

Committee: Health and Wellbeing Board

Date: 28th March 2023

Agenda item:

Wards: All.

Subject: Stop Smoking and Tobacco Control

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Peter McCabe, Cabinet Member for Health and Social Care

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection, Una O'Brien, Health Improvement Officer (Healthy Programmes) and Sara Quinn, Commercial Services Manager.

Recommendations:

- A. Health and Wellbeing Board member organisations agree to actively seek out opportunities to promote stop smoking services and embed stop smoking conversations and support into pathways and services that they commission and/or deliver.
 - B. Health and Wellbeing Board members agree to raise awareness of how residents and organisations can provide intelligence of underage sales, illicit tobacco and other concerns to Merton Trading Standards.
 - C. The Health and Wellbeing Board agrees to receive an update from the Smoking Cessation and Tobacco Control Steering Group on an annual basis.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This paper sets out the multi-agency response to supporting Merton residents to stop smoking, one of the key drivers of inequality and a leading cause of preventable disease. It also sets out the benefits, if used as a stop smoking aid, of e-cigarettes (vaping) and the approach to tobacco control in Merton.
- 1.2. Finally, this paper will set out a number of activities taking place over the coming months on stop smoking and tobacco control, which have clear synergies with the discussion that the Health and Wellbeing Board will have to agree its rolling priorities for 2023/24.

2 BACKGROUND

- 2.1. Smoking is a leading cause of preventable illness and death across the UK. It is also strongly linked with inequality and disadvantage, with differences in smoking rates accounting for half the gap in life expectancy between the most and least disadvantaged in society. Improving social conditions is not, however, a sufficient strategy to reduce smoking prevalence in more disadvantaged groups. The specific drivers of smoking uptake and tobacco

addiction must also be addressed.¹ This can be done through joint work on both tobacco control and stop smoking services in Merton, to reach target groups identified with the highest smoking rates, break smoking patterns, and to offer good quality support to those who need it most.

2.2. Tobacco control refers to a range of comprehensive measures to protect people from the effects of tobacco consumption and second-hand tobacco smoke. The control of tobacco use can include measures such as:

- protecting people from exposure to tobacco smoke
- ban tobacco advertising, promotion and sponsorship
- ban tobacco sales to minors
- require health warnings on tobacco packaging
- promote tobacco cessation
- increase tobacco taxation
- create national coordinating mechanisms for tobacco control².

2.3. Stop smoking services refers to activities that aim to support people who smoke to stop smoking. Such activities include:

- behavioural interventions
- pharmacotherapy
- combination behavioural and pharmacotherapy
- electronic cigarettes (e-cigarettes) / vaping

2.4. In June 2022, Dr Javed Khan undertook an independent review into smokefree 2030 policies, as part of the UK government's ambition to be smoke free by 2030. The review (see background papers) found that without further action now, England will miss the smokefree 2030 target by at least 7 years, with the poorest areas not meeting it until 2044. The Kahn review: making smoking obsolete made 15 recommendations to national government, only six of which required further investment and four of which were identified as critical, these are;

- Increased investment
- Increase the age of sale
- Promote vaping
- Improve prevention in the NHS

2.5. A Government response to the Kahn review is reportedly expected in the coming weeks.

2.6. Alternative nicotine delivery devices such as e-cigarette (vaping) products can play a vital role in reducing the huge health burden caused by cigarette smoking. Evidence to date shows that e-cigarettes are substantially less harmful (at least 95%) than cigarettes and can be effective for helping people quit smoking³. However, this does not mean vaping is risk-free,

¹ [ASH-Briefing_Health-Inequalities_2022-03-24-183145_yuaf.pdf](#)

² [Tobacco: WHO Framework Convention on Tobacco Control](#)

³ [Electronic Cigarettes - ASH](#)

particularly for people who have never smoked. A recent review of evidence on vaping products found;

- in the short and medium term, vaping poses a small fraction of the risks of smoking
- vaping is not risk-free, particularly for people who have never smoked
- evidence is mostly limited to short- and medium-term effects and studies assessing longer term vaping (for more than 12 months) are necessary
- more standardised and consistent methodologies in future studies would improve interpretation of the evidence.

