

# Using the new funding for smoking cessation

**Hazel Cheeseman**

March 2026

Chief Executive

Action on Smoking and Health

ASH receives funding from:

- Cancer Research UK
- British Heart Foundation

# A smokefree country is within reach

- This is a transformative moment for tobacco control:
  1. Generational smoking ban will protect future generations from harms of tobacco
  2. Tougher regulation of tobacco and nicotine products in Tobacco and Vapes Bill
  3. Renewed national funding for smoking cessation and enforcement activity
- Unprecedented opportunity to accelerate progress towards a smokefree future by reaching people who smoke in *every* community.
- But it means going beyond just commissioning specialist stop smoking services, to shaping a coordinated local system in which every organisation plays a role in reducing smoking and supporting quitting.

# New ASH briefing

- We have developed a new briefing to support local authorities to maximise the impact of the ring-fenced smoking cessation funding within the Public Health Grant.
- The briefing:
  - Provides an overview of the current policy context and funding streams.
  - Sets out high-impact recommendations across 5 key areas of focus.

## On the path to ending smoking Using the new funding for smoking cessation

March 2026



This briefing has been developed by ASH to support local decision-making in spending the consolidated ring-fenced smoking cessation funding within the Public Health Grant.

### Summary of recommendations

#### Develop an ambitious strategy

1. Refresh or put in place a new local strategy to increase quit attempts and quit success for your local population.
2. The strategy should include local targets for reducing prevalence in the whole population and target groups e.g. people in routine and manual occupations or with mental health conditions.

#### Prioritise health inequalities

3. Prioritise tailored support for disadvantaged groups, where smoking prevalence and health inequalities are highest.

#### Provide evidence-based quit support

4. Ensure all smokers have access to NICE-recommended pharmacotherapy and nicotine vapes.
5. Maintain investment in the Swap to Stop scheme and facilitate access to the scheme for NHS trusts and other services.
6. Address misperceptions around the risk from vapes.
7. Develop a workforce strategy and training plan to ensure staff are trained to NCSCCT standards.

#### Increase quit attempts

8. Increase the rate of quitting in the population so that nearly half of all people who smoke make a quit attempt each year.

#### Work in partnership

9. Identify activity best done collaboratively at ICB or regional level.
10. 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.
11. Share learning and good practice, recognising the value of diverse local and regional geographies and the building of quality and trusted relationships.

