



# Smoking and Vaping in Leicester

Leicester City Scrutiny Commission

Date of meeting: 21/1/25

Lead director/officer: Rob Howard

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## Useful information

- Ward(s) affected: All
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- Report version number: 3

### 1. Summary

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country. Whilst over time Leicester has seen a decline in smoking prevalence, it is still estimated that 14.6% of residents smoke, compared to 11.6% nationally. Smoking is increasingly confined to the poorest communities, thus widening health inequalities.

Action to reduce smoking rates has been taken over many years both nationally and locally. This report outlines the current position and some of the action that is being undertaken including the Tobacco and Vapes Bill as well as local action such as the implementation of the Leicester Tobacco Control Strategy.

### 2. Recommendation(s) to scrutiny:

Leicester City Scrutiny Commission are invited to:

- Read and comment on the current position regarding smoking and vaping in the city and action being taken to tackle reduce rates of smoking and tobacco use.
- Offer suggestions regarding further areas of action that could be taken.

### 3. Detailed report

#### 3 Introduction

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country. Whilst over time Leicester has seen a decline in smoking prevalence, it is still estimated that 14.6% of adults smoke compared to 11.6% nationally. Smoking attributable hospital admissions and mortality both continue to be significantly higher than the regional and national averages. It is estimated that nearly 350 lives are lost each year through smoking related illness.

The harmful effects of tobacco on the health of an individual and to those around them are widely acknowledged, as smoking is a major risk factor for many diseases such as cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD)<sup>4</sup>, and adversely affects fertility and maternal health.

There are several different forms of tobacco consumption, each with their own distinct health risks. Smoking tobacco is the most common type consumed by inhaling harmful chemicals directly into the lungs by smoking cigarettes, cigars or a pipe, increasing the risk of respiratory and cardiovascular diseases<sup>1</sup>. Shisha (also known as hookah, or

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<sup>1</sup> [Smoking, the Heart and Circulation – ASH](#)

waterpipe) is where flavoured tobacco is smoked through a filtered water pipe. Despite the water filtration, shisha exposes users to significant toxins over prolonged social smoking sessions<sup>2</sup>. Chewing tobacco is a South Asian tradition also known as paan, bidi or gutkha, it consists of chewing tobacco, areca nut and sometimes sweeteners and spices wrapped in a betel leaf. Chewing tobacco significantly increases the risk of oral cancers and gum disease as it is held against soft tissues in the mouth, releasing harmful toxins directly onto the oral mucosa<sup>3</sup>.

Smoking is increasingly confined to the poorest communities, thus widening health inequalities. The difference in life expectancy between smokers and non-smokers (irrespective of wealth) is approximately 10 years. The poorest in our society, and therefore the least able to afford to smoke, represent the greatest proportion of the smoking population.

A higher percentage of men smoke than women; 15.9% of men compared to 13.4% of women<sup>4</sup>. Those who are aged 20-34 are significantly more likely to smoke than the Leicester average, and 16-19 year-olds and those 65+ are significantly less likely to smoke<sup>5</sup>. Smoking rates vary by ethnicity. White British or White Other residents are significantly more likely to smoke than the Leicester average, while Asian/Asian British and Black/Black British are significantly less likely to smoke<sup>6</sup>.

#### **4 Target groups:**

As well as targeting the most disadvantaged areas of the city, there are a number of other target groups who either experience high smoking rates or are at higher risk of harm:

##### **4.1 Children and young people**

It is estimated that over 80% of smokers start before the age of 20. People who start smoking under the age of 18 have higher levels of nicotine dependence compared to those starting over 21 and are less likely to make a quit attempt and successfully quit<sup>15</sup>.

Evidence suggests that children are four times more likely to take up smoking if they grow up in households where people smoke<sup>16</sup> and in Leicester one in three children have a parent or carer who smokes<sup>17</sup>. Young people are heavily influenced by their adult role models, therefore supporting adult smokers to quit is one of the most effective ways to prevent young people from taking up smoking<sup>18</sup>.

