

# TOBACCO SMOKING IN LEICESTER ADULTS: JOINT STRATEGIC NEEDS ASSESSMENT

A Joint Strategic Needs Assessment (JSNA) is a statutory process by which local authorities and commissioning groups assess the current and future health, care and wellbeing needs of the local community to inform decision making.

The JSNA:

Is concerned with wider social factors that have an impact on people's health and wellbeing such as poverty and employment.

Looks at the health of the population with a focus on behaviours which affect health, such as smoking, diet and exercise.

Provides a view of health and care needs in the local community

Identifies health inequalities

Indicates current service provision

Identifies gaps in health and care services, documenting unmet needs

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# 1 INTRODUCTION

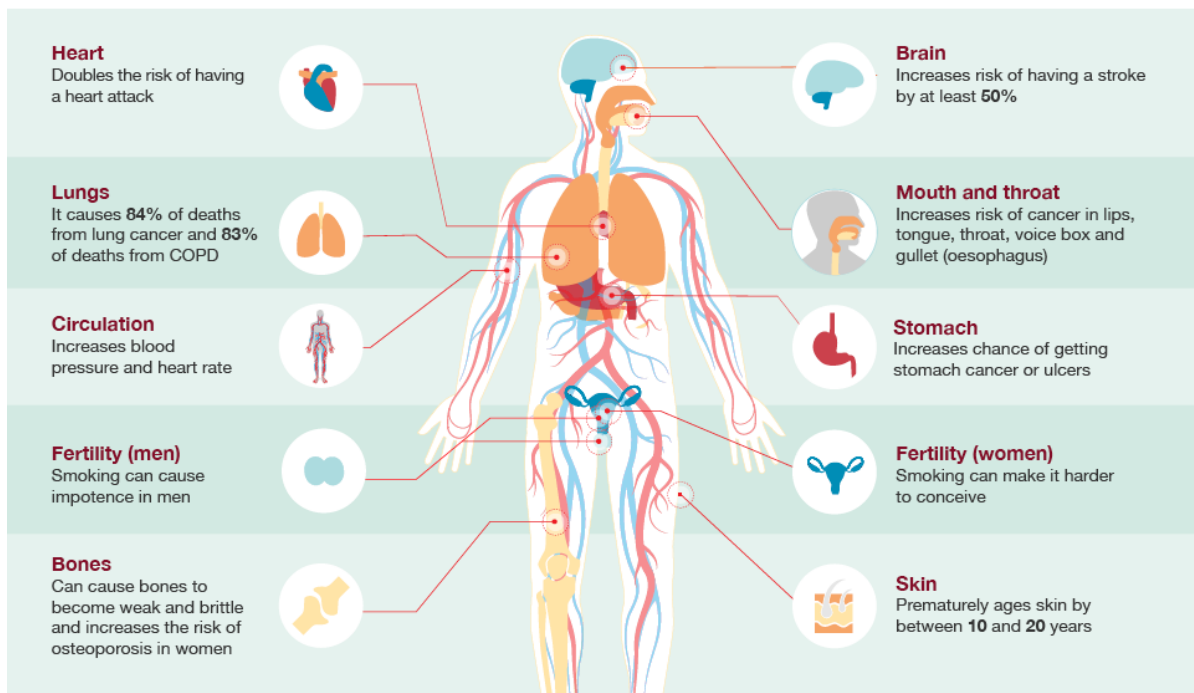
Smoking is the leading cause of preventable illness and premature death in England causing harm in many parts of the body and accounts for around 76,000 deaths per year in the UK<sup>1</sup>

There are many medical conditions (Figure 1 below) associated with or aggravated by smoking, which may not be fatal but still cause years of debilitating illness.<sup>2</sup>

## 1.1 SMOKING HARM TO THE BODY

Figure 1: Smoking harm to the body

### How smoking harms the body



**Source:** *Health matters: tobacco standard packs, Public Health England, 2016.*

Second-hand smoke (breathing in smoke that the smoker breathes out) or passive smoking increases risk of developing the same health conditions as smokers.

Babies and children are particularly vulnerable to the effects of second-hand smoke and is at increased risk of sudden infant death syndrome (SIDS), lower respiratory infections, asthma and wheezing, meningitis and middle ear disease.

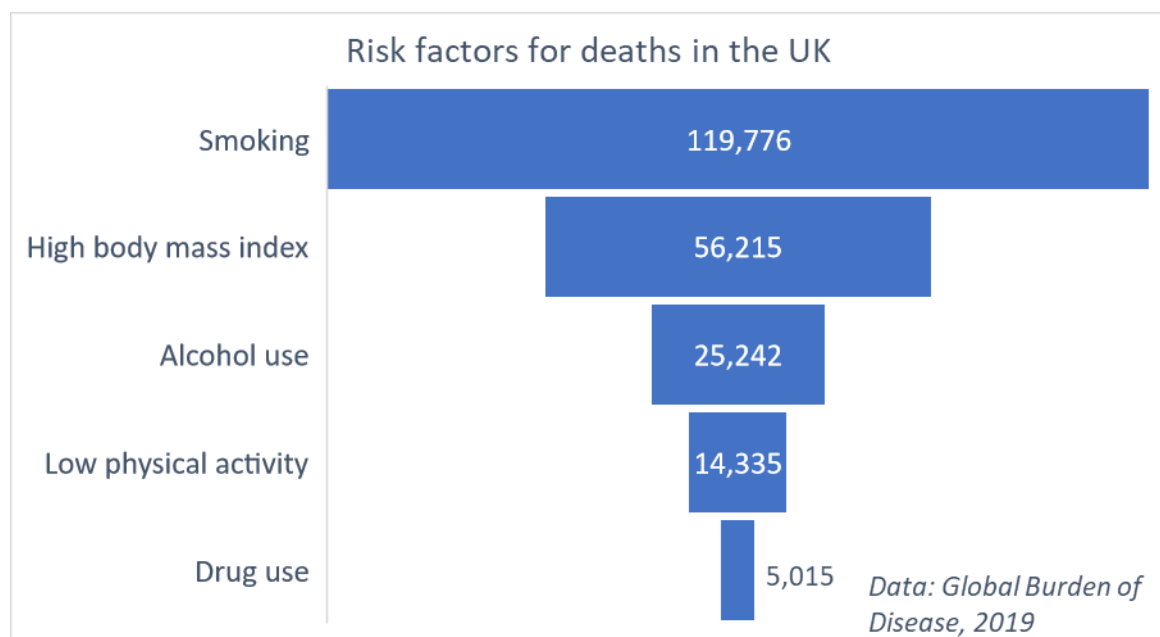
Smoking in pregnancy has health risks for both the mother and the unborn baby. There are increased risk of complications including miscarriage, premature birth, low birthweight and stillbirth.

## 1.2 SMOKING-RELATED DEATHS

Despite the decline in smoking, about 5.8 million adults in England still smoke (13% of 18+ year olds) <sup>3</sup> and tobacco use remains the single greatest cause of preventable deaths in England – killing approximately 76,000 people per year. Smoking can be attributed to around 16% of all deaths. This is greater than the combined total of preventable deaths caused by obesity, alcohol, suicide, traffic accidents, illegal drugs and HIV infections.<sup>4</sup>

Figure 2 below shows the risk factors responsible for deaths in the UK (reported by Global Burden of Disease 2019)<sup>5</sup>.

*Figure 2: Risk factors for deaths in the UK*



**Source:** *Global Burden of Disease, 2019*

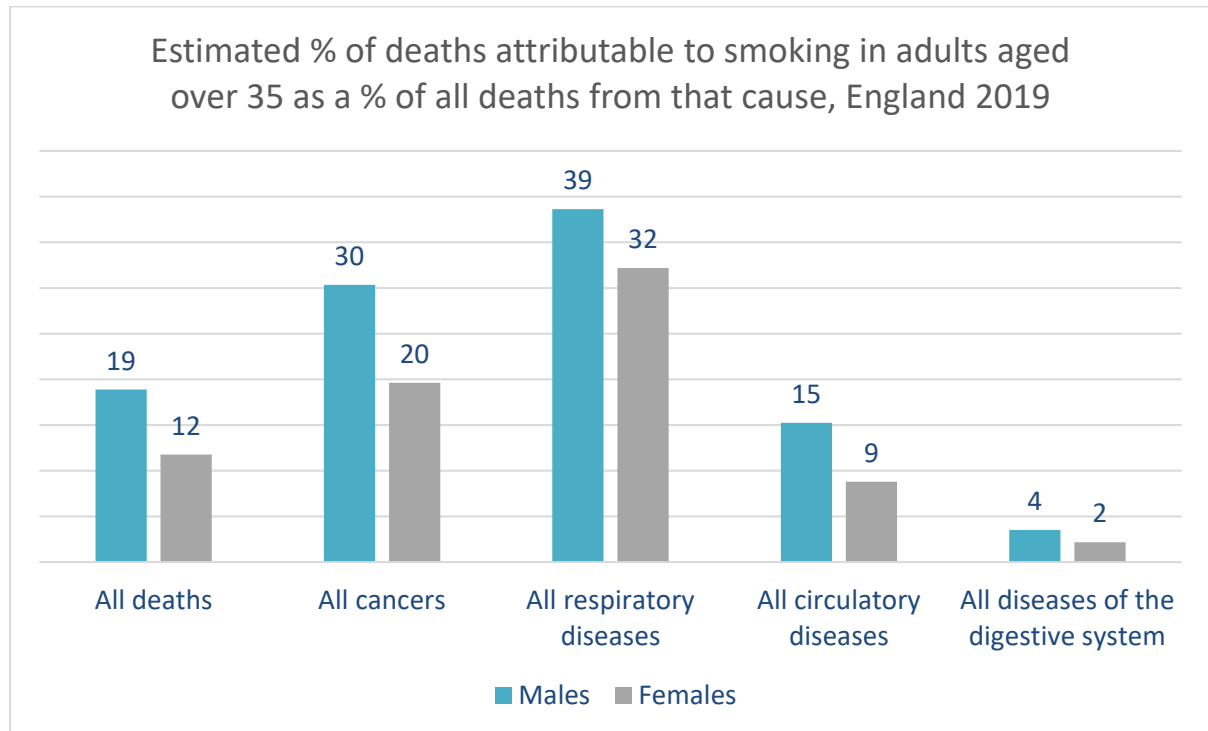
One in two regular smokers is killed by tobacco and half of them will die before the age of 70, losing an average 10 years of life.<sup>6</sup>

An estimated 75,000 people aged over 35 years died from smoking-related causes in England in 2019.<sup>7</sup> Other diseases where smoking is an attributable factor include cancer, respiratory and circulatory disease.

Figure 3 shows the percentage of deaths attributed to smoking by disease and gender. The proportion of smoking-attributed deaths for respiratory diseases (35%) and cancers (25%) is higher than circulatory diseases (12%) and diseases of the digestive system (3%). A larger

proportion of deaths among men than women were attributable to smoking, with an estimated 19% (45,700) of all deaths among men aged 35 and over being attributable to smoking. This compares with 12% (28,900) of all deaths among women. This is consistent with higher smoking prevalence in men compared with women.

*Figure 3: Estimated deaths attributed to smoking as a percentage of all deaths from that disease, 2019 (35 and over, by gender), England*



**Data:** NHS Digital: Statistics on Smoking, 2020

Cancers of the trachea, lung, bronchus, and chronic airway obstruction accounted for over 35,500 smoking attributed deaths. The proportion of deaths for these diseases attributed to smoking are 52%. Figure 4 shows the full list of deaths and smoking attributed deaths among adults aged 35 and over in England in 2019 by disease.

Figure 4: Observed and smoking-attributable deaths in adults aged 35 and over in, England, 2019.

Cause of death	Observed deaths	Smoking Attributable number	Smoking Attributable %
<b>All deaths</b>	487,110	74,600	15
<b>All cancers</b>	139,990	35,500	25
<b>All respiratory diseases</b>	64,040	23,700	35
<b>All circulatory diseases</b>	120,090	14,700	12
<b>All diseases of the digestive system</b>	23,320	700	3
<b>All deaths which can be caused by smoking</b>	<b>231,280</b>	<b>74,600</b>	<b>32</b>
<b>Cancers which can be caused by smoking</b>	<b>68,280</b>	<b>35,500</b>	<b>52</b>
Trachea, Lung, Bronchus	27,490	21,400	78
Upper Respiratory Sites	2,550	1,600	61
Larynx	630	500	77
Oesophagus	6,670	4,200	63
Cervical	635	100	9
Bladder	4,640	1,700	37
Kidney and Renal Pelvis	3,970	900	22
Stomach	3,300	600	18
Pancreas	8,080	1,700	21
Unspecified site	7,870	2,600	33
Myeloid Leukaemia	2,450	400	16
<b>Respiratory diseases which can be caused by smoking</b>	<b>52,170</b>	<b>23,700</b>	<b>47</b>
Chronic Obstructive Lung Disease	1,150	1,000	85
Chronic Airway Obstruction	25,540	18,800	76
Pneumonia, Influenza	24,180	3,900	16
<b>Circulatory diseases which can be caused by smoking</b>	<b>111,280</b>	<b>14,700</b>	<b>13</b>
Other Heart Disease	25,540	3,000	12
Ischaemic Heart Disease	51,050	6,700	13
Other Arterial Disease	2,480	300	14
Cerebrovascular Disease	27,720	2,200	8
Aortic Aneurysm	4,430	2,400	55
Atherosclerosis	60	0	16
<b>Diseases of the digestive system which can be caused by smoking</b>	<b>1,550</b>	<b>700</b>	<b>43</b>
Stomach / Duodenal Ulcer	1,550	700	43

Data: NHS Digital: Statistics on Smoking, 2019

## 2 WHO'S AT RISK AND WHY?

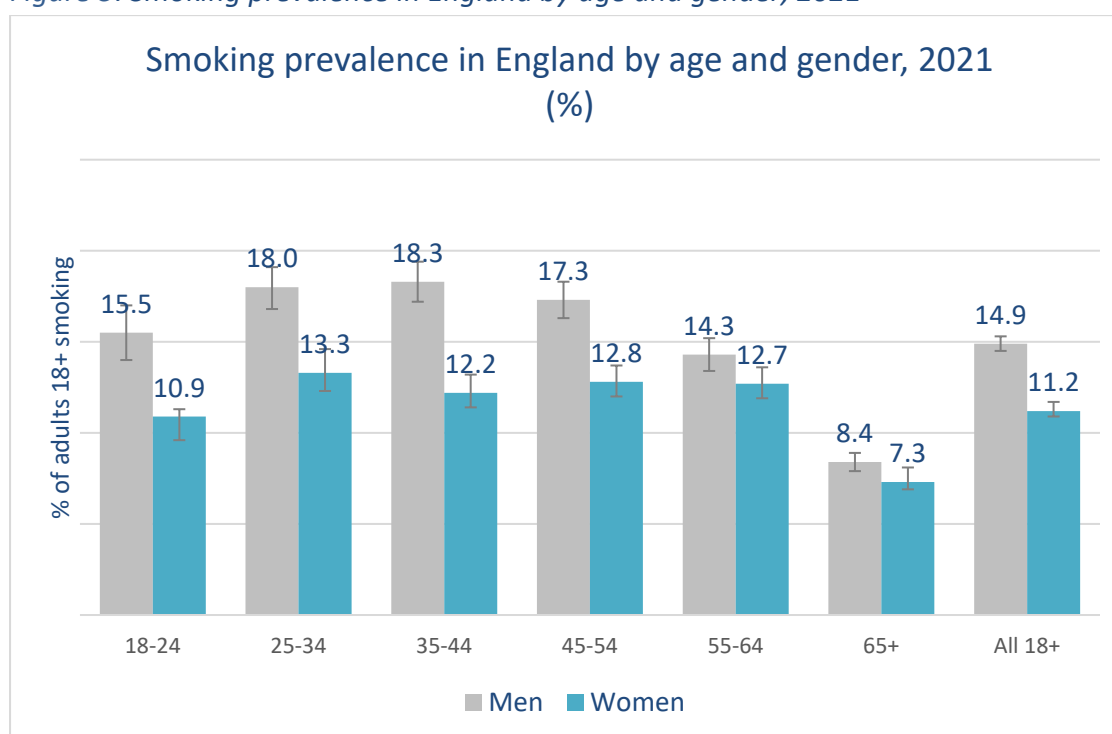
### 2.1 SMOKING PREVALENCE (NATIONAL)

The Annual Population Survey in 2021<sup>3</sup> estimated 13.0% of the adult population (18+) in England smoke, this is about 5.4 million adults. The data shows that levels of smoking vary across different population groups.

