporting outcomes in the [Stop Smoking Services Collection](#).
- 4.4 The report of the Director of Public Health presented to the Health and Wellbeing Board Health on 24 January 2024, detailed the proposed investment plan for the grant. These proposals were supported by the Board. The decision made was to invest the grant within our existing commissioned stop smoking service, Be Smoke Free, provided by Change, Grow, Live (CGL). This would allow the Department of Public Health to meet the grant conditions outlined above and to operationalise the funding as quickly as possible, using an experienced and proven provider who had service infrastructure in place, good knowledge of Manchester communities and other local services (e.g. primary care).
- 4.5 The government's intention is that the grant funding should drive up the number of people who give up smoking, which is routinely measured using a defined Key Performance Indicator called the "4 week Quit Rate," as a proxy for numbers of people quitting smoking. In order to achieve this, Be Smoke Free have been asked to increase the number of clients that they see from 3650 to 6000 per year, all of whom are entitled to access up to twelve weeks of free pharmacotherapy and psychological support. Scaling up the service in this way will require extra staff and increase pharmacotherapy costs.
- 4.6 Since commissioning Be Smoke Free in 2020, the service model has changed as it was forced to respond to restrictions related to the pandemic, i.e. provide a virtual service only, with home delivery of medicines. This model was popular with many clients and when restrictions lifted the option of virtual appointments was retained. However, many clients still want, or need, a face-to-face appointment. Be Smoke Free has had one clinic base for face-to-face appointments in Ancoats, North Manchester since the service launched in 2020. The Ancoats location is not easy for all residents to access, therefore the grant has provided us with the opportunity to address this by asking Be Smoke Free to open some new face to face clinics. It is hoped that local bases will also increase the visibility of Be Smoke Free in those communities, thereby generating further referrals from smokers and other health services.
- 4.7 The grant allocation profile is as follows and is subject to performance and spending returns by the Commissioner:

Table 2. Local Stop Smoking Services and Support Grant Payment Profile, Year 1, 2024-25

Payment Dates	Payment Amount
Quarter 1 – April to June 2024	£650,551
Quarter 4 – Jan to March 2025	£278,808
Total	£929,359

- 4.8 Grant returns have been sent to OHID for Quarters 1 and 2 of the financial year 2024-2025. The first payment of £650,551 was made to MCC in August 2024 and subject to satisfactory grant returns for quarters 1,2 and 3. The second payment of £278,808 will be made in the second half of February 2025.

Grant Investment work- April 2024 to 31st October 2024:

- 4.9 In the first quarter of 2024-2025 a revised service specification for Be Smoke Free was developed. This specification responds to system changes, updates in guidance (e.g. NICE guidance) and investment of grant funding.
- 4.10 Change, Grow, Live (CGL) have been proactive in terms of scaling up the stop smoking service to deliver the increased activity required. CGL proposed a place-based model which fulfilled the requirements of the revised specification. Lead in time has been required for recruitment (now almost complete) and the setting up of new face-to-face clinic spaces.
- 4.11 With grant funding support, the stop smoking service, Be Smoke Free, now has place-based clinics in North Manchester (Ancoats and Harpurhey), East and Central Manchester (Gorton) and South Manchester (Wythenshawe). Be Smoke Free have introduced a “neighbourhood team” model, with each team having a Tobacco Addiction Specialist Nurse, a non-clinical Specialist Stop Smoking Advisor and a Community Engagement Worker. There is also a centrally based Nurse Manager and data and administrative function. In addition, the service will run “pop up” clinics.
- 4.12 Prior to receiving grant funding, demand for the services of Be Smoke Free were starting to exceed specified activity levels and the service report that demand has increased by 9.5% since October 2023.
- 4.13 New Community Engagement staff will allow the service to make better links with primary care, district nursing teams, housing providers, homelessness outreach and criminal justice teams, for example. These are connections that have been needed for some time, but for which staffing resource was a limiting factor.

- 4.14 The standard treatment pathway is achieving 4 week Quit Rates of around 52% on average, which substantially exceeds the minimum required standard of 35% set by NICE guidance. (Swap to Stop Quit rates to be reported separately).

5. Swap to Stop Initiative

- 5.1 The Swap to Stop initiative is a further component of the previous government's support to Public Health teams to help people to stop smoking. It runs from January 2024 to the end of March 2025.

- 5.2 Because electronic cigarettes, or vapes, contain Nicotine without tobacco, they are a safer alternative to smoking. Vapes are effectively another form of Nicotine Replacement Therapy (NRT).

