	Community and Wellbeing Scrutiny Committee 05 March 2025
	Report from the Corporate Director of Community Health and Wellbeing
	Lead Cabinet Member Adult Social Care, Public Health and Leisure - Cllr Neil Nerva

Nicotine Addiction and Vaping in Brent

Wards Affected:	All
Key or Non-Key Decision:	Not Applicable
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	None
List of Appendices:	Appendix 1: References
Background Papers:	None
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1.1 Purpose of the Report

1.1.1 This report provides an overview to the Committee on nicotine addiction and vaping in Brent, including both national and local contexts and available data. It will examine existing and future services and activities in Brent aimed at reducing tobacco use and nicotine dependency and addressing health inequalities. It does not cover enforcement activities and environmental impact.

1.2 Introduction

1.2.1 Tobacco use and nicotine addiction play a significant role in the health inequalities experienced by the residents of Brent.

1.2.2 To effectively tackle nicotine addiction and reduce tobacco use, it is crucial to understand who is using nicotine, how they are using it and how it affects them. Smoking remains a significant public health challenge both nationally and locally. Brent faces challenges experienced elsewhere including deprivation, smoking in vulnerable groups such as pregnant women, mental health service users and vaping in under 18s. In addition, Brent faces particular issues with tobacco use influenced by its diverse population.

1.2.3 As well as the use of cigarettes, there is significant use of shisha and various forms of chewing tobacco. This is influenced by the heritage and history of our diverse population and longstanding cultural and behavioural habits. In some communities, nicotine use is deeply embedded, presenting in different formats across the life course. This necessitates making targeted, community led approaches essential.

1.2.4 Additionally, the increasing use of vaping products, particularly in children and young people has raised concern about new forms of nicotine addiction. While vaping can be a harm reduction tool for smokers, emerging evidence suggests potential risks, including dependency and long-term health effects in the never smoked cohorts including young people.

1.2.5 Data on the use of different nicotine products other than cigarettes is limited. Addressing tobacco use in all its forms is a key public health priority for Brent requiring the public health team, external stakeholders and the NHS to work collaboratively with communities to promote the health and wellbeing of the population in relation to nicotine use.

2.0 Recommendation(s)

2.1 Members of the Brent Community Wellbeing Scrutiny Committee are asked to note and comment upon the work to address nicotine addiction and vaping and health inequalities.

3.0 Detail

3.1 Contribution to the Borough Plan and Health and Wellbeing Strategy

3.1.1 The **Brent Borough Plan 2023-2027** priorities most relevant to tackling nicotine addiction and vaping are **A Healthier Brent and The Best Start in Life**. Tackling nicotine addiction and vaping aligns with these priorities in the following ways:

Reducing Smoking-Related Health Inequalities

Tobacco use and nicotine addiction remain leading causes of preventable illness and health inequalities. Nicotine addiction is addressed locally through the NHS, the Brent Stop Tobacco Service, the Stop Smoking London Services and the London Stop Tobacco Alliance. Alongside these services,

awareness campaigns and targeted interventions will contribute to improving health equity.

Promoting Healthy Lifestyles
The increasing use of vaping, especially among children and young people, presents a new public health challenge. While vaping is a harm reduction tool for smokers, concerns about youth uptake and long-term health effects require a balanced approach. Implementing educational awareness sessions will be essential to supporting our long-term plan for a Healthier Brent.

Saving Babies Lives
Good health starts in the womb. Tobacco use during pregnancy is directly associated with pregnancy related complications and poor maternal health outcomes. The Local Brent Stop Smoking Service offers support to mothers, birthing people and their partners who use tobacco in form of smoking or smokeless tobacco.

Addressing nicotine use and vaping also align with the following themes in the Health and Wellbeing Strategy (HWB).

Healthy Lives: *"I can make healthy choices and live in a healthy way, for myself and the people I care for."*

Staying Healthy: *"I, and the people I care for, understand how to keep ourselves physically and mentally healthy, managing our health conditions using self-care first. We have access to good medical care when we need it".*

Healthy Ways of Working: *"We work together to support the health and wellbeing of everyone in Brent."*

Collaborative efforts to reduce nicotine addiction and regulate vaping involve partnerships across health services, different stakeholders and community groups. By working together, we can adopt a unified approach to tackle these issues.

3.2 Background: national context

- In 2017, the National Tobacco Control Policy for England set the national ambition of a smokefree society by 2030 (Department of Health, 2020). A smokefree society was defined as a reduction of smoking prevalence to 5% or below, equivalent to approximately 3 million smokers in England. England is not currently on track to meet this ambition. Currently, around 6 million people aged 18 and over smoke cigarettes (11.6%) (Office for National Statistics, 2024).

- The Khan Review in 2022 projected that, on existing rates of decline, the smoke free ambition would not be achieved until 2037 (Khan, 2022). However, the poorest and most vulnerable in society will not see smoking rates of 5% or less until 2044 (Cancer Research UK, 2020).

- Smoking is a significant modifiable risk factor contributing to health inequalities both nationally and locally (Khan, 2022, p.6).

- To reduce inequalities, it is imperative to support the following groups who are most likely to be affected by tobacco use:

Lower Socioeconomic Groups

- In 2023, 20.2% of adults in the United Kingdom who worked in routine and manual occupations smoked, compared with 7.9% in managerial or professional roles (Office for National Statistics, 2024).

- People who are unemployed are more likely to smoke (20%) compared to those who are employed (11%) (Office for National Statistics, 2024).

