

# Achieving a smokefree society:

## A Tobacco Control Strategy for Swindon 2023-2028





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# Foreword

**Stopping smoking is the single best thing anyone can do for their physical health and although many smoke to relieve stress, a tobacco addiction has a significant impact on mental health. Having a comprehensive Tobacco Control Strategy is the best thing we can do to support people to quit.**

Smoking kills around four people a week in Swindon and for every person that dies, another 20 are living with a smoking related illness. Smoking is the biggest cause of fatal fires in the home and tobacco addiction plunges nearly 4,000 households across Swindon into poverty, impacting on 3,500 children.

The declining rates of smoking and tobacco use in the general population mask the inequalities of persistently high rates within our most vulnerable communities, such as those with serious mental health conditions where the prevalence of smoking is three times that of the general population. Health and social care services in Swindon are already under pressure and smoking has a significant financial cost and impact on the demand for services across the Borough.

For these reasons, addressing smoking has been identified as a priority for Swindon and we are pleased to present Swindon's Tobacco Control Strategy 2023-2028, with ambitions to end smoking and tobacco use for good.

This vision cannot be achieved by one team or organisation alone. It requires partners across the system coming together and working collaboratively. We recognise that smoking is not a choice it is an addiction and people from the most deprived areas of Swindon will want to quit and will try to quit just as often as those from the least deprived, but a stronger addiction and living in a pro-smoking environment make it feel impossible. We commit to meaningful change, through action at all levels of the system, creating hope and promoting a smokefree environment that supports people to quit for good.

We thank everyone who commented and contributed to the development of this strategy for tobacco control. If there is one key take home message, it is to think about your place in the system and how together, we can achieve our vision for a smokefree Swindon where everyone lives a long and healthy life protected from the harms caused by tobacco.



**Professor Steve Maddern**  
Director of Public Health  
Swindon Borough Council



**Councillor Jim Grant**  
Cabinet Member for Adults and Health  
Swindon Borough Council

# Executive Summary

**Since the turn of the century, smoking rates in England have more than halved, but tobacco use remains the biggest driver of health inequalities and one of the largest threats to public health.**

**Each year in England, there are 74,600 deaths linked to smoking (NHS Digital, 2020) with death rates four times higher within the most deprived communities (ONS, 2021). Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy from diseases such as cancer, respiratory disease and heart disease.**

In addition smoking contributes to chronic illness such as depression, dementia and diabetes, causing much harm and suffering not only to the individual but also their family, their children and their local community. People who smoke need care on average 10 years earlier than those who don't (ASH, 2022a), putting pressure on the limited capacity of health and social care services, costing an additional £4.88 million per year in Swindon. It is estimated that there are currently 4,488 people in Swindon receiving informal care from friends and family due to smoking-related needs.

Each year, smoking in Swindon costs the community approximately £69.2 million (ASH, 2022a). This includes the costs of NHS care, social care, passive smoking, household fires, litter and lost productivity. Tobacco addiction costs individuals in Swindon around £1,945 a year, with national data suggesting that the most vulnerable communities spend five times more of their weekly household budget on smoking (ASH, 2021a).

Smoking is independently associated with every indicator of disadvantage (ASH, 2019a), which can be seen within the rates of smoking across Swindon's population. Currently, 12.5% of the adult population in Swindon smoke (OHID, 2023a), rising to 22.9% for those in routine and manual occupations and 40% for those in social housing (ASH, 2022b). Smoking in pregnancy remains an important issue, as well as prevention of young people starting smoking, with two thirds starting before the age of 18 (ASH, 2019b).

Supporting a smokefree environment is key, as smoking cessation spreads through communities as smoking does. People in more deprived communities are more likely to be exposed to smoking, whether in their place of work or within local communities, contributing to a stronger addiction, triggers to smoke and barriers to quitting. The desire to quit will be just as strong, but with people taking several attempts to quit for good, the motivation and hope to quit can fade (ASH, 2019c).

The most effective way to quit is through local stop smoking services, with those accessing specialist support three times more likely to quit for good (PHE, 2019a). The number of people setting a quit date through local services is declining nationally, regionally and locally (OHID, 2023b), but people who smoke need to be supported to maintain hope and keep trying. To increase quit rates across local populations, the rate at which people attempt to quit must increase, with local systems considering all populations who smoke and setting ambitious targets to decrease smoking prevalence in priority groups and reduce health inequalities.

# Vision

**A smokefree Swindon where everyone lives a long and healthy life protected from the harms caused by tobacco**

# Principles

**The following principles underpin Swindon's local action for tobacco control:**

- It is a shared strategic approach with a clear vision and strong leadership.**
- It will be achieved with partners across the system working together and co-designing with local communities to improve health and address inequalities.**
- It draws on the best available evidence, local insights and intelligence that is supportive of innovative working for those who need it most.**
- It focuses on promoting a smokefree environment where everyone is supported not to smoke.**

# Priorities

**The six priorities for tobacco control action across Swindon are:**

-   
**Focus on health inequalities and target resources for those that need it most.**
-   
**Protect children and prevent young people from taking up smoking and vaping.**
-   
**Support a smokefree environment.**
-   
**Communicate hope and increase quit attempts.**
-   
**Reduce the availability and access to illegal tobacco and illegal nicotine vaping products in the community.**
-   
**Raise the profile of tobacco control and local services through marketing and communications programmes.**

# Introduction

## **Smoking remains the biggest cause of avoidable death and health inequalities with continued high levels of smoking seen across disadvantaged groups (ASH, 2022c).**

It is estimated that 12.5% of Swindon's adult population smoke, which is approximately 22,743 adults. Each year, 233 people die from smoking in Swindon (ASH, 2022b), around four deaths each week. National data suggests that for every death, there are another 20 people living with a smoking related illness (ASH, 2021b).

This strategy will build on the achievements of Swindon's previous Tobacco Control Strategy (Swindon JSNA, 2017) using a 'whole systems approach' to tobacco control (adapted from the whole systems approach to obesity, PHE 2019b) working as an alliance, to understand the challenges and identify collective actions for continuous long term improvement. It draws on the latest evidence and key national policy (Appendix 1) including:

- The Tobacco Control Plan for England 2017-2022 (DHSC, 2017)
- The Khan Review: Making Smoking Obsolete (OHID, 2022a)
- The NHS Long Term Plan: Treating Tobacco Dependence (NHS, 2019)
- NICE Guideline (NG209) - Tobacco: Preventing Uptake, Promoting Quitting and Treating Dependence (NICE, 2021)
- Nicotine Vaping in England: 2022 Evidence Update (OHID, 2022b)
- Action on Smoking and Health (ASH) End of Smoking Report (ASH, 2019c)

The next sections of the strategy will outline why smoking and tobacco use remains an issue in Swindon and how we will work together to address it over the next five years.



