

I am proud of how far I have come. I'm no longer hiding and ashamed.

It's not about being perfect, it's about making small changes that give me hope for the future.

Having someone listen without judging made me realise I don't have to keep going down the same path.

Contents

03	Foreword	11	Understanding the Harm in Southampton: Tobacco in Numbers
04	Introduction	12	Understanding the Harm in Southampton: Alcohol in Numbers
04	The local context	13	Key Southampton data
05	Treatment and support in Southampton	14	Common misconceptions about tobacco and alcohol use
<hr/>			
Real Stories			
<i>People who have stopped smoking tobacco</i>			
06	Interview 1 - JM: I feel like I've taken back control	15	Protecting Children & Young People
06	Interview 2 - Lee: Don't give up when things get tough	15	Mental Health
07	Interview 3 - GS: A wake-up call	16	Work to date
07	Interview 4 - Cassie: Difficult but worthwhile	16	Conclusions
<i>People who have stopped drinking alcohol</i>			
08	Interview 5 - Paul: Recovery that works	17	Recommendations
09	Interview 6 - Louis: A Blessing!	18	Director of Public Health Progress Report
10	Interview 7 - Ivy: Change is possible!	21	References
<hr/>			
		22	Acknowledgements

To get help with tobacco, alcohol (or drugs) go to [Southampton City Council - Tobacco, alcohol and drugs info](#)



Foreword



Dr Debbie Chase

As Director of Public Health, I've seen how tobacco and alcohol can deeply affect individuals, families, communities, and our city. This year's report is different to the way previous years' reports have been presented. It shares important data but the emphasis here is on providing a platform for the inspiring voices of seven people who have made remarkable changes in their lives. They've become smokefree, stopped drinking alcohol, and remind us that recovery is achievable with the right support. Their stories are heartfelt, hopeful, and truly touching.

I want these stories to stay with us. Let them challenge our assumptions, inspire our actions, and remind us that addiction is not a choice but usually a response to trauma, stress and inequality. Most people who smoke or who drink a lot also face other difficulties: poor health, financial strain, and complex life experiences. That's why our approach must be compassionate and accessible to everyone. We cannot leave anyone behind.

I hope this report inspires action not only within our public and voluntary sector institutions but also in our everyday lives. We all have a part to play in making Southampton a city filled with hope and good health. Let's celebrate each person who takes a step towards recovery. Let's work together to challenge stigma, highlight personal stories, and focus our efforts on creating a city where prevention, support, and recovery are shared priorities, ensuring everyone has the chance to live well.



Councillor Marie Finn

Southampton is a city built on resilience, community, and care. However, like many places we face the challenges of tobacco and alcohol harm. This report reminds us that behind every statistic is a person, someone who may be struggling, but who can also recover with the right support. I'm proud that our city is committed to providing that support and to celebrating every person who stops smoking or changes their drinking.

Most people in Southampton do not smoke or drink more than national health guidance. However, we must not forget the people who are most affected. Significant health inequalities still exist. That's why we need to continue to invest in services and in healthy public spaces. Whether through policy, community efforts, or simply showing understanding, there is more we can all do to support one another.

This report is a call to action. It demonstrates that recovery is achievable, and with dedication, we can make Southampton a healthier, fairer place for everyone.



Introduction

This report outlines tobacco and alcohol-related harm in Southampton, as well as how people are recovering from these issues.

It focuses on the experiences of people who have used the services we commission to quit smoking or regain control of their alcohol consumption. They share how they have changed their lives, the support they received, and what they want service providers and funders to know. These examples show that it is never too late to seek help and that change is possible, with support, even in the most challenging circumstances. The report focuses mainly on adults this time. Tobacco and alcohol have a huge impact on children and young people too.

The report summarises important data and describes our approach to support and treatment. It also offers recommendations for what more we can all do – for ourselves and as family, friends, residents, and in the places where we train, study, or work.

We want this report to be easy to read, so it is fairly short, and statistics are rounded to whole numbers.

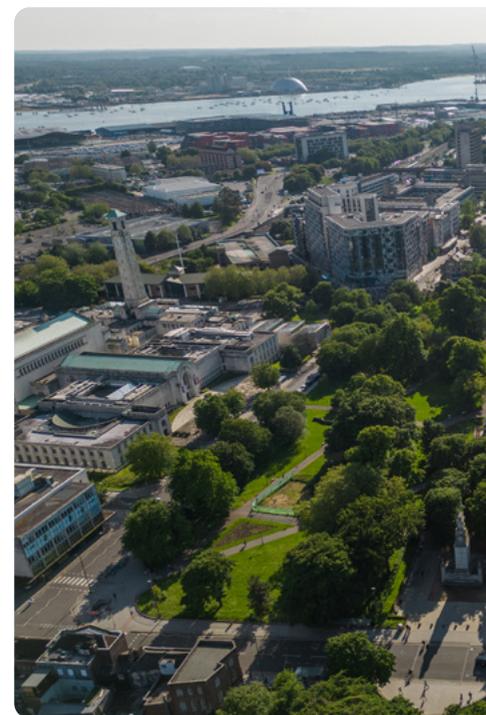
This report does not cover everything to do with tobacco, alcohol and health, or all the prevention and treatment work that is happening locally. That would be a far bigger report and risk crowding-out the real stories from local people presented here. More data, including recent, detailed needs assessments are available from [SCC Data Observatory - Health](#).



The local context

This section provides basic information, to put the interviews in context.

About 265,000 people live in Southampton. **Everyone benefits from stopping smoking or making sure they drink no more than 14 units of alcohol a week – or none at all during pregnancy or if advised by a health professional¹.**



Many people in Southampton have complex health needs. **1 in 5 local adults reported being disabled in the 2021 Census, using the legal definition². In 2021:**

- Over half of people aged 40-44 had at least one chronic health condition
- Almost a third of people aged 80 to 84 years had at least 6 conditions.
- People living in the most deprived neighbourhoods were twice as likely to have 3 or more chronic health conditions before they were 40 years old than people living in the least deprived neighbourhoods³.

Many chronic health conditions are caused by or made worse by tobacco and alcohol. These numbers also show what people are coping with when they try to change their smoking or drinking.

¹ [Alcohol units - NHS](#). Accessed 13/10/25.

² [Southampton Data Observatory - Supporting Adults](#). Accessed 13/10/25.

³ [Southampton Data Observatory - Chronic condition projections](#). Accessed 13/10/25.



Treatment and support for adults in Southampton

Southampton City Council (SCC) funds tobacco and alcohol treatment services in Southampton, including Southampton Smokefree Solutions, Change Grow Live and No Limits.

Southampton Smokefree Solutions (SSS) provides an evidence-based stop smoking programme. It combines behavioural support for eight weekly sessions and whatever a person prefers to use of medication like varenicline or cytisinicline, nicotine replacement products (gum, sprays or patches) and/or vapes. This support is offered either by phone or face-to-face at community venues and pharmacies. Southampton City Council also funds help to stop smoking in GP surgeries and the University Hospital Southampton.