Children are particularly susceptible to the effects of second-hand smoke and are more likely to suffer second hand smoke related ill health, such as respiratory infections, asthma, severe ear infections and sudden infant death syndrome<sup>19</sup>.

Smoking among young people is twice as common among those from disadvantaged backgrounds<sup>20</sup>, transferring inequalities in smoking rates from generation to generation.

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<sup>2</sup> [Shisha - BHF](#)

<sup>3</sup> [Areca nut and betel quid chewing among South Asian immigrants to Western countries and its implications for oral cancer screening - PMC](#)

<sup>4</sup> [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

<sup>5</sup> Leicester Health & Wellbeing Survey 2018

<sup>6</sup> Leicester Health & Wellbeing Survey 2018

3.5% of young people in Leicester currently identify as regular smokers, however the smoking rate is much higher amongst children in care, with approximately 12% of Leicester's children in care reporting regular smoking<sup>21</sup>.

Whilst smoking amongst children and young people remains a priority, the increase in children and young people vaping is also an area we will monitor. Although local data around youth vaping is currently limited, it is estimated that 12% of those aged 10-15 have tried e-cigarettes<sup>22</sup>.

#### **4.2 Those with mental health illnesses**

Smoking rates are higher in those with mental health illness and they increase with the severity of the mental health issues<sup>30</sup>. 40% of people with schizophrenia smoke over 20 cigarettes a day and over one-third of cigarettes smoked in England are smoked by people with severe mental illness<sup>54</sup>. People with diagnosed mental health conditions are at greater risk of health inequalities, dying an average of 10-20 years earlier than those who do not suffer with mental ill health and smoking contributes significantly to this. As well as being far more likely to smoke than the general population, those with mental ill health also tend to smoke much more heavily than other smokers. Quitting smoking has been associated with many benefits to both physical and mental health in those with mental ill health, including reduced depression, anxiety and stress, and improved positive mood and quality of life<sup>33</sup>.

#### **4.3 Pregnancy**

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby, with a higher risk of many poor birth outcomes, including perinatal mortality (still birth and neonatal death) and miscarriage<sup>11</sup>. In 23/24, 7.4% of women were recorded as smoking at the time of delivery (SATOD) in Leicester, this is a significant reduction on previous rates and is now the same the national rate. The aim is to reach the national tobacco control plan target of 6% SATOD prevalence.

Pregnant women living in areas of deprivation have higher rates of smoking compared to those living in less deprived areas. Smoking in pregnancy rates are also significantly higher in women under the age of 25.

#### **4.4 Those living in social housing**

Housing tenure is a strong predictor of smoking status, with those living in social housing being significantly more likely to smoke than those who own their own home, leading to greater smoking related inequalities amongst this group<sup>42</sup>. Nationally it is estimated that 1 in 3 of those living in social housing smoke based on an ASH UK report from 2022.

This increases the likelihood of social tenants suffering the effects of smoking-related ill health, or second-hand smoke exposure. Children are particularly vulnerable if they live in a home where smoking is permitted indoors.

### **5 National Action - Tobacco and Vapes Bill**

The Tobacco and Vapes Bill was introduced in parliament on 5<sup>th</sup> November 2024 and represents a significant public health initiative aimed at creating a smoke-free generation and addressing concerns related to vaping among young people. A central provision of

the bill is the generational ban on tobacco sales, making it illegal to sell tobacco products to individuals born on or after 1 January 2009. This measure intends to progressively eliminate smoking by raising the legal age for tobacco purchase annually, ensuring that future generations remain smoke-free.

In addition to the tobacco sales ban, the bill introduces several measures to regulate vaping products and their appeal to young people. It proposes restrictions on vape flavours and mandates plain packaging to reduce the attractiveness of these products to children. The inclusion of the retailer licensing scheme ensures that businesses selling tobacco and vaping products must obtain a licence, enabling the local authority to better monitor sales, enforce compliance, and tackle illicit trade effectively. The bill also seeks to expand smoke-free areas to include specific outdoor spaces such as children's playgrounds, and areas outside schools and hospitals, thereby reducing exposure to second-hand smoke and promoting healthier environments.

