



# **Tobacco and vapes framework – 2026 - 2031**

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## Foreword

Tobacco use remains one of the most significant causes of preventable illness and early death. While smoking rates have steadily declined over recent decades, tobacco still contributes to profound health inequalities. At the same time, the rapid rise in vaping and the emergence of new nicotine products have introduced fresh complexities - creating both opportunities for harm reduction and new risks, especially for children and young people.

The UK Government has set out an ambition to reduce the rate of smoking amongst adults in England to 5% or less by 2030. This framework sets out our shared ambition to protect health, reduce inequalities, and create a smokefree future for the next generation. It provides a plan for how we will work collaboratively across the Council, the NHS, partner organisations and our communities to prevent uptake, support people to take steps towards quitting, shape healthier environments, and strengthen tobacco control. By monitoring data and using local insights we can ensure our actions remain responsive to emerging trends and grounded in what works.

Achieving a smokefree generation by 2030 is an ambitious goal, but it is one we must pursue to improve health, protect children, and support a fairer, healthier Torbay.

**Dr Lincoln Sargeant - Director of Public Health, Torbay Council**

**Councillor Hayley Tranter - Cabinet Member for Adult and Community Services, Public Health and Inequalities**

## Context

Tobacco use remains one of the leading preventable causes of illness and death, contributing to increased risk of cardiovascular disease, respiratory conditions and cancer. While smoking rates in England have declined over recent decades to the lowest rate since records began in 1972, tobacco still poses a major public health challenge. Currently, around 5.3 million adults in England smoke, and smoking still accounts for around 64,000 preventable deaths in England every year. Importantly, smoking is more prevalent among people from lower socioeconomic groups and with long term mental health conditions. It therefore contributes to health and economic inequalities, and differences in life expectancy.

Currently, around 13.8% of adults in Torbay smoke, which equates to around 15,000 adults. Of these, we estimate that around 3,000 (20.1%) are employed in routine and manual occupations and around 2,085 (19.1%) have a long-term mental health condition. Smoking attributable mortality for Torbay (adjusted to take account of differing areas' age profile) is around 210 people per 100,000 (2017/19) which is similar to the England value.

The emergence of vapes and other nicotine products such as pouches have introduced new complexities to tobacco use. Vapes deliver nicotine without the tar and carbon monoxide found in cigarettes, which means they can play an important role in reducing adverse health risks for smokers. However, people can become dependent on nicotine and the habit of vaping. Therefore, it is not recommended for those who do not smoke. Messages comparing the relative risks between vapes and cigarettes can be misinterpreted or manipulated, creating the illusion that vaping is harm-free. Marketing strategies such as colourful packaging, prominent placements in shops and online, and low-price points all contribute to attracting new users, including adolescents. The physiological effects of nicotine combined with social influences have driven increased uptake. There is currently no evidence that an increase in vaping is leading to an increase in smoking rates. However, the unknown long term health effects of vaping, and the health impacts of nicotine on children's health are growing public health concerns.

## Purpose

In October 2023, the UK Government launched the Smokefree Generation 2030 plan. This refreshed the commitment, vision and resource to achieving the target of fewer than 5% of adults smoking by 2030, a target that was originally set out in the tobacco control plan for England in 2017. Broadly, the plan includes:

- Bringing forward the Tobacco and Vapes Bill, which proposes raising the legal age of sale for tobacco, introducing restrictions on marketing for tobacco and vaping products.
- Providing increased funding for local stop smoking services,
- Providing increased funding to strengthen enforcement on underage sales and illicit trade.

Smoking rates in Torbay have reduced from 19.1% in 2011 to 13.8% in 2024, however rates remain significantly higher than the England value. To meet the smokefree generation 2030 ambition in Torbay, we need to support around 9,400 adults to stop smoking. This is a significant challenge given the rates of decline to date.

This framework has been developed to set out priority areas to guide action on smoking and vaping across Council departments, work with partner organisations, and use funding to work towards the Government's Smokefree generation 2030 ambitions locally in Torbay.

## Strategic alignment

In addition to, and supporting, the UK Government's smokefree 2030 ambition, is the NHS Long Term Plan. This includes a commitment to treating tobacco dependency, by providing NHS-funded cessation support to inpatients who smoke, pregnant women and birthing people, and patients in specialist mental health services. This framework is aligned to the regional and local approaches for delivering this NHS commitment as set out in the Southwest Tobacco Control framework and the Devon ICB Prevention Programme.