# The impact of smoking in Swindon

**Smoking not only has an impact on the health of the population, there is also a wider cost to society.**

## The burden of disease

There are over 2000 hospital admissions a year linked to smoking in Swindon (OHID, 2022c).

Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. It causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including the lip, mouth, throat, bladder, kidney, stomach, liver and cervix (ASH, 2017). Smoking doubles the risk of a stroke (Stroke Association, 2022) and is also ranked third among nine modifiable risk factors for dementia (ASH, 2019d).

Smoking impacts on quality of life through conditions such as depression, hearing loss, infertility, erectile dysfunction, osteoporosis, cataracts, oral disease and type 2 Diabetes (ASH, 2021b).

## Second-hand smoke exposure

Breathing in other people's cigarette smoke is known as second-hand smoke. There are reported to be more than 50 cancer causing chemicals in second-hand smoke (ASH, 2020).

Short-term effects of exposure to second-hand smoke include eye irritation, headaches, coughs, sore throat, dizziness and nausea.

Exposure to other people's smoke increases the risk of lung cancer in non-smokers by 20-30% and coronary heart disease by 25-35%.

In Swindon, it is estimated that 9,042 children live in smoking households (ASH, 2022b). Children are particularly vulnerable to the effects of second-hand smoke and exposure increases the risk of cot death, glue ear, asthma and other respiratory disorders, including emphysema later in life.





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## Illegal tobacco

The availability of illegal tobacco has shrunk over the last decade but still remains a major obstacle to effective tobacco control, especially in the most deprived communities (ASH, 2019a). Availability of illegal tobacco, sometimes called illicit tobacco, undermines a range of key measures including taxation, age restrictions on sales and point-of-sale display bans (ASH Wales, 2022).

Illegal tobacco harms local businesses, can be linked to organised crime and is more readily available for purchase by children and young people, where exploitation can occur through the reward of cigarettes. In Swindon an illegal tobacco officer, part of the South West Illegal Tobacco Network (South West Illegal Tobacco Network, 2022), works alongside local Trading Standards teams to reduce the supply and demand of illegal tobacco. Part of this is to monitor the rapid growth of the vaping industry and illegal nicotine vaping products within local communities. These teams work together to:

- Reduce young people's access to tobacco / nicotine vaping products as a result of illegal underage or proxy sales.
- Ensure all retailers are fully compliant with any new/updated regulations.
- Improve quality and use of regional intelligence reporting.



## Smoking and poverty

In Swindon, people who smoke collectively spend £43.8 million a year, with the average individual spend standing at nearly £2,000 per person per year (ASH, 2022a).

It is estimated that 3,918 households with at least one person who smokes fall below the poverty line in Swindon after income and smoking expenditure is taken to account, representing nearly a third (30.3%) of all smoking households in the South West (ASH, 2022b). This equates to:

- 7,492 working age adults
- 1,371 pensioners
- 3,544 children

## Costs of smoking

Action on Smoking and Health (ASH, 2022a) estimate that for Swindon, the total annual cost to society of smoking and tobacco control is £69.16 million (£1.66 billion across the South West and £17.04 billion across England). This cost is spread across a range of domains as shown in Figure 1.

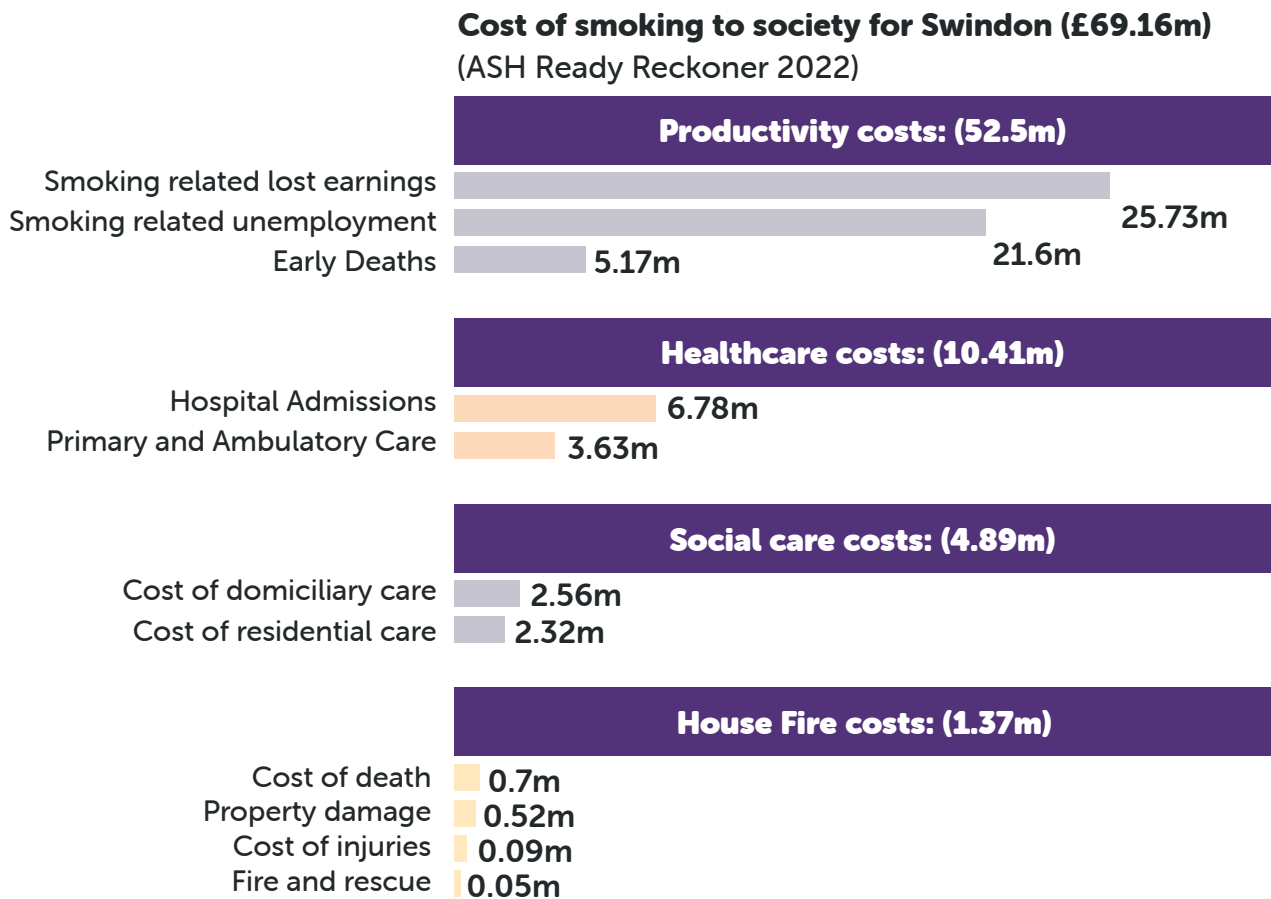


Figure 1\_ Costs of smoking to society in Swindon, Ash Ready Reckoner Tool (2022).

