Smoking and Tobacco control

What is the issue and why is it important for Norfolk?

Tobacco smoking is the single largest contributor to ill health and health inequalities in the UK. Smoking impacts on many facets of an individual's life. As well as dying earlier than non-smokers, smokers also suffer from poorer health. Many of the conditions caused by smoking are long term illnesses such as heart disease, stroke, lung cancer and respiratory disease. It is associated with cancers of organs, including lung, lip, mouth, throat, bladder, kidney stomach, liver, and cervix. Breathing in second hand smoke also has harmful impacts on health for babies, children and adults.

Smoking rates are still too high in Norfolk if we are to achieve a smokefree generation. Smoking is the largest cause of preventable ill-health and mortality in Norfolk, killing an estimated 1,239 people in Norfolk every year, and accounts for 5,892 [1] years of life lost, annually. Three in four smokers wish they had never started, and more than half would like to quit. [2] It can take 30 or more attempts before a smoker successfully quits, although getting support can help significantly.

Recent estimates of smoking prevalence in Norfolk show that 13.2% [2] of adults aged 18 and over smoke. This is equivalent to approximately 99,300 adults in the county that smoke.

In Norfolk 44,900 children live in households with adults who smoke. [3] This increases their chances of becoming smokers themselves – two thirds of adult smokers will have started before they reached the age of 18. The costs associated with smoking are substantial and estimated in Norfolk to be in the region of £872 million each year, including costs of health care, social care, lost productivity, and house fires.

Executive summary

Norfolk has higher life expectancy than the national average for both males and females, and Norfolk has lower death rates than the national average. There are some ways in which health and wellbeing in Norfolk could be improved, such as reducing smoking rates as

- Smoking poses the single greatest risk for early deaths in Norfolk;
- Smoking in pregnancy can have significant effects on the baby – and the rates of smoking in pregnancy in Norfolk are above average;
- Tobacco is the third biggest risk factor for ill health;
- Around 13% of adults in Norfolk smoke – around 99,300 people;
- Some groups smoke more than others and there are strong links with socioeconomic status;
- For Norfolk to be smokefree by the year 2030 [4] there would need to be less than 37,500 smokers in the county – that is 61,800 fewer smokers than currently. At least 6,500 people would need to quit smoking each year until 2030 to reach the national ambition – and more if people continue to take up smoking in the meantime;
- It can take 30 or more attempts before a smoker successfully quits, although getting support can help significantly. This indicates the addictive nature of smoking and the grip that tobacco has on people;
- Stop smoking services and Norfolk County Council's Ready to Change website can help people to quit smoking;
- Quitting smoking can reduce negative health impacts – sometimes quite quickly;
- Around 44,900 children in Norfolk live in smoking households;
- Vaping is much less harmful than smoking and can help people quit – e-cigarettes are not recommended for anyone who doesn't already smoke, including children.

Norfolk's Population

How many people in Norfolk smoke?

Recent estimates of smoking prevalence in Norfolk show that around 13% of adults aged 18 and over in Norfolk smoke – around 99,300 people. The prevalence of tobacco smoking among adults in Norfolk is statistically similar to the East of England Region and England values. [5]

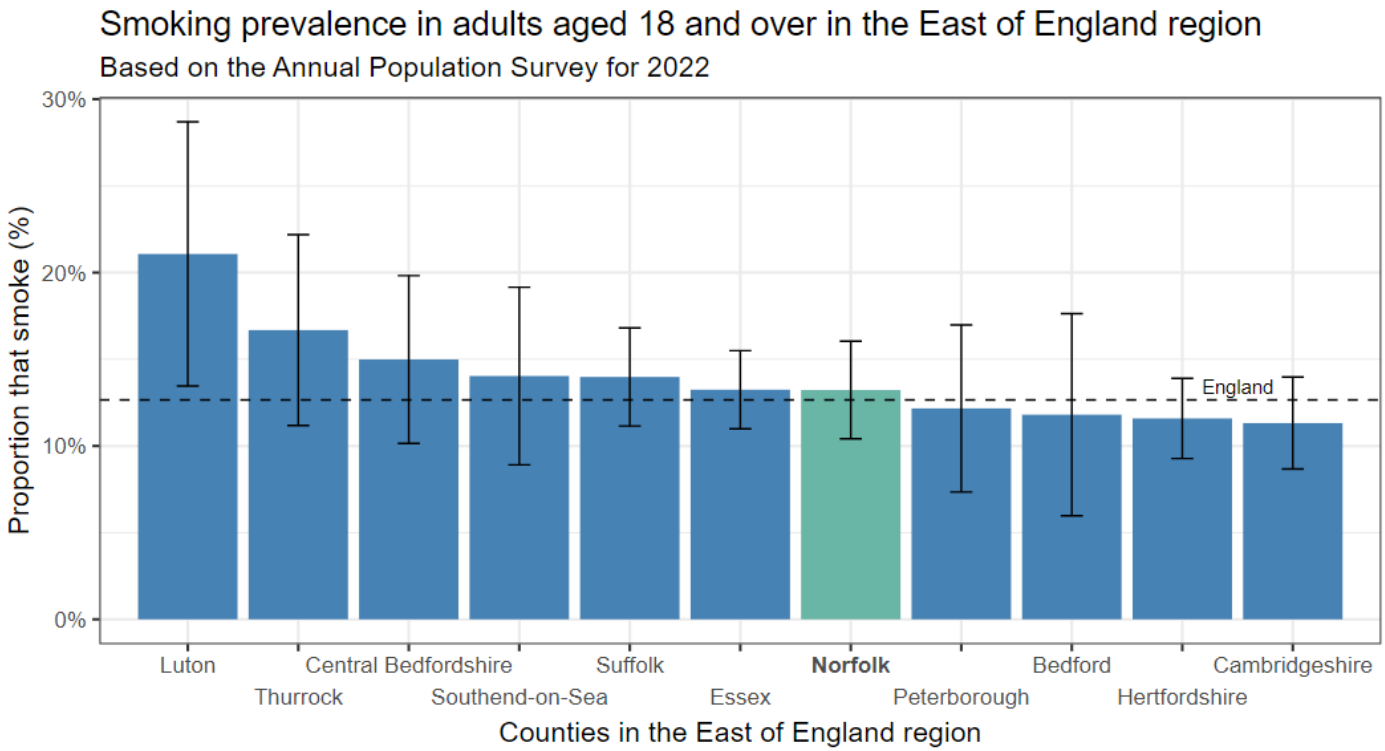

Figure 1: Smoking prevalence in adults by county in the East of England region, 2022. Source: Office for Health Improvement and Disparities using Annual Population Survey data

There is variation within Norfolk, Great Yarmouth has the highest prevalence of smoking in the adult population at 17.6%, which is approximately 14,200 smokers. Broadland has the lowest prevalence at 8.2%, approximately 8,900 smokers. Evidence shows that smoking is three or four times more common in some disadvantaged communities, compared to the wealthiest. [6]

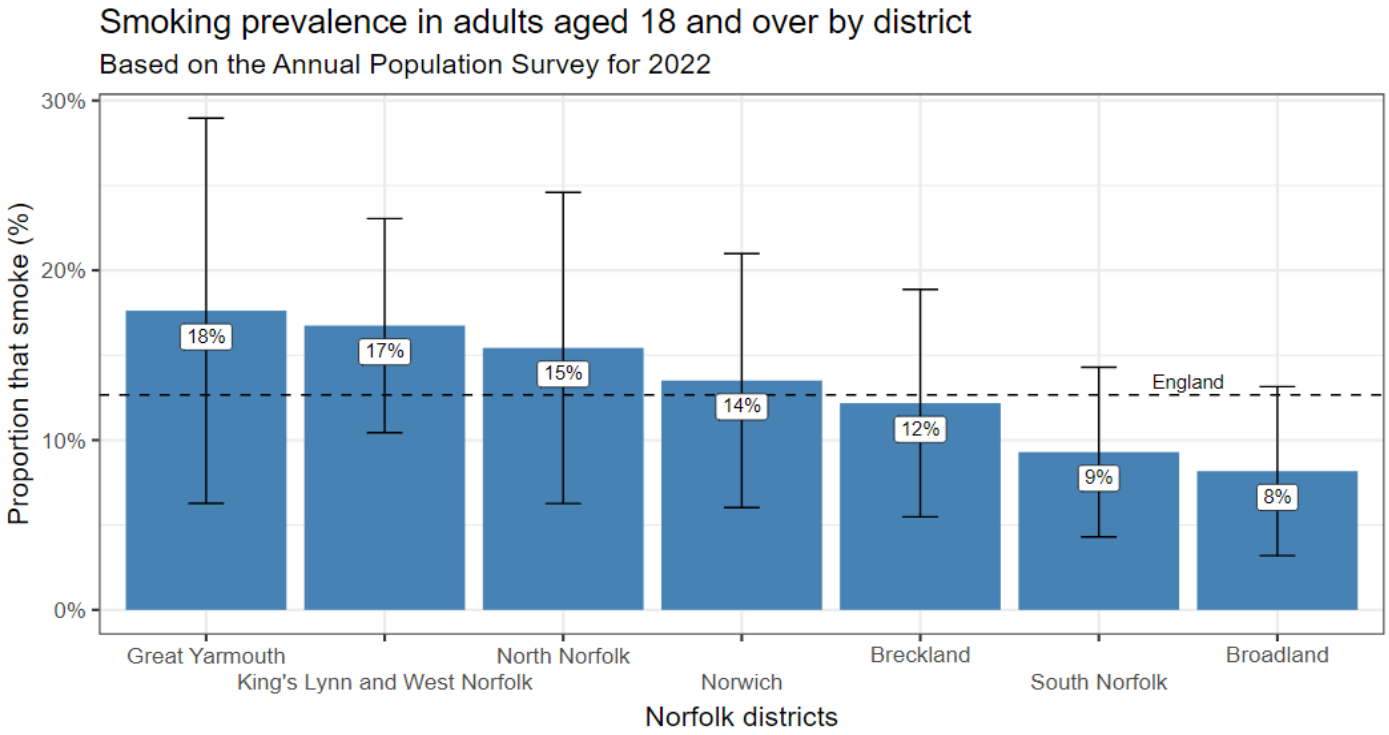

Figure 2: Smoking prevalence in adults by Norfolk districts, 2022. Source: Office for Health Improvement and Disparities using Annual Population Survey data.

District	Smoking rate (%)	Estimated number of adult smokers	How many fewer needed to reach 5%
Breckland	12	14,200	8,400
Broadland	8	8,900	3,500
Great Yarmouth	18	14,200	10,200
King's Lynn and West Norfolk	17	21,300	14,900
North Norfolk	15	13,500	9,100
Norwich	14	16,100	10,100
South Norfolk	9	10,800	5,000
Norfolk	13	99,300	61,800

Table 1: Estimated adult smokers in Norfolk in 2022, based on Annual Population Survey prevalence rates and 2021 Census population estimates. Numbers rounded to nearest 100, district totals may not sum to make Norfolk total.

The map below shows modelled smoking prevalence for adults in Norfolk in 2022 based on the Annual Population Survey and Census population estimates, indicating hotspots within districts that are more likely to have a higher prevalence, particularly around Great Yarmouth town centre and Kings Lynn.

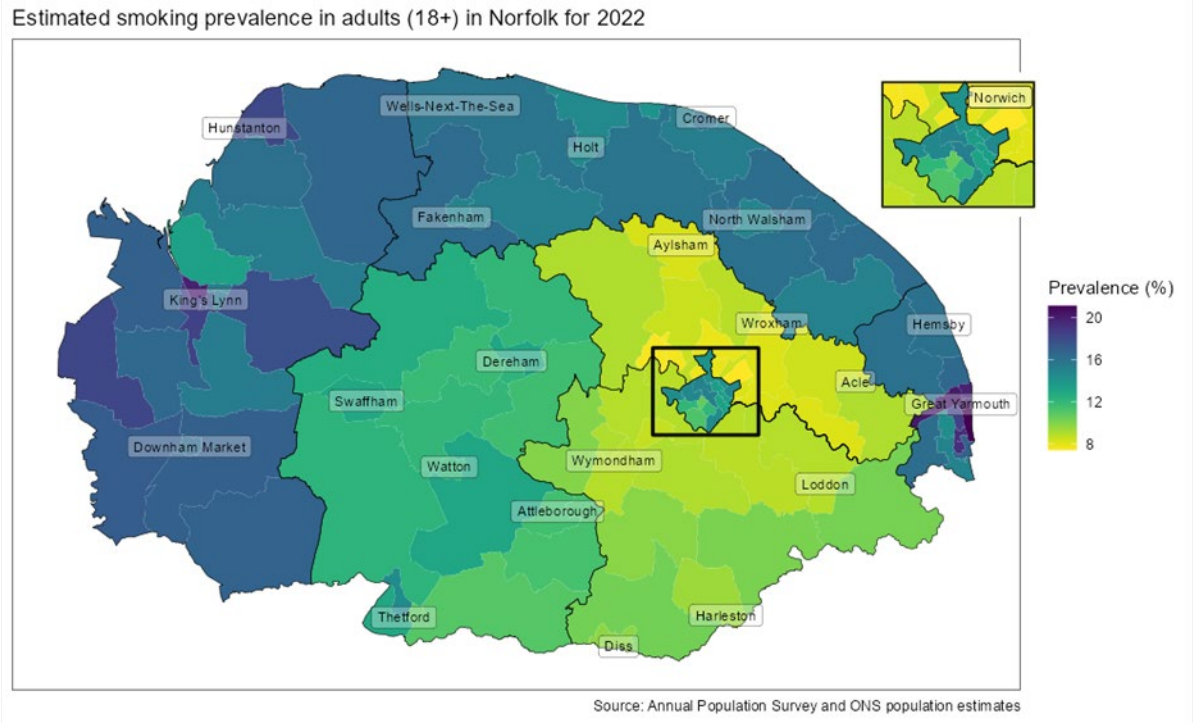

Figure 3: Modelled smoking prevalence for Norfolk based on the Annual Population Survey and Census population estimates.

