



SMOKING, VAPING AND TOBACCO CONTROL

JOINT STRATEGIC NEEDS ASSESSMENT

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Executive Summary

Tobacco use continues to be one of the most significant public health challenges. Whilst smoking rates have fallen significantly, smoking still accounts for more years of life lost than any other modifiable risk factor¹. Tobacco consumption through smoking is therefore the leading cause of health inequalities in England, accounting for half the difference in life expectancy between the most and least deprived in society². Higher smoking prevalence and tobacco related harm is strongly associated with most indicators of deprivation or marginalisation^{3,4}.

Knowsley is the second most deprived borough in the country and therefore we know that residents are more likely to experience the harms of smoking and subsequent health inequalities. In tackling smoking, we can begin to tackle such health inequalities and continue working towards the first priority of our Joint Health and Wellbeing Strategy 2020-2025.

Becoming smokefree is a national priority too. - In 2019, the UK Government set out the ambition to make England Smokefree by 2030, reducing the smoking rate to 5% or less. The current smoking rate in England is 12.7%⁵.

This needs assessment takes a whole systems approach to understanding and identifying current and future tobacco related health needs in Knowsley. It also explores recent increases in vaping uptake. It considers health impacts, and wider physical, mental, economic, and social impacts in the local context and compares this with regional and national trends. The evidence will be used to help inform strategic planning and guide commissioning of tobacco control activities.

¹ NHS. (2019). *NHS Long Term Plan*. Retrieved from [NHS Long Term Plan v1.2 August 2019](#), [accessed May 2023].

² Global and Public Health/Population Health. (2017). *Towards a Smokefree Generation*. Retrieved from [Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022 2 .pdf \(publishing.service.gov.uk\)](#) [accessed May 2023].

³ [ASH-Briefing Health-inequalities.pdf](#)

⁴ Hiscock R, Bauld L, Amos A, Fidler JA, Munafò M. (2012). *Socioeconomic status and smoking: a review*. Retrieved from [Socioeconomic status and smoking: a review - PubMed \(nih.gov\)](#) [accessed May 2023].

⁵ ONS. (2021). *Annual Population Survey*. Retrieved from [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#) [accessed January 2024].

KEY FINDINGS

Smoking Prevalence



In Knowsley, **14.8% of the population smoke** (Annual Population Survey, 2022).

This is higher than the North West (13.4%) and England (12.7%).

Trends



Smoking prevalence in Knowsley decreased in 2022, but remains marginally higher than pre-pandemic levels after increasing between 2019 and 2021 - whereas smoking prevalence in England has been continually decreasing since 2011 (Annual Population Survey).

Vaping



Vaping uptake among young people in England is increasing quickly. *Local data is not readily available but this is a national issue.*

Economic Cost of Smoking



Smoking costs an estimated **£53.4 million** per year in Knowsley (ASH Ready Reckoner, 2023).

Stop Smoking Services



Stop Smoking Services in Knowsley have **performed above average** since 2017/18 (NHS Digital). This is based on the proportion of those who self-report to have successfully quit smoking at 4-weeks post-quit date.

Risk Factors



Social inequalities mean residents in Knowsley are more susceptible to risk factors for smoking and attributable harm. For example, deprivation, social housing and mental health issues are all higher than average in Knowsley and all groups have a greater likelihood of smoking.

Lung Cancer Incidence



Incidences of lung cancer are **almost twice as high in Knowsley** than in England. In 2017-19 the lung cancer registration rate was 134.8 per 100,000, compared to 77.1 per 100,000 in England.

Smoking Attributable Mortality



Knowsley has the **fifth highest rate of smoking attributable mortality** in England based on data from 2017-19 (ONS Mortality Data).

Smoking in Pregnancy



1 in 10 babies in Knowsley are born to a mum who smoked throughout her pregnancy (NHS Digital, 2022/23).

This is higher than England, where 1 in 12 babies are born to a mum who smoked throughout her pregnancy.

Smoking Prevalence in Routine and Manual Occupations



Smoking prevalence amongst this group in Knowsley is at its highest rate since 2017 (Annual Population Survey, 2022).

1. TOBACCO CONSUMPTION

1.1 Types of Tobacco

Tobacco can be consumed in several ways. Smoking is the most common form of tobacco use worldwide. Cigarettes can be manufactured or hand-rolled using rolling tobacco. Tobacco smoke is particularly harmful as it contains over 5,000 chemicals, of which many are poisonous and known to cause cancer. Shisha is another form of tobacco smoking. Shisha is flavoured tobacco that is smoked using a waterpipe (also known as a 'hookah'). Like cigarette smoke, waterpipe smoke contains significant levels of carcinogenic chemicals and toxic gases such as benzene and carbon monoxide. There is no 'safer' type of smoked tobacco.

Smokeless tobacco is tobacco that is not burned. It can be known as chewing tobacco, oral tobacco, spit or spitting tobacco, dip, chew and snus. It is most often consumed by chewing or sucking the tobacco in the mouth and spitting out the tobacco juices that build up. The two main types of oral smokeless tobacco are: chewing tobacco (loose leaves placed in between the cheek and lower lip, chewed and the saliva spat or swallowed) and snus (finely cut or powdered tobacco, sold in different scents and flavours, usually placed between the cheek and gums). Snus is primarily used in Norway and in Sweden, the only European Union country where it is legal. It is illegal to buy or sell snus in the UK, however, it is legal to use snus if over the age of 18. Nicotine pouches (tobacco-free snus), however, are available to buy legally in the UK. Although smokeless tobacco does not produce tobacco smoke, the consumption of tobacco can still cause significant harm.

Cigarette smoking is the most common type of tobacco consumption, so this needs assessment will predominantly focus on cigarette smoking.

1.2 Illicit tobacco

The trade in illicit tobacco refers to any illegal activity over the lifetime of a tobacco product. Illicit tobacco includes cigarettes which have been manufactured legally outside of the UK but imported illegally; counterfeit cigarettes or hand-rolling tobacco products which are smuggled into the UK without duty paid; and the illegal sale of duty-free cigarettes, rather than being kept by the buyer for personal use. The existence of an illicit trade in tobacco products is problematic for various reasons. The safety of illicit tobacco products cannot be assured due to being unregulated and the ingredients of counterfeit products are unknown. Illicit trade in tobacco products also reduces the effectiveness of tobacco control measures due to cheaper prices undermining the effectiveness of taxation, making it more difficult for smokers to quit and easier for non-smokers to start. For such reasons, local trade in

illicit tobacco is closely monitored by our Trading Standards Officers and enforcement is used where traders are found to be engaging in the sale of illicit tobacco.

1.3 Electronic Cigarettes and Vapes

Electronic cigarettes, also known as e-cigarettes or vapes, have grown in popularity in recent years and have played a major role in the decrease in smoking prevalence in the UK⁶. An e-cigarette is a device which heats a liquid (called an e-liquid) that typically contains nicotine, which can be inhaled as a vapour rather than smoke. While nicotine is an addictive substance, it is relatively harmless. E-cigarettes do not contain tobacco or produce tar or carbon monoxide, the most damaging and cancerous elements in tobacco smoke. Research so far shows that e-cigarettes and vaping are far less harmful than smoking and pose a fraction of the risks of smoking in the short and medium-term. Vaping is not risk-free, however, particularly for people who have never smoked as there is limited evidence on the long-term effects of vaping⁷. Vaping is therefore intended only as an option for smokers to help them quit smoking or prevent them going back to tobacco.

1.3.1 E-Cigarette Usage

Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape. Vaping prevalence among adults who have never smoked remained very low, at between 0.6% and 0.7% in 2021⁸. Similar proportions of men and women reported that they currently used e-cigarettes (6% and 5% respectively). The proportion of adults who currently used e-cigarettes varied with age. It was highest among those aged between 25 and 34 (7%) and lowest among those aged 75 and over (2%)⁹.

In 2021, 16% of current smokers also currently used e-cigarettes as did 13% of ex-regular smokers, but only 1% of those who had never smoked cigarettes. It is positive to see that only a minority of adults who wouldn't ordinarily have smoked cigarettes were current e-cigarette users.

1.3.2 Vaping Use in Smoking Cessation

⁶ ONS. (2022). *Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)* [accessed May 2023].

⁷ Office for Health Improvement and Disparities. (2022). *Nicotine vaping in England: 2022 evidence update - GOV.UK (www.gov.uk)* [accessed May 2023].

⁸ See footnote above.

⁹ See footnote 7.

Evidence shows that vaping is one of the most effective ways to help adults quit smoking, particularly when combined with additional support from local stop smoking services. A recent Cochrane systemic review found high certainty evidence that nicotine e-cigarettes are more effective than traditional nicotine-replacement therapy (NRT) in helping people quit smoking¹⁰. Data from national stop smoking services in 2020 to 2021, showed that quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product)¹¹. Despite the high quit attempts associated with e-cigarettes, children who smoke (aged 18 and under) should not be encouraged to vape. The current NICE guidelines also state that pregnant women should stop smoking without the use of nicotine replacement therapies such as patches or e-cigarettes¹². The Royal College of Midwives, on the other hand, are supportive of pregnant women vaping if it helps her to quit smoking¹³. There may be a shift in NICE's position on this area in the coming years as more research is conducted.

1.3.3 Youth Vaping

Despite the promising evidence of the success of vapes in smoking cessation, there is widespread concern about the harms from vaping. This concern is predominantly associated with e-cigarette use by younger people. The sale of e-cigarettes is restricted to persons over the age of 18. Despite this, young people (aged under 18) are increasingly using e-cigarettes, including young people who wouldn't ordinarily have taken up smoking. Evidence suggests that young people are also increasingly experiencing the harms from vaping, with the NHS reporting at the NHS ConfedExpo conference that there were forty hospital admissions for under-20s for vaping-related disorders in 2022¹⁴.

In March/April 2023, the proportion of children experimenting with vaping had grown by 50% year on year, from one in thirteen to one in nine (ASH, 2023¹⁵). The proportion of current vaping has been greater than that of current smoking amongst young people since 2021 (7.6% compared to 3.6% in 2023). Recent data collected in NHS Digital's 'Smoking, Drinking and Drug Use among Young People in England' survey showed a doubling of regular vape use for 11- to 15-year-olds to 4% in 2021, compared to 2% in 2018¹⁶. Current e-cigarette use for 15 year old girls increased from 10% in 2018 to 21% in 2021

¹⁰ Hartmann-Boyce et al. (2022). [Electronic cigarettes for smoking cessation - Hartmann-Boyce, J - 2022 | Cochrane Library](#) [accessed May 2023].

¹¹ See previous footnote.

¹² NICE Guidelines [NG209] (2021). *Tobacco: preventing uptake, promoting quitting and treating dependence*. Retrieved from [Recommendations on treating tobacco dependence in pregnant women | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#) [accessed May 2023].

¹³ The Royal College of Midwives (2019). Support to Quit Smoking in Pregnancy. Retrieved from [support-to-quit-smoking-in-pregnancy.pdf \(rcm.org.uk\)](#) [accessed May 2023].

¹⁴ NHS England (2023). Amanda Pritchard speech to NHS Confed Expo conference, 14 June 2023. [committees.parliament.uk/writtenevidence/122266/html/](#) [accessed January 2024].

¹⁵ ASH. (2023). *Use of e-cigarettes among young people in Great Britain*. Retrieved from [Use of e-cigarettes among young people in Great Britain - ASH](#) [accessed May 2023].

¹⁶ NHS Digital (2021). [Smoking, Drinking and Drug Use among Young People in England](#) [accessed May 2023].

