

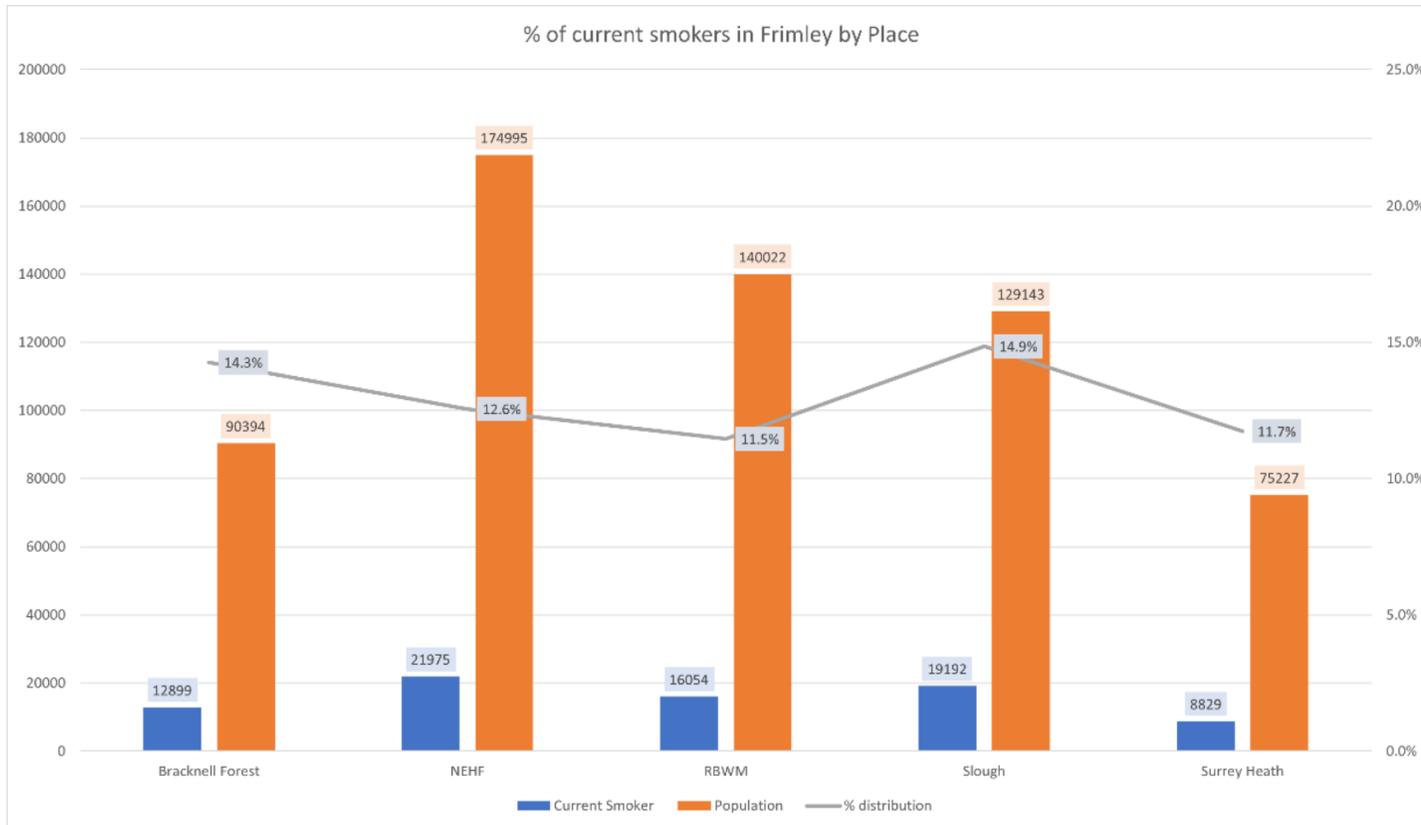
Reducing harm from tobacco - update
Health and Wellbeing Board
14th March 2024

Priority 5 Increase years lived with good health and happiness : Focus on smoking and tobacco control
Priority 2 : Improve lives and health of people living with mental illness: Focus on reducing smoking related inequalities



