Director of Public Health annual report 2023

Smoking, tobacco control and vaping

Norfolk County Council
Public Health

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Foreword

Bill Borrett
Cabinet Member for
Public Health and Wellbeing

I am delighted to introduce the Director of Public Health's Annual Report. This year the report focuses on smoking and vaping in Norfolk.

Smoking remains one of the biggest contributors to preventable ill health and health inequalities. It kills an estimated 1,240 people in Norfolk every year and accounts for nearly 6,000 years of life lost annually.

Three in four smokers wish they had never started, and more than half would like to quit.[1] Quitting smoking is quite simply one of the best and simplest things anyone can do to improve their health. The benefits start almost immediately and last a lifetime. We know just how hard it can be to quit, which is why we offer as much support as possible.

E-cigarettes can be a useful tool for those trying to quit smoking – experts advise that vaping is less harmful than smoking.[2] However, it's important to stress that vaping is not recommended for people who don't already smoke and should not be promoted to children and young people.

This report highlights many positive examples of local initiatives, and I would like to thank everyone who is working hard to help reduce the harm caused by tobacco and nicotine in Norfolk.

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[1] **Public Health England Better Health – Stoptober 2021: Opinium online survey summary**

[2] Nicotine vaping in England: 2022 evidence update summary – **GOV.UK (www.gov.uk)**

Introduction

Stuart Lines
Director of Public Health

I am very pleased to present my first independent annual report as the Director of Public Health for Norfolk. This year's report is focussed on smoking, vaping and tobacco control. Smoking remains the single largest cause of preventable deaths and one of the largest contributors to health inequalities.

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. Breathing in second-hand smoke also has harmful impacts on health for babies, children and adults.

In Norfolk around 44,900 children live in households with adults who smoke. As well as affecting the child's health, this increases their chances of becoming smokers themselves – two thirds of adult smokers will have started smoking before they have 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.

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.

For all these reasons, tobacco remains a key public health priority, and some excellent case studies from across Norfolk highlight some of the ways we're working together on this issue. These include not only helping people to quit smoking, but also what's called 'tobacco control' – protecting people from harm such as clamping down on underage or illegal sales to help prevent take up in the first place.

Over the past decades a great deal has already been done to reduce the rates and acceptability of smoking. In 1974, nearly half the country's population were smokers – this is down to less than 1 in 7 people today.

So why focus on smoking when so much has already been achieved?

Smoking rates are still too high in Norfolk if we are to achieve a smokefree generation by 2030. In addition, smoking rates vary within our local population. Some communities and groups which are already more deprived or marginalised have higher smoking levels. This increases inequalities in health and leads to poorer health for some.

This report therefore aims to refocus our efforts on reducing the number of people smoking in Norfolk and on our ambition for a smokefree county where our residents and communities are no longer affected by the harm caused by tobacco. It also serves as a reminder on the use of e-cigarettes: these can be a useful tool for quitting smoking but are not recommended for anyone who doesn't already smoke, including children. In this report, we look at the data on vaping and some of the key messages on the use of e-cigarettes.

Finally, if you'd like to delve further into the detail, you can find more information in our tobacco needs assessment – you'll find the link at the end of the report.

Some definitions

The NHS explains e-cigarettes and vaping as follows:[3]

An e-cigarette is a device that allows you to inhale nicotine in a vapour rather than smoke. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke.

They work by heating a liquid (called an e-liquid) that typically contains nicotine, propylene glycol, vegetable glycerine, and flavourings.

Using an e-cigarette is known as vaping.

E-cigarettes can also be referred to as vapes. Smoking refers to using tobacco cigarettes, pipes, cigars etc.

Prevalence means the proportion of a group or population that has a particular condition or engages in a specific behaviour – for example, the number of people who smoke or vape at a particular time.

Deprivation is where people don't have the conditions that are usually considered necessary for a pleasant life, for example sufficient income, employment, education, health, living environments, and low levels of crime and few barriers to housing and services.

The black line with a bar at each end in some of the charts in this report shows what's called a **95% confidence interval**. It often looks like a shorter or longer **I** or **H**. This is a statistical measure that shows how 'confident' we are that the figure used is accurate, for example when a survey of a certain number of people is used to estimate figures for the whole population. The confidence interval shows the range in which the real value is likely to lie.

[3] Using e-cigarettes to stop smoking – **NHS (www.nhs.uk)**

Section 1
Key figures and trends

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

This section shows some of the key figures and trends related to smoking and vaping in Norfolk.

Key messages

- 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
- Stop smoking services and Ready to Change can help people to quit
- Some groups smoke more than others and there are strong links with socioeconomic status
- 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-cigarette use is increasing, especially in the 16-24 year olds. It is also increasing in children and young people.

How does smoking affect health?

Deaths

Smoking poses 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.

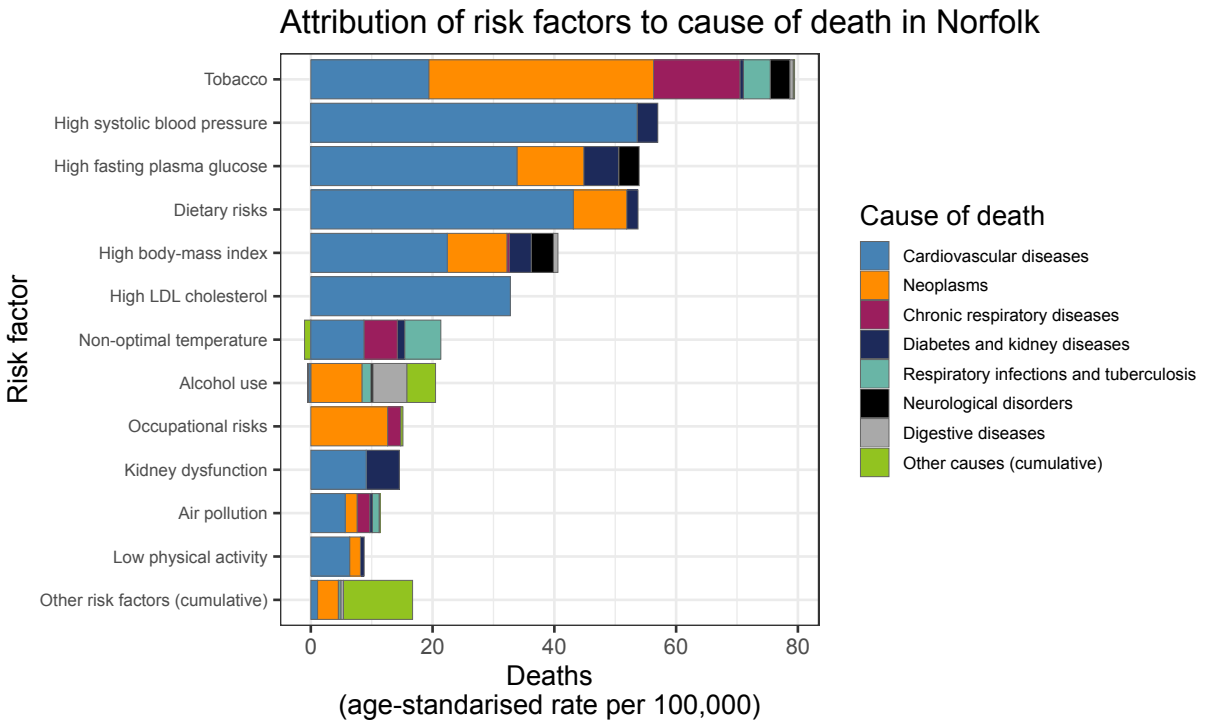

Figure 1: Attribution of risk factors to causes of death in Norfolk, 2019. Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: **Health Data**

Fortunately, deaths due to smoking in Norfolk have decreased over recent years and are below the England average.

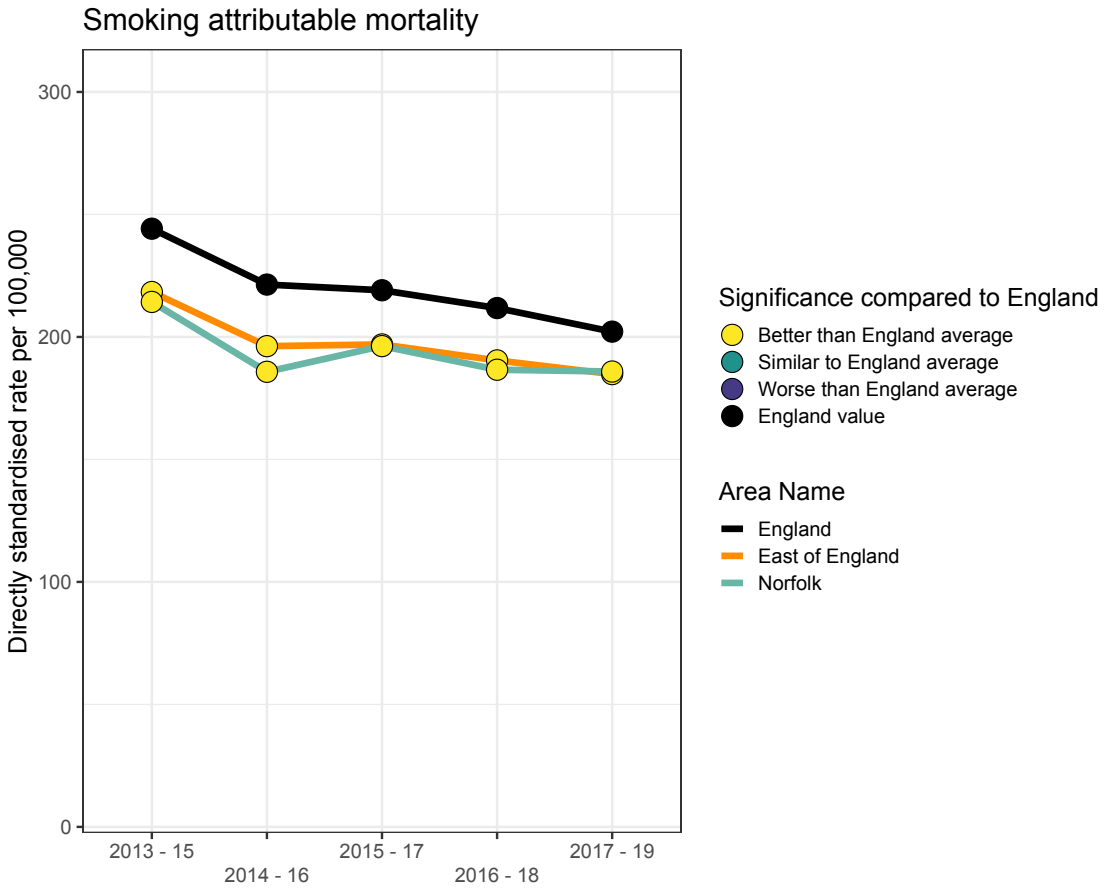

Figure 2: Smoking attributable mortality over time. Source: Office of Health Improvement and Disparities using mortality data from the Office of National Statistics mortality data; Office for National Statistics (ONS) – mid-year population estimates; Smoking prevalence data from Annual Population Survey; 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.[4]

[4] Office for Health Improvement & Disparities. Public Health Profiles: Lung cancer registrations 2017-19 directly standardised rate – per 100,000. [Accessed 05/02/2024] fingertips.phe.org.uk

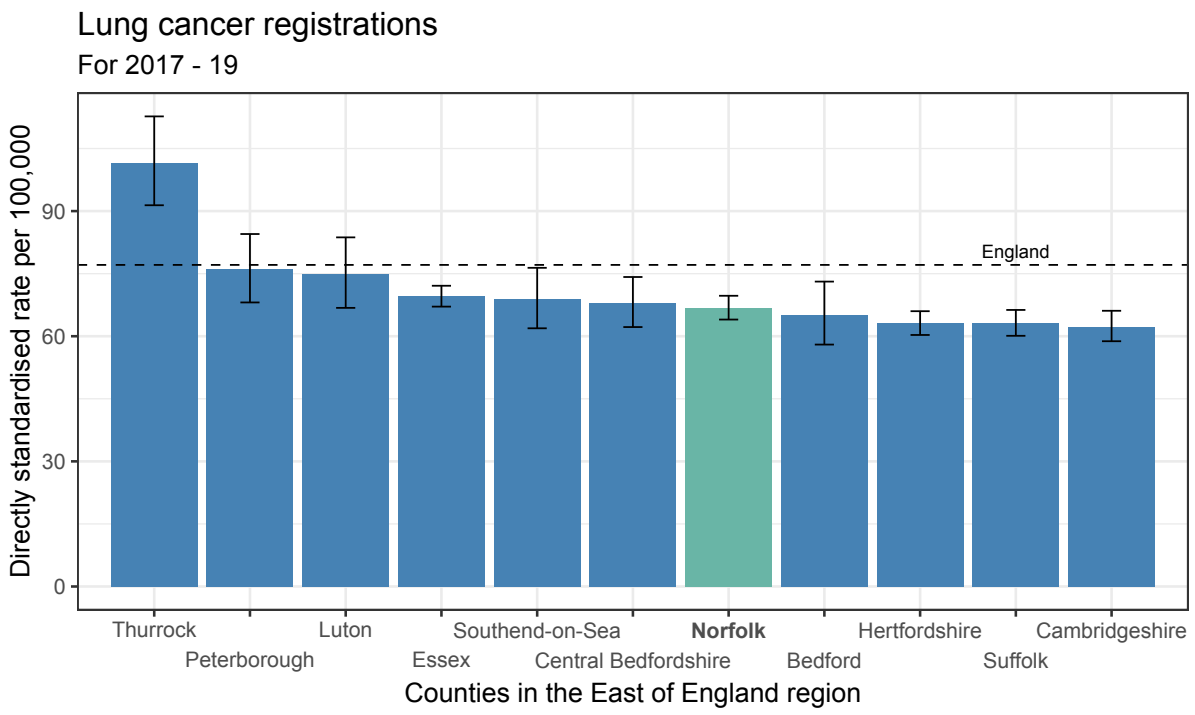

Figure 3: Lung cancer registrations for East of England counties, 2017 to 2019. Source: Office for Health Improvement and Disparities.

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.[5] 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,[6] 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. Fortunately, that figure has been declining, following the overall national trend – but Norfolk's rates are still higher than both the England and regional averages.