3 DETAILS

- 3.1. Smoking is estimated to kill 143 people in Merton every year and accounts for 765 years of life lost annually.⁴
- 3.2. Overall, the proportion of adults (aged 16 and over) smoking in Britain has been declining since 1974 when 45% of the population smoked compared to 14.1% in 2019. This is due to the combination of tobacco control measures outlined above (see 2.2) and public health interventions, including health promotion campaigns and stop smoking services. Smoking has continued to decline, albeit at a slower rate over the past decade.⁵
- 3.3. The prevalence of smoking in Merton is, similar to England has declined over the past decade. In 2010, 16.2% of 18+ Merton residents smoked⁶, compared to 12.8% of Merton residents in 2021.⁷
- 3.4. The average 10-a-day smoker spends around £40 per week on tobacco, which is over £2,000 per year and a smoker who smokes 20-a-day will spend £80 per week, over £4,000 per year!

Impact of Smoking and relevance to the health and care system

- 3.5. Smoking is one of the leading preventable causes of death in England⁸. It causes lung cancer, respiratory and cardiovascular disease. It is the leading modifiable factor linked to poorer birth outcomes during maternity, is one of the main causes of chronic obstructive pulmonary disease (COPD) and increases the risk of a range of diseases including type 2 diabetes and dementia. Research from the United States found that for every smoking related death an estimated 30 other people are living with a serious smoking related illness⁹.

⁴ [Merton.pdf](#)

⁵ <https://ash.org.uk/resources/view/smoking-statistics#:~:text=Overall%2C%20the%20proportion%20of%20adults,albeit%20at%20a%20slower%20rate.>

⁶ <https://democracy.merton.gov.uk/documents/s10351/Item%2009%20-%20Appendix%20JSNA.pdf>

⁷ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000042/pat/6/par/E12000007/ati/402/are/E09000024/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

⁸ Adult Smoking Habits in the UK, (2019), ONS available at [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-and-population/living-conditions/smoking/adult-smoking-habits-in-the-uk)

⁹ Smoking and Tobacco, applying all our health, (2022), available at [Smoking and tobacco: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health)

- 3.6. Data for 2019/20 shows that there were 506,100 admissions to hospital in the UK that were smoking related and that 1 in 4 people in hospital beds were smokers. Smokers also see their GP 35% more often than non-smokers¹⁰.
- 3.7. Smokers undergoing surgery require longer hospital stays and are at greater risk of complications, post operative infections and impaired wound healing. Smokers are also more likely to be admitted to intensive care and require re-admission to hospital¹¹.
- 3.8. Smoking rates amongst mental health service users is higher than in the general population, with the highest rates found in service users of inpatient mental health services, with one NHS survey (2015) finding that 64% of inpatient service users were smokers¹².

Inequalities

- 3.9. Smoking is the single largest driver of health inequalities in England and smoking status is associated with almost every indicator of deprivation or marginalisation¹³. For example, those with mental illness, lower incomes, unemployed, homelessness, those in contact with the criminal justice system, living in social housing, those without qualifications, lone parents, and LGBTQ+ people.¹⁴ The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death. Improving social conditions is not, however, a sufficient strategy to reduce smoking prevalence in more disadvantaged groups.
- 3.10. Smoking rates tend to be higher in areas of deprivation, routine and manual occupations and those living in social housing.
- 3.11. Recorded smoking prevalence among Merton residents (aged 15+) in areas of high deprivation (17.7%) is higher compared with areas of low deprivation (10.7%) and the gap between these areas in Merton is 7%, an increase of 0.6% since 2017/18¹⁵.
- 3.12. Smoking in pregnancy is 5 times more common in the most deprived groups compared to the least. 2021/22 figures show that in Merton 115 women a year are smokers when they give birth, accounting for 5.5% of births in this time period¹⁶. Smoking in the home not only damages the health of children but increases their chance of becoming smokers 4-fold¹⁷.