Smoking by gender

In Norfolk the prevalence of smoking is higher amongst men than women (14.2% compared to 12.3% respectively). This is a long running trend and men are consistently more likely to smoke than women. While prevalence among women is lower than for men, women in Norfolk tend to have slightly higher prevalence of smoking compared to women nationally. [7]

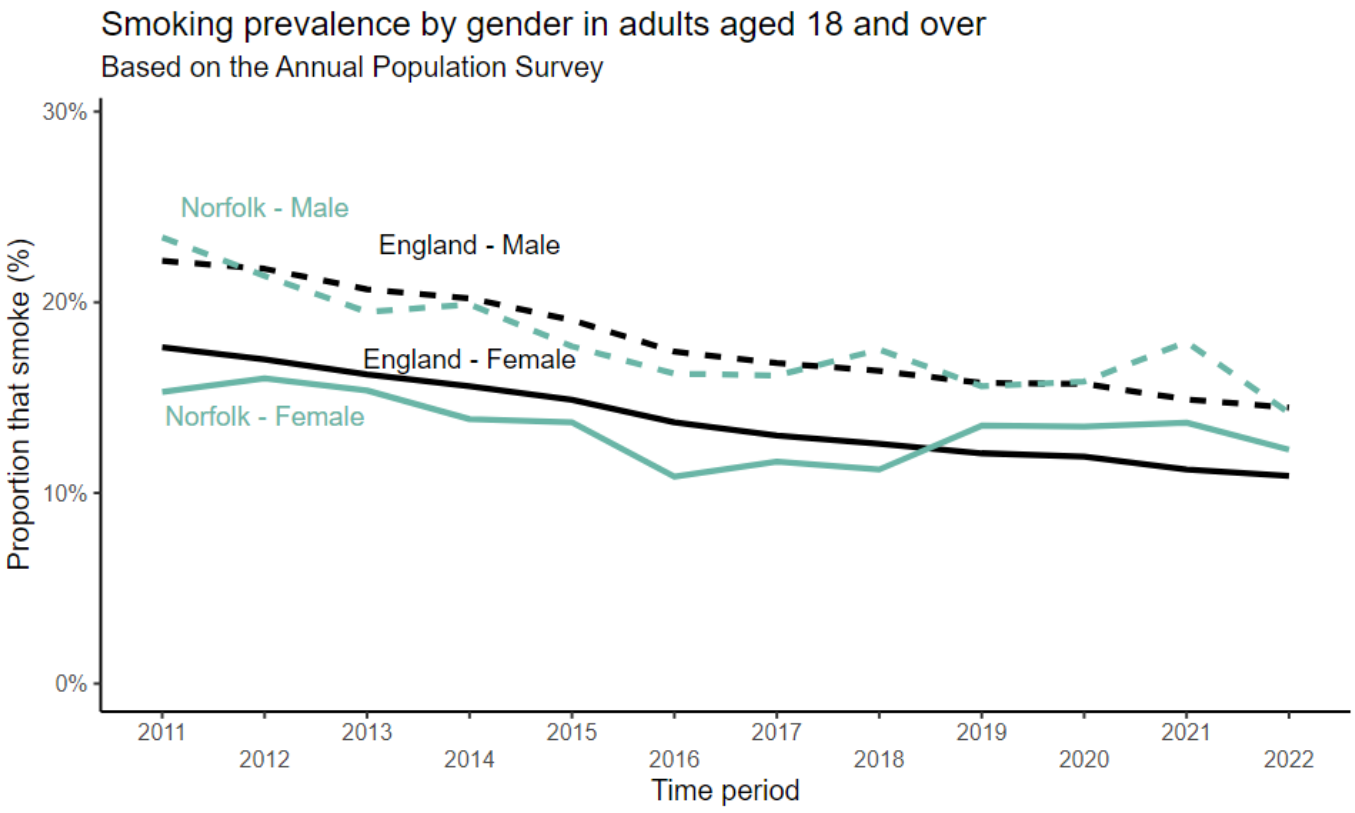

Figure 4: Smoking prevalence by gender over time. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking by age

Data on smoking rates for different age groups in Norfolk is not available, however, there is no reason to believe that behaviour by different age groups would differ too greatly from those across England. National data shows the highest rates in England for those aged 25-29 (16%), with prevalence decreasing for older age groups. [7] Nationally, those aged 65 and over smoke less than the England average.

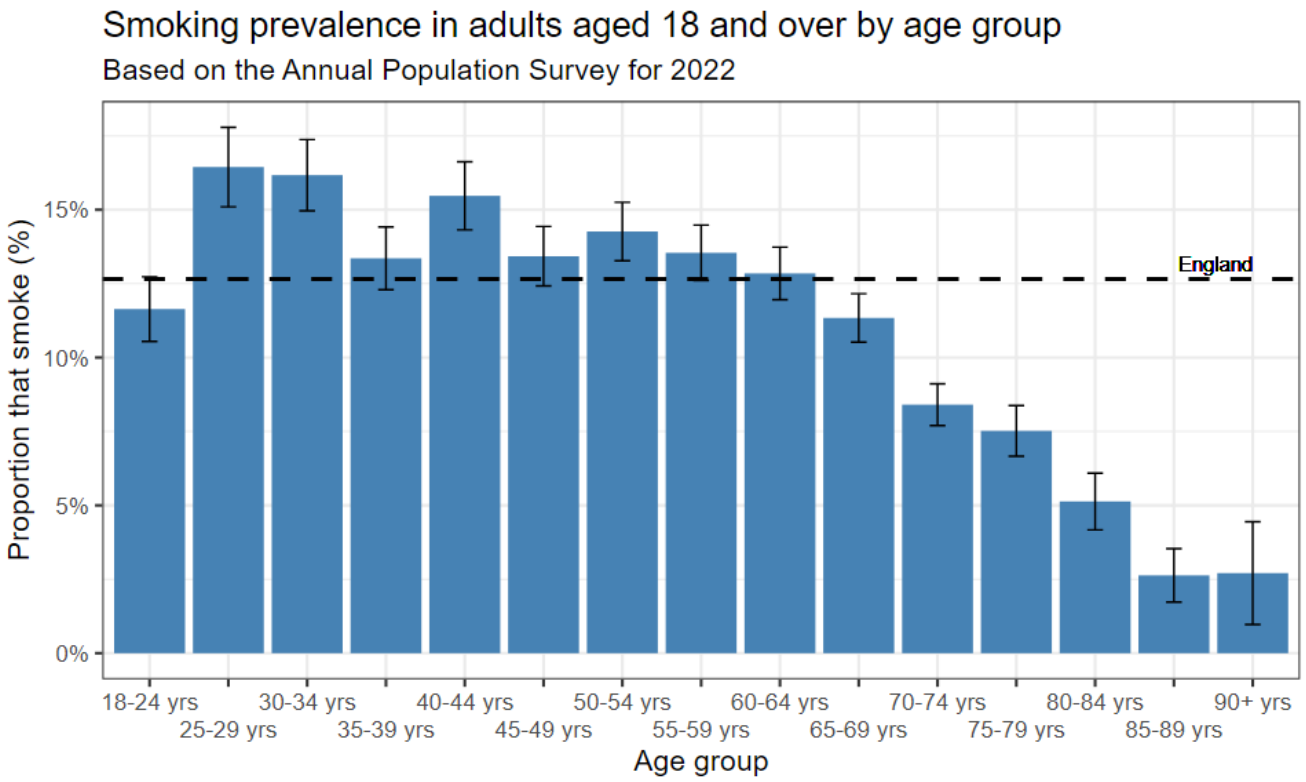

Figure 5: Smoking prevalence by age group in England, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Since 2011, smoking rates have declined most rapidly amongst the 18–24-year-olds, however a recent study suggests this trend may have changed with rates in this age group increasing since 2020. [8] The 25–29-year-olds have consistently had the highest rates of smoking.

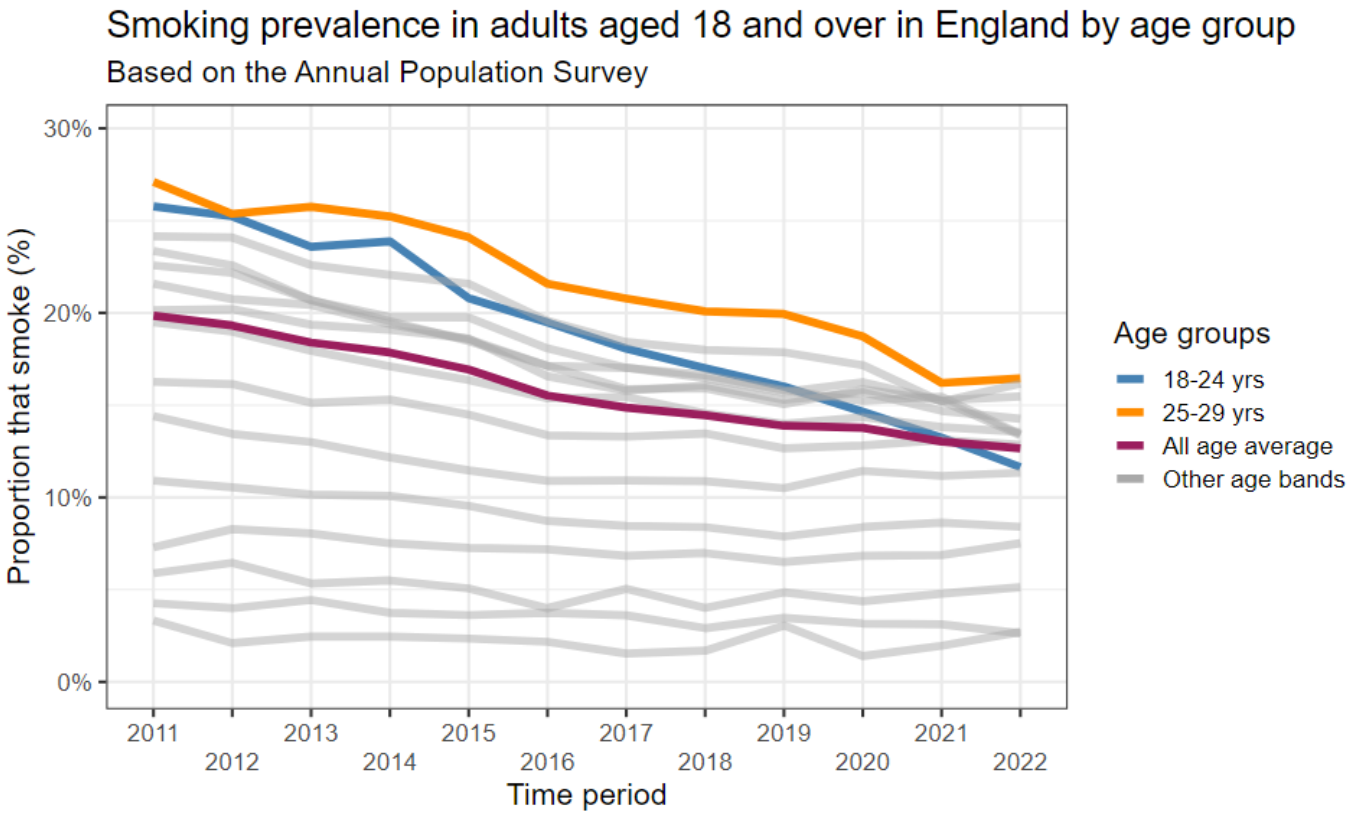

Figure 6: Smoking prevalence by age group over time showing the age group with the highest rates of smoking, the age group with the fastest rate of decrease in smoking, and the all age average smoking rate. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

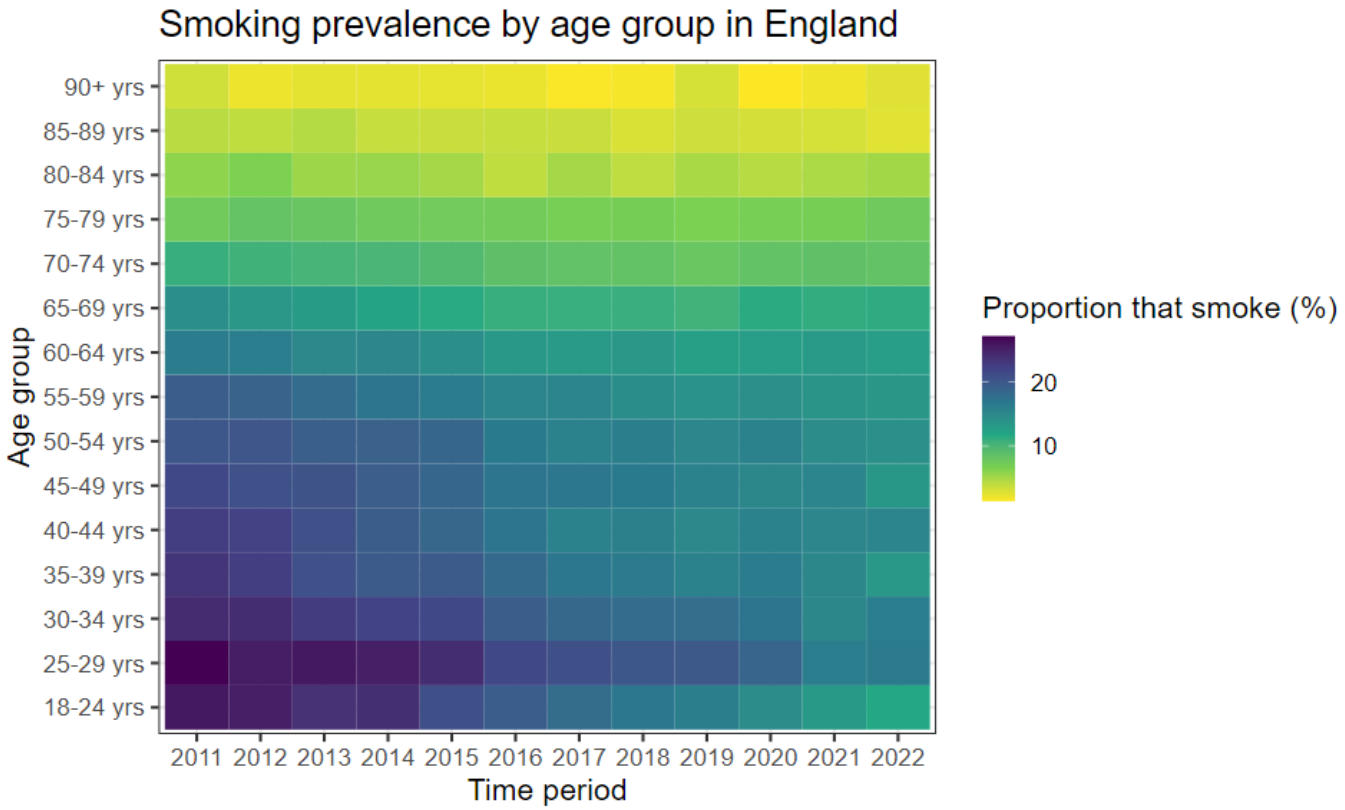

Figure 7: Heat map of smoking prevalence by age group over time. Darker colours show higher rates of smoking compared to other age groups and time periods. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and ethnicity