(12% were regular e-cigarette users) – equating to more than 1 in 5 15-year-old girls¹⁷. Recent ASH-Youth 2022 Survey data also found that the proportion of 11–17-year-olds who had tried vaping increased significantly in 2022, from 11.2% in 2021 to 15.8% in 2022¹⁸.

It is thought that the recent increase in vaping among children has been driven by the emergence of disposable vapes since they do not require any initial outlay for equipment and are relatively cheap to buy. ASH-Y and ITC Youth survey results show that the main reasons for vaping amongst young people were to “give it a try” and “liking the flavours”¹⁹. Concern about the appeal of fruit flavours – the most popular flavours among young people (ASH-Y) – in attracting young people to vape has been highly publicised and the colourful product branding has also been criticised for tactical marketing^{20,21}. Research has shown that young people who had never smoked or vaped noticed e-cigarette marketing at a consistently higher rate than adults who smoked²².

Youth Vaping Call for Evidence

On 8 April 2023, the Government announced new measures to tackle the illegal sale of e-cigarettes to under 18s and is holding a call for evidence to identify opportunities to reduce the number of children accessing and using vape products. Several influential stakeholders submitted responses to the call for evidence, including ASH, The Royal College for Paediatricians and The Children’s Commissioner. The responses are readily available on each of the respective websites. Officers across Knowsley’s Trading Standards, Commissioning and Policy and Performance Services worked collaboratively to produce a response to the call for evidence, reflective of the local position on youth vaping and based on the evidence above.

Local Position on Youth Vaping

Directors of Public Health in Cheshire and Merseyside’s nine local council areas – Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral – issued a statement on 20th June 2023 expressing their concern about the increase of the use of vapes in the subregion. The Directors of Public Health are particularly concerned about the increased use of vapes amongst children.

As a group, the Directors of Public Health called for a country-wide ban on sales of disposable vapes, additional restrictions on advertising and marketing of vapes, a significant increase in fines for retailers selling illicit vaping products and vapes to those aged under 18, and a consultation on the licensing and

¹⁷ Office for Health Improvement and Disparities. (2022). *Nicotine vaping in England: an evidence update including health risks and perceptions*. Retrieved from [Nicotine vaping in England: 2022 evidence update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/nicotine_vaping_in_england_2022_evidence_update_-_gov.uk) [accessed May 2023].

¹⁸ ASH. (2023). *Use of e-cigarettes among young people in Great Britain*. Retrieved from [Use of e-cigarettes among young people in Great Britain - ASH](https://www.ash.org.uk/ash-research/use-of-e-cigarettes-among-young-people-in-great-britain) [accessed May 2023].

¹⁹ See footnote above.

²⁰ Eardley F. (2022). *Vaping among Teens: A Growing Trend?* Retrieved from <https://lordslibrary.parliament.uk/vaping-among-teens-a-growing-trend/> [accessed May 2023].

²¹ See footnote 16.

²² Cancer Research UK (2021). *E-cigarette marketing in the UK (cancerresearchuk.org)* [accessed May 2023].

regulation of vapes. The Directors of Public Health are endorsing the advice from England's Chief Medical Officer: "If you smoke, vaping is much safer. If you don't smoke, don't vape."

1.4 Nicotine Pouches

Nicotine pouches are non-medicinal consumer pouches of nicotine that are placed in the mouth, usually under the lip. The products are available to buy legally in the UK but are not captured by regulation of either tobacco or e-cigarettes, and as such are only regulated under general consumer product safety regulations. The pouches come in a variety of flavours with a packet of 20 usually costing £6.50. Stricter regulation of the products is on the political agenda, with the Prime Minister (Rishi Sunak) pledging to ban the sale of nicotine pouches to children, and leading brands such as Nordic Spirit, have introduced their own restrictions on age of sale and warnings on packaging.

Data from ASH shows that among adults in Great Britain, 3.9% have tried nicotine patches whilst nearly half (48%) of adults haven't heard of nicotine pouches (ASH Adult's Smoking and Vaping Behaviour and Attitudes Survey, 2022). Although awareness and uptake remain fairly low, comparable data from 2020 shows that knowledge of nicotine pouch products is growing. The proportion of adults who had heard of nicotine pouches increased 10 percentage points between 2020 and 2022 and the proportion of adults who had ever tried nicotine pouches was also significantly higher in 2022 (3.9%) than 2020 (2.7%).

2. SMOKING PREVALENCE AND TRENDS

Smoking prevalence has been steadily declining in England since 1974. The proportion of people smoking nationally continues to fall, decreasing from 20% in 2010, to 12.7% in 2022²³. Figure 1 compares smoking prevalence as a proportion of the population in Knowsley, the North West and in England. The graph shows that smoking prevalence in Knowsley has been consistently higher than both the national and regional rates.

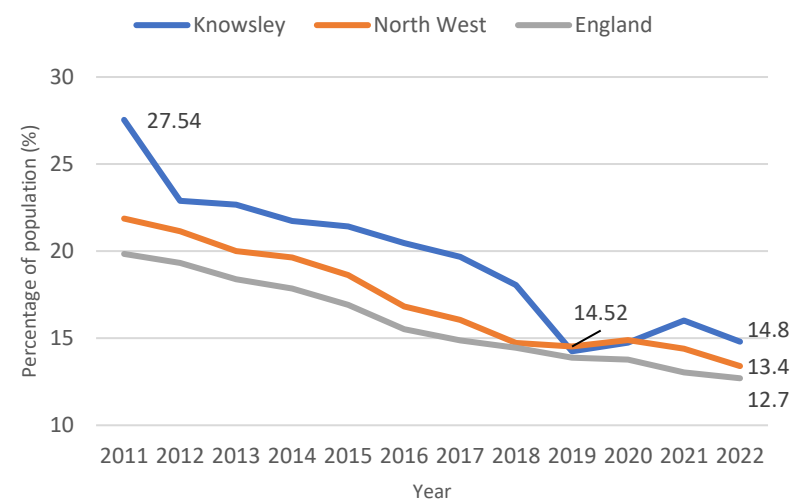
The Annual Population Survey (APS) estimates the proportion of adults (18+) who smoke cigarettes in Knowsley to be 14.8%, equating to around 17,900 adults²⁴.

This is a higher prevalence than in England, with an estimated 12.7% of people aged 18 and over reporting to be cigarette smokers²⁵.

Like England, **smoking prevalence in Knowsley has fallen but this downward trend is limited to 2019**, with smoking prevalence increasing in 2020 and 2021 (a diversion from the national trend). The North West also saw an increase in 2019-2020, however, unlike in Knowsley, this seems to be an irregularity as the trend reverted the following year. Latest data for 2022, however, positively shows that smoking prevalence in Knowsley has decreased from 16.0% in 2021 to 14.8%, returning to a similar level to that observed in 2019 (14.52%).

Knowsley has the second highest smoking prevalence in the Liverpool City Region, with Liverpool having the highest. Other local authorities in the City Region perform much better in terms of smoking prevalence; namely Wirral, St. Helens and Sefton who perform

Figure 1: Smoking Prevalence in Knowsley, North West and England 2011-2022



Source: ONS Annual Population Survey

²³ ONS (2010-2022). *Annual Population Survey Smoking Prevalence Data*. Retrieved from: [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/data/local-tobacco-control-profiles) [accessed September 2023].

²⁴ ONS (2021). *Census 2021*. Retrieved from [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/) [accessed May 2023].

²⁵ ONS (2019). [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-population/adult-smoking-habits) [accessed May 2023].

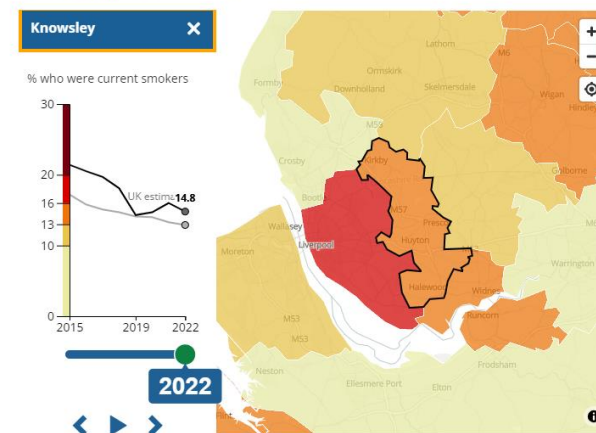
better than the national average. Figure 2 provides a comparison of smoking prevalence in other local authorities in the Liverpool City Region.

Figure 2: Liverpool City Region’s Local Authorities - Smoking Prevalence 2022

England		12.7%
Liverpool		17.3%
Knowsley		14.8%
Halton		13.3%
Wirral		11.5%
St. Helens		11.9%
Sefton		7.9%

Source: Annual Population Survey, Public Health England Fingertips Local Tobacco Control Profiles

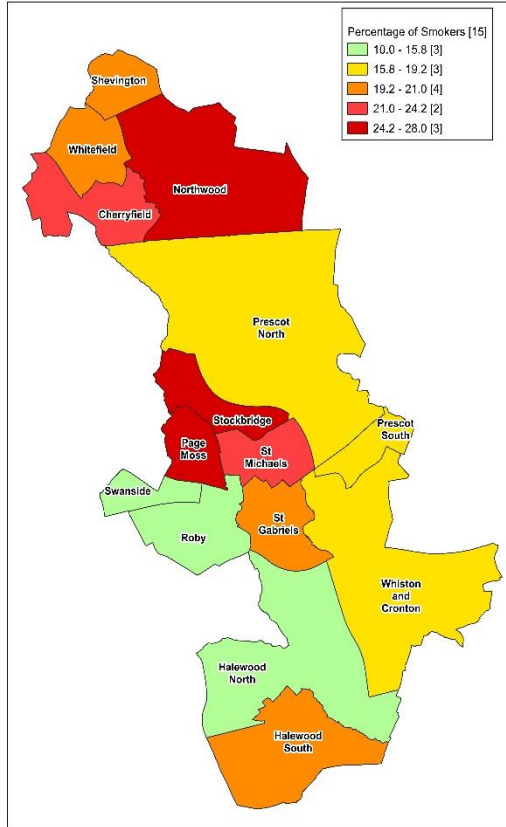
The proportion who were current smokers, all persons aged 18 years and over by local authority, UK, 2015 to 2022



Source: Annual Population Survey from the Office for National Statistics

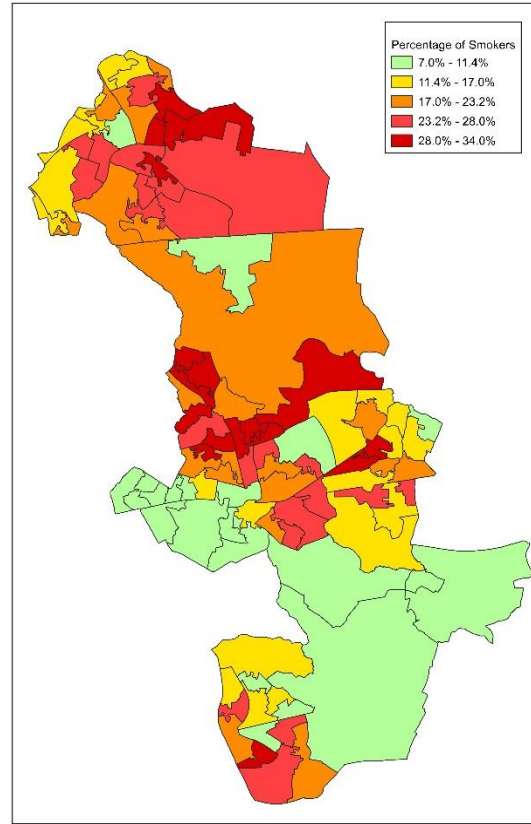
Up until recently, data measuring smoking prevalence at a smaller geographical level .e.g. lower super output area has not been available and proxy data sources such as lung cancer incidence have been used. However, CIPHA data has now become available showing the proportion of smokers (of those residents whose smoking status is known) by both ward and lower super output area.