# Where we are now

In Swindon we have a well-established multidisciplinary Tobacco Control Alliance who continue to adopt a 'whole systems approach', champion the reduction of smoking prevalence and oversee the delivery of action plans.

## Key drivers of smoking in Swindon

As part of the whole systems approach to tobacco control, stakeholders across Swindon discussed the key drivers of smoking and tobacco use. Six key drivers with 131 associated causes of smoking were identified (Kumu, 2022):

- 1. Level of deprivation** (e.g. poverty, employment status, impact of the Covid-19 pandemic).
- 2. Smoking as a coping mechanism** (e.g. knowledge of alternative healthier coping mechanisms, addiction, enjoying smoking).
- 3. Mental health** (e.g. hope, stress levels, self-belief).
- 4. Level of support to quit** (e.g. perception of stop smoking aids, use of targeted campaigns, access to peer support).
- 5. The tobacco landscape** (e.g. underage sales, access to illegal tobacco, smokefree environments).
- 6. Social norms** (e.g. family influence, role models, peer influence).



## Local smoking prevalence

According to the latest data, Swindon has a population of 233,400 people, with an adult population (18+ years) of 181,844 (ONS, 2022). It is estimated that 12.5% of Swindon's adult population smoke (OHID, 2023a), which equates to 22,743 adults.

Tobacco control policy (e.g. taxation, legislation, availability of local services) has contributed a shift in smoking culture and a downward trend of smoking prevalence in Swindon (see Figure 2), however high rates of smoking persist in some groups.

Those in routine and manual occupations in Swindon are nearly twice as likely to smoke as people in other occupations (OHID, 2023a). The smoking prevalence of people in routine and manual occupations is currently 22.9%, nearly double the rate within the general population (see Figure 2).

### Smoking prevalence

Annual Population Survey (APS)

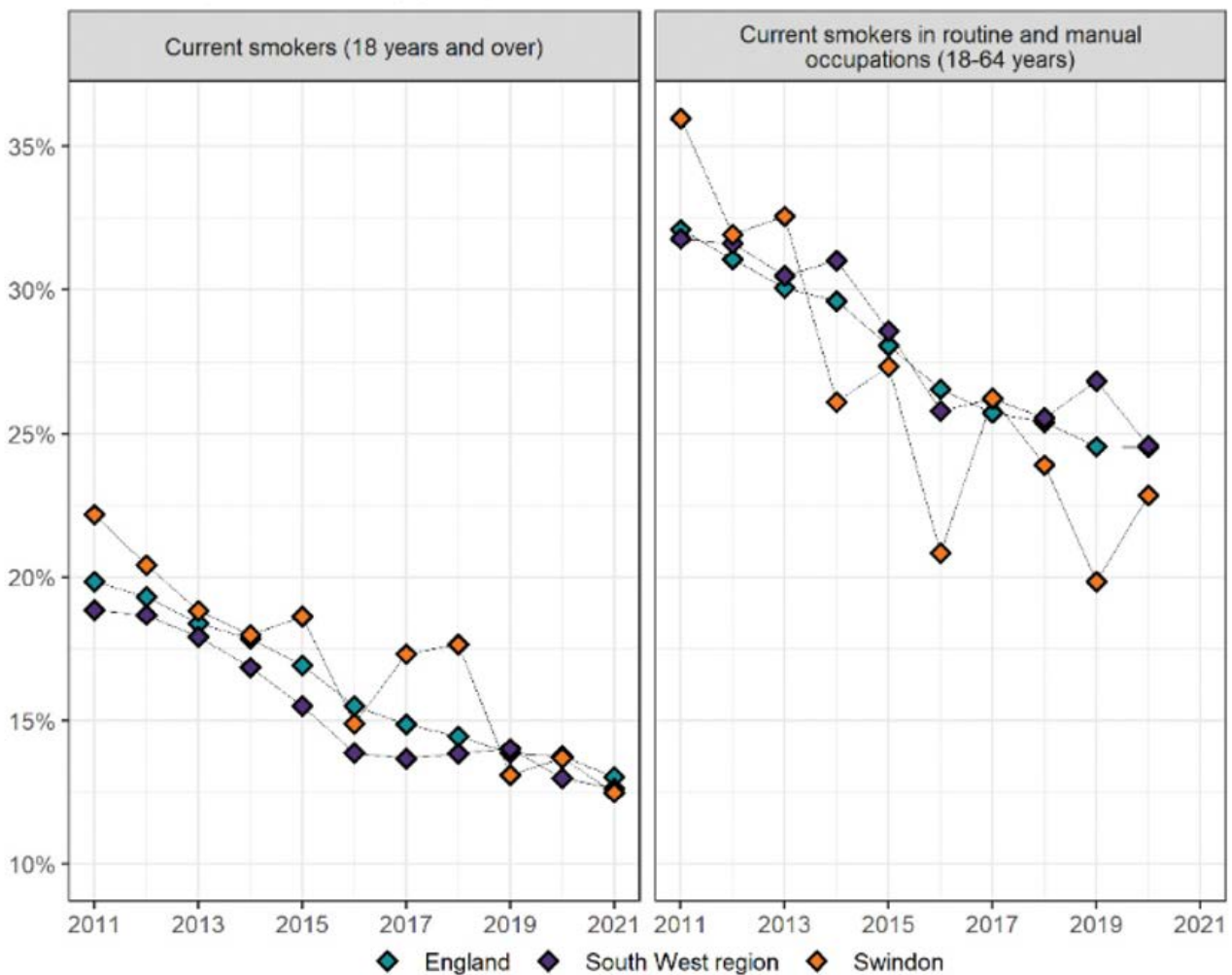


Figure 2\_ Graph displaying trend in smoking prevalence across Swindon, South West and England (Annual Population Survey).

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## Smoking and mental health

Nationally there is a disproportionately higher rate of smoking among people with mental health problems and they are more likely to be heavy smokers, making it more difficult to quit (OHID, 2022c).