People with a Long-Term Mental Health Condition

- 25.1% of people with a long-term mental health conditions smoke (Office for Health Improvement and Disparities, 2025), compared with the national average of 11.6% (Office for National Statistics, 2024).

Smoking in Pregnancy

- Smoking increases the risk of a number of maternal and infant health complications for example sudden infant death is three times more likely (details in table 2) (Action on Smoking and Health [ASH], 2021).

3.3 The role of the NHS: the NHS Long Term Plan

Addressing tobacco use and nicotine addiction is not only a public health issue but also a priority for the NHS identified in the NHS Long Term Plan.

To achieve a smoke-free generation, England's Tobacco Control Policy advocated for:

- 'Comprehensive and effective tobacco control strategies'

- 'Integrated commissioning between local government and the NHS'

(Department of Health, 2017, p. 12).

The NHS Long Term Plan committed the NHS to 'complementing' the local government role in tobacco cessation by funding the introduction of NHS services which will:

- Ensure a smoke-free pregnancy pathway for pregnant individuals who smoke and their partners who smoke.

- Providing a new universal smoking cessation offer, which will support tobacco users accessing NHS mental health services.

- By 2024, all smokers admitted to NHS hospitals will be offered NHS-funded tobacco treatment. (NHS England, 2019, p.35)

3.4 Creating a smokefree generation and tackling youth vaping

A new policy paper aimed at tackling youth vaping and creating a smokefree generation was launched in October 2023 by the Department of Health and Social Care. The Tobacco and Vapes Bill was announced in November 2023 (DHSC, 2023). Following the general election, additional measures to the Bill were proposed by the new Labour government and introduced to Parliament in November 2024 (DHSC, 2024).

<u>The proposed legislation includes:</u>

- Indefinitely raising the age of sale of tobacco products for individuals born after 1st January 2009. This legislation is due to come into force 1 January 2027 which would mean that anyone born after 2009 will never be able to legally purchase cigarettes. This is subject to approval from parliament

- Proposals to tackle the rise in youth vaping by banning disposable vapes and reducing the number of flavours appealing to children.

- Increased funding to smoking cessation services to increase accessibility.

- Swap to Stop: A government scheme to work with councils and others to offer a million smokers across England a free vaping starter kit.

- Maternity financial incentives: Pregnant women enrolled on the scheme will be paid weekly over the first 4 weeks of their quit attempt and then paid monthly until birth. The maximum value of vouchers that can be given is capped at £400 (NHS England, 2025).

- Extending the indoor smoking ban to specific outdoor spaces.

- Introducing a new retail licensing scheme in England, Wales and Northern Ireland for tobacco, vapes and nicotine products.

- However, these proposals may be subject to change as the Bill is under review in Parliament.

3.4.1 Department of Health and Social Care*: 10-year study to shed light on youth vaping (*February 2025)

DHSC have recently announced new long-term research to investigate the long-term health effects of vaping on children. The £62 million research project, funded by UK Research and Innovation, will track 100,000 young

people aged 8 to 18 over a decade, collecting data on behaviour, biology, and health records to understand what affects young people's health and wellbeing, including the impact of vaping.

Funded through the National Institute for Health and Care Research (NIHR), the second piece of research will see University College London produce yearly updates capturing the latest vaping research from both the UK and international sources. Separately, the London School of Hygiene and Tropical Medicine will conduct the most comprehensive analysis of youth vaping studies to date, also funded by NIHR. At the same time, the government is rolling out its first-ever nationwide campaign to inform young people about the hidden health dangers of vaping

3.5 Brent Context

Smokefree Tobacco Use

Chewing tobacco use in various forms such as Paan or Gutka is more common in South Asian Communities (NHS, 2022). Brent is one of the most diverse boroughs in the UK, with 19.5% of its residents being of Indian ethnicity (Census, 2021). Gujarati is the most spoken language, with approximately 7% of residents reporting it as their main language (Census, 2021). The Indian community is predominantly located in the Wembley area, especially in Wembley Central (56.5% of the population) and Alperton wards (44.4%) (Census, 2021).

Paan, a commonly used preparation contains the following ingredients: betel nut, herbs, spices, slaked lime, and tobacco, which are wrapped in a betel leaf (NHS, 2022; Sankhla et al., 2018).

Smokefree tobacco is a major public health concern as it is strongly associated with the development of pharyngeal, oral, and oesophageal cancers (Siddiqi et al., 2020).

There is a widespread misconception that smokefree tobacco is less addictive and less harmful than traditional tobacco products, such as cigarettes (Hajat et al., 2021; Sankhla et al., 2018).

Current work with Brent's Indian community indicates that smokeless tobacco use, such as Paan, is deeply rooted in cultural practices and influenced by wider social determinants. For example, males from the Diu sub-community are more likely to use smoke-free tobacco, often work in routine and manual jobs and have low levels of proficiency in spoken English. Additionally, inequalities are exacerbated by barriers common to newly arrived communities, like difficulties accessing NHS dentistry services, potentially delaying the identification of cancerous oral lesions and opportunities for individualised health promotion.

Shisha Use in Brent

Shisha or Hookah involves using a waterpipe to smoke tobacco. Its use was traditionally in Middle Eastern and South Asian communities however it is used more widely among young people across all ethnic groups.

3.6 Vaping

Vaping is considered a harm reduction strategy primarily because it offers less harmful alternative to smoking cigarettes. Vaping products generally contain fewer toxicants compared to combustible cigarettes, which significantly reduces the risk of smoking-related diseases. It can also be an effective tool to support smokers looking to quit.

On the other hand, vaping can result in nicotine dependency. For this reason the increasing prevalence of vaping among young people and non-smokers who might not have otherwise used nicotine products is a concern.