Figure 3: Proportion of current smokers (of known smoking status) aged 18+ by Wards, January 2024



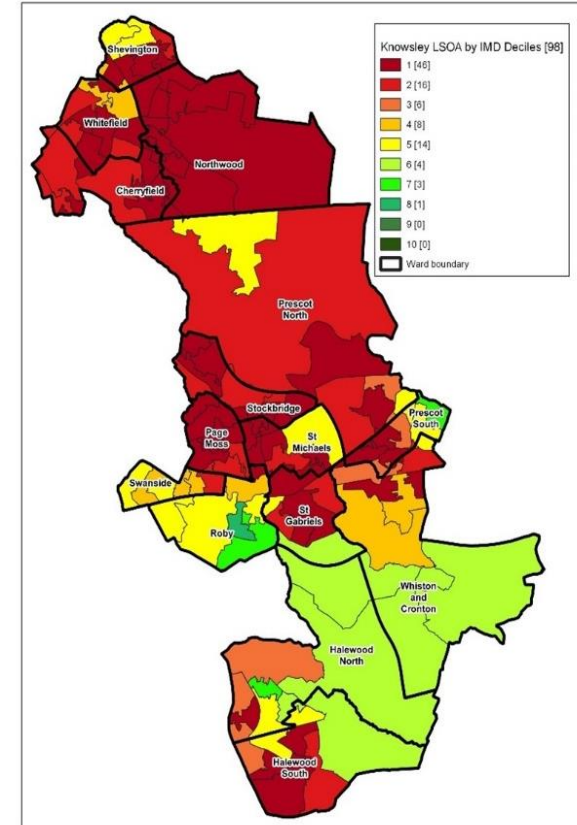
This map is reproduced from the Census of Smoking Status, which is published by the Office for National Statistics. It is reproduced here for information only and does not constitute an official statement of the Council of Knowsley. The Council of Knowsley is not responsible for any errors or omissions in this map.

Figure 4: Proportion of current smokers (of known smoking status) aged 18+ by Lower Super Output Area (LSOA), January 2024



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Figure 5: Index of Multiple Deprivation by Lower Super Output Area 2019



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Figure 3 shows that smoking prevalence varies considerably across Knowsley, with higher rates of smokers generally seen in the North and Centre of the borough compared to the South. Areas with the highest percentage of smokers (24.2 – 28%) include the wards Northwood, Stockbridge and Page Moss and areas with the lowest percentage of smokers include Swanside, Roby and Halewood North (10-15.8%). Higher rates of smoking are generally observed in areas with higher rates of deprivation, for example Page Moss and Northwood are in the most deprived 10% of small areas in England yet have some of the highest smoking rates in the borough. This relationship is further described in 4.1.

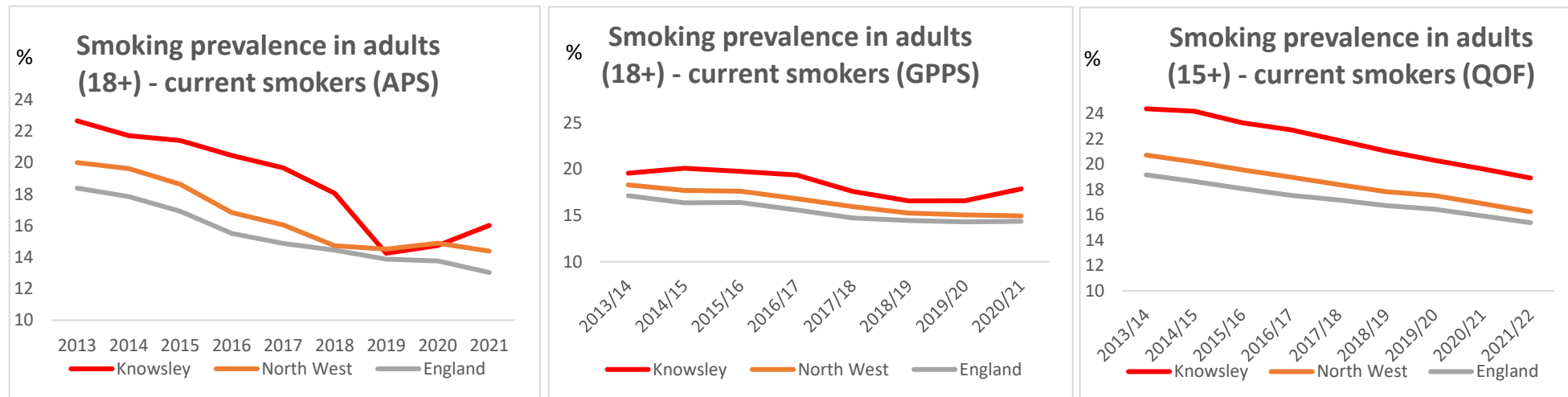
Whilst the ward level data shows general smoking trends across Knowsley, Figure 4 shows Lower Super Output Area level data (LSOA), which shows variation in smoking prevalence within wards, with pockets of higher rates in wards masked by surrounding neighbourhoods. For example, whilst the map shows 19.2 - 21.0% of the population in Halewood South are smokers, there are small communities within the ward with a prevalence range of up to 34%.

2.1 Exploring Explanations for the Upward Trend Between 2019 and 2021

Smoking data from the GP Patient Survey (GPPS) also observed the same upward trend from 2019 onwards, reflecting an uptake in smoking prevalence (Figure 5). On the other hand, data from the Quality and Outcomes Framework (QOF) - voluntary data from GP practices in England - shows a continual downward trend in 2020/21 and 2021/22, however this data is not directly comparable as it includes smokers over the age of 15, rather than 18+.

There is no clear explanation as to why smoking prevalence increased in Knowsley between 2019 and 2021 as increases were also observed in areas with vastly different demographics.

Figure 5: Smoking prevalence in Knowsley, North West and England by data source



Source: Public Health England, Fingertips, OHID

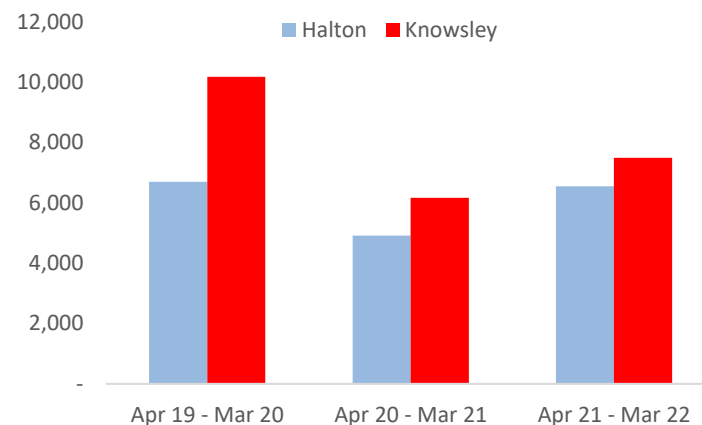
COVID-19 and Lockdowns

COVID-19 and national lockdowns may have contributed. Data shows that Knowsley was the worst hit borough in the country, acquiring the highest Covid-19 infection rate per 100,000 of the population²⁶. Changes in smoking behaviours may have resulted from pandemic-related changes to the structure of everyday lives. Other explanations for an increase in smoking uptake during this time (2020/2021) may be down to increased stress and anxiety, feelings of depression or boredom. This explanation, however, may be more complex than it seems - as Halton had the second highest rate of infection per 100,000 of the population, and did not see an increase in smoking prevalence during the same period. The complexities may lie in differences in attendance at Stop Smoking Services during this period. In line with national restrictions, face to face stop smoking support ceased in Knowsley in mid-March 2020.

Figure 6 shows that the number of people accessing Stop Smoking Services in Knowsley significantly decreased during the pandemic and have struggled to return to pre-pandemic levels. Halton also saw a reduction in attendance at their Stop Smoking Services but at a slower rate, and attendance at the services have increased at a quicker rate – nearing pre-pandemic levels in April 21 – March 2022²⁷. This may explain why Halton has not observed an increase in smoking prevalence. Interestingly, Halton observed a marginal increase of 0.1% in 2022, whereas Knowsley saw a reduction in the same year.

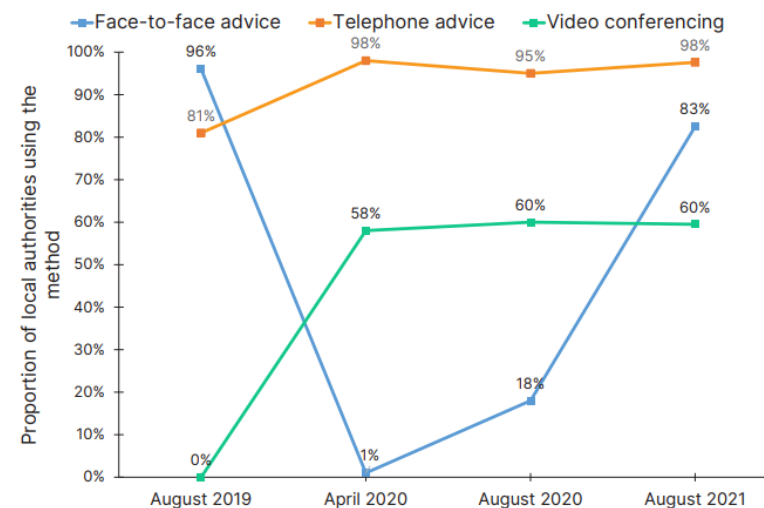
The services may have also become less effective due to differing delivery methods, moving away from face-to-face advice to remote options – see Figure 7 for changes to service delivery methods across local authorities during COVID-19, compiled by ASH through data collection with service users. ASH identified a multitude of problems caused by the change

Figure 6: Persons setting a quit date per 100,000 smokers



Source: NHS Digital, Stop Smoking Services Annual Data 2019 - 2022

Figure 7: Changes in Method of Delivery of Stop Smoking Services During COVID-19



Source: ASH Reaching Out Report: Tobacco Control and Stop Smoking Services in local authorities in England, 2021

²⁶ UK Health Security Agency. [Cases in Knowsley | Coronavirus in the UK \(data.gov.uk\)](#) [accessed May 2023].

²⁷ NHS Digital. [Statistics on NHS Stop Smoking Services in England - NHS Digital](#) [accessed May 2023].

in service delivery: communication breakdown, loss of contacts in prime settings, less referrals, a strain on pharmacy schemes, Champix supply problems, lack of CO monitoring impacting motivation for patients and validity of quits²⁸. That said, engagement carried out in 2022 by Knowsley's commissioning team found that support provided over the telephone continues to be the most common method of communication and service users confirmed that this was sufficient to meet their needs²⁹.

Impact of Covid-19 on Smoking Prevalence and Uptake – Research Findings

Newly published research from experts at University College London (December 2023) found that the rate of decline in smoking prevalence dropped significantly during the pandemic (2020-2022). Before the pandemic, smoking prevalence had been falling among adults in England at a near linear rate for more than 20 years, by 5.2% per year. This decline almost completely stopped since the pandemic began, slowing to 0.3% because of changes in smoking and quitting behaviours. The study found that there were sustained changes in smoking prevalence in different age groups: a step increase among 18–24-year-olds, indicating a potential rise in the uptake of smoking, offset by a step decrease among 45–65-year-olds, which also suggested no evidence of a substantial rise in late relapse. Inequalities in smoking prevalence appeared to have narrowed – the pre-pandemic trend did not change among less advantaged social grades, however, the pre-pandemic decline halted among more advantaged grades. Possible explanations for these differences include those from less advantaged social grades being more likely to experience financial impacts of the pandemic (e.g. due to job loss or reduced earnings) which make (taking up or continuing) smoking less affordable, or work in frontline jobs that increase exposure to Covid-19 and might make quitting smoking higher priority³⁰.

