

Southampton

Strategic Assessment

(JSNA)

Smoking

Last Updated March 2024

Contents

1	Smoking and e-cigarettes.....	3
1.1	Smoking.....	3
1.2	E-cigarettes	3
2	Who is at risk and why?	4
3	Why tackling smoking is important.....	5
4	People who smoke in the city	6
5	Smoking and maternity.....	7
6	Adult smoking cessation and quit rates.....	8
7	Smoking ill-health and mortality.....	9
8	Smoking resources	9
8.1	Tobacco, Alcohol and Drugs Strategy 2023 - 2028	9
8.2	Tobacco, Alcohol and Drugs Strategy (TAD) dashboard	10
8.3	Smoking Cessation Needs Assessment	10
8.4	Health Needs Assessment: Southampton Community Mental Health Service users use of tobacco and alcohol.....	10
8.5	Action on Smoking and Health (ASH).....	10
8.6	ONS - Adult smoking habits in the UK: 2022.....	11
8.7	DHSC - Smoke-free generation: tobacco control plan for England.....	11
8.8	NHS England - Statistics on NHS Stop Smoking Services in England.....	11
8.9	NHS England - Statistics on Public Health.....	11
8.10	Deprivation and the impact on smoking prevalence, England and Wales: 2017 to 2021.....	11
8.11	OHID - Vaping in England: 2021 evidence update summary	12
8.12	IHME – Global Burden of Disease (GBD).....	12
8.13	OHID fingertips – smoking data profile.....	12
8.14	NICE guideline - Tobacco: preventing uptake, promoting quitting and treating dependence	12
8.15	Cochrane Library - Electronic cigarettes for smoking cessation by Hartmann-Boyce, J, et al. – 2022	13

1 Smoking and e-cigarettes



1.1 Smoking

Smoking is the leading cause of preventable death and disease in the UK and the leading factor for disability-adjusted life years. Every year around 78,000 people in the UK, die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases the risk of developing more than 50 serious health conditions including cancer, heart disease, other vascular diseases and Chronic Obstructive Pulmonary Disease (COPD). Ischemic Heart Disease, COPD, cancer and a stroke are 4 of the top 6 conditions causing the greatest disease burden with smoking as an upstream factor. In addition, one in nine pregnant women still smoke nationally with the associated risks of miscarriage, premature birth, still birth, low birth weight and neonatal complications. Tobacco is the largest contribution to years of life lost for both males and females.

Action on Smoking and Health (ASH) estimate that smoking in Southampton costs society approximately £230.2m per year. This is a combination of £7.6m to the NHS, £164.8m potential wealth lost from the local economy as a result of lost productivity, £56.8m in additional social care costs from smokers and £1.1m in costs to fire and rescue services responding to house fires caused by cigarettes ([ASH 2023](#)).

We are more aware today that smoking is bad for our health. Smoking is restricted or banned in almost all public places and cigarette companies are not allowed to advertise on TV, radio, or in magazines and newspapers. Smoking used to be commonplace and the effects of smoking were less known and evidenced. Smoking affects a person's own physical health as well as the health of those around them (passive smoking).

People who smoke find it hard to stop because of addiction to nicotine in tobacco. Tobacco can be smoked in pre-rolled or hand rolled cigarettes. Some people smoke shisha, a special tobacco smoked in a hookah. When people smoke tobacco cigarettes, they inhale a lethal mix of 7,000 smoke constituents, 70 of which are known to cause cancer ([PHE 2018](#)).

1.2 E-cigarettes

E-cigarettes or vapes are electronic devices that let you inhale nicotine in a vapour instead of smoke. This is done by heating a solution (e-liquid) that typically contains propylene glycol, vegetable glycerine, flavourings and nicotine. Nicotine has been used safely for many years in medicines to help people stop smoking. E-cigarettes can have disposable/ single use cartridges or a refill container and a tank which can be recharged.

Nicotine vaping is substantially less harmful than smoking. It's also one of the most effective tools for quitting smoking and recommended by [NICE](#). There are also other types of Nicotine Replacement Therapy, like patches or gum; medication (currently unavailable due to supply issues), and behavioural support, which are also very effective and have been used safely for a long time.