Nationally, smoking has the highest prevalence among the white and mixed ethnic groups. An estimated 17% of mixed ethnic group and 13.2% of white ethnic group are reported to be current smokers. [7] This is statistically higher than other minority groups such as black ethnic groups with a prevalence of 8.4% or the Chinese ethnic group with a prevalence of 4.7%. [7]

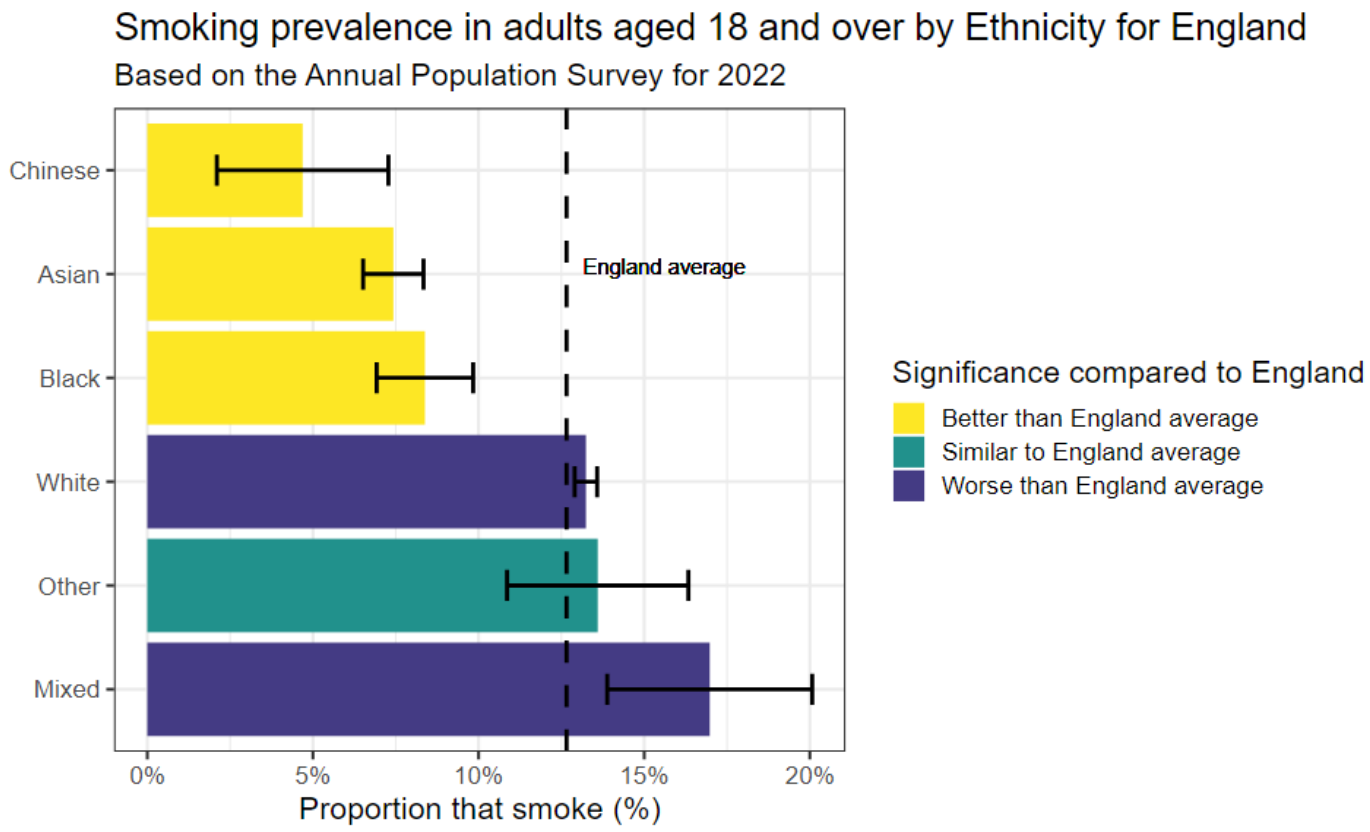

Figure 8: Smoking prevalence by Ethnicity, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Immigration has an impact on the use of tobacco in the UK. When people migrate to the UK they may come from countries with a different legal framework for tobacco control to the UK, and a different cultural approach to tobacco use. Poland has a higher-than-average prevalence of smoking and accounts for 12% of non-UK citizens living in the UK. The top reason for moving to the UK was for work. [9]

The World Health Organisation estimates that 39% of the Bulgarian population 15 years and older, smoked tobacco in 2020 (age-standardized prevalence). Poland has similarly high rates of 24%, Portugal 25.4%, and Romania 28%. [10]There are significant differences between male and female figures, for example, 30.5% of Portuguese males smoked tobacco, compared to 20.2% of females.

The Census data for 2021 shows that Norfolk has a less ethnically diverse population compared to England. [11]

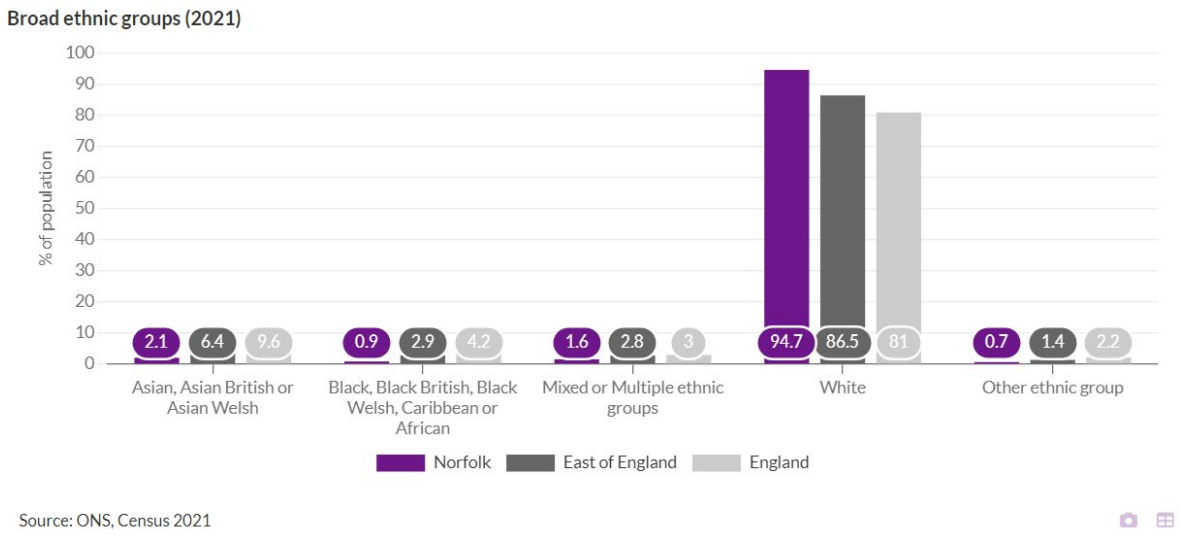

Figure 9: Census data for England, East of England and Norfolk. Source ONS, Census 2021

As seen from the 2021 ONS Census data, the district with the highest percentage of other ethnicities is Norwich.

Ethnicity data for Norfolk from 2021 Census:

Ethnicity group (2021 census)	Breckland	Broadland	Great Yarmouth	King's Lynn and West Norfolk	North Norfolk	Norwich	South Norfolk	Norfolk	England
Asian, Asian British or Asian Welsh	0.90%	1.40%	1.90%	1.90%	0.50%	5.50%	1.80%	2.10%	9.60%
Black, Black British, Black Welsh, Caribbean or African	0.60%	0.50%	1.10%	0.50%	0.20%	2.50%	0.80%	0.90%	4.20%
Mixed or Multiple ethnic groups	1.40%	1.40%	1.60%	1.30%	0.90%	3.10%	1.50%	1.60%	3%

Table 2: Ethnicity data for Norfolk from 2021 Census.

Smoking and country of birth

Smoking prevalence trends by country of birth have remained largely consistent over time. People living in the UK, but born in India, have had the lowest prevalence of smoking since records began and this has remained largely consistent at around 5% since 2014. [7]

People born in Poland have consistently had the highest prevalence of smoking. This high prevalence, however, has been decreasing over time from 32.3% in 2014 to 20.7% in 2022. This is around 1,700 Polish smokers in Norfolk.

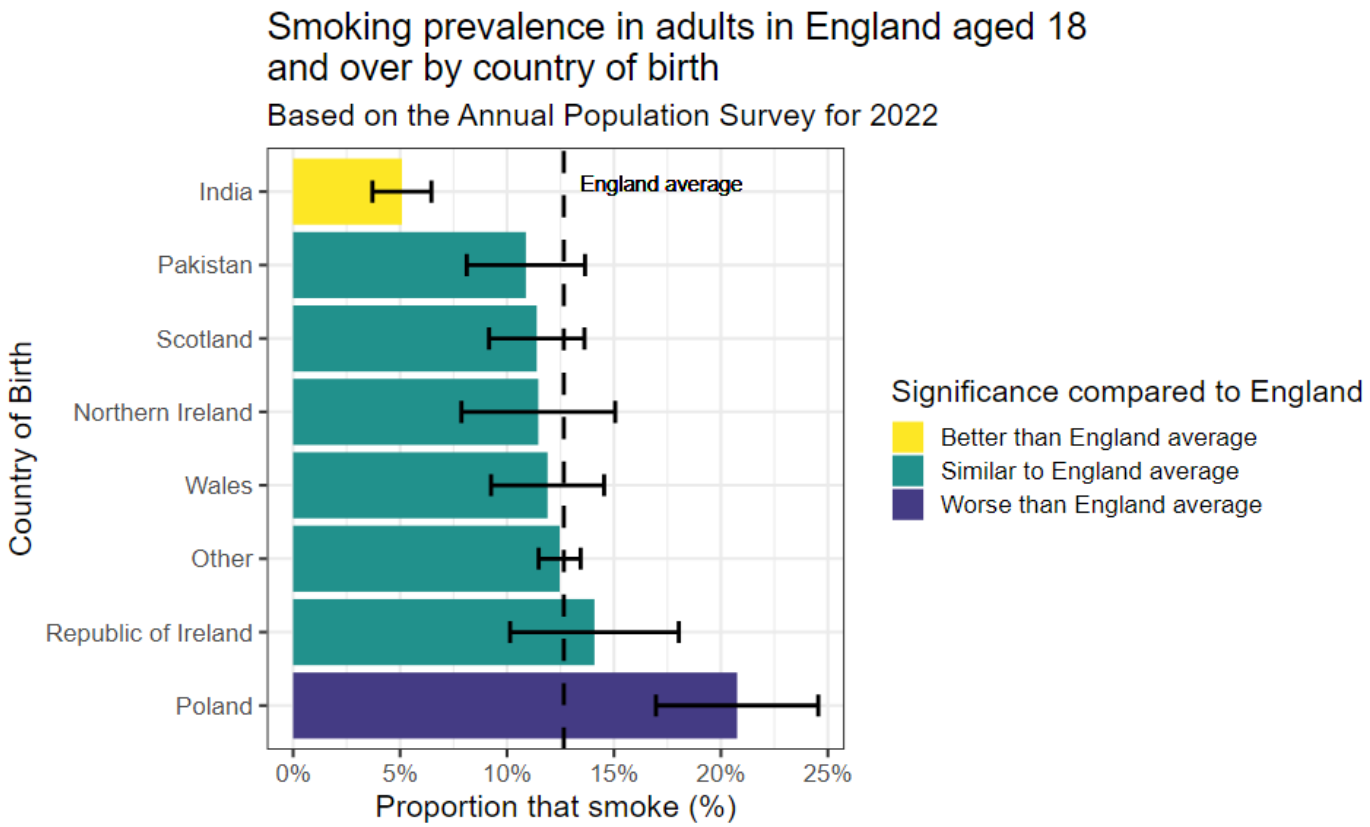

Figure 10: Smoking prevalence by country of birth, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and Gypsy, Roma, Traveller communities

An IPSOS MORI lifestyle survey in 2009, based on 189 respondents, found that 47% of Gypsy/Travellers in the East of England smoked. [12] Due to the complexity of surveying such a transient population, this survey was not a true representation of the population.

White Gypsy or Irish Travellers report the poorest health of all the ethnic groups, along with health-related quality of life at an older age being significantly poorer than other ethnicities in England. [13]

It is widely acknowledged that members of the GRT community have poor health across a range of indicators and experience significant health inequalities. [14]

Smoking and homeless community

Smoking rates are very high amongst adults accessing homeless support services, with rates ranging between 57-82%, which is up to 4 times higher than the national average. [15] Owing to the complex nature of homelessness and needs of the people experiencing it, research shows that smoking takes low priority in the assessment of health needs.