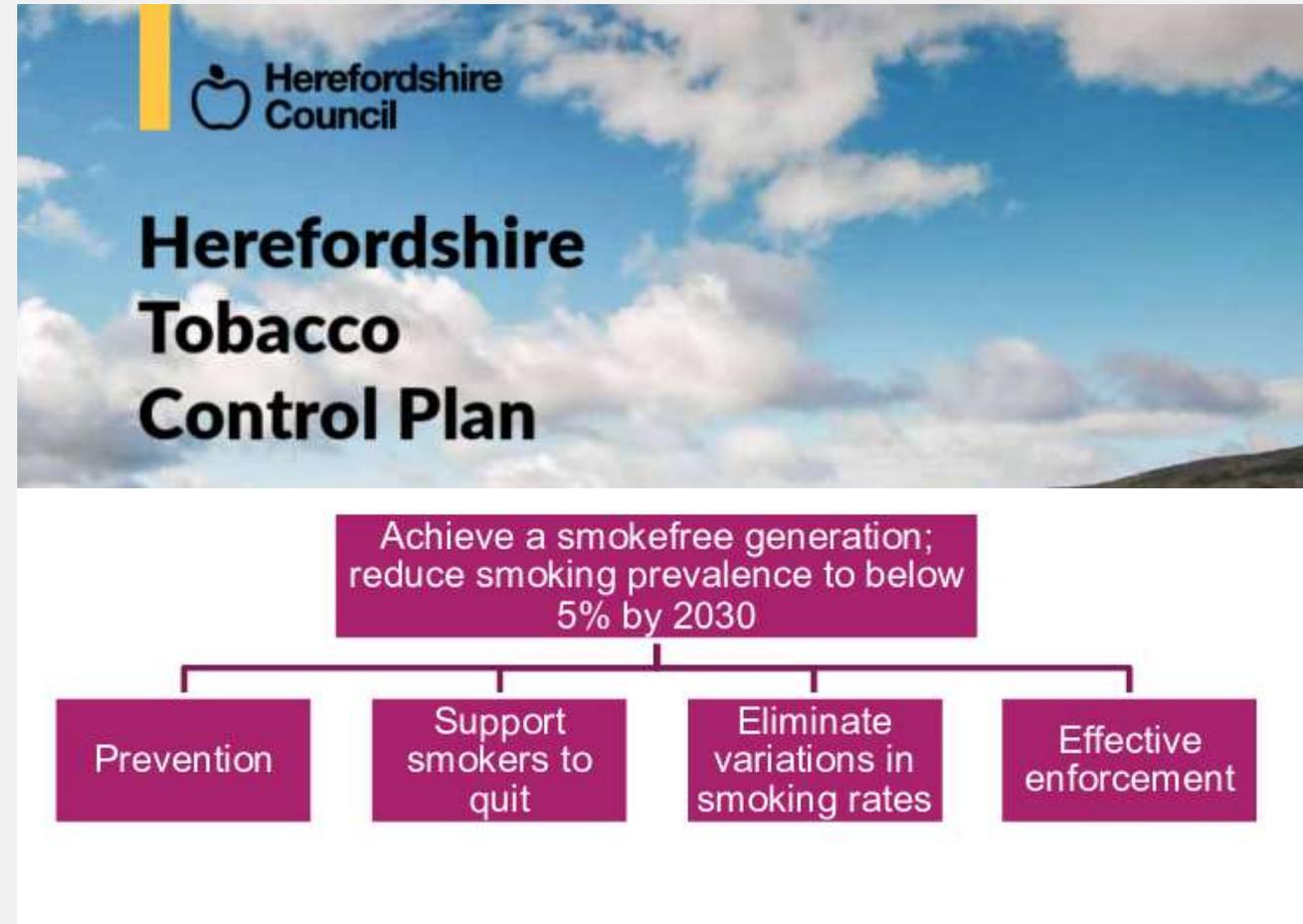
# 5 key areas of focus

1. Develop an ambitious strategy
2. Prioritise health inequalities
3. Provide evidence-based quit support
4. Increase quit attempts
5. Work in partnership

# 1. Develop an ambitious strategy

- Refresh or put in place a new local strategy to increase quit **attempts** and quit **success** for your local population.
- This should involve all **local partners**, with clear lines of accountability and buy-in from senior leadership within the council.
- The strategy should include local **targets** for reducing prevalence in the whole population and target groups e.g. people in routine and manual occupations or with mental health conditions.
- Clear targets help to drive progress, create accountability, and highlights the vital role of local authorities in driving down smoking prevalence locally.

# 1. Develop an ambitious strategy



# 2. Prioritise health inequalities

- **Prioritise tailored support for disadvantaged groups, where smoking prevalence and health inequalities are highest.**
  - Embed smoking in health & wellbeing strategies
  - Tailor the service offer for priority groups and address barriers to access
  - Build links with other services where smoking is common among service users (e.g. family support, income support, foodbanks, addiction, mental health, social housing and homelessness)

## Southwark Tobacco Control Strategy 2024-2030

2

To reduce the inequality gap in smoking prevalence between our priority populations and the general population. Our priority populations being:

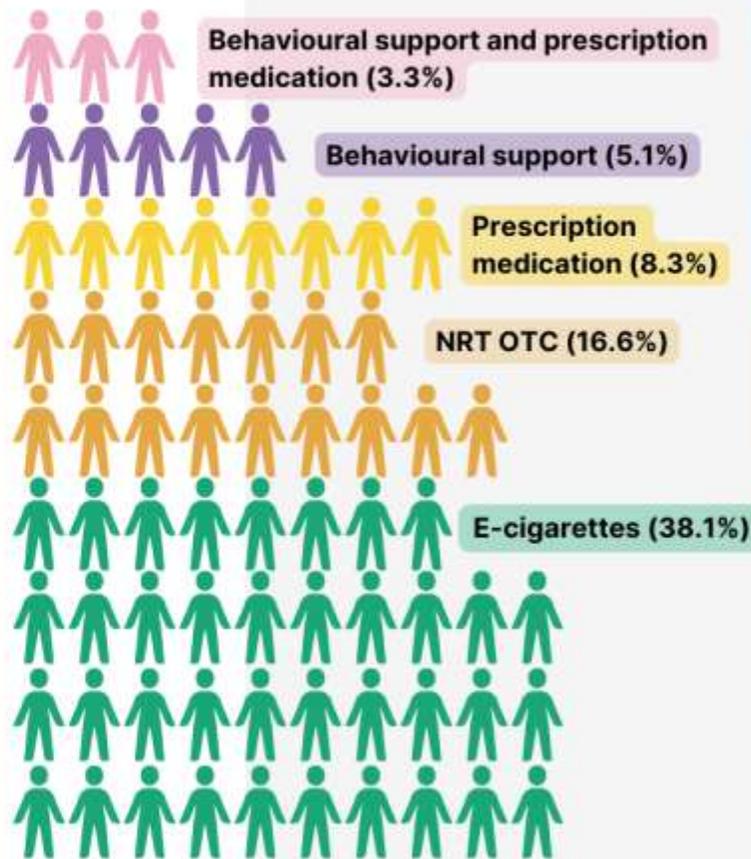
- People with mental health conditions
- Pregnant people
- Routine and manual workers
- People with drug and alcohol dependence
- LGBTQ+ people
- People living in social housing
- People experiencing homelessness
- New migrant groups
- Health Inclusion Groups

