

Faculty of Public Health  
Launch of Special Interest Group – smoking  
and vaping

9<sup>th</sup> September 2024

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# Smoking kills

*“People smoke for the nicotine but they die from the tar”*

Tobacco and its smoke:

- the most lethal consumer product
- contains thousands of chemicals, 250 are toxins, 69 are known to cause cancer
- up to two-thirds of smokers will die early
- huge contributor to health inequalities

12.7% England smoking rate (adults) – just under 6 million people. Higher rates exist among key groups making this a real health inequalities issue:

- Routine and manual workers
- Those with long term mental health conditions
- People living in social housing

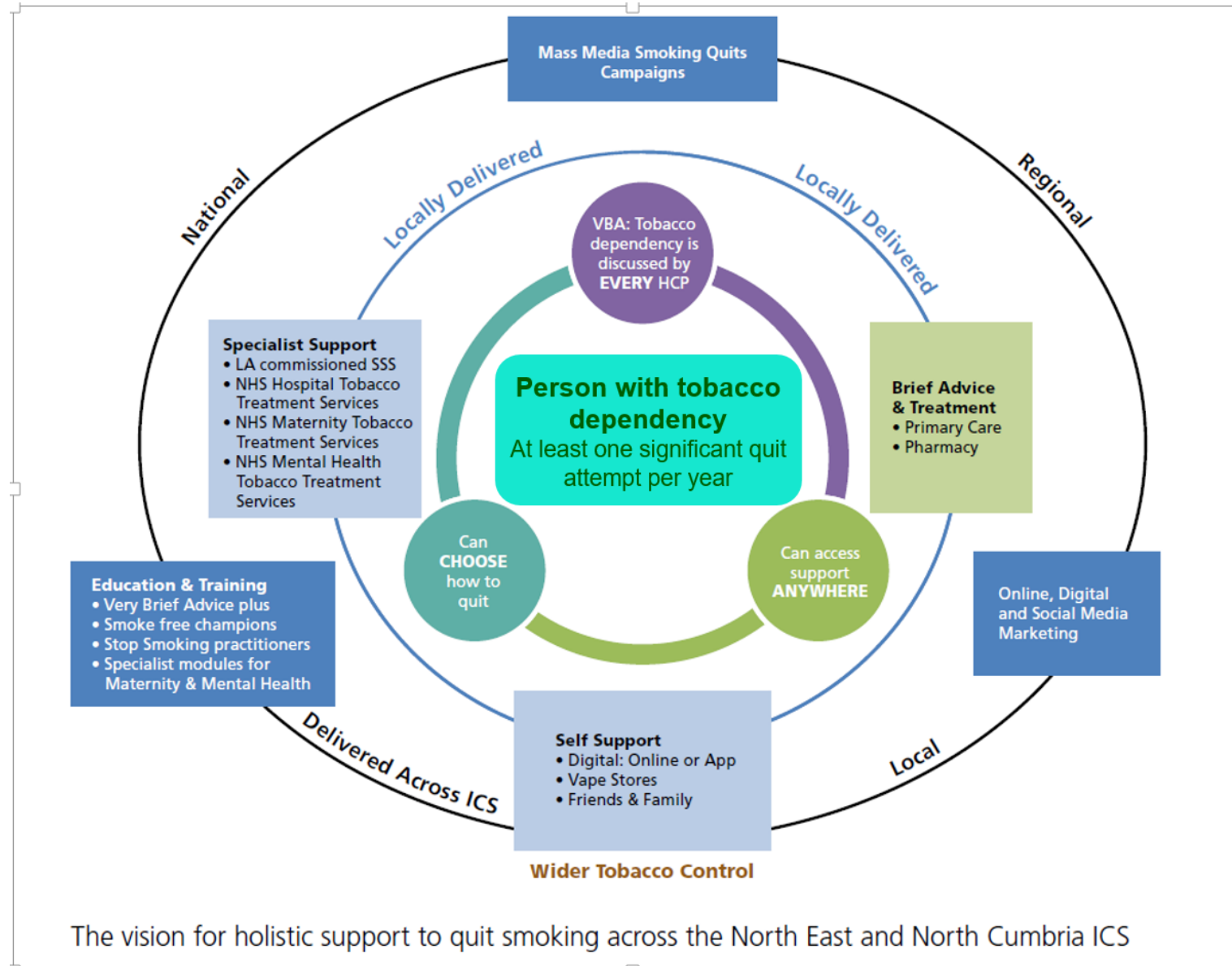
Rates will be much higher in some groups e.g. serious mental illness