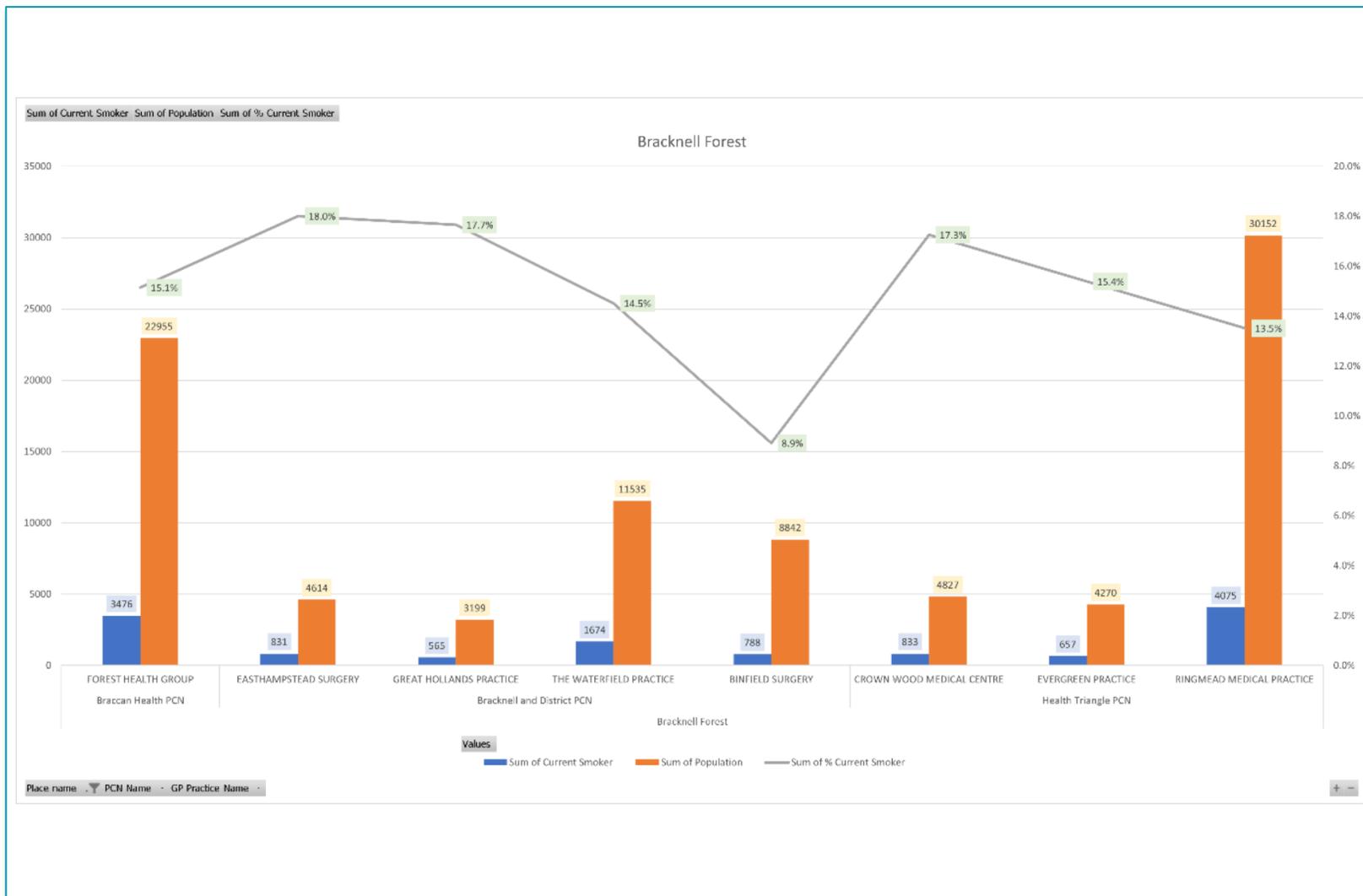
Content

- Current estimated prevalence of cigarette smoking and other tobacco products in Bracknell Forest
- Vaping – use and abuse
- Vaping in young people –Local insights
- Support for stop vaping
- Support for stop smoking
- Tobacco Control – Tackling the wider determinants of tobacco use



Key insights

- This chart shows the percentage of the current smokers in Frimley by Place.
- The current smoker cohort is filtered by Age 18+, excluding patients who have registered on palliative care, or patients who have opted out of secondary uses of their data.
- The population is filtered by Age 18+, excluding patients who have opted out of secondary uses of their data.
- Bracknell Forest has an overall smoking prevalence of 14.3%.
- The North East Hampshire and Farnham (NEHF) region has an overall smoking prevalence of 12.6%.
- The Royal Borough of Windsor and Maidenhead (RBWM) has an overall smoking prevalence of 11.5%.
- Slough has an overall smoking prevalence of 14.9%.
- Surrey Heath has an overall smoking prevalence of 11.7%.