As of December 2024, the bill has successfully passed its second reading in the House of Commons and is currently under detailed examination in committee. The government anticipates that, upon receiving parliamentary approval, the new age restrictions on tobacco sales will come into effect on 1 January 2027. The proposed regulations on vaping products and the expansion of smoke-free areas are expected to be implemented following public consultations and the development of specific guidelines.

Separate from the Tobacco and Vapes Bill, the government has announced a ban on disposable vapes, which will take effect from 1st June 2025. This independent initiative is driven by environmental and public health concerns. Disposable vapes contribute significantly to plastic waste and pollution, as they are single use. The ban also aims to address the rising popularity of these products among young people, who are attracted by their low cost and variety of flavours. By targeting disposable vapes, this measure complements the broader objectives of the Tobacco and Vapes Bill but operates independently from the legislative process of this Bill.

## **6 Leicester's Tobacco Control Strategy**

### [Leicester tobacco control strategy 2024-2026](#)

In March 2024, a Tobacco Control Strategy for the city was launched. The strategy sought to build on the local progress resulting from the previous 2020-2022 strategy.

The vision is to achieve "A smoke-free Leicester – to make Leicester smoke-free by 2030".

Whilst many positive achievements have contributed to reductions in prevalence, there is still a long journey ahead to achieve national ambitions. The key priorities locally are:

- Partnership working to address tobacco control within Leicester City
- Achieving a smoke free generation (when the number of smokers in the population reaches 5% or less)
- Smoke free pregnancy for all
- Reducing the inequality gap for those with mental ill-health
- Deliver consistent messaging on the harms of tobacco across the system

- Continue to improve the quality of our services and understand impact through data collection

A range of approaches to reducing smoking prevalence are being implemented such as training workforces to raise the issue of smoking with people and signposting to smoking cessation services, encouraging smoke-free places and policies, running communication campaigns to increase awareness and taking action to reduce the sale of illicit tobacco and e-cigarettes. There is a particular focus on groups with the highest prevalence of smoking and those who are most at risk of tobacco-related harm such as those living in the areas of highest deprivation, those living in social housing, pregnant women, care-experienced young people and those with mental health problems. More detail on some of this work is included below:

### **6.1 Protecting people from smoke**

Smoke at any level of exposure is unsafe and can cause harm. To achieve our priority of a smoke-free generation we are supporting smoke-free workplaces, mental health units and hospital sites as well as encouraging smoke-free homes. The effective implementation of smoke-free spaces can protect people from exposure to second-hand smoke and help smokers to reduce their tobacco use.

There are also environmental benefits such as the reduction of cigarette litter. Making smoking less visible also decreases the exposure children and young people have to smoking and is more likely to encourage healthier behaviours. Leicester's smoke-free agenda seeks to reduce the level of smoke exposure to target audiences through effective partnership working, better connecting systems and uniting residents through the 'step right out' programme to make public and private spaces smokefree.

Step Right Out is a campaign that provides tools for frontline workers to gain the capability and knowledge to open conversations about how to maintain a smoke-free home. A pledge to maintain smoke-free homes raises awareness of the harms of second-hand smoke and builds trust in a city-wide intervention.

### **6.2 Care-experienced young people**

The vision for this programme of work is for care experienced young people to enjoy smoke-free lives in parity with young people in the general population. The programme addresses a number of key areas, including provision of training and support to staff and carers who work with care-experienced young people to support preventing the uptake of smoking and maintaining smoke free environments, along with development of a bespoke model of support for those who already smoke.

### **6.3 Social housing**

Leicester's public health team and housing department have been working in collaboration to support tenants by raising awareness of the impact of smoking and second-hand smoke and signposting tenants who smoke to smoking cessation services.

Increasing the knowledge, confidence and capability of workforces outside of public health allows staff to use the many interactions they have with the population to support them to make healthy life choices for their mental and physical health.

