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1.2	Updated national, regional and local data; national policy changes; e-cigarette prevalence and evidence; stop smoking services; slight amends to recommendations	Joanne Hunt	24.07.2023	Final

Introduction
Tobacco control is a complex issue and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city. Smoking is the leading cause of preventable illness and premature

death in England, with about half of all life-long smokers dying prematurely, losing on average around 10 years of life. In 2019 alone, there were around 74,600 deaths attributable to smoking, representing 15% of all deaths across the UK ([Part 1: Smoking-related ill health and mortality - NDRS \(digital.nhs.uk\)](#)) Over the past 10 years, smoking prevalence has been falling nationally, however smoking remains the greatest contributor to premature death and disease, killing 1 in every 2 long term smokers. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

The Government Smoke-free generation: tobacco control plan for England published in 2017 set out the ambition to reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population. The ambition is to have a smokefree generation with prevalence of smoking at 5% or below by 2030 [Tobacco Control Plan Delivery Plan 2017 – 2022. Department of Health and Social Care. 2018].

In 2022 the Khan Review- Making Smoking Obsolete: Independent Review into Smokefree 2030 Policies was published. The review was commissioned by the Secretary of State for Health and Social Care, and it provides independent, evidence-based advice to inform the government's approach to reduce the numbers of people taking up smoking and helping smokers to quit. The review makes 15 recommendations to enable the government to achieve a smokefree society.

In 2023, the Government announced eight steps they will be taking to achieve their smokefree ambition by 2030. This includes a call for evidence on youth vaping, a national swap to stop scheme, investment in the enforcement of vaping regulations, a national smoking in pregnancy incentive scheme, support for those with mental health conditions, addressing supply issues of stop smoking medication, tobacco packaging, and a focus on smoking in the major Conditions Strategy. The Government have yet to publish a new Tobacco Control Plan.

In January 2019, the NHS long-term plan (formerly known as the 10-year plan) was published setting out key ambitions for the service over the next 10 years. The plan will address prevention and health inequalities and establish a 'renewed' NHS prevention programme which will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the [Global Burden of Disease Study](#): smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.

In 2021 NICE updated and brought together all NICE Guidelines around smoking with Tobacco: preventing uptake, promoting quitting and treating dependence NICE guideline [NG209] ([Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#))

Locally, reducing tobacco prevalence is a key priority for the Sunderland Health and Wellbeing Board, with an agreed HWB aspiration to work towards reducing adult smoked tobacco in Sunderland to below 5% by 2030. The vision for Sunderland's Healthy City Plan 2020-30 is 'everyone in Sunderland will have healthy, happy lives, with no one left behind' focusing on tackling health inequalities throughout the life course. Smokefree Sunderland is one of nine workstreams of the Healthy City Implementation Plan.

Sunderland Smokefree Partnership is a multi-agency group, leading on the strategic overview of reducing smoking locally. The partnership brings together key partners and agencies including Sunderland City Council (Public Health, Environmental Services, Housing, Adult Services) Together for Children, Sunderland Specialist Stop Smoking Service, Gentoo, Tyne and Wear Fire, University of Sunderland and South Tyneside and Sunderland NHS Foundation Trust, who support the delivery of the Tobacco Action Plan for Sunderland.

Regionally, FRESH, Office for Tobacco Control - brings together a wide range of partners to deliver a coordinated approach to making tobacco less attractive, less accessible and less affordable. The programme runs across eight key strands of activity, which is collectively delivered via a yearly action plan.

Key issues and gaps

Each year a Tobacco Control Profile is updated ([Local Tobacco Control Profiles - OHID \(pne.org.uk\)](https://pne.org.uk)) which provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. Below is a summary of the latest Profile, with all data from that source unless referenced separately:

Adult smoking rates – Although Sunderland has made considerable progress over the last ten years, with the rate down from 24.3% in 2011 to 15.2% in 2021, the rate is still higher than the regional average of 14.8% and the national average of 13%. In a recent Health Equity Audit, it was estimated (using the ONS Annual Population Survey 2021) that smoking rates are higher amongst males (17%) than females (13.5%) and that smoking rates are higher amongst those within the mid-age categories (35 to 54 year olds). Previous data had indicated that rates were higher in younger age ranges, and the Sunderland Adult Lifestyle Survey (ALS) carried out in 2017, identified that smoking prevalence was higher in adult males and in the younger age groups. The ALS also highlighted adults with a learning disability (26.7%) reported significantly higher smoking prevalence than the Sunderland average [Sunderland Adult Lifestyle Survey 2017].

Routine and manual workers – Smoking prevalence in routine and manual occupations remains high at 28.9% based on the latest data in 2020, compared to a regional average of 26.1% and England average of 24.5%. Rates were on a downward trajectory for the previous 3 years but increased in the most recent data release.

Young people – Preventing the onset of smoking behaviour is an important area of focus. In the 2021 Health Related Behaviours survey, 98% of Year 6 pupils (aged 10-11) said they has never smoked at all and over 87% of pupils thought they wouldn't smoke when they are older. 1% of Year 8 (aged 12-13 years) boys and 5% of Year 10 (aged 14 to 15 years) boys reported that they smoke occasionally or regularly and 3% of Year 8 girls and 12% of Year 10 girls reported that they smoke occasionally or regularly [Sunderland Health Related Behaviour Survey 2021].

Smoking at time of delivery - Smoking during pregnancy remains high but is on a downward trend. In 2022/23, 337 women in Sunderland were recorded as smokers at the time of delivery; this equates to 13.7% of pregnant women compared to the England

average of 8.8% [NHS Digital]. This represents an improvement from 14% the previous year and is the lowest percentage for the last 12 years. However, smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40% (<https://bmjopen.bmj.com/content/bmjopen/9/3/e023213.full.pdf> page 5)

Household poverty – In Sunderland, just over 40% of Sunderland have households are in the most disadvantaged fifth of all areas across England [Index of Multiple Deprivation 2019] and 30.8% of children are living in low income households compared to 18.7% nationally [DWP]. When the cost of smoking is considered, over 12,000 households are driven into poverty, which shows tobacco imposes a real and substantial cost on many low-income households [Up in Smoke: Tobacco Harms Profile for Sunderland, ASH, 2022].