#### AGE AND SEX

Males (14.9%) are more likely to smoke than females (11.2%). Men aged 35-44 are most likely to smoke (18.3%) and women aged 65 and over are least likely to smoke (7.3%).

Figure 5: Smoking prevalence in England by age and gender, 2021



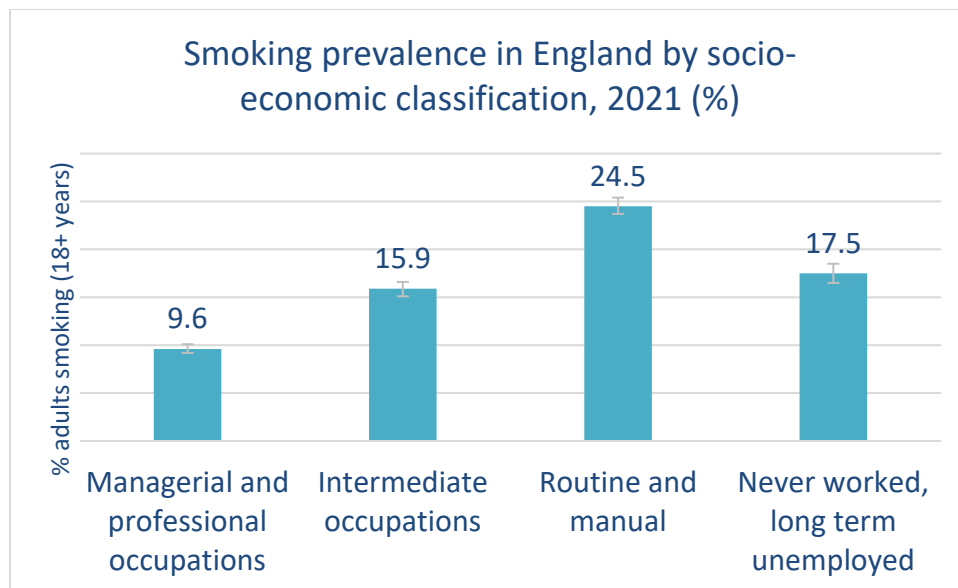
Data: Annual Population Survey for England, 2021

#### SOCIO-ECONOMIC CLASSIFICATION

Smoking prevalence for routine and manual workers (24.5%) is significantly higher than all other socio-economic classifications, including those who have never worked or who are long term unemployed.



Figure 6: Smoking prevalence in England socio-economic classification, 2021

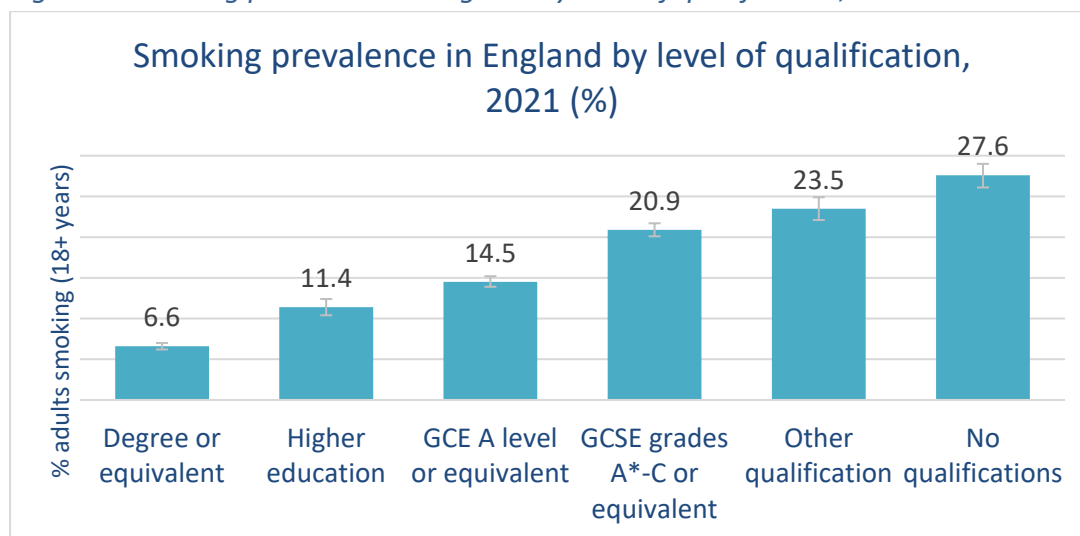


**Data:** Annual Population Survey for England, 2021

#### LEVEL OF QUALIFICATION

Those with no qualifications have the highest rate of smoking (27.6%) compared with those whose highest level of education was a degree (6.6%).

Figure 7: Smoking prevalence in England by level of qualification, 2021

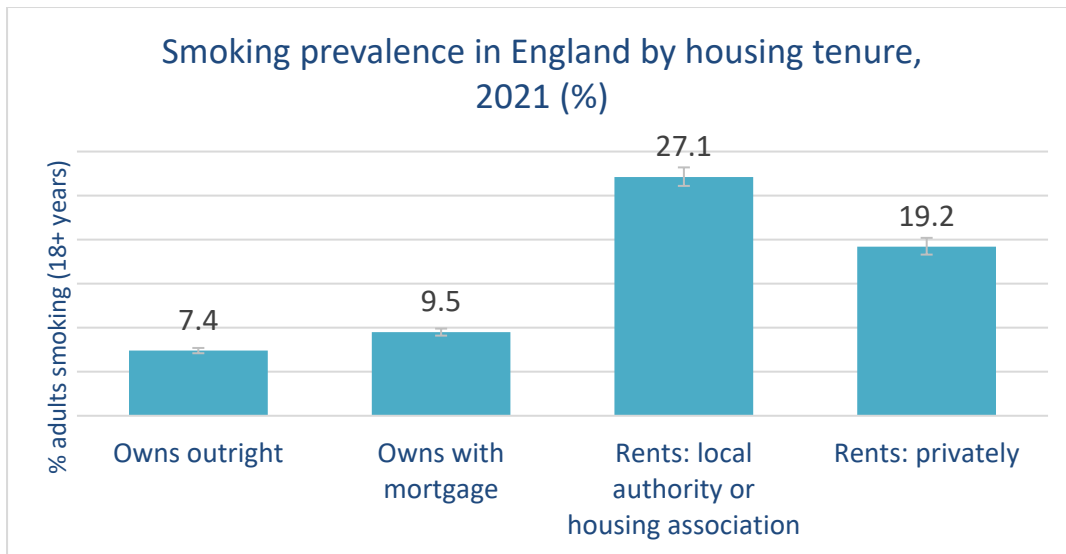


**Data:** Annual Population Survey for England, 2021

#### HOUSING TENURE

Smoking prevalence is highest for residents who rent their property and lowest for those who own their property.

Figure 8: Smoking prevalence in England by housing tenure, 2021

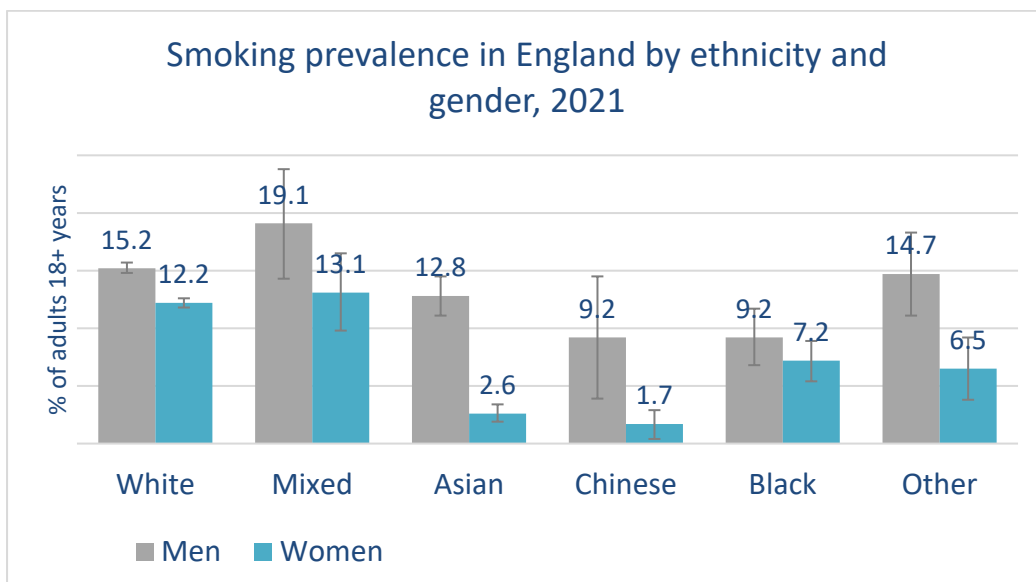


Data: Annual Population Survey for England, 2021

#### ETHNIC GROUP

Smoking prevalence is highest for men and women in Mixed and White ethnic groups and lowest for Asian and Chinese women. *Census 2021 showed that 43% of Leicester residents aged 18+ are Asian, 44% White, 7% Black, 2% Mixed and 4% other ethnic groups.*

Figure 9: Smoking prevalence in England by ethnic group, 2021



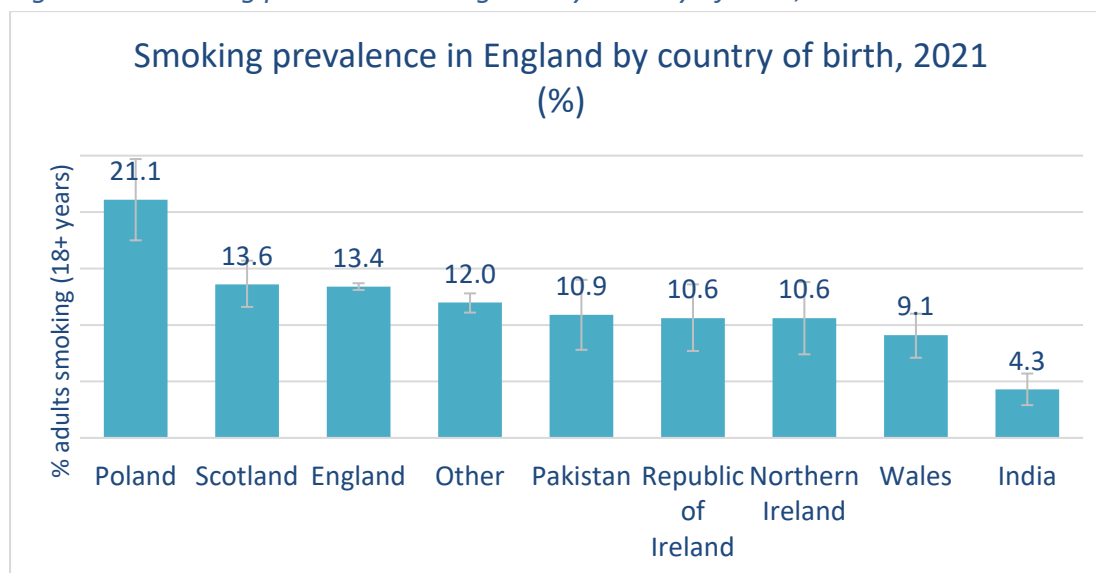
Data: Annual Population Survey for England, 2021

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## COUNTRY OF BIRTH

Smoking prevalence varies by country, with Poland showing the highest overall percentage who smoke, and India the lowest. *Census 2021 shows in Leicester residents 16% report their county of birth as India, 2.4% Poland and 1.4% Pakistan.*

Figure 10: Smoking prevalence in England by country of birth, 2021



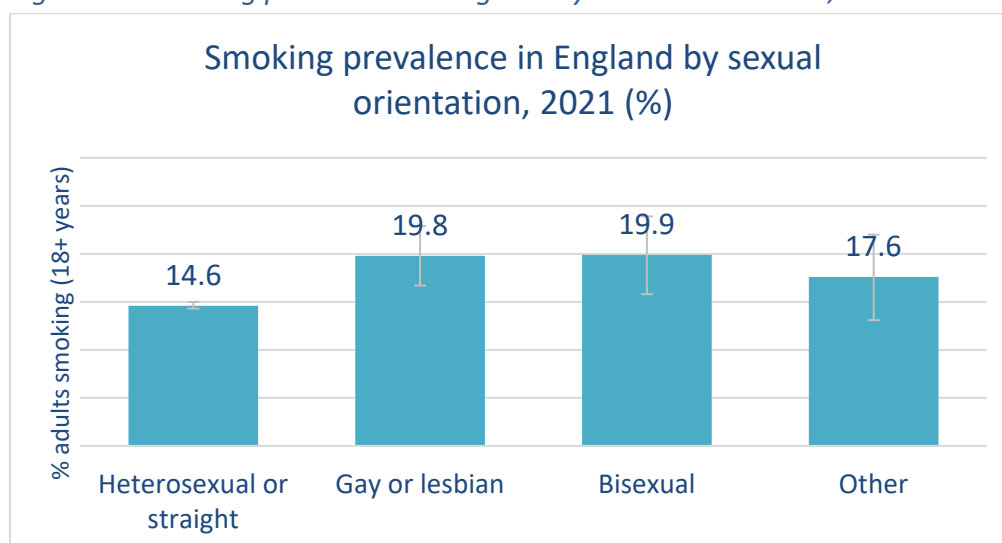
**Data:** Annual Population Survey for England, 2021

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## SEXUAL ORIENTATION

Smoking also varies greatly for some ethnic minority groups and those from the Lesbian, Gay and Bisexual community who remain far more likely to smoke than the general population.