¹⁰ Smoking and Tobacco, applying all our health, (2022), available at [Smoking and tobacco: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹¹ Impact of Smoking on Core20 plus 5, Ash available at [ASH-inequalities-brief-for-NHSE-Core20Plus5.pdf](https://www.ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf)

¹² Reducing high smoking rates amongst patients in mental health units (2015) available at [Reducing high smoking rates among patients in mental health units - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹³ https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf

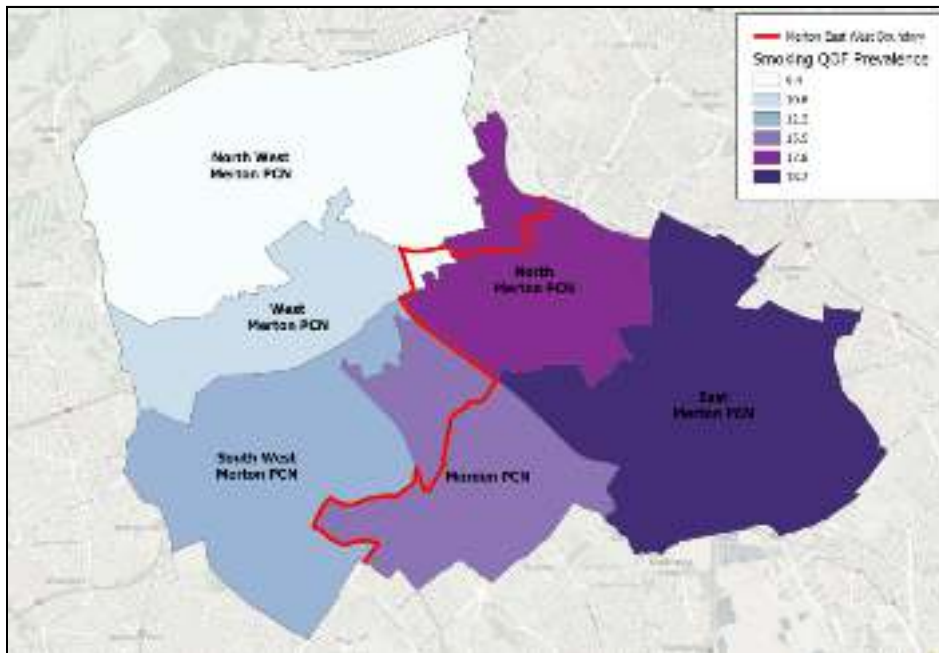
¹⁴ https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf

¹⁵ [https://www.merton.gov.uk/system/files/The%20Merton%20Story%202021_final%20\(1\).pdf](https://www.merton.gov.uk/system/files/The%20Merton%20Story%202021_final%20(1).pdf)

¹⁶ [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://pne.org.uk)

¹⁷ [Merton.pdf](https://www.merton.gov.uk/system/files/Merton.pdf)

Figure 1: Percentage (%) of patients (15+) who are recorded as current smokers in 2020/21 by Merton Primary Care Network (PCN). Source: OHID, National General Practice Profiles.



- 3.13. National research on smoking and ethnicity highlights the position as diverse and mediated by intersectionality around gender and socio-economic position. Rates are highest amongst men with a mixed ethnic background and highest amongst women with a mixed or white ethnic background¹⁸.
- 3.14. In 2020, 31% of Merton residents in routine or manual occupations smoke¹⁹ compared to 12.8% of Merton residents age 18+ (2021)²⁰.
- 3.15. The smoking rate among social housing residents is one of the highest in England – around 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their home and 1 in 7 in the general adult population. Higher rates of smoking mean people living in social housing are disproportionately affected by the substantial health and economic inequalities caused by smoking. In 2021, 22% of Merton residents living in social housing smoke, compared to 7.9% of those who own their own home.²¹
- 3.16. Smoking rates are also much higher among people with a mental health condition. It's estimated that a quarter of people with long term mental health

¹⁸ Impact of smoking on Core20 plus 5, (2022) Ash, available at [ASH-inequalities-brief-for-NHSE-Core20Plus5.pdf](https://www.ash.org.uk/ash-inequalities-brief-for-nhse-core20plus5.pdf)

¹⁹ <https://fingertips.phe.org.uk/profile/health-profiles/data#page/4/gid/1938133217/pat/6/par/E12000007/ati/401/are/E09000024/iid/92445/age/183/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-do-1>

²⁰ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000042/ati/102/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

²¹ https://fingertips.phe.org.uk/profile/health-profiles/data#page/7/gid/1938132694/pat/6/par/E12000007/ati/401/are/E09000024/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yr/1/iid2/93736/age2/-1/sex2/-1/cat2/-1/ctp2/-1/yr2/1/cid/4/tbm/1/page-options/tre-do-1_ine-yo-1:2021:-1:-1_ine-ct-137_ine-pt-0_ine-ao-0

conditions smoke. Among those with a diagnosed serious mental health problem rates are estimated to be around 40%.