Key insights

- This chart shows the distribution of the Current smoking cohort in Bracknell Forest per PCN per practice. This cohort is filtered by Age 18+, excluding patients who have registered on palliative care, or patients who have opted out of secondary uses of their data.
- Bracknell Forest has an overall smoking prevalence of 14.3%. Braccan Health PCN, Forest Health Group, and Health Triangle PCN exhibit notable smoking prevalences at 15.1% and 14.2%, respectively.
- Easthampstead Surgery and Great Hollands Practice have higher prevalence rates at 18.0% and 17.7%, respectively, while Binfield Surgery has a lower prevalence at 8.9%.

Inequalities in Smoking Prevalence



Indicator	Period	Bracknell F			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smoking in pregnancy									
Smoking in early pregnancy	2018/19	-	-	-	-	-	-		-
Smoking status at time of delivery New data	2022/23	→	65	6.7%	8.1%	8.8%	19.4%		3.4%
Routine and manual occupations									
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) New data	2022	-	-	38.1%	22.7%	22.5%	38.1%		
Odds of current smoking (self-reported) among adults aged 18-64 with a routine and manual occupation (APS) New data	2022	-	-	5.88	2.42	2.24	8.60		
Mental health									
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) New data	2022/23	-	-	26.1%	23.8%	25.1%	43.6%		15.3%
Odds of current smoking (self-reported) among adults aged 18+ diagnosed with a long-term mental health condition New data	2022/23	-	-	3.0	2.6	2.4	6.1		1.2
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	-	-	13.6%	24.3%	25.8%	36.3%		
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	-	253	37.6%	38.5%*	40.5%	52.3%		
Substance misuse									
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - all opiates	2019/20	-	36	69.2%	69.9%	70.2%	90.9%		
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol & non-opiates	2019/20	-	26	70.3%	67.6%	64.6%	92.4%		
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - non-opiates	2019/20	-	23	63.9%	62.2%	62.0%	91.2%		
Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol	2019/20	-	40	51.9%	44.2%	43.9%	63.6%		

National evidence on other forms of tobacco use



- Increasing trend (non-linear) in exclusive use of non-cigarette tobacco smoking among adults England from 151,200 to 772,800. There was a step change in increase from 2020. ¹
- Groups with higher overall use –younger adults, men, non-binary people, minority ethnic groups and current vapers
- The use of vapes among 11-18 year old has doubled from 2021 to 2022 ²
 - 11-15 year old from 2.2% to 4%
 - 16-17 year old from 5.9% to 14.1%
 - 18 year old from 9.6% to 20.1%
- Shisha (Water pipes)Among general British population it is 1% , in young adults (18 -24 year old) 2% and 7% in Asian/Asian British.
- Oral (smokeless) tobacco use is common among South East Asian Community. The risk of oral cancer is high with use of oral tobacco

1. S Jackson *Nicotine & Tobacco Research*, ntae021, <https://doi.org/10.1093/ntr/ntae021>

2. ASH (2022) Use of e-cigarettes (vapes) among young people in Great Britain

Local actions in response to vaping in young people



- Developed vaping policy guidance and distributed to all schools
- Letter and information for parents / carers on vaping and risks of illegal vapes.
- Resources for schools – distributed new PSHE resources on vaping
- Consultation with Designated Safeguarding Leads, School Nurses and Young Health Champions.
- We have worked in collaboration with PPP on training for teachers, school nurses and professionals who work with young people provided by the National Centre Smoking Cessation Training.
- Data capture via Oxwell schools health survey on youth vaping behaviour locally aligned with national survey by ASH.
- Youth vaping insight project - exploratory research with young people and parents on their views and experiences of vaping.

Local insights from exploratory research about vaping

Based on focus groups with 65 young people (vapers and non vapers) and parents of children that vape four themes

- Capability (understanding and awareness)
- Easy access to vapes (opportunity)
- Social aspects of vaping (opportunity)
- Motivation

Capability

**Vaping
is an addiction**

**There is limited evidence on
health impacts of vaping - young
people often do not understand
why they should not be vaping,
or are not worried.**

**Young people who
vape don't know
how to stop.**

Capability

Yeah, after the nic rush wears off, they get very paranoid and yeah. So then they take another puff. It wears off and the cycle just keeps going until it runs out [...] Although I've seen some people when their vape runs out, they get really annoyed, paranoid and anxious.