Changes to Methods of Working

One study found that changes in the levels of smoking prevalence during the pandemic were bidirectional, however, a link was identified between an increase in smoking uptake and working from home³¹. Those asked to work from home tended to be from non-manual occupations, however, there was also increased unemployment and restrictions on going to work for those in routine and manual occupations (including reduced demand for routine and

²⁸ ASH and Cancer Research UK (2021). *Reaching Out: Tobacco control and stop smoking services in local authorities in England (2021)*. Retrieved from ([Reaching-Out-1.pdf \(ash.org.uk\)](#) [accessed May 2023]).

²⁹ Internal Stop Smoking Service User Survey (2021).

³⁰ University College London (2023). [Have there been sustained impacts of the COVID-19 pandemic on trends in smoking prevalence, uptake, quitting, use of treatment, and relapse? A monthly population study in England, 2017–2022 | BMC Medicine | Full Text \(biomedcentral.com\)](#)

³¹ [‘I Was Smoking a Lot More during Lockdown Because I Can’: A Qualitative Study of How UK Smokers Responded to the Covid-19 Lockdown - PMC \(nih.gov\)](#)

manual labour). Routine and manual workers have been identified as a priority risk group in terms of smoking prevalence. An increase in smoking prevalence was observed amongst routine and manual workers in Knowsley, rising from 21.7% in 2020 to 24.4% in 2022. The trend observed in Knowsley during the pandemic digresses from the findings by UCL highlighted above, which suggested that those in routine/frontline occupations were more inclined to quit smoking due to vulnerabilities from Covid-19. The explanation for this is likely to be multifaceted – and can be attributed to a multitude of risk factors. See Chapter 4 for more detailed analysis of trends in smoking prevalence amongst high-risk groups in Knowsley.

Mental Health

Poor mental health is a significant issue in Knowsley and combined with the pandemic, this has likely contributed to an increased uptake in cigarette smoking. Evidence shows that people with mental health conditions are twice as likely to smoke³². Chapter 3.3 considers the impact of mental health on the likelihood of smoking in further detail.

Deprivation and Statistical Neighbours

It is also valuable to consider the upward trend in line with deprivation, e.g. if uptake has increased exclusively in more deprived areas; however, data shows that this is not the case. No clear correlation could be established when comparing trends in smoking prevalence in areas deemed by CIPFA to be Knowsley's statistical neighbours (comparison of 15 areas). Barnsley, Tameside, Rotherham, Oldham and Sandwell all observed slight increases, however, the rest did not³³. Those areas which did not observe increases include two local authorities in the Liverpool City Region: Halton and St. Helens. The correlation between deprivation and recent increases in smoking prevalence is further disproved when analysing smoking prevalence data in less deprived areas. For example, in Hart – which ranks as the least deprived area in England (IMD 2019) – smoking prevalence has more than doubled since 2019 (from 3.4% to 8.7% in 2021), though it remains significantly lower than in Knowsley³⁴.

The increase can likely be attributed to the intersection of deprivation, COVID-19, poor health outcomes and mental health issues. Being mindful of these factors is essential going forward to ensure that services are prevention -focused and interventions can be put in place where necessary.

³² UK Health Security Agency (2021). [Time to talk about smoking and mental health in a pandemic: No Smoking Day 2021 - UK Health Security Agency \(blog.gov.uk\)](https://www.blog.gov.uk/2021/05/16/time-to-talk-about-smoking-and-mental-health-in-a-pandemic-no-smoking-day-2021-uk-health-security-agency/) [accessed May 2023].

³³ ONS Annual Population Survey. *Smoking Prevalence in CIPFA Nearest Neighbours*. [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-tobacco-control-profiles-data) [accessed May 2023].

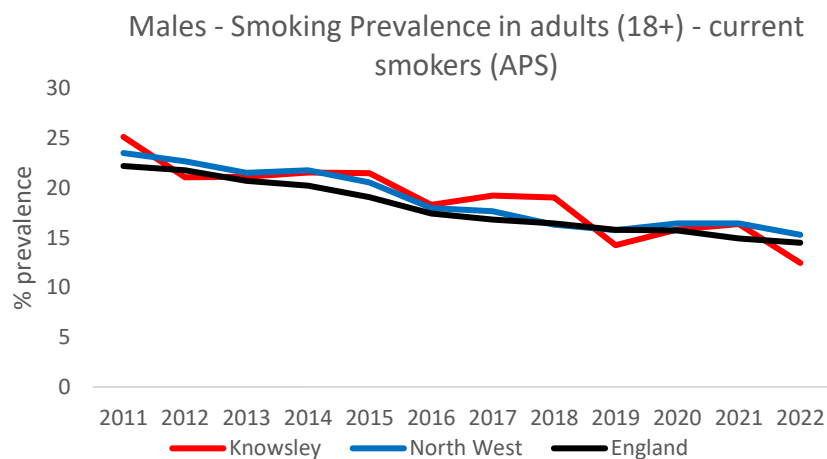
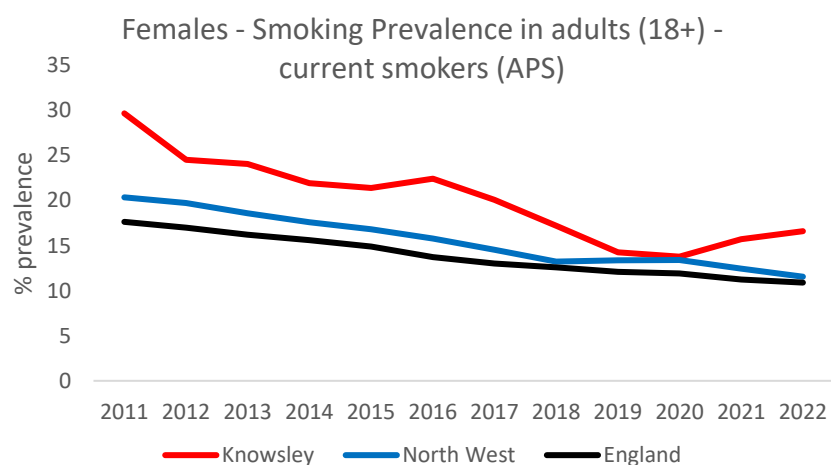
³⁴ ONS Annual Population Survey. *Smoking Prevalence Data*. Retrieved from: [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-tobacco-control-profiles-data) [accessed May 2023].

2.2 Smoking Prevalence and Gender

Nationally, males smoke more than females (14.5% versus 10.9%)³⁵. Evidence suggests that smoking prevalence is also higher amongst transgender people than in the general population³⁶.

In Knowsley, 12.5% of males smoke compared to 16.6% of females in 2022³⁷. This trend is interchangeable in Knowsley as shown in Figure 7. Whilst it seems that smoking prevalence amongst men in Knowsley is declining, the APS data suggests that smoking prevalence is increasing amongst women in Knowsley. It is also apparent that more females smoke in Knowsley than nationally and regionally, and this trend appears to be consistent. There is no local data available for smoking prevalence amongst transgender people.

Figure 7: Smoking Prevalence (%) by Gender in Knowsley 2011-2022



³⁵ See footnote 34.

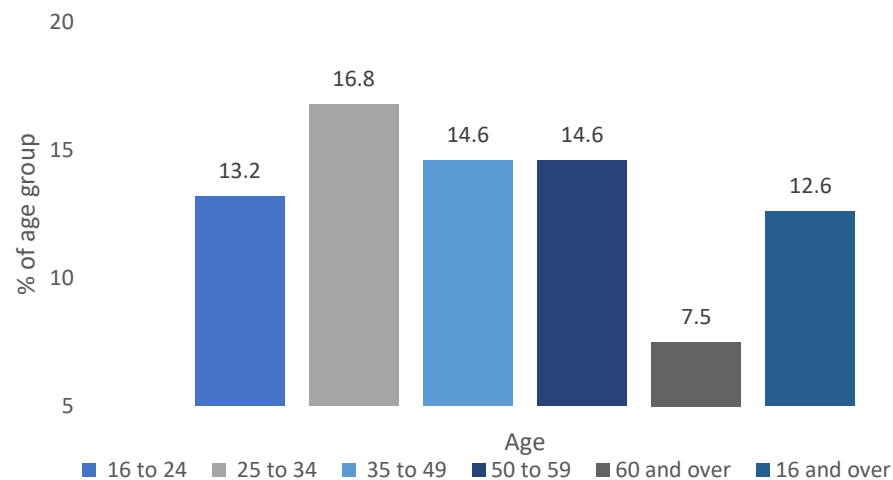
³⁶ ASH and LGBT Foundation (2020). *LGBT into Practice Briefing*. Retrieved from: [Copy of LGBT Evidence into Practice briefing \(ash.org.uk\)](#) [accessed May 2023].

³⁷ See footnote 34.

2.3 Smoking Prevalence and Age

In England, those aged 25 to 34 years had the highest proportion of current smokers (16.8%), compared with those aged 60 years and over who had the lowest (7.5%) in 2021³⁸.

Figure 8: Smoking Prevalence (%) by Age – England



Source: ONS– Opinions and Lifestyle Survey, General Lifestyle Survey and General

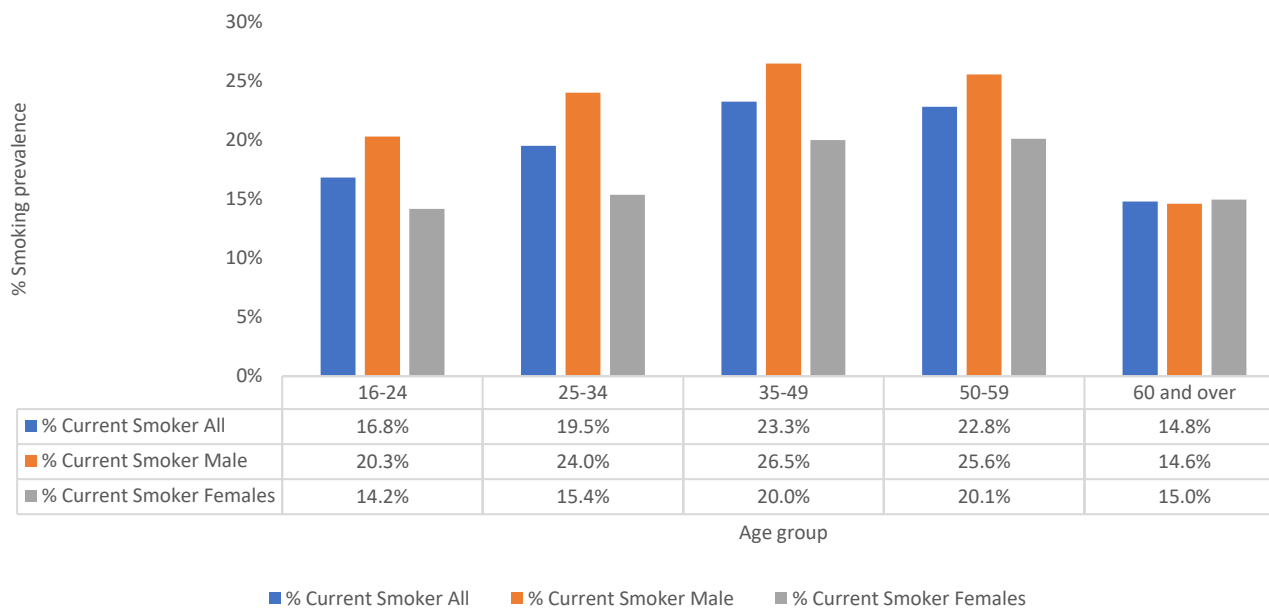
Local data for Knowsley (below: figure 9) from GP data on smoking prevalence of those adults with a known smoking status shows that the 34-49 age group has the highest smoking prevalence of 23.3% (nearly 1 in 4). The lowest prevalence age group is the aged 60+ group in which 14.8% of this group smoke.³⁹ Local data on age and smoking prevalence is not readily available. Operational GP Health Check data from Quarter 1-3 2022 shows us adults in the age range 40-74 (33%) are current smokers in Knowsley and more than half of adults are ex-smokers (55%). 12% of adults reported to have never smoked. This data provides some insight, however, is not representative of the whole population as only a small sample size and age range was available.