Vaping has not been around for long enough to know the risks of long-term use. Vaping nicotine is not completely harmless and only recommended for adult smokers, to support short-term quitting smoking and to stay quit. ([Cochrane Library - Electronic cigarettes for smoking cessation by Hartmann-Boyce, J, et al. - 2022](#)) The Chief Medical Officer for England has given very clear advice that if you don't smoke, you should not vape ([Chief Medical Officer for England on vaping – GOV.UK](#)). Tobacco products and e-cigarettes are a significant source of wider health harms, including litter, fire and environmental pollution.

Action on Smoking and Health (ASH) monitors the use of e-cigarettes in Britain through the ASH Smokefree GB Survey of 11-18 year olds and ASH Smokefree GB Adult Survey (for ages 18+). In 2023, the proportion of adults 18+ using e-cigarettes is 9.1% amounting to 4.7 million people in Great Britain, the highest rate ever and has grown by 10% since 2022. Assuming the prevalence is the same in Southampton, we can estimate 20,700 people aged 18+ use e-cigarettes in the city. In Great Britain, 56.0% of e-cigarette users are ex-smokers, dropping 1.0 percentage point from 2022 and 37% are smokers (dual use). 7% of people using e-cigarettes have never smoked, which means that 1.1% of the general population vape but have never smoked. 6% of the general population has ever tried vaping but has never smoked. Adults reported using e-cigarettes to cut down on smoking, stop smoking and prevent a relapse. The use of disposable electronic cigarettes (non-rechargeable) has increased from 2.3% in 2021 to 31.0% in 2023 with adults aged 18-24 driving this rise. ([ASH - Use of e-cigarettes \(vapes\) among adults in Great Britain](#))

Among young people in 2023, 79.0% of 11-17 year olds reported they have never tried or are unaware of e-cigarettes or vaping. Young people who have tried vaping once or twice has grown significantly from 7.7% in 2022 to 11.6% in 2023. Under 16 year olds are least likely to try an e-cigarette, however the percentage who have has doubled from 6.5% in 2021 to 15.0% in 2023. A much higher percentage of 18 year olds reported having tried one, 38.0%, and this is likely due to being able to buy them or being confident to report use. The current use of e-cigarettes made a steep increase in ages 16-17 in between 2021 and 2022 from 5.9% to 14.0% however only increased by 1 percentage point to 15.0% in 2023. Again, assuming the prevalence is the same in Southampton, an estimated 705 people aged 16-17 are using e-cigarettes in the city. ([ASH - Use of e-cigarettes \(vapes\) among young people in Great Britain](#))

The information below summarises some of the key issues relating to smoking prevalence and smoking ill-health in Southampton. More detail is available in the Southampton Smoking Needs Assessment, Smoking PowerBI and Smoking presentation available in the resources section below.

2 Who is at risk and why?

Smoking and smoking harm contributes to health inequalities. People in more deprived areas, people living with severe mental illness, people who are homeless and people who are drug or alcohol dependent are more likely to smoke and are more likely to smoke heavily.

The [Tobacco Control Plan](#) (2017), sets out the Government’s strategy to reduce smoking prevalence among adults and young people, reduce the inequality gap in smoking prevalence where those people are more at risk;

- **Between those in routine and manual occupations and the general population:** there are nearly 1.7x more smokers who are lower earners, compared to higher earners
- **Reduce smoking during pregnancy:** smoking in pregnancy increases the risks of miscarriage, stillbirth or having a sick baby, and is a major cause of child health inequalities. Nationally 1 in 9 pregnant women smoke
- **Smoking is twice as common in people with long-standing mental health problems:** the plan aims to give equal priority to people with mental ill health as much as those with physical ill health

In 2019, the government set an ambition for England to be [smokefree by 2030](#), meaning no more than 5% of the population would smoke. The government commissioned an independent report on achieving the ambition. The subsequent [Khan Review: making smoking obsolete](#) in June 2022 reported that “without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044”. The report suggested 15 recommendations with 4 “critical must dos”.

In April 2023 the government announced that they will:

- run a “Swap to Stop” scheme, providing vapes to 1 million adult smokers nationally
- set up a national vaping enforcement “squad” to reduce illegal vape sales to young people and illegal vape products.
- offer financial motivation to pregnant people to stop smoking, in line with NICE guidance
- consult on putting more information in inserts in tobacco products
- call for evidence on young people and vaping

3 Why tackling smoking is important

Smoking is the leading cause of preventable death and disease in the UK. 76,000 people die in the UK every year from smoking. Smoking also increases your risk of developing more than 50 serious health conditions. It causes about 70% of lung cancers and can cause cancer in other parts of the body including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking damages the heart and circulation, increases the risk of heart disease and other vascular diseases. It also damages your lungs, leading to conditions such as COPD and pneumonia and can cause impotence and reduce fertility ([NHS website](#)).