3.17. Slightly more men smoke in Merton (13.3%) compared to women (12.3%).

4 STOP SMOKING SUPPORT IN MERTON

4.1. Providing support for smokers to quit is highly cost effective and the evidence is clear that smokers who receive a combination of pharmacotherapy and skilled behavioural support are up to four times as likely to quit successfully.²² There are a number of programmes in place to support Merton residents to stop smoking which are commissioned and delivered by organisations at local, regional and national level.

Merton Public health

4.2. One You Merton, is the Public health commissioned, local stop smoking service, designed and delivered as a tiered stop smoking service; recognising that not all people who want support to stop smoking need a high intensity service to successfully stop smoking.

- Self-care. An approach that provides easily accessible advice on how to stop smoking and the promotion of websites, evidence-based tools and applications.
- Brief support. A universal stop smoking offer, based around the active promotion and signposting of residents not eligible for the targeted service, to the national NHS Smoke Free programme and works in partnership with providers who are able to deliver brief support and facilitate access to Nicotine Replacement Therapy e.g. community pharmacy.
- Specialist support. Delivery of a gold standard targeted and local stop smoking service for women who are smoking whilst pregnant, residents with poor mental health, those residents with respiratory disease and young people. The service is able to use discretion in the use of the criteria, where reasonable.

4.3. Table one shows the number of residents supported by the One You Merton service over the last four years.

Year	Residents supported to stop smoking (specialist support)	Successful quits	Brief interventions delivered	Number of people accessing self-care stop smoking tools
2019/2020	625	267	19	564
2020/2021	1107	631	178	404
2021/2022	518	210	216	468
2022/2023 (Q1 & Q2)	240	119	270	288

²²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_f_or_stop_smoking_services.pdf

Table 1: The number of residents supported to stop smoking

- 4.4. Merton's annual outcomes for the last four years for quitting range from 40% to 57%, which is similar to or better than the national figures; which are generally lower for specialist groups (e.g. general population success rates are 51%, compared to 45% for pregnant women). During 2020/21 the number of people supported and successfully quit smoking in Merton was higher as the service provided enhanced telephone support, due to the impacts of the COVID-19 pandemic. Service activity has now returned to pre-pandemic levels.
- 4.5. The contract with Hounslow and Richmond Community Healthcare NHS Trust, the provider of the One You Merton service is currently being extended to March 2025, aligning with joint work with NHS SWL ICB on the development of a community and primary care model.

Regional programmes

- 4.6. The [Stop Smoking London](#) programme is the public facing identity of the London Smoking Cessation Transformation Programme (LSCTP). Funded by Public Health Teams across London (including Merton) its vision is to change smoking behaviours and encourage more quit attempts among the general population to support London to become the first smoke free city in England by 2030.
- 4.7. Stop Smoking London, compliments the local offers and provides free digital and telephone stop smoking help 7 days per week and can put people in touch with free local stop smoking services in their borough, if required.
- 4.8. Merton is also a member of the London Tobacco Alliance, which was launched in October 2022, to enable partners to accelerate efforts to eliminate smoking in London. The London Tobacco Alliance is a regional voice to make London smokefree by 2030 and focuses on the inequalities around smoking.

NHS programmes

- 4.9. The NHS is contributing to making England a smoke-free society as part of the NHS Long Term Plan, by supporting people in contact with NHS services to stop smoking based on an evidence-based model known as the Ottawa model.
- Where all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
 - The model is being adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments
 - A new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services
- 4.10. As part of the Ottawa model, NHS trusts can undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.

- 4.11. NHS SWL ICB are currently rolling out the Ottawa model across southwest London, with investment in services of £1.05m in 2021/22 and 2022/23.