In Swindon, smoking rates are higher for those with anxiety or depression (26.3%) and are significantly higher (40%) for those with a serious mental illness (such as psychotic disorders, bipolar disorder).

Quitting smoking is associated with reduced depression and anxiety and improved mood and quality of life (ASH, 2019e). The effects are equal to or larger than those of anti-depressant medications (PHE, 2020).

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## Smoking and substance misuse

People suffering from addiction to both opiate and non-opiate substances are significantly more likely to smoke (OHID, 2022c).

In Swindon, high rates of smoking are seen in adults being treated for alcohol addiction (39.5%), opiate misuse (70.3%) and non-opiate misuse (53.8%).

Despite the high prevalence smoking, only around 2% of those starting substance misuse treatment in England are offered support (OHID, 2021).

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## Smoking and housing status

The strongest socio-economic predictor of smoking is housing (ASH, 2019f):

- 39.9% of people who rent from social housing in Swindon smoke (ASH, 2022b).
- 10.6% of people who rent privately smoke.
- 5.7% of people who have a mortgage and own their home smoke.
- National data suggests that around three quarters of those experiencing homelessness smoke (ASH, 2018).



## Smoking and young people

Most people who smoke start in childhood, with two thirds of adults who smoke starting before the age of 18 and over 80% before the age of 20 (ASH, 2019b).

The most recent data available for smoking in young people in Swindon is from 2014/15, with 4.2% of 15 year olds regularly smoking (England 5.5%) and 3.2 % occasionally smoking (England 2.7%) (OHID, 2023a). In 2021 there were an estimated 490 new childhood smokers aged 11 to 15 years old in Swindon (ASH, 2022b).

A range of initiatives have been delivered for children and young people including:

- An annual social norms programme for schools to encourage and promote positive choices for young people and change their misperception around peer behaviour in relation to risk taking behaviours.
- Prevention workshops based on the risks around smoking and exposure to second-hand smoke which is offered to every secondary school in Swindon.
- Smokefree gates campaign: young people were involved in a competition to produce a smokefree sign for schools to discourage smoking at the school gates.
- Healthy Schools Award.

The rates of young people using vapes increased in 2022 compared to 2021 (ASH, 2022d). However, use among young people who have never smoked remains low and mostly experimental. National data shows that the most frequently used product is a disposable vape (52.0% in 2022, compared to 7.7% in 2021), with the most popular brands being Elf Bar and Geek Bar. The main source for both cigarettes and vapes is shops.





## Smoking prevalence and deprivation in Swindon

In England, people from the most deprived communities are much more likely to smoke, are less likely to quit, are more likely to be admitted to hospital and die from a smoking related cause (ASH, 2019a). Links between smoking and deprivation can also be seen in Swindon (See figure 3).

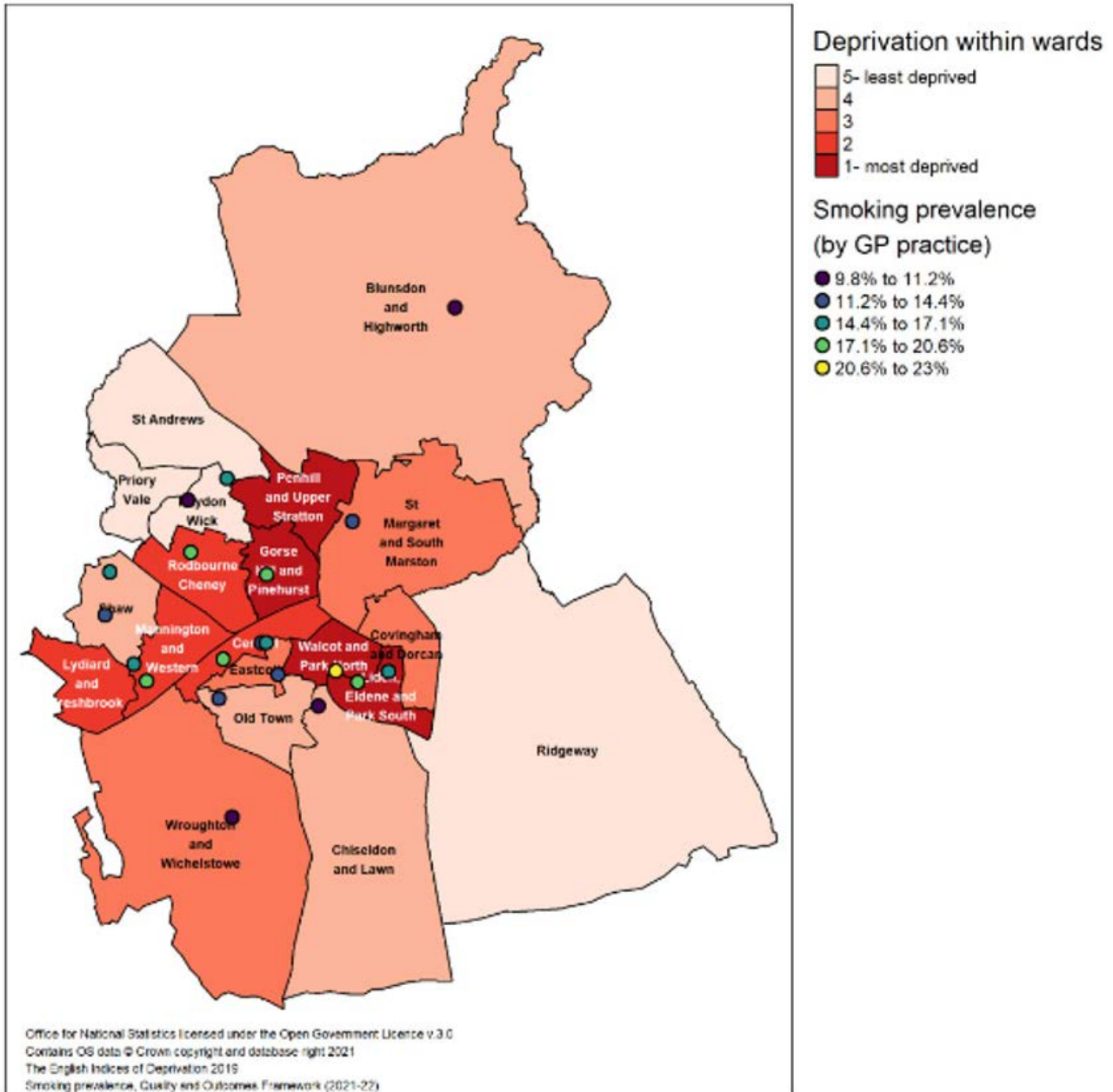


Figure 3\_ Swindon map displaying deprivation by ward and smoking prevalence by GP practice.