Many households (one-third in the North East) could be lifted out of poverty if smoking was reduced

Most smokers want to quit but many lack confidence, have low awareness, underestimate the risks

They need as many options and routes and as much support as possible

# Smokers need options to quit



# Secondhand smoke kills

Breathing in secondhand smoke is harmful to anyone: there is no risk-free level of exposure

Smoke contains poisons like carbon monoxide, benzene, arsenic and cyanide: the smoke from the end of a cigarette has higher concentrations of many of these poisons

Children are especially vulnerable – their lungs and immune systems are still developing and they breathe faster than adults therefore inhale more of the poisons.

Secondhand smoke causes numerous health problems in infants and children:

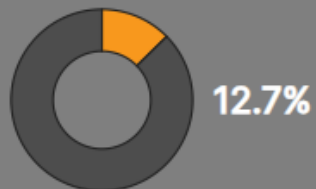
- can trigger frequent and severe asthma attacks
- respiratory infections
- ear infections
- meningitis
- sudden infant death syndrome

Among adults, secondhand smoke:

- increases the risks of lung cancer
- damages the lining of blood vessels and cause the blood to be-come stickier, causing heart attacks and strokes.

## ASH Ready Reckoner Summer 2024: Costs of smoking to society

ASH estimates that smoking costs England **£46.0B** per year

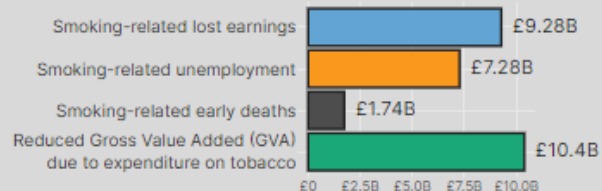


of adults in **England** smoke, which is about **5.67M** people.



### IMPACT OF SMOKING ON PRODUCTIVITY

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of **£28.7B**.



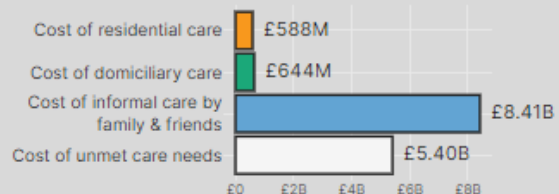
### HEALTHCARE COSTS DUE TO SMOKING

The combined cost of smoking-related medical treatment via hospital admissions and primary care services is **£1.89B**.



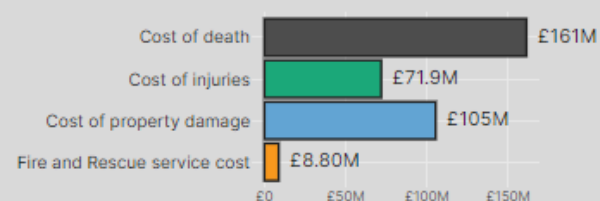
### SOCIAL CARE COSTS DUE TO SMOKING

Many current and former smokers require care in later life as the result of smoking-related illnesses. The estimated cost is **£15.0B**.



### FIRE COSTS DUE TO SMOKING

Smoking materials are a major contributor to accidental fires. Smoking-related fires result in annual losses of **£347M**. About **2,093** Smoking-related fires are attended by the Fire and Rescue Service each year.



### MORE STATISTICS ABOUT THE COST OF SMOKING

An estimated **£13.7B** is spent by consumers on purchasing tobacco (legal and illicit) annually in **England**.

The national average spend on tobacco is around **£2,486** per smoker.