[5] Stop smoking in pregnancy – **NHS (www.nhs.uk)**

[6] **Public Health Wales technical report, 2014: Low Birth Weight – technical paper v1.pdf** (wales.nhs.uk)

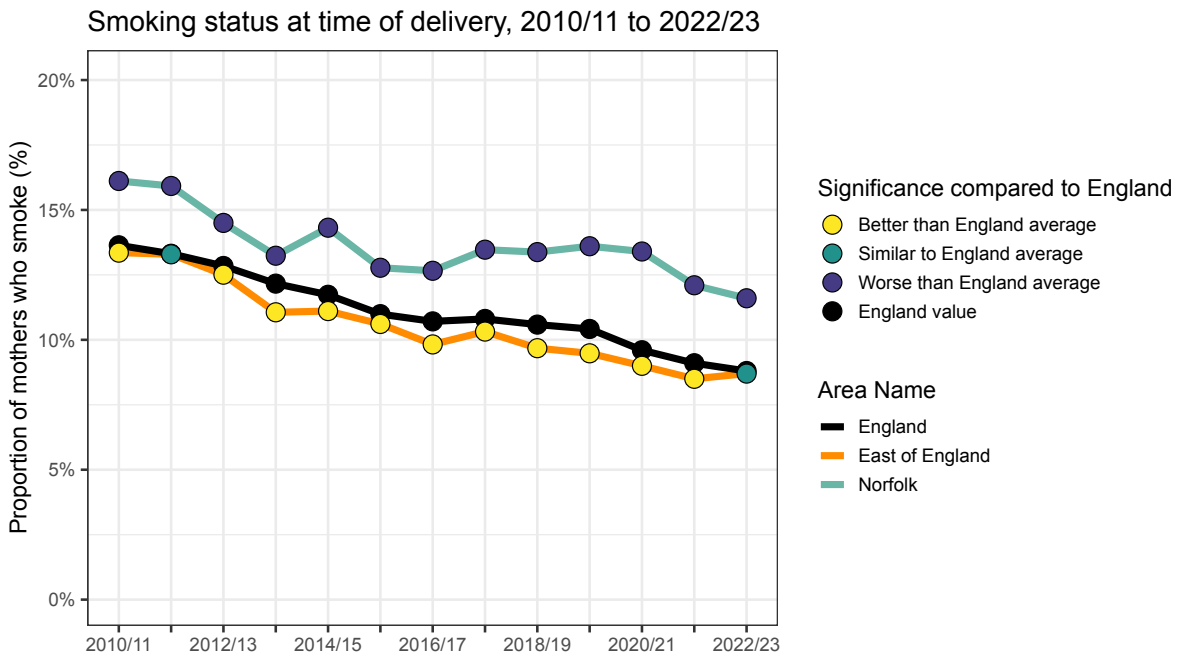

Figure 4: Smoking Status at Time of Delivery (SATOD) over time. Source: Office for Health Improvement and Disparities using NHS digital data.

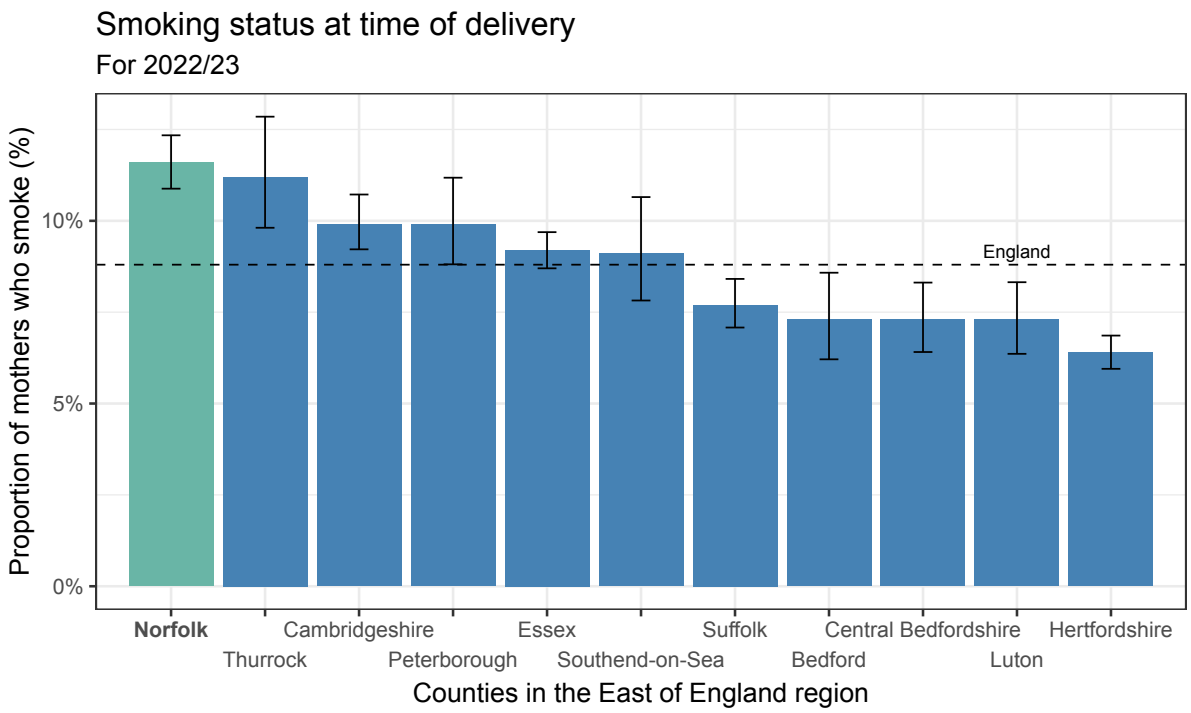

Figure 5: Smoking Status at Time of Delivery (SATOD) across the East of England counties, 2022/23. Source: Office for Health Improvement and Disparities using NHS digital data.

Case Study

Incentives to stop smoking during pregnancy

In an effort to tackle the relatively high rates of smoking in pregnant women in Norfolk, a 12-month incentive programme was launched in May 2023. This involves collaboration between the Local Maternity and Neonatal System, the James Paget University Hospital and Smokefree Norfolk (the stop smoking service that Norfolk County Council funds).

As part of the programme, verified pregnant smokers who actively participate receive 'Love2Shop' vouchers worth a total of £250. The vouchers are given to the women when they set a quit date and at various points during their pregnancy, through to two weeks after they have given birth. Members of the programme can also nominate a support buddy who is given a £50 voucher for helping the pregnant woman to quit.

The National Institute for Health and Care Excellence (NICE) recommends supporting pregnant women to quit smoking by offering incentives at different stages of pregnancy. There is strong evidence to support this, as women who receive incentives are more than twice as likely to quit successfully. Early results from the programme have shown an increase in the number of quit dates set and a higher level of engagement with Smokefree Norfolk.

The insights gained from this initial scheme will inform the implementation of a countywide programme in summer 2024.

Long term conditions

Tobacco use is the third largest risk factor for illness.[7] It can be a contributing cause of diabetes, kidney disease, chronic respiratory conditions, cardiovascular conditions such as heart disease and stroke, and musculoskeletal conditions. It is also a risk factor for dementia.

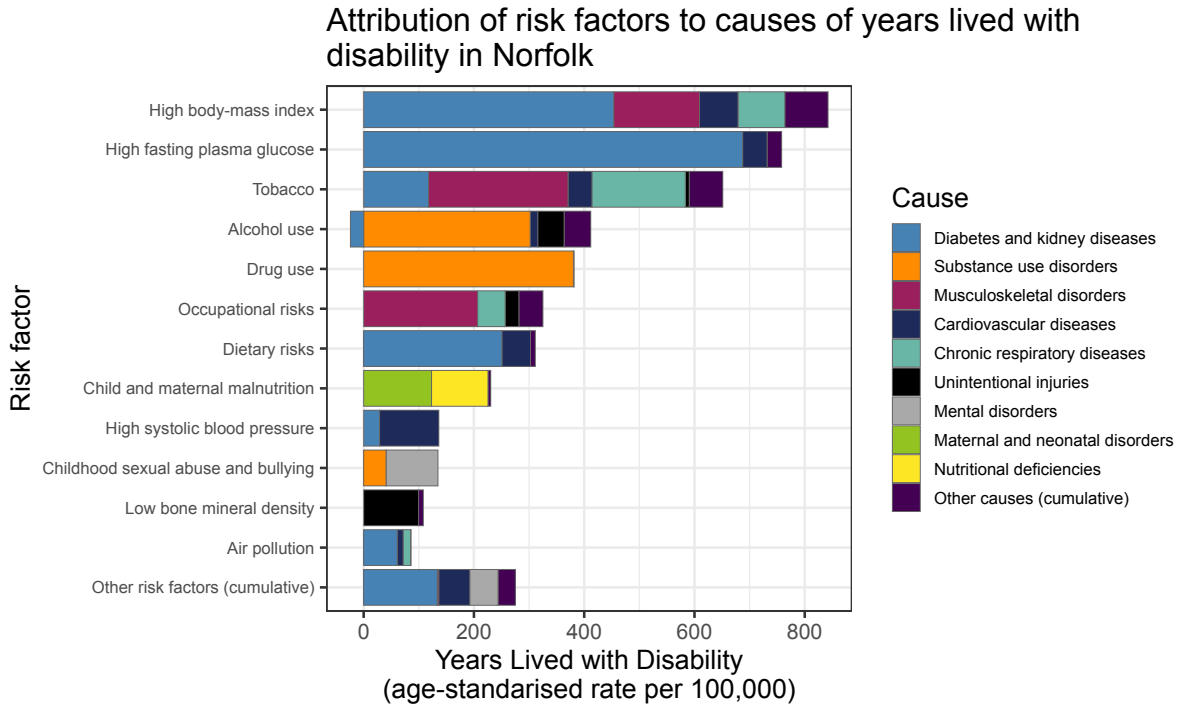

Figure 6: Attribution of risk factors to causes of years lived with disability in Norfolk, 2019. Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: **Health Data**

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,[8] 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.

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[7] Institute for Health Metrics and Evaluation. Used with permission. All rights reserved. For more information visit: **Health Data**

[8] Office for Health Improvement & Disparities. Local Tobacco Control Profiles: Emergency hospital admissions for COPD (35+) 2019/20 directly standardised rate - per 100,000. [Accessed 05/02/2024] **fingertips.phe.org.uk** © Crown copyright 2024

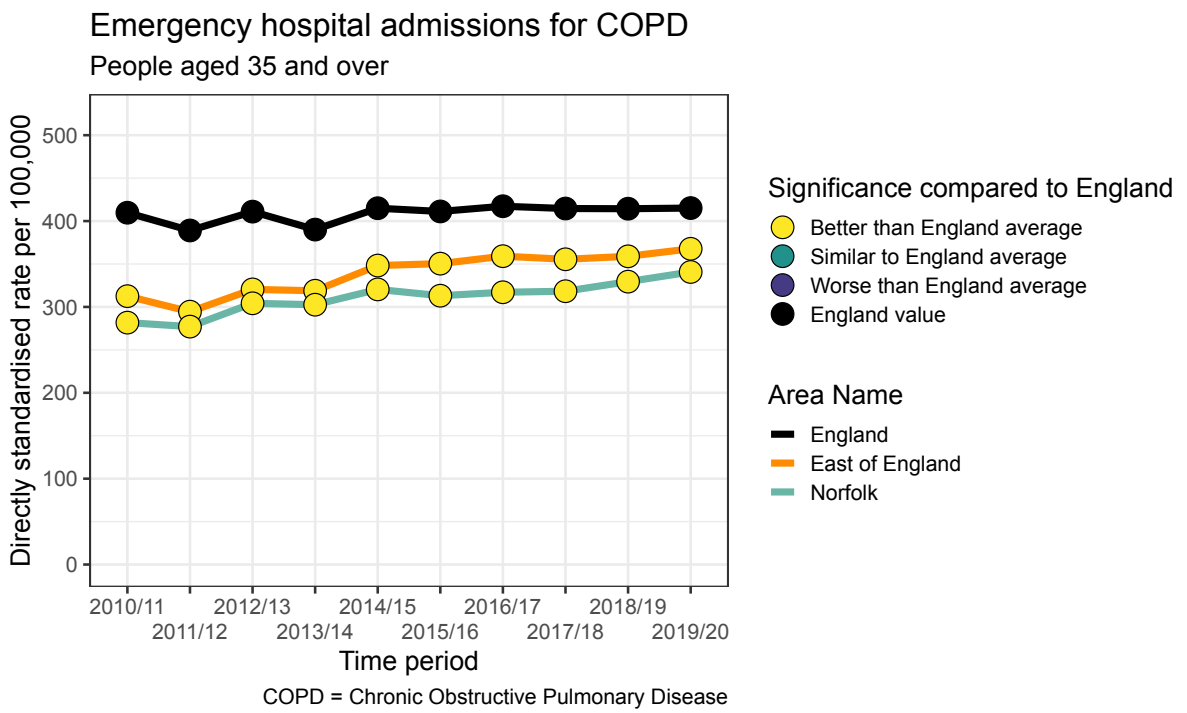


Figure 7: Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) in people aged 35 and over. Source: Office for Health Improvement and Disparities, using Hospital Episode Statistics.

Case Study

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 and 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.

Smoking patterns and inequalities

Norfolk position

Around 13% of adults in Norfolk smoke – around 99,300 people. This is similar to the national average. This is similar to the national average and is in line with other parts of the region.

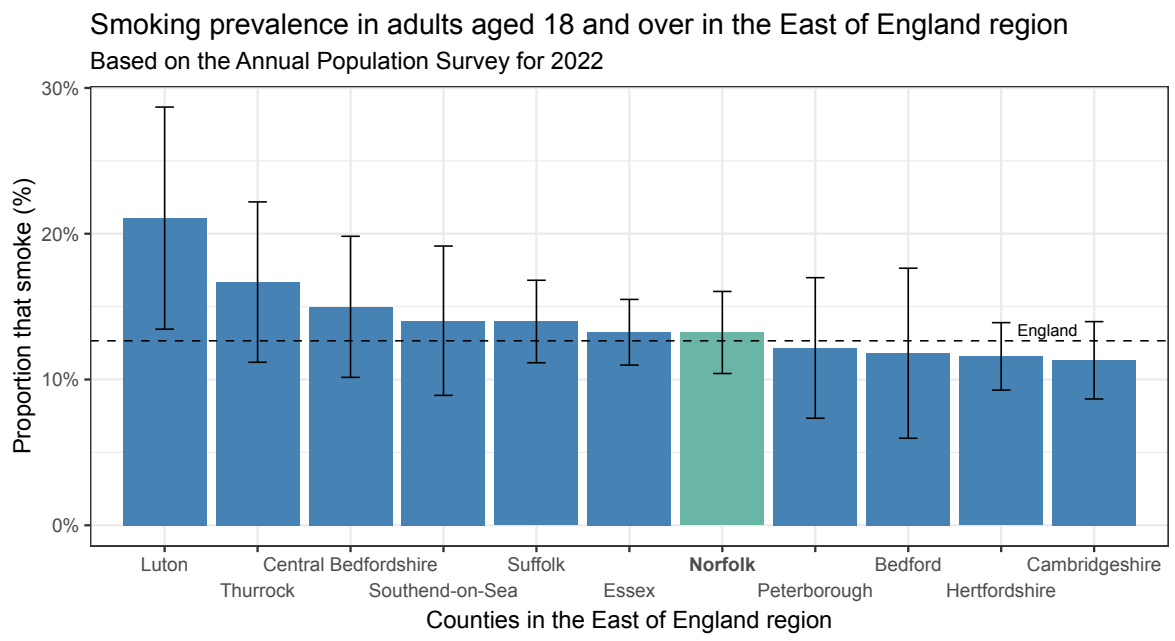


Figure 8: Smoking prevalence in adults by county in the East of England region, 2022. Source: Office for Health Improvement and Disparities using Annual Population Survey data.