Figure 11: Smoking prevalence in England by sexual orientation, 2021



**Data:** Annual Population Survey for England, 2021

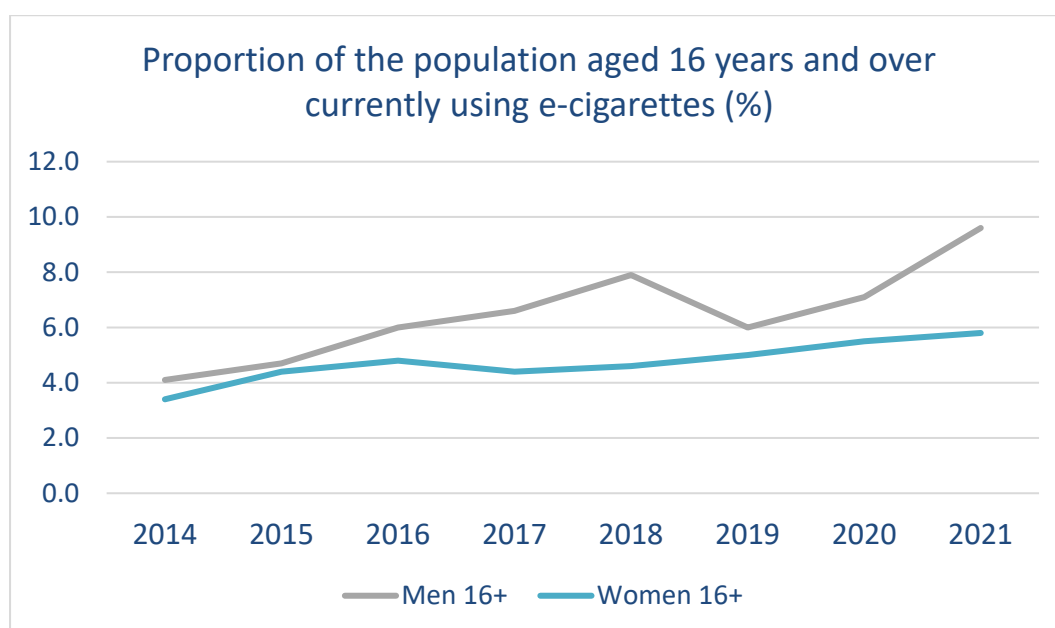
## USE OF E-CIGARETTES

Smoking prevalence has been steadily declining over the past decade from 19.8% in 2011 to 13% to 2021. This decrease may be partly attributed to the increase in vaping and e-cigarette use.

E-cigarettes were first introduced in the UK in around 2006 and have become increasingly popular. Electronic cigarettes typically have a re-chargeable lithium ion battery and atomiser which produces vapour by heating a solution of nicotine, usually in glycol or glycerine. By drawing air through the e-cigarette, the smoker inhales in the same way as conventional cigarettes but vapour produced from nicotine solution is free from almost all of the toxic chemicals in cigarette smoke.<sup>8</sup>

The OPN survey shows a general increasing use of e-cigarettes for men and women, with higher levels of use in men<sup>9</sup>. There was a significant increase in use of e-cigarettes in men in 2021 with 9.6% reporting current use; 6.4% as regular users and 3.2% as occasional users.

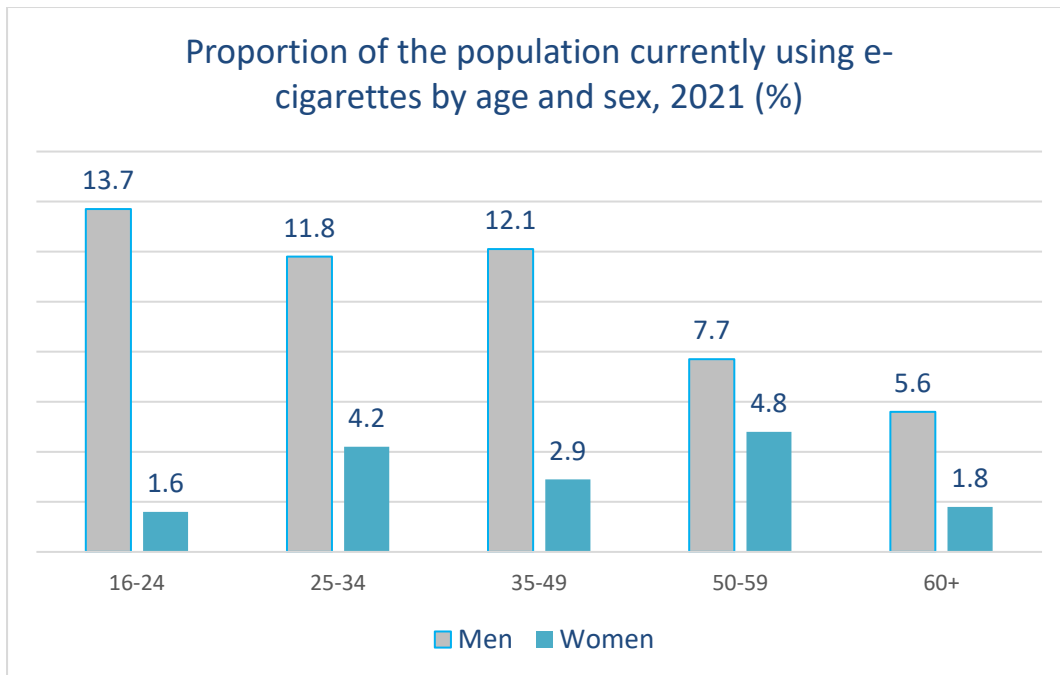
*Figure 12: Proportion of the population aged 16 years and over using e-cigarettes*



**Data:** ONS Opinions and Lifestyle Survey (OPN)

By age group, highest levels are reported in men 16-24, with similar levels in 25-34 and 35-49 year olds. Lower use is reported in over 50s. E-cigarette use in women is lower than men in each age group, with highest levels seen in 50-64 year olds, and lowest in 16-24 and over 60 year old women.

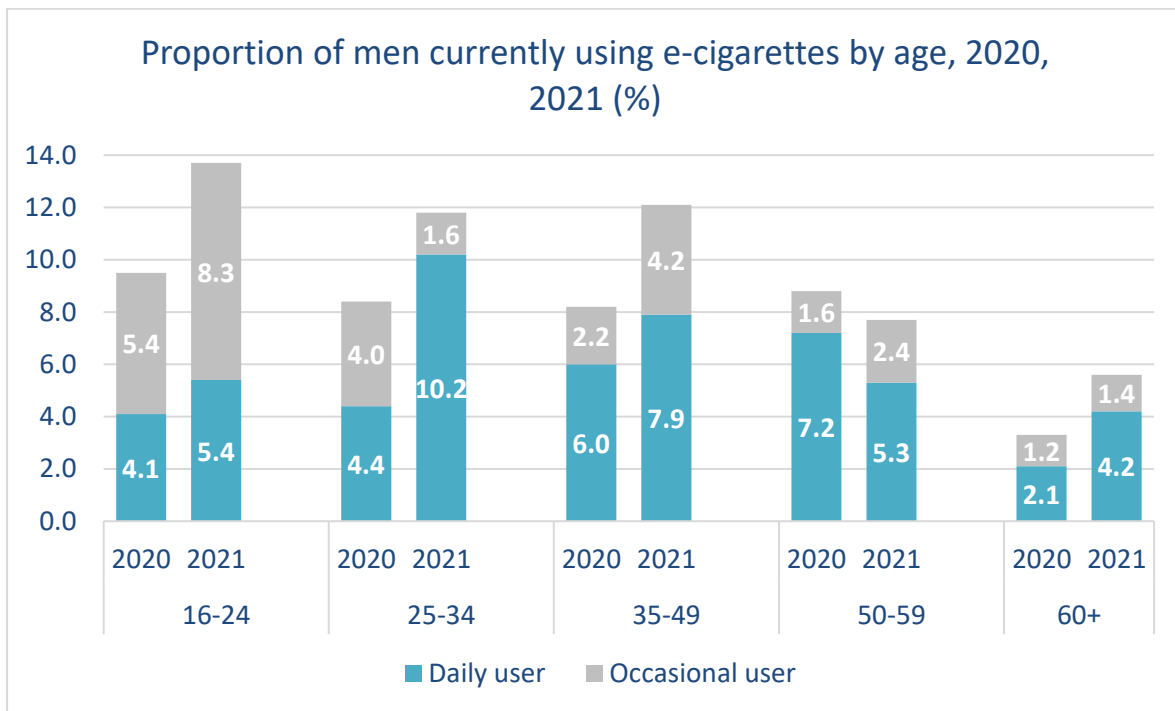
Figure 13: Proportion of the population aged 16 years and over using e-cigarettes



**Data:** ONS Opinions and Lifestyle Survey (OPN)

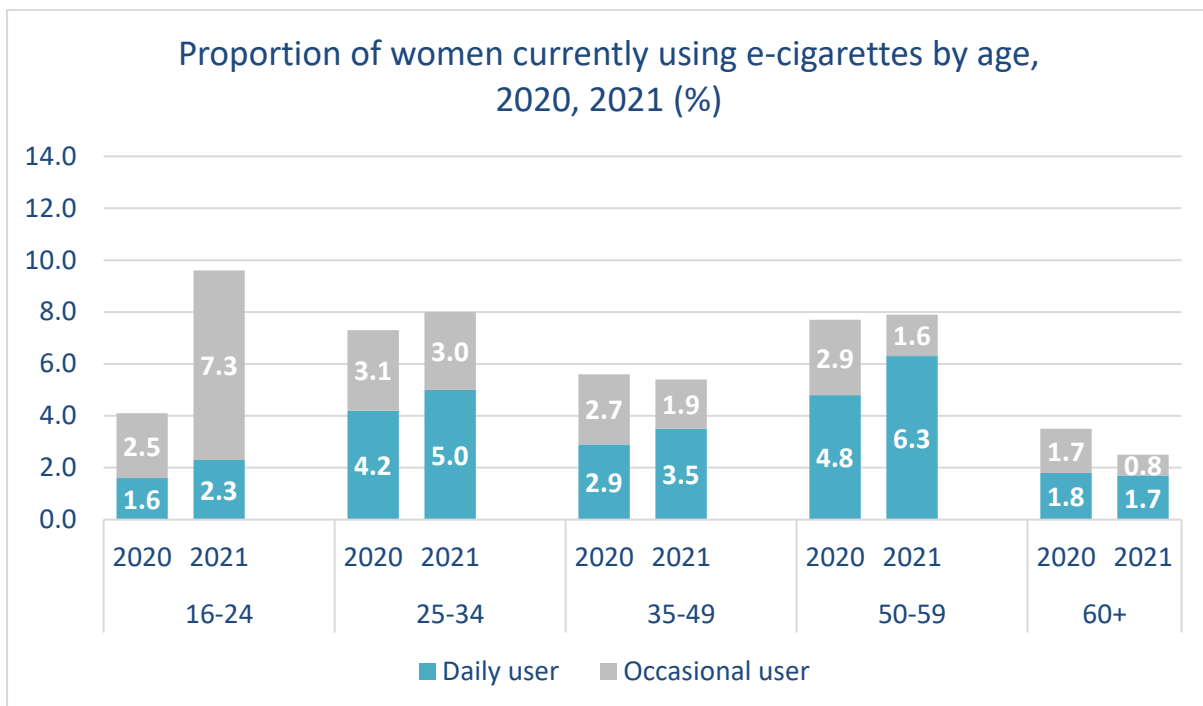
In 2020, the questions asked in the OPN changed to include daily use and occasional use of e-cigarettes. There has been an increase reported in use of e-cigarettes overall from 6.2% in 2020 to 7.7% in 2021. Figures 15 and 16 show the largest increases are reported in young men and women aged 16-24 years and in men 25-34 and 35-49. For young men and women aged 16-24, increases in 2021 are higher for occasional use of e-cigarettes. For men aged 15-24 and 35-49, increases are highest in daily use of e-cigarettes.

Figure 14: Proportion of men currently using e-cigarettes by age, 2020 and 2021



Data: ONS Opinions and Lifestyle Survey (OPN)

Figure 15: Proportion of women currently using e-cigarettes by age, 2020 and 2021



Data: ONS Opinions and Lifestyle Survey (OPN)

## 2.2 NATIONAL POLICY

The Government's Tobacco control plan for England<sup>10</sup> had the following objectives by end of 2022:

- Reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking among adults in England from 15.5% to 12% or less
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population
- Reduce prevalence of smoking in pregnancy from 10.7% to 6% or less

'Smoking during pregnancy is a major health inequality, with prevalence varying significantly across communities and social groups. Smoking prevalence among pregnant women in more disadvantaged groups and those aged under 20 remains considerably higher than in older and more affluent groups... meaning those from lower socio-economic groups are at a much greater risk of complications during and after pregnancy. Children who grow up with a smoking parent are also more likely to become smokers themselves, further perpetuating the cycle of inequality and affecting their life chances.'<sup>6</sup>

In 2019, the Government published its green paper on preventative health where it announced an ambition for England to become 'smokefree' by 2030.<sup>11</sup> This is achieved when adult smoking prevalence falls to 5% or less.

The 2030 ambition includes four critical 'must do's for the Government including:

- Increased investment
- Increase the age of sale
- Promote vaping
- Improve prevention in the NHS

In October 2023, the Prime Minister set out plans to introduce legislation to prohibit children born on or after 1 January 2009 from legally buying cigarettes in England. This would effectively raise the smoking age by one year, every year until it applies to the whole population.

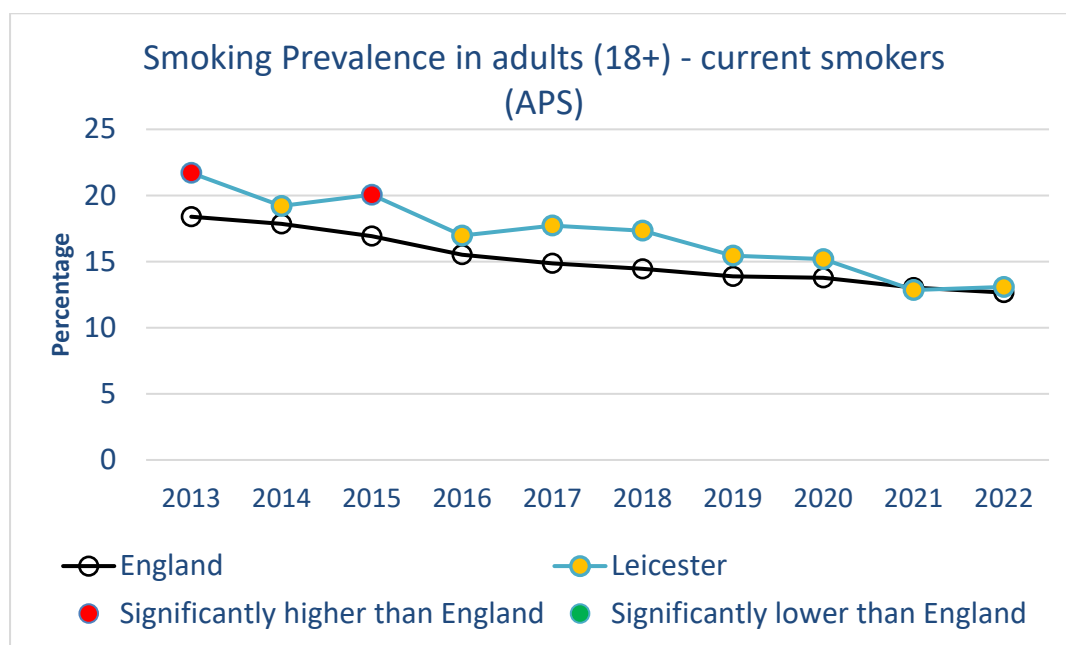
### 3 THE LEVEL OF NEED IN THE POPULATION

#### 3.1 SMOKING PREVALENCE IN LEICESTER

Data from the Annual Population Survey<sup>3</sup> reveals a local smoking prevalence estimate of 13.1% for Leicester, this is similar to the national rate of 12.7%. Smoking prevalence recorded for Leicester males (17.3%) is similar to England males (16.3%). Smoking prevalence for Leicester females (9.4%) is similar to England females (11.7%).