For people experiencing alcohol-related problems, help is provided by a range of organisations that work together:

- Change Grow Live (CGL) for adults aged 25 years old or older. This includes an Alcohol Telephone Line, which offers one-to-one sessions, typically six to twelve appointments per person. This is known as “Extended Brief Interventions” by health care staff.
- No Limits supports young people up to the age 25 years. They work closely with Family Hubs and the Multi-Agency Safeguarding Hub.

- PSL helps people who are supporting anyone in treatment for alcohol problems. PSL was previously known as Parent Support Link, but you do not have to be a parent to receive help from them.
- Employment support is provided through the SCC Individual Placement and Support (IPS) Drug and Alcohol Employment service.
- For people who need it, residential detoxification and rehabilitation placements are arranged by CGL.
- Clinical care is enhanced by the NHS Alcohol Care Team, a Consultant led team of specialist alcohol nurses, at University Hospital Southampton. Two alcohol workers from CGL link hospital patients with community services. The Alcohol Care Team is commissioned by the Hampshire and Isle of Wight NHS Integrated Care Board (ICB).

Our services are working well. For 2024/25, 786 people stopped smoking for at least 4 weeks⁴ and more than 480⁵ people were in treatment for alcohol use disorders. Importantly, services are commissioned to reduce health inequalities and to ensure that no one is left out. The NHS also funds treatment in GP practices and hospitals.

The Council, the NHS and other local organisations also run tobacco and alcohol awareness campaigns, including information on free NHS apps and online tools.

In the next section, we summarise the interviews with seven people who recently used local services. Drawing on their own experiences, they share examples of the treatments they used, describe how hard they found it to ask for help, how supportive services were and what they now enjoy about their lives.

We approached services for volunteers to speak with us. We spoke with 5 people and received written quotes from 2 further people. All are presented here. The volunteers are of different ages and ethnicities and describe a range of treatments and experiences. This is important feedback and a way to ensure people’s experiences are heard by the audience of this report. It is not formal research and the interviews do not cover everything that people experience, but they shine a light on many key issues.



Drug and Alcohol Support Service

Southampton



It can be dangerous for people who are alcohol-dependent to suddenly stop drinking

[Explore your alcohol treatment options](#)

⁴ [Statistics on Local Stop Smoking Services in England April 2024 to March 2025 - Data tables - NHS England Digital](#). Accessed 19/10/2025.

⁵ NDTMS – [National Drug Treatment Monitoring System](#) – accessed 14/10/2025



Real Stories - People who have stopped smoking tobacco

JM: I feel like I've taken back control

I'm JM, 53 years old, and I smoked 20 cigarettes a day for 37 years. For me, smoking was mostly about stress, and it was my go-to coping mechanism. I'd tried quitting a few times before, but I never got past a few days. I'd get restless, have vivid dreams, and just couldn't stick with it. But this time was different.

I finally quit in June 2025 using Varenicline, and honestly, it wasn't a struggle. I didn't get the dreams, didn't feel agitated, I just felt ready. Ever since I finished the course, I've never felt like I needed a cigarette. Just yesterday, my friends said,

“Out of all of us, you were the last person we thought would quit.” That really hit home.

I did it for my kids because I want to be around to see them grow up. And now, I feel like I've taken back control.



Lee: Don't give up when things get tough

Hi, I'm Lee. I work at Patrick House, three days on, three days off. I've got a young family, and I'm big into scooters. I upgraded recently, actually! But for most of my life, I was stuck in a cycle of smoking. I started young, and every time I had a drink, I'd reach for a cigarette. That habit turned into addiction. I must've tried quitting 50 times or more. It was an exhausting Start, stop, start again cycle. As I got older, quitting got harder. I even put on excess weight, couldn't sleep, and was out of breath all the time. I knew it was the cigarettes, but I just couldn't stop. I felt physically and mentally weak trying to gain control. Whenever I felt the urge to smoke, I'd go out, buy another pack, even though I knew it was hurting me. I was spending £20 a day on cigarettes, sometimes even more, buying dodgy ones for cheaper. It was costing me so much including my health and my pocket (money).

One day while at work, I asked Kris who offers support to our residents,

“Can I try a vape?” He said, “Go for it.”

That was the turning point for me. At first, when I was trying to adjust to the alternative, I was puffing on the vape constantly. I didn't know what I was doing, what strength to get or what to ask for to help me gain control. I had my doubts, and I didn't even believe vaping would work and help me quit. But I stuck with it as they advised me. Slowly, my body started adapting to the lowered nicotine levels.

Now I only pick it up when I feel I need to. I don't drink any more either. Before, smoking and drinking went hand in hand, but since I stopped smoking, I also decided to quit drinking alcohol.

It wasn't all smooth. I didn't know what to ask for in vape shops, and sometimes the staff didn't either. I ended up buying the wrong stuff a few times. But I had support – my wife secretly lowered my nicotine dose, and I didn't even notice! Friends and colleagues helped too. When I reached for a cigarette, they'd say, “Don't do it.” That made a difference.

I am proud of how far I have come. When I started the controlled nicotine therapy (vaping), it helped me breathe better, sleep better, and feel more like myself. I now walk everywhere, go to the gym, and I don't smell like smoke. My clothes aren't burnt, my teeth aren't stained, and my daughter doesn't have to see me with a cigarette. That means a lot. I've lost weight, gained more energy, saved a lot of money and I just bought a house. I'm no longer hiding and ashamed, I'm just living.

If you're thinking about quitting, here's my advice: Don't give up when it gets tough. The withdrawal is rough – choppy, like I said. Emotionally up and down. But vaping softened the blow. It's not perfect, but it's better than smoking. If you need to vape in the middle of the night, do it. Just keep going. Keep it charged, keep it close, and keep puffing until you don't need it anymore.



I'd also say to the people running or offering services – Be there.

A lot of people I work with rely on appointments and support. If you say you'll be there, be there. And make sure vapes are available, and people understand their options. People would rather vape than pick up cigarette butts off the street. That support really matters. If my story helps even one person take that first step, then it's worth sharing.



Real Stories - People who have stopped smoking tobacco

GS: A wake-up call

I'm GS, 66 years old, and I smoked 15 cigarettes a day for 57 years. I started smoking when I was just 9, mostly because of stress, and it slowly became part of my everyday life. But in recent years, my health really started to suffer. I was diagnosed with COPD⁶ and ended up in hospital with pneumonia. That was a wake-up call.

I wanted to quit for my family, and in December 2024, I finally did...

...using a combination of nicotine replacement therapy: patches and Quickmist.

Although it hasn't been easy and there have been times I've fancied a smoke, I've not felt I needed one. If I do start to feel like a cigarette, I just use the spray and it helps. I kept the spray in my pockets the same way I did with my tobacco. I was really surprised how much my smell improved. Taste, too. My sleep must be improving as I wake up feeling a lot less tired.



⁶ COPD – Chronic Obstructive Pulmonary Disease

Cassie: Difficult but worthwhile

My name's Cassie and I'm Nico's mum – that's how I see myself first these days. When I found out I was pregnant with him, I knew straight away, no more smoking. I'd quit during my other pregnancies too, but this time felt different. I didn't just want to quit for the pregnancy, I wanted to quit for good. I wanted my son to breathe clean air, to grow up without second-hand smoke around him. Even his dad started smoking outside, changing clothes, and washing his hands. Eventually, he quit too.

