

**Written evidence submitted by the Cheshire and Merseyside Public Health Collaborative  
(Champs) (TVB76)**

**Written evidence to the Tobacco and Vapes Bill Committee: A Cheshire and Merseyside  
Perspective**

**1. About the Cheshire and Merseyside Public Health Collaborative**

The Cheshire and Merseyside Public Health Collaborative is a long-standing formal partnership of Cheshire and Merseyside's nine Directors of Public Health, the NHS Director of Population Health and their teams, serving a population of 2.7 million people. The Collaborative also has a strategic influencing role within the [Liverpool City Region Combined Authority](#) and the [Cheshire & Warrington sub-region](#).

Working to the ethos of 'collaborative action, local impact', the Collaborative tackles a number of priorities, agreed with the UK Health Security Agency, the Office for Health Improvement and Disparities, the Cheshire and Merseyside Health and Care Partnership and the NHS, that are common to every area and where progress can be best made through collective action. Tackling tobacco harm is a key priority and our vision is to end smoking, everywhere, for everyone in our subregion.

The Collaborative's purpose is to energise the whole system and influence strategic partnerships to focus on prevention, health inequalities and use of the best data and evidence. Directors of Public Health have also adopted lead roles, working on behalf of each other across the subregion. Dr Sarah McNulty, Director of Public Health at Knowsley Council is the All Together Smokefree Lead Director.

The Collaborative is facilitated by the [Champs Support Team](#). Should you wish to get in touch please e-mail [champscommunications@wirral.gov.uk](mailto:champscommunications@wirral.gov.uk)

**2. Summary**

- Smoking remains the leading cause of preventable illness and death in Cheshire and Merseyside, costing the region £1.9 billion annually.
- The Collaborative supports the Tobacco and Vapes Bill, particularly the smokefree generation proposal to incrementally raise the age of sale for tobacco.

- The Bill’s provisions to expand smokefree spaces, regulate vaping, and introduce a licensing scheme for retailers are all critical to reducing health inequalities and protecting public health in our subregion and across the UK.
- Recommendations include further measures to address youth vaping, tackle illicit trade, support existing smokers, maximise opportunities from smokefree spaces and target socioeconomic disparities in smoking prevalence.
- The Collaborative urges swift passage of the Bill to achieve the shared ambition of a smokefree future by 2030.

### **3. Introduction**

3.1 The Cheshire and Merseyside Public Health Collaborative (the Collaborative) commends the Tobacco and Vapes Bill as a critical step towards creating a smokefree generation. Smoking remains the single biggest cause of preventable illness and death in the region, driving health inequalities and placing significant economic burdens on local communities. This submission outlines our Cheshire and Merseyside perspective, emphasising the alignment with Cancer Research UK’s (CRUK) submission to the Committee and Action on Smoking and Health (ASH) evidence, while addressing the unique challenges and opportunities within our region.

### **4. Local Data and Health Impacts**

4.1 Cheshire and Merseyside has made considerable progress in reducing smoking rates, with adult prevalence declining to 10.4% in 2023, below the national average of 11.6%. However, smoking still results in approximately 3,435 deaths annually, costing the sub-region an estimated £1.9 billion annually in healthcare-related expenses and lost productivity.

4.2 Around 237,000 adults in the region still smoke—equivalent to the combined populations of St Helens and Knowsley—and smoking-related poverty affects over 109,000 households. Deprivation exacerbates smoking prevalence, with CRUK projections indicating it could take four times longer to reach the smokefree target in the most deprived areas compared to the least deprived. Tackling these health inequalities is essential to achieving the 2030 smokefree ambition in a fair and equitable way and beyond this to delivering a tobacco free subregion and UK.

### **5. Support for the Tobacco and Vapes Bill**

#### **The Smokefree Generation Proposal**

5.1 The smokefree generation proposal is a transformative measure that aligns with Cheshire and Merseyside’s All Together Smokefree ambition to end smoking, everywhere, for everyone in our

subregion. Raising the age of sale incrementally, ensuring that no one born on or after 1 January 2009 can purchase tobacco, is pivotal in preventing future generations from smoking. Our evidence-based All Together Smokefree Framework is supporting a Cheshire and Mersey-wide approach to tackling tobacco harm through a £5.7m, 3 year co-investment across Directors of Public and Population Health and the NHS. However, national action is required in addition to regional and local action and evidence demonstrates that robust tobacco control policies lead to substantial reductions in smoking rates.

5.2 CRUK's analysis highlights that raising the age of sale incrementally could help prevent over 470,000 disease cases by 2100. This includes preventing conditions such as lung cancer, chronic obstructive pulmonary disease (COPD), and cardiovascular diseases, which are directly linked to tobacco use. Reducing the prevalence of these diseases would not only save lives but also significantly ease the strain on our NHS by lowering hospital admissions and reducing long-term healthcare costs. It would further contribute to improved quality of life for individuals and their families, alongside fostering healthier communities.