Smoking and LGBTQ+ community

Despite declines in cigarette smoking among all adolescents, sexual orientation disparities persist between sexual minority youth and heterosexual adults. [16,17] Lesbian, gay, and bisexual people are more likely to smoke than heterosexual people. Rates are particularly high for people who identify as lesbian, gay or bisexual, with the difference particularly pronounced when compared to heterosexual women and men. [16] There appears to be a lack of robust research on smoking among transgender people. Surveys show that

they are more likely to smoke [17], with some research showing that transgender and transgender-expansive adults are twice as likely to smoke cigarettes than cisgender individuals. [18]Young LGB people are also more likely to smoke, start smoking at a younger age and smoke more heavily. [19]

The 2021 census showed that Norwich City Council area has the second-highest proportion of people outside of London with a trans or non-binary gender identity, and the 3rd highest number of LGB+ outside of London. The highest proportion of LGBTQ+ people in the county is found specifically in an area encompassing the west of the city centre and Norwich-over-the-water, where 14.09% of people said they were not straight, and 2.67% said they had a trans or non-binary gender identity. [20]

Smoking and prisoners

It is estimated that 80% of people entering prison smoke tobacco. In 2018 all prisons in England had implemented smokefree policies meaning that all closed prisons in England and Wales were smokefree environments. Prisoners are allowed to smoke in the open estate at designated times and in designated areas. [21] Prisoners are allowed to buy vaping products in canteens and use these in designated areas. [22]

Smoking and religious association

Smoking and religious association have a long running correlation. Nationally, those with no religion have consistently had higher prevalence of smoking although the rate is declining faster in this group than any other, decreasing from 25.7% in 2012 to 14.9% in 2022. [7] People that are part of the six most common religions all have significantly lower prevalence than the national average. There is no local data at a Norfolk level for smoking prevalence in adults by religion.

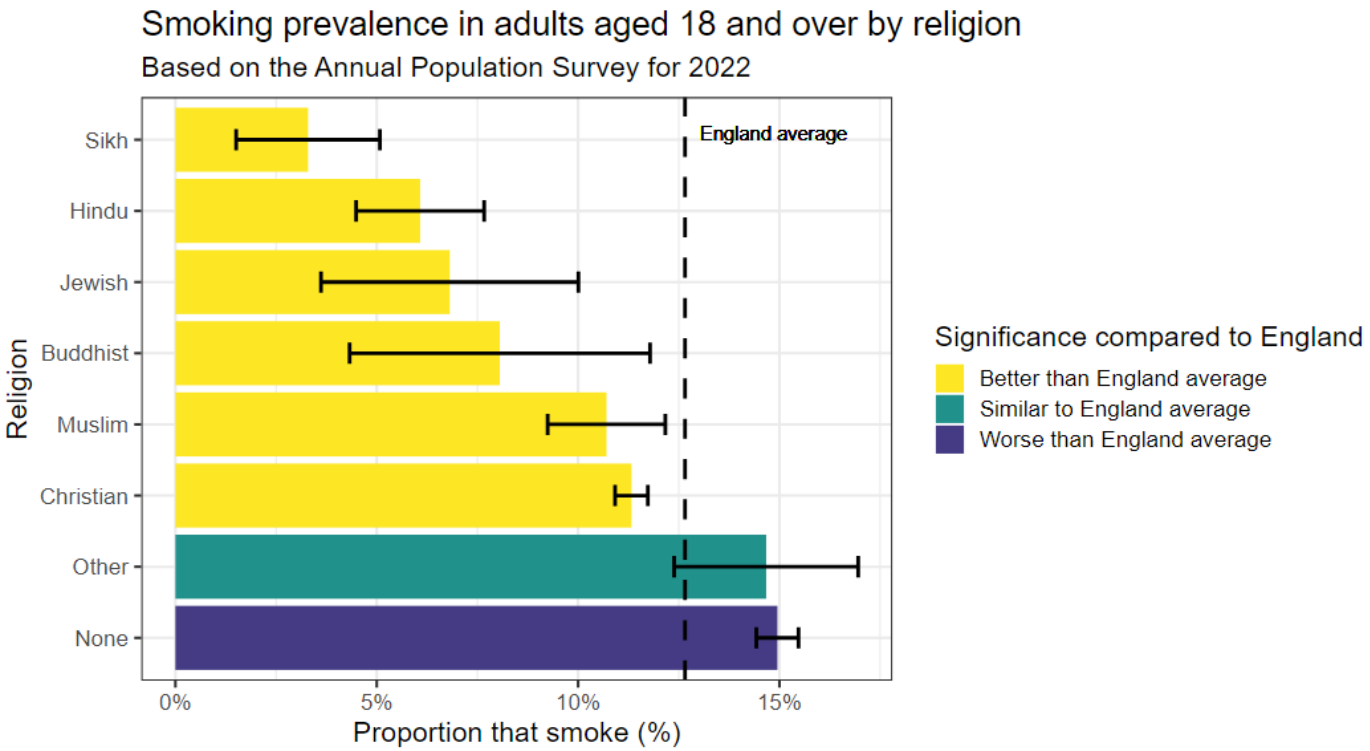

Figure 11: Smoking prevalence in England by religious affiliation, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and deprivation

Smoking rates are higher in the most deprived areas, as they have higher smoking prevalence. Individuals in the more deprived areas face greater disease burden and worse outcomes compared to people in the least deprived areas. Nationally, the people in the relatively most deprived deciles have a smoking prevalence of 16.2%, compared to 9.8%, for those in the relatively least deprived areas. [7] Around 1 in 3 of all smokers live in the fifth of the country that is most deprived. [5]

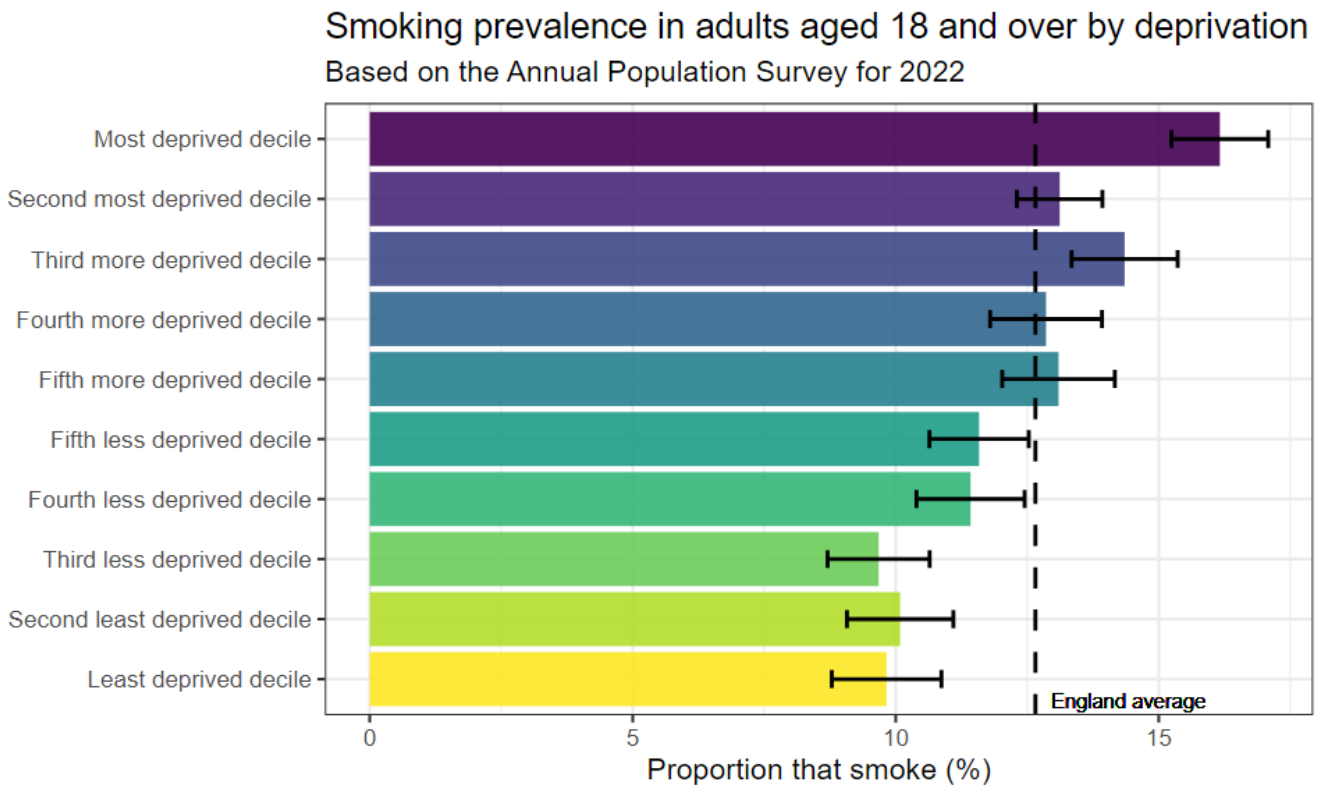

Figure 12: Smoking prevalence by deprivation group (Index of Multiple Deprivation 2019) of residential areas in England, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

In Norfolk, around 136,000 people live in areas that are some of the most deprived in the country. Around 4 in 10 people in Great Yarmouth and Norwich live in these more deprived areas, compared to 1-2 in 10 people in Norfolk as a whole. None of the most deprived neighbourhoods are in Broadland and South Norfolk. [1]

Smoking and socioeconomic status

'Socioeconomic status' is a way of looking at the resources groups of people can draw upon. It often reflects education, income, work conditions, employment relations and job roles. The Office of National Statistics (ONS) uses a set of groups linked to occupations to show socioeconomic status.

In Norfolk:

- around 1 in 4 people in routine and manual occupations smoke (25.5%)
- around 1 in 5 of those in 'intermediate' occupations (e.g. sales, administration, services and some technical jobs) smoke (19.9%)
- around 1 in 12 people in 'management and professional occupations' smoke (8.1%). [7]

This has historically been the case and continues a long-running trend of smoking rates varying by socioeconomic status.

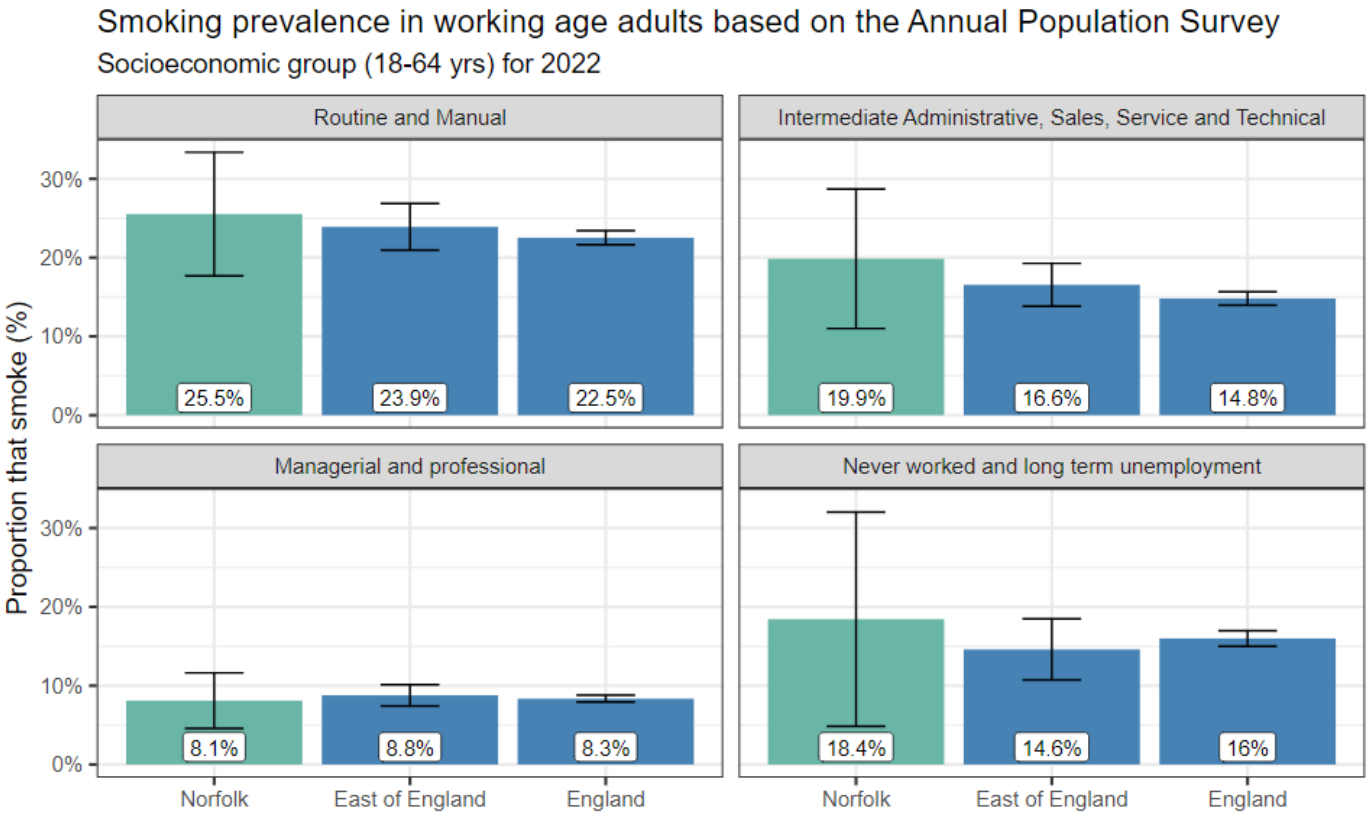

Figure 13: Smoking prevalence by socio-economic category in working age adults, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and housing tenure

Housing status is the strongest independent socioeconomic predictor of smoking in England. [23] Stark inequalities exist in smoking and quitting behaviour by housing tenure in England, with declines in prevalence stalling between 2015-2020, despite progress in the rest of the population. Around 1 in 3 people living in social housing smoke. This is much higher than those who own their homes where around 1 in 11 smokes. Smoking rates for those who rent privately fall between the two.