However, there is variation within Norfolk: Great Yarmouth has the highest adult smoking rate (around 18%), which equates to around 14,200 smokers and Broadland has the lowest rate (8%) or around 8,900 smokers.

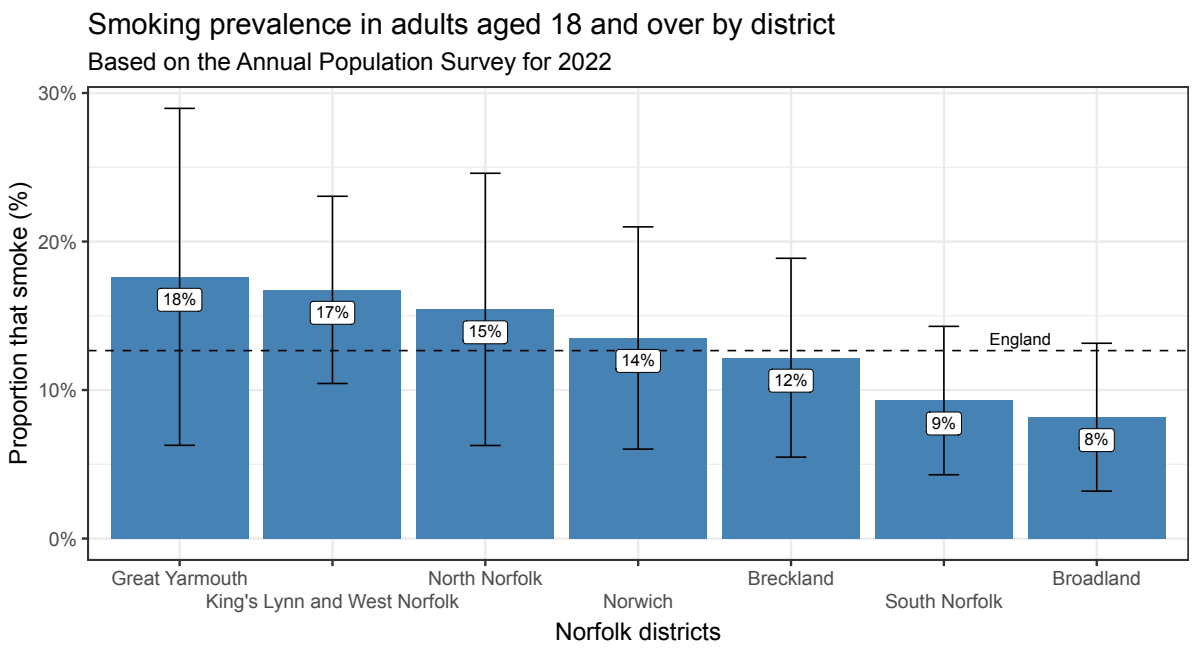


Figure 9: Smoking prevalence in adults by Norfolk districts, 2022. Source: Office for Health Improvement and Disparities using Annual Population Survey data.

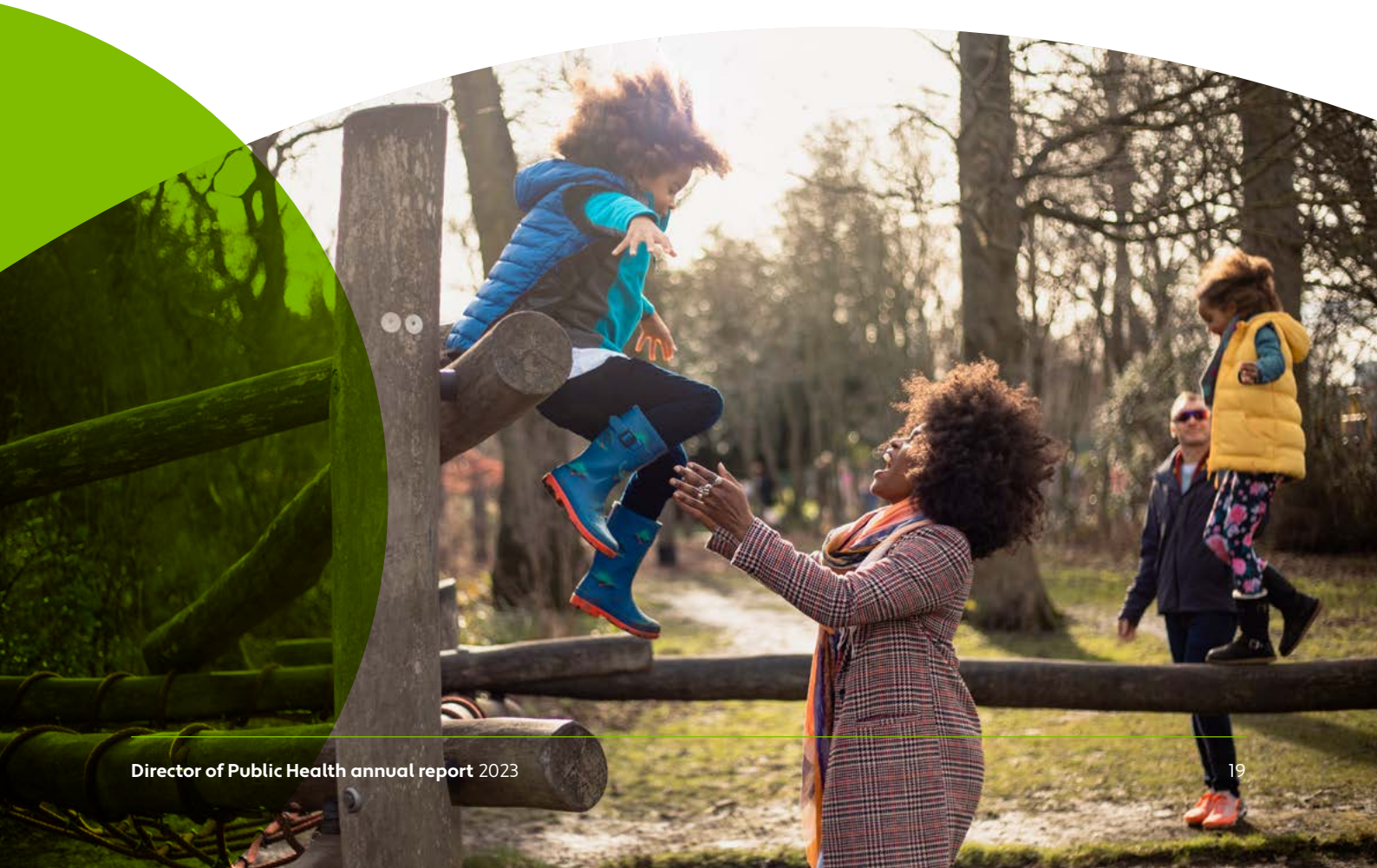
District	Smoking rate (%)	Estimated number of adult smokers	How many fewer needed to reach 5%
Breckland	12	14,200	8,400
Broadland	8	8,900	3,500
Great Yarmouth	18	14,200	10,200
King's Lynn and West Norfolk	17	21,300	14,900
North Norfolk	15	13,500	9,100
Norwich	14	16,100	10,100
South Norfolk	9	10,800	5,000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

A national ambition aims for every area in England to be smokefree by the year 2030.[9] 'Smokefree' is defined as having no more than 5% of adults smoking. For Norfolk to reach that ambition, we would need to have fewer than 37,500 smokers in the county – that is 61,800 fewer smokers than currently. Taking into account our growing population, we would need at least 6,500 people to quit smoking each year until 2030 to reach the national ambition – and more if people continue to take up smoking in the meantime. Some districts are closer to the 5% ambition than others, e.g. Broadland and South 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

[9] Stopping the start: our new plan to create a smokefree generation – **GOV.UK (www.gov.uk)**



Case Study

Ready to Change

Quitting smoking can be one of the best lifestyle changes anyone can make, even though this can be challenging due to tobacco's addictive nature. Ready to Change is a free online tool to help Norfolk residents in adopting healthier habits, including giving up cigarettes.

Developed by Norfolk County Council in collaboration with health psychologists and experts at the University of East Anglia, Ready to Change utilises behaviour change science to help individuals modify their habits for a healthier life. It includes quizzes, tips, and guidance for quitting smoking. A **video** explaining the behavioural science approach has been produced, along with campaign materials for print and social media.

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.

ready to change
your way to better health

Smoking by gender

In Norfolk, more men smoke than women (14% compared to 12%) – this is a long running trend. Recently, Norfolk rates of female smokers has risen above the national average.

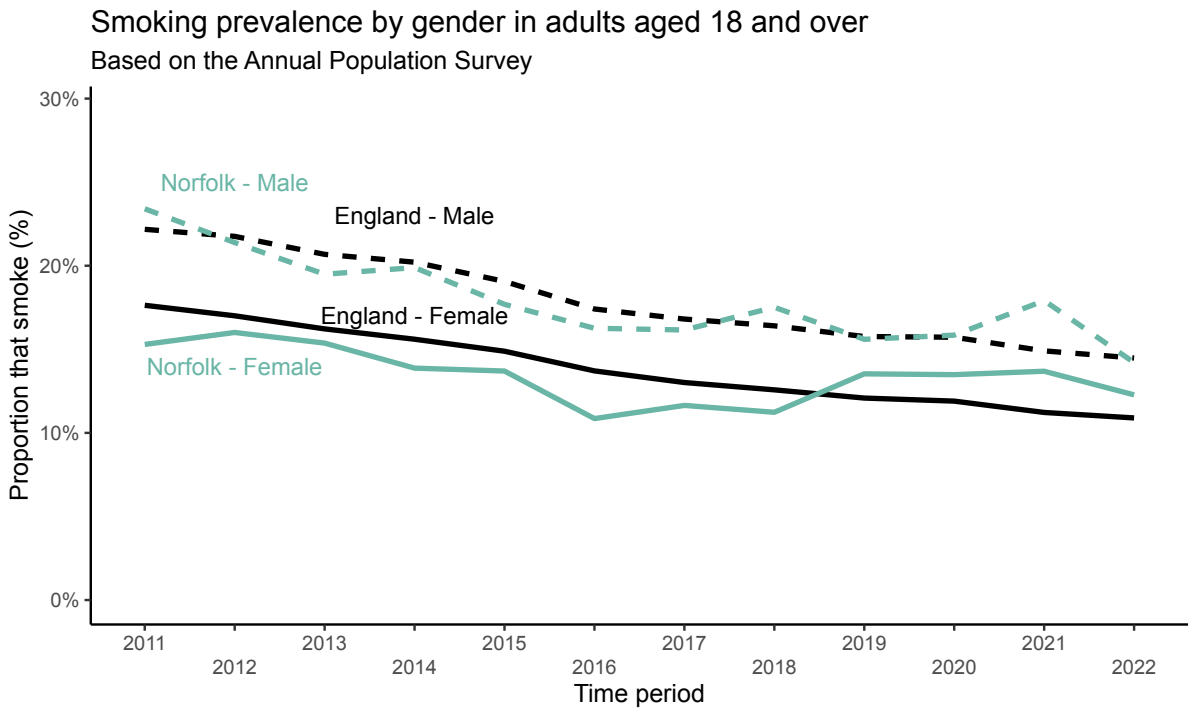


Figure 10: Smoking prevalence by gender over time. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking by age

Data on smoking rates for different age groups in Norfolk is not available. National data, however, shows the highest rates in those aged 25-29 (16%), with the numbers decreasing for older age groups. Nationally, those aged 65 and over smoke less than the England average.

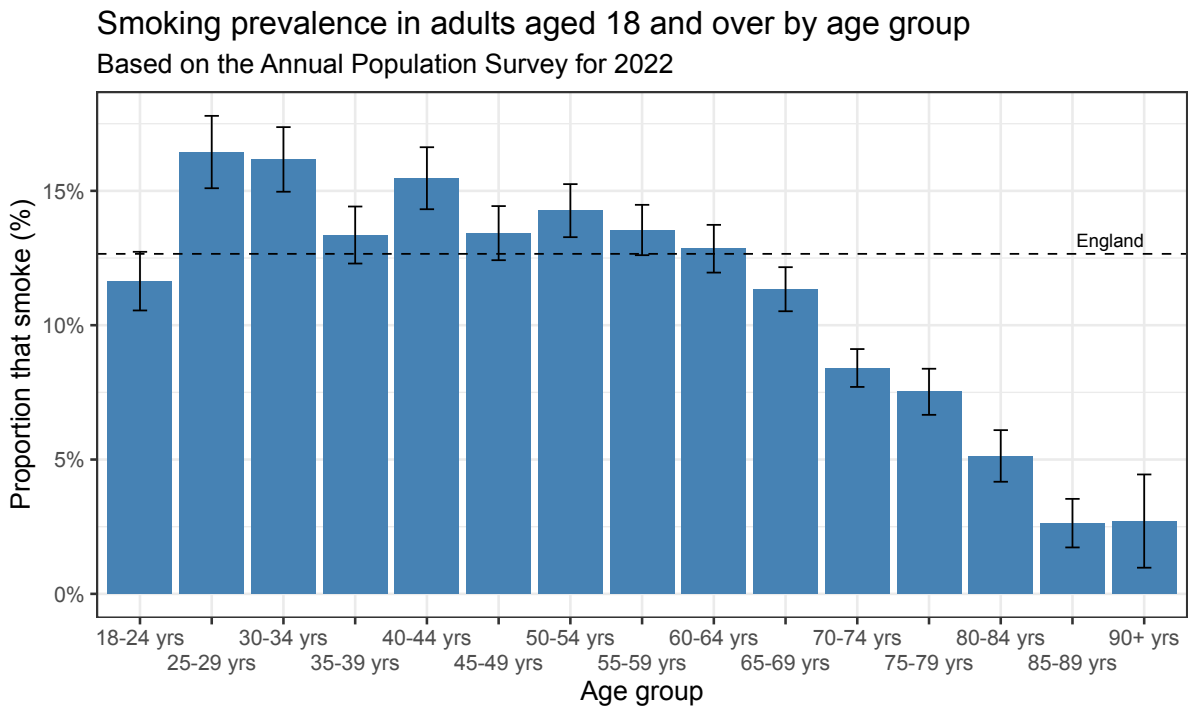


Figure 11: Smoking prevalence by age group in England, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

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.[10] The 25-29 year olds have consistently had the highest rates of smoking.