## Smoking in pregnancy

In 2021, 204 people in Swindon smoked at the time of delivery representing 8.5% of the pregnant population (ASH, 2022b) which is lower than the national and south west average (See figure 4).

### Smoking status at time of delivery

(OHID fingertips via NHS Digital)

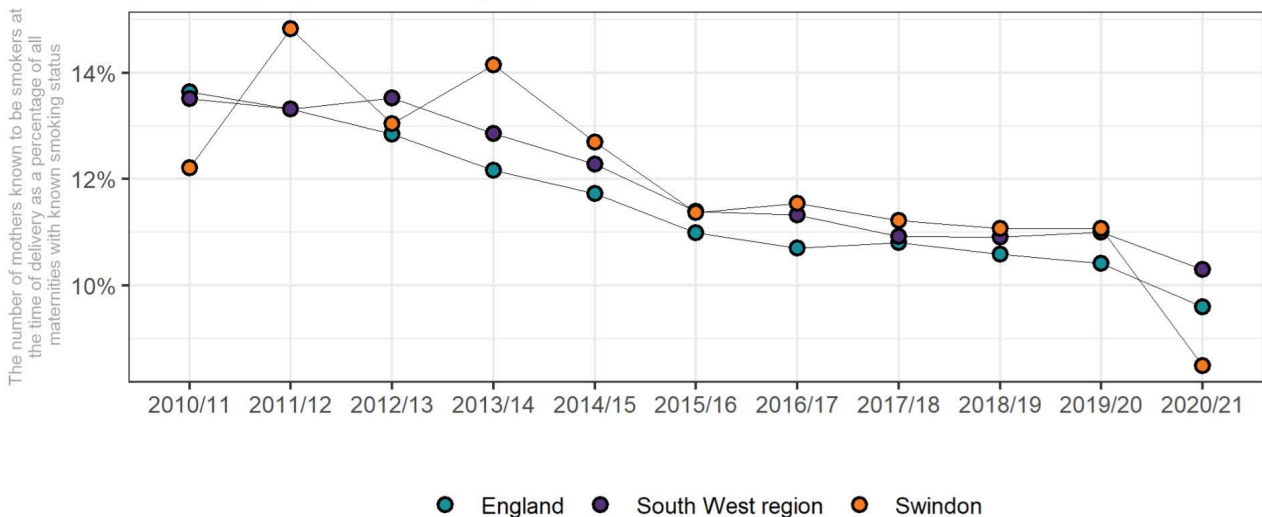


Figure 3\_ Graph displaying trend in smoking at the time of delivery rates in Swindon, South West and England (NHS Digital Data).

In England, people in the most deprived group are five times more likely to smoke in pregnancy than those in the least deprived (Smoking in Pregnancy Challenge Group, 2019). Smoking in pregnancy is the single biggest modifiable risk factor for miscarriage, still birth, premature birth and birth defects. Pregnant people who smoke are more likely to be under 20 years of age and socially disadvantaged (RCPCH, 2020).

Exposure to second-hand smoke can put a pregnant person and their unborn child at risk, increasing the chances of a low or very low birth weight by 20% (ASH, 2023a).

Quitting smoking prior to or during pregnancy can have significant health benefits for the pregnant person and their child.

## Swindon stop smoking services

Evidence shows that the most effective way to quit for good is to use specialist stop smoking services that provide behavioural support alongside evidence based stop smoking aids such as pharmacotherapy, stop smoking medications (such as Varenicline) or NVPs (Vapes, e-cigarettes) (PHE, 2019c). Swindon Borough Council Public Health Directorate currently commission stop smoking services (Swindon Borough Council, 2023) through Community, GP, Pharmacy and Maternity settings. This gives accessibility and choice for people who need support to quit smoking across Swindon. A successful smoking in pregnancy service is embedded within the local maternity pathway at the Great Western Hospital, where all pregnant people who smoke are referred to the Smoking in Pregnancy team for support.

Some stop smoking medications, such as Varenicline, are not recommended during pregnancy, limiting options for pregnant people. Since 2019, vapes have been offered to support pregnant people across Bath and North East Somerset, Swindon and Wiltshire (BSW) to successfully quit. Evidence based stop smoking support is offered universally to all Swindon residents who are smoking and feel ready to make a serious attempt to quit. Although NVPs are not offered across all services, those who choose to use a vape or e-cigarette as part of their quit attempt are still eligible for behavioural support.

In 2019/20 services supported 947 Swindon residents to attempt a quit. Nationally there has been a decreasing rate in the number of people who smoke setting a quit date with the most recent Swindon figures comparable to the south West and England average (See figure 4).

### People who smoke setting a quit date and outcome

NHS Stop smoking services (Nov 2022)