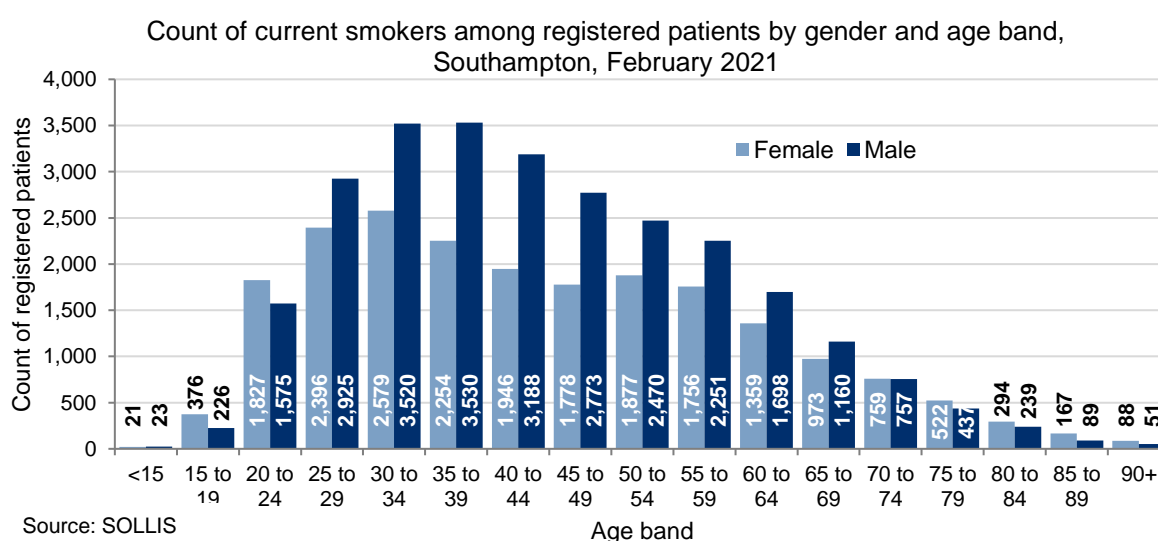
Smoking also negatively affects earnings and employment prospects with a total productivity loss of £164.8 million split by: smoking related lost earnings (£48.3 million or 29.3%), smoking related unemployment (£45.6 million or 27.7%), smoking related early deaths (£8.2 million or 5.0%) and reduced GVA due to expenditure on tobacco (£62.7 million or 38.0%). ([ASH 2023](#))

Smoking is a modifiable risk factor; it can be tackled with effective tobacco control measures to reduce the prevalence of smoking in the population.

4 People who smoke in the city

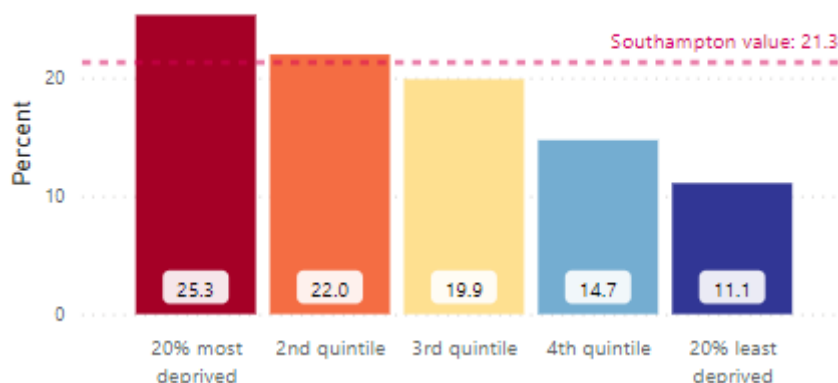
In 2022 around 1 in 8 people (13.2%) in Southampton smoke. Compared with 12.7% in England and 10.5% in Hampshire. Southampton is the 6th highest in our ONS comparator group. This is an increase from 2021 and is now again higher than England, but not significantly.