Cancers - Smoking remains a key risk factor for lung cancer and deaths rates due to this disease are 57% higher in Sunderland than the England average. Sunderland also has significantly higher levels smoking-attributable mortality and smoking-attributable hospital admissions than the England average.

The cost on local services - Each year in Sunderland it is estimated that smoking costs society approximately £98.7 million. This is made up of £78.4 million in lost productivity due to smoking related lost earnings, unemployment and premature death; and the cost to the NHS is £11.9 million, £6.9 millions in social care costs, as well wider costs from passive smoking, smoking related fires and littering [ASH Ready Reckoner 2023].

The cost of smoking in social housing - Sunderland manages 33,730 social houses of which 8212 (24.3%) are estimated to be smoking households. Each week the city earns £2,683,931 in rental receipts for this however around £153,778 (5.7%) is left unpaid in rental arrears. For each smoking household in Sunderland, cigarettes and tobacco will cost tenants £45.11 per week on average. Helping social housing tenants to quit smoking could return around £370,447 of disposable income to the community each week. If these savings were paid towards rent instead of Tobacco products, social tenant arrears could be wiped out (<http://ash2.lelan.co.uk/>)

The cost of smoking to social care system – Many current/former smokers require care in later life as a result of a smoking-related illness. The estimated cost from increased social care needs due to smoking for Sunderland based on the size of our over 50's smoking population is £6.9 million, including £3.3M for residential care and £3.6M for cost of domiciliary care [ASH Ready Reckoner 2023]. This doesn't include the cost of those being supported by family or friends; it is estimated that this could be over 6000 more people in Sunderland.

Inequalities of smoking prevalence at ward level - the highest smoking prevalence are within the wards of Redhill, Pallion, Castle, Hendon, Washington North, Sandhill, Southwick, Millfield, St Annes and Hetton. These wards are the 10 with the highest adult smoking prevalence in Sunderland [Sunderland Adult Lifestyle Survey 2017].

Recommendations for Commissioning

Recommendations

1. A holistic approach to tobacco control is continued throughout Sunderland, recognising that stop smoking services and stop smoking interventions in isolation should not be regarded as the main drivers for reducing smoking prevalence. Therefore, a comprehensive tobacco control plan, taking a whole system approach, involving a range of partners must be in place and the Sunderland Smokefree Partnership should be proactively supported.
2. Continue the commissioning of tobacco control programmes. Sunderland Specialist Stop Smoking Services should target the areas of high prevalence and increase the service provision in these areas which traditionally have low rates of access.
3. Universal NHS Stop Smoking Service provision should ensure quality in provision and better uptake by working in collaboration with the Commissioners.
4. Smokers are offered treatment to quit in both primary and secondary care settings using evidence-based models that can be delivered simply and quickly to help reduce the number of people smoking.
5. To ensure that young people don't start smoking in their teenage years, continue the work with secondary schools across the city, and ensure that the health harm messages are appropriate to the needs of young people.
6. Improve the current stop smoking pathway for pregnant women and ensure they are offered appropriate support and advice. Health harm messages should be delivered that are appropriate to need.
7. Work with the NHS to support them to go smokefree in accordance with the NHS Long Term Plan and maximise opportunities to address health inequalities.
8. A community engagement approach following NICE guidelines (NG44) should be taken to educate and inform priority wards and target groups, such as BME, LGBT, routine and manual occupations, of the harms of smoking. Ensure there is collaboration with the VCS organisations which contribute to build sustainable change as defined in the family of community-centered approaches', building public health capacity, improving health outcomes and reduce health inequalities. See <https://publichealthmatters.blog.gov.uk/2018/02/28/health-matters-community-centred-approaches-for-health-and-wellbeing/>
9. Take a whole systems approach to tobacco control bringing existing prevention approaches together, embedding leadership and partnerships, make decisions count, whether they are about planning, lifestyle services or housing.

10. Social housing landlords and their commissioners to ensure quit attempt opportunities are provided for social house tenants and harms of smoking is communicated across their audiences.

1) Who is at risk and why?

Tobacco control is a complex issue and no single approach will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city. Smoking is the main cause of preventable illness and premature death in England. In 2019/20, an estimated 448,031 NHS hospital admissions in England were linked to smoking-related conditions. An estimated 15% (74,600) of all deaths in 2019 were attributed to smoking. Over the past 10 years, smoking prevalence has been falling nationally and regionally, but smoking remains the greatest contributor to premature death and disease, killing 1 in every 2 long term users [Local Tobacco Control Profiles OHID].

According to the [Sunderland's Local Tobacco Profile](#) Sunderland is in the top worst 10% of 152 upper tier local authority populations for:

- Smoking status at time of delivery (10th highest in England)
- Smoking attributable mortality (10th highest in England)
- Smoking attributable hospital admissions (2nd highest in England)
- Smoking attributable deaths from cancer (7th highest in England)
- Deaths from lung cancer (3rd highest in England)
- Deaths from COPD (2nd highest in England)
- Deaths from oral cancer (7th highest in England)

However, smoking prevalence in adults and smoking prevalence in adults in routine and manual occupations no longer sit within the top 10%.

Smoking is the biggest cause of health inequalities in England accounting for half the difference in life expectancy between richest and poorest ([Smoking and tobacco: applying All Our Health - GOV.UK \(www.gov.uk\)](#)). On average a smoker loses 10 years of life ([Hiding in plain sight: Treating tobacco dependency in the NHS | RCP London](#)). Smoking is far more common among people on lower incomes who are more likely to suffer from smoking-related disease and premature death.

Impact on society - Each year in Sunderland it is estimated that smoking costs society approximately £98.7 million. This is made up of £78.4 million in lost productivity due to smoking related lost earnings, unemployment and premature death; and the cost to the NHS is £11.9 million, £6.9 millions in social care costs, as well wider costs from passive smoking, smoking related fires and littering. [ASH Ready Reckoner 2023].