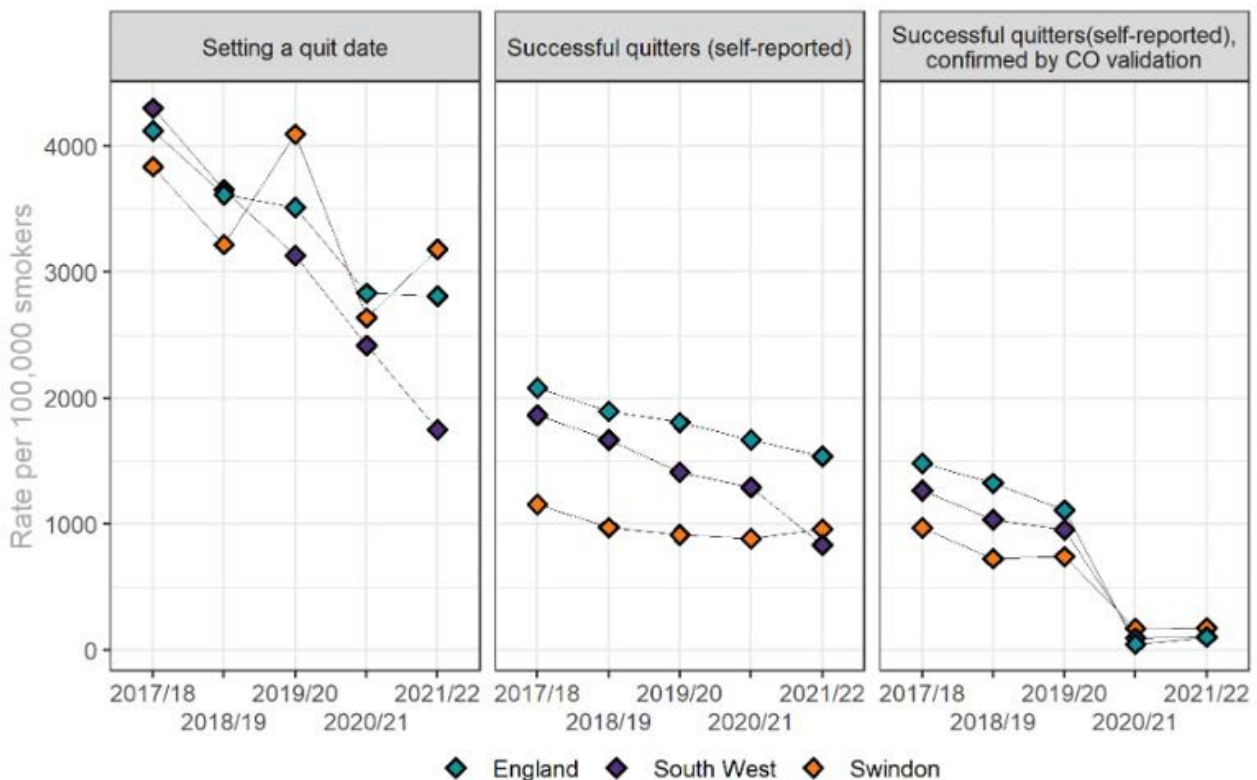


Figure 4\_ Graph displaying trend in people who smoke setting a quit date, successfully quitting and having a Carbon Monoxide (CO) validated quit in Swindon, South West and England (NHS Digital Data).



# Achieving a smokefree society: The priorities for Swindon 2023-2028

The vision, principles and priorities for this strategy have been developed by Swindon's Tobacco Control Alliance (STCA) through a whole systems approach (a membership list is included in Appendix 2).

This multi-disciplinary group continues to champion the reduction of smoking prevalence and the ambitious targets set to achieve a smokefree society in Swindon.

The Strategy will be supported by a detailed annual action plan which will be agreed by all partners of the STCA. The objectives for reducing smoking and tobacco use in Swindon will adopt a whole system approach across the key priorities:



## By 2028 we will:

- Reduce the prevalence of smoking in the adult population from 12.5% to 5%.
- Reduce the prevalence of smoking in routine and manual workers from 22.9% to below 10%.
- Reduce the prevalence of smoking in those with a serious mental illness from 40% to below 20%.
- Reduce the prevalence of pregnant people who smoke at the time of delivery from 8.5% to below 5%.
- Reduce the prevalence of smoking at age 15 from 7% to below 5%.

University College London Smoking Toolkit Study (2023)

## Focus on health inequalities and target resources for those that need it most

Smoking is still the largest preventable cause of avoidable death and health inequalities. It remains the leading cause for the gap in life expectancy between the least deprived and most deprived areas.

### We will:

- Re-iterate the importance of addressing smoking and tobacco use across the system to make a meaningful impact on health inequalities.
- Use the Core20Plus5 approach to support the BSW Integrated Care Systems to drive targeted action on smoking and health inequalities.
- Better understand the needs and preferences of priority groups who smoke, especially in relation to quitting support.
- Identify and support those who are most vulnerable to smoking addiction.
- Set ambitious and measurable targets to reduce smoking prevalence and inequalities.
- Commit to reducing health inequalities between the least and most deprived areas in Swindon so that those with the highest smoking prevalence rates see the biggest decline.





## Protect children and prevent young people from taking up smoking and vaping

Smoking in pregnancy is the single biggest modifiable risk factor for miscarriage, still birth, premature birth and birth defects.

Youth vaping trends have seen an increase in recent years associated with the availability and marketing of disposable vape devices.

### We will:

- Ensure that the most vulnerable children and young people are supported not to start smoking or vaping.
- Provide access to evidence based training for all professionals across the system to make every contact count with children and young people to prevent smoking or vaping.
- Identify smokefree champions within schools.
- Identify preventative ways of working with those that are more likely to smoke during pregnancy.
- Increase the number of pregnant people that successfully quit smoking and sustain this beyond childbirth.



## Support a smokefree environment

Where smoking is more visible in homes, communities and workplaces, there is a higher likelihood that smoking will continue.

Second-hand smoke is dangerous for anyone exposed to it, especially children. If smoking is more visible and perceived to be socially normal, children and young people are more likely to experiment with tobacco and become addicted.

### **We will:**

- Identify those in positions of influence to embed action on tobacco control and contribute to a smokefree culture across the system (beyond smokefree policy - encouraging conditions and environments that support healthier choices and behaviour related to smoking).
- Prioritise smokefree places within areas with the highest prevalence, to support an environment that incentivises quitting over smoking.
- Encourage residents to make their homes and cars smokefree.
- Collaborate across the public sector, educational establishments and voluntary organisations to become smokefree and have evidence based policies in place.



## Communicate hope and increase quit attempts

When people try to quit and fail, they may be discouraged from trying again.

The simplest way to increase quit rates across local populations is to increase the rate at which people attempt to quit.

People who smoke must be supported to keep trying to quit in their own way. One way or another, more quit attempts will always translate into more quits.

### We will:

- Encourage residents who smoke to make their annual quit attempt and not give up on giving up, instilling hope.
- Increase the number of people attempting to quit smoking and successfully quitting with a particular focus on those from the most disadvantaged groups.
- Deliver the Making Every Contact Count (MECC) programme to encourage brief interventions at every opportunity across the system.
- Work with partners (across all priority groups) to ensure that people who smoke are routinely asked if they have made their annual quit attempt and are offered a menu of options to quit smoking, including signposting to evidence based self-help resources and local stop smoking services.
- Develop a group of representatives with lived experience (e.g. people who smoke, people who have successfully quit) that can co-design a menu of options to support quit attempts.
- Work with local businesses to signpost resources for stopping smoking to their staff, prioritising those from routine and manual occupations.