The journey wasn't easy. The hardest part was breaking the routine, especially during those moments when I'd normally light up a cigarette, like after eating or first thing in the morning. But having Nico gave me something else to focus on. He became my reason, my distraction, my strength to keep going.

I found support through a local service within my local family hub. I met Panpradab (SSS practitioner) at a baby group and almost didn't speak to her. But I told myself, "Just do it." That decision changed everything. The one-to-one support I got was incredible. I could talk openly, cry if I needed to, and admit when I was struggling. At one point, I even had a slip-up and started smoking again for a short time when life got overwhelming. But I went back, got help, and got back on track.

Since quitting, I feel healthier. My asthma's improved, and I don't worry about holding Nico with smoke on my clothes or breath.

I'm proud, really proud of sticking to it. I never used to praise myself for the small things, but now I celebrate every win. Even if it's just treating myself to an ice cream or watching something I haven't seen in ages.

I've noticed that my journey has influenced others. People around me smoke outside now without being asked. They've seen the change in me and made changes themselves. But I know asking for help can feel shameful, especially if you've tried quitting before and didn't succeed. My simple advice is Don't be afraid to ask again. Support is out there, and it works. Talk to someone. Share your story. Let people help you.

To those making decisions about services like these – please keep them going. Make them visible. People think it's just patches or pills, but vaping was what worked for me. Having an option matters, and having someone kind, consistent, and non-judgmental to talk to is even more important. That made all the difference.

If I had to describe my journey in one phrase, it would be: Difficult but worthwhile. It wasn't plain sailing, but I'm healthier, happier, and more confident now. And most importantly, Nico gets to grow up in a smoke-free home – with a mum who's proud of herself.



Real Stories - People who have stopped drinking alcohol

Paul: Recovery that works

My name is Paul, and I'm proud to say I'm in recovery from alcohol dependence.

For years, I lived in a cycle that robbed me of my health, my dignity, and my ability to be present for the people I love.

I couldn't keep a job. I couldn't walk properly. I couldn't even make it to the toilet without help. I was physically there in my home, but emotionally absent. I didn't have a relationship with my children. My distant relatives laughed behind my back. I became the silent joke in the family because I was the one who couldn't get it together.

The stigma around accessing support is real. In some communities like mine, it's even more complex. People suffer quietly, afraid to ask for help, afraid of being judged and subsequently lose their friendships. I was one of them. I didn't want to be seen walking into a recovery service. I thought people would label me, shame me, or give up on me.

But I reached a point where I couldn't go on. I had multiple seizures. I was hospitalised in the ICU and had a near-death experience. Doctors told my wife to prepare for my funeral. That was the moment everything changed. After I was discharged, the doctors referred me to Change Grow Live (CGL).

When I finally mustered the courage to walk into CGL, they didn't just offer me support, they also gave me a lifeline. They saw me as a person, not a problem. They welcomed me, even when I was disruptive and struggling to cope with the process. They gave me tools to cope with the changes, have structure, and hope for a future.

With their help, I started showing up. I changed my work pattern so I could attend recovery groups.

I learned to listen, reflect, and rebuild.

I went from being unable to hold down a job to working as a security officer, and it's a role I'm very proud of. I've paid off my debts. I can afford to feed my family, support my children, and be the father they deserve. My daughter now walks beside me, holding my hand, proud to be seen with me. That's something I never thought I'd have again. I've regained my dignity. I've rebuilt trust. I've found peace. I'm no longer just surviving but living with purpose.

To anyone struggling: You are not alone. Once you accept within yourself that you need help, reach out to someone and ask for help. Asking for help is not a weakness, it is courage. Recovery is possible. But it takes support, compassion, and services like CGL that meet people where they are.

**To decision-makers:
please keep funding and
expanding these services.**

Without them, I wouldn't be here. My family wouldn't be whole. My story is just one of many. There are countless others who need a chance. I would describe my journey as "Recovery that works" because it has given me a second chance at life.

I got this gift for free. Now I give back by sharing my story, referring friends in my community and holding the banner for recovery. Because everyone deserves the chance to come back to life.



Real Stories - People who have stopped drinking alcohol

Louis: A Blessing!

My name's Louis. I'm in my 50s, and for most of my life, alcohol was just part of the background. I grew up in the pub trade, my dad was a publican, so drinking was a normal social activity. It was part of the culture, part of the routine. I didn't think I had a problem. I thought it was just social.

But after 30 years of drinking, I hit a wall. I was tired of waking up and apologising for things I couldn't remember. Tired of feeling ashamed, anxious, and stuck in a cycle I couldn't break. I realised I wasn't just drinking for social activity, I was dependent. And I needed help. My wife had been urging me to get help, and I finally started to listen.

Walking into CGL was one of the hardest things I've ever done. As a local, I'd driven past the building countless times, seen people outside, and thought, "That's not for someone like me." I worried about being judged by people who knew me. But I reached a point where I had to ask myself: what matters more. Was it what people think, or my recovery? After close reflection, I chose recovery and attended my first appointment at CGL.

Inside, I found people who understood. No judgement at all, just support. My recovery worker had lived experience, and even though his journey was different, he understood. That gave me hope. He also offered to speak with my wife, who was struggling to understand why I couldn't "just stop" drinking. That conversation helped her see that addiction isn't only about willpower; it is complex, and stopping suddenly can be dangerous. That support made a huge difference for both of us.

I started attending groups, choosing the ones that resonated with me. I showed up, listened, and learned. Luckily, I didn't need detox or rehab. I found my way through consistency, honesty, and the right support.

One of the most eye-opening moments was filling out a diary. I thought I was having a couple of glasses of gin, but when I saw the actual units, it hit me hard. That was a key turning point. I realised how much damage I was doing to myself.

I made a tough decision and left a higher-paid job, and I am now working as a recovery worker because I believe in helping others find meaning. I've regained my family. I'm mentally present and notice things I used to overlook. I've started going to the gym. I sleep better. I feel healthier. When I look in the mirror, I see someone I'm proud of. I've also inspired others. People I met in groups saw my journey and started asking how they could volunteer, how they could stay on track. That's the power of lived experience because it shows people what's possible.

If you're someone who's unsure about asking for help, I'd say this: how much do you want your life back?

Because addiction doesn't just take your health, it also takes your time, your relationships, your peace of mind. And the longer you wait, the harder it gets. But there is a way out. I've lived it.

To those who fund and commission services like CGL: please keep going. These services save lives. Weekends are especially tough and more support during those times could make a huge difference. And recovery workers need manageable caseloads to give people the time and care they deserve. I hope to get the opportunity to support more people within Southampton.

If I had to sum up my journey in one word, it would be: Blessing

because I didn't think I'd be here today. But I am. And I'm ready to help others find their way too.



Real Stories - People who have stopped drinking alcohol

Ivy: Change is possible!

I've lived in Southampton since the early 1980s. I'm a mum, a grandma, and someone who spent over two decades relying on alcohol to get through their day. It started slowly, but over the years, it became my way of coping with everything especially grief, stress, sadness, and the weight of life. I didn't realise how much I was struggling until I couldn't face a day without it.

There were mornings I'd wake up and promise myself, "Not today."