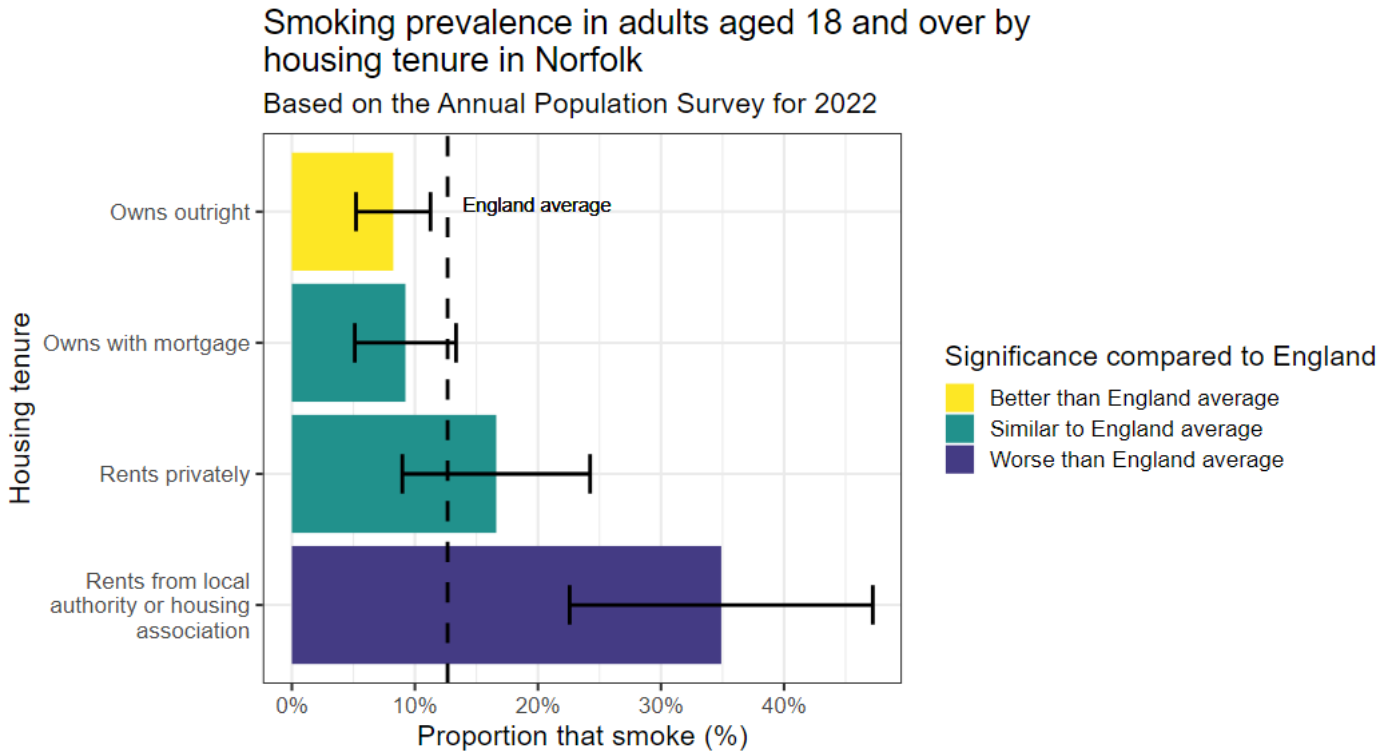

Figure 14: Smoking prevalence by housing type in Norfolk adults, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

How does smoking affect health?

Deaths

Smoking is the single greatest risk for early deaths in Norfolk – more than other issues like high blood pressure, obesity, alcohol or air pollution. Tobacco contributes to early deaths from diseases like cancer, cardiovascular disease, and respiratory disease.

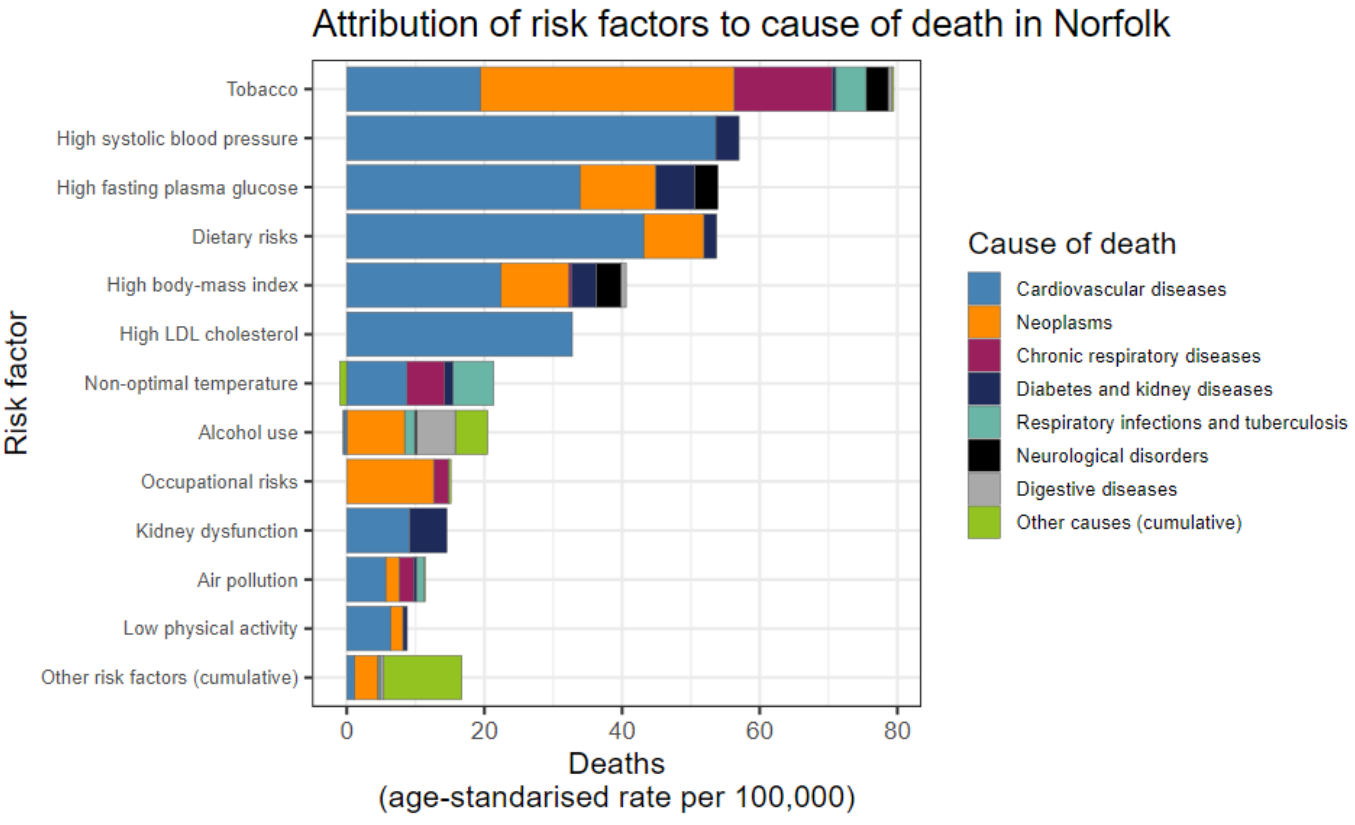

Figure 15: Attribution of risk factors to causes of death in Norfolk, 2019. Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: [Health Data]

Smoking attributable mortality (directly age standardised 35+ years) for 2017-19 was 185.9 per 100,000 which is significantly better than the England average, and similar to the East of England average. This equates to around 1,240 smoking attributable deaths annually, in people aged 35+ in Norfolk. [7]

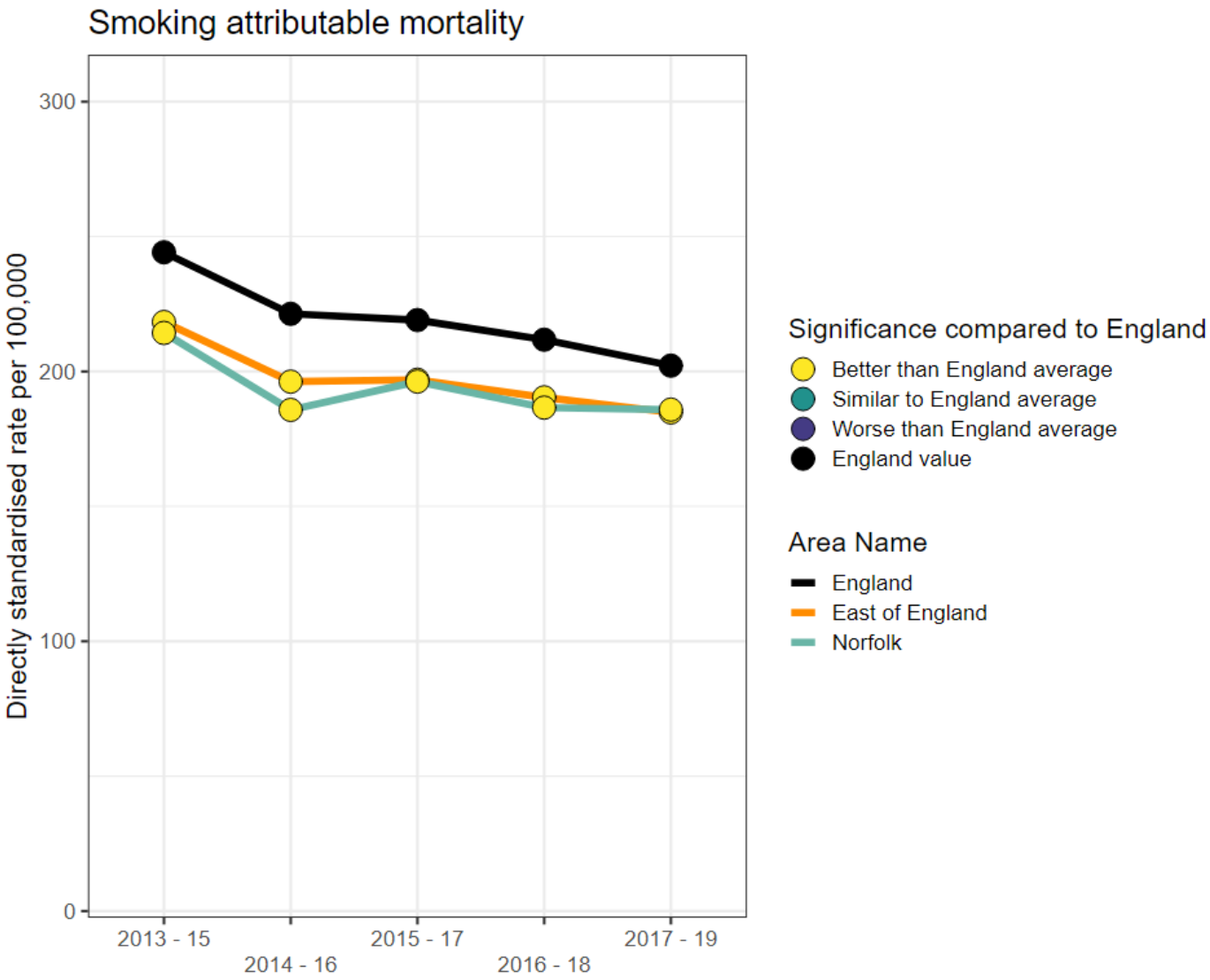

Figure 16: Smoking attributable mortality over time. Source: Office of Health Improvement and Disparities using mortality data from the Office of National Statistics mortality data; Office for National Statistics (ONS) – mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'

Lung Cancer

Smoking is a leading cause or contributor of many cancers, including lung cancer. Lung cancer is one of the most common cancers and has a low survival rate compared to other types of cancer like colon, breast, and prostate cancers. The number of lung cancer cases in Norfolk has remained consistent and has been lower than the England average over the last decade. [24]

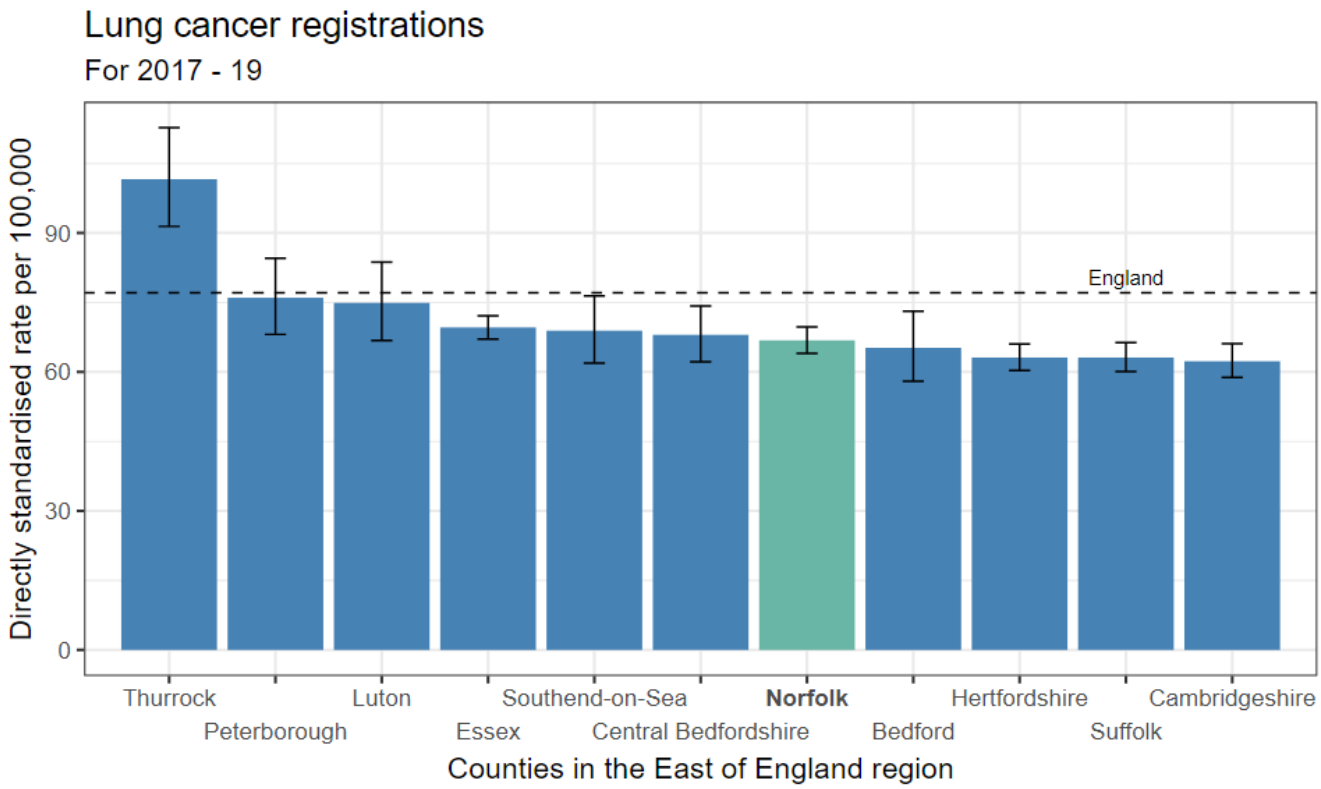

Figure 17: Lung cancer registrations for East of England counties, 2017 to 2019. Source: Office for Health Improvement and Disparities

Impact of smoking in pregnancy – on both the mother and the child

Smoking during pregnancy can have an impact on both mothers and their babies. It can increase the risk of problems in pregnancy, stillbirth, premature birth, and low birth weight. [25] Rates of smoking in pregnancy change with age, socioeconomic and geographical disparities. Stillbirth rates increase with socioeconomic deprivation, from 3.0 per 1,000 in the least deprived, to 4.9 per 1,000 in the most deprived decile. [1] In 2021-22, 21.1% of pregnant women in the most deprived area smoked at time of delivery, compared to 5.6% in the least deprived area. [7]

Smoking in pregnancy increases the risk of low birth weight, [26] congenital anomalies, smaller head circumference, [27] and an increased risk of still birth. [28]

In 2021, 492 babies in Norfolk were born at a low birth weight. It has been estimated that between 10% and 27% of cases of low birth weight are due to mothers smoking, [3] suggesting that between 50 and 130 babies in Norfolk were born with low birth weight due to smoking.

