

# On the path to ending smoking: using new funding



HAZEL CHEESEMAN – DEPUTY CHIEF EXECUTIVE, ASH  
CORRINA BEBBINGTON – PUBLIC HEALTH REGISTRAR  
ROBYN WIGHT – PUBLIC HEALTH REGISTRAR

ASH receives funding from:



CANCER  
RESEARCH  
UK



# Background

---

- ASH has developed a briefing paper in partnership with DsPH and Humber and North Yorkshire's Centre for Tobacco Control Excellence to support local decision making in spending new funding to address smoking.
  - Available here: [On the path to ending smoking: using new funding](#)
- It has been reviewed and endorsed by the Association of Directors of Public Health.
- Purpose of the paper:
  - Emphasise the opportunities with the proposed legislation and additional funding.
  - Outline the evidence base to support all people who smoke to quit.
  - Outline recommendations for the activities that can be taken to maximise these opportunities.

# Opportunities

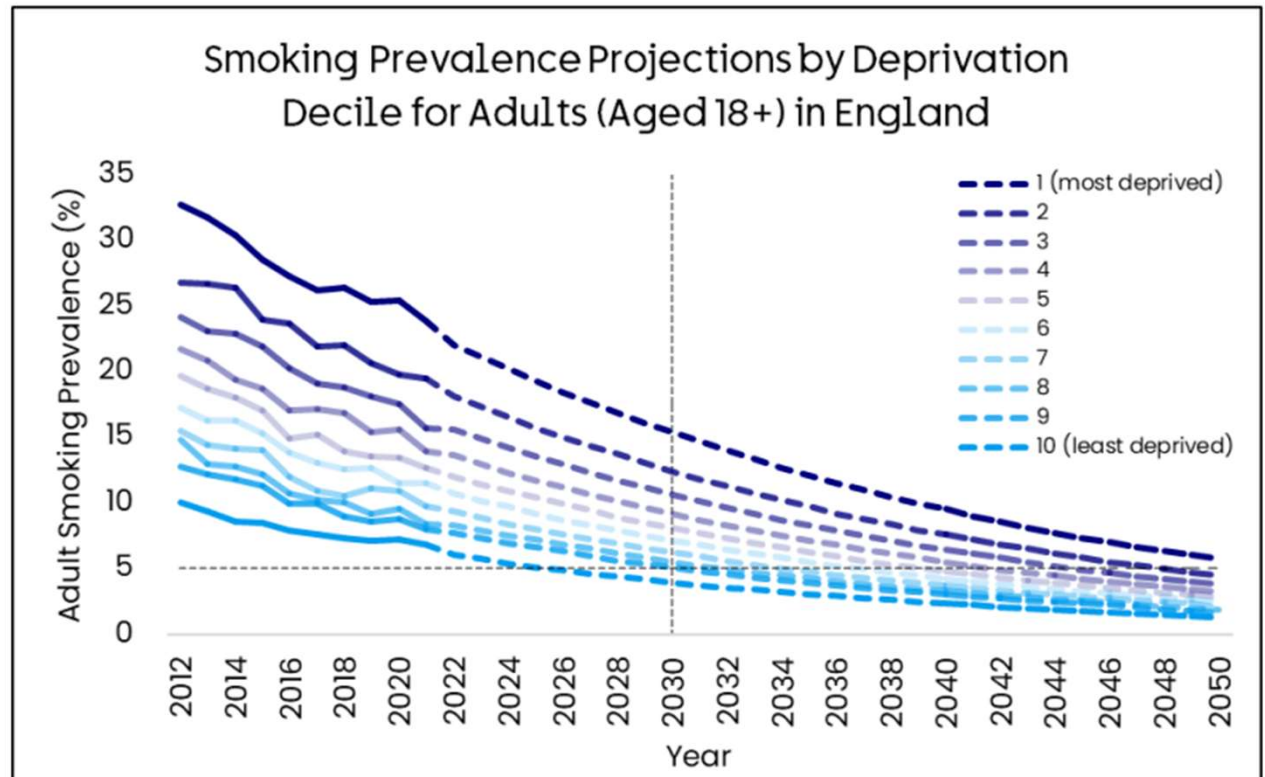
Proposed legislation and additional funding present an unmissable opportunity **to end smoking, everywhere, for everyone.**