³⁸ ONS Opinions and Lifestyle Survey, General Lifestyle Survey and General Household Survey (2021). [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/lifestyle-and-leisure/articles/adult-smoking-habits-in-the-uk/2021) [accessed May 2023].

³⁹ CIPHA, May 2024 – Data from GP systems, current smoking status

Smoking prevalence is higher in Males than Females for all age groups except aged 60+ where female prevalence is slightly higher. The largest gender gap in smoking prevalence is the young adult group of age 25-34, in which almost a quarter of males smoke (24.0%), this is much higher than females (15.4%).³⁹

Figure 9: Smoking Prevalence (%) by Age and Gender– Knowsley - May 2024



Source: CIPHA– GP prevalence data of current smokers, May 2024

3. WHY IS SMOKING AND TOBACCO HARM REDUCTION IMPORTANT?

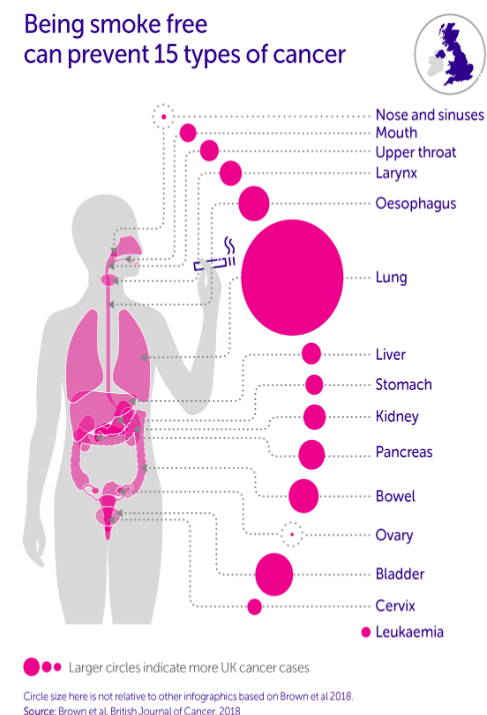
3.1 Health Risks and Harms

All forms of tobacco are harmful and there is no safe level of exposure to tobacco⁴⁰. The main method of tobacco consumption is through smoking cigarettes⁴¹. Smoking is the single largest cause of preventable ill health and premature death in England⁴². Every year around 74,600 people die in England because of smoking, this is more than 200 people per day⁴³. Between 2017 and 2019, 842 deaths in Knowsley were attributable to smoking⁴⁴.

Smoking harms nearly every organ in the body. It is a key risk factor for the development of respiratory diseases, such as COPD, emphysema, and chronic bronchitis. Tobacco smoking is also the leading cause of cancer and accounts for 15% of all cancer cases in the UK⁴⁵. There are at least 15 different types of cancer which can be caused by smoking (see Figure 10)⁴⁶. Smoking is the primary cause of lung cancer (accounting for 70% of lung cancer cases⁴⁷) and lung cancer is the most common cause of cancer death in the UK⁴⁸.

Smoking also causes damage to the heart and is a significant contributor in the development of conditions such as coronary heart disease, heart attack, stroke, peripheral vascular disease and cerebrovascular disease. A study using the UK Biobank cohort in respiratory journal Thorax found a causal effect of smoking on the risk of severe COVID-19⁴⁹. The study combined observational and genetic data on smoking and COVID-19 to strengthen its evidence base and found that compared with those who had never smoked, current smokers were 80% more likely to be admitted to hospital and

Figure 10: Types of Cancer Attributable to Smoking



cruk.org/prevention
 Together we will beat cancer



Source: Cancer Research

⁴⁰ World Health Organization (2022). [Tobacco \(who.int\)](#). [accessed May 2023].

⁴¹ World Health Organization (2022). [Tobacco \(who.int\)](#). [accessed May 2023].

⁴² Gov UK (2022). [Smoking and tobacco: applying All Our Health - GOV.UK \(www.gov.uk\)](#) [accessed May 2023].

⁴³ ASH (2021). [Smoking Statistics - ASH](#). [accessed May 2023].

⁴⁴ See footnote above.

⁴⁵ Brown, K.F., Rungay, H., Dunlop, C. et al. *The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015*. *Br J Cancer* 118, 1130–1141. Retrieved from: <https://doi.org/10.1038/s41416-018-0029-6> [accessed May 2023].

⁴⁶ NHS (2022). [What are the health risks of smoking? - NHS \(www.nhs.uk\)](#) [accessed May 2023].

⁴⁷ See footnote above.

⁴⁸ Cancer Research UK. [Lung cancer statistics | Cancer Research UK](#) [accessed May 2023].

⁴⁹ [Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank cohort - PubMed \(nih.gov\)](#)

significantly more likely to die from COVID-19⁵⁰. On top of this, there are many other non-fatal conditions associated with or aggravated by smoking that can cause years of debilitating illness.

Passive smoking is similarly harmful. Second-hand smoke is made up of more than 4,000 irritants, toxins and carcinogenic substances⁵¹. Globally, there are around 1.2 million deaths per year from exposure to second-hand smoke⁵². Non-smokers who regularly inhale second-hand smoke are at heightened risk of the same diseases as smokers. Pregnant women exposed to passive smoke are more prone to premature birth and their baby is at greater risk of low birthweight and sudden infant death syndrome. Children are particularly vulnerable to passive smoking due to breathing more rapidly and having less developed airways, lungs, and immune systems. Children who live in a household where at least one person smokes are more likely to develop breathing problems, asthma, chest infections, meningitis, ear infections and coughs⁵³.

3.2 Smoking Attributable Harm in Knowsley

Knowsley performs worse than the national average on each indicator for smoking attributable harm. This can be explained by there being a larger proportion of the population who smoke, amongst increased exposure to several other risk factors. Tobacco is the **leading cause** of health inequalities, however, there are many wider determinants of health and inequalities in Knowsley that heighten the risk of smoking.

Smoking Attributable Mortality (2017-19)⁵⁴

In 2017-2019, Knowsley had the **fifth highest rate of smoking attributable mortality in England** and the highest in the City Region. The rate was 346.3 per 100,000 population (Directly age standardised rate) compared to 202.2 per 100,000 in England. The number and rate of smoking attributable deaths is improving and has maintained its slight downward trend since 2013-15.

Smoking Attributable Deaths from Cancer (2017-19) *

⁵⁰ See previous footnote.

⁵¹ NHS (2022). [Passive smoking - NHS \(www.nhs.uk\)](https://www.nhs.uk) [accessed May 2023].

⁵² World Health Organization (2022). [Tobacco \(who.int\)](https://www.who.int). [accessed May 2023].

⁵³ See footnote 46.

⁵⁴ [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://phes.org.uk) * all data referred to in Chapter 2.2 can be found via this link on Public Health England's Fingertips website.





Figure 11: Key Indicators of Smoking Harm in Knowsley

Smoking Harms in Knowsley



KEY INDICATORS:

* ranking out of all local authorities in England

- 
Highest COPD mortality rate
- 
Highest female mortality rate from respiratory disease
- 
Lung cancer incidence is significantly higher than national
- 
Fifth highest smoking attributable mortality rate

Knowsley has the **third highest smoking attributable deaths from Cancer** in England and the highest in the City Region. The rate per 100,000 population (Directly age standardised rate) was 154.7, compared to 89.6 in England.

Incidences of Lung Cancer (2017-19) *

Evidence shows that smoking is the primary cause of lung cancer and accounts for 70% of all lung cancer diagnoses. The lung cancer registration rate in Knowsley between 2017-19 was 134.8 per 100,000 population (Directly age standardised rate). This is **significantly higher (almost twice as high) than the national rate** of 77.1 per 100,000 in the same period. Knowsley ranks as **the fourth worst local authority in England for incidences of lung cancer**, behind Manchester, Middlesbrough and Liverpool (2017-19).

Lung Cancer Mortality Rate (2020-22) *

Knowsley has the **2nd highest mortality rate from lung cancer** in England (2020-22). Knowsley's mortality rate from lung cancer is 89.0 per 100,000 population (Directly age standardised rate) compared to 48.9 per 100,000 in England (2020-22). In comparison, Liverpool is the fourth worst in the country for lung cancer deaths. Liverpool's mortality rate from lung cancer is 87.6 per 100,000.

Mortality Rate from Respiratory Disease (Female Under 75) (2021)

In 2021, Knowsley had the **highest female mortality rate from respiratory disease in the country**. It is established that smoking has a causal link to respiratory disease.

COPD Mortality Rate (2021)

Knowsley the highest rate of mortality from COPD (all ages, 2021) in England - 92.9 per 100,000 in Knowsley compared to 39.8 in England.

Oral Cancer Mortality Rate (2017-19) *

Source: Local Tobacco Control Profiles, OHID, various dates and sources (see accompanying text)

Source: Local Tobacco Control Profiles, OHID, various dates and sources (see accompanying text)

Knowsley has the second highest mortality rate from oral cancer (all ages 2017-19) in England - 9.0 per 100,000 population (Directly age standardised rate) in Knowsley compared to 4.7 in England. For comparison, Leicester has the highest rate at 9.2 per 100,000.

3.3 Cost

Smoking has considerable health and social costs for the individual, society and the economy. Smoking costs the UK economy an estimated £17.3bn per year⁵⁵. The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use. Tobacco-attributable disease and early mortality also result in lost human capital and lower productivity levels.

It is estimated that the treatment of smoking-related illness costs the NHS around £2.5bn per year⁵⁶. This includes the costs of hospital admissions, GP consultations and prescriptions. In England in 2019 to 2020, there were over half a million smoking-related admissions to hospital, equating to almost 1,400 each day. Smoking is a significant burden on NHS services, with one in 4 patients in a hospital bed being a smoker⁵⁷ and increased visits to their GP (35% higher)⁵⁸. The National Institute for Health and Care Excellence (NICE) estimates that every £1 invested in smoking cessation saves £10 in future health care costs⁵⁹.

There is also a financial burden on the individual smoker, with ASH estimating the average smoker will spend roughly £2,451 on tobacco per year⁶⁰.

⁵⁵ ASH (2023). *The Local Cost of Tobacco*. Retrieved from [ASH Ready Reckoner - ASH](#) [accessed May 2023].

⁵⁶ UK Health Security Agency (2017). *Health Matters: preventing ill health from alcohol and tobacco use - UK Health Security Agency (blog.gov.uk)* [accessed May 2023].