But by evening, I'd be drinking again. I felt like I was stuck in a loop of feeling ashamed, guilty, and exhausted. I didn't want to feel that way anymore. I didn't want alcohol to be the reason I missed out on time with my grandchildren or the reason I couldn't be honest with my children.

Depression was a big part of my story. I'd been to the doctor many times over the years, always for low mood, but it took me a long time to admit that alcohol was part of the problem. When I finally accepted, the hardest part was saying out loud, "I need help. I can't stop drinking." I finally reached out to my GP, who suggested I refer myself to CGL for support. I was scared. I didn't know what to expect. But walking through those doors was the beginning of hope for me.

The support I received was incredible. The range of support groups, the one-to-one chats, the tools... They helped me understand why I drank and how to manage my emotions in healthier ways. I learned about boundaries, values, and unmet needs I hadn't even realised I had. I started to see myself differently, not as someone broken, but as someone healing.

My children were amazing. They stood by me, supported me through detox, and reminded me I wasn't alone. My in-laws and wider family also showed up in ways I didn't expect. Their encouragement gave me strength, especially on the days I doubted myself.

Now, I'm back to work. I've started reading again, watching films, and enjoying the simple things like walking to the bus stop and feeling proud of myself. I sleep better. I feel physically and mentally better. I'm present with my family. I'm no longer hiding behind excuses or shutting the door on the world.

To anyone out there who's struggling: you don't have to wait until you hit rock bottom.

You don't have to go through it alone. There is help, and it works. You just have to take that first step.

To those who make decisions about services like CGL: please keep them going. Make them more visible. Break the stigma. People need to know that support is out there before it's too late.

I'm still on my journey. I still need my groups. But I'm proud of how far I've come. I'm proud of who I'm becoming. I started off anxious, frightened, nervous and apprehensive, but here I am - better and on a positive journey. I want others to know that it's possible. You can come back from the darkest places. You can find yourself again.

The heartfelt stories highlight some of the challenges people face on their journey. They emphasise the various reasons that drive individuals to use tobacco or alcohol.

These stories also remind us of the importance of several funded services and support structures in someone's recovery journey.

Some participants also shared their experiences of a double burden of physical and mental health issues, and that they had previously struggled with suicidal thoughts because of the different challenges associated with addiction. The people interviewed here about alcohol all chose to stop drinking alcohol. Services also support people to reduce drinking instead, if they are physically well-enough to still drink.

⁷ If you are affected by the themes in this report, such as suicide, support is available. Call Samaritans (116 123)/ NHS 111 OR Text "SHOUT" to 85258



Understanding the Harm in Southampton

Tobacco and Alcohol in Numbers

This section looks at some of the main data we have on use and harm across the city.

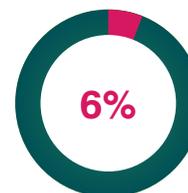


Tobacco

We have seen a steady decline in smoking rates nationally within the last decade. **In 2014, 1 in 5 adults in Southampton smoked. In 2023, it was 1 in 7 adults (14%).** This is slightly higher than the England average, and a further 21% of adults were ex-smokers⁸.

There are large inequalities. For example, **2022/23 data shows that nearly 25% of people in Southampton who smoke have long-term mental health conditions.** This is a stark reminder of the link between addiction and distress.

The consequences of tobacco are far-reaching. Two of every three people who smoke die early, often after years of disability, from the cancers and respiratory and cardiovascular diseases caused by tobacco. Tobacco is a leading cause of cardiovascular disease (e.g. heart disease, strokes), respiratory disease including chronic obstructive pulmonary disease (COPD), and most cancers, especially lung cancers⁹. **People who smoke are 25 times more likely to develop lung cancers in comparison to people who do not.**



In 2019/20, approximately 2,065 people in Southampton were admitted to hospital due to tobacco-related illnesses. Locally, residents spend an estimated £67m a year buying tobacco. **Tobacco dependency and use goes on to cost the city an estimated £229 million each year in healthcare, lost productivity, and social care.**

Nationwide, about 60% of people who smoke want to quit, with 10% aiming to stop within the next three months¹⁰. Around half of people try to quit through willpower alone – which we know is the least effective way. People who get support and treatment are three times more likely to be able to stop smoking for good¹¹.

The most effective way to stop smoking includes swapping to something less harmful in the short term (“pharmacotherapy”), as well as to work with an advisor to help to plan ahead and to stay motivated if we relapse. **Locally, 70% of people using our services to stop smoking chose to use nicotine replacement therapy (patches, spray, gum), 13% chose to vape and 11% chose to use medication.** Some people chose more than one type of aid¹².

The number of pregnant people who smoke continues to fall. **In 2024/25, 6% of people were still tobacco-dependent at the time of delivery⁸.** The rates for each neighbourhood mirror how deprived or affluent the area is. Smoking in pregnancy increases the risks of miscarriage, premature birth, still birth, low birth weight and other neonatal complications.

⁸ Smoking Profile - Data | Fingertips | Department of Health and Social Care. Accessed 19/10/2025.

⁹ Smoking, tobacco and cancer | Cancer Research UK – Accessed 14/10/2025

¹⁰ Health Matters: Stopping smoking – what works? – UK Health Security Agency – Accessed 14/10/2025

¹¹ NHS stop smoking services help you quit - NHS. Accessed 13/10/25.

¹² Internal data for April 2024 to March 2025. 1,837 set a quit date with commissioned services.



Understanding the Harm in Southampton

Alcohol

Alcohol is another major contributor to poor health in Southampton. National guidance says:

“The UK Chief Medical Officers (CMOs) advise that to keep the risk from alcohol low, adults should not regularly drink more than 14 units of alcohol per week. Alcohol adversely affects health in a range of ways and there is no definitively ‘safe’ lower limit - no level of regular alcohol consumption improves health. There is a significantly increased risk of oral cancers among drinkers, particularly when combined with smoking or any form of tobacco use. These behaviours are linked - it is therefore important to recognise that drinking alcohol during an attempt to stop smoking can potentially reduce the chances of effectively quitting and this needs to be considered carefully.”¹³



Nationally, alcohol dependency is the leading risk factor for early mortality, ill health and disability among 15- to 49-year-olds in England, and in 2020, **1 in 3 of all alcohol-specific deaths occurred in the most deprived 20% of the population**, widening health inequalities¹⁴.



Around 1 in 5 (20%) adults nationally do not drink alcohol¹⁵, with the remaining being lower, moderate or higher risk drinkers¹⁶. Excessive alcohol consumption has devastating effects. In 2019/20, an estimated 5,923 adults in the city were alcohol-dependent, and nearly 90% were not in treatment funded by the NHS or Southampton City Council. There are higher rates of admissions episodes for alcohol-related mental and behavioural disorders, especially among men. Sadly, as our contributors said, people can feel too ashamed to get help.



Hospital admissions for alcohol-related conditions stand at 6,638 admissions in 2023/24, well above the national average. These admissions include treatments for liver disease, alcohol poisoning, and injuries sustained while intoxicated. The figures also include a share of other illnesses which are caused by or made worse by alcohol. For example, nationally, alcohol accounts for 1 in 10 cases of breast cancer¹⁷.