The Green Book Quality-Adjusted Life Year (QALY) value applied to the intrinsic value of life gives an estimated loss of **£32.2B** due to premature deaths from smoking in **England**. This figure is not included in any totals on this page.

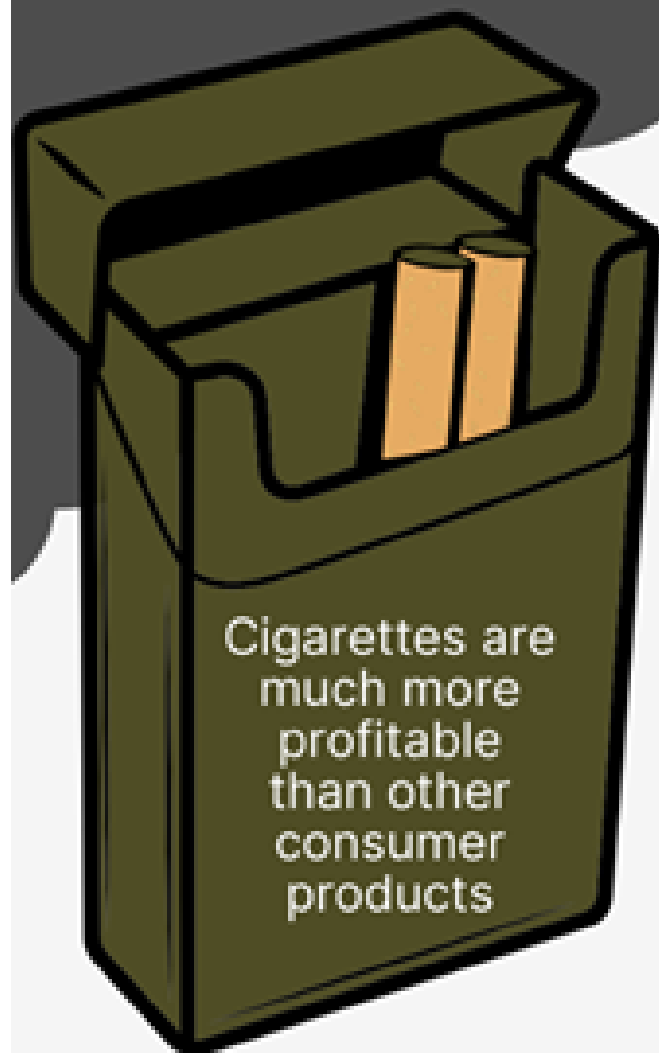
Costs of smoking data available at regional, ICB, local authority, combined authority and constituency level

**Professor Sir Chris Whitty:** I completely agree with all the points you made. Starting off with the beginning of life, there are clear and significant increases in stillbirths, premature births, birth abnormalities and long-term effects from smoking just in the pre-birth period. Then, of course, if parents are smoking around babies and small children, that affects lung development and, if children have asthma, that will trigger asthma effects. Young children are significantly affected by passive smoking from their parents. The parents, of course, want the best for their children, but the problem is that they are now addicted to a product that has taken their choice away. We get those problems right from the very beginning, and we have talked about some of the issues in young pregnancies and where that leads.