Both in Leicester and nationally, smoking prevalence has declined over the last decade for both men and women. Smoking prevalence for men in Leicester has reduced from being higher than England to a similar level in 2021.

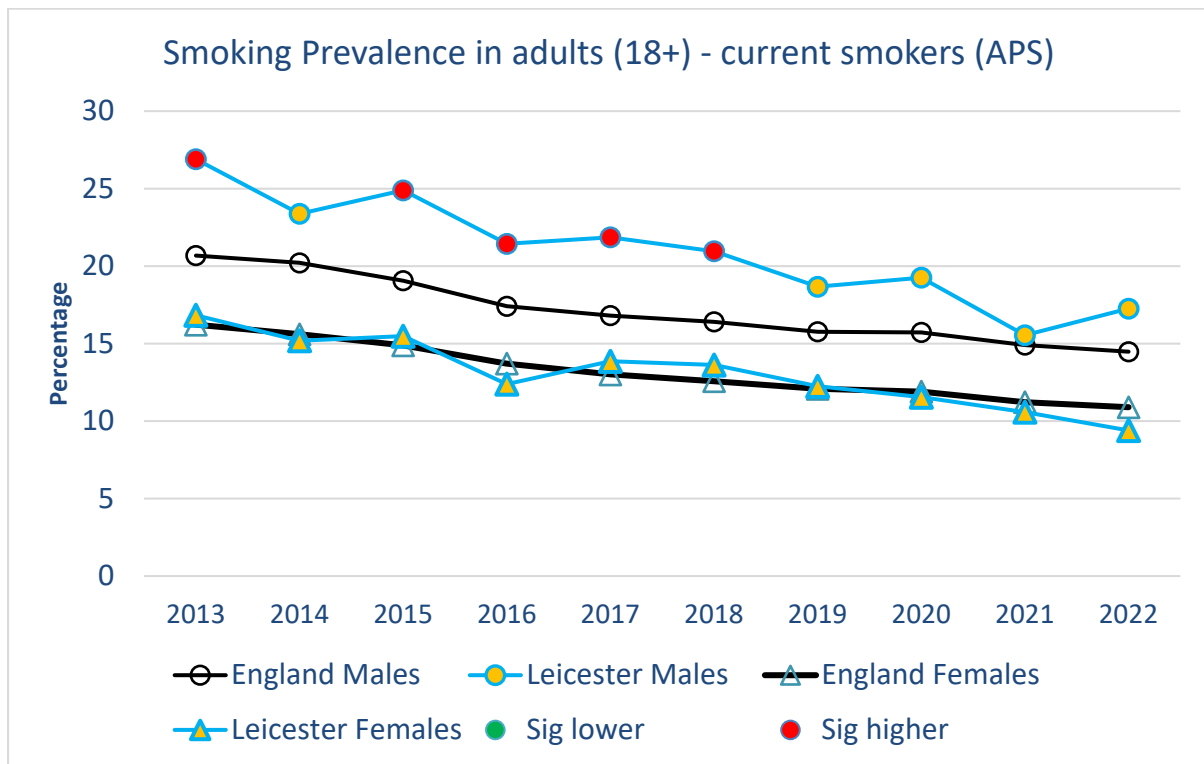
Figure 16: Smoking prevalence in adults, 18+ years



Data: Annual Population Survey (APS)



Figure 17: Smoking prevalence in Males and Females 18+ years



**Data:** Annual Population Survey (APS)

National estimates for local smoking prevalence are thought to underestimate the true smoking prevalence in the city when compared with local estimates.

Data for different population characteristics is not published at local authority level, but Leicester survey data provides greater insight. The last Leicester Health and Wellbeing Survey 2018<sup>12</sup> estimated 19.6% of the Leicester 16+ population were smokers. This is higher than nationally produced estimates for Leicester relating to 2018 at 17.3%.

The Health and Wellbeing Surveys from 2018 and 2015<sup>13</sup> also provide smoking estimates by age, gender and ethnicity. Although these are now dated estimates, they still show relative differences between population characteristics.

Figure 18: Smoking prevalence estimates in Leicester 2015/2018

Category		Smoking Prevalence 2015	Smoking Prevalence 2018
<b>Overall</b>	All	21.3%	19.6%
<b>Gender</b>	Males	23.5%	21.9%
	Females	19.1%	17.3%
<b>Age</b>	16-24	19.2%	18.2%
	25-34	27.3%	25.5%
	35-44	21.0%	22.1%
	45-54	24.4%	19.2%
	55-64	19.6%	20.6%
	65+	14.5%	12.1%
<b>Ethnic Group</b>	White British	28.1%	26.6%
	White other	31.8%	32.0%
	Asian British	11.8%	10.6%
	Black British	12.8%	9.8%
	Mixed heritage	32.4%	31.7%
<b>Deprivation</b>	Most deprived	29.0%	26.9%
	Least Deprived	12.6%	15.0%
Significantly higher than Leicester		Significantly lower than Leicester	

**Data:** Leicester Health and Wellbeing Surveys 2015 and 2018

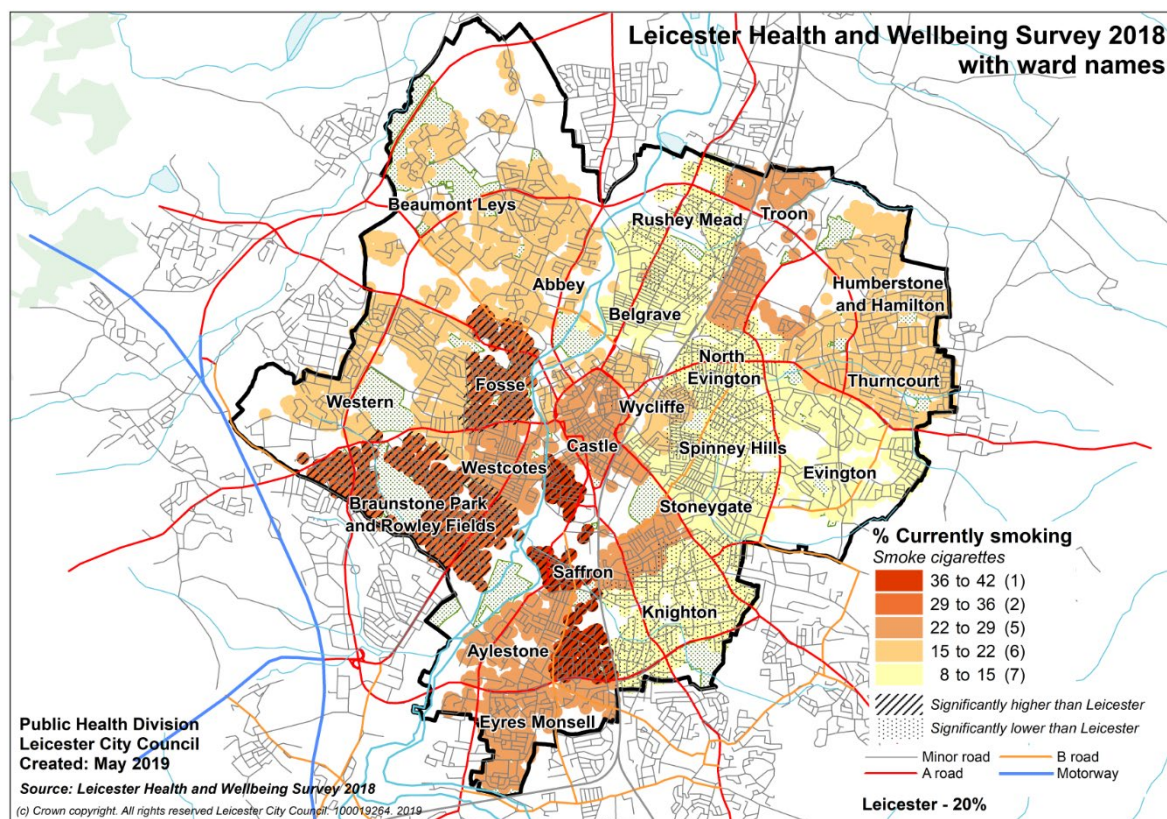
### 3.1.1 PREVALENCE BY AREA

Smoking prevalence varies across different communities. The Leicester Health and Wellbeing Surveys reveal that smoking prevalence is higher in areas to the west of the city. The west is known to have a higher White population and areas of high deprivation. Smoking prevalence is lower to the east of the city where there are predominantly South Asian communities.

Areas with significantly higher levels of smoking include Fosse, Braunstone Park and Rowley Fields and Saffron.

‘Rich smokers have very similar life expectancy to poor smokers, and poor non-smokers live longer than rich smokers, showing that smoking not social status is the greatest cause of health inequalities. However more people in disadvantaged communities smoke, where smoking is more socially acceptable. Poorer smokers are usually more addicted and smoke more each day. On average all smokers make similar numbers of quit attempts each year but, more affluent smokers are much more likely to succeed.’<sup>16</sup>

Figure 19: Smoking prevalence across Leicester



**Data:** Leicester Health and Wellbeing Survey 2018

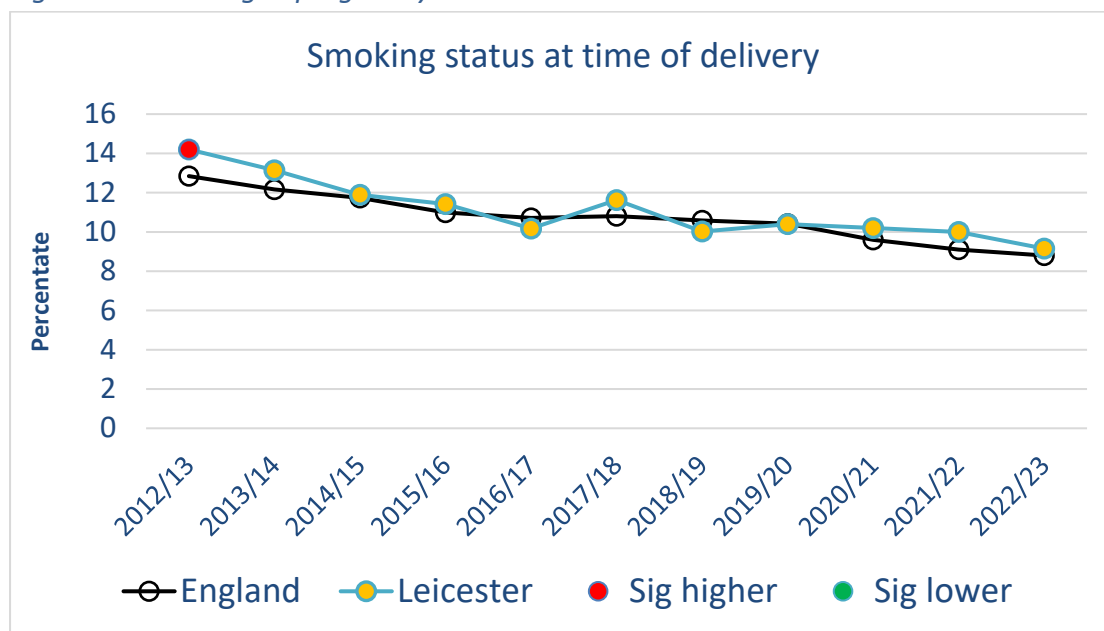
### 3.1.2 PREVALENCE AMONG VULNERABLE GROUPS<sup>7</sup>

#### Smoking in pregnancy

Reducing smoking in pregnancy is another key national objective. Smoking prevalence in Leicester and nationally has seen a general decline since 2012/13. The prevalence of smoking during pregnancy in Leicester in 2022/23 is 9.2% which is statistically similar to the national rate of 8.8%. This is the first time the rate for smoking in pregnancy in Leicester has fallen below 10%.

*Note: National estimates of smoking prevalence in Leicester women (9.4%) is likely to be an underestimate of the true smoking prevalence given smoking at time of delivery is 9.2%. Some women will also have given up smoking before/during pregnancy.*

Figure 20: Smoking in pregnancy

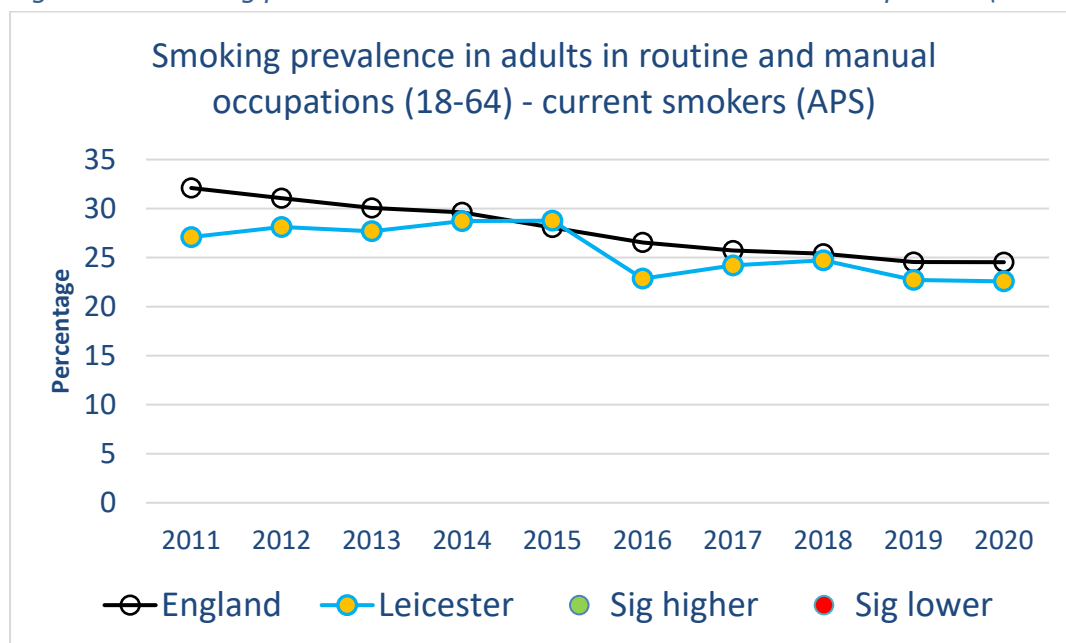


Data: PHE – Local tobacco control profiles: <https://fingertips.phe.org.uk/>

### Smoking prevalence in adults in routine and manual occupations (18-64)

Smoking prevalence in adults in routine and manual occupations is significantly higher than the population overall and although there has been a decline over the last decade, levels are still around 1.5 times higher than overall.