Torbay Council is a member of the Smokefree Devon Alliance; a partnership of organisations committed to reducing smoking in Devon. This framework is also aligned to the Smokefree Alliance strategy and action plan (2023 – 2028) which has committed to three priority areas of for tobacco control action: protecting children from the harms of tobacco, reducing health inequalities related to smoking and promoting strong collaboration around tobacco control.

## Guiding principles

The framework, actions and recommendations are guided by the following principles:

### ***1. Reasonable promotion and use of vapes***

Vapes can be an effective way to help smokers reduce or quit smoking and can in the short term reduce exposure to harmful substances associated with risk of cancer, respiratory and cardiovascular conditions. However, vapes are not risk-free and the long-term health impacts of vaping (beyond 2 years) are not yet known.

Therefore, our message is that smokers should consider switching to a vape, but those who do not smoke should not vape.

### ***2. Test new ways of supporting people to quit***

We adhere to best practice guidance set out by the National Institute for Health and Care Excellence (NICE) that offering behavioural and pharmacological support together is the most effective approach to helping smokers to quit, and to the national Russell Standard for assessing performance of local stop smoking services.

### **Key criteria: Russell Standard**

- A 'treated smoker' (TS) is a smoker who undergoes at least one treatment session on or prior to the quit date and sets a quit date.
- A 'self-reported 4-week quitter' is a 'treated smoker' assessed (face to face, by postal questionnaire or by telephone) 4 weeks after the designated quit date (minus 3 days or plus 14 days) and declares they have not smoked even a single puff on a cigarette in the past 2 weeks.
- A 'CO-verified 4-week quitter' is a 'treated smoker' who is a self-reported 4-week quitter with an expired-air CO assessed 4 weeks after the designated quit date (minus 3 days or plus 14 days) and found to be less than 10ppm.
- A treated smoker is counted as 'lost to follow up at 4-weeks' if, on attempting to determine the 4-week quitter status they cannot be contacted.
- The self-reported 4-week success rate should generally be above 50%.

However, there is currently a lack of evidence about how support can be effectively tailored to meet the needs of higher risk populations. Therefore, we need to adapt and test new way of workings to ensure support meets the needs of those currently underrepresented in smoking cessation services to reduce health inequalities.

### **3. Encourage steps towards quitting**

There is no safe level of smoking and therefore, all smokers need to be encouraged to quit. However, focussing on immediately quitting may feel unachievable to some and could inadvertently stifle willingness to make incremental changes that could achieve health benefits, and build motivation and self-efficacy towards eventually quitting.

Therefore, we need to create a pathway of opportunities that encourage people to take positive steps forwards and that values and celebrates all achievements.

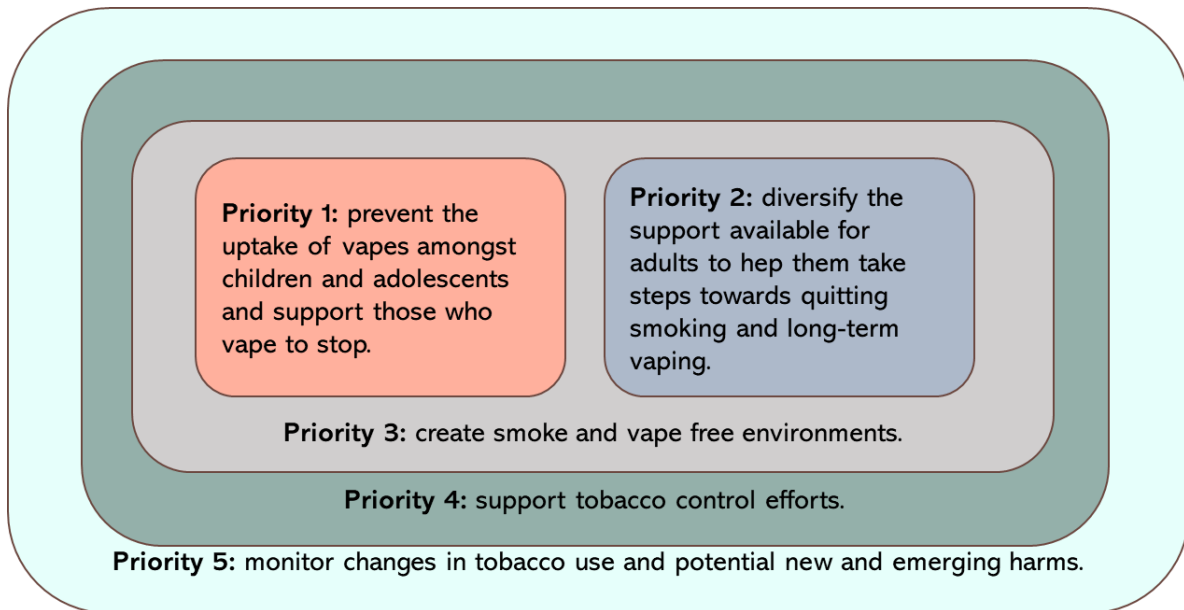
### **4. Smoking cessation for wealth and health**

Increasing the price of tobacco has been one of the most effective ways of reducing use. However, for entrenched smokers, this increase may result in reducing spend on other household bills leading to an increase in existing social inequalities.