Although at present there is no robust local data on rates of use of smokefree tobacco or vapes, national data can be used to inform where local interventions may be required in relation to nicotine addiction.

In 2022, OHID published Nicotine and Vaping Research and Analysis in England. This report focuses on the prevalence of and potential health risks of vaping, as well as the characteristics of young people and adults who vape.

This report concluded that:

<u>Young People</u>

- Current national vaping prevalence (including occasional and regular vaping) is 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020.

- Most young people who have never smoked are also not currently vaping (98.3%).

Source: Office for Health Improvement and Disparities (2022).

<u>Adults</u>

- Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape.

- Vaping prevalence among adults who have never smoked remained very low, at between 0.6% and 0.7% in 2021.

Source: Office for Health Improvement and Disparities (2022).

Currently, in Brent we are providing the following support surrounding vaping and nicotine addiction:

- Training at Northwick Park Hospital to provide maternity services with specialist awareness surrounding the use of tobacco and vaping during pregnancy. This training addresses referral pathways and how pregnant women can be supported during their quit and highlights vaping as a harm reduction tool.

- The Brent Stop Tobacco Service is looking to expand current support to children and young people. The team is commissioning specialist targeted smoking and vaping support for the under 18. This will include behavioural support and pharmacotherapy interventions to help stop smoking or vaping.

3.7 Health Risks of Nicotine Use

Nicotine is a psychoactive chemical that has originally been found in tobacco leaves from the genus Nicotiana plant which originates from Australia, Southwest Africa, America and the South Pacific Region (Lewis,1931). It is an addictive substance found in all tobacco products such as cigarettes, cigars, shisha, smokeless tobacco, cigarillos, and heated tobacco. It can also be found in vapes, Nicotine Replacement Therapy (NRT) or nicotine pouches. Vaping and e-cigarettes do not burn tobacco nor produce tar and carbon monoxide but provide nicotine in vapour form rather than smoke.

The Health Risks Associated with Smoking and Tobacco Use:

1. Chronic Obstructive Pulmonary Disorder (COPD)

   Ninety percent of cases of COPD are attributable to smoking tobacco. (NHS, 2023). This is due to the harmful chemicals in tobacco smoke damaging the lining of the lungs and airways.

2. Complications in Pregnancy and Labour

   First hand[1] and second-hand smoke[2] exposure during pregnancy increases the risk of poor health outcomes for mother and baby. The baby fails to receive adequate supply of oxygen, causing its heart to work faster and exposing the baby to harmful toxins (Marufu et al., 2015)

[1] **First Hand Smoke** refers to the smoke that a smoker inhales directly from a cigarette, cigar, or other smoking devices.
[2] **Second Hand Smoke** is the smoke exhaled by the smoker and the smoke that comes from the burning end of a cigarette, cigar, or pipe. Non-smokers who breathe in this smoke are exposed to many of the same harmful chemicals as smokers

Table 2. demonstrates the impact of smoking and exposure to second hand smoking during pregnancy

	Maternal smoking	Second-hand smoke exposure
Low birth weight	2 times more likely	Average 30-40grams lighter
Heart defects	25% more likely	Increased risk
Stillbirths	47% more likely	Possible increase
Preterm birth	27% more likely	Possible increase
Miscarriage	32% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

Source: ASH, Smoking, Pregnancy and Fertility, 2021

3. Child health

Infant and children of parents who smoke are twice as likely to suffer from serious respiratory infection as the children of non-smokers (RCP, 2010). Smoking in pregnancy also increased the risk of asthma and wheezing in young children and adolescence (Burke et al, 2012).

4. Head and Neck Cancers

Chewing tobacco poses an increased risk of head and neck cancer. In England, there were 9,122 cases of head and neck cancer in 2021 (NHS England, 2023) with a population of 56,536,000 (ONS, 2022). In comparison, Brent recorded 306 cases (Whole Systems Integrated Care, WSIC) with a population of 339,800.

This data shows for every 100,000 people, there are approximately 16.13 cases of head and neck cancer in England and about 90.05 cases in Brent. These calculations show that Brent has a significantly higher rate of head and neck cancer cases per 100,000 people compared to the national average in England.

The Institute for Health Metrics and Evaluation tool (2021) calculated the percentage of deaths that are directly caused by smoking within Brent and England.

	England	Brent
	Deaths	**Deaths**
Ischemic Heart Disease	10.9%	11.59%
Chronic Obstructive Pulmonary Disorder (COPD)	5.67%	4.15%
Lung Cancer (tracheal and bronchus)	5.47%	4.72%
Oesophageal Cancer	1.39%	1.11%
Liver Cancer	1.03%	1.2%
Stomach Cancer	0.93%	0.82%

Source: Institute for Health Metrics and Evaluation (2025a; 2025b)

Health Risks of Vaping

The health risks of vaping are not as well studied as those of smoking. This is compounded by the relative newness of the use of vapes. The use of vapes in adults shows significant reduction of harm compared to the use of tobacco. For those individuals who have never smoked but start using vapes the health risks of vaping relate largely their nicotine content. Nicotine is highly addictive and can produce nicotine dependency syndromes as well as withdrawal symptoms.

There is evidence that nicotine is potentially harmful to the developing brains of children (McGrath-Morrow et al., 2020). Propylene glycol and glycerine, common components of e-liquids, can pose risks when overheated (Laviolette et al., 2022). While these substances are widely used as food additives, the effects of overheating and inhalation, especially in the long term, are still being studied (Smith et al., 2020; Vyshneva, 2022). Additionally, other components such as flavourings are generally safe when consumed, but the long-term effects of heating and inhaling them into the lungs remain to be determined (Krüsemann et al., 2019).