The cost of smoking to social care system - Helping people to stop smoking is not just good for their health, but for the wellbeing of their families and friends. It is also good for reducing the costs of social care in the years to come, freeing much needed public money that could be used for other key purposes.

In a report published by ASH (Action on Smoking and Health), The Cost of Smoking to the Social Care System, they found that smoking not only contributes to the social care bill but also has a significant impact on the wellbeing of smokers who need care on average ten years earlier than non-smokers.

As a result of smoking over one and half million people in England require social care support as a result of smoking. However, thousands of people are receiving care from a relative or friend or have unmet social care needs. Taking this into account increases the costs significantly, with this being an estimated £80 million in Sunderland ([The cost of smoking to the social care system - ASH](#)).

Household poverty – Just over 40% of Sunderland have households living in the most disadvantaged fifth if all areas across England [Index of Multiple Deprivation 2019] and 30.8% of children are living in low income households compared to 18.7% nationally [DWP]. In the recent ASH Tobacco Harm Profile for Sunderland, it was found that each year in Sunderland when income and smoking costs are taken into account 12,248 households are driven into poverty. The residents of these households include 16,736 adults below pension age, 3,063 pension age adults and around 7,918 dependent children [Up in Smoke: Tobacco Harms Profile for Sunderland, ASH, 2022].

Illicit tobacco is a major threat facing our communities and has serious consequences for health, crime and community cohesion. Illicit tobacco is an issue for Sunderland due to its lower price and its availability helps children and young people start smoking and smokers maintain addiction. It is estimated that 98% of illicit cigarettes traded globally are products of legitimate tobacco manufacturers. This proportion might seem unbelievable, unless one understands that tobacco companies are among the main actors benefiting from the illicit cigarette trade. Smuggling helps these companies generate higher profits by enabling them to pay tobacco taxes in jurisdictions with lower levies, or to not pay taxes at all. It is well documented that the tobacco industry's various business strategies to expand tobacco sales facilitated the illicit cigarette trade. Worldwide, transnational tobacco companies have been found guilty of organising illicit tobacco trade and have paid billions of dollars in penalties.

2) The level of need in the population

National rates of smoking have continued to fall over the past decade to the current rate which is 13.4% (2021). The proportion of adults that smoke in Sunderland fell between 2011 and 2021 from 24.3% to 15.2%. There is an estimated 34,000 smokers aged 18 + in Sunderland. In 2021-22 of those who set a quit date with Sunderland Stop Smoking Services (specialist and universal services), 50% then went on to quit. This is a reduction of 4% on 2020-21 figures. However, this is in line with a national decline in accessing stop smoking service and quit rates [NHS Digital].

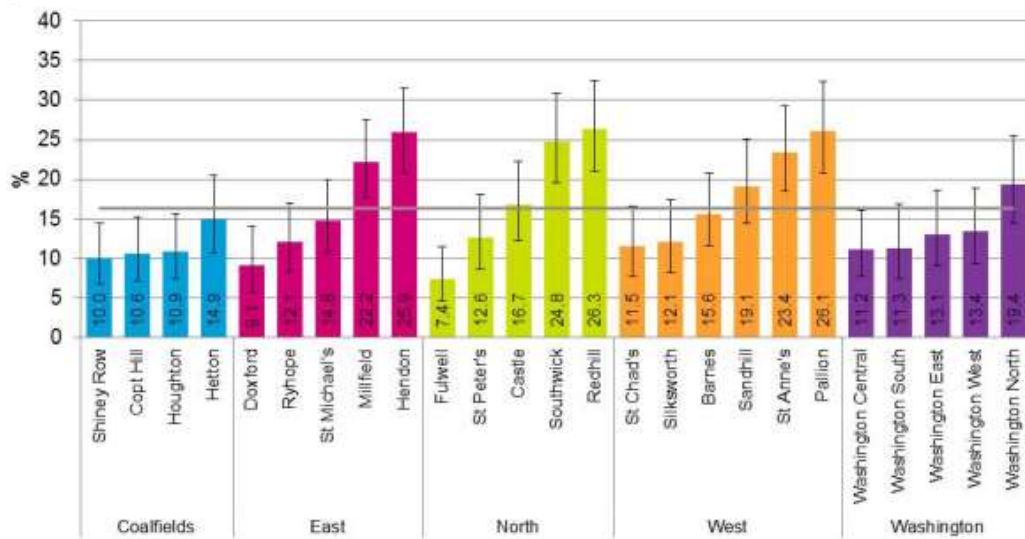
Smoking kills around 5,000 people in the North East each year – nearly 14 deaths a day - and results in around 33,300 people being admitted to hospital – around 90 people a day [Local Tobacco Control Profiles – OHID].

Ward Level Differences

In Sunderland there is a strong correlation between smoking prevalence and the level of deprivation, the more deprived the area, the higher the smoking prevalence. Sunderland has twenty-five electoral wards and there are nine electoral wards where smoking is above the Sunderland average. These are, Hendon, Millfield, Castle, Redhill, Southwick, Sandhill, St Annes, Pallion and Washington North. Of these, seven wards are within the two most deprived deciles in England [Sunderland Adult Lifestyle Survey 2017].

Data from the Adult Lifestyle Survey provided prevalence estimates for each ward, as pictured in **Figure 1**. The grey line shows estimated prevalence for Sunderland. Confidence intervals are provided to indicate significance.

Figure 1: Adult smoking prevalence by ward for Sunderland. Source: ALS 2017.



Routine and manual occupations

Smoking prevalence by socio-economic status; routine and manual occupations are found to smoke significantly higher than those reported among managerial and professional occupations. Over the past 3 years smoking prevalence in routine and manual occupations has decreased between 2017 and 2019 from 35.5% to 25.7%, however this increased to 28.9% in 2020. This compares to 24.5% nationally [Local Tobacco Control Profiles – OHID].