The unique approach works across organisational divides and is an effective way to use already established relationships between officers and residents, empowering them to take control of their own lifestyle choices, preventing people from starting smoking and encouraging smokers to quit.

There is also a discussion to be had around the Council's powers and responsibilities as a landlord to ensure that our homes are a smoke-free environment for vulnerable babies and young children.

## **6.4 Supporting People to Quit Smoking**

Research suggests that it takes many attempts before someone successfully quits smoking<sup>50</sup>. Although most smokers may state that they want to quit, the likelihood of success first time is slim and it is even more difficult to quit without support. Understanding what support is available, how to access it and identifying what methods do and don't work for you goes a long way to creating a successful quitting journey.

Leicester's approach is to raise awareness of how to quit and increase opportunities that make it easier to access support. Leicester now has more access to free, personalised stop smoking support than ever before.

### **6.4.1 Workforce training**

A workforce development framework has been developed. The aim is to upskill a wide range of workforces to use the day to day interactions that they have with people to support them to make positive changes to their health and wellbeing. Frontline staff are supported to feel more confident to initiate difficult conversations related to smoking and the harm it causes and signpost to support services, including smoking cessation.

The model has been created on the back of the Social Housing pilot and has been running since September 2023. Training has been delivered to nurses for Care Experienced Young People, social housing staff and further training is booked in for social housing and dental practices.

### **6.4.2 Live Well – Smoking Cessation Service**

Leicester's stop smoking service forms part of the Live Well integrated lifestyle service. The programme runs for 12 weeks, with a team of specialist, trained advisors that offer behavioural support either over the phone or face to face every week to suit the client's needs. During the 12 weeks the stop smoking advisor and client work together to change habits and behaviours associated with smoking. Clients are provided with up to two forms of nicotine replacement therapy (NRT) or an e-cigarette free of charge. The service supports clients who are using any tobacco products including cigarettes, cigars and pipes as well as alternative methods of using tobacco such as shisha or smokeless tobacco.

In 2022/23, 1633 clients set a quit date and 57% of these clients quit smoking at 4 weeks. A recent evaluation also showed that the service is successfully accessing clients from the most disadvantaged areas of the city and is appropriately targeted.

During 24/25 community smoking cessation services have seen a considerable increase in funding. "Stopping the start: our new plan to create a smokefree generation" was published by the government on 4<sup>th</sup> October 2023, this included a commitment of an

additional £70 million funding per year for local stop smoking services. Leicester City has been allocated 456k per year for 5 years.

The aim of this funding is to:

- stimulate more quit attempts by providing more smokers with advice and swift support
- link smokers to the most effective interventions to quit
- boost existing behavioural support schemes designed to encourage smokers to quit
- build capacity in local areas to respond to increased demand
- strengthen partnerships in local healthcare systems

Services have to provide data on number of quit dates set and number of successful quits (at 4 weeks) achieved. The targets are ambitious requiring a 25% increase in quit dates set in year 1 over baseline, followed by 50% increase in year 2 up to a 150% increase by year 4 and 5.

The new funding is being used primarily to increase staffing, providing extra capacity to support clients to quit smoking but also to undertake more engagement in the community to ensure that smokers are made aware the service exists. New engagement workers are working throughout the city, with a particular focus on areas and groups with the highest rates of smoking. They will be working with a wide range of staff and organisations including primary care, dentists, pharmacists, opticians, City Council staff, food banks, job centres, large workplaces, voluntary organisations and community groups. Additional training will also be provided to NHS staff (e.g. community mental health staff) to ensure that they have the skills to raise the issue of smoking and know where to refer patients. The funding will also cover increased NRT and e-cig costs, a social marketing and communications campaign and wider tobacco control measures.