As previously highlighted in section 3.2, most tobacco users are from lower socioeconomic groups. Consequently, they are more likely to experience poor health due to the early onset of disease and are at a higher risk of premature death (Department of Health, 2017). It is imperative that we intervene to prevent these health issues from arising in the first place. By addressing the root causes of tobacco use and providing support and resources to those most affected, we can significantly reduce the incidence of disease and improve overall health outcomes.

3.8 The Costs of Smoking

The cost-of-living epidemic has exacerbated health inequalities locally and nationally, with the poorest in society being most negatively impacted. Smokers who are struggling financially often spend a significant portion of their income on their nicotine addiction (Khan, 2022).

Nicotine addiction from smoking not only contributes to poor health but also negatively impacts the economy. The overall cost of smoking to society in England is £17.3 billion. The ASH Ready Reckoner Tool (2025) is an easy-to-use cost calculator developed by Action on Smoking and Health (ASH). It estimates the societal costs of smoking, including productivity losses, healthcare expenses, social care costs, and fire-related costs. The tool provides detailed breakdowns for various regions, including local authorities, combined authorities, and Integrated Care Boards (ICBs) in England. It is estimated that smoking costs Brent £209 million per year.

Table 1. Estimates of the financial impact of smoking nationally and locally.

Cost Category	National (£bn)	Brent (£m)
Productivity costs	£14 billion	£137 million
Healthcare costs	£1.9 billion	£8.2 Million
Social care costs	£1.1 billion	£62 million
Fire-related costs	£326.8 million	£1.39 million

Source: (ASH, 2025).

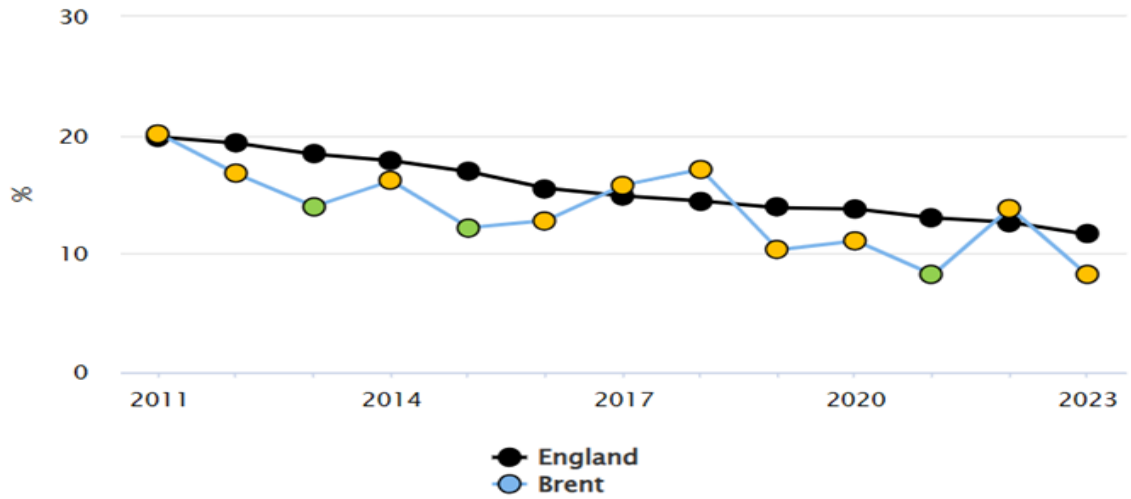
3.9 Epidemiology: Local quantitative data on smoking

Smoking prevalence in Brent is lower than the national average but remains a significant public health issue.

3.9.1 Smoking prevalence in Brent

According to the Annual Population Survey (APS 2024), the rates of smoking in Brent fluctuated from 10.3% in 2019 to 8.2% in 2023. This is one of the lowest rates across Northwest London. This is also lower than the smoking rate in London (11.7%) and England (11.6%). The average rate of smoking in Brent was 10.2% when aggregated for the years between 2021 to 2023.

Figure 1: Smoking Prevalence in adults in Brent



Source: PHE Fingertips, Local Tobacco Control Profile, 2024

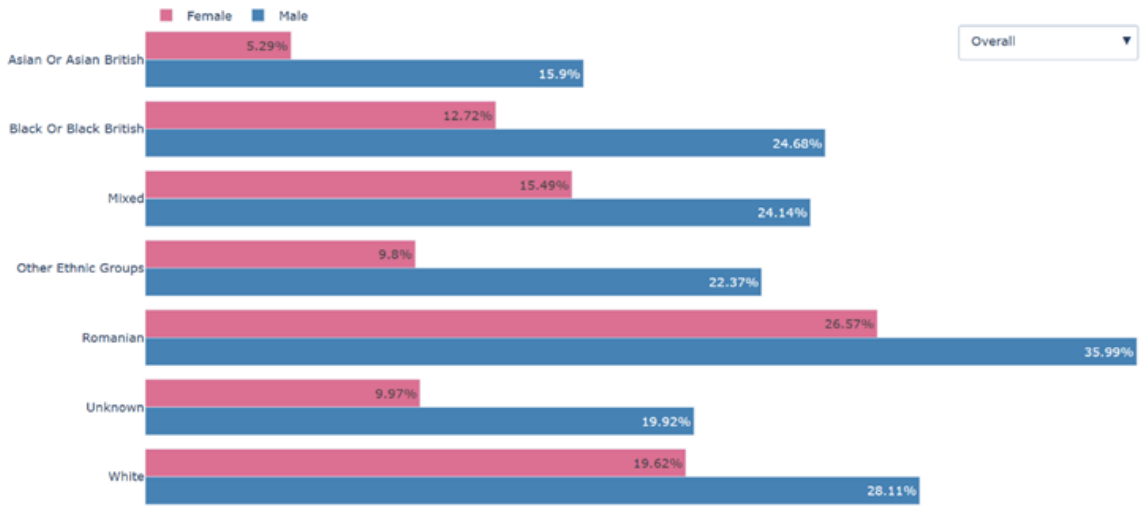
3.9.2 Smoking prevalence by gender and ethnicity