[10] Have there been sustained impacts of the COVID-19 pandemic on trends in smoking prevalence, uptake, quitting, use of treatment, and relapse? A monthly population study in England, 2017–2022 | BMC Medicine | Full Text **biomedcentral.com**

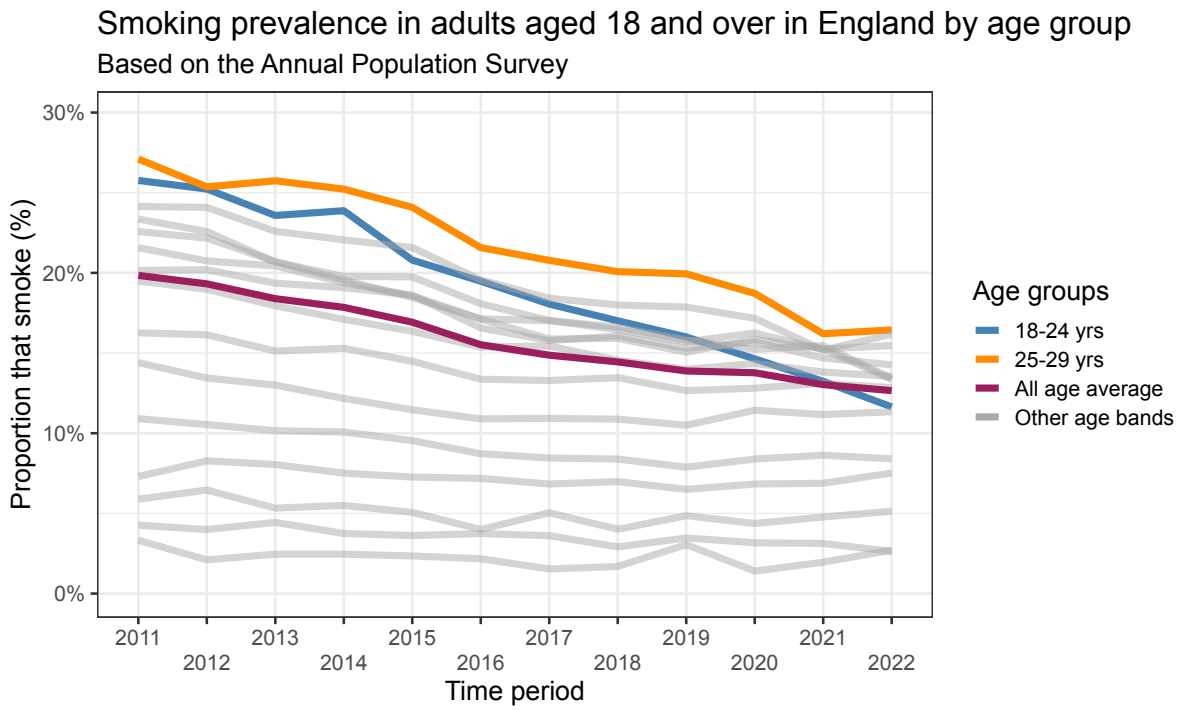


Figure 12: Smoking prevalence by age group over time showing the age group with the highest rates of smoking, the age group with the fastest rate of decrease in smoking, and the all age average smoking rate. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

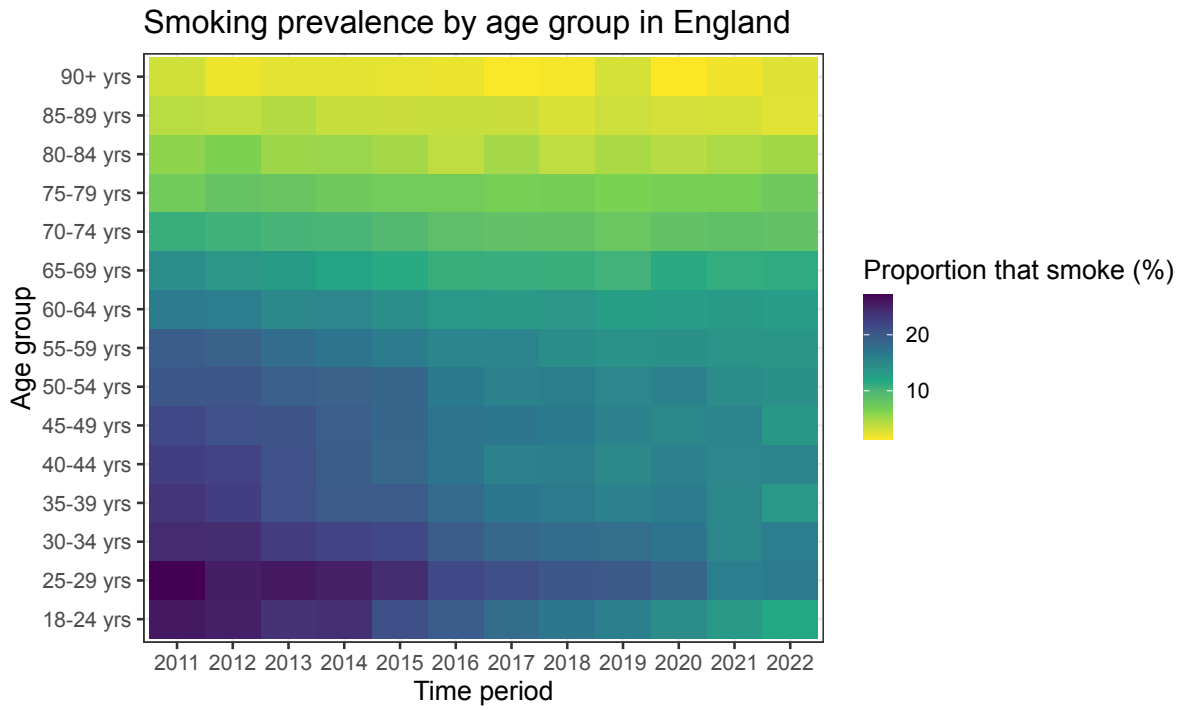


Figure 13: Heat map of smoking prevalence by age group over time. Darker colours show higher rates of smoking compared to other age groups and time periods. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and deprivation

Smoking rates are higher in more deprived areas. Nationally, in the most deprived areas, around 16% of people smoke, compared to 10% in the least deprived areas. Around 1 in 3 of all smokers live in the fifth of the country that is most deprived.[11]

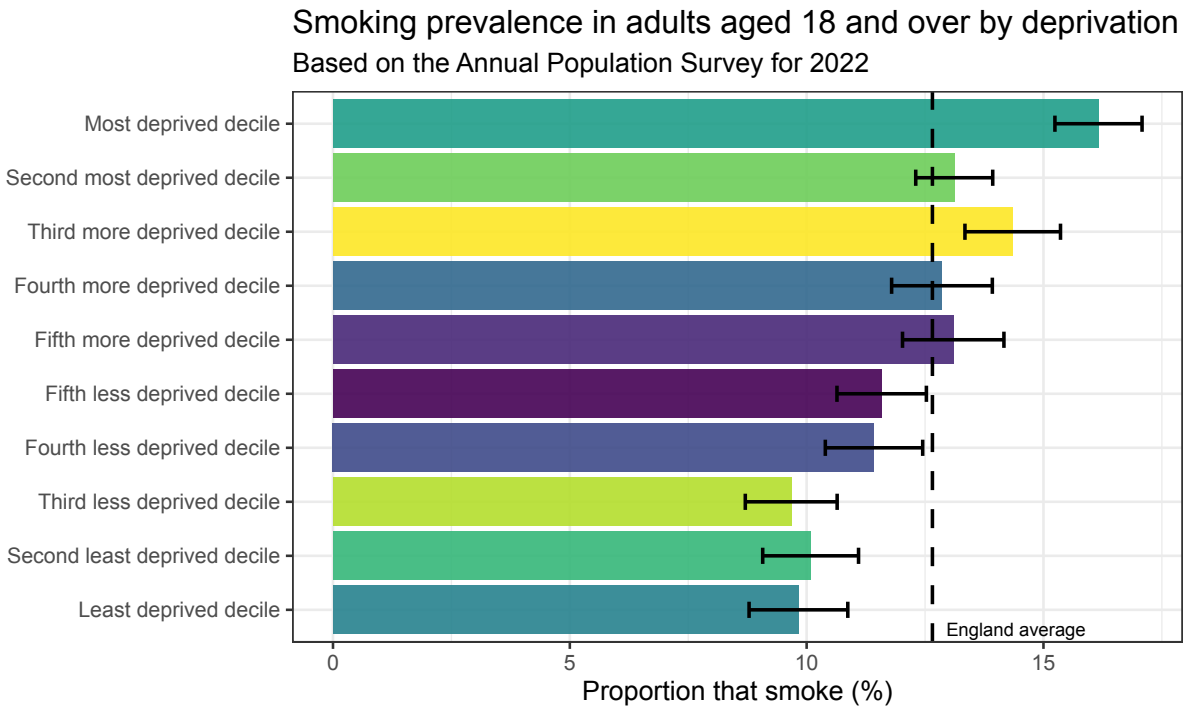


Figure 14: Smoking prevalence by deprivation group (Index of Multiple Deprivation 2019) of residential areas in England, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

[11] Office for Health Improvement & Disparities. Public Health Profiles: Lung cancer registrations 2017-19 directly standardised rate - per 100,000. [Accessed 05/02/2024] fingertips.phe.org.uk © Crown copyright 2024.

In Norfolk, around 136,000 people live in areas that are some of the most deprived in the country – and health on average is poorer in deprived areas. 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.[12]

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 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
- around 1 in 5 of those in 'intermediate' occupations (e.g. sales, administration, services and some technical jobs) smoke
- around 1 in 12 people in 'management and professional occupations' smoke.

This continues a long-running trend of smoking rates varying by socioeconomic status.

[12] Based on 2019 Index of Multiple Deprivation: www.gov.uk/government/statistics/english-indices-of-deprivation-2019

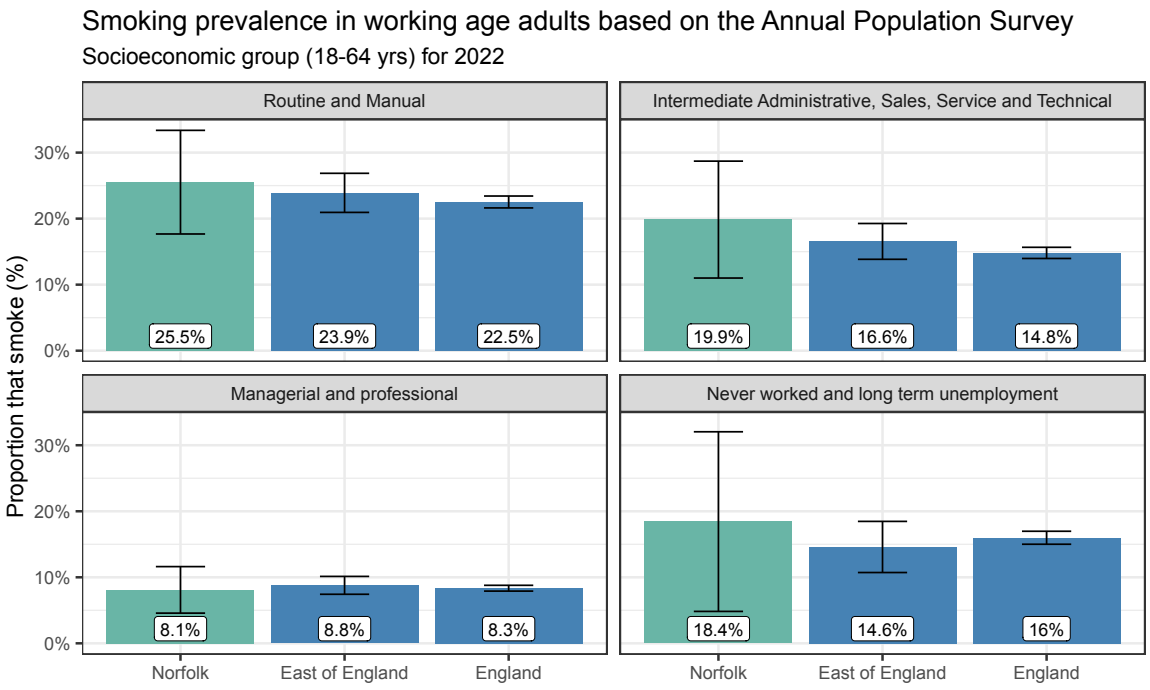


Figure 15: Smoking prevalence by socio-economic category in working age adults, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Case Study

Community Voices smoking conversations

In summer 2023, as part of the Integrated Care System'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 according 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 term 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 on this topic. Importantly, these real life Norfolk insights will inform the future design of local stop smoking services and the establishment of NHS pathways.

Smoking and housing tenure

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.

What underlies these different smoking rates is complex. For example, people in social housing may face greater financial difficulties (see deprivation and socioeconomic status above). People who have paid off their mortgages may tend to be older – and smoking rates decrease with age, particularly for the over 65s.

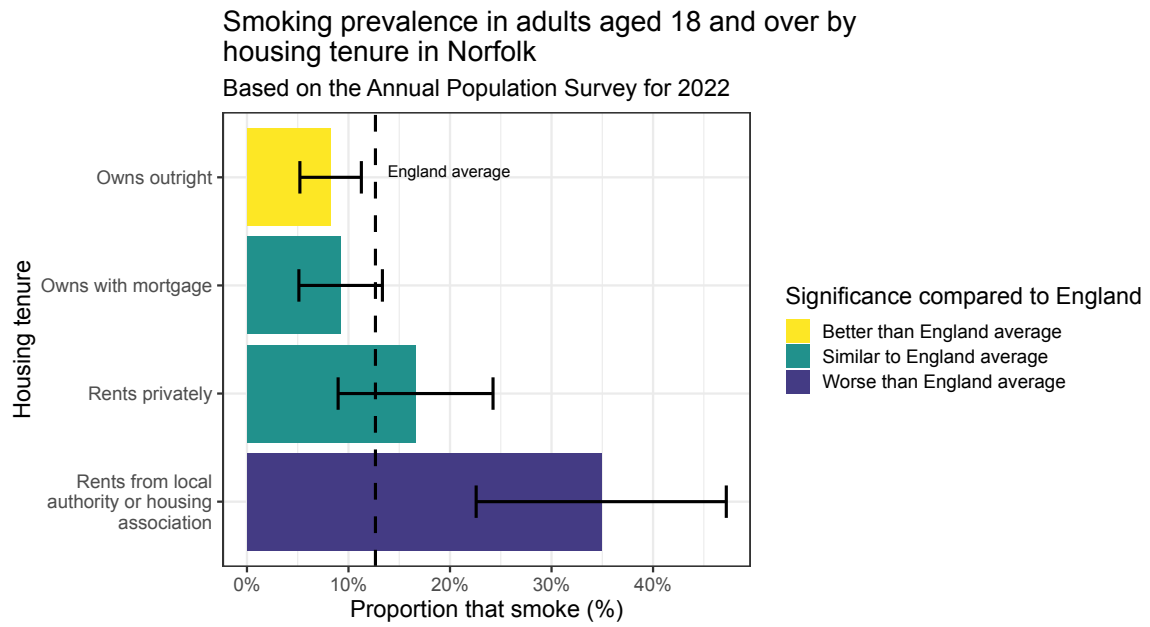


Figure 16: Smoking prevalence by housing type in Norfolk adults, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and ethnicity

Nationally, smoking rates are highest among the white (13%) and mixed (17%) ethnic groups. Smoking rates are below the England average for the black (8%), Asian (7%) and Chinese (5%) ethnic groups. We do not have this breakdown for Norfolk, so rely on national figures.