#### **6.4.3 Supporting patients in hospital to manage their tobacco dependence**

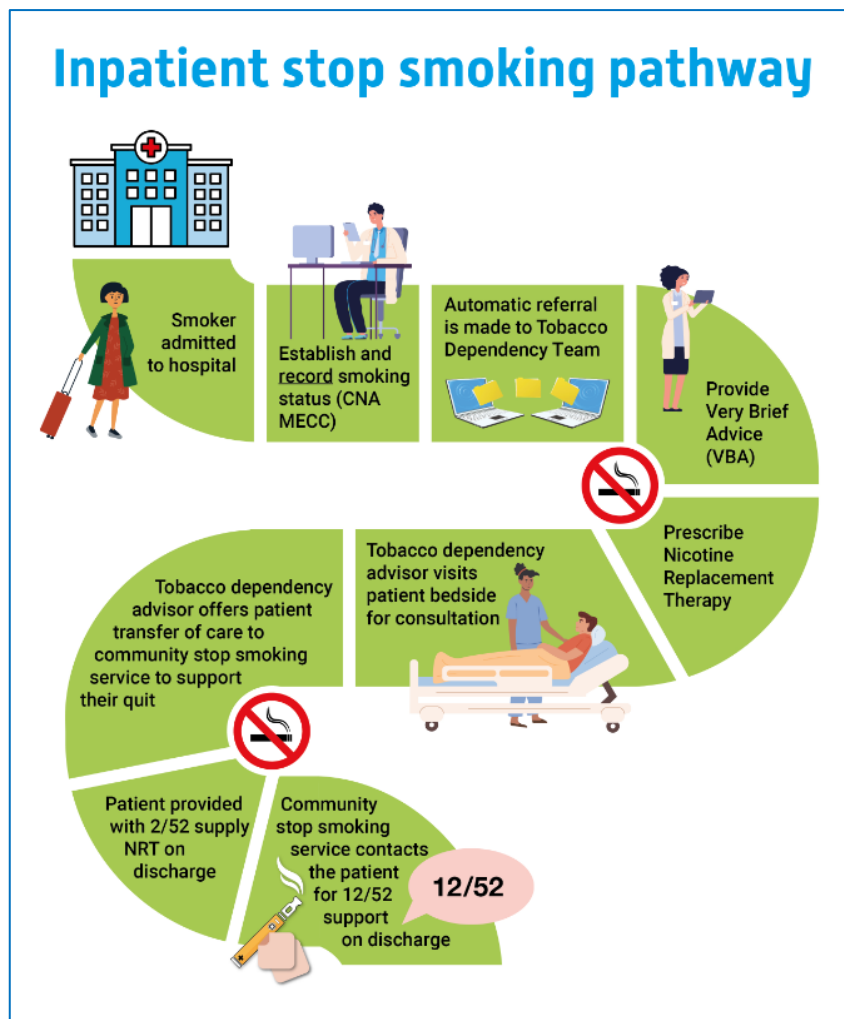
The NHS Long Term Plan outlined a clear requirement to provide all people admitted to hospital, who smoke, with an NHS-funded in-house tobacco treatment service by 2023/24. Guidance and delivery models were issued by NHS England and Improvement (NHSEI) to improve care for patients who smoke across various settings; these are acute inpatients, mental health inpatients and pregnant women.

The acute tobacco dependence treatment service (otherwise known as CURE) was the first model to start implementation in 2020 at Glenfield Hospital and has now reached full implementation, operating at Glenfield Hospital, Leicester Royal Infirmary and the General Hospital as of April 2023.

Tobacco Dependency Advisors are employed by Leicester City Council and work across the three hospital sites. They receive referrals from those who have been admitted and had an assessment that noted they are a smoker. An advisor visits them at their bedside, offering nicotine replacement therapy for their stay in the hospital and support to quit through the community smoking cessations teams in LLR (Live Well and Quit Ready). Since CURE launched in UHL, 6915 smokers have been seen by the CURE team and offered support to quit smoking. Over 40% agree to be referred into the community-based smoking cessation services for support once they leave hospital.



The team coordinator provides training across UHL to support staff to screen for smoking and understand the benefits this can bring in the short term for patients, including better recovery, and the long term at reducing their risk of serious illness. So far, since launching 4,675 clinical staff in UHL have received CURE training. [This video](#) shows the team describing the work they carry out.