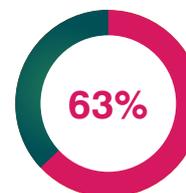


Locally, 106 people died from alcohol-related illnesses or injuries in 2024.

This is slightly fewer people than in 2023, but the number of alcohol related deaths has increased in most years since 2019, and our rate is above the national average for England¹⁸.



Local data shows that men are twice as likely as women in Southampton to be admitted to hospital for alcohol specific health issues, increasing to 3 times more likely for broadly categorised alcohol-related issues. Hospital admissions for alcohol are highest for people who live in Bargate, Bevois and Redbridge, which are more deprived areas than other parts of the city. People on a low income do not necessarily consume more alcohol than people from more affluent areas. Instead, the increased risk of harm is likely due to the combination of multiple risk factors which cluster with poverty.



Of all the adults in treatment for alcohol-related conditions, nearly 63% smoke¹⁹. This percentage is worse than the England average and the worst among cities comparable to Southampton. Smoking and/or drinking a lot can make poverty worse. Nationally, people who smoke and drink spend an average of £3,500 per person per year on buying tobacco (including illicit tobacco) and alcohol.

¹³ Chapter 12: alcohol - GOV.UK. Accessed 13/10/25.

¹⁴ NHS England - Alcohol dependency programme Accessed 19/10/2025

¹⁵ Health Survey for England, 2022 Part 1: Data tables - NHS England Digital

¹⁶ Alcohol statistics | Alcohol Change UK

¹⁷ How does alcohol cause cancer? | Cancer Research UK. Accessed 13/10/25.

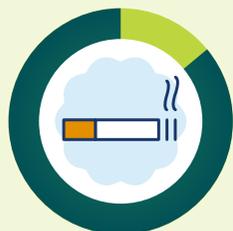
¹⁸ Alcohol Profile - Data | Fingertips | Department of Health and Social Care. Accessed 20/10/25.

¹⁹ Southampton Data Observatory - Smoking. Accessed 14/10/2025



Key Southampton data

Tobacco²⁰



14%
of adults in
Southampton
smoke
(2023/24)



24%
of adults with
long-term mental
health conditions
currently smoke
(2022/23)



23%
of adults (18 - 64)
working in routine
and manual
occupations
currently smoke
(2023/24)



2,065 people
(1,900 per 100,000)
are admitted to
hospital because
of the effects of
smoking (2019/20)



People spend
£67 million
per year on
buying tobacco



It costs
Southampton City
£229 million
a year to address
the harms caused
by smoking



17,483 (25%)
people who
smoke live in
the 20% most
deprived areas²¹

Alcohol²²



51,800 adults
in Southampton
drink more than
14 units
of alcohol a week



8,200 people
(of the 51,800) are
aged between 55
and 64 years old



5,923 adults
(29.4 per 1,000)
in Southampton
are alcohol
dependent
(2019/20)



5,153 (87%)
of people with alcohol
dependence are not in
the treatment services
funded by the Council
(England 77%)²³
(2023/24)



6,638
(3241 per 100,000)
people admitted
to hospital for
alcohol-related
illness (2023/24)



1,536
(712 per 100,000)
people admitted
to hospital for
alcohol-specific
illness (2023/24)



106
(53.5 per 100,000)
deaths related to
alcohol harm
(2024)



About 1,700
children under 18
in Southampton
live with an adult
who is dependent
on alcohol (2019/20)

²⁰ Southampton Data Observatory - Smoking – Accessed 20/10/2025 [Smoking Profile - Data | Fingertips | Department of Health and Social Care](#)

²¹ This figure is based on the England deprivation quintile

²² Southampton Data Observatory - Alcohol – Accessed 20/10/2025 [Alcohol Profile - Data | Fingertips | Department of Health and Social Care](#)

²³ [NDTMS - Viewlit - Adult](#) – Accessed 14/10/2025

Common misconceptions about tobacco and alcohol use

There can be the assumption that adults who smoke or who drink a lot are making a “lifestyle choice”.

This is simply not true.

As described in the [SCC Tobacco, Alcohol & Drugs Strategy 2023-28](#)

Use of tobacco and/or alcohol often starts in childhood or as young adults, before we can fully understand or judge the immediate and long-term risks, and when we may be more influenced by the significant people in our lives and marketing.

Tobacco and alcohol can seem like they make us feel better. This can be very compelling when we’re stressed, tired, shy or lonely. But they actually make us feel worse biologically, through cravings, low mood and/ or anxiety. Withdrawal symptoms, including the way they affect our brain, can make it difficult to reduce or stop using them.

For many people with tobacco and/or alcohol dependence and higher-risk use, it is a symptom of other problems, such as mental ill health, abuse, grief, loss and other trauma.

These difficulties can make it very difficult to limit, reduce or stop using, without help, and sometimes even with help.

Many people who smoke or who have alcohol-related issues feel ashamed. It can take courage to seek help. Any judgement from family, friends or services would further put people off getting help.



It can be dangerous for people who are alcohol-dependent to suddenly stop drinking

[Explore your alcohol treatment options](#)

Other common myths include:

“Just a few cigarettes a day won’t hurt.”

Even light smoking considerably raises the risk of heart disease, cancer, and stroke.

“Light or low-tar cigarettes are safer.”

There is no such thing as a completely safe cigarette. ‘Light’ labels can be misleading, and vaping is not without risks.

“Nicotine causes cancer.”

Nicotine is addictive but not the primary cause of smoking-related illnesses.

Misunderstanding this causes people to avoid safe treatments like nicotine replacement therapy (NRT), which is effective and approved for use.

“Once a smoker, always a smoker.”

Many people successfully quit smoking with the right support—quitting is possible at any age.

“Passive smoking is just a nuisance.”

Second-hand smoke is deadly, especially for children and non-smokers exposed regularly.

“Only daily drinkers have a problem.”

Binge drinking or irregular heavy drinking can be equally harmful and raises the risk of injury and long-term health complications.

“High alcohol tolerance means you’re less affected.”

Tolerance masks the signs of intoxication but doesn’t reduce the harm alcohol causes internally.

“Only men drink at harmful levels.”

While men are more likely to go beyond recommended limits, many women are also affected. Stigma might stop them from seeking help.

“If people want to quit, they will.”

Quitting is hard without support. Evidence shows people are more likely to succeed with help from services, medication, and community backing.

These beliefs not only misrepresent the science behind substance dependence, but they may also perpetuate stigma.

They imply that individuals who struggle with addiction are weak, irresponsible, or morally flawed. This stigma can prevent people from seeking help, isolate them from their communities, and undermine their recovery or progress towards taking control of their lives. Tobacco and alcohol harm is associated with deprivation and poverty. If it was truly a choice, the harm would be evenly distributed throughout society.



Protecting Children & Young People

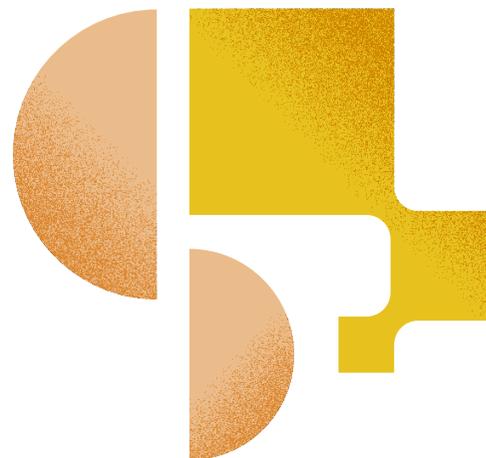
Tobacco and alcohol can affect not only the person using them, but also their children and future generations.