Figure 21: Smoking prevalence in adults in routine and manual occupations (18-64 years)

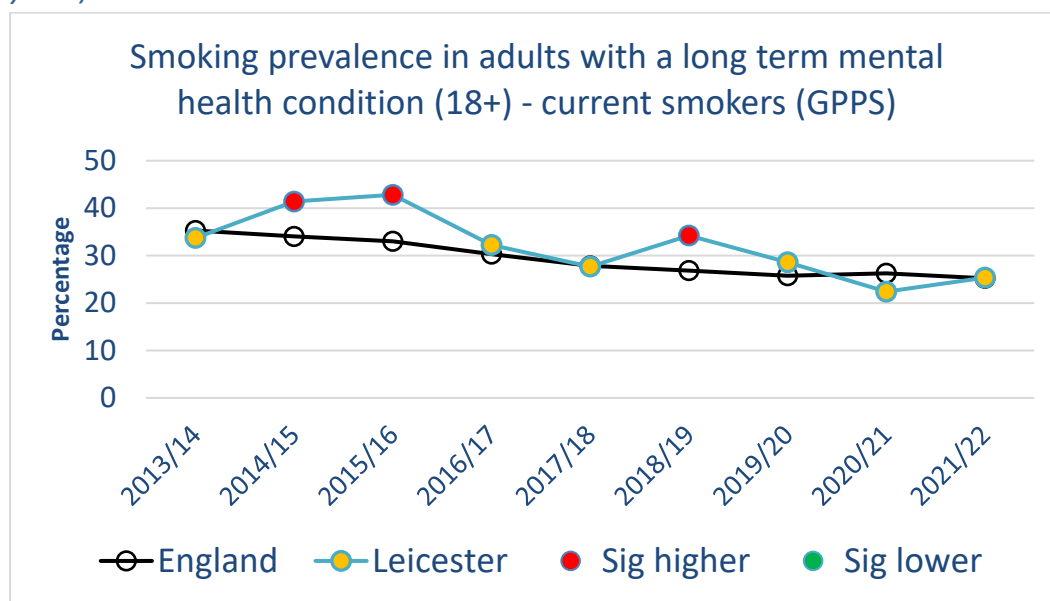


Data: PHE – Local tobacco control profiles: <https://fingertips.phe.org.uk/>

### Smoking amongst those with a long term mental health condition (18+ years)

Smoking levels amongst those with a long-term mental health condition are significantly higher than in the population overall. Although there has been a gradual reduction in smoking levels within this group, in 2021/22 smoking prevalence of 25% is more than double the rate in the population as a whole for both Leicester and England.

Figure 22: Smoking prevalence in adults with a long-term mental health condition (18+ years)



Data: PHE – Local tobacco control profiles: <https://fingertips.phe.org.uk/>

People with a mental health condition die on average 10 to 20 years earlier than the general population. It is estimated that a third of all cigarettes smoked in England are smoked by people with a mental health condition.

Nationally around 80% of prisoners smoke compared with 14.4% in the general population, with similar levels recorded across the offender journey in police custody and community supervision where data are available. This high rate of smoking causes health problems to the smokers themselves and to non-smokers who are exposed to their tobacco smoke. The offender population has a high prevalence of poor mental health and other substance misuse, and offenders are predominantly from disadvantaged backgrounds, all of which are associated with elevated smoking prevalence. Offenders who smoke and

### Smoking amongst parents and carers of children and young people

The Leicester survey of children and young people in 2022<sup>14</sup> asked if their parents/carers smoke. About 30% of children reported that their parents/carers smoke with one in ten children reporting smoking occurring at home and in the car while they are in it.

Smoking amongst parents/carers was higher in White and other White ethnic groups and in the south and west of the City (45%) and lowest in the North (14%). Children with Poor Wellbeing, Special Educational Needs, Free school meal status and long term illness or disabilities also reported higher levels of parental/carers smoking (over 40%).

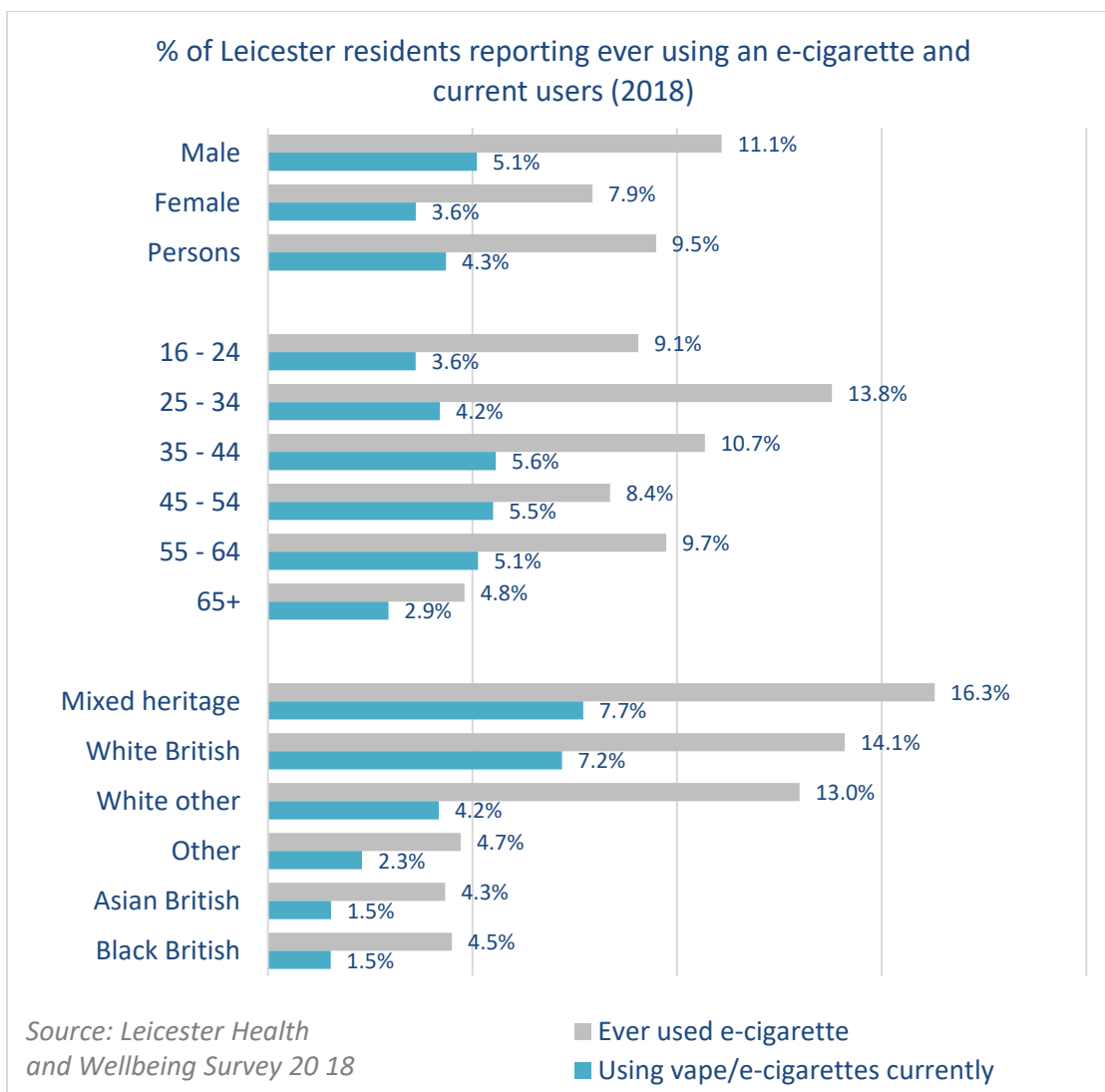
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### 3.1.3 USE OF E-CIGARETTES

The Leicester Health and Wellbeing Survey in 2018 asked 2 questions about whether respondents had ever used and are currently using e-cigarettes. It is expected that current use of vaping has increased since 2018.

The survey showed 9% of residents had tried an e-cigarette and 4% currently vape/use e-cigarettes. Men were more likely to use e-cigarettes than women although there is no statistical difference between men and women. In terms of current use of e-cigarettes, a higher proportion of residents aged 35-54 reported using e-cigarettes and lowest levels were in over 65s. Between different ethnic groups, highest users were White British residents. *(Note: Although the rate for residents of Mixed heritage is similar to White British, the numbers are small and subject to variation)*

*Figure 23: Use of e-cigarettes in Leicester adults*



### 3.1.4 USE OF OTHER TOBACCO PRODUCTS<sup>12</sup>

The Leicester Health and Wellbeing Survey 2018 reported that 2% of the 16+ population use Sheesha or Hookah. These products were more popular amongst younger residents, aged 16-34 (4%), Black and minority ethnic residents (3%) Muslim residents (5%). A smaller minority of residents reported using other tobacco products such as cigars, paan, gutka and bidi.

Against a background of apparent increase in the number and venues of waterpipe smoking (WPS) and in the absence of any national or local policy, Leicester Tobacco Control Steering Group produced evidence-based advice for the general public on WPS.<sup>15</sup>

### 3.1.5 SMOKING BEHAVIOUR AND ATTITUDES IN LEICESTER<sup>12</sup>

- 73% of smokers have tried to quit at some point in their lives and of these, the following services/aids had been used: E-cigarettes/vaping (27%), Nicotine replacement products (26%), STOP smoking service (11%), medication prescribed by your GP (9%). Over a third (37%), did not try using any service for their quit attempt.



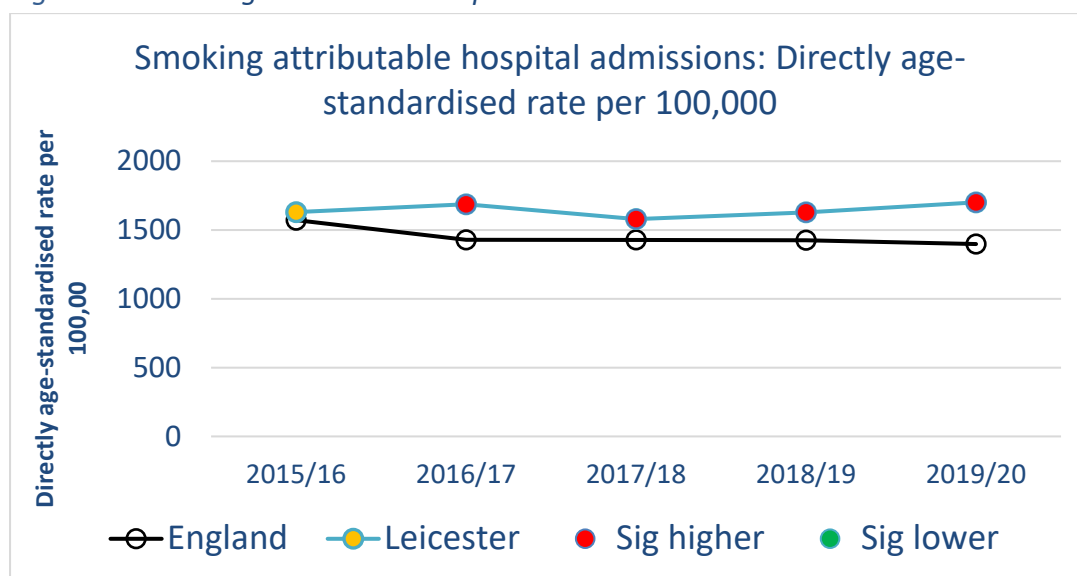
- Currently three in five smokers (59%) want to give up smoking and 36% do not. 4% of smokers do not know whether they want to quit smoking or continue.
- Many smokers who want to quit smoking in the next 6 months have tried to quit previously. About a quarter did not previously use any aid (28%), others used nicotine replacement products (19%), e-cigarettes (18%), and 5% used other methods.
- In 2010, 31% of Leicester residents allowed smoking in their home – this has more than halved in 2018 to 15%.

‘One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. We know that children are heavily influenced by adult role models who smoke: in 2014, 82% of pupils who regularly smoked reported having a family member who smoked. Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst the young and achieving a smokefree generation.’<sup>16</sup>

### 3.1.6 SMOKING RELATED HOSPITAL ADMISSIONS<sup>7</sup>

The rate of smoking attributable hospital admissions in Leicester is significantly higher than the national rate and is equivalent to over 2,800 admissions per year. Figure 23 (below) shows the smoking attributable hospital admissions per 100,000 of the population (35+).

Figure 24: Smoking attributable hospital admission rates



Data: PHE – Local tobacco control profiles: <https://fingertips.phe.org.uk/>

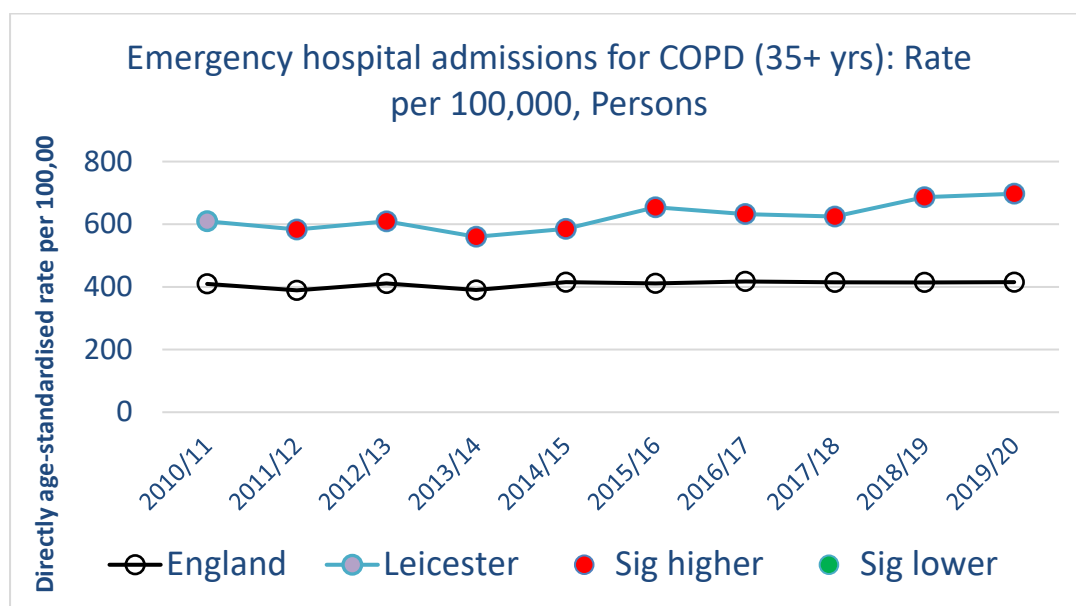


*Note: Smoking attributable hospital admissions uses an algorithm using underlying cause of death and smoking prevalence.*

Chronic Obstructive Pulmonary Disease (COPD) is a serious lung condition including chronic bronchitis and emphysema, for which smoking is the biggest preventable risk factor.

In 2019/20 there were around 975 emergency hospital admissions for COPD in Leicester residents, giving a rate of 697 per 100,000. This is significantly higher than the national rate of 415 per 100,000.