**Case study:**

Joan was admitted to the Glenfield Hospital on 29/10/23 with chest pain and was identified as a smoker of 20-25 cigarettes a day. The admitting team started her on nicotine replacement medication on admission and a referral was made to the community stop smoking service. The CURE team picked up this referral and conducted a bedside consultation with Joan during her hospital stay.

Joan was contacted by phone to provide her feedback on 20/2/24 as she wanted to praise the service she received during her hospital admission and Live Well support post discharge.

“Staff in the hospital were brilliant! The lady I saw was fantastic. She told me all about it, how it works (support on offer from hospital and Live Well). I don’t know how to praise them enough! I didn’t know there was help available and if she (CURE TDA) had not come round, I’d have gone home and started smoking. I’ve never used any nicotine replacement medication before. I’ve only ever managed to quit for a couple of days. I’d tried vapes but gone back to cigarettes.”

When asked about the support she received from Live Well:

“I rang them up and they sent out patches and an inhalator. She (Live Well advisor) rings me up and has a good chat with me. Since 1/1/24 I’ve not needed to use the patches, just on the inhalator now.

My husband was taken into hospital more recently and the same lady came to see him (CURE TDA). We both speak to the same lady now (Live Well advisor) but my husband has only just started with her.

*My boiler has broken and we've got no hot water so I've been tempted to smoke, but have not had a cigarette since 29th October 2023. I've had more of an appetite since quitting and can smell if someone is smoking near me - it smells - you don't realise! I'm really proud of myself for not smoking and so are my family."*

UHL Staff feedback:

*"I saw a man in PA today who you saw in July 40-60 cigarettes per day. Since you saw him he has not smoked one cigarette and has had no side effects other than feeling so much better in himself can taste things again. Thank you for all your support you are making a huge difference". – CRM Sister.*

*"It is an ESSENTIAL service, especially to the Glenfield Respiratory Team as we deal with a lot of smoking-related diseases. It sees patients in a timely manner and offers gives such a positive impact on their inpatient stay" – Respiratory SHO*

*"I think the CURE team is doing an excellent job of projecting their aims and message to the Respiratory team. Their teaching is clear and effective, and they are always available to speak to you when you need to clarify something". - Respiratory Dr GH*

#### **6.4.4 Support for inpatients at Leicestershire Partnership Trust**

Smoking rates amongst those with severe mental illness are very high, which is why smoking cessation support for inpatients on mental health wards has been put in place since 2022 as part of the NHS Long-Term Plan.

Smoking on mental health wards has historically been used as a way of managing stress and anxiety. The LPT smoke-free sites policy has helped greatly to move away from this culture to empower and motivate people being admitted to mental health wards to access smoke-free support and to greatly improve their mental and physical health.

The aim of the smoke-free service at Leicestershire Partnership Trust is to provide specialist behavioural support, nicotine replacement therapy and e-cigarettes throughout the person's stay on the ward and support post-discharge where required.

#### **6.4.5 Support for pregnant women to quit smoking**

Pregnant women who smoke are a key target group to support to quit smoking. Good partnership working across midwifery services and community stop smoking services can support women to be identified at the earliest opportunity and receive support throughout their pregnancy.

All pregnant women have carbon monoxide readings taken at their booking appointment with their midwife, and at all other antenatal contacts. They should be referred on an opt out basis to the team of Live Well smoking cessation advisors working in Leicester with pregnant women. The same advisor will support the woman through her pregnancy and provide her with regular contact face to face or over the phone as well as access to nicotine replacement therapy or e-cigarettes as stop smoking aids. Advisors can also support women by providing them with vouchers when they reach certain milestones in their quit journey, with the final milestone being smoke free at 3 months after birth.

In addition, pregnant women who smoke who are admitted into the UHL maternity units during their pregnancy are automatically referred to an advisor for smoking cessation support whilst in hospital and supported post-discharge for the duration of the pregnancy.

Training has been provided to maternity staff to improve the confidence, capability and knowledge to talk about smoking cessation and ensure timely access to behavioural support.