- 5.3 The Department of Public Health submitted an expression of interest to take part in Swap to Stop in late 2023. Specifically, the scheme was to be used to pilot new ways of working with vapes, doing so in Miles Platting and Newton Health. These are areas of North Manchester where tobacco-related morbidity is high.

- 5.4 It was decided that the initiative would be delivered by the stop smoking service, Be Smoke Free. A pilot treatment pathway was also proposed whereby an initial assessment was followed by a text message service. This is less intensive than the standard treatment pathway. We also worked with the main social housing provider in Miles Platting and Newton Health and the local primary care network (via the Local Care Organisation) to make contact with potential clients who wished to stop smoking. An assessment was made of how well this pathway worked and whether 4 week quit rates varied when compared to the standard treatment pathway.

- 5.5 In the first quarter of 2024-2025, the 4 week quit rate for people on the Swap to Stop pathway was 39.7%. This is lower than the quit rate for the standard treatment pathway, but still exceeds the minimum 4 week quit rate of 35% set by NICE guidance (9). NB. A finding from Swap to Stop has been that a lower proportion of clients returned for their 4 week quit rate check when compared to the standard treatment pathway and therefore actual 4 week quits" may be higher than 39.7%.

6. The Room to Breathe Project (Smoke Free Homes)

- 6.1 An important pillar of the Tobacco Control Framework (3) is prevention, i.e. stopping people from starting smoking via a range of activities intended to denormalise smoking. Another strand of the framework focusses on the protection of third parties (who are not smoking) from the harms associated with environmental tobacco smoke, also known as secondhand smoke.

- 6.2 One such setting where this work is vital is in private homes, where especially vulnerable people such as pregnant people, babies and children may be exposed to environmental tobacco smoke over many years. Public Health work in this setting is often referred to as “Smoke Free Homes” work. Possibly because this work is aimed at people’s private residences, Smoke Free Homes work has proved challenging over a number of years. In 2024, we relaunched this programme and reflective of our current communications approach, we have named the project “Room to Breathe”.
- 6.3 The Health Act 2006 protects workers and the public from exposure to environmental tobacco smoke in indoor settings, including workplaces and vehicles such as taxis, lorries and buses (10). In 2015, Smoking in vehicles legislation outlawed smoking in private vehicles which carry children under the age of eighteen. However, there are no protections for babies and children in private dwellings, despite well-established evidence of risk to the unborn child, increased risk of infant mortality postpartum (12) and additional increased risk for asthma, glue ear, respiratory infections in the short to medium term and cancer in the longer term. The majority of smokers start before the age of 20 and are then addicted for life (1). Therefore, failing to address smoking in homes will not only cause harm to pregnant people, babies and children, but in the long-term result in intergenerational addiction, making it harder to achieve a smoke free generation.
- 6.4 The Room to Breathe project does not propose extended legislation to tackle this public health problem. Instead, it works with expert partners to explore long-term behaviour change models.
- 6.5 As well as being an important part of the Tobacco Control programme, the Room to Breathe project supports the Public Health Safe and Healthy Beginnings programme (to reduce Infant Mortality), the NHS Children and Young Peoples’ Healthy Lungs Programme and the Child Friendly Manchester programme.

7. Alternative Forms of Tobacco Use

- 7.1 Alternative tobacco products are different from traditional smoked cigarettes in terms of their ingredients and how they are consumed. They include smokeless tobacco which is chewed or put in your mouth, such as Gutkha, Paan and Naswar, or tobacco which is smoked, such as Shisha and Bidis. As discussed in section 3 above, limited data exists on the prevalence and patterns of use of alternative tobacco in Manchester, although national surveys have found that people of South Asian, Mixed and Black ethnicity are more likely to use alternative tobacco products compared to the White population (13,14).
- 7.2 A common misconception is that alternative tobacco is safer than traditional tobacco, whereas the opposite is often true. Alternative tobacco products have risks similar or higher to that of traditional smoking, including increased risks of cancer, ischaemic heart disease, stroke, and adverse perinatal outcomes, as well

as oral health problems (15) (16). Use of these products alongside cigarettes further increases health risks. Additionally, research has found many of the smokeless tobacco products sold are not compliant with existing regulations (17) and many shisha cafes in Manchester operate in breach of the Health Act 2006.