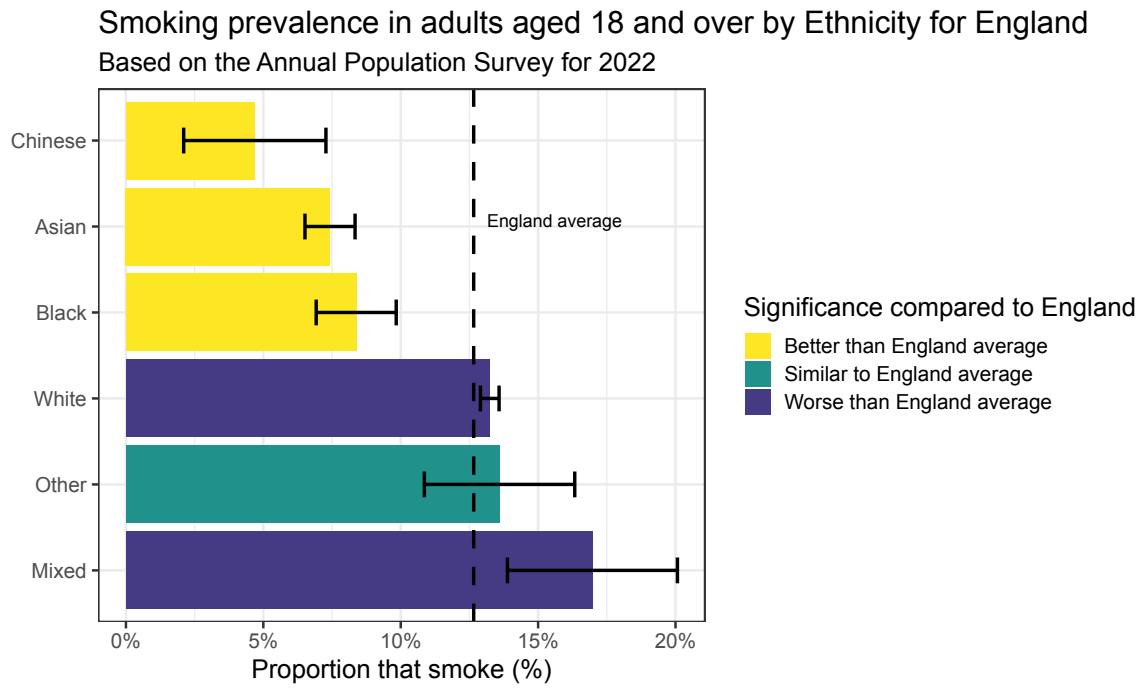


Figure 17: Smoking prevalence by Ethnicity, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and country of birth

Smoking rates by country of birth have remained largely consistent over time. People living in the UK but born in India have had the lowest smoking rates since 2014 – around 5%. People born in Poland have consistently had the highest smoking rate, though this has decreased from 32% in 2014 to 21% in 2022.

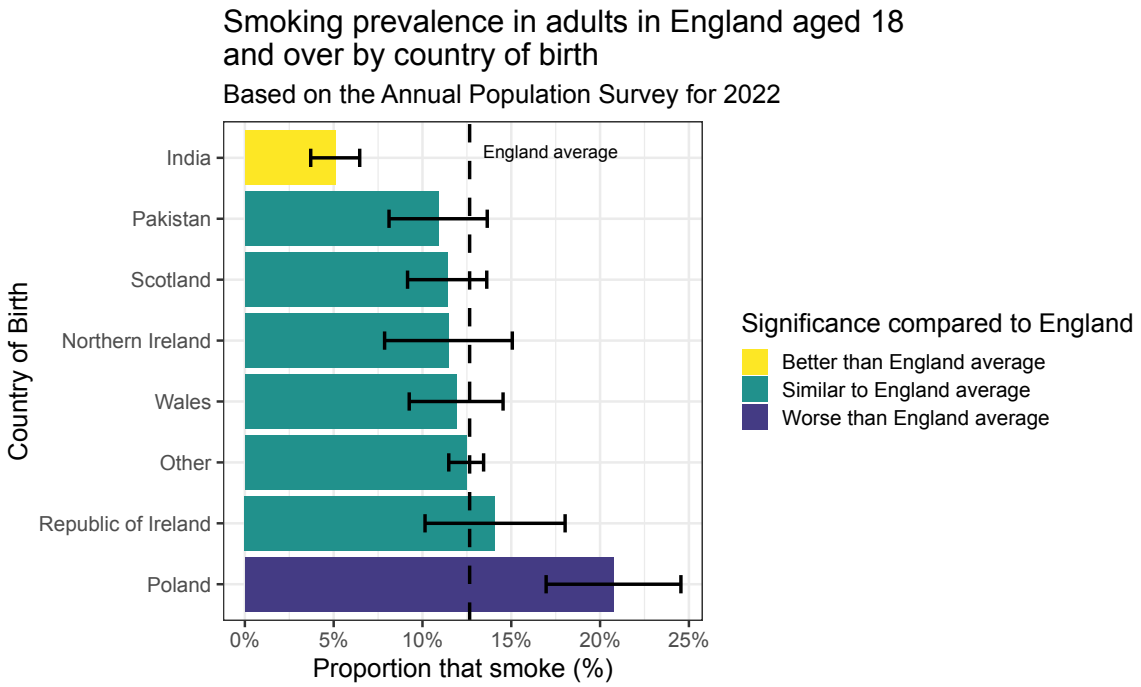


Figure 18: Smoking prevalence by country of birth, 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and overall health

People who report the poorest health consistently have the highest smoking rates. One in four people who rate their health as 'very bad' are smokers. Those that report being in good health have the lowest smoking rates.

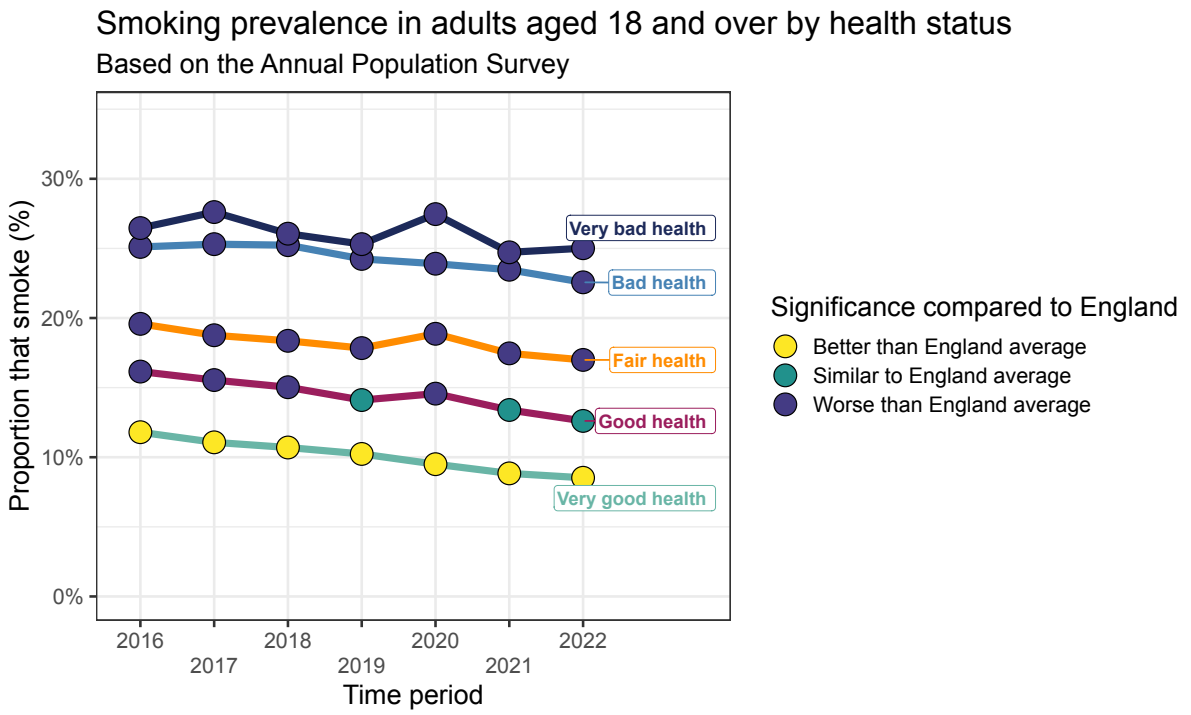


Figure 19: Smoking prevalence over time in England by health status. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

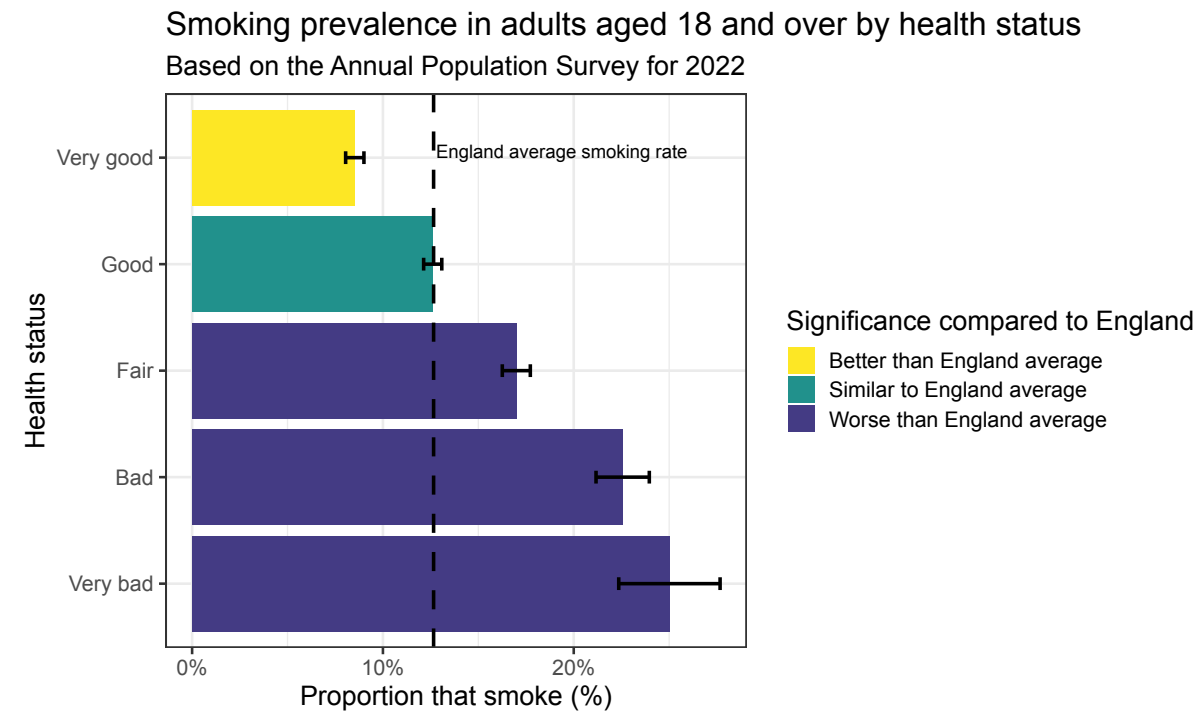


Figure 20: Smoking prevalence in England by health status in 2022. Source: Office for Health Improvement and Disparities based on Annual Population Survey data.

Smoking and 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.

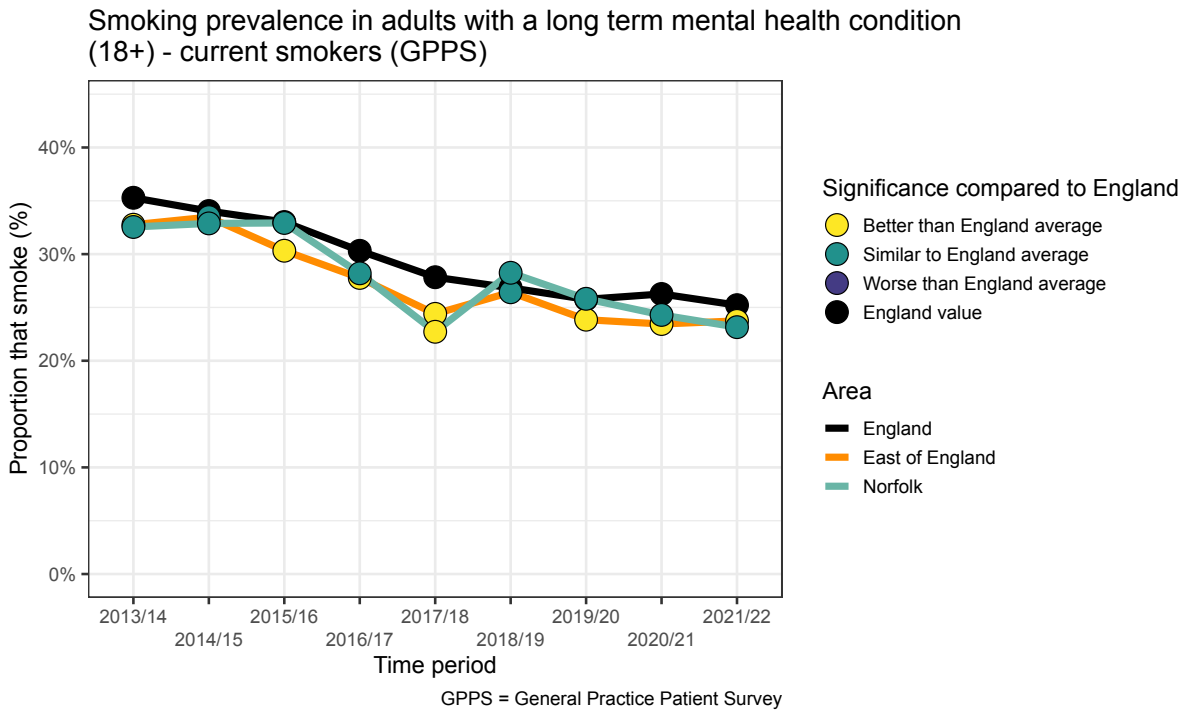


Figure 21: Smoking prevalence in those with a long term mental health condition. Source: Office for Health Improvement and Disparities based on the General Practice Patient Survey.

