# Norfolk Smoking Health Needs Assessment – Accessible Infographic Summary

## Prevalence and Impact

- 13% of adults in Norfolk smoke this is approximately 99,300 people.
- In Norfolk, smoking rates are highest in Great Yarmouth district.
- Smoking rates are declining nationally and in Norfolk. It is possible that vaping and e cigarette use is contributing to the decline.
- Smoking is the largest cause of preventable ill health and mortality.
- Smoking attributable deaths per 100,000 population in Norfolk are lower than national rates but higher than regional. This is the case for the following figures:
  - 185.9 smoking attributable deaths per 100,000 population (age standardised for age 35+)
  - o 26.7 deaths per 100,000 population for heart disease
  - o 82.5 deaths per 100,000 population for cancer
  - 8.9 deaths per 100,000 population for stroke
- There are 1,574 hospital admissions per 100,000 population in Norfolk. This is significantly worse than national and regional rates.
- It is estimated that over 6000 years of potential life lost from smoking each year.
- There is a cost of £872 million to Norfolk.
- Children whose parents smoke are four times as likely to smoke.

# Health inequalities and Priority Populations

- Smoking is more common in some populations. These include:
  - Males (rate of 14.2% compared to 12.3% for women)
  - People who work in routine or manual occupations (rate of 25.5%)
  - People aged 25 -29 (smoking is decreasing in younger people)
  - People living in deprived areas (16.2% in relatively most deprived compared to 9.8% in least deprived – national data)
  - People living with poor mental health (23.2% of people with a long-term mental health condition smoke)
  - $\circ$  People of no religion (rate of 15% and this has been decreasing)
  - People in social housing (rate of 35%)
  - People born in Poland (rate of 21%)
  - People in prison (rate of 80%)
  - People receiving treatment for alcohol consumption (rate of 58.5%)
  - People who are lesbian, gay, or bisexual (LGB) particularly LGB women and bisexual men
- The relationship between smoking and ethnicity is complex and Norfolk is less ethnically diverse than England as a whole.
- Gypsy Roma and Traveller communities have poorer health outcomes in general and are less likely to access services.

- People experiencing homelessness can struggle to access support services.
- Smoking in pregnancy is harmful for both the mother and the baby. Smoking at time of delivery is higher in Norfolk than national rates at 11.6%

## Support services and policy

There are a variety of support services offered which include:

- Smokefree Norfolk (in 2022/23, over 50% of users quit)
- Together for mental wellbeing (there is a joined-up service with Smokefree Norfolk)
- Ready to Change (Norfolk County Council)
- GPs and pharmacies

There are also national schemes which include:

- An additional £70 million investment to local authority led services over 5 years.
- Initiative to stop smoking pregnancy (to be introduced by the end of 2024)
- The government 'smokefree generation' will make it illegal to sell tobacco to anyone born after 01/01/2009.
- Regulating vaping to reduce youth uptake.
- A 'swap to stop' scheme to swap cigarettes for vapes.

#### **Further Information**

Full details and sources can be found in the full needs assessment document.