<b>Additional funding - what</b>	<b>Purpose</b>	<b>Value</b>
<b>New funding for LA stop smoking support</b>	To increase support for people who smoke to quit	£70 million from 24/25 committed for 5 years
<b>Swap to stop scheme</b>	Give LA led bids access to free vapes to support quitting	£45 million over two years
<b>New enforcement funding</b>	Address illicit products, largely through national agencies	£30 million from 24/25 for 5 years
<b>National mass marketing campaigns</b>	To motivate quitting	£15 million from 24/25 for 5 years
<b>National financial incentive scheme for pregnant women</b>	To increase quitting in pregnancy and among partners	£10 million over two years

# Progress towards a smokefree 2030

5% target will be missed by ~9 years.

- Least deprived hit 5% ~2025.
- Most deprived hit 5% 25 years later.



Smoking projections by CRUK

To reach  
targets,  
progress  
needs to be  
quicker...

---

Currently:

---

~ 37% make a quit attempt each year.

~26% of these attempts succeed.

---

Change requires:


---

Increase in quit attempts to at least 45%.

Increase in quit success to ~30%

# What we know

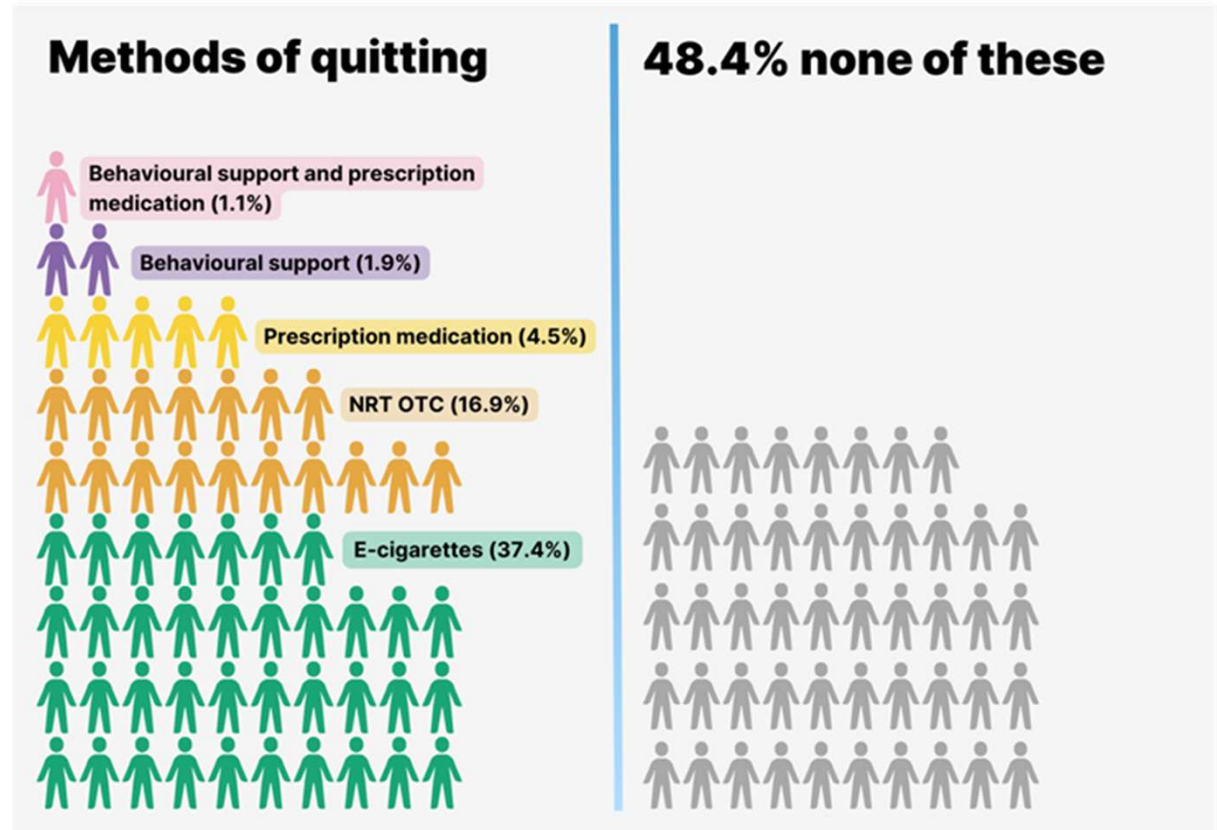
---

- The **majority** of people who smoke want to quit, but the majority attempt to quit **without support**, with a **minority using SSS** (~3%) .
  - There are no secrets to stopping smoking, we need to keep encouraging people to **make a quit attempt**, and **increase their chances of success with support**.
  - **Priority groups** are no less motivated to quit, but find it harder, and **need more support**.
  - **More quit attempts** will always lead to **more quit success**, so we need to encourage **more people who smoke to attempt to quit**, more often.
- 

# What we know

## Methods of quitting:

- All routes of support should utilise effective and feasible quitting methods.
- Most effective methods in the real-world = varenicline and vapes.
- Increasing access to evidence-based aids =  
↑ success, ↓ relapse



*A figure to show the methods of support most commonly used by people who smoke in England (data from the Smoking Toolkit Study)*

## What we know: other activity that can drive progress

Area of activity	How it will impact on smoking rates			
	Improve quit success	Increase quit attempts	Prevent relapse	Prevent uptake
Invest in quit support	✓		✓	
Provide a diverse range of routes to quit	✓	✓	✓	
Communications strategy	✓	✓	✓	✓
Enforce regulations		✓	✓	✓
Expand VBA, promote hope/the annual quit		✓		
De-normalise smoking	✓	✓	✓	✓
Advocate for national policy	✓	✓	✓	✓



# Recommendations

Directors of Public Health, commissioners of stop smoking services, NHS leads and service managers all have a vital role in taking action across the system to stimulate increased rates of quitting and maximising success rates.