Nicotine addiction poses health risks across all ethnicities, but patterns of nicotine and tobacco use vary considerably among different groups. For instance, smokeless tobacco is particularly popular among South-East Asian

communities, while shisha pipes are more commonly used among Eastern European groups. At present the data regarding different nicotine products is limited however, smoking remains the most common form of tobacco use within these communities.

The following ethnicity breakdown is sourced from the Whole Integrated Care System (WSIC) which is a local NHS data source, as the Annual Population Survey (APS) does not provide the desired level of ethnic detail.

Figure 2. Smoking prevalence by gender and ethnicity in Brent



Source: Whole Integrated Care System, Smoking, 2024

Smoking prevalence is consistently lower in females than males in Brent. Within males, rates of smoking in 2023 were 11.8% showing a decline from 17.0% in 2019. Within females, rates of smoking are 4.0% increasing slightly from 3.4% in 2019. Both male and female rates are lower than in England where the rate of smoking in males is 13.4% and 9.9% for females (APS, 2024).

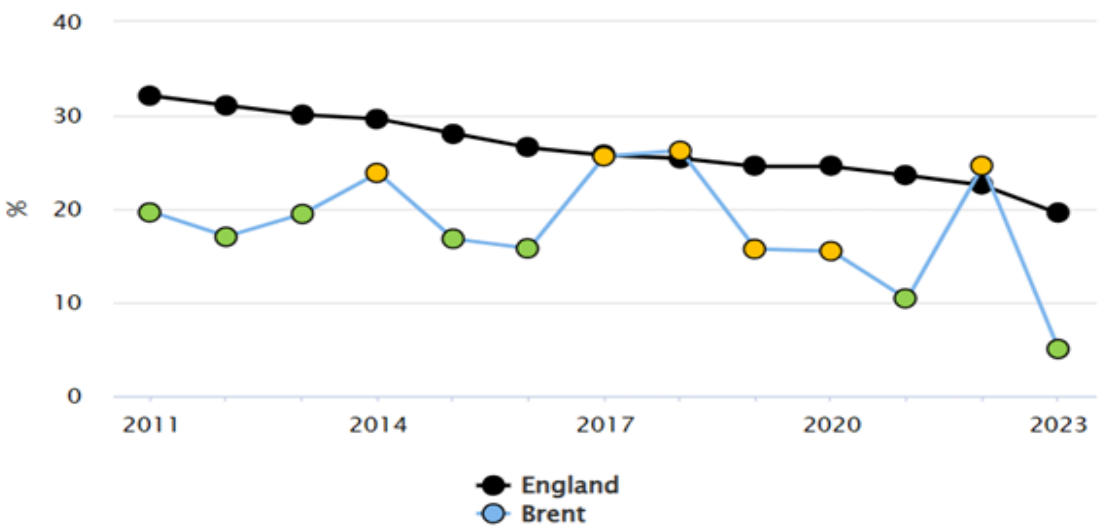
Romanian males (35.99%) and females (26.57%) have the highest smoking prevalence across ethnic groups. Smoking is more socially accepted within the Romanian community. The greater nicotine-related health risk compounds the health inequalities this community experiences, particularly due to language barriers and the fact that males in the community are less likely to seek primary care compared to the average Brent resident.

The disparity of smoking prevalence among males and females varies between ethnic groups as shown in figure two. Specifically, the disparities are the widest in Asian or Asian British groups, with smoking prevalence for men three times that of women. This is followed by those of Unknown, Other, or Black or Black British ethnicity, where smoking prevalence for men is around twice that for women.

3.9.3 Smoking prevalence in adult routine and manual workers

Office for National Statistics (ONS) data consistently shows that smoking rates are highest among routine and manual workers throughout the UK since data collection began. Smoking prevalence by those in a routine and manual occupation in Brent was 5.0% in 2023 which is significantly lower than the average in London (15.2%) and England (19.5%) (PHE, 2024).

Figure 3: Smoking prevalence in routine and manual workers in Brent



Source: PHE Fingertips, Local Tobacco Control Profile, 2024

The overall trend in smoking prevalence among routine and manual workers in Brent is downward and lower compared to London and England. However, the small sample size of the Annual Population Survey (APS) at the local authority level causes some "up and down" variation in the data. The APS surveys approximately 320,000 people, with Brent representing about 0.5% of the UK population, which equates to around 1,600 respondents. Therefore, Brent may be underrepresented in the survey.