When someone smokes or drinks during pregnancy, it can harm the baby's development, leading to long-term health problems. These substances may change how genes work, which can affect children later in life. One of the biggest risk factors for smoking or harmful drinking is growing up in a household where people drink at harmful levels or smoke. Nationally, there are 1.8 million households with children where someone smokes. In 2019/20, research showed that an estimated 1,660 to 1,752 children in Southampton live with an adult who is dependent on alcohol²⁴. These children are at increased risk of neglect, emotional trauma, and future substance harm.

Research (HBSC report²⁵/ NHS Digital) shows a clear downward trend in smoking and alcohol use among young people under 18 nationally. Fewer adolescents are using cigarettes or alcohol compared to previous decades, with regular smoking among 15-year-olds now at historically low levels. Similarly, the proportion of young people who have ever consumed alcohol has declined, reflecting successful public health efforts and changing social norms. However, while fewer young people are drinking, those who do are more likely to engage in heavy or risky drinking behaviours, with a notable increase in regular alcohol use and heavy episodes of drinking among older teens.

Similarly, vaping is an equally growing concern. The number of young people experimenting with or regularly using vapes has risen sharply, with nearly one in five 11–17-year-olds having tried vaping. Research so far shows vaping is a safer alternative to smoking, but it also highlights the significant risks to young people, including nicotine addiction and potential harm to developing lungs and brains. The long-term effects of vaping for people of all ages are still unknown, and its increasing popularity among young people represents a new and evolving public health challenge. It is even riskier for young people who use illicit vapes.

We provide resources, guidance and updates for education and youth settings about tobacco, alcohol and drugs, including novel nicotine products. This is in line with the Department for Health statutory guidance on relationships and sex education (RSE) and health education²⁶. We also fund a dedicated alcohol (and drugs) service for young people aged up to 24 years old and Southampton Smokefree Solutions supports young people with quitting smoking and vaping too.



Mental Health

Tobacco and alcohol harm disproportionately affect vulnerable people, including people who are homeless, people with severe mental illness, and other people who experience social exclusion.

There is a strong relationship and correlation between each of tobacco, alcohol, depression and deprivation. Depression is 1.6 times more common among people from deprived areas. Tobacco dependency and alcohol also worsens low mood and anxiety. People with severe mental health conditions who stop smoking can go on to need lower levels of psychiatric medication, with fewer side-effects.

There is not much research on whether people who are neurodiverse, including autism or ADHD, are at more risk of harm from tobacco or alcohol. The Council is part of the South East Smokefree Alliance which is planning to review the research literature further.

²⁴ [Parents with problem alcohol and drug use: Data for England and Southampton, 2019 to 2020](#)

²⁵ HBSC – (W.H.O) Health Behaviour in School-aged Children report - [Substance_use_factsheet_final.pdf](#)

²⁶ [Relationships and sex education \(RSE\) and health education - GOV.UK.](#)



Work to date

Southampton City Council's Tobacco, Alcohol & Drugs Strategy 2023-28 outlines the commitments we've made to address tobacco and alcohol issues, and how we work with other organisations. It is grounded in five core principles of Help, Harm Reduction, Hope, Health Promotion, and Health Equality. It includes a commitment to fund treatment services, which are available to everyone including people who are homeless, people who have severe mental illness, people who have a drug use disorder and people who need adult social care. It also describes our wider work to prevent and reduce harm. For example, we run campaigns, we do not advertise tobacco or alcohol, and we work with schools.

The Council signed [The Local Government Declaration on Tobacco Control](#), and most NHS organisations in Southampton have signed [The NHS Smokefree Pledge](#), including hospitals and most GP practices, known as "Primary Care Networks". Together we are working towards achieving Smokefree 2030, which means ensuring fewer than 5% of local people smoke by 2030. There is no national alcohol strategy and we are not aware of any national pledges to reduce alcohol harm, aside from work led by alcohol producers and retailers, which we are not part of.

The Council receives three grants from national government so that we can fund tobacco and alcohol treatment services and prevention work:

- The Public Health Grant – this can be used for public health work where there is a major impact on the public's health and which isn't meant to be funded from another source.
- The Local Stop Smoking Services & Support Grant
- The Drug & Alcohol Treatment & Recovery Grant Improvement Grant

We review local trends and adjust our work accordingly. Local services focus on understanding and welcoming people with complex needs. Working in a trauma-informed way means recognising the importance of relationships for people affected by trauma, including family, friends and staff.

Below are a few quotes from people who work in local services:

"We see more people coming forward at an earlier stage — they're noticing patterns and wanting to make changes before things get worse."

"It's inspiring to watch service users find their own sense of hope when they realise small steps can make a big difference."

"Our role is about empowering people to believe change is possible, even when they arrive feeling stuck."

"Hope is often the spark that helps people turn a conversation into real action."

Conclusions

We cannot be complacent about the harm tobacco and alcohol have on health. The stories shared in this report show that it is possible to quit smoking and stop drinking, and with the right support, people can become smokefree and gain control over their alcohol use. But many people still face or feel significant stigma, which can make it very difficult to ask for help. Misunderstanding of treatment options and opportunities can also prevent people from accessing the support they need.

This short report has focussed specifically on how people feel about stopping smoking and stopping or changing how much they drink. It has not covered all the prevention work that we do, or could do, or how tobacco and alcohol harm often overlap with problems with drug use, gambling, poverty, mental health, physical health, litter, fires, violence or crime. These are all important too.

We envision a Southampton where health is equitable, support is accessible, and people striving for better health are met with understanding and compassion. Through preventative strategies, inclusive services, and trauma-informed care, we can reduce harm, promote recovery, and build a city where prevention and wellbeing are shared priorities.

Throughout the changes to local government and to the NHS, we must continue to all work together to create a Southampton where everyone can thrive, free from the harms of tobacco or of high levels of alcohol. This includes supporting treatment and recovery for everyone, with a particular focus on people who need extra support.



Recommendations

My five recommendations aim to reduce harm through further widespread change.

We all need to show hope for better health for everyone through our actions.

For us all

- 1 See SCC Tobacco, alcohol and drugs - help & support.** If you smoke or drink more than 14 units per week, get support to stop or cut down. If you don't smoke, don't vape. Vaping is not risk-free. If you are pregnant or want to become pregnant, do not smoke or drink at all. Get support to help you.
- 2 Support people around you to be smokefree and to have a healthy relationship with alcohol.** Do not pressurise anyone to smoke or drink, even without meaning to, and congratulate people who try to change. Be a positive role-model to others, including younger people.