In 2021 the chart below shows that more males smoke than females and that they are more likely to smoke between the ages of 30 and 39 years. Smoking amongst men peaks between the ages of 35 and 39 years (3,530 registered patients). Whereas for females smoking peaks between the ages of 30 and 34 years (2,579 registered patients).



In Southampton by England deprivation quintile, just over 25.3% (17,483 people) of registered patients who smoke live in the 20% most deprived areas, compared to just 11.1% (731 people) of registered patients in the 20% least deprived areas. By Southampton deprivation quintile this is 26.5% (12,186 people) and 14.7% (6,387) respectively.

Smoking prevalence. Percent. All ages. England IMD: February 2021



In terms of wards, Thornhill has more than 1 in 4 registered patients who smoke (25.8%). Freemantle is the 2nd highest ward with 24.2% of patients who smoke and Woolston is 3rd (23.9%). Some parts of these wards are also the more deprived areas of Southampton. Whereas Shirley, Bassett and Bitterne Park (which have parts of the least deprived areas in Southampton) have the 3 lowest prevalence.

In Southampton, 24.0% of adults with a long-term mental health condition smoke, lower, but not significantly, than England (25.1%) and compared to comparators the 4th lowest. As there is a very strong relationship between depression and deprivation, with the prevalence of depression 1.8 times higher for those living in the most deprived England deprivation quintile compared to the least deprived, this can explain a higher smoking prevalence in the most deprived areas of Southampton. Southampton has a high prevalence of adults who smoke admitted to treatment for substance use. Of adults admitted for alcohol, 62.5% smoke, and for non-opiates, 82.1% smoke, both significantly worse than England (43.9% and 62.0% respectively) and the worst amongst comparators.

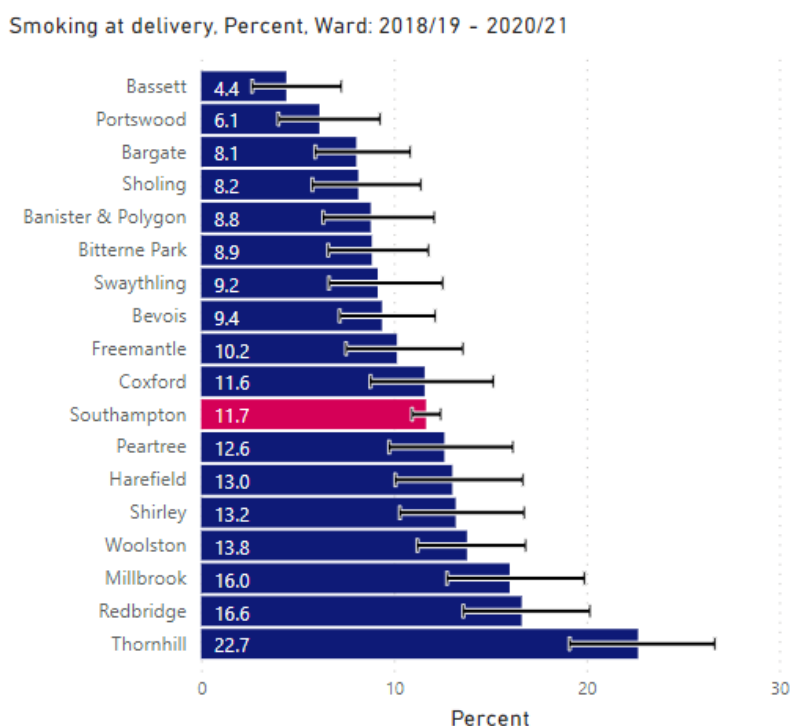
In Southampton, smokers are more likely to:

- Live in single households than married households
- Live in terraced houses or flats and/or renting
- Have lower household incomes
- Have 'difficult' or 'very difficult' financial stresses
- Have a high use of social networks (Facebook and Twitter are most popular)
- People who identify as gay and male, gay and female and bisexual and female are more likely to smoke than other heterosexual gender groups
- Identify as being Eastern European (over 50% smoking prevalence among people who are Latvian, Lithuanian or Slovakian); Gypsy or Traveller, or Bangladeshi or Pakistani and male.

5 Smoking and maternity

Tackling smoking among those people who are pregnant is important as protecting an unborn baby from tobacco smoke is one of the best ways to give a child a healthy start in life. Smoking when pregnant increases the risk of complications in pregnancy and birth such as stillbirth, premature birth, miscarriages, low birth weight and sudden infant death syndrome ([NHS 2023](#)).