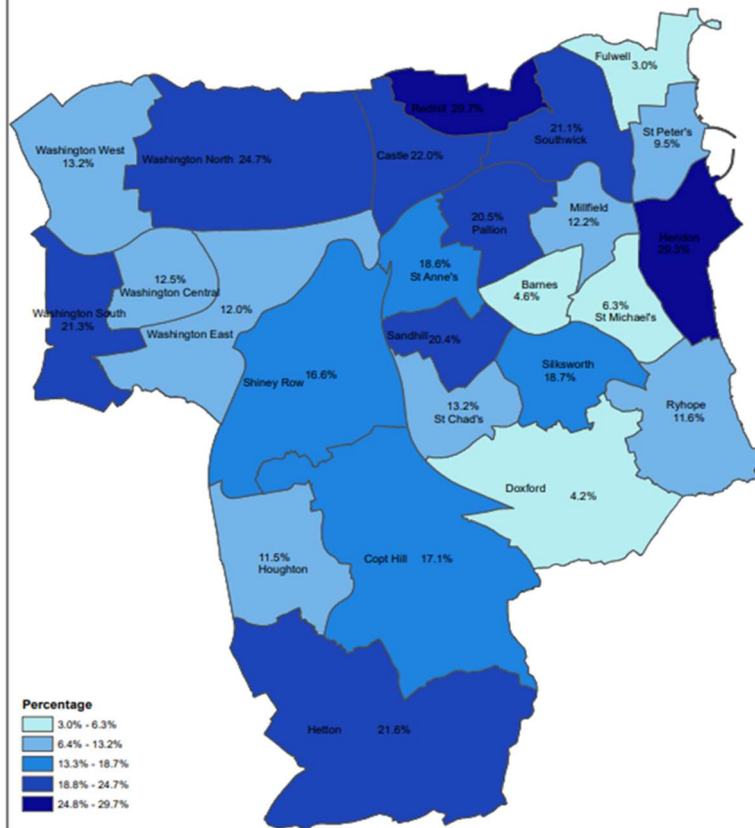
Unemployed

People who are long termed unemployed are more likely to smoke; estimates based on the ONS Annual Population Survey (APS) indicate that 33.3% of those that never worked or are long term unemployed in Sunderland smoke.

Smoking at time of delivery

Smoking during pregnancy remains high, but is on a downward trend. In 2022/23, 337 women in Sunderland were recorded as smoking at the time they gave birth; this equates to 13.7% of pregnant women compared to the England average of 8.8%. There is considerable variation at a ward level between levels of smoking at the time of delivery. Data covering the period 2019-2022 shows SATOD varied from 3.0% of births in Fulwell to 29.7% in Redhill (see the diagram below – the darker the blue, the higher the rate)

Smoking at Time of Delivery April 2019 - March 2022



Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%

<https://bmjopen.bmj.com/content/bmjopen/9/3/e023213.full.pdf>

page 5]. When a woman smokes during pregnancy or is exposed to second hand smoke, oxygen to the baby is restricted, making the baby's heart work faster and exposing the baby to harmful toxins.

Women who live with a smoker are 6 times more likely to smoke throughout pregnancy and are more likely to relapse once a baby is born, so it is vital to also support those people to quit smoking too.

Children/Second Hand Smoke

Children from low income families are more likely to be exposed to secondhand smoke in the home. Children who have a parent who smokes are up to three times more likely to go on to smoke. Secondhand or "passive" smoking is a killer and a cause of serious and fatal illness. Children are especially vulnerable to becoming ill from secondhand smoke because their lungs and respiratory organs are still developing. A child exposed to second-hand smoke has an increased risk of sudden

infant death ('cot death'), asthma, wheeze, lower respiratory infection, middle ear disease and meningitis.

The journal of Royal Society of Medicine research in Lung cancer (April 2019) shows one in six people diagnosed with lung cancer are non-smokers and that cases among non-smokers are increasing. Although, other reasons such as car fumes and wood burning stoves were named as factors, the study reinforced that smoking is by far the largest cause of lung cancer (86% of cases) and also that second-hand tobacco smoke / passive smoking is the single biggest cause of lung cancer among non-smokers.

In a recent survey across the North East region over 8 in 10 adults said that they did not allow smoking anywhere in their home or only in places that are not enclosed (such as in the garden or on a balcony).

Young people

The latest survey carried out by NHS Digital of Smoking, Drinking and Drug Use among Young People in England in 2021 found a decrease in the prevalence of smoking amongst pupils in Years 7 to 11 (mainly aged between 11 and 15 year olds). They found that 12% of pupils had ever smoked, compared to 16% in 2018, 3% were current smokers compared to 5% in 2018, and 1% regularly smoked, compared to 2% in 2018 ([Smoking, Drinking and Drug Use among Young People in England, 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/smoking-drinking-and-drug-use-among-young-people-in-england-2021)).

The Health Related Behaviour Survey carried out in 2021 showed the self-reported rates of tobacco use in young people across Sunderland. The survey showed an overall decrease in smoking prevalence compared to the previous survey in 2019. The survey showed that in primary school children in year 4 (age 8 to 9 years) and year 6 (age 10 to 11 years):

- 98% of Year 6 pupils said they had never smoked
- 87% of pupils think they won't smoke when they are older, 13% said maybe or yes they will

Secondary school children in year 8 (age 12 to 13 years) and year 10 (age 14 to 15 years):

- 75% of secondary aged pupils said they had never smoked
- Boys: 1% of year 8 boys and 5% of year 10 boys reported they smoke occasionally or regularly
- Girls: 3% of year 8 girls and 12% of year 10 girls reported that they smoke occasionally or regularly

E-Cigarettes/vapes

The proportion of the adult population using vapes identified in the ASH/YouGov Smokefree GB Survey in 2022 is 8.3%, which is approximately 4.3 million people. This is the highest rate recorded in that survey to date. However, the majority of those vaping are ex-smokers (57%) and most of the rest are current smokers using vapes to help cut down and stop smoking (35%), with 8% reporting that they have never smoked. The main reason given by ex-smokers for vaping is to help them quit (29%). The next most common reasons are to prevent relapse (19%), because they enjoy the experience (14%), and to save money (11%).