Directors of Public Health are ideally positioned to lead their local places and wider footprints in taking action to utilise the additional funding opportunities transformatively to **end smoking, everywhere, for everyone.**

# Key Recommendations

---

1. Review local strategy and partnerships against the goal to end smoking.

2. Allocate sufficient investment in activity to motivate people who smoke in all communities to quit.

3. Skill up stop smoking services to increase capacity and act as hubs of excellence for wider services.

4. Identify activity best delivered collaboratively across local authority boundaries to maximise impact.

1. Strategy, partnership and leadership are needed to secure transformational change and support many more people who smoke to quit:

---

Refresh or put in place a new local strategy to increase quit attempts and quit success for your local population. Include local targets for the whole population and target groups.

---

Ensure you have a high functioning Tobacco Control Alliance, or equivalent, which includes all partners, has strong leadership and a clear mandate to deliver your strategy.

---

Identify activity best done collaboratively at ICB or regional level (i.e. TV media regions).

---

Share learning and good practice, recognising the value of diverse local and regional geographies and the building of quality and trusted relationships.

2. To accelerate progress, we need to increase the rate of quitting in the population so that nearly half of all people who smoke make a quit attempt each year:

---

Amplify national mass media campaigns with strong and funded local and regional/ICB communications strategies to connect people to the range of stop smoking support, including local quit services.

---

Consider funding digital models of support either locally or in collaboration with other local authorities.

---

Equip the wider workforce through training to prompt quitting and drive referrals.

---

Improve referral pathways and increase the number of referrals into local stop smoking services or into other forms of support.

---

Maximise the opportunities from the 'swap to stop programme' to reach people who smoke with a new aid to quitting.

3. Our high-quality stop smoking services must be the hubs for our community, supporting people who smoke and driving up standards and knowledge in other settings:

---

A service offer that uses all frontline treatments including: e-cigarettes, varenicline, cytisine and combination NRT.

---

Prioritise the service offer for key priority groups to reduce inequalities and address barriers to access (e.g. by offering flexible in person community-based approaches).

---

Use every contact as an opportunity to link people who smoke into other support services (e.g. mental health, employment and housing)

---

Staff should be trained to NCSCT standards and be from a range of bands including highly qualified leaders who can drive up quality across the area.