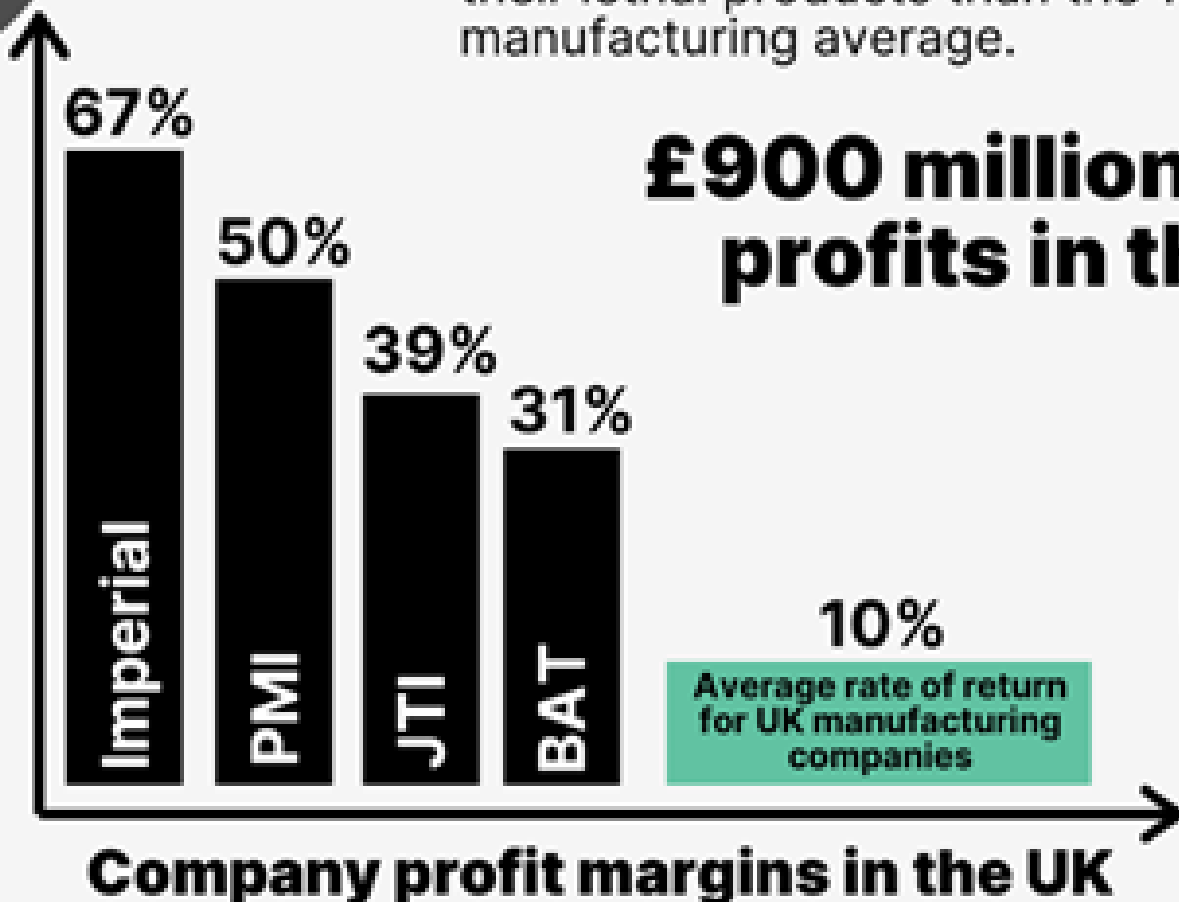
Moving to the other end of the age spectrum that you were talking about, the full horrors of smoking for most people start to take effect from middle age onwards. At this point, people get a range of things. Everyone knows about lung cancer, I think, and most people know about heart disease, but there are effects on stroke or increases in dementia, which are significant—one of the best ways to delay dementia is not to smoke or to stop smoking at an early stage. That is a huge problem for all of us. Smoking also exacerbates any problems people have with diabetes—it makes that much worse—and people have multiple cardiac events leading to heart failure. In heavy smokers, we see extraordinary effects, like people having to lose their limbs. As you and I discussed, it is a tragedy to be on a ward with people with chronic obstructive airways disease, or on a vascular ward as a vascular surgeon with someone who has just had an amputation, weeping as they light up another cigarette, because they cannot stop, because their choice has been removed. I cannot hammer that point home firmly enough: this is an industry built on removing choice from people and then killing them in a horrible way.

Professor Sir Chris Whitty, April 2024, giving evidence to Tobacco and Vapes Bill Committee

## Big Tobacco's big profits



Four tobacco transnationals are responsible for around 95% of cigarette sales and related deaths — making far higher profit margins from their lethal products than the 10% UK manufacturing average.