*Case study:*

*This patient was offered support and was happy with the service provided by the tobacco dependency and treatment team. She particularly praised the quality of service provided by her advisor, Linda, who helped both the patient and her partner in their journey to quit smoking. The patient rated the interaction with Linda as excellent, emphasising the positive impact it had on her ability to quit smoking.*

*In terms of support for her quit journey, the patient said that the service met her and her partners' needs effectively, going so far as to claim it as the only method that had ever worked for them. If a friend were in a similar situation, the patient would recommend the Maternity CURE tobacco dependency team based on their positive experience.*

*The patient reported a positive experience with nicotine replacement therapy (NRT) products, specifically mentioning success with the e-cig, mouth spray, and gum. The team's guidance on the proper use of these products was appreciated by the patient.*

*The patient has now successfully transitioned from a smoker to a non-smoker in just nine weeks. She highlighted the effectiveness of setting small challenges each week, with lower carbon monoxide (CO) readings serving as motivating milestones. The patient used an e-cig and gum during their journey, maintaining momentum after successfully quitting.*

*This patient's partner has also made progress in his quit journey. Despite a history of smoking 20+ cigarettes daily, he managed to reduce the habit to six cigarettes per day and now has a steady CO reading of 9. He also used both an e-cig and mouth spray in his quit journey.*

## **7 Other forms of tobacco use**

Although nowhere near as prevalent as cigarette smoking, 2% of Leicester adults state that they smoke shisha. It's a common misconception that smoking through water filters out the impurities and the negative effects from smoke. However, all shisha contains tobacco. Shisha smokers are at the same risk of the same kinds of diseases cigarette smokers are exposed to, including cancer, heart disease, respiratory disease and adverse effects during pregnancy. Using a waterpipe to smoke tobacco is not a safe alternative to cigarette smoking and also exposes others to the effects of second-hand smoke.

2% of residents also state that they use either smokeless tobacco or paan/ betel nut. Smokeless tobacco is a leading cause of head and neck cancers globally<sup>38</sup> and the negative impact on oral health in Leicester is mounting. Leicester has the highest oral cancer mortality rate in the country. Smoking, however, is still the main avoidable risk factor for oral cancer and is linked to 65% of oral cancer cases<sup>39</sup>. Smokers have a seven times increased risk of developing oral cancer, while regular smokeless tobacco users are at an 11 times increased risk<sup>40</sup>. In addition, smokeless tobacco contains twice as much nicotine as a normal cigarette making it more addictive than cigarettes and can be linked to other health problems such as type 2 diabetes, premature births, dementia and respiratory diseases<sup>41</sup>.

Anyone wishing to quit the use of these products can be referred into our LiveWell service for support. Currently very few referrals come through to the service for forms of tobacco use other than cigarette smoking and wider promotion is planned.

## 8 Vaping

An evidence review published by the Office for Health Improvement and Disparities (OHID) indicates that, in the short and medium term, vaping poses a small fraction of the risks of smoking. However, vaping is not risk-free, particularly for those who have never smoked.

The latest figures from the Health and Wellbeing Survey suggest that 9% of Leicester adults vape (5% regularly and 4% occasionally).

Whilst vaping is becoming more and more recognised as one of the most effective quit aids for smokers, vaping amongst children and young people is a growing concern, both nationally and locally. Local data indicates that 12% of children and young people have tried vaping (20% of 14-15 year olds) and 6% of 14-15 year olds regularly vape<sup>49</sup>.

There is still a lot of confusion amongst the public regarding the safety of vaping compared to smoking and a lot of inaccurate perceptions. In the recent survey only 18% of adults accurately believed that vaping was less harmful than smoking<sup>48</sup>. 48% thought that vaping was more harmful than smoking and 21% did not know.

There is a need to increase the evidence around the long-term effects of vaping alongside increasing the communication around accurate information. Leicester City Council has adopted the regional vaping statement developed and endorsed by the East Midlands Regional Tobacco Control Community of Improvement.