### **Tackling Illicit Trade**

5.3 The smokefree generation model builds on successful policies, such as raising the age of sale from 16 to 18 and the introduction of smokefree laws, which have already significantly reduced smoking rates. This incremental approach not only prevents young people from taking up smoking but also reduces the overall demand for tobacco products. Tackling the overall demand for tobacco also helps to curb illicit trade, a persistent challenge in public health. Illicit tobacco products evade regulations, provide cheaper access to harmful products, and disproportionately affect low-income communities. Strengthening enforcement mechanisms, providing adequate funding to trading standards, and utilising data-driven strategies will be essential to address this issue. These measures will support our All Together Smokefree programme as we put in place an innovative new subregional initiative to tackle this illicit tobacco and illicit vapes working with Trading Standards North West (including our nine locality Trading Standards Teams), Her Majesty's Revenue and Customs, Borderforce and the Police.

5.4 Coordinated national and local efforts, alongside international collaboration, can help dismantle the networks that sustain the illicit tobacco trade. Public awareness campaigns highlighting the risks of illicit tobacco and its connection to organised crime can further reduce demand and we recommend these are funded nationally. Leveraging technology for track-and-trace systems and ensuring consistent penalties for offenders linked to the proposed new licensing regime will be key to creating a robust deterrent against the sale and distribution of illicit tobacco.

## **Smokefree Spaces**

5.5 The Bill's provisions for expanding smokefree spaces are equally critical. Passive smoking is harmful, and extending smokefree areas protects individuals from second-hand smoke while de-normalising smoking in public. Liverpool City Council pioneered comprehensive smokefree legislation ahead of national legislation in 2004 through its Smokefree Liverpool Bill and Cheshire and Merseyside also worked closely with the British Lung Foundation (now Asthma and Lung UK) in 2013 to secure legislative amendments to the Children and Families Act for smokefree cars carrying children. The Collaborative understands the value of coordinated and high profile enforcement of smokefree spaces, combined with well-resourced mass education campaigns, to ensure compliance and maximise public health benefits. Local authorities and devolved administrations in England should have the same opportunities to further extend smokefree areas as the devolved nations.

## **Licensing Scheme**

5.6 Additionally, the proposed introduction of a licensing scheme for tobacco and vape retailers, offers a significant opportunity to regulate sales more effectively. Licensing can facilitate compliance checks, ensure adherence to age-of-sale laws, and allow public health conditions to be attached to licenses. These measures are essential to reducing youth access to both tobacco and vaping products.

## **Measures to Tackle Youth Vaping**

5.7 The Collaborative also supports the Bill's balanced approach to vaping. While vapes are far less harmful than smoking and can aid cessation, it is vital to regulate flavours and their descriptors, packaging, and marketing and advertising to reduce their appeal to young people without deterring those adults who smoke from transitioning to a less harmful alternative.

5.8 We also believe that it is critical that that public communication (including direct communication related to the Bill) avoids worsening harm misperceptions about vaping compared to smoking. Research indicates that misconceptions about vaping, such as the belief that it is as harmful as smoking, are rising among both adults and young people. ASH surveys show that 54% of children and 39% of adults who smoke incorrectly perceive vaping as equally or more harmful than smoking. This misunderstanding may deter smokers from switching to vaping, a significantly less harmful alternative, thereby prolonging their exposure to the severe health risks associated with smoking which kills 2 in 3 long term smokers. Clear, evidence-based messaging is crucial to combat these misperceptions and encourage smokers to consider vaping as a viable quit tool. Public health campaigns must be able to emphasise the relative safety of legal vaping products compared to tobacco, while reinforcing the message that vaping is not risk-free and should never be used by non-smokers or young people. These efforts must be

balanced to ensure they support adults in quitting smoking without unintentionally promoting vaping uptake among non-smokers.