Therefore, we need to improve saving money as a motivator for reducing and stopping smoking and equip those working with people experiencing financial hardship to have conversations about smoking.

## **Framework**

Figure 1 sets out the framework and priority areas for action to move us towards creating a smokefree generation:



## Priority areas

Priority 1 – prevent the uptake of vapes amongst children and adolescents, and support those who vape to stop

### **Situation**

Reducing the number of new starters has been one of the main successes in reducing overall rates of smoking. Between 2004 and 2023, regular smoking amongst 15 years olds in England fell from 21% to 2.2%. This success has been a result of policy and educational interventions that have worked to denormalise smoking by making it expensive and unattractive.

The availability of vapes and nicotine pouches have introduced new ways of influencing young people towards nicotine use. The range of flavours, coloured packaging and low-price points are particularly attractive to adolescents and have contributed to interest in experimentation. The increased visibility of vape use amongst adolescents has formed new social norms and peer dynamics which have helped to further increase uptake. National survey data indicates that in 2025, around 20% of those 11-17 years have ever vaped, and 7% currently use vapes regularly. Extrapolating these data suggests that around 1,000 young people in Torbay may currently use vapes, and around 2,600 have ever used a vape. Whilst rates are significantly higher than 10 years ago, current rates have been stable since 2023.

Short term health effects of using vapes include headaches, dizziness, irritability, difficulty concentrating, respiratory issues, sore gums and dental issues. The effects of nicotine use are particularly harmful on developing brains and can negatively affect school attendance and performance. Additionally, in some instances vapes have been used as a mode of administration for other substances including synthetic cannabinoids which pose additional health concerns to young people.

### **Response**

The forthcoming Tobacco and Vapes Bill will bring forward legislation to increase the legal age of sale for tobacco and is expected to reduce marketing powers around vapes and make the sale of nicotine pouches illegal to those under 18 years old. This is vital to reducing uptake and protecting young people from the harms of nicotine. However, education and support interventions are also required. The evolving nature of products, influencing factors and impacts mean that there is currently little published research on effective approaches to prevent uptake of vaping amongst adolescents, reduce use and in both those who use them experimentally, and those who are nicotine dependent. Therefore, we will use local youth engagement and behavioural science approaches to inform and evaluate potential approaches.

## **Areas of delivery**

### **1. Educate young people about vapes, and support the management of vapes within schools:**

- Use Torbay Healthy Learning to provide teachers, school leaders, parents and students (in-school and home educated) with information and resources that educate about the harms of vaping (including the use of vapes for use of other substances than nicotine), build resilience and refusal skills, and where to go for support.
- Provide schools with guidance to support the management of vapes on their premises, including how to handle those suspected of containing additional substances, and pathways to refer to specialist support for nicotine dependence and drug use support.
- Ensure that School Nurses have training and support to have conversations with young people about vaping, provide support and pathways to refer to specialist support.

### **2. Develop social media and community-based initiatives**

- Gain insights about vaping amongst local young people and influencing factors.
- Create and deliver health messages from trusted, credible sources which highlight the harms of vaping, its negative effects on stress and mental health and to reduce social appeal.
- Provide information to youth workers and community and voluntary sector organisations supporting young people to have conversations about vaping, and suggestions for developing peer support systems to prevent and reduce vape use.

### **3. Ensure that young people have access to specialist support**

- Develop specialist support for those who are nicotine dependent.
- Develop pathways to ensure that those who use vapes for substances controlled under the Misuse of Drugs Act have access to specialist support and address associated harms.

Priority 2 – diversify the support available for adults to help them take steps towards quitting smoking and long-term vaping

#### ***Situation***

In Torbay, recent estimates indicate that around 15,000 adults currently smoke. Whilst smoking rates have been reducing, there remain distinct differences in rates of smoking

between groups based on socioeconomic position, unemployment, mental health condition, housing tenure, use of drugs and alcohol and complex needs. These groups may face additional barriers to quitting including a greater association between smoking and managing stress, mental health conditions and even pain, have more people in their social network who also smoke, and may find it harder to access services. Together, these factors can reduce motivation and self-efficacy which are key to initiating a quit attempt. Research shows that structured support is an effective way of helping people to stop smoking compared to information and advice. However, many people try to quit alone and without support. This can be for a range of reasons, including, lack of awareness of what support is available, concern around losing autonomy, fear of judgement from professionals, feeling they should be able to quit alone and even feeling like they should not need or deserve help.