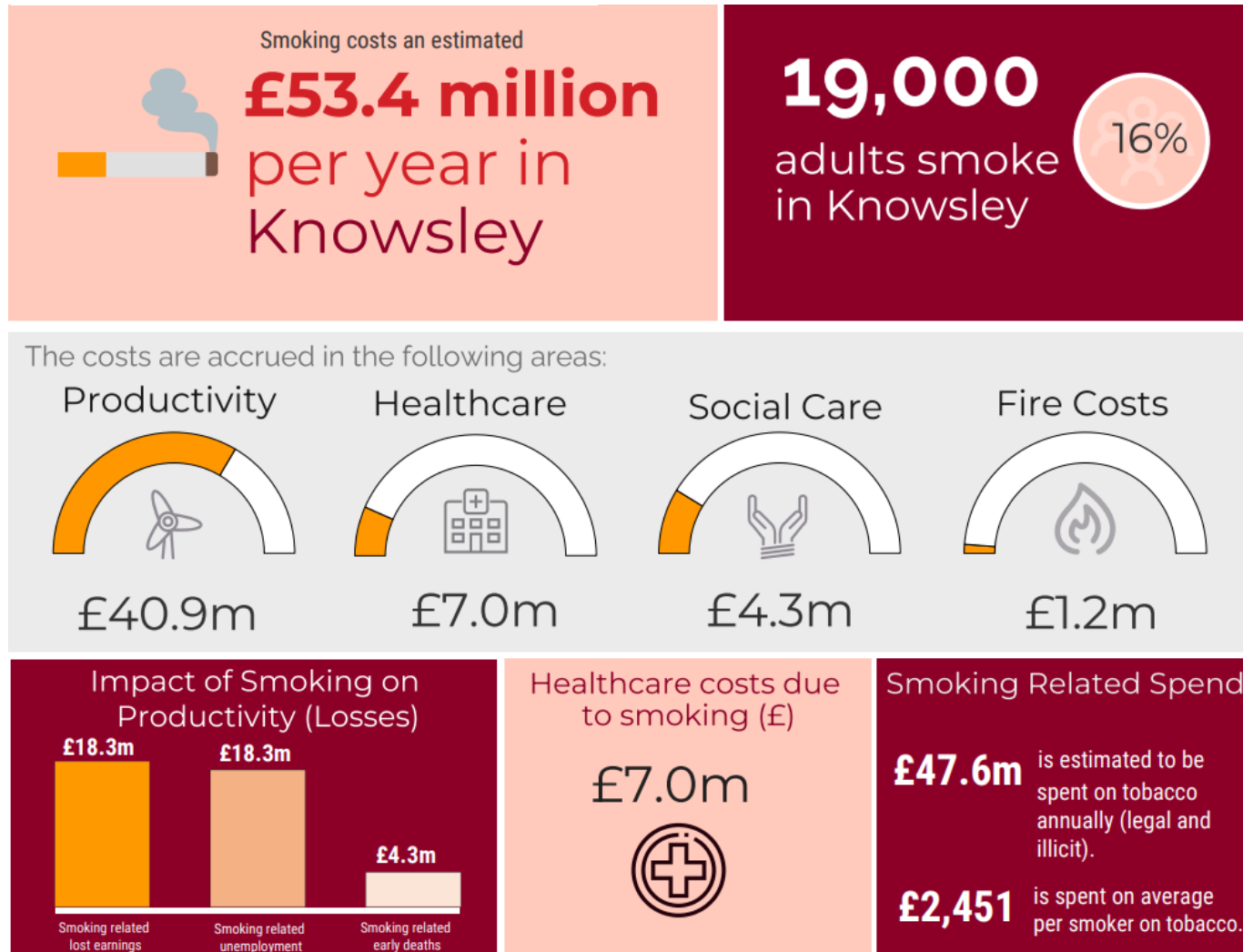
⁵⁷ Gov UK (2022). *Smoking and tobacco: applying All Our Health - GOV.UK (www.gov.uk)* [accessed May 2023].

⁵⁸ Gov UK (2017). *Smoke-free generation: tobacco control plan for England - GOV.UK (www.gov.uk)* [accessed May 2023].

⁵⁹ Local Government Association and Cancer Research UK (2019). *Must know: tobacco control | Local Government Association* [accessed May 2023].

⁶⁰ See footnote 55.

Figure 12: Economic Cost of Smoking Tobacco in Knowsley (2023)



Source: ASH Ready Reckoner

4. WHO IS MOST AT RISK?

Knowsley performs worse on all key indicators of smoking attributable harm than England (as seen in **Chapter 2.2**). This is primarily due to having a higher proportion of residents from groups who are recognised to be at greater risk of experiencing smoking-related harm. It is therefore essential to consider this chapter in line with the local context to achieve a comprehensive understanding of the complexity of managing tobacco control in Knowsley.

4.1 Deprivation

A person's likelihood of smoking increases in line with the level of deprivation in their neighbourhood⁶¹. Likelihood of smoking is four times higher in England's most deprived areas than least deprived⁶². Those who have the least financial security are disproportionately burdened by the costs of smoking. Almost half of all the children living in poverty in the UK – around 1.1 million children – live with at least one parent who smokes⁶³. In these households, the costs of tobacco addiction can exacerbate wider socio-economic pressure, putting a strain on financial resources required for basic needs like food and warmth, further widening health disparities. ASH estimate that an additional 230,000 children would be classed as being in poverty if the calculation of household income excluded the income currently lost to tobacco expenditure⁶⁴. This is also likely to have worsened in the cost-of-living crisis.

Smokers living in levels of high deprivation are also less likely to engage in smoking cessation,⁶⁵ therefore smoking rates have been declining at a faster pace amongst higher socio-economic groups, compared to lower socio-economic groups⁶⁶. Research by Smith et al (2018) suggests this is because smokers of lower socio-economic status face further barriers to quitting, including greater levels of dependence, greater normalisation of smoking, and more challenging personal circumstances which deprioritise quitting⁶⁷. This is supported by Cancer Research UK (analysis of 2018 data), who found there is a

⁶¹ Shortt, N.K., Tisch, C., Pearce, J. et al. (2015). *A cross-sectional analysis of the relationship between tobacco and alcohol outlet density and neighbourhood deprivation*. *BMC Public Health* 15, 1014 (2015). Retrieved from: <https://doi.org/10.1186/s12889-015-2321-1>

⁶² ONS (2018). *Likelihood of smoking four times higher in England's most deprived areas than least deprived - Office for National Statistics (ons.gov.uk)* [accessed May 2023].

⁶³ Belvin C, Britton J, Holmes J, Langley T. (2015) *Parental smoking and child poverty in the UK: an analysis of national survey data*. *BMC Public Health* 2015; 15: 507. 15. Guillaumier A, B. Retrieved from: <https://doi.org/10.1186/s12889-015-1797-z> [accessed May 2023].

⁶⁴ ASH (2019). *Health Inequalities and Smoking*. Retrieved from: [ASH-Briefing_Health-Inequalities.pdf](https://www.ash.org.uk/health-inequalities) [accessed May 2023].

⁶⁵ Giskes K, Van Lenthe FJ, Turrell G, Brug J, Mackenbach JP. *Smokers living in deprived areas are less likely to quit: a longitudinal follow-up*. *Tob Control*. (2006) Retrieved from [Smokers living in deprived areas are less likely to quit: a longitudinal follow-up - PMC \(nih.gov\)](https://www.tobaccocontrol.com/content/5/1/1) [accessed May 2023].

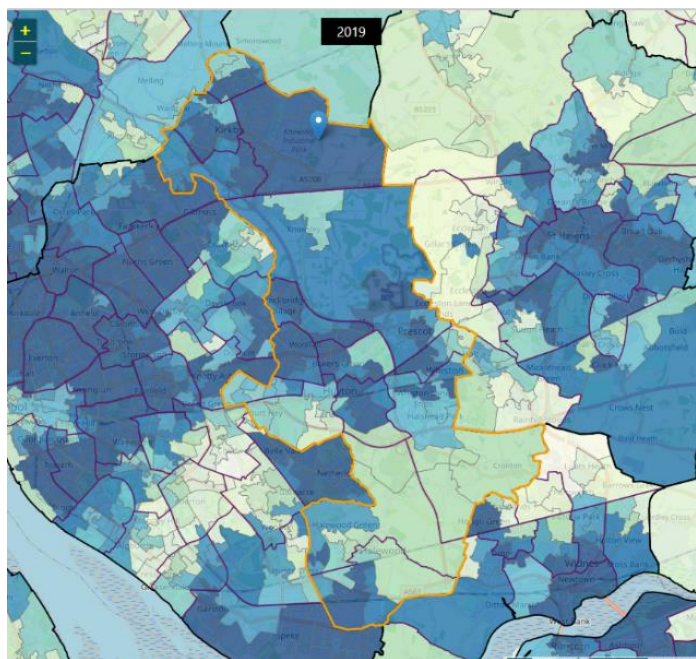
⁶⁶ Song F, Elwell-Sutton T, Naughton F, et al. The British Medical Journal (2021). *Future smoking prevalence by socioeconomic status in England: a computational modelling study | Tobacco Control (bmi.com)* [accessed May 2023].

⁶⁷ Smith, C., Hill, S. and Amos, A. (2018). *Stop Smoking Inequalities: A systematic review of socioeconomic inequalities in experiences of smoking cessation interventions in the UK*. Cancer Research UK. Available at: https://www.cancerresearchuk.org/sites/default/files/stop_smoking_inequalities_2018.pdf [accessed May 2023].

deprivation gap of around 20 years in achieving smokefree England, with the most deprived quintile taking around four times longer than the least deprived to reach 5% smoking prevalence, not doing so until the mid-2040s⁶⁸.

The harms of smoking disproportionately impact some of the poorest and most vulnerable people in our society. ASH advises that supporting smokers from lower socio-economic backgrounds to quit is therefore one of the most effective ways to tackle health inequalities and the broader socio-economic inequalities they mirror⁶⁹.

Figure 13: Indices of Deprivation 2019



Knowsley is the second most deprived Local Authority in the country. Almost half of the borough (46% of LSOAs) are in the 10% most deprived nationally (Indices of Deprivation, 2019).

The chart below shows the percentage distribution in 2019 of LSOAs within Knowsley, in each



Source: Indices of Multiple Deprivation:
http://dclgapps.communities.gov.uk/imd/iod_index.html#

⁶⁸ Cancer Research UK (2021). [Smoking prevalence projections for England based on data to 2021 \(cancerresearchuk.org\)](https://www.cancerresearchuk.org) [accessed May 2023].

⁶⁹ ASH (2022). *Smoking and Poverty Briefing*. Retrieved from: <https://ash.org.uk/resources/view/smoking-and-poverty-briefing/> [accessed May 2023].

4.2 Social Tenants

Housing tenure is the strongest predictor of smoking – 1 in 3 people in social housing are current smokers, compared to around 1 in 10 people who own their home⁷⁰. Children living in social housing are also much more likely to grow up in a home where someone smokes inside most days (1 in 5 children), compared to 1 in 8 children living in privately rented housing and 1 in 10 children living in owner occupied homes⁷¹.

Social tenants who smoke additionally lose a higher proportion of their income on tobacco (12.4%) than, both, private renters (8.8%) and homeowners (8.4%). On average, social tenants who smoke lose £50 per week to tobacco – more than £2,600 per year⁷². Evidence shows that smokers living in social housing are more addicted than those living in other housing, but they are equally motivated to quit, more likely to make a quit attempt, and more likely to use support. Despite this, they are less likely to be successful in stopping⁷³.

In Knowsley, 25.3% of households live in social rented accommodation, compared to 17.6% of households in the North West and 17.1% of households in England⁷⁴. This is the fourth highest proportion of social rented accommodation in the North West, behind Manchester, Liverpool and Salford. The Stockbridge and Northwood wards have exceedingly higher rates of social rented accommodation – 46.6% and 40.7% respectively. This will be a crucial point to consider in strategy development and in commissioning targeted stop smoking services.