South West London and St Georges Mental Health Trust (SWLSTG MHT) Case Study

- 4.12. South West London and St Georges Mental Health Trust have begun the implementation of their tobacco control plan and are currently in the process of recruiting smoking cessation advisors, finalising the data recording/reporting systems, and establishing referral pathways of patients discharged from the wards into community stop smoking services.
- 4.13. SWLSTG MH Trust have around 323 beds in the adult wards (including forensic and specialist wards), the plan is to offer support to every single identified smoker on those wards and the service will be fully operational during April 2023.

5 VAPING

- 5.1. Vapes are electronic devices that let you inhale nicotine in a vapour instead of smoke. This is done by heating a solution (e-liquid) that typically contains propylene glycol, vegetable glycerine, flavourings and nicotine. E-liquids come in different nicotine strengths, so users can control how much nicotine they need to help with cravings and other withdrawal symptoms. Nicotine itself is not very harmful and has been used safely for many years in medicines to help people stop smoking.
- 5.2. Evidence suggests vaping is 'at least 95% less harmful' than smoking over short term and medium-term periods. However, as the majority of people who vape are smokers, or ex-smokers there is a need for more research on the impact of vaping on health for those who have never smoked as well as over longer-term periods.²³
- 5.3. While vaping can help smokers quit, it is not harmless and is not for young people under 18. It is especially important to protect young lungs and brains. It is illegal to sell nicotine vaping products to anyone under 18 or for adults to buy them on behalf of under 18s.
- 5.4. The latest data from several national studies of adults shows that
- The prevalence of vaping in England in 2021 was between 6.9% and 7.1%, which equates to between 3.1 and 3.2 million adults who vape. However, vaping prevalence among adults who have never smoked remained very low, at between 0.6% and 0.7% in 2021²⁴
 - In stop smoking services in 2020 to 2021, quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product)

²³ Nicotine vaping in England: 2022 evidence update summary - GOV.UK (www.gov.uk)

²⁴ [https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings#:~:text=Smoking%20and%20vaping%20prevalence,-3.1%20Young%20people&text=current%20vaping%20prevalence%20\(including%20occasional,not%20currently%20vaping%20\(98.3%25\)](https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings#:~:text=Smoking%20and%20vaping%20prevalence,-3.1%20Young%20people&text=current%20vaping%20prevalence%20(including%20occasional,not%20currently%20vaping%20(98.3%25)))

- Although vaping among children remains largely experimental, there has been significant growth in 2022 compared to previous years.²⁵
 - The current smoking prevalence amongst 11-18-year-olds in England (including occasional and regular smoking) is 6% in 2022, compared with 4.1% in 2021 and 6.7% in 2020.
 - The current vaping prevalence for 11-18 year olds in England (including occasional and regular vaping) is 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020.
 - Most young people who have never smoked are also not currently vaping (98.3%)²⁶
- 5.5. The popularity of disposable vaping products has increased among adults who vape, with 15.2% using them in 2022 compared with 2.2% in 2021. Single use vapes have an impact on the environment, as they contain a lithium battery in a plastic device, and they are being discarded in large numbers, with most ending up in landfill. It's estimated that over a million single use vapes are thrown away every week, amounting to 10 tonnes of lithium a year, equivalent to the lithium in batteries inside 1,200 electric vehicles²⁷

6 TOBACCO CONTROL AND PUBLIC PROTECTION

Trading Standards

- 6.1. Tobacco and vape sales continue to be a priority both locally and nationally with data indicating that some retailers are illegally targeting under 18's and selling products that are illegal and/or do not meet national safety standards.
- 6.2. Merton's trading standards core functions include promoting safe practice to business and protecting consumers and it's key responsibilities include age restricted sales and products safety. The team carry out pro-active, intelligence led work which includes sampling and testing of goods and carrying out business inspections to identify problems before they cause harm. The team also respond to and investigate complaints from local consumers and businesses and investigate breaches of consumer protection legislation to help prevent harmful and hazardous business practices, prevent detriment to consumers and reputable business and to ensure public safety.

Vapes

- 6.3. In 2022/23, trading standards received 5 complaints relating to vapes within Merton and from these complaints 115 individual vapes were seized and disposed of and over 3,000 vapes were returned to the supplier for disposal, which was overseen by a trading standards officer. Advice was provided to the retailers and so far the follow up visits have revealed no further issues.