Norfolk has consistently had higher rates of smoking during pregnancy than the England average. In 2022/23, there were around 850 mothers in Norfolk who were recorded as smoking at the time of delivery, around 1 in 9. That figure has been declining, following the overall national trend – but Norfolk's rates are still higher than both the England and regional averages - data for Norfolk 2022/23 shows smoking status at time of delivery was 11.6% (around 847 mothers), which is higher than the England rate at 8.8%, and the East of England rate, at 8.7%. [7]

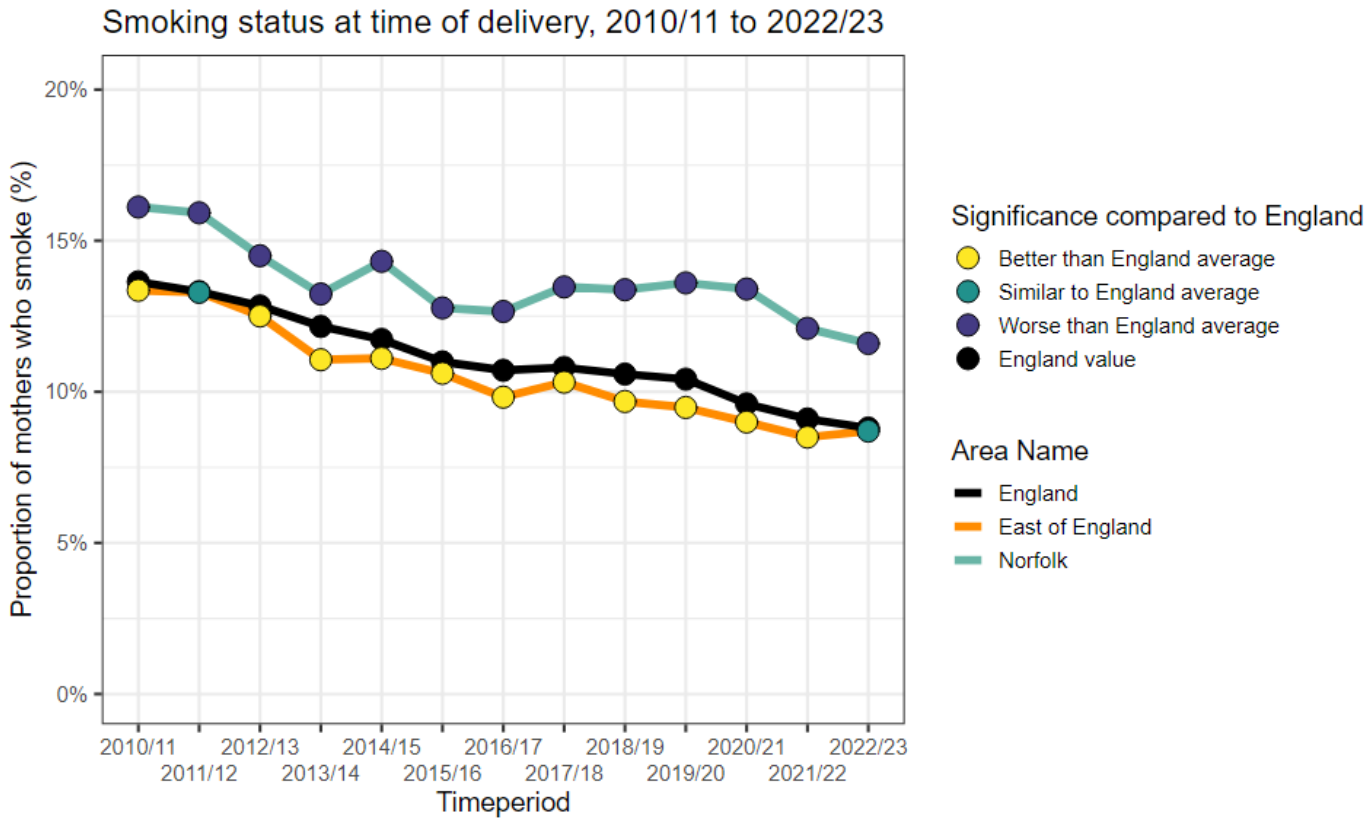

Figure 18: Smoking Status at Time of Delivery (SATOD) over time. Source: Office for Health Improvement and Disparities using NHS digital data.

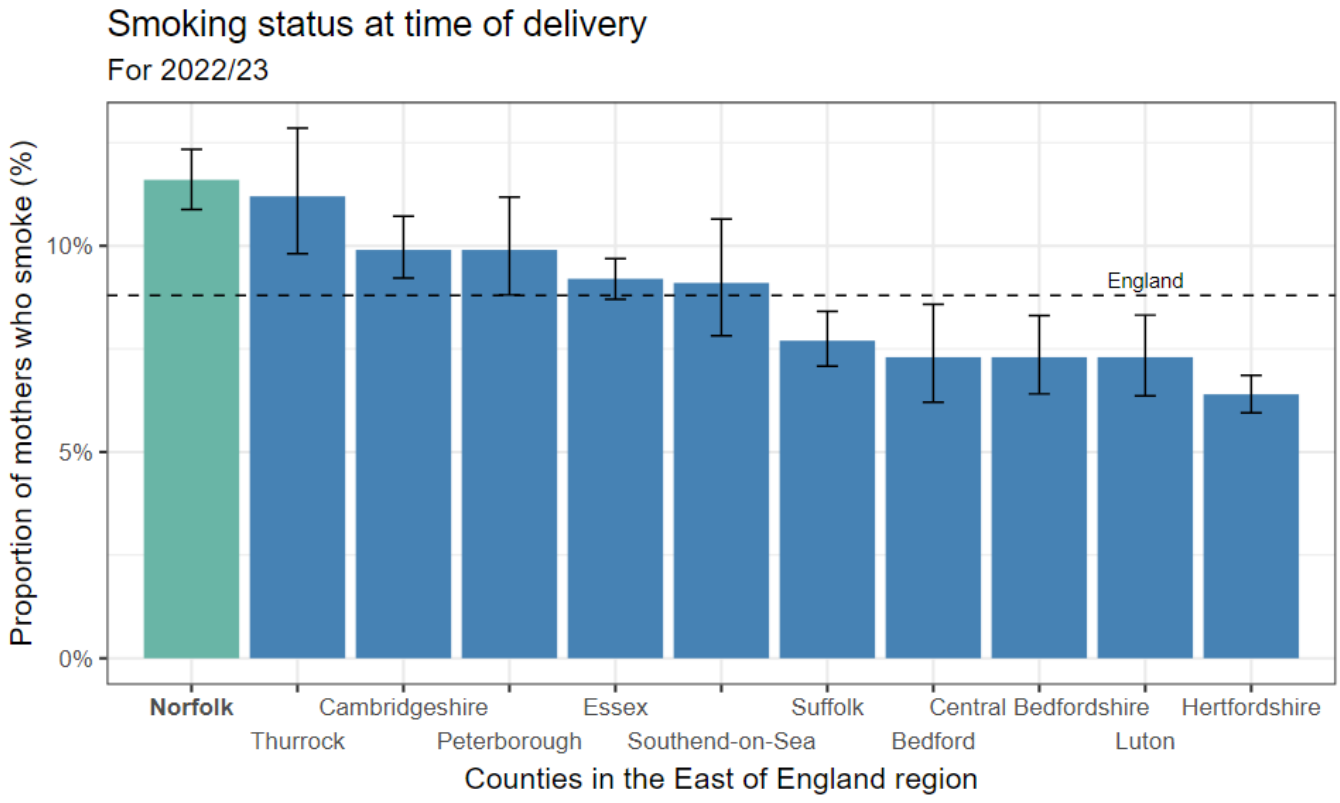

Figure 19: Smoking Status at Time of Delivery (SATOD) across the East of England counties, 2022/23. Source: Office for Health Improvement and Disparities using NHS digital data.

Women living in areas where there is high smoking prevalence are more likely to be exposed to passive smoking via second-hand smoke leading to babies having smoke-related adverse birth outcomes.

The Local Tobacco Control Profiles from 2018-19 show almost a third of teenage mothers smoked during pregnancy. There is no recent data linked to teenage smoking in pregnancy - other data suggests a decrease in smoking amongst younger people. [29]

Long Term Conditions

Tobacco use is the third largest risk factor for illness in Norfolk. [30] It can lead to diabetes, kidney disease, chronic respiratory conditions, cardiovascular conditions, and musculoskeletal conditions. It is also a risk factor for dementia.

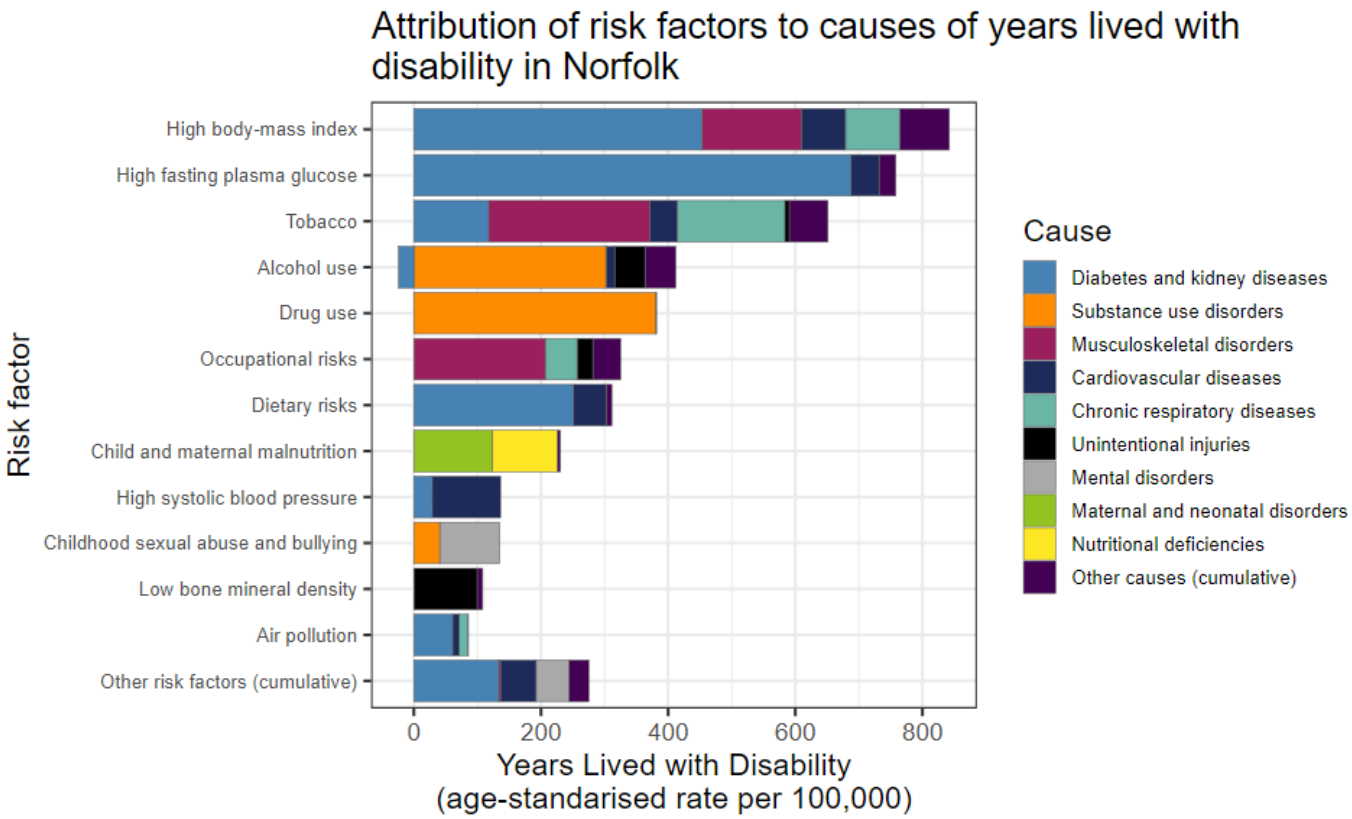

Figure 20: Attribution of risk factors to causes of years lived with disability in Norfolk, 2019. Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: Health Data

Long term conditions are illnesses that can be controlled and managed but not cured. People who smoke are at greater risk of developing a long-term condition and spending more years in later life in poorer health. For example, smoking is the biggest preventable risk factor of Chronic Obstructive Pulmonary Disease (COPD). In 2019/20, Norfolk had 2,240 emergency hospital admissions for COPD [1] many of which could have been avoided if smoking rates had been lower over recent decades. While Norfolk has had lower than average rates of emergency admissions for COPD, this has been increasing over the last decade in contrast to the national trend.