*Figure 25: Emergency hospital admission rate for COPD in over 35s*



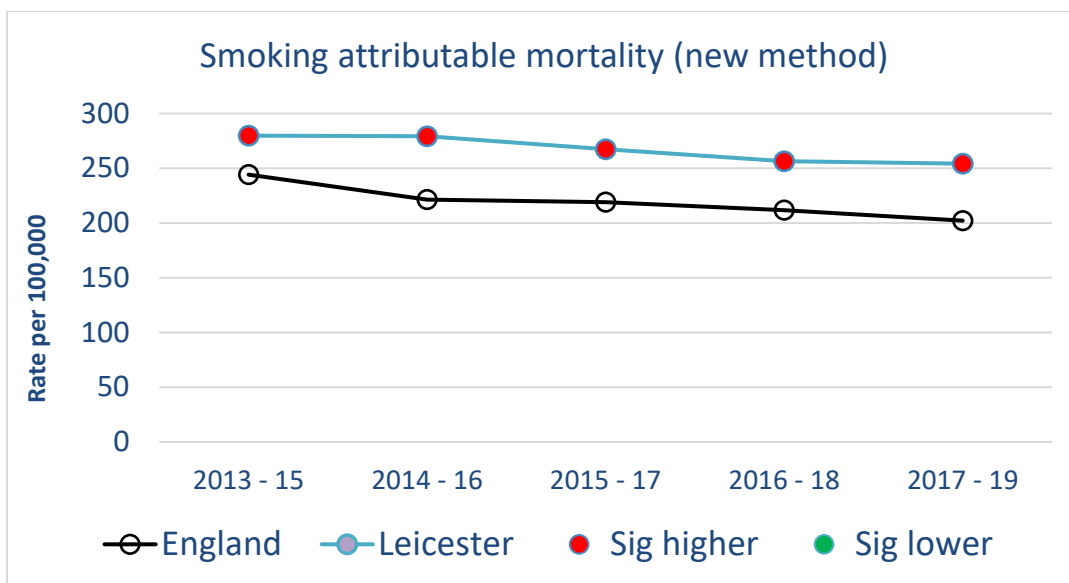
**Data:** PHE – Local tobacco control profiles: <https://fingertips.phe.org.uk/>

### 3.1.7 SMOKING RELATED DEATHS<sup>7</sup>

Leicester has around 346 deaths annually attributed to smoking. This gives a rate of 254 smoking attributed deaths per 100,000 population compared to a national average of 202.

Figure 25 (below) shows the rate of smoking attributable mortality in Leicester remains significantly higher than England.

*Figure 26: Smoking attributable mortality: Rate per 100,000*



**Data:** PHE – Local tobacco control profiles: <https://fingertips.phe.org.uk/>

**Note:** Smoking attributable mortality uses an algorithm using underlying cause of death and smoking prevalence.

The majority of deaths attributable to smoking are due to lung cancer, chronic airway obstruction and ischaemic (coronary) heart disease. Figure 27 shows that smoking attributable deaths from heart disease and cancer and deaths from oral cancer in Leicester are significantly higher than the national rate.

*Figure 27: Smoking attributable mortality rates (directly age-standardised rates per 100,000)*

Indicator	Year	Age	Deaths per year	Leicester value	England value
Smoking attributable mortality	2017-19	35+ years	345.5	254.2	202.2
Smoking attributable deaths from cancer	2017-19	35+ years	139.1	102.4	89.6
Smoking attributable deaths from heart disease	2017-19	35+ years	62.6	44.2	29.3
Smoking attributable deaths from stroke	2017-19	35+ years	15.8	11.6	9.0
Mortality rate from chronic obstructive pulmonary disease	2021	All ages	104.0	46.2	39.8
Mortality rate from lung cancer	2021	All ages	127.0	53.9	48.5
Mortality rate from oral cancer	2021	All ages	22.3	9.2	4.7
Potential years of life lost due to smoking related illness	2016-18	35+ years	2472.2	1836.9	1312.6

**Data:** Local Tobacco Control Profiles, <https://fingertips.phe.org.uk/profile/tobacco-control/>

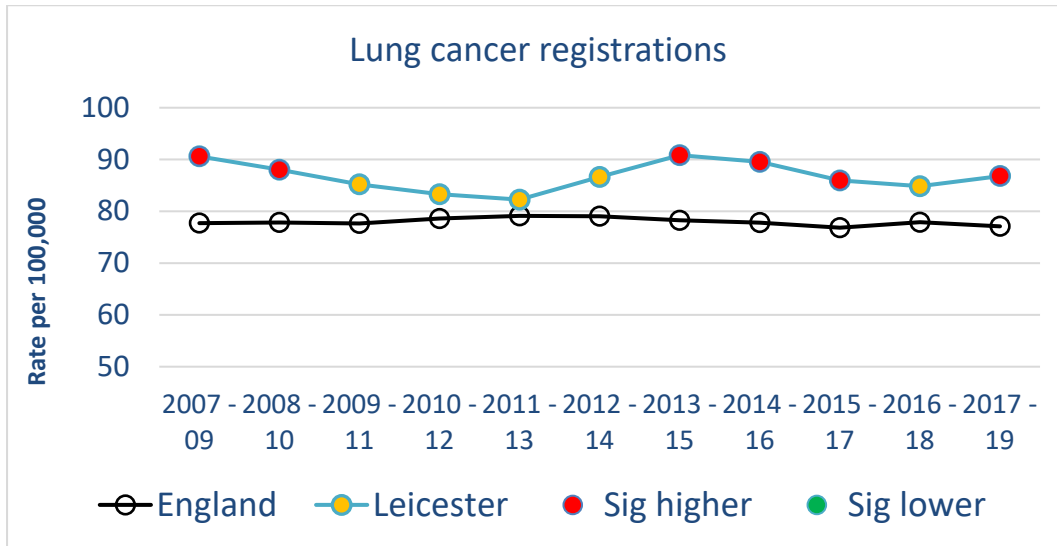
### 3.1.8 CANCER REGISTRATIONS<sup>7</sup>

Smoking increases risk of cancers and is heavily linked to lung cancer, oral cancer and oesophageal cancer.

Cigarette smoke contains cancer-causing substances that can damage the cells that line the lungs. Lung cancer is the third most common cancer diagnosed in England and registrations

for lung cancer in Leicester are significantly higher than England. Between 2017-19 there were 580 diagnoses of lung cancer registered in Leicester.

Figure 28: Lung cancer registration rate per 100,000 population, 2017-19

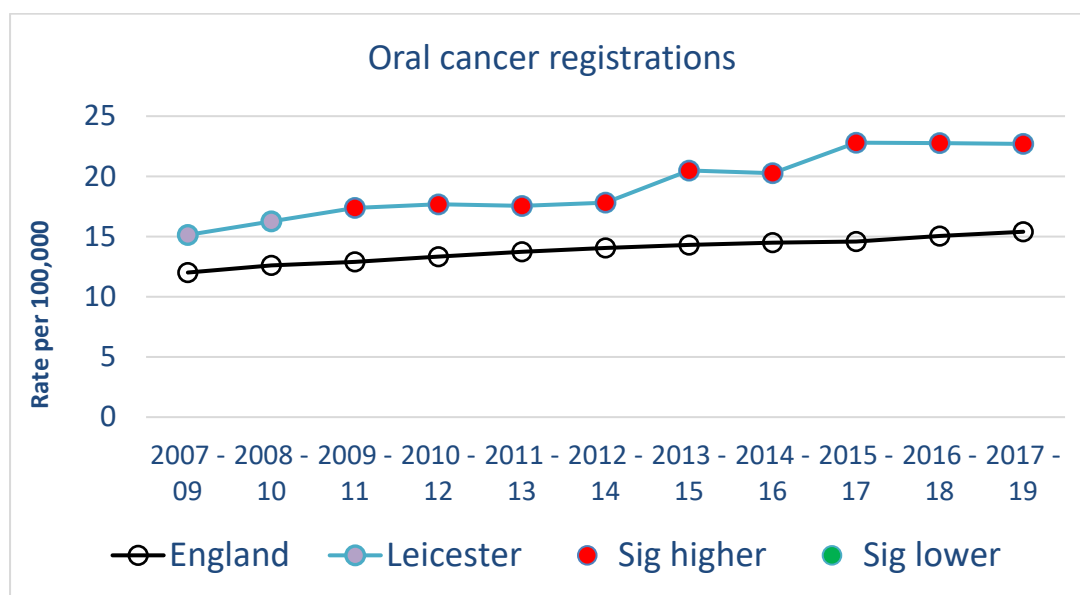


Data: PHE – Local Tobacco Control Profiles

People who smoke are at a higher risk of developing tooth decay, losing teeth, having gum problems and developing mouth cancer (oral). Some of the chemicals contained in tobacco smoke and chewing tobacco are carcinogenic (cancerous) and can cause genetic changes in cells of the mouth cavity leading to the development of oral cancer.

During 2017-19 there were 174 diagnoses of oral cancer registered in Leicester. This gives a rate of 23 per 100,000 which is significantly higher than the nation rate of 15.

**Figure 29: Oral cancer registration rate per 100,000 population, 2017-19**



**Data:** PHE – Local Tobacco Control Profiles

## 4 CURRENT SERVICES IN RELATION TO NEED

### 4.1 SUPPORTING PEOPLE TO STOP SMOKING SUCCESSFULLY

Leicester’s tobacco Control Strategy can be found here: <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/public-health/data-reports-and-strategies/tobacco-control-summary-strategy-2020-2022/tobacco-control-full-strategy-2020-2022/>

From 1<sup>st</sup> July 2019 the *Stop* smoking service became part of Live Well Leicester, an Integrated Lifestyle Service, which uses a holistic approach to offer smoking cessation and physical activity support via a centralised referral hub. Live Well Leicester offers all smokers in Leicester access to a trained advisor, who can offer behavioural support alongside a stop smoking medication. Clients are offered either telephone support or a face-to-face appointment in the community, which would be in a leisure centre. All pregnant women are offered support as part of the Long Term Plan and are strongly advised to take up a home visit.

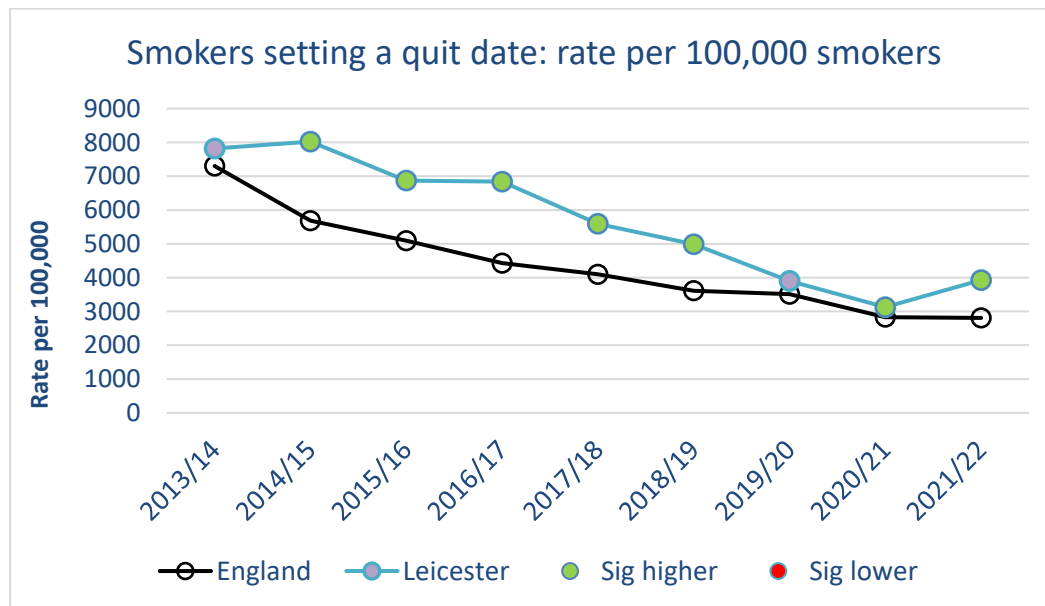
Government guidelines<sup>17</sup> recommend that at least 5% of smokers in the population should be accessing a smoking cessation service each year. In Leicester this is equivalent to around 2,000 smokers (2021/22). In 2021/22, 1,996 smokers were booked into the stop smoking service for first appointments with a smoking advisor. The service has a higher uptake for smokers in routine and manual occupations, those who are unemployed or sick/disabled and Black and

Minority ethnic groups. Regular health equity audits of the service are conducted to ensure that it is accessed by those people living in communities with high smoking prevalence.

The number of smokers setting a quit date has reduced over the past few years from over 2,400 in 2018/19 to around 1,700 over the pandemic years up to 2021/22.

Estimates of smokers setting a quit date have been calculated using the APS smoking prevalence estimates applied to the mid-year population estimates of over 16s. Rates have been declining both in Leicester and nationally, with Leicester showing a significantly higher rate than England. There has been an increase in 2021/22 following Covid-19.