Based on these findings and ONS age statistics, an estimated number of adults using vapes in Sunderland is just under 20,000 people.

E-Cigarettes and vaping in young people

The Sunderland Health Related Behaviour Survey 2021 found that amongst secondary school pupils, 13% had never heard of e-cigarettes and that 66% had never used one. It also found that 16% had tried a vape and 5% of pupils reported that they had used one at least 'occasionally'. This was a decrease compared to the previous year.

However there has been a marked increase in the use of vapes among young people across the country. The Smoking, Drinking and Drug Use among Young People in England Survey from 2021 identified an increase to 9% of young people currently vaping, up from 6% in 2018. However the proportion of those that had ever tried vaping had reduced slightly from 25% to 22%. Those who smoked were much more likely to use or have tried a vape. The older the child the more likely they were to agree that it was ok to try an e-cigarette/use an e-cigarette.

A more recently published survey by ASH undertaken in 2023 [ASH annual Smokefree GB Youth Survey of 11-17 year olds] found that the proportion of children experimenting with vaping had grown by 50% year on year, from one in thirteen to one in nine. In 2023 20.5% of children had tried vaping, up from 15.5% in 2022. The majority of those had only tried them once or twice. There was not a significant increase in those who were currently vaping – 7.6% compared to 6.9% the previous year. They found that the proportion of never smokers who had tried vaping was 11.5%. When asked the reasons for vaping, more than half of never smokers say they vape 'just to give it a try' compared to a quarter of those who had ever smoked. Around one in five try vaping as 'other people do it so I join in'; this has increased as a reason compared to the previous year.

In both surveys the most common source of getting vapes were buying them from shops and being given them by others.

Based on the most recent findings and ONS age statistics, an estimated number of young people using vapes in Sunderland is around 1500, and the estimated numbers that have ever tried vapes is just over 4500.

BME Groups

Sunderland has a lower BME population than the national average; only 5.4% of people living in Sunderland come from a BME background compared to 18.3% across England and Wales (2021 census). However, this proportion has increased compared to the previous Census in 2011 from 4.1%. Sunderland's Asian/Asian British population has increased from 7,336 (2.7%) in 2011 to 8,204 (3.0%) in 2021.

For many males within the Bangladeshi, African and Chinese Communities, smoking remains a social activity and little heed is given to danger signs that often highlight the onset of serious smoke related disease. Additionally, and particularly for some women smoking and the use of chewing Tobacco, remains a taboo and individuals are therefore unlikely to seek help if they feel they could be exposed to personal embarrassment. (Refer to [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)).

Mental Health

There is a strong association between smoking and mental health conditions. High smoking rates among people with mental health problems are the single largest contributor to their 10 to 20-year reduced life expectancy. Those adults with a common mental health disorder (such as depression or anxiety) are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more

likely to smoke. The latest OHID figures show smoking prevalence in adults with a long term mental health condition is at 26.5%, significantly higher than amongst the general population [Local Tobacco Control Profiles – OHID].

In England as a whole, 40.5% of adults with a serious mental illness are smokers which is three times the rate of the general population (13%). Rates in Sunderland are high at 45.6% which is three times the rate of the general population (15.2%) [Local Tobacco Control Profiles – OHID].

Research (SCIMITAR+ a pragmatic randomised controlled trial, April 2019) has found that bespoke smoking cessation interventions for people with serious mental illnesses can double quit rates at 6 months compared to usual support.

Lesbian, gay, bisexual and transgender (LGBT)

LGBT people are more likely to have higher rates of smoking. Data from the Adult Lifestyle Survey (2017) indicates that in Sunderland adults who identify their sexual orientation as lesbian, bisexual and gay reported significantly higher smoking prevalence than the Sunderland average. Young LGB people are more likely to smoke, to start smoking at a younger age and smoke more heavily.

Illicit tobacco is a major threat facing our communities and has serious consequences for health, crime and community cohesion. While most smokers in Sunderland and the North East don't buy illicit tobacco, figures from a recent independent survey undertaken in the North East in 2023 estimates that 14% of tobacco smoked in the North East is illegal. The survey also found that 22% of smokers buy illicit tobacco, and that this makes up 48% of the tobacco consumed by an illicit tobacco buyer. They found that amongst the adult population, those buying illegal tobacco are from poorer backgrounds and most likely to say it facilitates their addiction. Illicit tobacco is bought from a range of sources in the North East, including pubs/clubs/, private addresses and shops. In addition, 2 out of 3 young smokers have been offered illicit tobacco at some point, and around half of young smokers buy illicit tobacco.

3) Current services in relation to need

Universal NHS Stop Smoking Services

Universal providers are GP practices, Pharmacies and selected community providers who work in partnership with the council, the Specialist Stop Smoking Service and other stakeholders to deliver an evidenced-based and quality assured programme which provides access to NHS stop smoking service interventions and medicines which comply with best practice and evidence. The providers promote harm reduction, prevention, early intervention and self-care. During 2021-22 there were 41 active universal providers supporting people to stop smoking, with an average of 46% of those smokers going on to quit.

Specialist Stop Smoking Services (SSSS)

Specialist provision:

Smokers with complex needs exhibit higher rates of prevalence of smoking. Sunderland City Council commissioned a Specialist NHS Stop Smoking Service from 1 April 2019.