Vaping can play an important role in reducing the harms of smoking and helping adults to quit. However, the availability and promotion of vapes and their use by young people have altered perceptions and smoking habits amongst adults. For some, vaping is seen as a way of moderating how much they smoke and reducing the expense of smoking. For others, the potential to constantly vape and the lack of evidence of harms means they perceive it as more harmful than smoking. And, for some adults who are not current smokers, the message that vaping is less harmful than smoking has been an incentive to take up vaping. National survey data from 2025 indicate that nationally, around 11% of adults currently vape. Extrapolating this indicates that around 12,300 adults in Torbay may currently vape. According to this survey, nationally, just over half (53%) of those who currently vape are ex-smokers. Of these, around half reporting vaping for over three years. This indicates that potentially around 5,800 adults in Torbay who currently vape have not smoked and around 6,500 are ex-smokers. Of those who have used a vape to stop smoking, around 3,260 may have been using a vape for over 3 years.

## ***Response***

To reduce inequalities in smoking rates and to address the changing perceptions and behaviours around smoking and vaping, there is need to develop a continuum of support that meets people where they are and helps them to take steps towards quitting. This will include approaches that build motivation, reinforce autonomy and willpower, and that promote harm reduction. Additionally, approaches will seek to harness the growing popularity and ease of access to information and support provided by digital technology.

## **Areas of delivery**

### **1. Keep making steps towards quitting in people's minds:**

- Deliver regular campaigns to encourage smokers and long-term vapers to take steps towards quitting, and to improve the awareness of the tools and support available.
- Use campaigns to showcase local places and local people's stories to improve the relevance of information and contribute to building a local social movement.
- Develop a network of smokefree champions across health and social care, and voluntary and community sector organisations who can provide evidence-based advice on smoking and vaping cessation.

### **2. Improve the availability of information and quit tools:**

- Use targeted advertising, social media and optimise website pages to make information about local support easier to find.
- Develop self-support tools that provide advice and ideas to help bolster individual willpower to direct their own reduction and quit of smoking or vaping.
- Develop peer support systems to encourage friends to take steps towards quitting together and to avoid risk of relapse.

### **3. Diversify structured support options:**

- Continue to provide access to support from trained stop smoking advisors and access to stop smoking aids.
- Offer vaping reduction and cessation support for those who vape to a high level and have done so for some time.
- Support delivery of the NHS treating tobacco dependence programme to ensure patients accessing maternity, inpatient and specialist mental health services are offered smoking cessation support.
- Provide access to digital smoking cessation services.
- Develop new models of professional led smoking cessation support into drug and alcohol services, community mental health services, and family planning services, including offering harm reduction approaches of up to 26 weeks of support.

### **Priority 3 – create smoke and vape free environments**

Second-hand smoke exposure poses a risk to all smokers and non-smokers. It is a particular risk to those who are pregnant, children and those with long term health conditions. Second-hand smoke inhalation can cause lung cancer, increase the risks of developing asthma, respiratory infections, COPD, heart disease and stroke. In young children, it can also increase the risks of respiratory and ear infections, asthma attacks, and sudden infant death syndrome. Smoke can cling to carpets, can penetrate through doors etc. and therefore even smoking in one room in a house or opening a window do not protect individuals or household members. Second-hand smoke exposure is not just a risk indoors. The harmful chemicals in tobacco smoke can also be inhaled outside. The risk is heightened in enclosed areas such as parks and outdoor seating areas or patios at hospitality venues.

Whilst current research indicates that second hand exposure to vape smoke is less harmful than tobacco smoke, research is still in its infancy. Therefore, caution should be exercised. In addition, inhalation of vape smoke can be unpleasant and can lead to the influencing of impressionable people like children who are likely to copy what they see adults do. Therefore, vaping should not be done in front of babies or children. The Tobacco and Vapes Bill is expected to provide additional provisions to regulate against smoking in specific environments. However, Local Authorities and other anchor institutions have some local powers and services to champion smokefree sites. Anchor institutions refer to organisations, typically not for profit, public organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Locally, these are Torbay Council, Torbay and South Devon NHS Trust and South Devon College.

### **Areas of delivery**

#### **1. Support the creation of smokefree homes:**

- Provide training, support, and equipment to enable Health Visitors to identify second hand exposure risk in the homes of young families, and to promote safety measures and access to cessation support.
- Work with housing officers and those undertaking home safety checks to promote conversations about second hand smoke exposure, carbon monoxide exposure and smoking cessation.