- Young person

If I make them stop vaping, that's just going to increase their stress levels and make them more anxious and cause other issues. So I'm just gonna let them be for now because they've got GCSEs, they've got this, they've got that.

- parent

Opportunity (Physical)

Vapes are easy to access, they can be bought without ID, stolen, or picked up off the floor.

Vapes are cheap to buy (but vaping costs add up over time with addiction).

Many feel that a banned will not prevent access.

It is easy to hide vaping at school/home.

Limiting access to vapes may work for some.

Opportunity (Physical)

I find if you give kids something to do. A hobby a sports club, an after-school club, anything that keeps them preoccupied on a regular basis that might help prevent like kids vaping, especially if there's like adult supervision.

- parent

At my school everyone just, like, leaves the lesson to go vape in toilet. Sleeves, pockets, go to toilet, hides behind corners.

- Young person

My youngest, you know, she can name a number of places that she could go to and get them, and they wouldn't be questioned.

- parent

Opportunity (Social)

Young people often start vaping to look 'cool' or fit in with peers.

Parents and older siblings often model or encourage vaping.

Young people often start through sharing vapes within social groups at school/parties.

Less stigma around vaping compared to smoking, vaping is more visible.

Social media for young people presents vapes as appealing.

Opportunity (Social)

Almost, like, a lot of parents smoke so for children almost to vape, it's, like, natural. It's, like, it's the starting point.

- parent

There's a Tik Tok trend where you breathe out smoke at the point of a sound or point of a beat, and that would then want people to want to do that. So, then they start vaping to be able to do that.

- parent

Yeah, I feel like that's what usually happens. You start vaping with your friends, like, your friend's vaping, and you're like, "oh my God, let me have a puff". And then you start vaping.

- Young person

Motivation

Young believe that vaping is 'cool'.

Vape flavours and colours are attractive.

Some vape because of boredom.

Some vape as a coping mechanism when depressed, anxious or stressed.

Young people who vape often, do not want to stop because they enjoy it.

Some who don't vape, think of vaping as 'cringe' or embarrassing.

Motivation

**I don't want anything [to stop vaping]... for me it's not that big of a concern. I don't think many people do want to quit anyway,
but mostly because most people in [school] think it's cool to smoke and stuff like that.**

- Young person

At least amongst my group of friends, we always think that like vaping's a bit embarrassing.

- Young person

I had this conversation with my daughter about the education on vapes and she said to me, 'I don't care'. Like if I you know, I'm not worried now. I'm 14/15. I'm not worried now if I'm gonna have something wrong with me in 20 year's time.

- parent

Stop Smoking Service support for young people who want to quit vaping -pilot



- To provide a tailored service based on the needs of the users.
- To set up comms channels via leaflets posters and social media and targeted campaigns
- To evaluate the service and provide a report
- Set up referral pathways
- To provide face to face, online and telephone support based on user needs.
- To set up fields on data base to capture outcomes for those receiving support.
- To provide single NRT/milligram reduction to assist with reduction based on user level of MG used where appropriate.
- Create a guide that can be distributed to schools.

Focus on inequalities in smoking

Target Groups

- **People in routine and manual occupations**

One-in-two service users (50.8%, n=595) were in routine and manual occupations compared with 24.3% of Bracknell Forest residents in the 2021 census.

- **People with mental health illness**

On-in-five (19.9%, n=233) service users had a mental health problem, this includes those with depression, anxiety and severe mental illness. In comparison to the stop smoking service population, the estimated prevalence of depression and severe mental illness in the Bracknell Forest GP-registered population in 2022/23 were 15.1% (95% CI 14.9-15.3)^{ref} and 0.69% (95% CI 0.65-0.74)^r

Next steps

- Volunteers from workshop to form small working group to continue with recommendations and actions for different audiences
- Approaches will form part of wider tobacco control for young people and adults – smoke free generation.
- Creative social marketing campaign - Young Health Champions.
- A local partnership approach with representatives from key departments and organisations.
- ADPH report on vaping – provides local context and data.
- **Any questions...?**