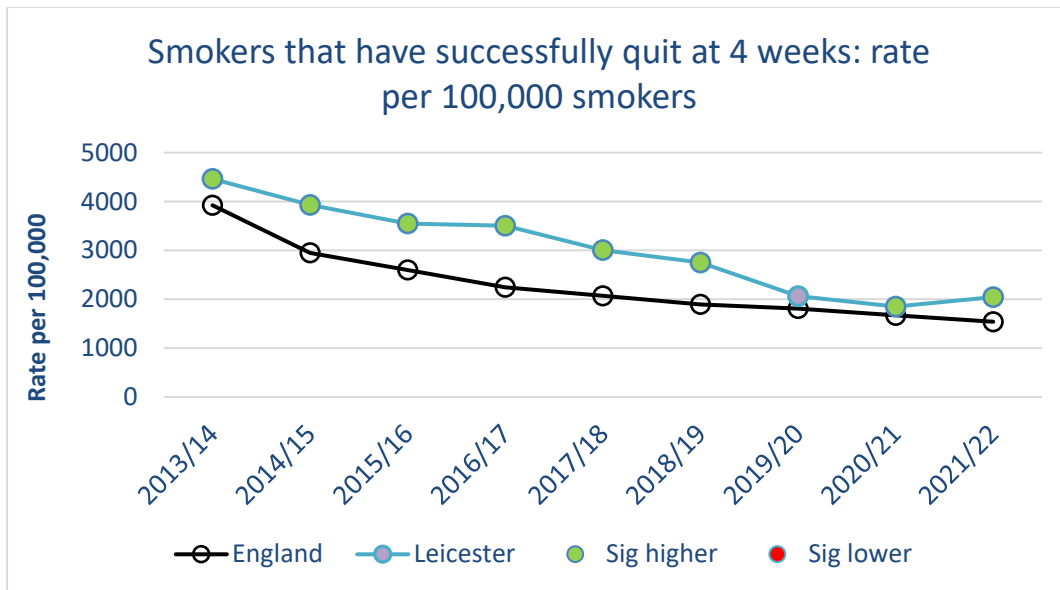
Figure 30: Smokers setting a quit date per 100,000 smokers



Data: NHS Digital Stop Smoking Service quit data

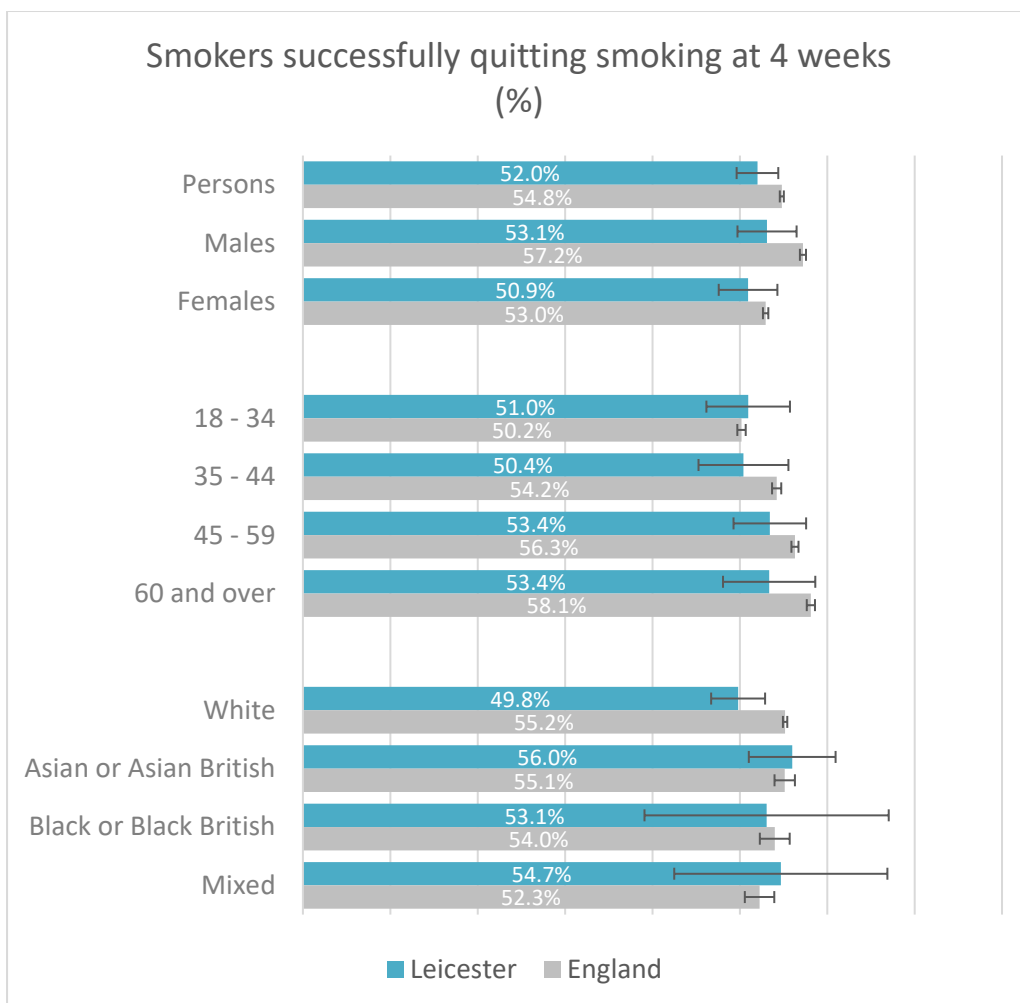
Of those setting a quit date over half (52%) successfully stopped smoking at 4 weeks (2021/22)<sup>18</sup>. Rates of smokers successfully quitting at 4 weeks is calculated using the APS smoking prevalence estimates in the figure below. As with those setting a quit date, rates have been declining both in Leicester and nationally, with Leicester showing a significantly higher rate than England. There has been an increase in 2021/22 following Covid-19.

Figure 31: Smokers that have successfully quit at 4 weeks per 100,000 smokers



Data: NHS Digital Stop Smoking Service quit data

Figure 32: Smokers successfully quitting at 4 weeks, 2021/22



Data: NHS Digital Stop Smoking Service quit data

#### 4.1.1 SUPPORTING PREGNANT SMOKERS AND THOSE WITH INFANTS TO STOP SMOKING

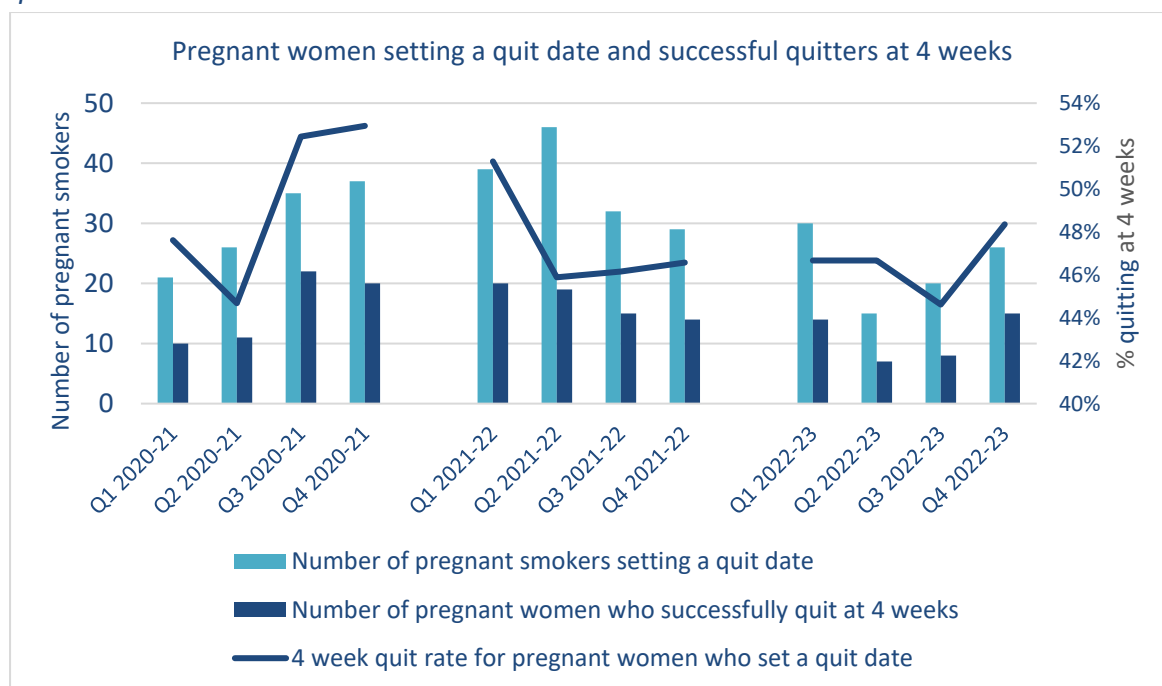
Live Well Leicester continues to deliver training to midwives and other workers in contact with pregnant women who smoke (for example, in Children’s Centres), to strengthen the care pathway (an opt-out approach) for any woman who want to stop smoking while pregnant, as per the NHS England Saving Babies Lives care bundle<sup>19</sup>. An extensive support package is provided to pregnant women which involves behavioural, motivational and pharmacotherapy support throughout the pregnancy for both the expectant mother and families of pregnant smokers. From October 2023, a 2 year pilot scheme will commence to provide financial incentives to pregnant smokers and partners to encourage engagement and maintenance of a quit.

Additional support is provided to any pregnant smoker admitted as an inpatient at UHL under the Maternity CURE service, as per the NHS England Long Term Plan work. Here, tobacco dependency advisors visit pregnant women bedside to provide specialist tobacco dependency support during their inpatient stay with further follow-on support post-discharge.

Data for smoking at time of delivery shows a gradual improving trend in Leicester. In 2022/23 the rate dropped below 10% and at 9.2% this is similar to the national rate of 8.8%.<sup>7</sup>

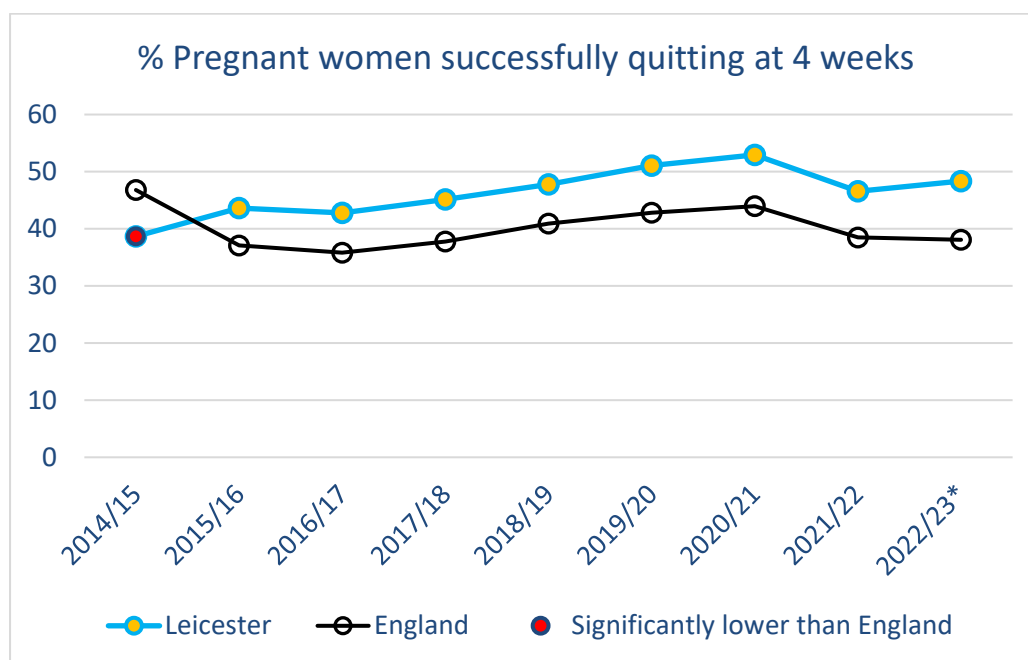
In 2022/23, 91 pregnant smokers in Leicester set a quit date and 44 successfully quit at 4 weeks. This gives a success rate of 48% which is lower than the average for the service as a whole, but the client group is harder to engage.<sup>18</sup> Nationally, 45% of pregnant smokers were successful quitters at 4 weeks.

*Figure 33: Pregnant women in Leicester setting a quit date with Live Well and successful quitters at 4 weeks*



**Data:** Theseus, Live Well

Figure 34: Pregnant women successfully quitting at 4 weeks in Leicester and England



**Data:** NHS Digital Stop Smoking data, Live Well

\*Note: Published data for 2022/23 for England is from Apr-Dec 2022. Local data from Live Well has been used to show the Apr 2022-Mar 2023 for Leicester

#### 4.1.2 PREVENTING YOUNG PEOPLE FROM TAKING UP SMOKING

Tobacco control has a preventative effect among young people, as it reduces the number of smoking role models and denormalises smoking in the world in which they grow up. Youth targeted work varies significantly in cost and effectiveness. Low cost interventions such as supporting a school smokefree policy and educational content have been implemented; but engagement with schools varies. High cost peer led interventions are not delivered locally, as evidence shows that supporting adults to stop smoking has a greater preventative effect<sup>20</sup>.

#### 4.1.3 TACKLING CHEAP AND ILLICIT TOBACCO

Counterfeit, cheap and illicit tobacco have not been subjected to the same stringent testing for quality control and regulation that governs tobacco generally and therefore may contain even more harmful chemicals and toxins than are permitted by these tests. There is also concern that children and young people, and our most deprived residents may be easier to target by the low price of illicit cigarettes, and they may therefore act as an easier gateway into smoking.

Tackling illicit tobacco is delivered by Leicester City Council’s business regulation department. This activity restricts availability of cheap and illegal tobacco, which often undermines the effect of price rises and health warnings. Activities include surveillance of local markets in illicit sales and sharing of intelligence on supply chains, in collaboration with HMRC and police.



Regulation of tobacco products is intelligence-led and involves under age test purchasing and enforcement of the health warning requirements on retail sales and supplies.

The government has recently announced tackling youth vaping by closing a loophole which allows the vaping industry to give free samples of vapes to children in England. Significant funding will focus on reducing smoking and tackling illicit vaping. Regulations will discourage underage vaping by restricting sales of vapes to over 18s only, limiting nicotine content, refill bottle and tank sizes and labelling requirements through advertising restrictions.<sup>21</sup>

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#### 4.1.4 TOBACCO HARM REDUCTION

People who are not ready or are unwilling or unable to stop smoking in one step, are offered a harm-reduction approach, as recommended by NICE guidance. This involves long term management of withdrawal and nicotine use beyond the treatment period.

Leicester was the first city nationally to become e-cigarette friendly, launched on national No Smoking Day in March 2014. This welcomed smokers to use e-cigarettes to stop smoking. In 2018/19 Leicester results showed an increase of 15% success rate for those using an unlicensed nicotine containing product (vaping device 65%) compared to a licenced medication (49%). In 2015 the Leicester smoking cessation service was part of large-scale research, Trial of Electronic Cigarettes (TEC) which looked at the comparative effectiveness of nicotine replacement therapy and e-cigarettes. Clients that took part in the study were randomised to use an E-cigarette (EC) or Nicotine Replacement Therapy (NRT). The results of the study showed:

- At 52-week follow up, 18% of clients that used an E-Cigarette remained abstinent compared to 10% for those using NRT.
- The cost to the NHS for supplying NRT for a 3-month period £120.00 compared to a one-off cost for a starter kit and replacement parts at £30.25

Full report of the TEC study is available at

<https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>

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#### 4.1.5 SMOKE-FREE HOMES AND CARS

‘Step Right Out’ is an intervention programme which aims to raise awareness about the dangers of second-hand smoke and encourage people to sign up to a ‘Step Right Out’ pledge to keep their home and car smoke-free. This programme was paused during Covid-19. Resources are being refreshed for re-launching within the coming months.

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#### 4.1.6 NHS LONG TERM PLAN: TOBACCO DEPENDENCY PROGRAMME

The NHS Long Term Plan published in 2019<sup>22</sup> outlines the significant contribution of the NHS towards *making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester.*<sup>23</sup> **By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.**

Guidance and delivery models have been issued by NHSEI across various settings; acute inpatients, mental health inpatients and pregnant women. A Leicester, Leicestershire and Rutland Long Term Plan (LLR LTP) Tobacco Dependency Steering group has overseen the gradual roll out of these services within Leicester Partnership Trust, University Hospitals of Leicester LPT, UHL and Community and all services have been launched as of 2023.

##### **Acute CURE Tobacco Dependency service:**

The Acute inpatient project (otherwise known as The CURE Project) was the first model to start implementation in March 2020 and has now reached full implementation, operating at Glenfield Hospital, Leicester Royal Infirmary and The General Hospital as of April 2023. Programme delivery is now focused on improving efficiency of the service across the patient pathway and patient outcomes.

The LLR Acute CURE service delivers an in-reach model of care. An in-reach model is defined as a service where a transfer of care takes place from one organisation to another. Tobacco Dependency Advisors (TDAs) are employed by Leicester City Council and patients are referred to community services for their ongoing care post discharge from hospital.