**2. Promote smokefree outdoor spaces:**

- Expand smokefree signage to all playparks in Torbay and explore options to extend signage to other locations where children play such as beach fronts.
- Ensure smokefree signage is displayed across Council owned assets, and that this directs people to support.
- Ensure Council events display smokefree signage and have clear messages for vendors about smoking and vaping.

**3. Encourage businesses to create more smokefree spaces:**

- Support the development of smokefree sites in local anchor institutions.
- Working with anchor institutions, provide resources and support to local businesses to promote smokefree workplaces.
- Encourage supermarkets and shops to improve smokefree areas and signage around customer entrance and exits.

**4. Utilise licensing arrangements to reduce outdoor smoking spaces and access to vapes:**

- Use pavement licences issued under the Business and Planning Act 2020 to develop a certificated voluntary scheme to incentivise hospitality businesses to become 100% smokefree, and to amend the pavement conditions to introduce a minimum 50% smokefree area.
- Explore opportunities to review and reduce the number of vape shops in highly concentrated areas and those with heavily footfall of young people.

**Priority 4 – support tobacco control efforts**

Policy drivers to increase the price of tobacco are an effective way of motivating people to quit and reduce the interest in taking up smoking. However, for entrenched smokers, the increased cost of tobacco may lead some to engage with illegal and illicit tobacco. Illicit tobacco products encompass those which are manufactured legally but are smuggled into and sold illegally in other destinations other than their intended one, while illegally manufactured counterfeit products that mimic well known tobacco brands, and foreign brands lawfully produced in one country but intended for smuggling into another.

Illicit products are cheaper and are not produced or controlled in the regulated way that protects consumers. Additionally, the illicit tobacco trade has strong links with organised crime. Sellers often target children and young people which increases the risk they may begin using products. Of increasing concern is the risk posed by illegal vapes. These are more likely to contain more than the legal limit of nicotine concentration (<20mg/ml (2%)), not have health

warnings on the packaging, or have this in another language and contain other ingredients such as caffeine and taurine. Illegal vapes are more likely to be low priced and therefore are likely to be particularly attractive to those most vulnerable, including young people.

### **Areas of delivery**

#### **1. Support and advocate for national policy:**

- Respond to government consultations and calls for evidence to support the progress of the Tobacco and Vapes Bill.
- Provide information to national advocacy organisations such as ASH support lobbying efforts.

#### **2. Work with Police and Trading Standards to improve sharing of information and the knowledge of reporting channels for illegal and illicit tobacco and underage sales:**

- Use intelligence from Police and Trading Standards to direct the development of education and support offers around smoking and vaping.
- Use social media, smokefree champions network and voluntary and community sector organisations to improve the knowledge of reporting channels.

#### **3. Develop guidance to support settings to safeguard children and young people safe from exploitation:**

- Integrate information about risks of exploitation around illegal and illicit tobacco trade, how to spot signs of danger and reporting channels into the Torbay Healthy Learning resources for teachers and school leaders
- Work with services and settings working with vulnerable children and young people (including social care, care leavers and SEND providers) to provide this information.

### **Priority 5 – monitor changes in tobacco use and potential new and emerging harms**

Monitoring data is vital to understanding how tobacco use changes overtime and to identifying health inequalities linked to tobacco use. Additionally, as industries continue to innovate and consumer behaviours change, new products are likely to continue to emerge. These can introduce unfamiliar health risks or patterns of use which are likely to be particularly harmful and detrimental to young people. It is therefore essential to monitor data and trends to identify how strategies and support need to be adapted to ensure we continue to decrease tobacco use within the local population.

### **Areas of delivery**

#### **1. Monitor impact of work to identify changing trends and areas for improvement:**

- Use routine survey and service data to identify who is being reached by support, and where improvements are needed to ensure equitable access and uptake.
- Use qualitative research and local evaluation to improve the understanding of how approaches are working, and for who.

#### **2. Identify potential future risks:**

- Use research, market analysis and population behaviour analysis to detect new and emerging products and potential new harms.
- Use local intelligence networks and partnerships with Trading Standards and Police to identify potential new substances that may be administered through vapes to inform local drug strategies and support.

## Oversight and governance

An action plan will be established to monitor progress against the priority areas set out in the framework. The plan will be owned and overseen by a delivery group comprising stakeholders from the local stop smoking service, planning, licensing, education, drug and alcohol services, police, trading standards, Healthwatch, and community and voluntary sector organisations. Progress will be reported through Public Health governance and the Health and Wellbeing Board.

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