8.9% of those that are pregnant are smoking at time of delivery. This percentage gives Southampton the 6th highest prevalence amongst its comparators and is similar to England (8.8%). Southampton has always been significantly higher than England until 2020/21 where Southampton made a significant decrease and continues to do so. Looking at 2023 ward level, in 2018/19 to 2020/21 pooled, Thornhill (which is one of the more deprived areas) had the highest prevalence of smoking at delivery with a rate of 22.7 while Bassett (one of the least deprived areas) had the lowest rate of 4.4.



We have further information regarding low birth weight and premature births in our [birth page](#).

6 Adult smoking cessation and quit rates

In 2022/23, 5,788 per 100,000 smokers in Southampton aged 16+ set a quit date, significantly higher than England (2,998 per 100,000). The (self-reported) quit rate in Southampton for the same year is 2,388 per 100,000 smokers and is significantly higher than the England average (1,620 per 100,000 smokers). This compares with 2,674 per 100,000 smokers in Southampton for 2013/14.

The Experian Mosaic data indicates people who have tried to quit smoking in the last 12 months are more likely to be single, council tenants, unemployed, have school aged children and very low income.

7 Smoking ill-health and mortality

Smoking accounts for 1 in 6 of all deaths in England and smoking is responsible for over 70% of lung cancer cases (the most common type of cancer related death - 1 in 5 cancer deaths). In 2022, 100 Southampton deaths were from lung cancer, out of a total of 508 cancer deaths (19.7%). Three million people in the UK suffer from COPD, for which smoking is the biggest preventable risk factor. COPD is the third biggest killer in the UK and 86% of these deaths are caused by smoking.

In England in 2022/23, there was estimated to be 408,700 hospital admissions attributable to smoking (4% of all hospital admissions), a drop of 8% from a peak in hospital admissions in 2019/20 (446,400). 25% of admissions for respiratory diseases that can be caused by smoking, and 19% of admissions for cancers that can be caused by smoking, were estimated to be attributable to smoking. Southampton had 1,901 per 100,000 smoking attributable hospital admissions in 2019/20 which is a 26% increase since 2017/18 and significantly higher than England (1,398 per 100,000). COPD hospital admissions in the city are significantly higher than the England average. Analysis of GP data at LSOA (neighbourhood level) shows a high correlation between areas with high smoking or ex-smoker prevalence and those areas with a high prevalence of COPD. Looking specifically at those diagnosed with COPD, 94.6% were ex or current smokers further highlighting the impact of smoking on COPD.

In 2019, 15% of all deaths were estimated to be attributable to smoking in England. This is made up by 52% of cancer deaths, 47% of respiratory diseases deaths and 43% of deaths for diseases of the digestive system which were estimated to be attributable to smoking. By gender, more smoking attributable deaths occur for males compared to females. ([Part 1: Smoking-related ill health and mortality - NDRS \(digital.nhs.uk\)](#)) In Southampton, the smoking attributable mortality in 2017-19 was 260.6 per 100,000, significantly higher than England and the 4th worst amongst comparators. Deaths from COPD, lung cancer and smoking attributable conditions have all remained significantly higher than the England average since 2010-11. More information can be found on our [mortality page](#).

8 Smoking resources

8.1 Tobacco, Alcohol and Drugs Strategy 2023 - 2028

This strategy describes our vision for how we, as a council, will reduce the harm to people who use tobacco, alcohol and drugs, as well as harm to people around them, and harm across the city of Southampton as a whole.

[Tobacco, Alcohol and Drugs Strategy 2023 - 2028](#)

8.2 Tobacco, Alcohol and Drugs Strategy (TAD) dashboard

The TAD dashboard presents a range of data to help measure how well we, as a council, will reduce the harm to people who use tobacco, alcohol and drugs, as well as harm to people around them, and harm across the city of Southampton as a whole. This will be monitored through the Tobacco, Alcohol and Drugs Strategy 2023-2028.

[Tobacco, Alcohol and Drugs Strategy \(TAD\) dashboard](#)

8.3 Smoking Cessation Needs Assessment

The following report looks at the importance of national priorities and strongly support the need for both wider public health approaches for a smokefree Southampton and targeted interventions supporting smokers to stop. This included suggestions of a mixed model with personalised care, for cost effective evidence-based interventions embedded into existing services. The performance of previous and current services has been reviewed to inform the recommendations, alongside the current evidence base, NICE guidance, benchmarking and best practice.