**£900 million a year profits in the UK**



Sources: Branston 2014, 2020; ONS 2020

# Q: What do we know about vaping?

## A: A lot

[The OHID review: Nicotine vaping in England 2022 evidence update](#) (8<sup>th</sup> in series): robust and comprehensive report on the international evidence on nicotine vaping. 16 chapters covering: young people, adults, nicotine, flavours, biomarkers of exposure, of potential harm to health cutting across several diseases, poisonings, fires and explosions, heated tobacco products, harm perceptions and communications

**\*\*As public health people we all need to be familiar with the conclusions of this review\*\***

- *In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.*
- *There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.*
- *There is no significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape.*

[The Cochrane living systematic review on e-cigarettes for smoking cessation:](#)

*“Strongest evidence yet that e-cigarettes help people to quit smoking better than traditional nicotine replacement therapies, such as patches and chewing gums.”*



# Our position on vapes in the North East

We want to:

- Support smokers to quit and providing them with all available options including switching to vaping
- Protect young people by reducing the accessibility and appeal of all nicotine products, including vapes
- Secure the strongest regulations for the most lethal consumer product – tobacco
- Reduce misperceptions around vapes: they pose a fraction of the risk of tobacco

On vapes:

- Clear position statement in place from the [ADPHNE](#) – the role of vaping in tobacco control and the need to protect young people from vaping or smoking.
- All 12 LAs taking part in Swap to Stop.
- Our NENC ICB [Smokefree NHS/treating Tobacco Dependency Taskforce](#) position statement outlines the role of vaping in supporting patients to quit and addressing misperceptions among workforce and public
- We need improved regulations on vape packaging, promotion and pricing
- We don't support a ban on flavours – important to make the 'quitting experience' more palatable for adult smokers; potential for unintended consequences if removed e.g. relapse. Instead we need urgent research on effective policy options and in the meantime, urgent regulations to prohibit marketing of flavours to children.
- We support improved compliance with environmental obligations: recycling facilities, takeback schemes, awareness campaigns etc.

# Balancing the risks and benefits

*“We must continue monitoring youth vaping strategies, learning more about potential harms and identifying effective prevention.”*

*“However, as public health groups, the media, policymakers, and the general public focus on youth vaping, vaping’s potential to help adults quit smoking too often gets lost. That may come at a significant public health cost.”*

*“With the focus on youths creating an environment in which smokers believe that vaping is as dangerous as or more dangerous than smoking, many smokers struggling to quit may be unwilling to try vaping as an alternative. This likely translates into less smoking cessation than if smokers correctly understood the relative risks of vaping and smoking.”*

[Balancing Consideration of the Risks and Benefits of E-Cigarettes | AJPH | Vol. 111 Issue 9 \(aphapublications.org\)](https://aphapublications.org) - co-authored by 15 past presidents of the Society for Research on Nicotine and Tobacco for the American Journal of Public Health

Watch (4 mins): <https://www.youtube.com/watch?v=FvRkTORuClc>

# The Fresh programme in the North East of England



Established in 2005 (nearly 20 years ago...)

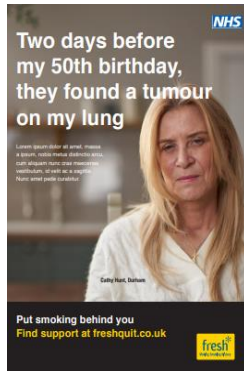
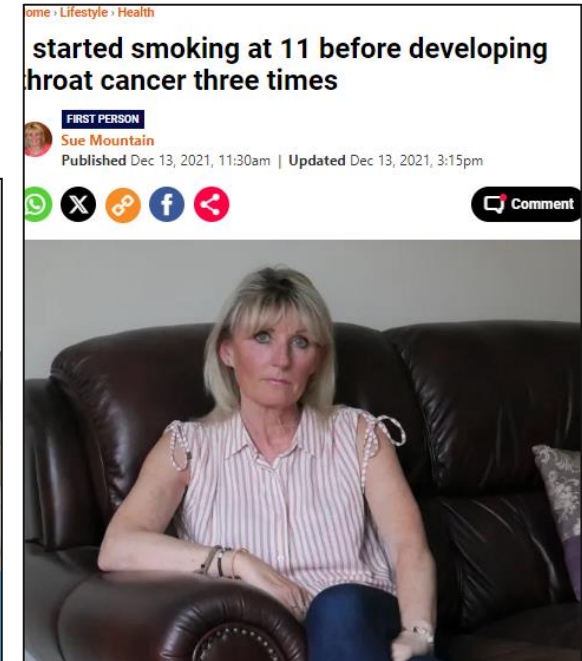
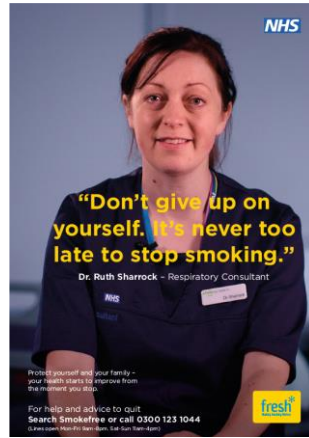
Based on international evidence