Case Study

Community serious mental illness service

NHS England committed to offering a new universal smoking cessation programme within specialist mental health services for long term smokers by 2023/24. People with serious mental illness (SMI) face greater challenges quitting smoking due to higher dependency and heavier smoking.

NHS England is testing a pathway and service model before a national rollout, selecting four primary care network areas in Gorleston, Great Yarmouth and Norwich for the trial. These areas were chosen based on data indicating they serve over 30% of the SMI population in Norfolk and Waveney.

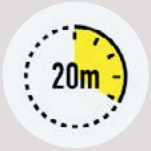
Smokefree Norfolk and Together for Mental Wellbeing are collaborating on the pilot service, with promising early results, including an 88% engagement rate, 81% setting a quit date, and 58% quitting within the first nine months. A research team from the UEA is evaluating the pilot, with findings informing the future service.

The benefits of quitting

The National Institute for Health and Care Excellence (NICE) report that:

- On average, stopping smoking at age 60 can add 3 extra years to life. Stopping at 30 can add 10 extra years[13]
- A study of over one million UK women showed that stopping smoking before the age of 40 avoids the vast majority (90%) of the increased risk of dying caused by continuing to smoke[14]
- For people who stop smoking before the age of 50 years, the risk of dying of smoking-related disease is cut in half.[15]

The sooner you quit, the sooner you'll notice changes to your body and health. Look at what happens when you quit for good.



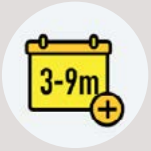
After 20 minutes
Check your pulse rate, it will already be starting to return to normal.

After 8 hours
Your oxygen levels are recovering, and the harmful carbon monoxide level in your blood will have reduced by half.

After 48 hours
All carbon monoxide is flushed out. Your lungs are clearing out mucus and your senses of taste and smell are improving.

After 72 hours
If you notice that breathing feels easier, it's because your bronchial tubes have started to relax. Also your energy will be increasing.

After 2 to 12 weeks
Blood will be pumping through to your heart and muscles much better because your circulation will have improved.



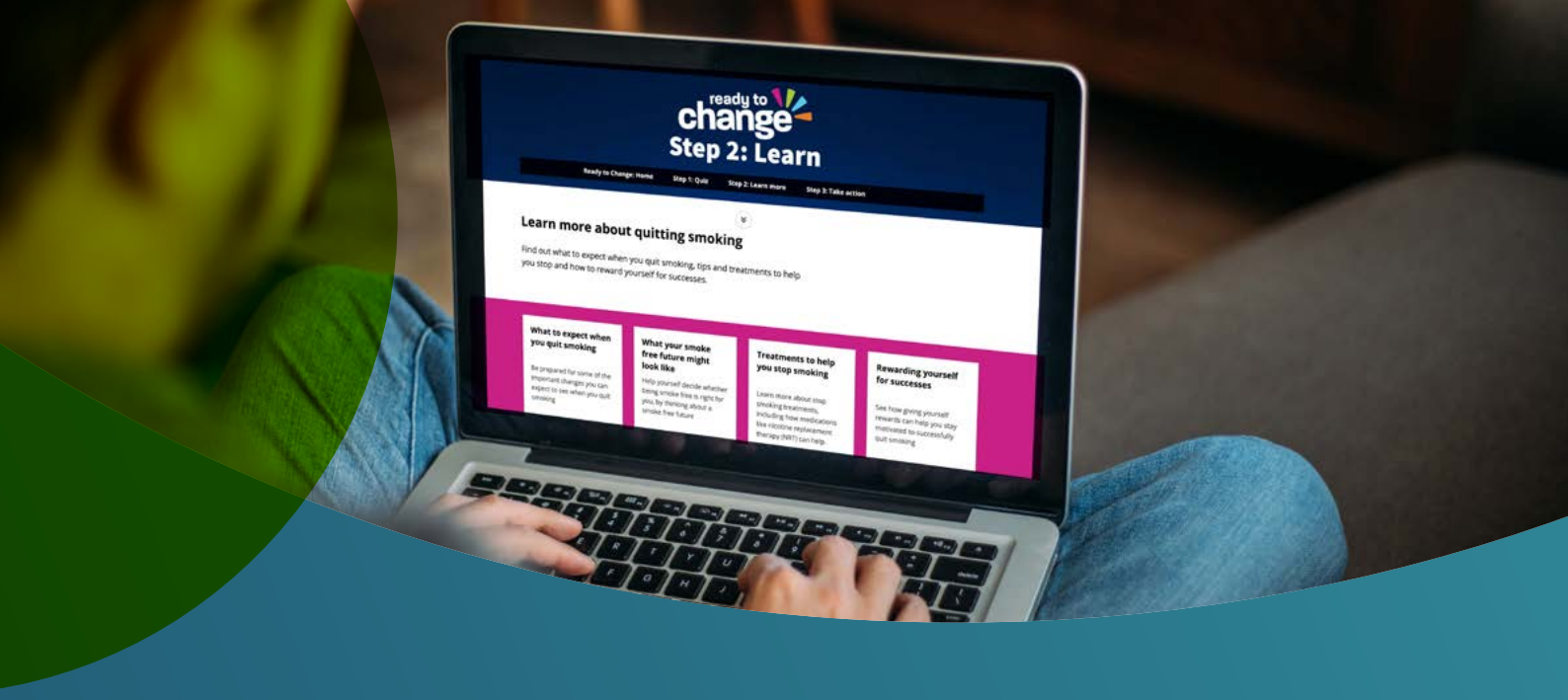
After 3 to 9 months
Any coughs, wheezing or breathing problems will be improving as your lung function increases by up to 10%.

After 1 year
Great news! Your risk of heart attack will have halved compared with a smoker's.

After 10 years
More great news! Your risk of death from lung cancer will have halved compared with a smoker's.

Quitting smoking can also save individuals and their families money – on average around £3,100 per smoker per year.

[13] Doll, 2004 [14] Pirie, 2013 [15] PHE, 2015b



Case Study

What quitting smoking felt like for Dan*

Dan started smoking as a teenager and had attempted to quit smoking multiple times, but without success. On his social media feed, he spotted adverts for Ready to Change, the Council website offering help to stop smoking. Intrigued by the promise of free assistance, Dan decided to click on the link and explore further.

Dan started with the Ready to Change quiz about his smoking habits. He then discovered the many benefits of quitting smoking. As someone facing financial difficulties, he realised that his cigarette expenses were a significant contributing factor. Furthermore, with his partner expecting their first child, Dan was motivated to eliminate the risk of second hand smoke for his family's wellbeing.

Dan recognised that swapping from smoking to vaping could serve as a good first step to quitting smoking because it would address the hand-to-mouth habit and provide a controlled level of nicotine. It would also be significantly less harmful than smoking. Determined to make a change, Dan contacted the local stop smoking service, which offered free vape kits for 12 weeks and the support of a specialist advisor.

Setting a quit date, Dan used the goal-setting and 'if-then' planning tools from Ready to Change to boost his motivation and maintain his progress. Six months later, Dan is still not smoking and only vapes a couple of times per day. He keeps a diary to track when he vapes so he can eventually quit vaping altogether.

*This is a fictional case study taking the reader through an example journey a quitter might follow when giving up smoking

Protect others from 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.

In the short term, being exposed to second hand smoke can result in headaches, sore eyes, 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. Children and young people are at particular risk due to their more delicate lungs.[16]

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.[17]

As smoking rates decrease, second hand smoke exposure can also decrease, reducing related harms.

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[16] **Secondhand Smoke – ASH**

[17] **ash.org.uk/resources/view/economic-and-health-inequalities-dashboard**

Vaping (e-cigarettes)

Vaping is an effective tool to help people quit smoking. Tobacco cigarette smoke contains thousands of chemicals – many of them poisonous – and dozens of them can cause cancer.[18] Cigarettes also contain nicotine, which is an addictive substance.[19] Once addicted, it can be difficult to quit smoking.

The latest evidence review from the Office for Health Improvement and Disparities (OHID) shows that in the short and medium term, vaping poses only a small fraction of the risks of smoking.[20]

E-cigarettes with nicotine are still addictive, however, and the long-term effects of vaping are not yet known. Vaping is not risk free, particularly for people who have never smoked.[21] The Chief Medical Officer Professor Sir Chris Whitty wrote succinctly for The Times in May 2023:

> 'The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don't smoke, don't vape; marketing vapes to children is utterly unacceptable.'[22]

Key messages on vaping

- Vaping is much less harmful than smoking
- Vapes are an effective tool to help smokers quit smoking
- Swapping from smoking to vaping is a positive health move
- If you don't smoke, don't vape
- Vapes should not be marketed to children

[18] What chemicals are in a cigarette? | What does smoking do to your body? **cancerresearchuk.org**

[19] **ash.org.uk/resources/view/whats-in-a-cigarette**

[20] Nicotine vaping in England: 2022 evidence update summary – GOV.UK **www.gov.uk**

[21] Nicotine vaping in England: 2022 evidence update main findings – GOV.UK **www.gov.uk**

[22] Chief Medical Officer for England on vaping – GOV.UK **www.gov.uk**

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.[23] 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.[24] 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 year olds – from around 11% in 2021 to over 15% in 2022. At the same time, smoking tobacco cigarettes is decreasing most quickly in the 18-24 year olds.

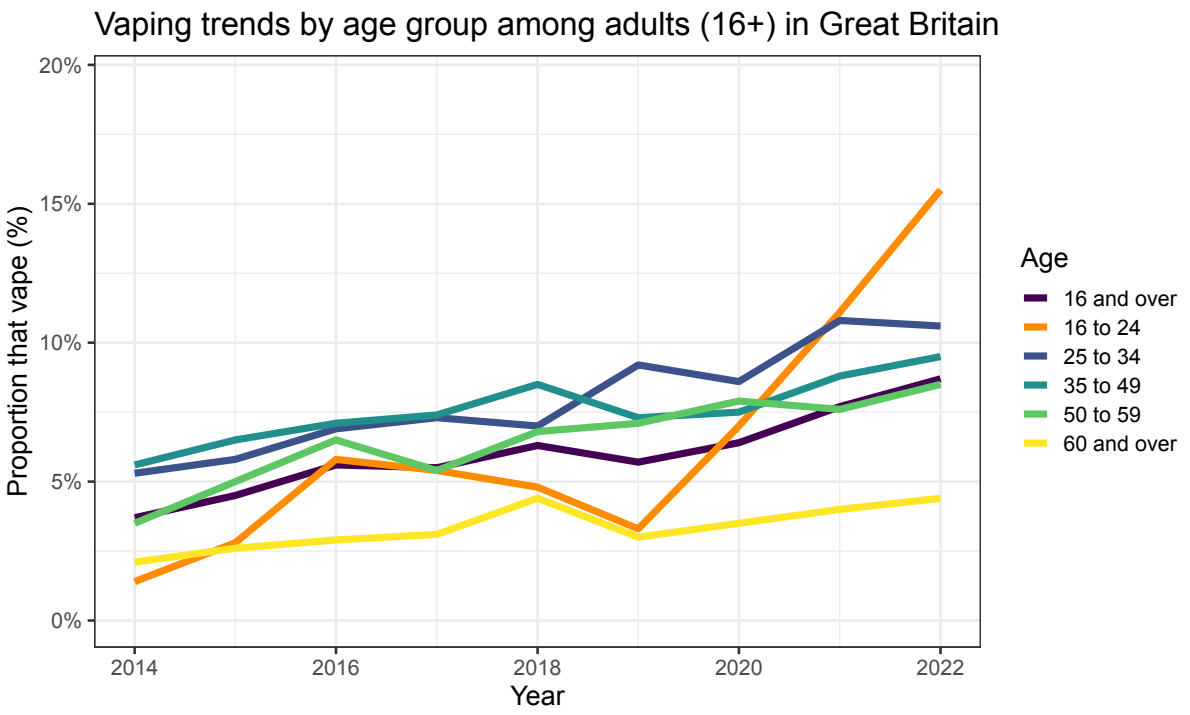


Figure 22: Vaping prevalence by age group in Great Britain. Source: Office for National Statistics based on the Opinions and Lifestyle Survey data.

[23] **Adult smoking habits in the UK** – Office for National Statistics (ons.gov.uk) Office for National Statistics report referencing Opinions and Lifestyle Survey

[24] **E-cigarette use in Great Britain** – Office for National Statistics (ons.gov.uk)

Case Study

E-cigarette pilot and vouchers

In 2020 and early 2021, Norfolk County Council (NCC) 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.

Vaping in children and young people

Vaping is becoming more common among children and young people across England. Based on national data, around 13,600 children aged 11-17 in Norfolk are estimated to have tried vaping. An estimated 5,000 children aged 11-17 (8%) are current users. Nationally, use increased slightly in 2023, after having doubled from 2021 to 2022.

Only one in three children believe that e-cigarettes are less harmful than cigarettes. More than half believe they are as harmful as, or more harmful than, smoking.[25]

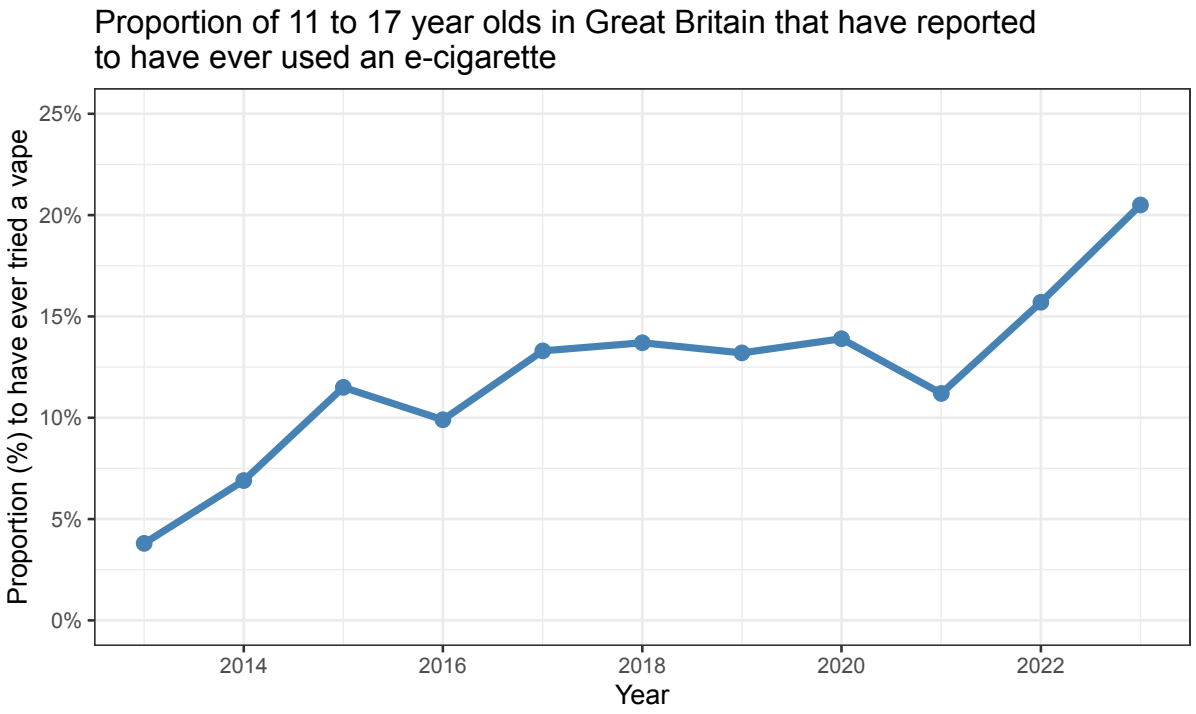


Figure 23: Vaping prevalence by age group in Great Britain. Source: Action on Smoking and Health.