4.3 Mental Health

There is a strong association between smoking and mental health conditions. Smoking prevalence for people with mental health conditions is substantially higher than in the general population⁷⁵, causing major reductions in life expectancy, in quality of life and exacerbating poverty. People living with mental health problems are twice as likely to smoke as the general population and typically have a shorter life expectancy by 10 – 20 years⁷⁶. The high smoking

⁷⁰ Housing LIN and ASH (20220). [Supporting residents, addressing inequalities](#) [accessed May 2023].

⁷¹ See footnote above.

⁷² ASH (2019). [The quitting dividend for tenants and landlords](#) [accessed May 2023].

⁷³ Jackson S, Cheeseman H, Arnott D, Titmarsh R, Brown J (2022). [Smoking in social housing among adults in England, 2015-2020: a nationally representative survey | medRxiv](#) [accessed May 2023].

⁷⁴ ONS (2021). *Census 2021*. Retrieved from [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#) [accessed May 2023].

⁷⁵ ASH (2019). [Smoking and Mental Health - ASH](#) [accessed May 2023].

⁷⁶ See footnote.

rate amongst people with mental health conditions is the largest contributor to their reduced life expectancy. The strength of this association tends to increase with increasing severity of mental disorder, and the highest prevalence of smoking is found among psychiatric inpatients⁷⁸.

Data from ONS surveys shows that smokers score worse than the general population on every mental wellbeing indicator⁷⁷. There is a complex relationship between smoking and mental health conditions. Nicotine stimulates the release of the chemical dopamine in the brain. Dopamine is involved in triggering positive feelings. Dopamine is often found to be low in people with depression, who may then use cigarettes to temporarily increase their dopamine supply. However, smoking encourages the brain to switch off its mechanism for making dopamine, so in the long term, the supply decreases, which in turn prompts people to smoke more⁷⁸.

People with a mental health condition are just as likely to want to stop smoking as those without, but they are more likely to be addicted to smoking and more likely to think it will be difficult to quit⁷⁹. People with depression can have particular difficulty when they try to stop smoking and have more severe withdrawal symptoms⁸⁰.

Of adults aged 18 and over in Knowsley with a diagnosed long term mental health condition, 30% were current smokers in 2021/22, down from 32% in 2020/21⁸¹. This group is significantly overrepresented in smoking figures, considering smoking prevalence in Knowsley during the same period was 16% of the general population— almost half the proportion of those who smoke with diagnosed long-term mental health conditions.

Data shows that mental health is significantly worse in Knowsley than in other areas of the country. Almost one in five adults are suffering with depression according to QOF data from 2021/22⁸². This is a near three-fold increase since 2011/12, increasing from 7.2% of adults to 19.05% of adults in 2021/22. This indicates that mental health has increased at a substantial rate compared to England, where the proportion of those suffering with depression has only increased slightly from 11.68% in 2011/12 to 12.65% in 2021/22.

4.4 Drug and Alcohol Dependency

⁷⁷ UK Health Security Agency (2021). [Time to talk about smoking and mental health in a pandemic: No Smoking Day 2021 - UK Health Security Agency \(blog.gov.uk\)](#) [accessed May 2023].

⁷⁸ Mental Health Foundation (2021). [Smoking and mental health | Mental Health Foundation](#) [accessed May 2023].

⁷⁹ UK Gov (2022). [Smoking and tobacco: applying All Our Health - GOV.UK \(www.gov.uk\)](#) [accessed May 2023].

⁸⁰ See footnote 78.

⁸¹ GP Patient Survey (2021/22). *Smoking prevalence in adults with a long-term mental health condition*. Retrieved from: [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#) [accessed May 2023].

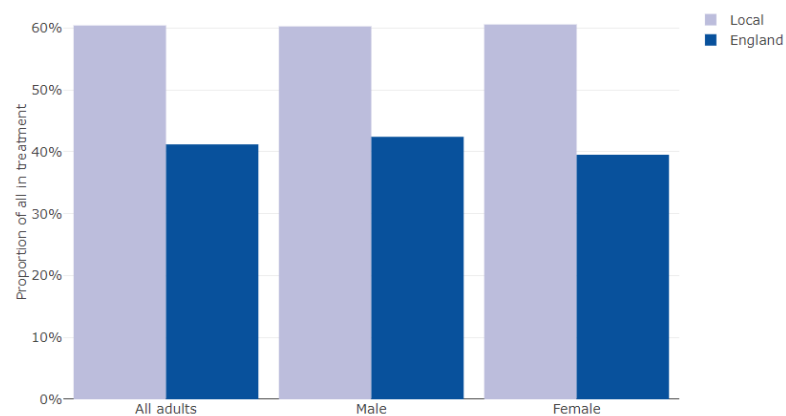
⁸² Quality Outcomes Framework Statistic (2021/22). Retrieved from: [Public health profiles - OHID \(phe.org.uk\)](#) [accessed May 2023].

Smoking rates in people with alcohol and other drug dependencies are two to four times those of the general population⁸³.

Estimated prevalence data related to drug use has limitations, with under-reporting and limited updates. The data was last updated with 2019/20. In Knowsley, in 2019/20, there was a decrease in Opiate and/or Crack Users (OCU) from 2017/18, decreasing from 14.0 per 1,000 adults aged 15-64 to 10.8 per 1,000. Similarly, there was a decrease in opiate use from 7.7 per 1,000 adults in 2017/18 to 5.6 in 2019/20. There was a decrease in the use of crack only, which fell from 1.6 per 1,000 in 2017/18 to 1.0 per 1,000 adults in 2019/20 and opiates and crack which fell from 4.7 to 4.1 during the same period. Analysis by age shows that Knowsley has a higher rate of OCU and opiate users in the 35-64 age group than in any other age group – the age groups most prone to smoking. However, prevalence is lower in Knowsley for adults aged 15-24 and for aged 25-34 than nationally in all four substance groups.⁸⁴

The graph below shows that smoking prevalence amongst those at start of alcohol treatment in Knowsley is higher than in England. Smoking prevalence amongst alcohol users in treatment in Knowsley is around a third higher than in England⁸⁵.

Figure 14: Proportion of adults (aged 18+ identified as smoking tobacco at start of alcohol treatment by sex for **Knowsley and England, 2021-22**



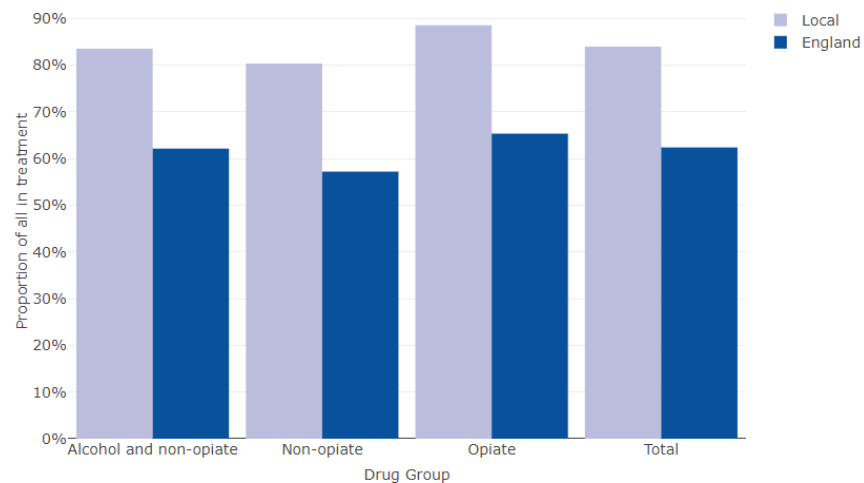
⁸³ NHS Digital (2017 to 2018). *Statistics on Women's Smoking Status at Time of Delivery, England – Quarter 3, 2017 to 2018*. Retrieved from: [Statistics on Women's Smoking Status at Time of Delivery Q3 2017-18](#) [accessed June 2023].

⁸⁴ [Opiate and crack cocaine use: prevalence estimates - GOV.UK \(www.gov.uk\)](#)

⁸⁵ National Drug Treatment monitoring system. Adults Alcohol Commissioning Support Pack: 2023-24: Key Data

The graph above shows that smoking prevalence amongst those at start of drug treatment in Knowsley is also significantly higher than in England. Smoking prevalence amongst drug users in treatment in Knowsley is around a quarter higher than in England⁸⁶.

Figure 15: Proportion of adults (aged 18+ identified as smoking tobacco at start of drug treatment **Knowsley and England, 2021-22**



Source: National Drug Treatment Monitoring System, Public Health England

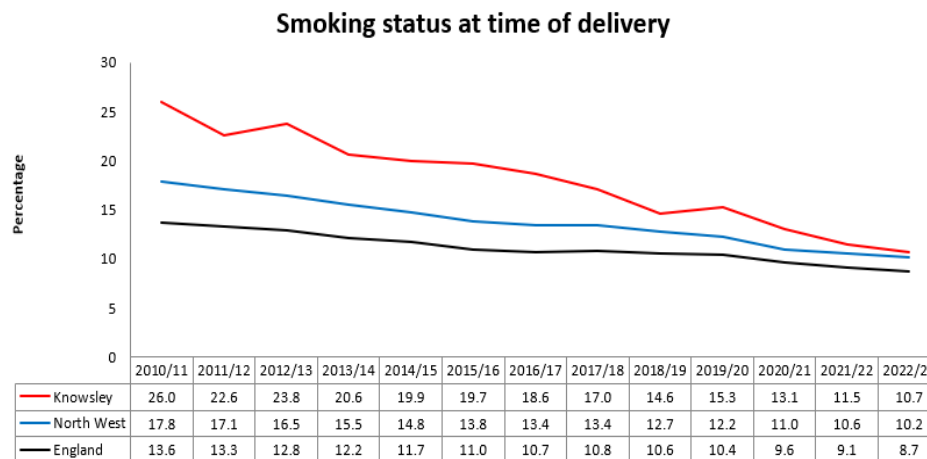
⁸⁶ National Drug Treatment monitoring system. Adult Drug Commissioning Support Pack: 2023-24: Key Data

4.5 Pregnant Women

Pregnancy does not increase a person’s likelihood of smoking; however, pregnant women are susceptible to pregnancy-specific smoking related-harm, in addition to general harm. Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes⁸⁷. Smoking is known to lead to increased risk of:

- miscarriage
- stillbirth
- premature birth
- neonatal complications
- low birth weight
- sudden infant death syndrome⁸⁸

Figure 16: Current Smokers at Time of Delivery, Knowsley and England



Source: NHS Digital, Smoking Status at Time of Delivery

Maternal smoking after birth can also cause significant harm to the mother and baby. Maternal smoking is associated with a three-fold increased risk of sudden infant death, whilst having one or more smokers living in the household more than doubles the risk of sudden infant death⁸⁹.

1 in 12 babies (8.7%) in England are born to a mother who smoked throughout her pregnancy (2022/23)⁹⁰. This remains above the national target of 6% or less as set out in the government’s Tobacco Control Plan 2017 to 2022. This figure has been steadily declining. In Knowsley in 2022/23, an average of 10.7% of women were known to be smokers at the time of delivery, meaning 1 in 10 babies are born to a mother who smoked throughout her pregnancy⁹¹. This has decreased from 26% in 2010 and has continued to improve since (see Figure 16).

⁸⁷ ASH (2021). [Smoking, Pregnancy and Fertility - ASH](#) [accessed May 2023].

⁸⁸ See previous footnote.

⁸⁹ ASH Smoking in Pregnancy Challenge Group (2021). [Getting back on track: Delivering a smokefree start for every child - ASH](#) [accessed May 2023].