Key messages in the statement include:

- If you smoke, vaping is much safer; if you don't smoke, don't vape.
- Though not risk free, vaping is considerably safer than smoking. As such, we encourage smokers across the East Midlands to switch to vaping to reduce the harm from combustible tobacco.
- E-cigarettes are an effective stop smoking aid, especially when combined with behavioural support. We encourage smokers who want to switch to vaping to do so with the help of their local stop smoking service.
- E-cigarettes are an age restricted product, and we are against inappropriate marketing practices that promote them to under 18s. Trading Standards should be given the tools necessary to undertake enforcement work and other measures to protect children and young people across the East Midlands.
- Whilst some questions remain on their safety and efficacy in pregnancy, pregnant women who want to switch to vaping should not be discouraged from doing so providing they understand that e-cigarettes are not medically licensed.

## 9 Conclusions

Smoking and use of other tobacco products causes considerable ill-health which is entirely preventable. Smoking rates in the city are reducing but are higher than the national average and vary considerably across the city and between different groups. Nationally, there is an increased focus on reducing smoking through the Tobacco and Vapes bill and increased funding for smoking cessation services. A great deal of action is also being taken locally to implement the Tobacco Control Strategy and achieve the vision of a smoke-free Leicester.

## 9. Financial, legal, equalities, climate emergency and other implications

### 9.1 Financial Implications

The report is highlighting the current position and action being taken to reduce rates of smoking and tobacco use.

The Department of Health and Social provides grant funding to support local authority led stop smoking services.

In 2024/25, the value of the grant is £456,669. On 30 December 2024, it was announced that the funding allocation to Leicester has increased to £485,361. The funding allocation is based on the average smoking prevalence over a 3-year period between 2021 and 2023, which is the most recent available data.

The costs should all be contained within the grant and therefore no additional direct financial implications for the council.

Signed: Mohammed Irfan – Head of Finance

Dated:02/01/2025

### 9.2 Legal Implications

Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The Authority has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to: -

- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
- advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In respect of any funding, the Authority must comply with the funding conditions specified if any. Legal Services can advise on any such terms and conditions relating to the funding conditions and agreement prior to entering into the agreement.

All procurement and commissioning arrangement relating to this service must comply with the Provider Selection Regime ('PSR') and the Authority's internal Contract Procedure Rules ('CPRs'). Legal support to be obtained as required

Signed:

*Mannah Begum, Principal Solicitor, Commercial and Contracts Legal Team, Ext 1423*

Dated:03 January 2025

### 9.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due

regard to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report outlines the actions along with the implementation of the Leicester Tobacco Control Strategy that aim to reduce smoking rates in the city. Smoking attributable hospital admissions and mortality both continue to be significantly higher than the regional and national averages. Tobacco use continues to be a key factor in health inequalities and is a cause for concern, those living in areas of deprivation, or routine and manual workers, are more likely to smoke than those living in wealthier communities. Smoking rates are higher in those with mental health illnesses and they increase with the severity of the mental health issues. Initiatives that aim to reduce this will lead to positive impacts for people from across many protected characteristics. It is important to recognise the importance of providing people with freedom of choice over their lifestyle choices, whilst also acknowledging that tobacco use is an addiction which requires specialist support and encouragement to inform and overcome.

Signed: Equalities Officer

Dated: 2 January 2025

#### **9.4 Climate Emergency Implications**

There are no significant climate change implications associated with this paper. However, work on smoking cessation may have a positive long-term environmental impact as cigarette butts are the most frequently discarded piece of waste globally and are a significant source of plastic waste in the environment. The disposal of e-cigarettes, particularly single-use models, is also a growing source of e-waste with a considerable carbon footprint. Consideration should therefore be given to opportunities to encourage responsible purchasing and correct disposal of devices, as appropriate and relevant.

Signed: Aidan Davis, Sustainability Officer, Ext 37 2284

Dated: 3 January 2025

#### **9.5 Other Implications**

Signed:

Dated:

**10. Background information and other papers:**

**11. Summary of appendices:**