The use of single-use e-cigarettes among children has increased substantially from fewer than one in ten young vapers preferring disposable vapes in 2021 to seven in ten in 2023.[26]

[25] ASH – Use of e-cigarettes among young people in Great Britain

[26] ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain

Case Study

Schools vaping toolkit

In October 2023, Norfolk County Council's Children's Services developed a vaping toolkit for schools. The goal is to assist schools in tackling increased vaping by offering high quality guidance and resources for a comprehensive approach. The toolkit features an audit tool for schools to assess their current approaches and areas for improvement, along with an action plan to support further development. It emphasises preventative measures and strategies to address vaping concerns:

- Supporting staff to feel confident in their knowledge of vaping and how it compares to smoking
- Creating an inclusive ethos and values around health, wellbeing and sustainability
- Teaching about vaping as part of Personal, Social, Health and Economic Education and within the wider curriculum
- Ensuring all staff, children, young people and families are aware of how to get support.

The toolkit provides a detailed step by step checklist for what to do if a student is found vaping, with a focus on supporting them to stay in school.

Section 2
National and local policy on smoking and vaping

Key messages

- Smoking rates have decreased over the past 60 years
- Knowledge, policies and attitudes towards smoking have also changed over time
- Reducing rates of smoking, effective tobacco control and controlling long term vaping use and take up are priorities for many organisations across Norfolk.

The changing national picture

Knowledge, policies and attitudes towards smoking have changed greatly over the past 60 years and smoking rates have declined as it has become more socially unacceptable.

Smoking prevalence timeline for Great Britain, ages 16 and over by gender for 1974 to 2022

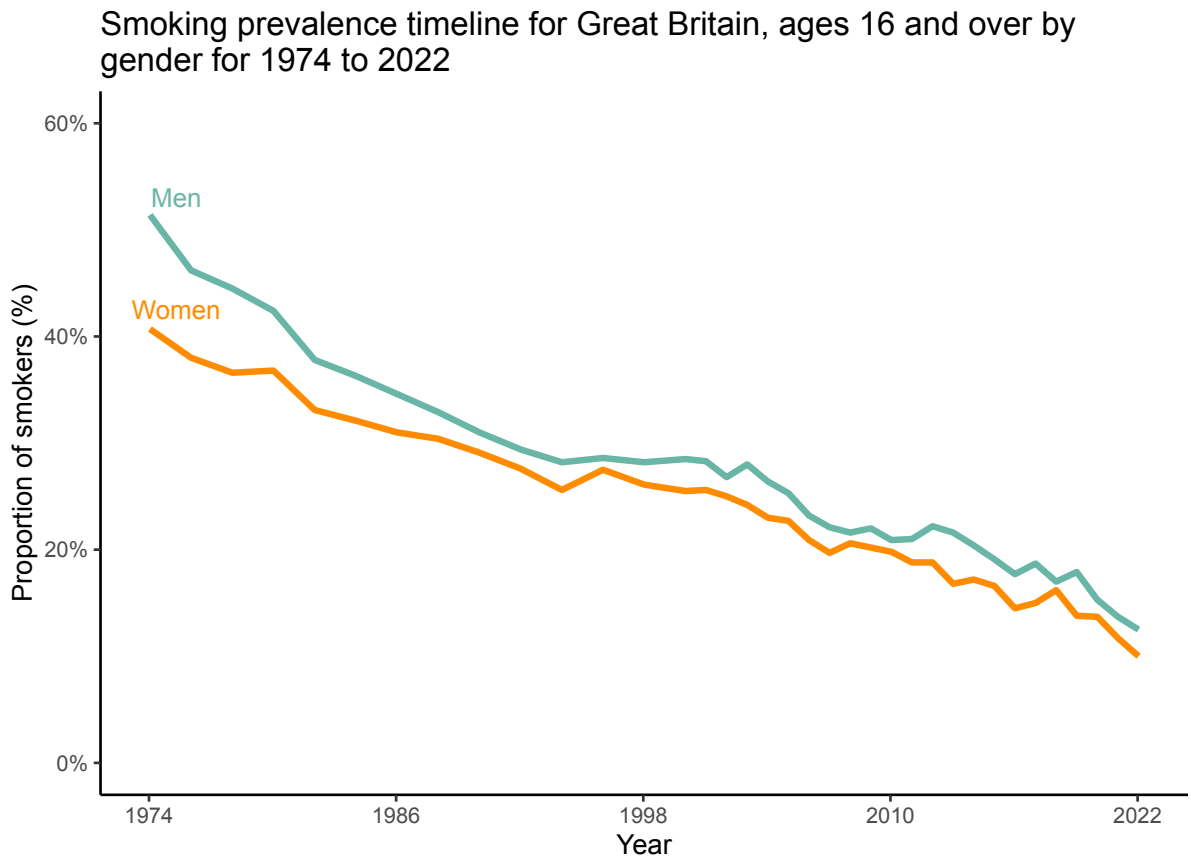
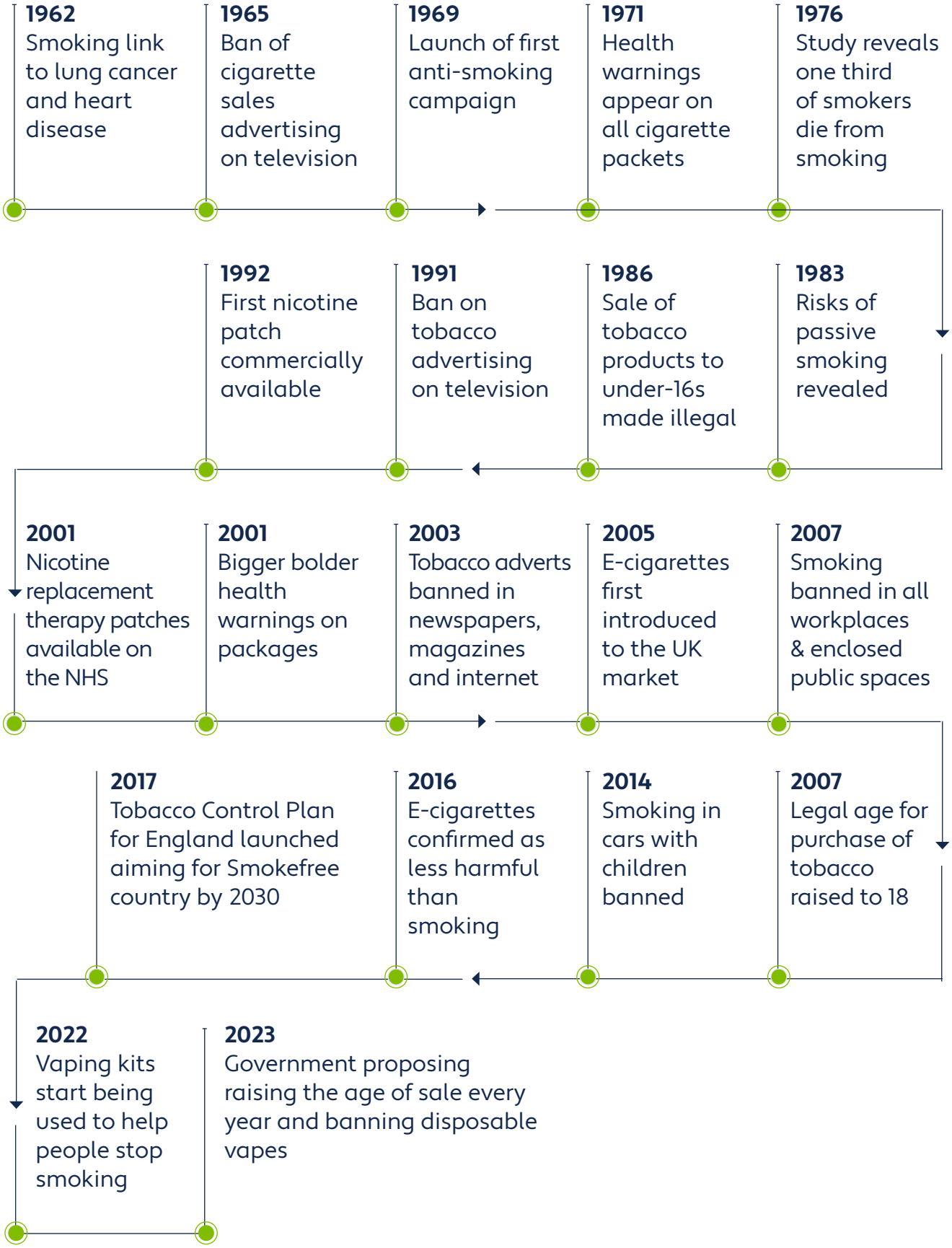


Figure 24: Timeline of the proportion of current smokers, for all persons aged 16 years and over, Great Britain, 1974 to 2022. Source: Office for National Statistics based on Opinions and Lifestyle Survey.


1962
Smoking link to lung cancer and heart disease
1965
Ban of cigarette sales advertising on television
1969
Launch of first anti-smoking campaign
1971
Health warnings appear on all cigarette packets
1976
Study reveals one third of smokers die from smoking
1983
Risks of passive smoking revealed
1986
Sale of tobacco products to under-16s made illegal
1991
Ban on tobacco advertising on television
1992
First nicotine patch commercially available
2001
Nicotine replacement therapy patches available on the NHS
2001
Bigger bolder health warnings on packages
2003
Tobacco adverts banned in newspapers, magazines and internet
2005
E-cigarettes first introduced to the UK market
2007
Smoking banned in all workplaces & enclosed public spaces
2007
Legal age for purchase of tobacco raised to 18
2014
Smoking in cars with children banned
2016
E-cigarettes confirmed as less harmful than smoking
2017
Tobacco Control Plan for England launched aiming for Smokefree country by 2030
2022
Vaping kits start being used to help people stop smoking
2023
Government proposing raising the age of sale every year and banning disposable vapes

Local plans and strategies

Ambitions around reducing rates of smoking, effective tobacco control and controlling long term vaping use and take-up are not just the priorities for the County Council's public health team – many organisations across Norfolk highlight their work on these aims:

- 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.

Section 3
The wider impacts of smoking on Norfolk residents and opportunities for improvement

Smoking has any number of negative impacts – some of these are described below.

Key messages

- Around 1,240 people in Norfolk die as a result of smoking every year
- On average, smokers spend around £3,100 each year on smoking
- Smoking costs Norfolk as a whole around £872 million per year
- Benefits from reducing or eliminating smoking could include:
    - Saving around 1,200 lives each year
    - Having around 1,130 fewer hospital admissions per year
    - Preventing 1,100 cases of cancer each year
    - Having around 480 more smokefree pregnancies
    - 16,500 less well-off households could be better off financially which could help them move out of poverty.

Cost of smoking to individuals, communities and services

Around 1,240 people in Norfolk die each year as a result of smoking. While the Norfolk rate overall is lower than the national average, deaths from smoking are largely preventable and rates will vary by place.

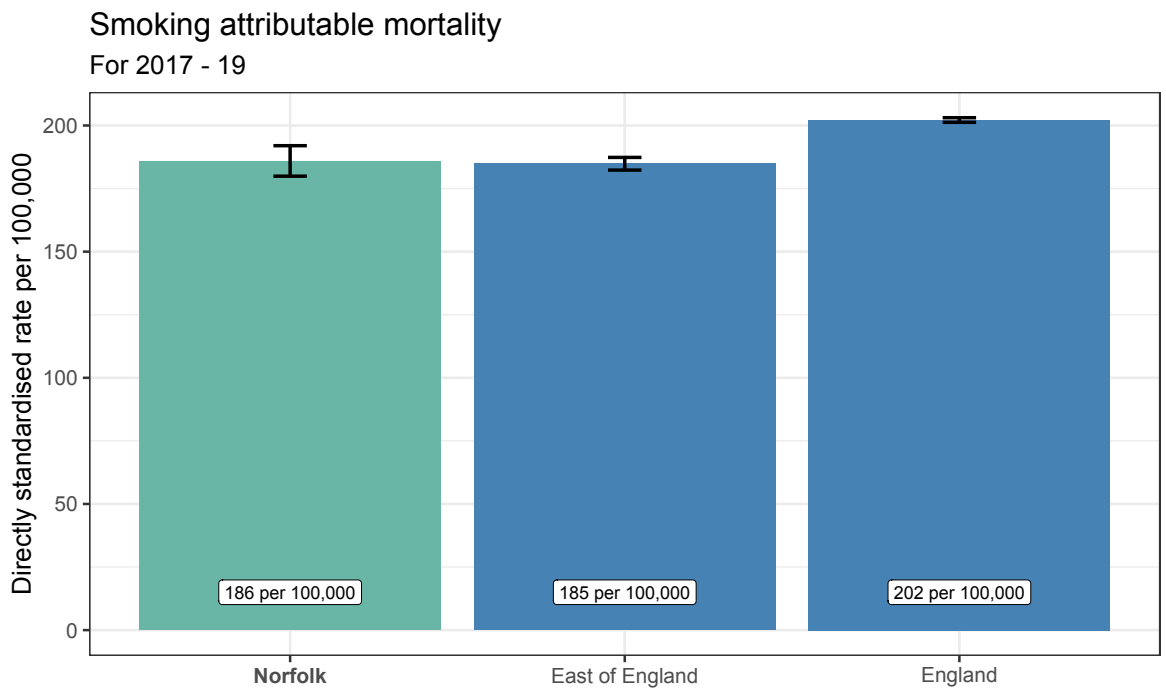


Figure 25: Smoking attributable mortality, 2017 to 2019. Source: Office of Health Improvement and Disparities using mortality data from the Office of National Statistics mortality data; Office for National Statistics (ONS) – mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

Smoking has a financial cost[27] – to individuals and their families, to the economy, and to local services – as well as the personal impact of illness and death on individuals and loved ones.