Smoking attributable hospital admissions (new method, directly standardised rate 35+years) for 2019/20 was 1,574 per 100,000 people, which is significantly worse than the England average and East of England average. At over 10,000 smoking attributable hospital admissions a year, Norfolk has the third highest rate in the East of England region. [7]

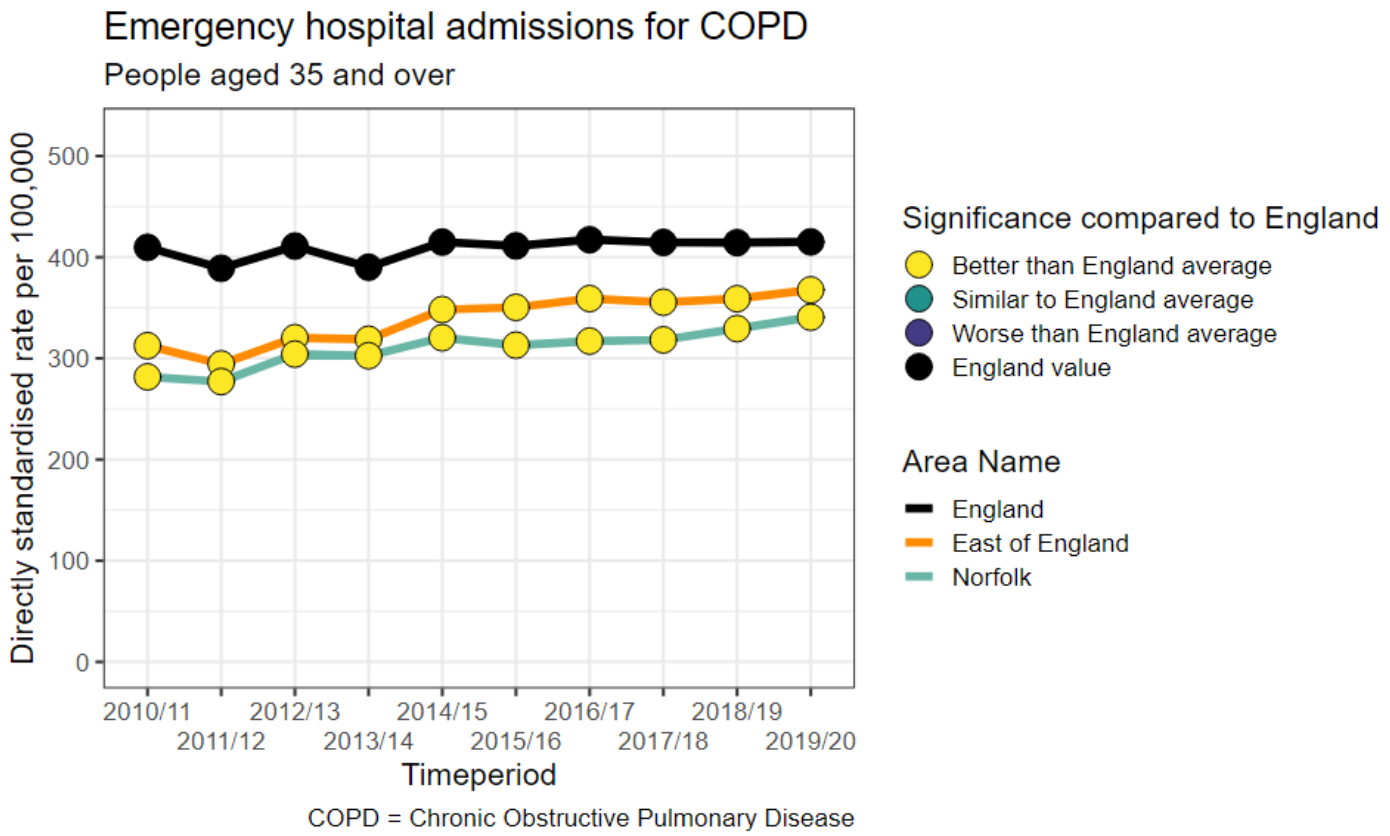

Figure 21: Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) in people aged 35 and over. Source Office: for Health Improvement and Disparities, using Hospital Episode Statistics

Second hand smoke

Second hand smoke (passive smoking) refers to the smoke that smokers exhale or that is given off from the end of a lit cigarette while it is burning – which people nearby can then inhale. Harmful chemicals such as tar, nicotine, and carbon monoxide are contained within second hand smoke making it harmful to those that inhale it.

Short term exposure to second hand smoke can result in headaches, eye irritation, sore throat, dizziness, nausea and coughing. In the longer term, people exposed to second hand smoke are at higher risk of heart disease, some types of cancer, and poor lung function. [31] Children and young people are at particular risk with an increased risk of middle ear disease, bacterial meningitis, asthma and other respiratory disorders (32), and an increased risk of sudden infant death syndrome. [28]

An estimated 44,900 children in Norfolk live in smoking households and are therefore likely to be exposed to second hand smoke. Children from smoking households are four times more likely to take up smoking themselves later in life. [33]

Vaping in adults (aged 16 and over)

Local data on vaping in Norfolk is not available, so we rely on national surveys. Nationally, around 5% of people aged 16 and over, use e-cigarettes daily. [7] This would equate to around 40,000 adults in Norfolk. Around 3.5%, or 27,000 people, occasionally use e-cigarettes. Evidence is mounting that while tobacco cigarette smoking is decreasing, e-cigarette use is increasing. Current smokers (27%) and ex-smokers (17%) vape more than non-smokers. [7] While at lower levels, e-cigarette use is increasing among those who have never smoked before – currently a little under 2%. This would mean around 13,800 people in Norfolk who have never smoked cigarettes, use e-cigarettes. Among adults aged 16 and over, occasional or daily vaping is increasing most quickly in the 16-24 years olds – from around 11% in 2021 to over 15% in 2022. At the same time, smoking tobacco cigarettes is decreasing most quickly in the 18-24s.

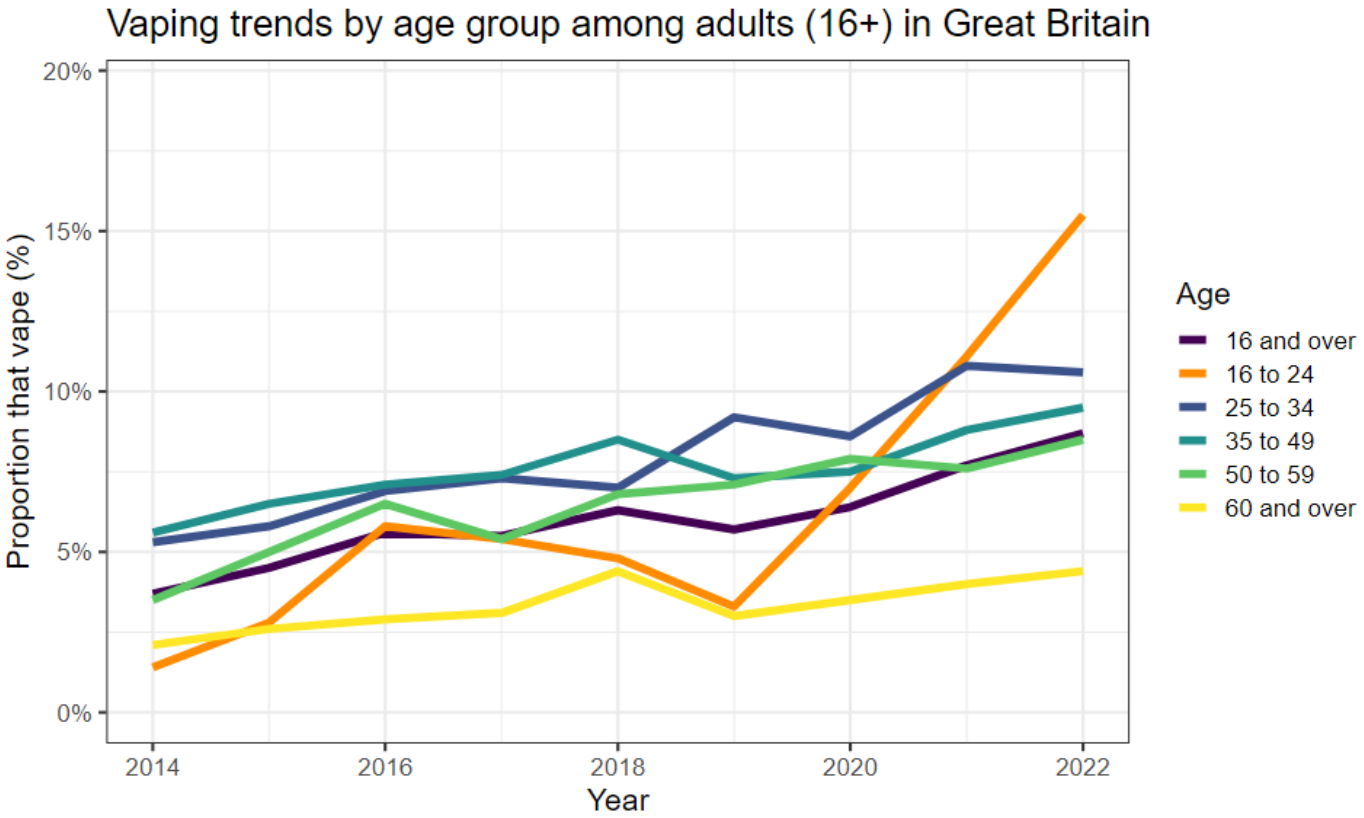

Figure 22: Vaping prevalence by age group in Great Britain. Source: Office for National Statistics based on the Opinions and Lifestyle Survey data

Smoking and overall health

Adult mental health

Smoking rates are higher in those who have mental health issues, representing a significant health inequality. A survey conducted among general practice patients found that in Norfolk, nearly one in four people with a long term mental health condition smoked. This is similar to the national average for those with long term mental health conditions, but much higher than for the general population.

Compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are twice as likely to smoke. Adults with schizophrenia or bipolar disorder are three times more likely to smoke. High smoking rates among people with mental health problems are the single largest contributor to their 10-to-20-year reduced life expectancy.

Smoking prevalence in adults with serious mental illness in Norfolk (2014/15) is 40.7% which is similar to England at 40.5%, and the East of England at 39%. [(5)] There has been no recent data released.

Smoking prevalence in adults with a long-term mental health condition (2021/22) is 23.2% for Norfolk, which is similar to England at 25.2% and East of England at 23.7%. [(7)]

Smoking prevalence in adults with anxiety or depression (2016/17) is also higher than that of the general population, at 23.4% for Norfolk, and again, is similar to England at 25.8%, and East of England at 23.9%. [(7)]

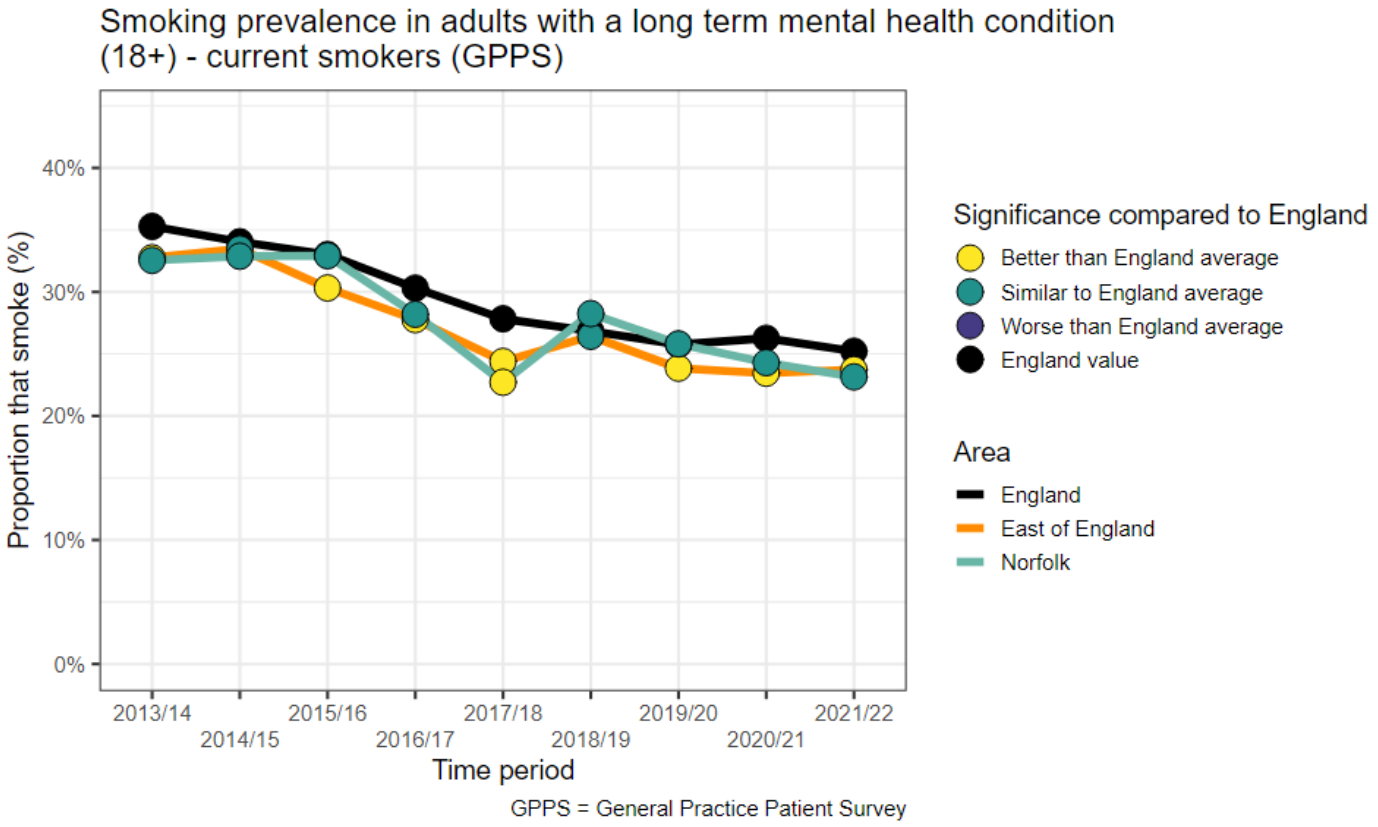

Figure 23: Smoking prevalence in those with a long-term mental health condition. Source: Office for Health Improvement and Disparities based on the General Practice Patient Survey.