[Smoking Cessation Needs Assessment](#)

8.4 Health Needs Assessment: Southampton Community Mental Health Service users use of tobacco and alcohol

A health needs assessment of Southampton City Council residents who access Southern Health NHS Foundation Trust community mental health services relating to their tobacco and alcohol use was undertaken to inform efforts to address these health inequalities locally. Southern Health data was used to describe the needs of people using the service in relation to smoking and drinking alcohol, and stakeholders internal and external to Southern Health were engaged. Themes regarding their experiences caring for people with mental ill-health, tobacco dependency and/or alcohol consumption were collated – this quantitative and qualitative data has been used to make recommendations for meeting their needs.

[Health Needs Assessment: Southampton Community Mental Health Service users use of tobacco and alcohol](#)

8.5 Action on Smoking and Health (ASH)

Action on Smoking and Health (ASH) is an independent public health charity set up by the Royal College of Physicians to end the harm caused by tobacco.

[ASH - Ready Reckoner](#)

[ASH - Use of e-cigarettes among young people in Great Britain: 2023](#)

[ASH – Use of e-cigarettes among adults in Great Britain: 2023](#)

[ASH - Evidence and briefings](#)

[ASH - Economic and health inequalities dashboard: 2022](#)

8.6 ONS - Adult smoking habits in the UK: 2022

Cigarette smoking habits among adults in the UK, including the proportion of people who smoke, demographic breakdowns, changes over time and use of e-cigarettes.

[ONS - Adult smoking habits in the UK: 2022](#)

8.7 DHSC - Smoke-free generation: tobacco control plan for England

Plans to reduce smoking in England, with the aim of creating a smoke-free generation.

[DHSC - Smoke-free generation: tobacco control plan for England](#)

8.8 NHS England - Statistics on NHS Stop Smoking Services in England

NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisers and trained nurses and pharmacists.

[NHS England - Statistics on NHS Stop Smoking Services in England](#)

8.9 NHS England - Statistics on Public Health

This publication series presents or signposts to a range of information relating to a range of Public Health Statistics on Alcohol, Drug Misuse, Obesity, Physical Activity, Diet and Smoking.

[NHS England - Statistics on Public Health](#)

8.10 Deprivation and the impact on smoking prevalence, England and Wales: 2017 to 2021

Cigarette smoking prevalence among adults in England and Wales by the Index of Multiple Deprivation, including proportions and distribution of smokers within each decile.

[Deprivation and the impact on smoking prevalence, England and Wales: 2017 to 2021](#)

8.11 OHID - Vaping in England: 2021 evidence update summary

This is the seventh report in a series of independent reports commissioned by Public Health England (PHE) to summarise evidence on vaping products to inform policies and regulations. Smoking remains the largest single risk factor for death and years of life lived in ill-health and is a leading cause of health inequalities in England and in other parts of the world. Alternative nicotine delivery devices, such as nicotine vaping products, could play a crucial role in reducing the enormous health burden caused by cigarette smoking.

[OHID - Vaping in England: 2021 evidence update summary](#)

8.12 IHME – Global Burden of Disease (GBD)

The Global Burden of Disease (GBD) study provides a comprehensive picture of mortality and disability across countries, time, age, and sex. It quantifies health loss from hundreds of diseases, injuries, and risk factors, so that health systems can be improved and disparities eliminated.

[IHME – Global Burden of Disease \(GBD\)](#)

8.13 OHID fingertips – smoking data profile

Bespoke fingertips profiles for smoking data for each local authority in England, including Southampton

[PHE Fingertips - Smoking data profile](#)

[Smoking Profile - OHID \(phe.org.uk\)](#)

8.14 NICE guideline - Tobacco: preventing uptake, promoting quitting and treating dependence

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

[NICE guideline - Tobacco: preventing uptake, promoting quitting and treating dependence](#)

8.15 Cochrane Library - Electronic cigarettes for smoking cessation by Hartmann-Boyce, J, et al. – 2022

Research report to examine the effectiveness, tolerability, and safety of using electronic cigarettes (ECs) to help people who smoke tobacco achieve long-term smoking abstinence.

[Cochrane Library - Electronic cigarettes for smoking cessation by Hartmann-Boyce, J, et al. - 2022](#)

Information about local and national support is at [Stopping smoking \(southampton.gov.uk\)](#)