## **6. Recommendations**

- 6.1 Effective Youth Vaping Regulations** The Collaborative acknowledges the importance of striking a balance in vaping regulations. While vapes are a valuable cessation tool for adults, their appeal to young people is a growing concern. We support measures to regulate vape packaging, flavours, marketing and advertising, ensuring these products are less attractive to youth while remaining accessible to adults seeking to quit smoking.
- 6.2** To strengthen youth vaping prevention, the Collaborative endorses ASH's recommendations for prioritising measures to regulate the promotion of vapes including branding, packaging and displays, as well as restricting vape flavour descriptors. Practices such as those implemented in New Zealand—where descriptors like "gummy bears" and "unicorn shake" are prohibited—should be replicated in the UK. This approach ensures that vapes remain appealing to adults seeking smoking cessation while reducing youth appeal.
- 6.3 Addressing Illicit Tobacco** The tobacco industry often claims that stronger regulations increase illicit trade; however, past evidence, including the 2007 age-of-sale increase, shows otherwise. As a Collaborative, we wish to emphasise the importance of sustainable funding for **all** enforcement agencies and sub-regional approaches to tackling illicit tobacco sales supported by localities, together with the ongoing strategic approach in place at national level.
- 6.4** Public awareness campaigns highlighting the risks of illicit tobacco and its ties to organised crime are crucial for reducing demand. Coordinated efforts leveraging technology, such as track-and-trace systems, and strengthening international collaboration to dismantle supply networks are essential. Reinforcing penalties for offenders and promoting community engagement to report illicit activity will bolster enforcement measures.
- 6.5 Mandatory Health Warnings** The Collaborative recommends mandating health warnings directly on cigarette filters and filter papers. Evidence from Canada demonstrates the effectiveness of such measures in reducing the appeal of smoking, particularly among young people and occasional smokers. This addition complements existing tobacco control policies and emphasises the harmful nature of all tobacco products.
- 6.6 Regulation of Emerging Products** To address potential loopholes in tobacco regulation, the Collaborative calls for the explicit inclusion of heated tobacco products and nicotine pouches under the same regulatory frameworks as traditional cigarettes. This measure prevents

circumvention of the Tobacco and Vapes Bill's provisions and aligns with ASH's evidence-based recommendations.

**6.7 Environmental Considerations** The Collaborative supports banning cigarette filters under single-use plastics legislation. Cigarette filters provide no proven health benefit and contribute significantly to environmental pollution. Removing these filters would align with environmental priorities and promote public health by encouraging smokers to quit rather than switch to "filtered" alternatives.

**6.8 Smokefree Spaces** The Collaborative proposes granting local authorities the flexibility to designate additional smokefree spaces beyond those nationally regulated. This aligns with ASH's recommendation to empower local public health authorities to address unique community needs and protect vulnerable populations from secondhand smoke.

**6.9 Vapefree Places** ASH's evidence highlights the importance of exemptions in vaping restrictions for specific settings, including NHS mental health settings, stop smoking services, and hospital grounds. The Collaborative recommends aligning with these provisions to support smoking cessation efforts while ensuring regulations remain targeted and effective including that NHSE and OHID should issue joint evidence-based guidelines to support decision making on vaping in NHS trusts and local stop smoking services. We would be pleased to support the development of such a guideline based on our local and regional experience.

**6.10 Data-Driven Public Health** The Collaborative advocates for a legal requirement to publish tobacco sales data. Making this information publicly available would enhance the ability of local authorities and public health organisations to monitor trends, respond to regional smoking prevalence, and identify shifts in illicit tobacco use. This data-driven approach ensures resources are directed where they are most needed.

**6.11 Targeting Socioeconomic Disparities** The disproportionate burden of smoking in deprived areas of our sub-region necessitates targeted interventions. Data-driven approaches, including tailored campaigns and support for priority groups such as pregnant women and those with mental health conditions, are critical. Aligning the Bill's implementation with the Core20PLUS5 framework will help reduce health inequalities across the region.

**6.12** Moreover, embedding a prevention-first culture across the NHS and care systems, as emphasised in the 10-year health plan, is essential. This requires expanding public health training for healthcare professionals, equipping them with preventative care skills and an understanding of the social determinants of health. Enhanced collaboration between all ICSs and local authorities through coordinated approaches to tackling tobacco harm as happens

here, in the North East, in Greater Manchester and in North and South Yorkshire will help drive equitable access to cessation services, ensuring that prevention and health inequalities remain at the core of ICS strategies.

**6.13 Support to End Smoking, Everywhere, for Everyone** - in Cheshire and Merseyside and the whole country. The Collaborative advocates for a national "roadmap to a smokefree country," as recommended by Action on Smoking and Health (ASH). This roadmap would set structured guidance, targets, and interventions specifically focusing on disadvantaged groups to address inequalities and provide clear national objectives for achieving a smokefree future. Additionally, we support consulting on and implementing a "polluter pays" levy on tobacco manufacturers, ensuring sustainable funding for tobacco control measures, including regional programmes like the All Together Smokefree initiative.

## **7. Conclusion**

7.1 The Collaborative fully supports the Tobacco and Vapes Bill and urges its swift passage without dilution. The subregion's shared ambition to achieve a smokefree future by 2030 depends on strong national legislation that complements our Cheshire and Mersey-wide and local initiatives. The proposed measures will save lives, reduce health inequalities, and alleviate the economic burden of smoking on our communities.

7.2 The economic argument for tackling health inequalities is clear. Evidence from the Office for Budget Responsibility's Fiscal Risks and Sustainability report shows that reducing inequalities can significantly ease NHS pressures by decreasing demand for acute services and improving labour market participation. Reinforcing smoking cessation strategies in underserved areas will not only save lives but also contribute to economic productivity across Cheshire and Merseyside and the country.

7.2 Cheshire and Merseyside remain committed to working collaboratively with the Government, health organisations, and communities to create a future free from the harms of tobacco.

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