Comprehensive tobacco control programme to:

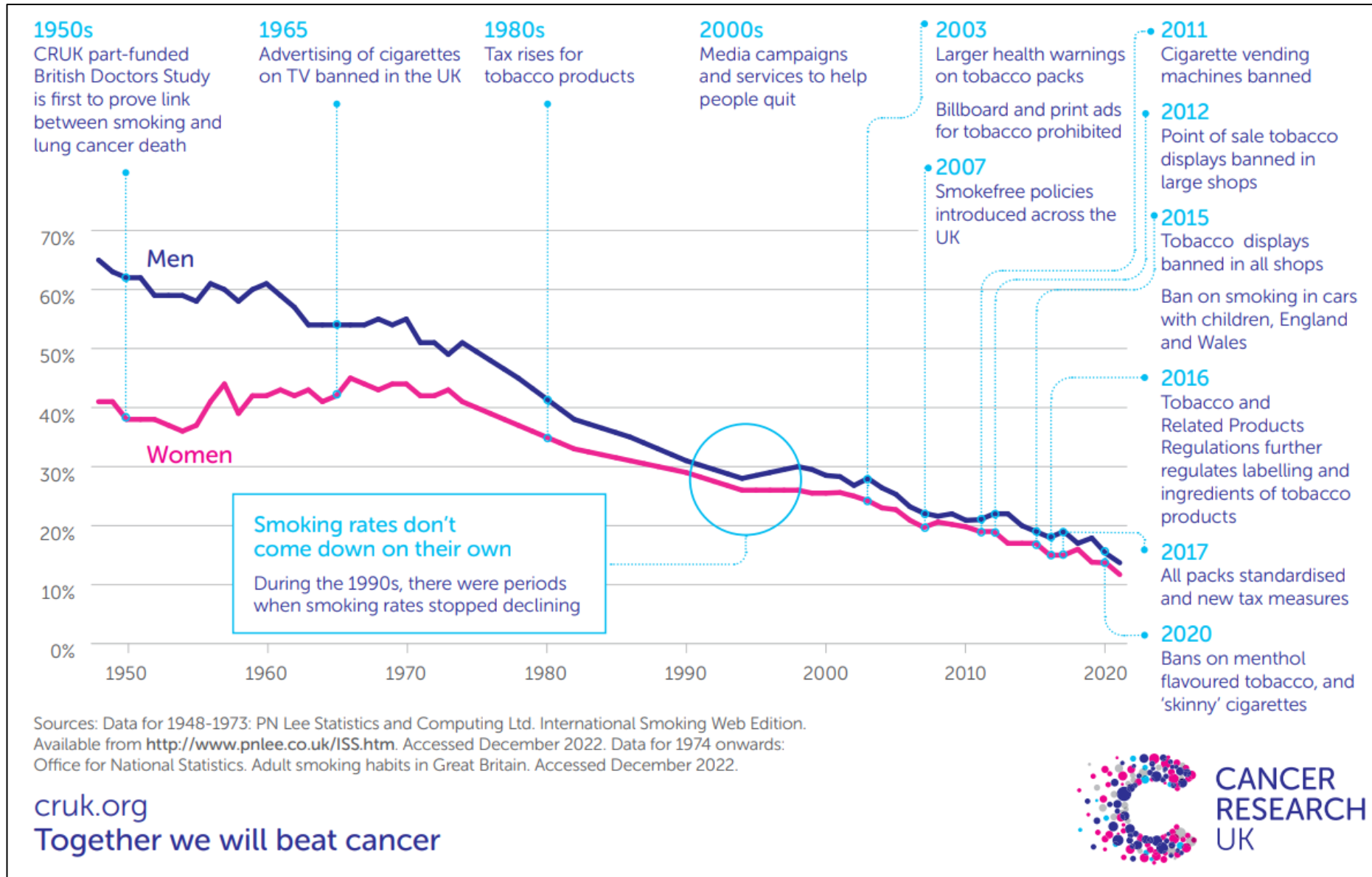
- Encourage smokers to quit
- Prevent youth uptake
- Protect people from tobacco related harm