3.9.4 Smoking prevalence by locality

Overall, the smoking prevalence is higher in the south of Brent, the main exception to this is Preston in the north of the borough. The LSOA with the highest smoking prevalence is Cricklewood and Mapesbury (30.2%), followed by Dollis Hill (27.57%) and Stonebridge (26.53%) (WSIC, 2024). Wembley Central has the lowest smoking prevalence (10.04%) however nicotine addiction is still a concern as local intelligence is that smokeless and chewing tobacco are popular in the area

Table 3. indicates the smoking prevalence in Brent by each ward

Ward	Prevalence
Dollis Hill	23.23%
Roundwood	23.08%
Cricklewood and Mapesbury	22.86%
Willesden Green	22.01%
Stonebridge	21.76%
Kilburn	21.66%
Harlesden and Kensal Green	21.47%
Queens Park	19.01%
Brondesbury Park	19.00%
Preston	18.77%
Welsh Harp	18.31%
Barnhill	17.21%
Wembley Hill	16.70%
Kingsbury	16.01%
Queensbury	15.55%
Tokyngton	15.15%
Kenton	13.68%
Sudbury	13.68%
Northwick Park	12.62%
Wembley Park	12.42%
Alperton	12.20%
Wembley Central	10.04%

Source: Whole Systems Integrated Care (WSIC, 2024)

3.10 Local Qualitative Insights

Brent is a highly diverse community where smoking and nicotine use patterns vary across ethnic groups. Recognising these variations, the Brent Stop Tobacco team is working closely with community organisations and cultural groups to implement targeted interventions. These efforts aim to raise awareness, provide cessation support, and reduce nicotine-related health inequalities within the community.

Since 2021, a mixed method approach[3] has been conducted to better understand tobacco use and nicotine addiction, shaping the direction of required intervention. This has included:

1. Focus Group with Elderly Men at the British Indian Association (BIA), Wembley (Autumn ’21). The PH team facilitated the focus group and explored attitudes towards smokeless tobacco use. They identified:

- co-addictions such as betting and gambling.

[3] **Mixed Methods Approach** is a research strategy that combines both non-numerical data (qualitative) such as interviews, observations, open-ended surveys and numerical (quantitative) methods such as surveys, experiments to collect, analyse, and interpret data.

- resident hesitancy and lack of trust in engaging with public health initiatives.

2. Quantitative Survey on Tobacco Use (Spring ’22 to ’23) This aimed to measure prevalence and attitudes toward different tobacco products. Some key findings were:

- Low engagement due to lengthy survey format.

- Highlighted the role of wider determinants in tobacco use, such as social and economic factors.

Diu Community - Chewing Tobacco Cessation Project (2023)

Project Background:
Smokeless tobacco (ST) is commonly used in South Asian communities and is linked to serious health issues, including cancers of the mouth, throat, and oesophagus. Understanding why ST is used and how public health can support cessation is imperative.

Project Aims:
To establish and strengthen rapport with the DIU community in Brent. Rapport building and engagement with this community will be used to deliver holistic tobacco cessation efforts.

Research Method & Participant Characteristics:

A total of 25 semi-structured interviews took place with residents who were mostly male and were above the age of 50. Residents were asked questions based on the following themes: what matters to you in health and care, tobacco habits, and behaviours surrounding tobacco use.

Results:

1.) Affordability and Cost
Participants stated that chewing tobacco is *‘cheap’* and it *‘doesn’t cost much’* implying it is a cost-effective and an easily accessible product to use.

2.) Social Norms
Participants stated chewing tobacco is a habit which starts in childhood. One participant stated*: ‘I have used it since I was 8 years old. My parents used it, everyone I know around me used it, so it’s common in my environment’*. This suggests chewing tobacco within this community can be a social norm.

3.) Gender and Age
Chewing tobacco is habit, which is associated with older people**,** specifically males compared to females using chewing tobacco. Whereas younger males tend to smoke cigarettes and a vape.

Females will use chewing tobacco if it is offered to them by their husband.

B3 – Focus Groups (2023)

Background to B3:

B3 is a peer led service which is formally known as 'Brent Service User Council'. The service is led by individuals who have accessed the drug and alcohol service (VIA – New Beginnings) and aim to:

- Raise awareness of drug and alcohol issues through providing support, education, and information.
- Provide a platform where the voice of service users can be heard.

Research Context

People who have recovered from alcohol or drug dependencies are more likely to die from tobacco-related illnesses (Hurt et al., 1996). Therefore, to prevent premature death, it is important to understand why recovering alcohol and drug addicts smoke and to identify what barriers exist which prevent cessation.

Project Aims:

To explore the barriers to tobacco cessation for people who have recovered from drug and alcohol addictions. Also, to identify what treatment interventions could lead to more successful quit attempts.

Method, Sample, and Characteristics

The focus group consisted of seven participants and all participants had previously completed drug and alcohol treatment, smoked or used tobacco, and were middle aged. Participants were asked questions surrounding the following themes:

1.) General Health
2.) Smoking/Tobacco history
3.) Motivations for Quitting
4.) Techniques for Quitting Tobacco

Key Findings

- All participants recognised the harm of tobacco use and how it negatively impacts their health.

- All participants expressed a desire to either quit or a want to reduce their tobacco consumption.

- All participants felt the behavioural and habitual act of smoking is a difficult thing to stop.

- All participants had previously attempted to quit smoking with using a variety of methods, but none of these were considered particularly useful.

- All participants believed that health services could be doing more to help people quit tobacco.

Stop Tobacco – Romanian Project (2024 – 2025)

Project Background:

Within Brent, the Romanian community has the highest percentage of current smokers **(31.69%)**, followed by individuals of White ethnicity **(24.06%)**. The Romanian community is one of the fastest growing populations in the area, yet they currently show low engagement with health interventions such as stop smoking services. This makes them a high-risk group that would significantly benefit from targeted programmes aimed at improving their health and wellbeing.