- 7.3 Unlike traditional tobacco, it is uncommon for healthcare professionals to routinely ask patients if they use alternative tobacco products and insight suggests that Shisha smokers, for example, may reply “no” to questions about whether they smoke. This means that these patients are less likely to be given very brief advice on tobacco cessation or referral to community tobacco cessation services e.g. Be Smoke Free and targeted lung health checks. This also contributes to the limited population-level data on the scale of alternative tobacco use. Manchester has significant proportions of the population with South Asian, Mixed and Black ethnicities. As the overall smoking rates fall across Manchester there are risks that continued or increased alternative tobacco use, especially within certain population groups, may undermine our efforts to create a smoke-free generation and perpetuate or increase tobacco-related health inequalities.
- 7.4 In response to these concerns, a local ‘deep dive’ exercise has begun to understand the position as a system in relation to alternative tobacco. This relates to five key domains: Systems; Communications; Regulatory Activity; Targeted Quit Support and Measuring Improvement. These domains will be used to understand local gaps and to identify priority actions. Alongside this, there will be a community engagement approach to ensure that any actions developed are informed by and meet the needs of the communities most impacted by alternative tobacco harms.

8. Partnership Working and Collaborations

- 8.1 The Tobacco Control team in Public Health work closely with other organisations, in particular, the OHID Tobacco Control Team and the Making Smoking History Team at the Greater Manchester Combined Authority (GMCA).
- 8.2 In 2023, with the support of the Executive Member For Healthy Manchester and Social Care, the University of Manchester developed "MOSMOKE" (Method for Observing SMOKing bEHaviour) and assessed smoking related behaviours in public spaces such as St Peter’s Square in the city centre. We are currently exploring the possibility of collaborating on a research project which would try to evaluate how smoking and vaping adverts impact smoking and vaping behaviours in the specific location where the adverts are shown in Manchester’s city centre. Public surveys will also be conducted to assess views on the effectiveness and acceptability of these adverts.

Part Two: Control of Vaping and Youth Vaping:

9. Vaping Background

- 9.1 In part one of this report, the positive uses of vape devices (also known as electronic cigarettes) were discussed. Vapes contain the addictive agent, Nicotine, but do not contain tobacco. Tobacco is highly carcinogenic and contains other toxins. Therefore, the relative risk of vaping is less than smoking or using tobacco. However, vaping is not considered to be risk free. Unlike tobacco, which has been used for many decades, robust longitudinal data about vaping is not yet available. This lack of data is compounded by the fact that vapes and their contents vary hugely.
- 9.2 Vapes are sold in a wide variety of retail settings and vaping has unfortunately been taken up widely by people who did not smoke previously and by children and young people. N.B. it is illegal to supply or sell a vape to anyone under the age of 18.
- 9.3 In the UK, vaping devices are regulated for quality and safety. All products for sale must be notified to the Medicines and Healthcare products Regulatory Agency (MHRA) with detailed information including listing of all ingredients. However, there is a vast market in illegal vaping devices and it is not known what ingredients they contain. Many are disposable and there can also be safety issues in terms of how those devices are made and fire risks associated with the Lithium batteries therein. Local authority Trading Standards Teams are the lead agency and locate, seize and enforce legislation in relation to illegal vapes, many of which are sold illegally to children and young people.

10. Epidemiology of Vaping

- 10.1 The data that is held nationally about vaping and associated health issues is not of the same quality as that which we have for tobacco (section 3 above). However, attempts are being made to gather better data nationally.
- 10.2 Findings from the government's "*youth vaping call for evidence*" were published in February 2024 (18). Key findings were:
- Use of vapes among children is increasing with many children using disposable vapes.
 - Vapes are appealing to children and being marketed and promoted to them, including through social media.
 - Range of vape products, flavours and packaging are attractive to children and arguably, are marketed at young people.
 - Parents and carers shared the frustrations they experience with their children using vapes and that they would like more information to feel empowered to discuss vaping with them.

10.3 *The Smoking, Drinking and Drug Use among Young People in England Survey* is conducted biannually with secondary school pupils in England in years 7 to 11 (mostly aged 11-15). It focuses on smoking, drinking and drug use. Since 2014, the survey has included questions on electronic cigarette use. The latest 2023 survey data was published on 17th October 2024 (19).

11. Vaping Legislation and Enforcement:

11.1 The Tobacco and Vapes Bill was presented to parliament on 5th November 2024. Measures are proposed to better regulate vaping and to help to tackle youth vaping, for example:

- Ban vape advertising and sponsorship, as well as create new powers to restrict the flavours, display and packaging of all types of vapes (1)
- Combined with on-the-spot fines, tougher action on enforcement and tighter regulation on vaping, the Bill will protect children and young people from harm and addiction (1)

11.2 A ban on disposable vapes will come into force on the 1st June 2025 (2). Subject to parliamentary approval, businesses will have until 1st June 2025 to sell any remaining stock they hold.