Jointly funded in the NE by all 12 LAs and NENC ICB

Joint programme with Balance focused on reducing alcohol harm



# Legislative measures work to bring down smoking rates



# Where things are with the Tobacco and Vapes Bill

Under the last Government, from March to May 2024, the Tobacco and Vapes Bill completed first reading, second reading and committee stage. It did not make the priority list of legislation to be fast tracked before the General Election.

The original Bill set out to:

1. Create the first ever smokefree generation by making it an offence to sell tobacco products to those born on or after 1 January 2009, thereby phasing out the sale of tobacco products, while not stopping anyone who currently legally smokes from being able to do so.
2. Reduce the appeal and availability of vaping products including by providing powers for ministers to regulate the flavours and contents, the packaging and product presentation and the point of sale displays of vaping products. It would also have closed vape regulatory loopholes (free distribution) and provided ministers with powers to extend the measures for vaping products to other nicotine products such as nicotine pouches
3. Strengthen enforcement of underage sales of tobacco and vapes by providing enforcement authorities in England and Wales with extended and additional powers including the power to issue Fixed Penalty Notices of £100 for the underage sale of tobacco products and vaping products.

It was confirmed in July 2024 King's Speech that the Bill would be reintroduced: currently waiting for first reading. Early September? May look different to previous version.

# What do we need to do when the Tobacco and Vapes Bill has its first reading?

- Reach out to MPs in your area and ask for their support for the Tobacco and Vapes Bill – make clear the evidence base, why this is needed, wanted, workable – high levels of public support
- ASH with Fresh support has produced a range of briefings, FAQs, template letters, public support data and data on costs of smoking – sign up to be part of the Smokefree Action Coalition and get regular updates
- Amplify ‘noise’ led by ASH – stakeholders, the public, in the media, social media etc
- Second reading is when the first debates and key vote take place – likely to be mid-October – another key moment to amplify.
- Prepare for forthcoming consultations on vaping product regulations e.g. packaging, flavours

Note: The Tobacco and Vapes Bill (DHSC led) does not cover everything related to tobacco and vapes e.g.:

- Proposed ban on single use vapes is being led by DEFRA (April 2025?)
- Proposed vaping products duty is being led by HM Treasury and HMRC (October 2026?)

And the Bill won't give us everything we need for tobacco control including a levy on the industry, a tobacco licensing scheme, a comprehensive national plan that brings all of this together – so there is always more to do...

## Opportunities

To create a smokefree generation moving towards a country where no one smokes

Getting the regulations right on vapes and striking the right balance

Reminding people about the harms of tobacco

Improved population health = better for the economy

## Challenges

Convincing people job not 'done' – not for a long time

Inequalities between groups

Maintaining proportionality – strongest regulation for the most lethal product i.e. tobacco

Reducing misperceptions around vapes

The tobacco industry – they will delay, derail, distract, deny...





**26% of all deaths in last 50 years due to the cigarette**