Substance misuse

The prevalence of smoking is significantly higher for those accessing drug and alcohol services, compared to the general population. In Norfolk the prevalence of smoking among drug and alcohol service users is significantly higher than that of England and in the top three for the East of England.

Addiction is a complex issue, and many people have issues with more than one addictive substance. In Norfolk, 58.5% of people admitted to treatment for alcohol misuse were also recorded to be smokers in 2019/20 [7]. This prevalence is much higher than the general Norfolk smoking prevalence, and higher than the England average. When admitted to treatment for alcohol and other support such as for opiates, non-opiates, or opiates only with no alcohol then the prevalence in Norfolk is much higher at over 77%. [7] A higher-than-average prevalence may not mean that more people in Norfolk that receive treatment also smoke, it may be that recording practices are different in Norfolk compared to other areas. What the data does confirm however, is that people who receive treatment for substance misuse also have a much higher smoking prevalence, showing the complex nature of addiction.

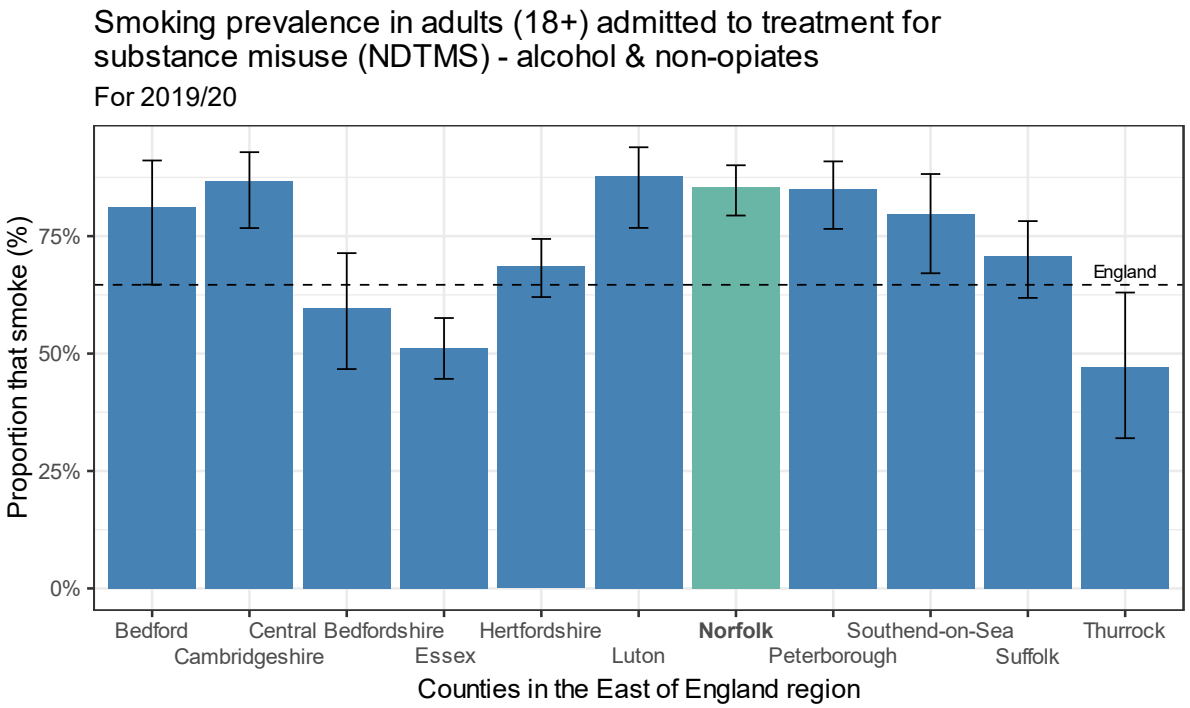

Figure 24: Smoking prevalence in those admitted to treatment for substance misuse. Source: Office for Health Improvement and Disparities using data from the National Drug Treatment Monitoring Service.

National and local policy

National

Knowledge, policies and attitudes towards smoking have changed greatly over the past 60 years. In October 2023, the UK government proposed stopping the start – our new plan to create a smokefree generation. The new legislation proposes a number of legislative changes to further prevent people from becoming addicted to smoking, and to address the challenge of youth vaping. The proposals are:

- Legislation to make it an offence to sell tobacco products to anyone born on, or after 1st January 2009. It will also be an offence for anyone at the legal age to purchase tobacco products on behalf of someone born on, or after January 1st, 2009;
- Investment - additional money for the next five years to support local authority-led stop smoking services; additional money to fund new national anti-smoking campaigns; funding to roll out the new national 'Swap to Stop' scheme; funding to provide evidence-based financial incentives to support all pregnant smokers to quit;
- Reducing youth vaping, whilst ensuring the balance is right between protecting children and supporting adult smokers to quit;
- Enforcement - plans to clamp down on those irresponsibly selling tobacco products and vapes to underage people and prevent illicit products from being sold.

In July 2017, the UK government published 'Towards a Smokefree Generation – A Tobacco Control Plan for England'. [(34)] This contained a vision of a smokefree generation (prevalence of 5% or lower) with a plan for action to reduce both overall prevalence and reduce the inequality gap in prevalence. Actions included a focus on prevention, supporting smokers to quit, eliminating variations in smoking rates and ensuring enforcement e.g., high duty rates for tobacco products.

The NHS Long Term Plan contained the following actions relevant to smoking [(35)]
• By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services

• The model will be adapted for pregnant mothers
• A new universal smoking cessation offer will be available as part of specialist mental health services.

Relevant NICE guidance

Tobacco: preventing uptake, promoting quitting and treating dependence [36]

This guidance covers support to stop smoking for everyone aged 12 and over, and help to reduce people's harm from smoking if they are not ready to stop in one go. It also covers ways to prevent children, young people and young adults aged 24 and under from taking up smoking. The guideline brings together and updates all NICE's previous guidelines on using tobacco, including smokeless tobacco. It covers nicotine replacement therapy and e-cigarettes to help people stop smoking or reduce their harm from smoking. Some of the key recommendations are as follows:

- Adult led interventions in schools;
- Stop-smoking interventions;
- Support to stop smoking in secondary care services;
- Adherence and relapse prevention;
- Identifying pregnant women who smoke and referring them for stop-smoking support;
- Providing support for women to stop smoking during and after pregnancy;
- Commissioning and designing services.

Local

Norfolk County Council's Strategy 2021-25, *Better Together, For Norfolk* [37], prioritises the improvement of the population's health by promoting healthy lifestyles, supporting people to make healthy choices, and providing public health services. The Public Health Strategic Plan [38] expands on this, setting out Norfolk County Council Public Health's aims on reducing rates of smoking, effective tobacco control and controlling long term vaping use and take-up which are priorities for many organisations across Norfolk:

- The Integrated Care System (ICS) Integrated Care Strategy and Joint Health and Wellbeing Strategy commits to addressing inequalities and prioritising prevention, to reduce years spent in poor health and differences in life expectancy due to deaths from circulatory, cancer and respiratory diseases, for which smoking is a chief contributor;
- The ICS Clinical Strategy commits to acting early to improve health by predicting, detecting and acting early to prevent poor health by helping people make healthy choices, which includes stopping smoking;
- The ICS Joint Forward Plan commits to developing and providing a maternity led stop smoking service for pregnant women and partners;
- The ICS Health Improvement Transformation Group has agreed smoking as one of two priority areas for action across the Integrated Care System;
- Norfolk County Council's Strategy Better together for Norfolk commits to supporting people to make healthy choices such as providing free stop smoking services;
- Norfolk County Council's Public Health Strategic Plan commits to delivering a new programme of tobacco control and stop smoking initiatives to help people to stop smoking and create smokefree environments;
- The Norfolk Tobacco and Vaping Control Alliance agreed a system-wide programme of work to help Norfolk to become smokefree by 2030 (defined as smoking rates of 5% or less) and developed a vaping delivery plan.

Smoking cessation programmes in Norfolk

People can and do attempt to quit smoking by themselves. Some people find it harder to quit than others, and Norfolk County Council funds services to help them. The stop smoking services reach around 8,600 smokers per year and offer support to help quit. Of those, 1,850 per year go on to successfully quit. This has significant impacts in helping improve the health of the people of Norfolk. However, not everyone takes

advantage of stop smoking services. That's why the County Council developed its Ready to Change website, which helps people to quit smoking: Help to quit smoking – Norfolk County Council.

'Ready to Change' is a digital platform developed by Norfolk County Council in collaboration with health psychologists and experts utilising behaviour change science to help Norfolk residents in adopting healthier habits. Since its launch in 2022, over 8,000 people have used Ready to Change to help in their quitting journey – e.g. taking quizzes, reading about the benefits of stopping smoking or setting goals.

Smokefree Norfolk offers specialist advice and support to smokers across the county, who want to quit via intensive support, group sessions, one-to-one appointments, drop-in sessions and workplace advice and support. Advisors also work with 'priority groups' such as pregnant women, smokers at risk, mental health patients, routine, and manual workers, and those who are about to undergo surgery. Referrals are accepted from all health and social care professionals, and self-referral. Smoking cessation advisors give support and advice, and arrange prescription of stop smoking aids, such as nicotine replacement therapies, or medication. Smokefree Norfolk and Norfolk County Council offer a starter vape kit and up to 12 weeks of consumables. Feel Good Suffolk provides a variety of online, telephone and face-to-face services for Waveney.

Free specialist stop-smoking support is available from GP practices and pharmacies, for people who have found quitting by themselves difficult.

Quitting smoking during and after pregnancy can help mothers and babies – and help is available from Smokefree Norfolk.

If you work with children and young people who might be smoking or vaping take a look at the information available on Just One Norfolk. A vaping toolkit has been developed to assist schools in tackling increased vaping by offering high quality guidance and resources for a comprehensive approach.

Evidence of effectiveness

Cessation of Smoking Trial in the Emergency Department (COSTED) UEA
Researchers from the University of East Anglia (UEA) conducted the Cessation of Smoking Trial in the Emergency Department (COSTED) at six UK hospitals, including the Norfolk & Norwich University Hospital. Participants were randomly assigned to receive either brief advice, an e-cigarette starter kit, and stop-smoking service referral, or no intervention (control group). Participants were generally from deprived neighbourhoods, with a higher-than-average number unemployed or unable to work due to sickness or disability.

Out of 972 participants, 1 in 4 in the intervention group reported quitting smoking at 6 months, compared to 1 in 8 in the control group. Carbon monoxide tests confirmed that those in the intervention group were twice as likely to quit. They were also more likely to reduce how many cigarettes they smoked and to make more attempts to quit than the control group.

The trial demonstrated the potential of emergency departments to reach smokers opportunistically, especially in disadvantaged communities. Economic evaluation suggested the intervention is cost-effective and implementing it across the three Accident and Emergency departments in Norfolk could lead to 1,636 additional quits annually at a lower cost than traditional methods.

E-Cigarette pilot and vouchers

In 2020 and early 2021, Norfolk County Council Public Health, Smokefree Norfolk and the University of East Anglia conducted a pilot programme offering vouchers for vape starter kits or refills to specific groups in Great Yarmouth, where smoking rates are highest in Norfolk. These groups included individuals who had unsuccessfully tried to quit smoking, those with multiple health conditions, and people with mental health conditions.

During the trial, over 340 participants used their vouchers, and many provided positive feedback. Encouragingly, 42% of those who switched to vaping quit smoking at 4 weeks, with vapes proving effective where other methods had failed. The trial also helped dispel the myth that vaping is as harmful as or more harmful than smoking.

Given the success of the vape voucher trial, the service was expanded countywide in 2022, offering free 12-week vape vouchers to everyone in Norfolk as part of the stop smoking service. Recent figures show a 52% smoking quit rate at 4 weeks, surpassing the initial target.

Help for inpatients to stop smoking at James Paget University Hospital

NHS England has committed that by 2023/24 all people admitted to hospital will be offered free tobacco treatment services. In Norfolk and Waveney, this started in May 2022, with support being offered directly in hospitals. The James Paget University Hospital in Great Yarmouth was chosen early because many people in the area smoke, and there are greater health inequalities in that area than in other areas of Norfolk.

When hospital patients are identified as smokers, they are referred to a specialist team to help them quit. The team provides nicotine replacement therapy (NRT) and other support to increase the patient's chances of quitting. When leaving hospital, patients receive extra NRT and are referred to Smokefree Norfolk for further support at home.

Since the project started, 87% of smokers have been referred to the team, with 79% receiving support and 24% successfully quitting smoking. These results are encouraging, especially as people may not have been planning to quit before they went into hospital.

Voice – the perspective from the public, service users, referrers and front-line staff

Community Voices smoking conversations

In Summer 2023, as part of the NHS Integrated Care Board's Community Voices Programme, Community Champions engaged in conversations with people in communities facing health inequality to discuss factors that either supported or hindered their efforts to quit smoking. The insights from these discussions were collected in an online 'insight bank,' which now contains over 200 recorded conversations.

These insights were organised into themes related to factors that aid individuals in making positive health changes, namely capability, opportunity, and motivation. Some key themes emerged from these conversations:

- the role of social influences on smoking behaviour and the importance of having strong social support when attempting to quit smoking;
- the short term versus long terms economic costs of stopping smoking;
- the need to maintain motivation and to have action plans and rewards;
- the importance for stop smoking providers to tailor services to meet smokers' needs.

The insights tallied with research in this area. Importantly, these real-life Norfolk insights will inform the future design of local stop smoking services and the establishment of NHS pathways.

Information gaps

- Understanding reach and accessibility of service to populations at higher risk of smoking related harm.
- Data collection and reporting to enable targeted geographical and population-based smoking cessation interventions and evaluation.
- Feedback from populations at higher risk of smoking related harm.

Glossary

LGA: Local Government Association

SATOD: smoking at time of delivery

SFN: Smokefree Norfolk

SSS: Stop Smoking Services

SMI: serious mental illness

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