

Norfolk Tobacco Control Alliance

Impact of smoking on health

- Doubles the risk of having a heart attack
- Causes 84% of deaths from lung cancer and 83% of deaths from COPD
- Increases blood pressure and heart rate
- Smoking can cause impotence in men
- Can cause bones to become weak and brittle and increase the risk of osteoporosis in women
- Increases the risk of having a stroke by at least 50%
- Increases the risk of cancer in lips, tongue, throat, voice box and gullet (oesophagus)
- Increases chance of getting stomach cancers or ulcers
- Smoking can make it harder to conceive for women
- Prematurely ages skin by between 10 and 20 years

Prevalence of smoking

- Likelihood of smoking declines with age with those in the 25-29-year-old age group being the most likely to smoke (19.9%)
- In Norfolk the number of people smoking was declining until 2016, since there has been a slight year-on-year increase.

National Tobacco Control Plan (2017)

Vision: 'to create a smokefree generation by 2030'

Target by 2022 to reduce:

- Number of 15-year-olds who regularly smoke from 8% to 3% or less
- Smoking among adults in England from 15.5% to 12% or less
- This would mean reducing the number of adult smokers in Norfolk by 18,446
- Inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- Prevalence of smoking in pregnancy from 10.7% to 6% or less
 - This would mean reducing the number of women smoking at the time of delivery in Norfolk by 578

Geographical inequalities

Prevalence varies across Norfolk with the highest in Great Yarmouth where it has more than doubled between 2017 and 2019 for adult women. Smoking prevalence aligns closely with deprivation.

Priority populations

Pregnant women

Smoking among pregnant women at time of delivery in Norfolk is highest in the East of England region. All three Norfolk acute trusts are higher than the local target of 7%, with QEH and JPUH more than double the proportion.

Young people

In Norfolk, a higher proportion of young people have tried e-cigarettes than have smoked traditional tobacco cigarettes, but a higher proportion of young people describe themselves as 'currently smoking' as opposed to 'currently vaping'. There is a steady decline in young people's positivity towards smoking. Young people engaging with the targeted service and quitting is lower than the results achieved in a similar service with adults.

Prisoners

79% of the Norfolk prison population smoke compared to 14.5% of the general Norfolk population. The Health Act (2006) that prohibited smoking in nearly all enclosed & public places does not apply to prisons. Only vaping within cells is permitted within English prisons, this has been shown to significantly reduce the particulate pollution from second-hand smoke.

Ethnic Groups

People born in Poland are significantly more likely to smoke tobacco. Gypsy Roma and Travellers are also significantly more likely to be current smokers (57% compared to 21.5% in the comparator group). Use of smokeless tobacco products is much more prevalent within South Asian communities.

Sexual and Gender identity

Members of LGBTQ+ communities are significantly more likely to report being an ever smoker, or current smoker compared to their heterosexual or straight peers. No current or reliably accurate figure for the prevalence of tobacco among transgender people in the UK is available.

Manual Workers

Routine and manual labour workers are most likely to smoke compared to other professions. This is pronounced in King's Lynn and West Norfolk where it is estimated that routine and manual workers are 3 time more likely to smoke than other workers.

Mental Health

There is a significant difference in prevalence of tobacco smoking between those with and without a long-term mental health condition in Norfolk. National figures show that smoking prevalence in the general population is 14.9% compared to 40.5% amongst adults with a severe mental illness. In fact one third of all cigarettes smoked are smoked by those with a mental health problem.

Impact of COVID19

Direct impacts

- Smoking can play a role in making a person more susceptible to infection, severe illness and hospitalisation from COVID-19

Indirect impacts

- Trading standards enforcement efforts on illicit tobacco
- Reduced capacity to delivery smoking cessation treatment via GPs and pharmacies
- By far the most popular choice of intervention among successful 4-week quitters was one-to-one sessions, since March 2020 all of these sessions have since been offered via telephone or online.

Next steps

- Information in Tobacco Health Needs Assessment is intended to inform the updating of the Tobacco Control Strategy for Norfolk.
- The current strategy is now out of date, the update having been delayed by the COVID-19 pandemic.
- This report should guide the prioritisation and planning of future work and be used to support the commissioning of future services.