For Organisations and Leaders, including the Council, the NHS and others

- 3 Strengthen the tobacco and alcohol support in your organisation** for your staff, clients or patients, volunteers and visitors.
 - Maintain strong leadership and increase the pace and scale of change.
 - Ensure staff who work with the public provide brief interventions like “Ask, Advise, Act”. Asking about smoking and drinking, advising on support, and referring or signposting make a real difference.
 - Raise awareness of the available services and treatment options, including free online support.
 - Reduce tobacco and alcohol harm through all your policies, practices and sites.
 - Where appropriate, record if people smoke or drink, so it makes it more likely that they will be offered help and so you can monitor the reach of your service over time.
 - Commit to the Smokefree 2030 initiative.
 - Be aware of the power of language. Do not routinely use terms like “addicts” or alcohol “misuse” or other judgemental terms which can perpetuate stigma.
 - Create environments that support people in recovery.
- 4 Don't leave any groups of people behind.** Support tailored services and help for people who may find it harder to get help or who may be at higher risk of harm. These include people from ethnic or global majority communities, pregnant people, people with mental health conditions. Provide care and support for children and partners in households affected by tobacco or alcohol. Avoid relying only on digital services or digital communication. Advocate for change and more research, for example for people who are neurodiverse.
- 5 Learn from people with lived experience.** Keep listening and learning to understand what works, what needs to be changed and to show respect and build positive relationships. Design and evaluate services with people who use them where possible. Help to build a visible community of people who have quit smoking or changed their drinking, including scoping potential to join the Inclusive Recovery City movement. If you yourself have stopped smoking or positively changed your drinking, inspire others and share that.

Any organisations wanting more information or support can contact publichealth@southampton.gov.uk



Director of Public Health Progress Report



Report on progress against each of the four recommendations from last year:

Taking a community-centred approach to health and wellbeing

[View last year's report](#)



- 1 Identify strengths and enable communities to take control Recognise everyone and every community as having something to offer, with strengths and assets to be revealed, and take steps to empower people and communities in decision-making to build independence and resilience.

This will involve moving away from viewing people as service users with problems to be solved to people and communities being co-creators of their own health.

Health Determinants Research Collaboration (HDRC) Southampton offers a platform to help achieve this. It will involve our community in setting priorities for the research needed to inform decision-making. This programme also provides an opportunity to upskill local people in research methods, therefore, investing in our local residents and providing a pool of community researchers for future evidence building.

For example, through undertaking peer research to enable voices of those with lived experience to be incorporated into the evidence used in decision-making.

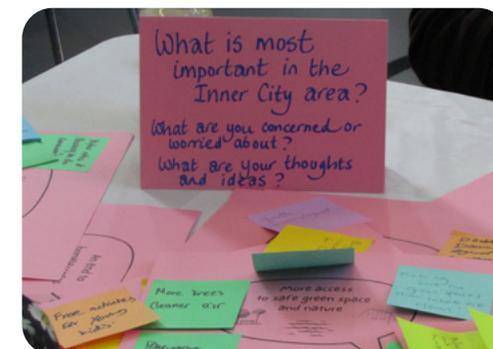
Outcomes

HDRC Southampton has been busy engaging with local communities to understand the issues that are most important to them. For instance, in April, the team hosted an engagement event in the inner city where they shared fabulous food made by [Easy TZ Meals](#) with local residents and heard what they love about the area and what they would want to improve. This insight has been summarised into priorities issues which include crime, domestic abuse and green spaces.

Fly-tipping was raised as a major priority so the HDRC Team has worked with council colleagues and local residents to co-design chalk stencils to be used in hot spot areas. This approach has been found to reduce fly-tipping in other areas, and it's roll out in Southampton will be monitored to see if it works here too.

The HDRC has gathered evidence from young people across the city to understand what is most important to them and is funding a cohort of young people to undertake research on these issues through the [Next Generation](#) programme.

The next step is to involve these young researchers, other community members, academics, policy makers and wider stakeholders in communities of practice around key issues. Together these groups will define research questions, apply for funding and take forward research to address the issues, improve health and reduce health inequalities.



Director of Public Health Progress Report

2 Build support around families, communities and neighbourhoods, not professions and focus on prevention and early intervention Move to place-based working with communities at the heart, rather than working via professional specialisms/silos.

- Mobilise around communities and a joint goal.
- Create strong and trusted local partnerships that cross organisational boundaries – statutory, voluntary and community sector and communities themselves.
- Aim to break down silo working within departments and organisations and improve multi-disciplinary working.
- Co-commission at a community or neighbourhood level.
- Redesign systems to create the conditions for good health and to prevent crisis or intervene early.
- Prioritise factors that protect against poor health, improve wellbeing, and create health, rather than treating disease.



Outcomes

Saints Foundation, the charitable wing of Southampton Football Club, has a well-established Senior Saints programme. The programme aims to support people over 60 to improve their health and maintain their independence through a mixture of physical activity and social connection. This year the programme has moved into four hubs across the city as part of an integrated neighbourhood working approach in partnership with NHS, social care, public health and other voluntary and community sector organisations. These hubs offer participants of the Senior Saints programme, as well as other residents accessing the hubs, the opportunity to benefit from additional health and wellbeing offers. The hubs are held on Mondays at Test Park SO16, Tuesdays at Thornhill Baptist Church SO18, Wednesdays at YMCA Newtown SO14, and Thursdays at St Patrick's Church SO19.

Current partners and offers are as follows:

Senior Saints - Chair and circuit exercise, walking football, walking cricket
www.southamptonfc.com/saints-foundation-senior-saints

Stroke Association - Music, gentle chair exercise, art, skittles, chit chat, bingo, trips, talks, games and fun
www.stroke.org.uk

LWP Health and Wellbeing Advice and Guidance - Health checks and signposting
<https://livingwellpartnership.nhs.uk/news/health-and-wellbeing/>

LWP Kidney Health Programme - 6 weeks: Education and awareness

LWP Well Leg Club - 10 weeks: Education, dressings and social connection

Parent Support Link (PSL) - Free support services to family and friends of people who are using substances and/or drinking problematically
<https://pslcharity.org.uk>

HealthWatch - Community engagement/ feedback/navigation - Health & Social Care issues
healthwatchsouthampton.co.uk/about-us/

Southampton Voluntary Services (SVS) - Community development work (possible community engagement in the future)
southamptonvs.org.uk

NHS Diabetes Prevention Programme/ Xyla Services - Programme awareness, know your risk assessments
xylaservices.com/our-services/health-and-wellbeing/diabetes/

Social Care in Action - Health, Wellbeing and Care Services
sciagroup.co.uk

Health Inclusion Team (SPCL) - Health checks and vaccinations
southamptonprimarycare.org.uk

Social Prescribing (various PCNs) - Health checks and signposting

The Environment Centre - Clean air champions scheme
environmentcentre.com

Unpaid Carers Support - Advice/ peer support/information/events/carers assessments when applicable
unpaidcarerssupport.org.uk

Age UK Southampton - Information and advice for older people and those who support them, including useful booklets & factsheets
www.ageuk.org.uk/southampton/

Hampshire & IOW Fire & Rescue - Cooking safety campaign

<https://www.hantsfire.gov.uk/new-southampton-cooking-campaign-warns-residents-to-turn-off-the-heat-before-they-eat/>

Read Easy Southampton & Isle of Wight - Free read coaching for adults
readeasy.org.uk

Neighbourhood Policing Teams - Support and guidance

NHS Diabetic Eye Screening programme - Education and awareness
<https://www.inhealthgroup.com/diabetic-eye-screening/information-for-patients/>

NHS England South East - WT&E Thames Valley & Wessex Dental Directorate - Oral health support

Oasis - Community Pantry
oasisuk.org

HIOWH Community Engagement & Experience Team - Digital Inclusion, PALS and complaints, GP Surgeries

Offers coming soon from:

Targeted Lung and Bowel Cancer Screening, HIOWH Integrated COPD Service, HIOWH MSK Services, Pharmacy Technicians, HIOWH Podiatry, Hampshire Citizens Advice Macmillan Service, Mountbatten Hospice, HIOWH Older Peoples Mental Health Team and Wessex Cancer Alliance.