The primary purpose of the SSSS is to reduce the number of smokers in Sunderland by working with key partners using a whole systems approach across the health and social care system to maximise opportunities to support local people to stop

smoking. They provide targeted evidence-based treatment and behavioural support to motivated smokers making quit attempts. Using a Lead Practitioner approach, the Specialist Service will increase access to stop smoking support and increase rates of successful quitters amongst the specified populations and localities. They aim to increase the reach, capacity and quality of smoking cessation interventions by providing training, mentoring and specialist support to Universal NHS Stop Smoking Service providers within Sunderland. Key population groups that the service aim to work with are:

- Adults in Routine and manual Occupations
- Pregnant Women and Partners
- Children and Young People
- Areas of Geographical Inequalities with High Smoking Prevalence
- Those with Long Term Conditions where Smoking has a Significant Impact on their Health Outcomes
- Ethnic Populations
- Adults with a Common Mental Health Conditions
- Those who live in Social Housing/Rented Accommodation
- People with Learning Disabilities
- High Prevalence Priority Groups, including LGBTQ+, those affected by Substance Misuse
- Those with Complex Needs e.g. those who are homeless, leaving care, housebound

During 2021-22 the Specialist Stop Smoking Service received thousands of referrals, with nearly 800 people setting a quit date, and 57% of those going on to quit smoking (national average 54.8% [NHS Digital – Statistics on NHS Stop Smoking Services in England]).

Self-support:

The SSSS will support and promote opportunities of quitting independently as this is appealing and works for some, but research suggests that willpower alone isn't the best method to stop smoking. Using nicotine replacement therapy (NRT) and other stop smoking medicines can double your chances of quitting successfully compared with willpower alone. Locally it is recognised some smokers may like to quit by themselves and that option should not be ruled out. The SSSS website (www.sunderlandstopsmokingservice.co.uk) allows smokers to explore the various options of quitting including techniques to quit independently and self manage.

Provision of Community Pharmacy Nicotine Replacement Therapy Voucher Scheme

The scheme aims to ensure that people that smoke tobacco have access to appropriate Nicotine Replacement Therapy products. During 2021/22 there were 51 pharmacy providers across the city covering each ward.

Smokefree NHS and Treating Tobacco Dependency Services

As part of the NHS Long Term Plan, by 2023/24 all people admitted to hospital who smoke will be offered tobacco treatment services; all pregnant women and their partners will be able to access an NHS smoke-free pregnancy pathway and all those accessing specialist mental health services long-term will be able to access a smoking cessation offer.

South Tyneside and Sunderland NHS Foundation Trust have established a Treating Tobacco Dependency Service and have worked closely with key partners to develop stop smoking support and robust pathways for inpatients and pregnant women. This

offer will be fully rolled out by the end of 2023/24. Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust have a Treating Tobacco Dependency Service to provide stop smoking support to those patients who are admitted to hospital. They also work closely with community providers to ensure robust referral pathways are in place for those leaving hospital and those patients supported in the community to receive support to stop smoking.

Sunderland Health Champion Programme

The Sunderland Health Champion programme is administered by Sunderland City Council. This provides a menu of training opportunities which also includes brief intervention in smoking cessation.

The Young Health Champions peer education programme is targeted at year 9 students in secondary schools across Sunderland. The programme covers tobacco as part of the risk-taking behaviours day giving young people understanding of the harms of tobacco and where young people can access smoking cessation support services.

0-19 Public Health Service

Sunderland City Council has commissioned provision of an integrated Public Health Service for expectant mothers, children and young people and their families in the city, through health visiting, family nurse partnership, school nursing and a vulnerable young people's nurse. Health visitors offer provision of brief intervention with the mother or any other person in the household who smokes, including a referral to local Stop Smoking Services and discussion of the risks of second-hand smoke. School nurses offer screening, brief interventions, advice in relation to smoking and support a quit attempt in accordance with Stop Smoking Service guidance as well as referral or supported referral to Stop Smoking Services when this is the choice of the young person.

4) Projected service use and outcomes in 3-5 years and 5-10 years

Smoking rates have continued to decline slowly over the past decade, but Sunderland has a persistent high rate of smoking in routine and manual occupations and pregnant women. Therefore, continued support of the tobacco control agenda and commissioned services will be essential in ensuring that the number of people in these groups are reduced in Sunderland.

Over the next five years the estimated number of smokers projected to stop smoking will increase but with the continued growth in the use of e-cigarettes this has decreased the number of people accessing local stop smoking services. Many people are turning to e-cigarettes to help them quit and e-cigarettes is now the most popular quitting aid with emerging evidence suggesting they can be effective for this purpose. Regular e-cigarette use is confined almost entirely to smokers and ex-smokers.

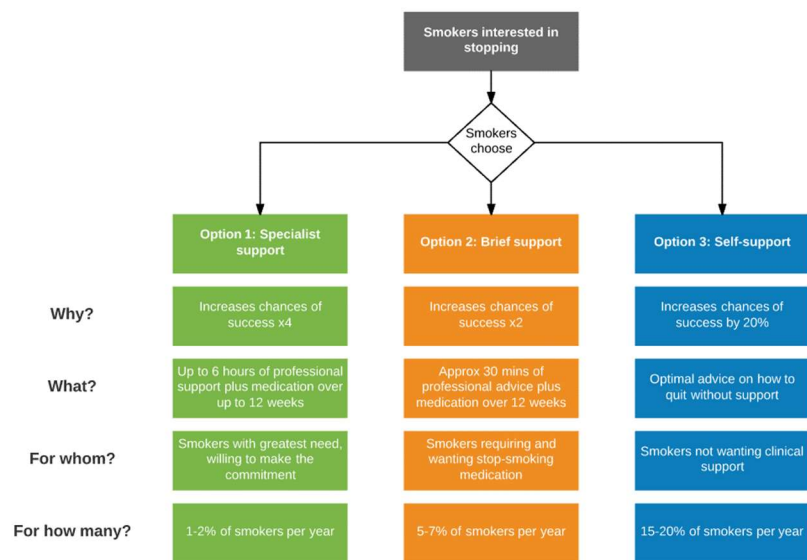
The NICE tobacco Return on Investment tool has been developed to help decision making in tobacco control. In Sunderland, the potential saving from investing in tobacco control is, for every £1 spent, equal to £2.07 by five years, £3.92 by ten years and £11.98 over the lifetime of a smoker who quits.