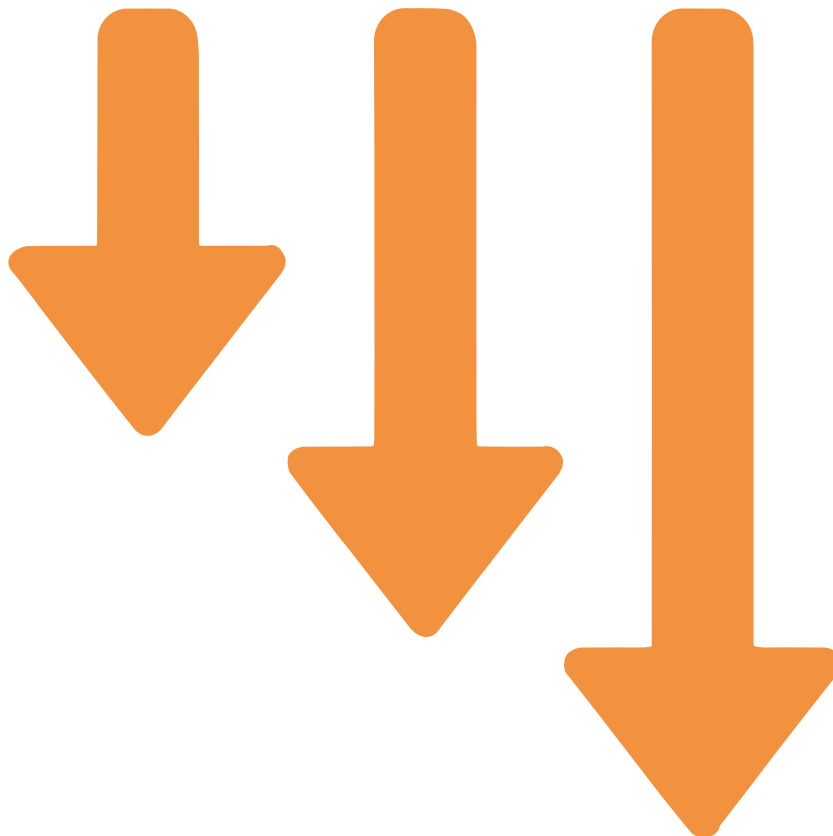


## Reduce the availability and access to illegal tobacco and illegal nicotine vaping products in the community

Illegal tobacco drives health inequalities as it is cheap and more likely to be used by our most deprived cohorts. It is linked to poorer health, house fires, organised crime gangs, child exploitation and undermines tobacco control policy and strategy.

### We will:

- Prevent underage and proxy sales (the term used to describe adults buying cigarettes for children or young people who are underage) of tobacco/vapes working with local businesses.
- Reduce demand and acceptance of illegal tobacco/vapes in communities through reporting of intelligence and awareness raising.
- Reduce availability of illegal tobacco/vapes through seizures and prosecutions.
- Communicate and promote any seizures and prosecutions around illegal tobacco to raise the profile of tackling illegal tobacco and vapes and the importance for local communities .



## Raise the profile of tobacco control and local services through marketing and communications programmes

Communications teams can ensure that commitment to a smokefree future is communicated routinely. This can include incorporating messaging about the annual quit attempt and offering a menu of options to quitting including the local service offer and alternative coping mechanisms.

Stop smoking services are an essential and cost effective service, especially for disadvantaged and highly addicted people who smoke. However 98% of people who smoke currently do not use them. Increasing footfall to these services is important as well as supporting people who may want to quit in their own way.

Communications programmes can share evidence based information to people who smoke including how to navigate sources of information, tackling misinformation, myth busting and illegal marketing that can derail local tobacco control agendas.

### **We will:**

- Use a targeted multi agency communication strategy that consistently communicates the facts around the harms of smoking and benefits to quitting.
- Ensure tobacco control communications and marketing campaigns reach key priority groups.
- Communicate all available self-help resources at every opportunity across the system, in an attempt to support those who smoke to consider alternative coping mechanisms .
- Ensure that all agencies working across the system are aware of the facts around smoking, the benefits to quitting, successful stop smoking aids and are sharing stop smoking information through their individual communication channels.



# A tobacco free Swindon: Governance, targets and measuring success

**We realise that the ambition to eliminate tobacco use in Swindon cannot be achieved by any one organisation alone. The Strategy will be supported by a detailed annual action plan which will be agreed by all partners of the Swindon Tobacco Control Alliance (STCA).**

Measuring the success of interventions in tobacco control can be challenging as benefits may not be seen for many years. We will measure our progress against prevalence data and indicators in the local tobacco control profiles which are part of the national Public Health Outcomes Framework (OHID, 2023a).

The STCA will monitor and ensure effective implementation of the Swindon Tobacco Control Strategy and associated action plans reporting to the Swindon Health and Wellbeing Board. The STCA includes representation from the Swindon Integrated Care Alliance and tackling inequalities in smoking rates is a priority at a BSW Integrated Care System level through the BSW Inequalities Board, with regular reporting on progress.

**The action plan is a separate working document and is available from:  
Divya Bassi, Public Health Specialist, Swindon Borough Council**

Contact details:

**Email: [publichealth@swindon.gov.uk](mailto:publichealth@swindon.gov.uk)**

The strategy and action plan will be reviewed on an annual basis with the first review taking place in April 2024.



# A Whole Systems Approach to Tobacco Control:

## Thank you to partners

**An evidence based whole systems approach was been conducted with a range of partners, organisations and service users in developing this strategy.**

We would like to express our thanks to the following for their help and support:

Avon and Wiltshire Mental Health Partnership  
NHS Trust

Blunsdon Parish Council

Booth House

Central Swindon North Parish Council

Chameleon PDE

Community Connections Forum,  
Swindon Borough Council

Dorset and Wiltshire Fire and Rescue Service

Great Western Hospital

Great Western Hospital Stop Smoking Working Group

Homelessness team, Swindon Borough Council

Housing team, Swindon Borough Council

LiveWell Team, Swindon Borough Council

Nelson Trust

NHS Bath and North East Somerset, Swindon  
and Wiltshire Integrated Care Board

Office for Health Improvement and Disparities

Public Health, Swindon Borough Council

South West Illegal Tobacco Network

Swindon and Wiltshire Local  
Pharmaceutical Committee

Swindon Carers

Swindon Healthwatch

The Haven

Trading Standards, Swindon Borough Council

Turning Point

Voluntary Action Swindon

Wessex Local Medical Committee

Wyvern Health Partnership



# Appendix 1 Tobacco control: National policy

## The Tobacco Control Plan for England

The last tobacco control plan in England (DHSC, 2017) was published in 2017. It included ambitions to be achieved by the end of 2022:

- reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

In addition, a consultation carried out by the Cabinet Office and the Department for Health and Social Care (DHSC, 2019) led to the government setting an ambition to be smokefree by 2030 (defined as an adult smoking rate of 5% or less). A new Tobacco Control Plan to deliver the smokefree 2030 ambition is due in 2023.

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## The Khan Review: Making Smoking Obsolete

The Khan review, an Independent review by Dr Javed Khan into the government's ambition to make England smokefree by 2030, was published in 2022 and found that without further action, England will miss the target by at least 7 years, and the most deprived in society will not meet it until 2044 (OHID, 2022a).