Project Aims:

To commission a Romanian speaking community researcher who will help to:

1. To explore reasons for high tobacco prevalence within the Romanian Community.
2. To identify how the Romanian Community perceive Brent's Stop Tobacco Service.
3. To identify and understand barriers to tobacco cessation within the Romanian Community.

To achieve the above research aims, the Romanian community researcher will undertake the following:

- Identify and recruit native speaking community champions.

- Undertake mixed methods research in the form of surveys and focus groups.

Once the above has been completed, findings will be consolidated which will be used to improve service delivery and community engagement.

3.11 The role of the NHS

The NHS Long Term Plan (LTP) stated that by 2023/24, NHS funded tobacco treatment service will be offered to:

- Anyone admitted overnight to hospital who smokes
- Pregnant women and members of their household
- Long-term users of specialist mental health services

The NHS LTP allocated funding for tobacco dependency treatment across three key healthcare settings.

- Acute In-patient settings
- Maternity Services
- Mental Health Services

The commitment was to offer every smoker in these settings an opportunity to quit smoking. The programme follows the Ottawa Model for Smoking Cessation, which includes:

- Recording smoking status upon hospital admission
- Assessment by a smoking advisor
- Very Brief Advice (VBA) and personalised counselling
- Nicotine Replacement Therapy (NRT) or pharmacotherapy interventions during hospital stay
- Post-discharge referrals to community pharmacies for continued smoking cessation support to successfully enhance your chances of successfully quitting smoking.

Funding was allocated to establish inpatient pathways across NHS Trusts in Northwest London (NWL) by the end of 2023/24. However, implementation has been suboptimal, with only 60% of pathways in place across NHS Trusts.

Pathway Implementation Status in NWL NHS Trust

Trust		Pathway status
Chelsea and Westminster Hospital NHS Foundation Trust	Inpatient service	Live
	Maternity service	Live
Imperial College Healthcare NHS Trust	Inpatient service	Live
	Maternity service	Live
London Northwest University Healthcare NHS Trust	Inpatient service	Live
	Maternity service	Not established
The Hillingdon Hospital NHS Foundation Trust	Inpatient service	Not established
	Maternity service	Not established
Central and Northwest London Foundation Trust	Mental health service	Not established
West London NHS Trust	Mental health service	Live

Brent NHS Service Providers and Implementation

The two main NHS service providers in Brent are:

1. **London Northwest University Healthcare NHS Trusts**
   - Inpatient services began in July 2024
   - Maternity pathway is delayed and not established

2. **Central and Northwest London NHS Foundation Trust (CNWL)**
   - Mental health pathway is delayed and not established

The development and roll out of the pathways within the NHS providers are dependent on the Trust's schedule. As a result of the limited implementation of the LTP commitments in NWL, the ICB received a reduced funding allocation in 24/25

Smoking Cessation Services (SCS) in Community Pharmacies.

In July 2019, the Department of Health and Social Care, Community Pharmacy England and NHS England agreed a five-year pilot for community pharmacies to take stop smoking referrals from secondary care. The Smoking Cessation Service (SCS) was commissioned nationally as an advanced service from March 2022.

It aims to:

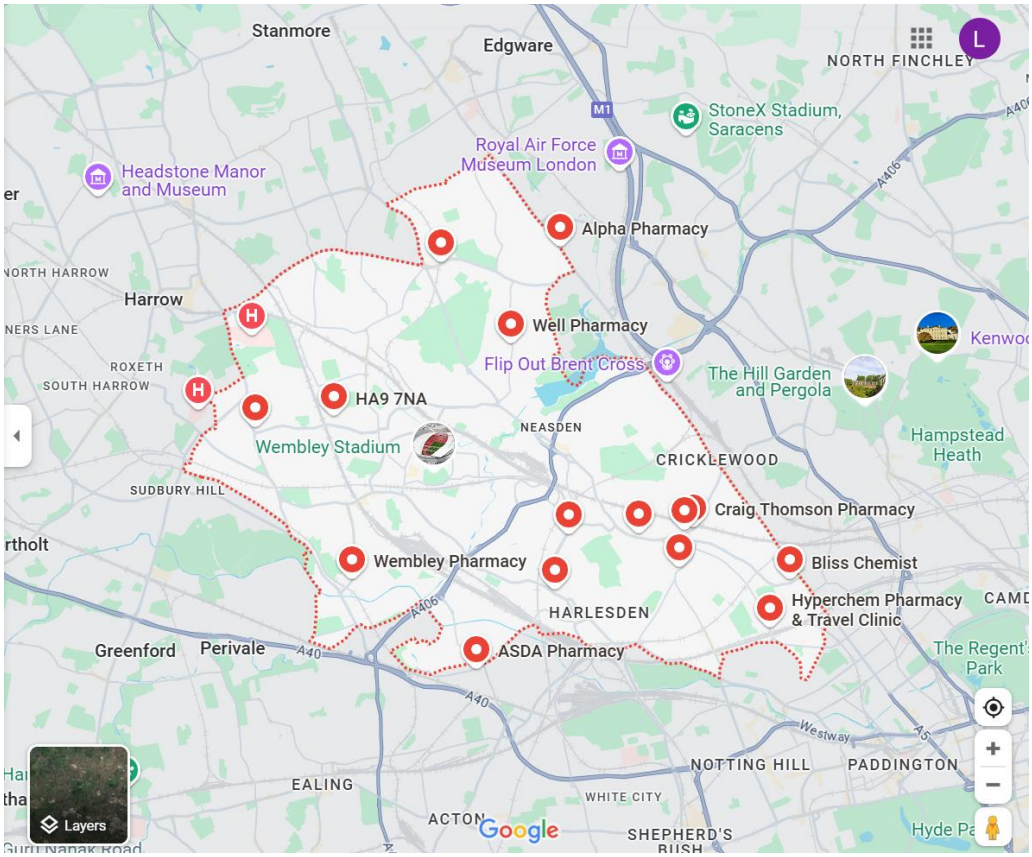
- Reduce smoking-related morbidity and mortality
- Address health inequalities associated with higher rates of smoking.
- Ensure patients identified and supported within acute and mental health Trusts are referred to community pharmacies for continued behaviour support in the community.