# **3. Provide evidence-based quit support**

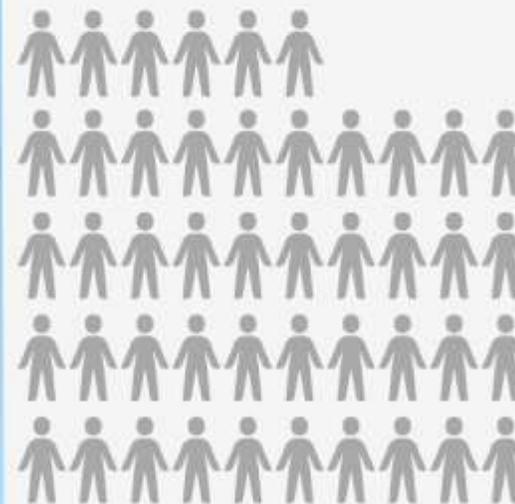
Around **1 in 3** smokers tried to stop smoking in 2025



## Methods of quitting



**46.1%** none of these



Most popular methods of quit support used by people who smoke in England

# 3. Provide evidence-based quit support

- **Ensure all smokers have access to NICE-recommended pharmacotherapy.** Take-up of varenicline, one of the most effective medications, remains low, used by only 1.4% of smokers who tried to quit.
- **Maintain investment in the Swap to Stop scheme to facilitate access to preferred quit method.** Swap to Stop has been highly effective, with 97% of councils participating last year.
- **Develop a workforce strategy and training plan to ensure staff are trained to NCSCCT standards:** the quality of workforce must grow with our services
- **What about those who don't use services?**
  - Address misperceptions around the risk from vapes.
  - Facilitate access to the Swap to Stop scheme for NHS trusts and other services
  - Promote other tools e.g. apps, text messages etc

# 4. Increase quit attempts

- **Increase the rate of quitting in the population so that nearly half of all people who smoke make a quit attempt each year.**
- This can be achieved through:
  - Local and regional/ICB comms activity + amplifying national mass media campaigns
  - Funding digital models of support either locally or in collaboration with other local authorities
  - Equipping the wider workforce through training to prompt quitting and drive referrals.
  - Improving referral pathways
  - Maximising use of Swap to Stop

# 5. Work in partnership

- **Identify activity best done collaboratively at ICB or regional level.**
- System-wide collaboration is vital for building a comprehensive stop smoking offer. It allows us to achieve economies of scale, boost impact by supplementing local activity and share expertise across local boundaries.
- **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.**
- **Share learning and good practice, recognising the value of diverse local and regional geographies and the building of quality and trusted relationships.**

# Links and resources

- [ASH Local Toolkit](#) – resources for local authorities
- ASH. [Tobacco control: what you need to know.](#)
- ASH and Fresh. [The End of Smoking.](#) 2022.
- ASH. [Evidence into practice: motivating quitting through behaviour change communications.](#) 2021.
- ASH. [Toolkit: Developing a system-wide tobacco control programme.](#)
- ASH. [10 high impact actions for local authorities and their partners.](#) 2022.
- ASH. [Developing a system-wide tobacco control programme.](#)

## Follow us



[AshOrgUK](#)



[AshOrgUK.bsky.social](#)



[AshOrgUK](#)

## Email



[enquiries@ash.org.uk](mailto:enquiries@ash.org.uk)

## Website



[www.ash.org.uk](http://www.ash.org.uk)

**ash.**  
action on smoking and health