²⁵ [ASH-Policy-brief-on-vaping-February-2023-Final.pdf](https://ash.org.uk/uploads/ASH-Policy-brief-on-vaping-February-2023-Final.pdf)

²⁶ [https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings#:~:text=Smoking%20and%20vaping%20prevalence,-3.1%20Young%20people&text=current%20vaping%20prevalence%20\(including%20occasional,not%20currently%20vaping%20\(98.3%25\)](https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings#:~:text=Smoking%20and%20vaping%20prevalence,-3.1%20Young%20people&text=current%20vaping%20prevalence%20(including%20occasional,not%20currently%20vaping%20(98.3%25))

²⁷ <https://ash.org.uk/uploads/ASH-Policy-brief-on-vaping-February-2023-Final.pdf?v=1676063818>

- 6.4. In addition, trading standards have been involved in joint visits with HMRC, with the Council's licensing team and on targeted days of action with external safety partners including the Metropolitan Police Service (MPS). There visits have been carried out when underage test purchases were carried out which resulted in 1 (out of 7) premises offering to sell a vaping product to an underage purchaser. Further enforcement action is being considered.
- 6.5. For 2023/24 the team are intending to carry out an intelligence led initiative to target all retailers of nicotine inhaling devices in the borough with advice and reminders regarding the law relating to both underage sales and the safety aspect of these products e.g. tank size and labelling. Advice and guidance sheets will be provided to retailers, follow up visits will be conducted and enforcement action will be initiated as required.
- 6.6. Pathways for referrals will be reviewed for 2023/24 ensuring that all consumers, residents and partners understand their rights and the legal stance in relation to vapes and tobacco but also understand the process for escalating any concerns that they have.

Tobacco

- 6.7. The Children and Young Person's (Protection from Tobacco) Act 1991 requires Local Authorities to consider, at least once in every period of twelve months, the extent to which it is appropriate to carry out enforcement action to ensure that the provisions of the Children and Young Persons 1933 Act, are enforced.
- 6.8. Trading Standards undertakes work in this area supporting the delivery of the Public Health outcomes and responsibilities that relate to the use of tobacco in order to help people to live healthy lifestyles; make healthy choices and reduce health inequalities.
- 6.9. Trading Standards work in this area is not just restricted to the potential sale to children and young people but also with the supply of illicit, including counterfeit, tobacco.
- 6.10. Sales of [illicit tobacco](#) facilitate a cheap way to start or continue smoking and as such needs to be minimised to reduce its impact. Additionally, legitimate businesses are disadvantaged, thereby threatening small businesses in the local economy.
- 6.11. There is evidence that the supply of illicit tobacco can be linked to organised crime and Trading Standards work in partnership with the MPS and other bodies to ensure appropriate exchange of intelligence and the use of test purchasers to gather intelligence and information.
- 6.12. A rolling programme of underage product test purchasing involving regulated products for which the team has responsibility to enforce, including, but not restricted to tobacco products and vapes, is carried out across Merton (plus Richmond and Wandsworth, as part of the Regulatory Services Partnership). The figures for Merton for 2022/23 (until 10th March 2023) are 23 Tobacco test purchases with 1 sale, and 7 vape test purchases with 2 sales.
- 6.13. Illicit Tobacco: The team participates in Operation CeCe, which is a national project funded by HMRC via National Trading Standards, which aims to

disrupt illegal Tobacco and is targeted at Illicit Cigarettes, Hand Rolling Tobacco, Shisha and other non-duty paid or compliant tobacco products.

- 6.14. This work usually takes the form of a series of intelligence led inspections at business premises suspected of storing and retailing illicit tobacco. Tobacco sniffer dogs are used as illicit tobacco is often concealed and in one [Merton seizure](#) it was located in a wall cavity behind a wall mirror. For the previous year there were 8 seizures of illegal cigarettes and/or hand rolling tobacco and 9 seizures of illegal shisha.
- 6.15. The team also seek licence reviews through the relevant channels when appropriate and sought one licence review this year and continue to liaise with licensing colleagues to support a compliant marketplace.
- 6.16. Trading Standards provide a bespoke 'Do You Pass' training course for retailers of age restricted goods, including tobacco and vapes, with the team delivering a 3hr course suitable for managers and sales staff and provision of training materials, signage and refusals logs.