11.3 The Manchester City Council's Trading Standards team state that work involved in combating the illegal vape trade is currently their most time consuming/biggest area of work. It is not clear at this time whether they will get additional funding to help them to enforce new legislation in 2025, with the increase in workload expected to be significant. Early intelligence from the Trading Standards team is that manufacturers are already trying to find ways to design products which are similar (i.e. effectively disposable) but still compliant with the new legislation. Furthermore, as many of the disposable vaping devices on the market are not MHRA compliant (see section 9.3) and are sold illegally to children already, we expect that this illegal market, often linked to organised crime, will continue.

12. Youth Vaping

12.1 Enforcement activity is ongoing and absolutely essential in Manchester. However, a "twin track" approach is advocated, where enforcement work goes hand in hand with good Public Health interventions.

12.2 The Department of Public Health and partners in Manchester have been at the forefront of work around youth vaping. The close working relationships with providers gave early intelligence on youth vaping. For example in the latter part of 2022 we were told about vaping in schools, young people being addicted to Nicotine via vaping, young people presenting at Accident and Emergency after feeling unwell from vaping etc.

- 12.3 In February 2023 the Public Health Department established a “task and finish” group to look at this issue and agreed a way forward, which initially was to prepare training materials for professionals working with children and young people.
- 12.4 This work has gone from strength-to-strength, led by the children and young peoples’ Substance Misuse service - Eclypse, (delivered by CGL) and a Project Manager from the Department of Public Health. Support is provided by other teams working with children and young people and a Consultant Physician in Respiratory Medicine from Wythenshawe Hospital.
- 12.5 The activity delivered by this group and partners in the last twelve months is summarised as follows:
- **Young people and Vaping Foundational Training and Resource Sessions:** Over 400 professionals attended this training between January and July 2024 with 95% of those saying that they felt more confident and better able to support children and young people.
 - **Parents Webinar on vaping in July 2024:** All parents gave positive feedback.
 - **Online resource portal for professional and parents:** Healthy Schools Manchester have supported the development of two online resource portals for vaping. A professional portal has had 1,835 views to date (September 2024). There is also a parents/carers portal which includes information on vaping.
 - **Primary schools vaping lesson plans pilot:** This Manchester pilot is innovative and is intended to address the gap that existed nationally in terms of vaping advice for primary schools. The pilot is a collaboration between Healthy Schools Manchester, University of Manchester Community Based Medicine Education (CBME) Team, Department of Public Health and Eclypse. The sessions will be piloted by Graduate Entry Medicine (GEM) students in January 2025, alongside teaching staff in some primary schools in Manchester this academic year. Following the pilot, the lesson plans will be updated and available as a resource locally for all our primary schools. The target audience for the primary school lesson plans is upper key stage 2 (years 5-6).
 - The Department of Public Health has linked with the University of Manchester, Division of Psychology and Mental Health. Two areas will be researched, i.e. attitudes towards/reasons for vaping amongst young people and attitudes amongst teachers and parents.
 - The Children of Manchester Safeguarding Conference is an annual event led by the Manchester Safeguarding Partnership. Heald Place primary school delivered a presentation on the ‘dangers of vaping’. Following the conference, colleagues from the Department of Public health and Eclypse have been identified as ‘safeguarding champions’ and will be working with the school during the 2024-2025 academic year.

13. Tobacco and Vape Update from the Budget 30th October 2024:

- 13.1 There will be an increase in duty rates for all tobacco products by the tobacco duty escalator of 2% above inflation (based on the Retail Price Index). The rate for hand-rolling tobacco will increase by an additional 10%. [Tobacco Duty: changes to rates from 30 October 2024 - GOV.UK](#).
- 13.2 The government will introduce legislation in a future Finance Bill for a single duty rate of £2.20 per 10ml of vaping liquid. The measure will take effect from 1 October 2026, with businesses able to apply for approval from 1 April 2026. There is an associated technical consultation on additional compliance measures. This consultation is open until 11 December. [Vaping Products Duty: technical consultation - GOV.UK](#).
- 13.3 Alongside the introduction of the vaping products duty there will be an equivalent increase in tobacco duties. The government will make a one-off tobacco duty increase of £2.20 per 100 cigarettes or 50 grams of tobacco, effective from 1 October 2026.

14. Recommendations

The Health and Wellbeing Board is asked to note the contents of the report and support the ongoing programme of work.

15. References

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