Brent SCS Coverage (as of November 2024)

There are total of 15 pharmacies in Brent delivering the SCS service and offering smoking cessation treatment to patients who are discharged and referred from NHS trusts.

However, the public health team have been unable to obtain activity data from the NHS meaning we do not know the number of people referred to and attending the community pharmacy service, how many are receiving Nicotine Replacement Therapy (NRT) or behavioural support nor how many declined the service.

The Map below displays where the SCS Community Pharmacies are located



Pharmacies are primarily concentrated in the southern part of the borough, particularly in Harlesden and Cricklewood, where deprivation levels and smoking prevalence are higher. The dense availability of pharmacies providing SCS improves access for residents with greater support needs. Additionally,

several pharmacies in Wembley and Welsh Harp serve the northern and western areas of the borough.

However, there is a notable lack of SCS-providing pharmacies in central Brent, identified as a smoking hotspot. It should be noted that the selection of pharmacies for this project is based on the NHS's selection criteria, which may not reflect the need of the population. Without accessible behavioural support and pharmacotherapy interventions, smokers in these areas may face greater challenges in quitting.

3.12 Local services

The Brent Stop Tobacco Service provides a targeted service to support local residents to stop tobacco use and it is available for residents aged 18+ or are registered with a GP in Brent, and who:

- Are pregnant or living with someone who is pregnant
- Are receiving mental health support (e.g. talking therapies, CBT and counselling)
- Are receiving drug and alcohol support
- Smokes shisha
- Uses chewing/ smokeless tobacco

The Brent stop tobacco service offers a 6-week programme, consisting of weekly behavioural support sessions and pharmacotherapy interventions (e.g. gums and patches. Alternatively, residents are offered to use e-cigarette as a quit aid under the national Swap to Stop scheme.

With the additional funding received from DHSC this year, the Brent stop tobacco service is expanding the current offer to the wider population by embedding a new community pharmacy offer and working with targeted groups, such as Romanian community and routine and manual workers.

The Brent stop tobacco team continues to collaborate with different partners to increase the demand for local service and reduce nicotine addiction within the borough. The key partners are listed in below:

- Brent Health Matters
- Community groups (e.g. Brazilian and Latin American group)
- Local dentist group
- London Tobacco Alliance
- VIA (Elev8 and New Beginnings)

3.13 Considerations/Future Planning

As part of the Government commitment to create a 'smokefree generation', additional funding was made available to support local authority led stop smoking services. This has been distributed based on local smoking prevalence. We await the final allocation for 2025-26. New and planned initiatives include:

1. Brent and Harrow Tobacco Dependency Alliance (TDA)

- As neighbouring boroughs, Brent and Harrow share key service providers including Northwick Park Hospital, MET Police, London Fire Brigade.

- **Goals:** This collaboration aims to enhance collective efforts in reducing nicotine-related harm while ensuring continued contributions from core members as well as sharing intelligence and consistent public messaging and co-ordinate resources.

- The first joint TDA meeting will take place early April 2025.

2. Community-led Projects

The aim of this project is to increase our offer of stop tobacco support through community-led projects as well as generate referrals to the Brent stop tobacco service. The targeted populations are:

- Children and young people who use tobacco or vapes (e-cigarettes)

- Communities using smokeless tobacco/ chewing tobacco

- Regular shisha user

- Regular foodbank users who use tobacco

- Routine and manual (factory) workers

By the end of the project, the team will gain a deeper insight and understanding of challenges, needs and perspectives from the targeted groups. This insight will enable the team to develop more tailored interventions to effectively reduce nicotine dependency within these priority populations.

3. Brazilian and Latin American Targeted Interventions

This project is looking to commission a native speaking community worker/ researcher to gather intelligence and act as a conduit in bridging the evident engagement gap between health services and this under-served community.

- It hopes to foster stronger collaboration between the local authority and the Brazilian/Latin American community. Beyond smoking cessation, the project

aspires to empower these populations by strengthening social capital and improving overall community well-being.

4. Smokeless and Chewing Tobacco Workstream

- Focus: Target South Asian factory workers.
- Goals: Collaborate with local partners (dentists, factories, community organisations). This is to ensure we can promote tobacco cessation services and improve outreach efforts.

5. CYP Advisor within VIA Elev8

- Role: Recruit an in-reach CYP advisor.
- Goals: Integrate smoking cessation with primary treatment programs.
- Deliver holistic care for CYP with complex needs.

5.0 Financial Considerations

5.1 Included in the main body of the report.

6.0 Legal Considerations

6.1 Included in the main body of the report.

7.0 Equity, Diversity & Inclusion (EDI) Considerations

7.1 Included in the main body of the report.

8.0 Climate Change and Environmental Considerations

8.1 Included in the main body of the report.

9.0 Human Resources/Property Considerations (if appropriate)

9.1 Included in the main body of the report.

10.0 Communication Considerations

10.1 Included in the main body of the report.

Report sign off:

Rachel Crossley
Corporate Director of Community Health and Wellbeing