7 NEXT STEPS

- 7.1. A multi-agency Merton Smoking Cessation and Tobacco Control Steering Group has been set-up, continuing to develop local and regional partnerships and to develop an action plan which will increase awareness of stop smoking and tobacco control programmes and embed stop smoking conversations and support into pathways and services across Merton.
- 7.2. Pilot programmes, informed by an evidence review and return on investment activities, will take place over the coming months including.
 - The development of a stop smoking pilot project for people living in social housing, with community engagement training and equipping front-line workers to deliver Making Every Contact Count brief interventions on smoking and how to refer into stop smoking services.
 - The development of an awareness and educational programme for children and young people, their families and children's settings on the harmful health risks of vaping by those who do not smoke, utilising national resources from Action of Smoking and Health (ASH). This will include an opportunity to engage with and listen to the views of young people and an opportunity to work with Merton's Young inspectors.
- 7.3. For 2023-24 Trading Standards will:
 - Carry out a specific Vapes project as vapes are an increasing area of concern in terms of both quantity, variety and safety of products.
 - Continue to liaise with partner agencies, in particular about the use of CBD oil in vaping liquids and any regulatory issues.
 - Promote best practice working with retail and wholesalers to be compliant, include Do You Pass training, resident awareness of law, proxy purchasing offences and how to report to Trading Standards.
 - Continue Test Purchase operations and planned inspections, targeted at premises considered higher risk based on complaints, intelligence, history and proximity to schools.

- Seek licence reviews when appropriate and prosecutions for illicit tobacco, which can be used to add additional conditions onto the premises licenses.

7.4. If the HWB decide to focus on Tackling air pollution, tobacco, smoking and respiratory disease as their rolling priority for 2023/24; then action on stop smoking and tobacco control in Merton will be enhanced.

8 ALTERNATIVE OPTIONS

8.1. N/A

9 CONSULTATION UNDERTAKEN OR PROPOSED

9.1. As part of the development of an awareness and educational programme for children and young people around the harmful health risks of vaping by those who do not smoke, there will be an opportunity to listen to young people and an opportunity to work with Merton’s Young inspectors.

10 TIMETABLE

10.1.

DATE	ACTIVITY
April 2023	Social Housing project starts
April 2023	YP and vaping project
May 2023	Evidence Review and ROI completed
June 2023	Stop smoking and Tobacco Control Plan developed

11 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

11.1. Public Health currently commission an integrated healthy lifestyle service which included a stop smoking service, which is valued at £199,410 per annum. Additional investment into the LSCTP and pilot programmes are in addition to this contract, and valued c£80k.

12 LEGAL AND STATUTORY IMPLICATIONS

12.1. There are a number of relevant legal requirements, including the Health and Social Care Act (2012) that requires local authorities to take appropriate steps to improve the health of the people who live in their areas and The Children and Young Person’s (Protection from Tobacco) Act 1991 that requires Local Authorities to consider, at least once in every period of twelve months, the extent to which it is appropriate to carry out enforcement action to ensure that the provisions of the Children and Young Persons 1933 Act, are enforced.

13 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

13.1. Stop smoking services targeted at groups facing health inequalities around smoking has positive impacts in terms of age (young people), disability (mental health, people with respiratory illnesses), pregnancy and maternity. Wider stop smoking activity and interventions may have positive equalities

implications in groups where smoking is over-represented compared to the general population.

14 CRIME AND DISORDER IMPLICATIONS

- 14.1. There is evidence that the supply of illicit tobacco can be linked to organised crime and Trading Standards work in partnership with the MPS and other bodies to ensure appropriate exchange of intelligence and the use of test purchasers to gather intelligence and information.

15 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 15.1. Smoke free legislation was brought in 2007 to ensure work environments were smoke free.
- 15.2. Stop smoking awareness raising and signposting to support services can have positive benefits to employees who smoke.

16 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 16.1. None

17 BACKGROUND PAPERS

- 17.1. The Khan review
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081366/khan-review-making-smoking-obsolete.pdf
- 17.2. [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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