Norfolk residents spend around £308 million on tobacco products each year, which is based on the average spend of about £3,100 per smoker each year. This generates around £198 million in tax revenue – however, it is estimated that smoking costs Norfolk far more, at around £872 million per year:

- £7 million as a result of house fires
- £239 million for social care due to smoking related conditions
- £30 million on hospital admissions and primary care services
- £596 million per year in productivity loss from the economy[28] including:
    - £136 million in lost earnings
    - £189 million due to smoking-related unemployment
    - £239 million loss to the local economy if people had switched their spending from tobacco to other products[29]
    - £31 million due to smoking related early deaths.

In Norfolk we have higher rates of hospital admissions related to smoking than England, indicating a potentially greater impact on health services in Norfolk when compared to the England average.

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[27] **ash.org.uk/resources/view/ash-ready-reckoner**

[28] Figures don't add up to £596 million due to rounding

[29] **Gross Value Added (GVA) ASH Ready Reckoner** – ASH

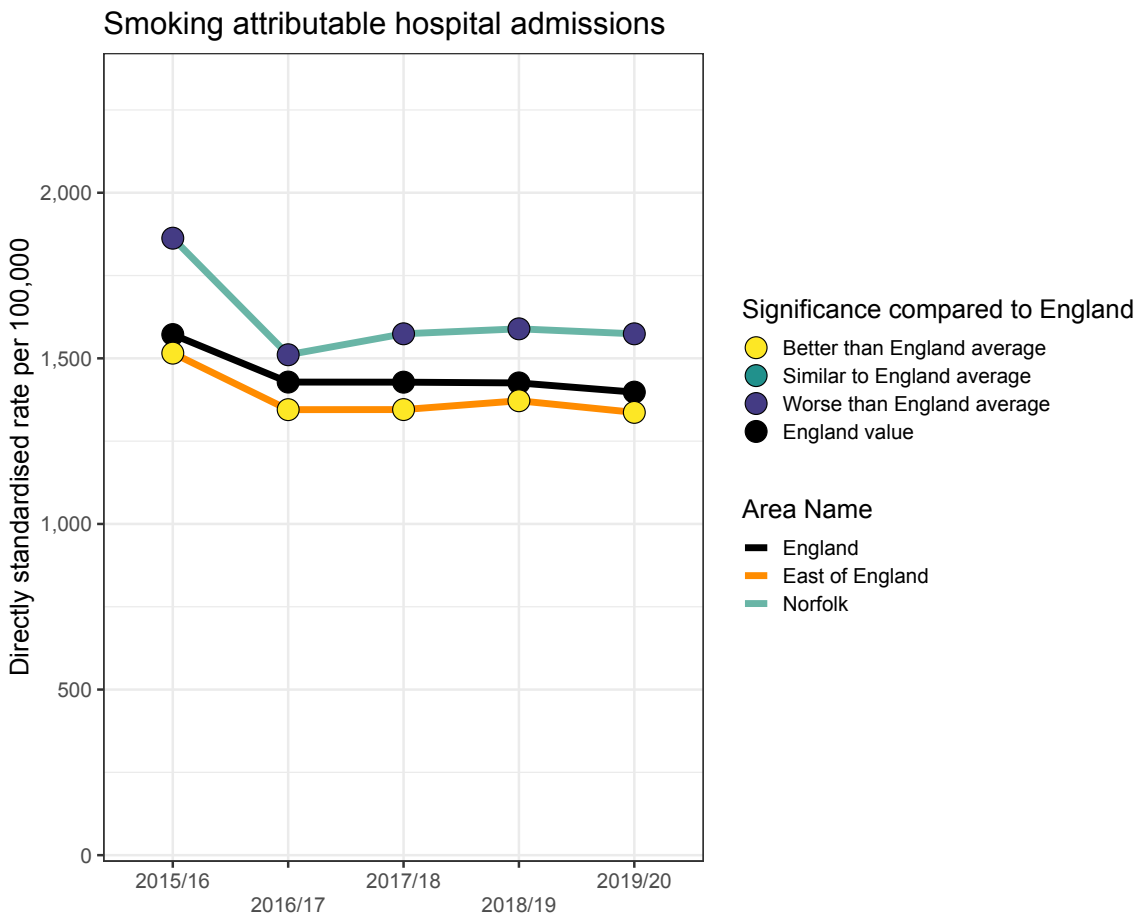

Figure 26: Smoking attributable hospital admissions over time. Source: Office of Health Improvement and Disparities using admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) – mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'.

Case Study

Help for inpatients to stop smoking at the 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 stop smoking support being offered directly in hospitals for inpatients. 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 parts 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 patients' 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.

Opportunities and benefits of reducing smoking in Norfolk

Over the longer term, rates of smoking have been decreasing, but there is still more we can all do to achieve a smokefree county. Below are examples of some of the opportunities and benefits that could be realised if we continue our joint working and focus:

If smoking were eliminated, we could eventually save future Norfolk generations around 1,240 lives per year.[30]

Smoking costs the average smoker around £3,100 a year.[31] If smoking were eliminated then around 16,500 less well-off households would be better off financially which could help them move out of poverty.[32]

Smoking results in over 10,000 hospital admissions each year in Norfolk.[33] If Norfolk had the same rate of admissions as the national average, that would result in around 1,130 fewer hospital admissions per year.

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[30] Office for Health Improvement & Disparities: Local Tobacco Control Profiles: Smoking attributable mortality (new method) 2017-19 directly standardised rate – per 100,000. [Accessed 05/02/2024] **fingertips.phe.org.uk** © Crown copyright 2023.

[31] **ash.org.uk/resources/view/ash-ready-reckoner**

[32] **ash.org.uk/resources/view/economic-and-health-inequalities-dashboard**

[33] Office for Health Improvement & Disparities: Local Tobacco Control Profiles: Smoking attributable hospital admissions (new method) 2019/20 directly standardised rate - per 100,000 [Accessed 05/02/2024] **fingertips.phe.org.uk** © Crown copyright 2023.

Eliminating smoking entirely would reduce cancer cases by around 15%.[34] This would mean that Norfolk and Waveney would see a reduction of over 1,100 cancer diagnoses per year.[35] Achieving the 2030 smokefree ambition of having fewer than 5% of the population smoke would prevent around 680 cancers per year across the system.

Norfolk has a higher than average rate of mothers who smoke during pregnancy. If Norfolk had the same rate of mothers who smoke during pregnancy as the national average, then 205 more babies would have been born smokefree in 2022/23. If Norfolk rates reduced to 5%, then around 480 more deliveries would have been smokefree, significantly improving the health of babies and children in Norfolk, as well as the health of their mothers.

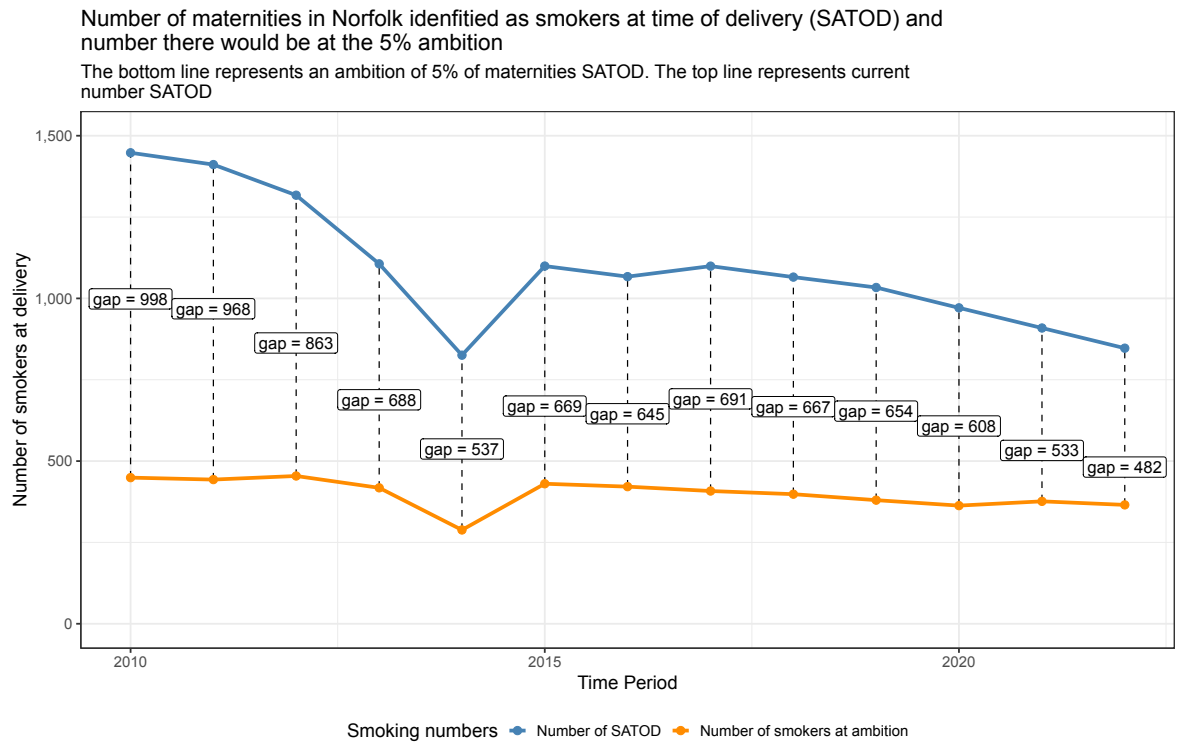

Figure 27: Number of deliveries that are recorded as smoking at time of delivery, and the number that there would be if only 5% of mothers were recorded as smokers, with the gap between the current and ambition over time. Source: Office for Health Improvement and Disparities based on the NHS digital Smoking at Time of Delivery data return.

[34] www.cancerresearchuk.org/health-professional/cancer-statistics/risk#heading-Two

[35] Cancer Services – Data – OHID phe.org.uk

Section 4
What next?

In 2024, organisations in Norfolk will intensify their efforts to tackle smoking and vaping – both dependency and take-up.

NCC Public Health plans to enhance free local stop smoking services by investing additional government funding in line with the goal of creating a smokefree generation. This will include supporting local organisations to train frontline staff to have effective conversations with people about their health and equipping them with techniques to help people to stop smoking.

The Norfolk Tobacco Control and Vaping Alliance will work together to implement the Norfolk Tobacco Control Strategy and vaping delivery plan.

NCC Public Health will promote swapping from smoking to vaping to help quit as a positive health move through prominent media campaigns and will continue to fund the provision of e-cigarettes in the main stop smoking service.

In hospitals, the **NHS** aims to expand smoking cessation options for patients, offering NHS funded tobacco treatment services to those admitted as acute, maternity or mental health inpatients.

NCC Public Health will continue to work with **Children's Services**, head teachers and other representative organisations to promote responsible messages on smoking and vaping and to work with young people to counter the rising trend of vaping among those who have never smoked.

NCC Trading Standards and Public Health will highlight the risks of illegal vapes, continue enforcement efforts and work with reputable retailers through information dissemination and exploring a trusted trader scheme.

Case Study

Trading Standards action on illegal tobacco and vapes

Norfolk County Council's Trading Standards team collaborates with Norfolk Police and district councils to enforce tobacco control laws. They conduct frequent operations, such as test purchases and inspections, prompted by intelligence indicating concerns about the sale of illegal products. Inspections during 2023 led to the removal of over 16,500 illegal disposable vapes from the market.

Tobacco search dogs are often employed to find hidden illegal cigarettes and hand-rolling tobacco. In a November 2023 operation, two premises in the county had 847 illegal vapes, 760 illegal cigarettes, and 950g of illegal hand-rolling tobacco seized. Both traders used concealment spaces to hide the products, which is a common practice.

Working in partnership with the Borough Council of King's Lynn & West Norfolk and Norfolk Constabulary, one of the businesses had a closure order issued against them through the Courts.

What we can all do

Helping achieve a smokefree generation and continuing to help eliminate smoking from society is something we can all contribute to.

Whether you...

- Are a smoker
- Are a professional who encounters people who smoke
- Are an employer
- Are a Norfolk resident
- Know someone who smokes

...there are things you can do to help Norfolk to become smokefree:

- Remember it's never too late to take action on smoking
- Remember that most people don't smoke
- Promote **Ready to Change** to family and friends, and share the **explainer video** with people you know who are looking to quit smoking
- Remember that free specialist stop-smoking support is available from **Smokefree Norfolk**, as well as some GP practices and pharmacies, for people who have found quitting by themselves difficult
- Remember that quitting smoking during and after pregnancy can help mothers and babies – and help is available from **Smokefree Norfolk**
- Remember that if you smoke, vaping is much less harmful, and swapping from smoking to vaping is a positive health move
- If you don't smoke, don't vape
- If you work with or know young people who might be smoking or vaping, have a look at the information from **Just One Norfolk**
- If you are part of an organisation working to improve the lives of your clients or patients, consider the free **Make Every Contact Count and Behaviour Change Training** for your staff offered by Public Health
- If you are an employer, consider smokefree workplace policies and signpost staff to **Ready to Change** and **Smokefree Norfolk**
- Be aware that the illicit trade of tobacco and vapes causes harm to individuals and society. If you are aware of traders selling illicit products, or selling tobacco or vapes to under 18s, please report them to Trading Standards via the **Citizens Advice Online Portal**
- Take action to reduce children and young people's exposure to smoking – whether at home, in cars, at school gates or anywhere else where children and young people congregate.

Section 5
Summary

Smoking, while decreasing over time, still causes too much harm and is a key cause of health inequalities in Norfolk. The good news is that there are steps we can all take to reduce the harm that smoking causes.

Smoking is addictive and it can be difficult to stop, but quitting smoking is one of the best things smokers can do to improve their health. Quitting is easier and more effective with support – free help to quit is available and increasing.

Vaping is much less harmful than smoking and can be a useful tool to help smokers to quit. However, the advice is: if you don't smoke, don't vape. There is a particular focus on children and young people to prevent them taking up vaping.

Organisations across Norfolk have prioritised smoking reduction and tobacco control and are working together to reduce smoking related harm to local residents. There are great opportunities for further action and achievement.

We all have a role to play in helping to achieve a smokefree county.

Acknowledgements

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Credits
Design: Tom Watson and Nina Brown
Images: Getty Images

More information

If you would like further facts and figures, you can find them here:

www.norfolkinsight.org.uk/resource-norfolk-tobacco-health-needs-assessment

and

www.norfolkinsight.org.uk/resource-norfolk-tobacco-health-needs-assessment-summary-infographic

Weblink for this report is **DPH Report 2023**

For help quitting smoking, visit Ready to Change **www.readytochange.co.uk**

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