5) Evidence of what works

Department of Health, Public Health England, National Centre for Smoking Cessation (NCSC), Action on Smoking and Health (ASH) and FRESH highlight that

a specialist stop smoking service has the strongest evidence base with the best quality outcomes to support the population to quit smoking and remain quit. Specialists Stop Smoking Services are stand-alone services which take a focused approach to support smokers with complex needs and long-term conditions. Through specialist training and knowledge, they provide clinical assurance to Stop Smoking Service providers, support a smoke free NHS, raise public awareness of the harms of smoking and contribute towards a smoke free generation.

Robert West's Specialist Stop Smoking Service model called The Stop-Smoking+ model is an evidenced based approach which consists of presenting smokers (through an online portal, helpline and/or contacts with routine healthcare services) with information about three possible methods of quitting: 1) Specialist Support, 2) Brief Support, and 3) Self-Support. They are told what the method involves, what is required of them, and what the benefits are. They are then provided with easy routes to each of the options.



Based on the model's evaluation, this model has the potential to achieve efficiencies by providing specialist support to smokers who would most benefit based on their motivation and willingness to engage. Although, it will be vital to ensure disadvantaged and priority smokers are supported to receive the more intensive specialist option, otherwise there is a risk of inequity and inequality.

Regionally, FRESH, Office for Tobacco Control, is based on an internationally established evidence base for tobacco control as advocated by the World Health Organisation.

The key conclusions from University College London (UCL) are that relatively modest increases in quit attempt rates (from around 35% to 45% per year) while maintaining quit success rates at around 20% and together with a modest reduction in smoking uptake would put Sunderland on a path to prevalence below 5% by 2025. UCL and FRESH have worked on identifying the key drivers in achieving the 5% ambition this includes:

- Increasing price/ demand and supply reduction of illicit tobacco

- Amplification of national media campaigns and delivery of regional media campaigns to encourage smokers to make quit attempts, sustain motivation for current quits and contribute to reductions in youth smoking.
- Implementing very brief advice in primary care and equitable access to NICE approved stop smoking aids
- Local targeted stop smoking support to key priority groups including pregnant women, those with long term conditions, mental health patients, low income groups
- Significant increased hospital initiated smoking cessation
- Pragmatic approach to role of electronic cigarettes based on PHE evidence review
- Reduced access through measures including licensing system, restricting outlets
- Further extension of smokefree spaces/normalising smokefree

Evidence of effective practice can be found in many guidance documents produced by the national institute for health and care excellence (NICE).

Several other NICE guidelines relating to tobacco control can be found at: <http://pathways.nice.org.uk/pathways/smoking>

Public Health England published (September 2018) Health Matters: Stopping smoking - what works? See <https://publichealthmatters.blog.gov.uk/2018/09/25/health-matters-stopping-smoking-what-works/>

Options of what Stop Smoking models exist and their evidence can be found here: <https://www.gov.uk/government/publications/stop-smoking-services-models-of-delivery>

Recent evidence indicates that using **e-cigarettes/vapes** alongside support from a stop smoking service, is one of the most successful ways to quit smoking ([Nicotine vaping in England: 2022 evidence update summary - GOV.UK \(www.gov.uk\)](#)). There is also growing evidence that in the short and medium term, vaping is far less harmful than smoking with significantly lower exposure to harmful substances, including second-hand exposure. In the most recent systematic review of evidence on vaping, the Government found that vaping 'poses a small fraction of the risks of smoking'. However, evidence is limited to short and medium term effects. NICE Guidance recommends that nicotine-containing e-cigarettes should be accessible to those who wish to stop smoking and that advice should be provided to adults on how to use them to quit ([Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)) Nicotine-containing vapes are not licensed medicines but are regulated by the Tobacco and Related Products Regulations (2016). It is illegal to sell nicotine-containing vapes to those under the age of 18 years.

6) User Views

ASH carried out the Smokefree Great Britain Survey in 2019. Most adults in the North East believe that the Government is either not doing enough (47%) or doing about right (27%) to limit smoking. The support for recent measures introduced by the Government to tackle the harm caused by tobacco is very high in the North East.

Most of the North East residents support increasing the age of sale for tobacco from 18 to 21 and strongly support tobacco manufacturers being required to pay a levy or

license fee to the Government for measures to help smokers quit and prevent young people from taking up smoking. 73% of the North East support this, with only 7% opposing it.

NHS Stop Smoking Service Public survey, May-July 2018

As part of the commissioning of the Sunderland Specialist NHS Stop Smoking Service, Sunderland City Council consulted with members of the public to understand what was required.

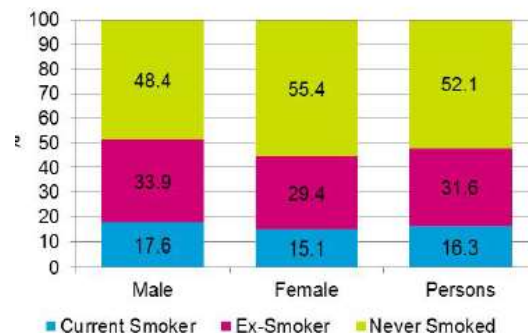
Key Recommendations:

- Clinic offers within community settings
- Workplace offer with the option for out of hours and weekend services
- Promotion of services to the correct target audience, with engaging ways to keep people focused and motivated
- Better health education to priority wards and target groups
- Pregnant women should be provided the full details of risk and harms caused to unborn child.
- Joined up working between health and social care providers so service user with complex needs find support from organisations that they are already with
- Better use of social media and apps
- Better consultation when developing comms

Sunderland Adult Health & Lifestyle Survey 2017

Based on Sunderland City Council's survey of 5,571 adults aged 18 and over (a 2.5% sample of the Sunderland adult population):

- 52.1% of Sunderland adults have never smoked;
- 47.9% of Sunderland adults have ever smoked;
- 31.6% of Sunderland adults are ex-smokers;
- 16.3% of Sunderland adults are current smokers;
- Men are more likely than women to have ever smoked, be an ex-smoker or a current smoker.



Majority of smokers surveyed (67.5%) want to quit and that a fifth of smokers (20.3%) are actively trying to stop! Some smokers need support and encouragement to feel ready to quit or to make a quit attempt.