The review makes 15 recommendations for government to achieve a smoke-free society. This includes 4 critical recommendations:

- Increased Investment – An additional £125m per year should be invested into 'smokefree 2030' policies, including £70m ring-fenced for stop smoking services.
- Increase the age of sale – The age of sale for tobacco products should be increased by one year, every year.
- Promote vaping – Actively promote the use of vaping as an effective tool to quit smoking, even if it is not a panacea.
- Improve prevention in the NHS – The NHS should use every opportunity and interaction they have with smokers to offer advice on how to quit smoking, whether that's via GPs, hospitals, psychiatrists, midwives, pharmacists, dentists, or optometrists.

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## **The NHS Long Term Plan - Treating Tobacco Dependence**

The NHS is prioritising prevention to help to shift the health system away from just treating illness. Published in 2019, 'The NHS Long Term Plan' (NHS, 2019) set some new measures:

- By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- The model will also be adapted for pregnant people, and their partners.
- A new universal smoking cessation offer will also be available as part of specialist mental health services and in learning disability services. This will include the option to switch to a Nicotine Vaping Product (NVP) while in inpatient settings.
- Swindon Borough Council Public Health Directorate are working closely with the NHS and partners to implement this service in Swindon.

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## **NICE Guideline (NG209) - Tobacco: preventing uptake, promoting quitting and treating dependence**

In November 2021, the National Institute for Health and Care Excellence (NICE) published a new clinical guideline on tobacco (NICE, 2021), focusing on preventing uptake of smoking, promoting quitting, treating tobacco dependence and discussing NVPs with patients to help prevent or stop their tobacco use. Along with the National Centre for Smoking Cessation Training, this guideline informs the basis of stop smoking support in Swindon.

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## **Nicotine Vaping in England: 2022 Evidence Update**

NVPS, also known as vapes or e-cigarettes, deliver nicotine in a non-combustible form, are much less harmful to health than smoking, are the most popular stop smoking aid (ASH, 2023b) and have been shown to be nearly twice as effective as nicotine replacement therapies, such as patches and gum, when used in a Stop Smoking Service setting (OHID, 2022b).

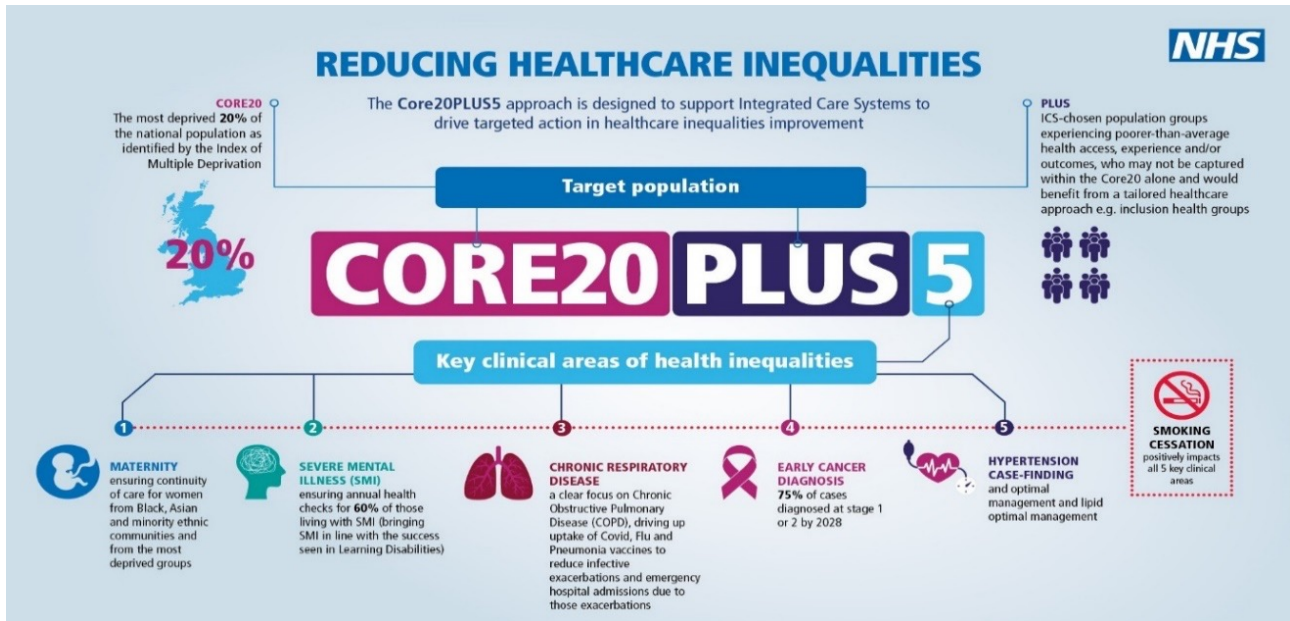
The Office for Health Improvement and Disparities (OHID) formerly known as Public Health England have been releasing a series of evidence reviews about vaping. The latest report (OHID, 2022b) suggests that vaping poses only a small fraction of the risks of smoking. This does not mean vaping is risk-free, particularly for people who have never smoked.

This difference in risk between vaping and smoking is not reflected in current public perceptions. Systems are encouraged to incorporate education and awareness of NVPs within local interventions.

# Core20PLUS5

Core20PLUS5 has been developed by NHS England to reduce healthcare inequalities at both national and system level (NHSE, 2022). The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ clinical areas of focus.

The link between smoking and health inequalities is strong, so considering smoking for the Core20PLUS5 framework will be important for Swindon.



# Appendix 2 Swindon Tobacco Control Alliance (STCA): Membership

## Strategic Alliance:

Avon and Wiltshire Mental Health Partnership NHS Trust

Dorset and Wiltshire Fire and Rescue Service

Great Western Hospital

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Office for Health Improvement and Disparities

Public Health, Swindon Borough Council

South West Illegal Tobacco Network

Swindon and Wiltshire Local Pharmaceutical Committee

Swindon Healthwatch

Voluntary Action Swindon

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## Ally Membership:

Allies provide a vital role in the development and delivery of local action plans related to tobacco control. They are an integral collective of relevant expertise, experience and partnerships that regularly work with members of STCA, but will not be required to attend all STCA strategic meetings.

Allies are central to the collaborative work for achieving STCA aims and objectives, as well as in communicating the value of local tobacco control to wider partners and alliances. Membership is always open, with new partners welcome at any time to help create and sustain meaningful action around tobacco control.

For more information please contact: [publichealth@swindon.gov.uk](mailto:publichealth@swindon.gov.uk)

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