A new National Tobacco Dependency dashboard presents the following data between October 2022- February 2023. 29,565 UHL inpatients were screened for smoking, 3,615 (12.2%) were identified as smokers and automatically referred to CURE. A total of 1,140 (31.5%) of referred patients were seen by TDAs during their admission, 955 (83.9%) of those referrals seen by a TDA were referred for ongoing support with the community and 73.2% of patients receiving intervention from TDAs accepted NRT. Data extracted from community stop smoking services indicated a 4-week quit rate of 65.6% with 57.9% of these individuals going on to achieve a 12-week quit.

From October 2022- February 2022, demographic data showed 83% of referrals received were of White British ethnicity (compared to 47% in England); 36% of referrals were over the age of 60 (compared to 52% in England); 57% were male (compared to 50% in England); 28% of referrals were from the areas of most deprivation (compared to 47% in England).

For Leicester patients, the deprivation deciles were skewed towards less deprived, for Leicestershire, the opposite is true. This correlates with the deprivation of the local population. A small minority of patients lived outside of the local area.

Figure 35: Tobacco dependency dashboard

Summary of Acute quantitative data (from NHS Tobacco Dashboard)		
Indicator	What this indicator means in UHL	Total % (Oct 22- Feb 23)
% of activity where a patient's smoking status is recorded	Total MECC assessments completed	94.44% (29, 565/ 31,305)
% of patients with a recorded smoking status where the patient is recorded as a smoker	Smoking prevalence in our population	12.23% (3,615/ 29,565)
Local data: MECC completion rate		75.91% (1314/1731)
% of smokers who are identified in the care setting that are referred to an in-house tobacco dependence treatment service	Number of patients automatically referred to cure through completed MECC assessments	100% (3615/ 3615)
% of smokers referred to an in-house tobacco dependence treatment service that are seen by the service	The percentage of smokers referred to CURE that are seen by TDAs	31.54% (1,140/ 3,615)
% of smokers who are seen by an in-house tobacco dependence treatment service that are provided with care plans to support a quit attempt	The percentage of smokers seen by TDAs who are provided with a care plan (an indicator of engagement with TDAs)	59.21% (675/ 1,140)
% of patients receiving a tobacco dependence intervention who are provided with pharmacotherapy based interventions	The percentage of smokers engaging with TDAs to quit smoking who are prescribed NRT	73.24% (520/ 710)
% of smokers who are identified in the care setting that are referred for follow up	The percentage of smokers identified who are referred to community stop smoking services	26.42% (955/3,615)
Bespoke metric: % of smokers seen by TDAs who are referred for follow up		83.77% (955/1,140)
<b>Aggregate Level Community Data (from community service systems):</b>		
Number setting quit date in community (City)		118
4 week quit (City)		60.2% (71/118)
12 week quit (City)		50.7% (36/71)
Number setting quit date in community (County)		208
4 week quit (County)		68.8% (143/208)
12 week quit (County)		61.5% (88/143)

**Data:** NHS Digital Tobacco Dependence Programme

## Smokefree LPT- Mental Health Inpatient Tobacco Dependency Service

The aim of the Smoke Free Service for Directorate of Mental Health at Leicestershire Partnership Trust is to provide specialist behavioural support, Nicotine Replacement Therapy and E-cigarettes throughout the persons stay on the ward and provide transfer of care into the community. We are currently supporting Leicestershire Partnership NHS Trust to implement their Smoke-free Strategy, this includes representation at the quarterly Smoke Free Alliance Group.

**‘People with a mental health condition are just as likely to want to stop smoking as those without but are more likely to be heavily addicted to smoking and more likely to anticipate difficulty stopping smoking. There is an urgent need to address the widening inequalities which remain from stubbornly high smoking rates among this population. Routine identification of smokers in mental health services with systematic offers of evidence-based support, reflective of NICE guidance PH48, is essential to reducing this gap.’<sup>16</sup>**

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### 4.1.7 SMOKELESS TOBACCO

Live Well Leicester has the expertise to deliver treatment for smokeless tobacco in accordance with NICE guidance. Demand is low in comparison to cigarette smoking. All Leicester City GP’s have been advised to refer clients who wish to stop using smokeless tobacco to the service. The clients are supported by an upskilled advisor who has the expertise to treat smokeless tobacco service users.

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### 4.1.8 MARKETING AND AWARENESS

*Live Well Leicester* promotes its services through face-to-face networks, training, briefing customer services, Making Every Contact Count, which involves training staff in public service organisations in Brief Interventions ‘Ask, Advise, Act’. It produces clear, coherent and tested printed material, makes use of local and national media and supports and uses national campaigns, for example, “Stoptober”.

Communications campaigns can be highly effective behaviour change interventions and a useful tool to inform and communicated tobacco control messages. The Tobacco Control Alliance for Leicester, Leicestershire and Rutland have adopted a communications toolkit which aims to help organisations create consistent evidence-based messaging relating to tobacco control. This tool kit is for general messaging and can be used for any Public-facing platforms and channels such as social media, leaflets, posters, websites, and resources. This can also be used as a tool to improve confidence and capability of having smoking-related conversations. This makes it accessible to a wide range of partners and will be used to

support Leicester City Council's Tobacco Control Strategy and the Tobacco Control Alliance's ambitions.

Communications and marketing effective incentives and methods to quit smoking to the local population remains an important part of stimulating quit attempts. Encouraging people to quit via the stop smoking service or other proven methods, which fit their needs, remains a priority. It is known that smoking prevalence varies across the city and services will therefore need to continue to be concentrated in areas that are most accessible for those groups with a higher than average smoking prevalence.

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#### 4.1.10 TOBACCO CONTROL COORDINATION

Using national policy, scientific evidence and local data, the local programme is coordinated via the Tobacco Control Alliance which is a strategic group, jointly chaired by Leicester City Council and Leicestershire County Council. The group meets quarterly and monitors historic and planned activity across all themes highlighted above.

## 5 PROJECTED SERVICES USE AND OUTCOMES

Nationally and locally the number of people accessing stop smoking services has steadily fallen since its peak in 2011/12. People accessing the service in Leicester has fallen from over 6,000 in 2011/12 to about 1,960 in 2022/23. Local quit rates have remained consistent at around 50% indicating that the quality and effectiveness of services remains high.<sup>18</sup>

It has been suggested that this reduction is due to a shift in the smoking landscape. As there are, however, still around 5.4 million smokers in England,<sup>3</sup> local stop smoking services remain an important and effective clinical intervention, particularly among those experiencing health inequalities and for vulnerable groups. The following factors have contributed to the decrease in demand for smoking cessation services:

- The temporary withdrawal of national mass media campaigns and then a reformulation which placed less of an emphasis on stimulating uptake of local stop smoking services
- The increasing use of e-cigarettes by smokers who are trying to stop or cut down

As seen in section 4.1 the national decline in smokers setting a quit date is broadly mirrored in Leicester, although the rate of successful quits has consistently been significantly higher in Leicester compared to the national picture.

Smoking prevalence forecasts<sup>24</sup> based on the Annual Population Survey show that if smoking prevalence continues to reduce at current rates, England overall is on track to reach around 4.9% by 2030. Leicester is projected to reach around 7.3% by 2030.

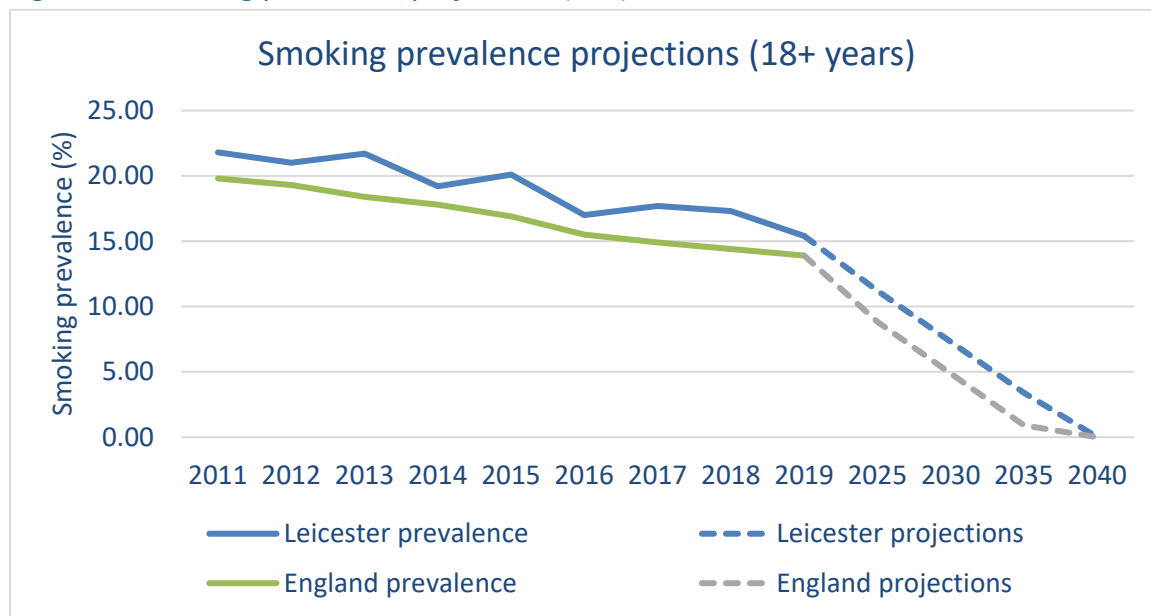
The figure below shows the projected prevalence to 2040, with the equivalent estimates of smokers aged over 18.

Figure 35: Smoking prevalence projections (18+) in Leicester

Year	2019	2025	2030	2035	2040
<b>Projected prevalence</b>	<b>15.4%</b>	<b>11.2%</b>	<b>7.3%</b>	<b>3.4%</b>	<b>0.0%</b>
Estimated smokers	41,737	31,409	21,146	10,099	0
5% estimated smokers	2,087	1,570	1,057	505	0

**Data:** Future health challenges: Projections – smoking, ONS population projections (2018)

Figure 36: Smoking prevalence projections (18+)



**Data:** Future health challenges: Projections – smoking

Please note: projected lines appear steeper than historical lines because they cover a more condensed time period.

## 6 UNMET NEEDS AND SERVICE GAPS

As the rate of smoking falls, those who still smoke are more entrenched in tobacco dependency. Therefore, success rates of engagement and subsequent quitting are likely to be lower and harder to obtain. Engaging with these populations requires sustained and

concerted efforts to reduce health inequalities. This requires innovative and novel ways to tackle smoking.

Uptake of the services by different population groups is regularly reviewed and new approaches sought to promote and encourage use of stop smoking services. Niche tobacco products, such as e-cigarettes, smokeless tobacco and waterpipe smoking, remains a minority activity in comparison to cigarette smoking. We will continue to monitor use in relation to these products and prioritise efforts according to the risks from all types of tobacco use in Leicester.

## 7 RECOMMENDATIONS FOR CONSIDERATION BY COMMISSIONERS

Continue to invest in high quality stop smoking services.

Ensure commissioned services provide high-quality, evidence-based support to those people who require it the most.

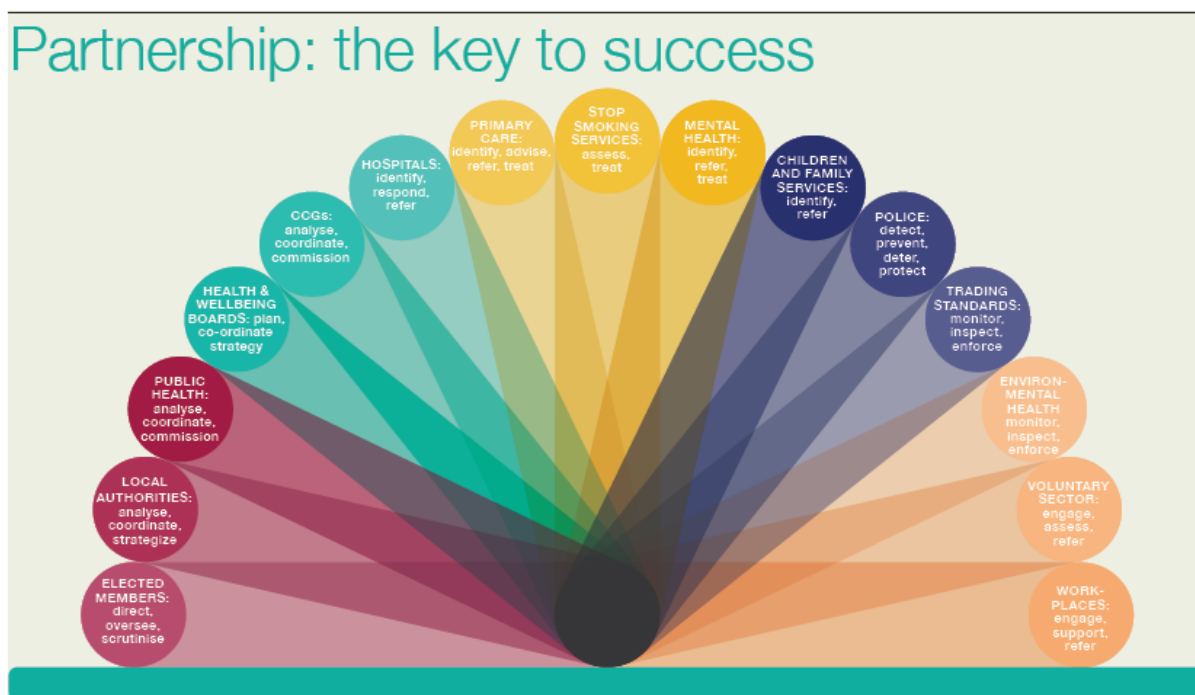
Ensure services offer support to adults who want to quit, thereby also preventing young people from taking up smoking.

Ensure commissioned services offer harm reduction interventions for those who are not able to or do not wish to stop in one step to move them closer to becoming smoke-free.

Ensuring continuity of the new Long Term Plan inpatient tobacco dependency programmes issued through NHS funding allocations and partnerships with all stakeholders across LLR including LA public health teams, UHL, LPT and the ICB.

**Provide tailored and targeted** support for priority groups to stop smoking. All pregnant women who smoke, those who are planning a pregnancy or who have an infant aged less than one year, those with long-term conditions and people with poor mental health are all priority groups for stopping smoking. Investment and concerted efforts to influence and encourage them to stop smoking will result in better outcomes and reduced healthcare costs.

Local authority public health commissioners need to work closely with all relevant partners to coordinate and where appropriate commission high-quality, evidence-led, comprehensive tobacco control interventions, including tackling the demand and supply of illegal tobacco, increasing the number of smoke-free environments, and educating the public about the harms of niche products such as smokeless/chewed tobacco and shisha.



Source: PHE. Comprehensive local tobacco control: Why invest?



## 8 KEY CONTACTS:

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[Ambika.Dattani@Leicester.gov.uk](mailto:Ambika.Dattani@Leicester.gov.uk)

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- <sup>19</sup> NHS England Saving Babies Lives care bundle: <https://www.england.nhs.uk/long-read/saving-babies-lives-version-3/>
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- <sup>21</sup> [How we're cutting smoking and stopping children vaping - Department of Health and Social Care Media Centre \(blog.gov.uk\)](#)
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