Public Knowledge Engagement - In March 2013 the Sunderland tPCT Public Health team commissioned a social marketing exercise in the form of qualitative research from an independent organisation to deliver a detailed understanding of levels of awareness, barriers to accessing services and motivational factors in reference to making healthy lifestyle changes. There was a general feeling that health professionals and health service providers were detached from community organisations, a sentiment that was shared by some of the community support workers interviewed. While not the case for everyone, a high proportion of respondents were interested in attending community groups, particularly those which were inclusive of the whole family and which support multiple lifestyle changes such as offering nutritional information alongside exercise classes.

In the case of smoking, excessive alcohol consumption and drug abuse, there was a worrying sense that many people won't change their behaviours until they are personally affected by the consequences. For that reason, a CAT scan or other method to show internal damage was suggested by some as the most effective way of encouraging people to change their behaviour.

For those who had already quit smoking, reduced their alcohol consumption or stopped using drugs, the support and encouragement of friends and family proved critical. For many, just having children or committing to a new relationship was enough to initiate a change. There was a consensus between those who were still engaging in these behaviours, those who had already made changes and those who offered community support that it is particularly important for smoking, alcohol and drug services to be delivered by 'normal' laid-back people who have had their own personal experience of overcoming an addiction.

While some suggested that the cost of buying tools to support them through the quitting process was the reason for continuing to smoke, there was a sense that these were just excuses to cover either not having the motivation or the support to quit.

Key recommendations:

- NHS services and community organisations should take a more united approach in offering support for lifestyle changes, although community activities and sessions must be better advertised in order for this to be successful
- To target those who are not accessing services, a wide variety of communication channels should be utilised and a central directory of local services should be compiled. To target those who have accessed services in the past, gentle reminders and follow-ups could promote re-engagement
- Information needs to be advisory in tone, rather than dictatorial, be suitable for all educational abilities and address any questions and issues that people might have
- Family, friends and people who have been through the same experiences need to be encouraged to take a more active role in supporting a person to overcome an addiction as this type of support is pivotal to success
- As many still won't make changes until they are personally affected by the consequences of their actions, there is need for the NHS to think of an inventive
- There is a need for a new method of showing the risks of alcohol, cigarettes and drugs

- There is a requirement for more advice and education around 'binge drinking' as many do not think the term applies to them despite their reported behaviours suggesting otherwise

8) Unmet needs and service gaps

Many pregnant women continue to smoke thus the needs of these women are not being met. Sunderland City Council, City Hospitals Sunderland and Sunderland Clinical Commissioning Group commissioners need to ensure services are commissioned to meet their needs. Health professionals need to be trained to give appropriate support on stopping smoking facilitating best start in life.

Smoking rates are highest in the most disadvantage wards; thus, the needs of these people are not being met. Sunderland Specialist NHS Stop Smoking Service target these wards and Sunderland City Council need to ensure that services are commissioned to meet the needs of the people who live in these wards.

Smoking rates are continuing to rise in routine and manual occupations, thus the needs of these people are not being met. Sunderland City Council need to ensure that stop smoking services are commissioned to meet the needs of these occupational groups.

Some young people continue to take up smoking and are becoming regular users of e-cigarettes. Therefore, we need to ensure that we continue to educate young people on the harms of smoking, and ensure services are appropriate to the needs of young people. Sunderland City Council have embedded smoking cessation support within the 0-19 service offer but need to develop effective communication strategies to increase awareness with young people around where they can access support services in relation to tobacco. Further work needs to be done locally with young people around attitudes and use of e-cigarettes to gain further understanding of young people's perceptions.

9) Recommendations for Commissioning

Recommendations

1. A holistic approach to tobacco control is continued throughout Sunderland, recognising that Stop Smoking Services and stop smoking interventions in isolation should not be regarded as the main drivers for reducing smoking prevalence. Therefore, a comprehensive tobacco control plan, taking a whole system approach, involving a range of partners must be in place and the Sunderland Tobacco Alliance proactively supported through partnership working.
2. Continue the commissioning of a holistic approach to tobacco control. Sunderland Specialist Stop Smoking Services should target the areas of high prevalence and increase the service provision in these areas which traditionally have low rates of access, thus reducing the levels of smoking in routine and manual workers by engaging them in accessible services which they want to use.
3. Universal NHS Stop Smoking Service provision should ensure quality in provision and better uptake by working in collaboration with the Commissioners.

4. Smokers are offered treatment to quit in both primary and secondary care settings. Evidence-based models that routinely provide treatment to smokers admitted to hospital should be rolled out. Cost-effective, proven smoking cessation interventions - Very Brief Advice (VBA) - can be delivered simply and quickly to help reduce the number of people smoking.
5. To ensure that young people don't start smoking in their teenage years, continue the work with secondary schools across the city and ensure that the health harm messages are appropriate to the needs of young people.
6. Improve the current stop smoking pathway for pregnant women and ensure they are offered appropriate support and advice. Health harm messages should be delivered that are appropriate to need.
7. Work with the NHS to support them to go smokefree in accordance with the NHS Long Term Plan and maximise opportunities to address health inequalities.
8. Ensure that smoking is no longer accepted as the norm and make parks in Sunderland free from tobacco smoke.
9. A community engagement approach following NICE guidelines (NG44) should be taken to educate and inform priority wards and target groups, such as BME, LGBT, routine and manual occupations, of the harms of smoking. Ensure there is collaboration with the VCS organisations which contribute to build sustainable change as defined in the family of community-centered approaches', building public health capacity, improving health outcomes and reduce health inequalities. See <https://publichealthmatters.blog.gov.uk/2018/02/28/health-matters-community-centred-approaches-for-health-and-wellbeing/>
10. Take a whole systems approach to tobacco control bringing existing prevention approaches together, embedding leadership and partnerships, make decisions count, whether they are about planning, lifestyle services or housing.

10) Recommendations for needs assessment work

Health Equity Audit of the Specialist Stop Smoking Service to ensure that it is targeting the population in most need of stop smoking support especially the risk groups identified in the JSNA.

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