Also continuing to remain well connected with many other services and organisations.



Director of Public Health Progress Report

3 Prioritise communities with poorer health outcomes to reduce health inequalities and assess the impact of a community-centred approach. Through HDRC Southampton, make greater use of evidence, insight, data and technology to inform who is at greater risk of poor health.

- Use population health data to identify the issues creating health inequalities.
- Work with communities to identify their assets, to determine how to best support, and how to build and develop these assets. In collaboration with partners, HDRC Southampton can support new and innovative approaches to evaluation such as combining quantitative measures with qualitative storytelling.
- Change what we measure to capture health and social outcomes that matter to people.
- Measure improving protective factors that help people avoid poor health outcomes, rather than only the poor outcomes.
- Include stories and a citizen voice, particularly from people from marginalised communities.

Outcomes

In 2023, as part of the Uniting the Movement strategy, Sport England announced a £250 million investment into areas of the country with the greatest need, to tackle inactivity. The Southampton neighbourhoods of Thornhill, Millbrook/Redbridge and Weston were identified for some of this [Place Partnership](#) investment. Partners from across the system are now working with these communities to understand how this investment should be spent to best support our most inactive residents to move more.

A major aim of the investment is to 'test and learn' new approaches to supporting people to be active. For instance, a micro-granting scheme is supporting grassroots organisations to run new activities and community based projects recommended by young researchers are now being implemented. All these initiatives will be evaluated and, if successful, rolled out further.

4 Shift mindsets to embed a different relationship between communities and organisations. Create organisational culture change to work in a different way - changing mindsets and beliefs.

- Train and upskill workforces to help develop behaviours, knowledge and skill set to have a different conversation with communities
- Bold leadership and commitment at every level to promote and give permission to change the way we work
- A strong narrative to explain and tell the story of why change is needed both internally and externally.

Outcomes

The development of the Southampton Early Advice & Support (SEAS) service is a community focussed approach that will improve the health and wellbeing of those who use the service and will enhance and improve how the Council engages with residents and communities.

It will see a shift in commissioning, to a new co-ordinated contract arrangement that will deliver Early Advice and Prevention activities to residents across the city.

The SEAS Alliance model will help organisations in the city work together more closely with key areas of focus including support for unpaid carers, Special Educational Needs & Disabilities (SEND), advice & information for children & young people, flexible direct support to meet different population needs as well as advice and navigation in relation to adult social care, welfare & benefits, immigration, employment & fuel poverty.

This new arrangement will be up to a ten year commitment, providing the VCSE certainty about resource coming to them and will give the Council greater opportunity to adapt services based on the needs of people in the city as they change over time.

Expected benefits

for staff there will be, better access to training & sharing knowledge across the VCSE and statutory services including co-location and partnership working in community hubs.

for residents; there will be consistent messaging for people requiring early advice and support as well as greater connectivity between organisations.

References

Alcohol and drug use and trauma-informed practice: companion document. Improvement Service, COSLA, Scottish Government, NHS Education for Scotland. 2025. Available from: <https://www.iriss.org.uk/aspire/resources/resource/alcohol-and-drug-use-and-trauma-informed-practice-companion-document> [iriss.org.uk]

Alcohol Change UK. Alcohol statistics [Internet]. London: Alcohol Change UK; 2025 Aug 5 [cited 2025 Oct 21]. Available from: <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics>

Association for Young People's Health. Smoking, Drinking and Drug Use — Key Public Health Outcomes. AYPH Youth Health Data. Available from: <https://ayph-youthhealthdata.org.uk/key-data/public-health-outcomes/smoking-drinking-and-drug-use/> [iriss.org.uk]

British Journal of Midwifery. Smoking during pregnancy: latest data. Br J Midwifery. [Year not provided]. Available from: British Journal of Midwifery - Smoking during pregnancy: latest data

Dr Javed Khan OBE. The Khan review. Making smoking obsolete. Independent review into smokefree 2030 policies. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081366/khan-review-making-smoking-obsolete.pdf

Frieden TR, Blakeman DE. The Dirty Dozen: 12 Myths That Undermine Tobacco Control. Am J Public Health. 2005 Sep;95(9):1500–5. doi:10.2105/AJPH.2005.063073

Jackson SE, Cox S, Buss V, Brown J. Trends in motives for trying to stop smoking: a population study in England, 2018–2023. BMJ Public Health. 2024 Apr 22;2(1):e000420.

Local Government Association. Southampton: Embedding stop smoking expertise across services.

NHS Digital. Health Survey for England, 2022 Part 1: Data tables [Internet]. London: NHS Digital; 2024 Jun 6 [cited 2025 Oct 21]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/health-survey-for-england-2022-part-1-data-tables>

NHS England Digital. Statistics on Local Stop Smoking Services in England April 2024 to March 2025. Data tables. Accessed 2025 Oct 19. Southampton: Embedding stop smoking expertise across services | Local Government Association

NHS. Alcohol units. Accessed 2025 Oct 13.

Perman Howe PR, Horton M, Robson D, McDermott MS, McNeill A, Brose LS; NIHR Maudsley BRC Nicotine Research Group. Harm perceptions of nicotine containing products and associated sources of information in UK adults with and without mental ill health: a cross sectional survey. Addiction. 2022 Mar;117(3):715–29.

Public Health England. Parents with problem alcohol and drug use: Data for England and Southampton, 2019 to 2020. Supporting children and families affected by parental alcohol and drug use. London: Public Health England; 2020

Southampton City Council. Tobacco, Alcohol and Drugs Strategy 2023 2028. 2023. Available from: https://www.southampton.gov.uk/media/nr1n15hp/214-18_final-design-tobacco-alcohol-and-dru_.pdf

Southampton Data Observatory. Chronic condition projections. Accessed 2025 Oct 13.

Southampton Data Observatory. Supporting Adults. Accessed 2025 Oct 13.

TAD strategy 2023-2028 https://www.southampton.gov.uk/media/nr1n15hp/214-18_final-design-tobacco-alcohol-and-dru_.pdf

UK Health Security Agency. Health Matters: Stopping smoking – what works? 2018 Sep 25. Available from: <https://ukhsa.blog.gov.uk/2018/09/25/health-matters-stopping-smoking-what-works/> [iriss.org.uk]

WHO. Health Behaviour in School-aged Children report for England. Substance use factsheet. 2024. Available from: https://hbscengland.org/wp-content/uploads/2024/04/Substance_use_factsheet_final.pdf



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