⁹⁰ NHS Digital. [Statistics on Women’s Smoking Status at Time of Delivery Q4 2022-23](#).

⁹¹ See footnote above.

Targeted Support for Pregnant Women

There are several targeted initiatives to support smokefree pregnancies.

NICE Guidelines provide recommendations on treating tobacco dependence in pregnant women. The guidelines [NG209] require medical professionals to provide routine carbon monoxide testing at the first antenatal appointment and at the 36-week appointment to assess every pregnant woman's exposure to tobacco smoke. The provision of carbon monoxide testing at all other antenatal appointments is expected if the pregnant woman: smokes, is quitting, used to smoke or, tested with 4 parts per million or above at the first antenatal appointment⁹².

Locally, reducing smoking at the time of delivery and supporting pregnant women to quit has been a service priority. Some of the key actions taken by City Health Care Partnership (Knowsley's commissioned Stop Smoking Service) that have been successful in reducing smoking at the time of delivery are:

- Detailed training provided to maternity services, building confidence when discussing smoking and ensuring implementation of the opt out pathway.
- Automated referral pathways into the service – making referring easier for maternity services, ensuring quick turnaround of the referral and engaging clients while fresh from brief intervention conversations with their midwife.
- Reviewing communication methods – exploration of preferred language for pregnant women. It was identified by the service that a more direct approach was preferred, with advisors providing clear information around the dangers of smoking. The administrative communication during triage was also reviewed and options for further opportunities to opt out were removed.
- The pregnancy incentive scheme – rewarding successful quitters by offering reward vouchers. A total of £1,414 was given out to expectant mums in 2022/23. The Big Help Project also provides baby basic baskets as an incentive for expectant mothers.
- Prioritising appointments for pregnant service users, whilst remaining flexible for all service users.

Tobacco support services are also being rolled out to all maternity services in acute hospital trusts by the end of 2023/24. Knowsley residents who plan to give birth at Southport & Ormskirk Hospital can now access a specialist smoking cessation midwife in the community. Whilst this is a new offer for Knowsley residents, Sefton residents have had access to this specialist support since its introduction in 2019. During this time, Sefton have seen their 'Smoking at time of delivery' rate reduce from 10.8% in 2019/20 to 8.5% in 2022/2023. Mersey & West Lancashire NHS Trust are currently in the process of developing their maternity arm of the Treating Tobacco Dependency Programme which will be available for Knowsley residents who plan to give birth at Whiston hospital, the programme is likely to have a similar offer to the one currently operated by Southport & Ormskirk.

⁹² NICE guideline [NG209]. Tobacco: preventing uptake, promoting quitting and treating dependence. [Accessed January 2024].

In addition to this, as part of the Government's response to the *Khan Review: Making Smoking Obsolete* published in June 2022, the government announced in April 2023 that pregnant women will be offered financial incentives to help them stop smoking. This will involve offering vouchers (expected to be worth up to £400), alongside behavioural support, to all pregnant women who smoke by the end of next year.

4.6 Children

Every day in England, 280 children start smoking⁹³. This is particularly concerning as children are especially vulnerable to the harms of smoking, due to breathing more rapidly and having less developed airways, lungs and immune systems.

A child growing up in an environment where smoking is prevalent is more likely to be exposed to second-hand smoke and is also more likely to start smoking themselves. As previously mentioned, children living in deprivation and in social housing are more likely to be exposed to passive smoking.

Engagement with children and young people across Knowsley on the topic of smoking was conducted through a survey in 2022. The roll out of the survey was supported through working collaboratively with local services and schools. Around 620 children and young people responded to the survey. Responses were received from children aged between 9 and 17. The key findings were:

- 86% of children and young people who responded to the survey said that they have never smoked a cigarette, and 82% said that they have not smoked an electric cigarette.
- Around 12% of respondents said that they have smoked a cigarette and similarly, 12% also said that they have smoked an electronic cigarette.

4.7 Routine and Manual Workers

Nationally, there is a strong relationship between smoking and occupation - 1 in 4 people in routine and manual occupations are a smoker compared to 1 in 10 in managerial and professional posts⁹⁴.

- The odds of smoking in the routine and manual group are more than twice that of other employed groups.

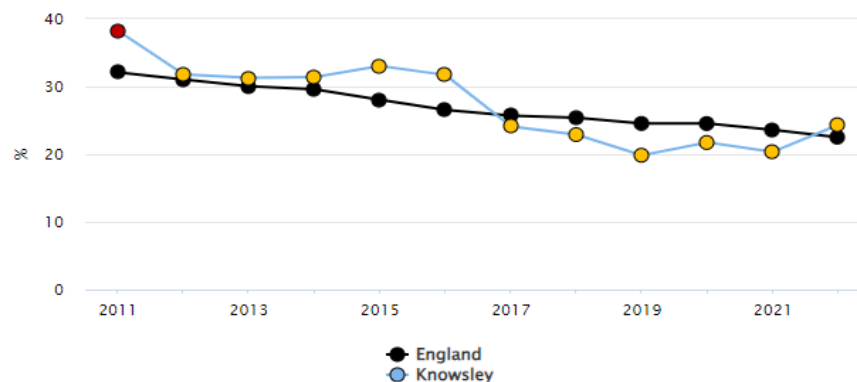
⁹³ ASH (2020). *This World No Tobacco Day, 280 children will start smoking in England - enough to fill over 17 school minibuses* - ASH [accessed May 2023].

⁹⁴ UK Health Security Agency (2018). [Turning the tide on tobacco: Smoking in England hits a new low - UK Health Security Agency \(blog.gov.uk\)](#) [accessed May 2023].

- People who are unemployed are more likely to smoke as those in work⁹⁵ – 17.68% of people who attended Stop Smoking Services in Knowsley in 2021 – 2022 have never worked or have been unemployed for over 1 year, compared to 9.27% of those in managerial and professional occupations⁹⁶. The proportion of those unemployed or have never worked attending Stop Smoking Services is lower in Knowsley than the North West (19%) and England (16.6%).
- Those who had no qualifications were four times as likely to smoke (28.2%) than those whose highest level of education was a degree or equivalent (6.6%) in 2021⁹⁷.

The data suggests the relationship between occupation and smoking in Knowsley has not previously been as strong as in other areas. Figure 16 shows that Knowsley had a lower proportion of routine and manual workers who were smokers since 2017, when compared to national averages. In 2022, however, the smoking prevalence among routine and manual workers in Knowsley has increased from 20.4% in 2021 to 24.4% in 2022 – the highest level amongst this group since 2017⁹⁸.

Figure 17: Smoking Prevalence amongst Routine and Manual Occupations 2011- 2021



Source: Annual Population Survey, Local Tobacco Control Profiles, Public Health England

Research has shown the reasons behind these higher prevalence rates are multifactorial. Generally, smokers in the routine and manual socio-economic group try to quit as often as their peers but do not succeed as often. This has partly been attributed to being more dependent on nicotine, smoking earlier

⁹⁵ See footnote above.

⁹⁶ NHS Digital. [Statistics on NHS Stop Smoking Services in England - NHS Digital](#).

⁹⁷ See footnote above.

⁹⁸ Annual Population Survey. *Smoking prevalence in adults in routine and manual occupations (18-64)*. Retrieved from: [Public health profiles - OHID \(phe.org.uk\)](#).

in the day and smoking more cigarettes per day. Other reasons also include a lack of social support, a focus on present needs over future plans, stress and boredom and failure to adhere to treatment.

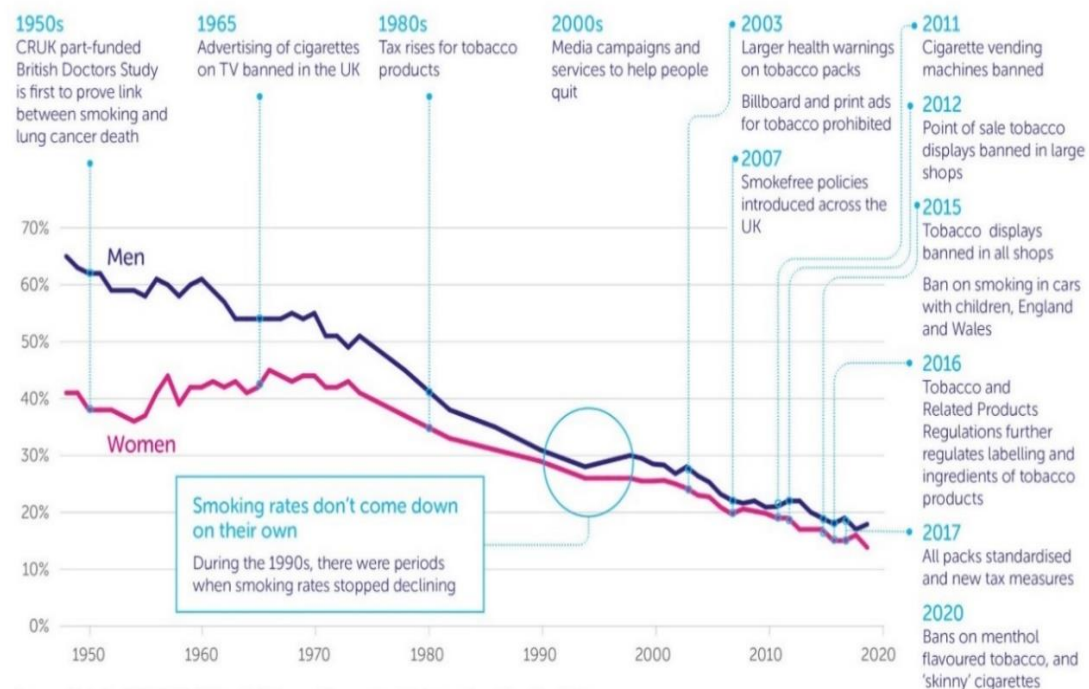
5. NATIONAL POLICY AND LEGISLATIVE FRAMEWORK

Tobacco Control Measures

Numerous tobacco control measures have led to the continuous decline in smoking prevalence across the country since the first studies to prove the link between smoking and lung cancer deaths in the 1950s. Figure 17, produced by Cancer Research UK, shows the true impact of tobacco control measures on the levels of smoking prevalence after implementation, emphasising the importance of effective tobacco control in bringing down rates of smoking.

Figure 18: Smoking Rates After Intervention – Cancer Research UK

Smoking rates decline with action



Sources: Data for 1948-1973: PN Lee Statistics and Computing Ltd. International Smoking Web Edition. Available from <http://www.pnlee.co.uk/ISS.htm>. Accessed July 2020. Data for 1974 onwards: Office for National Statistics. Adult smoking habits in Great Britain. Accessed July 2020.

cruk.org
Together we will beat cancer

Source: Cancer Research



The [World Health Organisation Framework Convention on Tobacco Control](#), the [NHS Long Term Plan](#) and the Department of Health's '[Towards a Smokefree Generation: A Tobacco Control Plan for England](#)' are key strategic documents governing tobacco control and smoking cessation.

More recent policy developments include:

1) The Khan Review: [Making smoking obsolete: summary - GOV.UK \(www.gov.uk\)](#)

The Khan review was an independent review commissioned by the Secretary of State for Health and Social Care. It was set up to review the feasibility of government policies aimed at achieving smokefree by 2030. Policies aimed at reducing smoking prevalence have helped to cut the proportion of current smokers in England. However, despite the success of these policies, according to the Khan review it is likely that the smokefree target of 5% of current smokers by 2030 will be missed. The Khan review has made several recommendations to help achieve the smokefree target:

- increased investment of an additional £125 million per year in smokefree 2030 policies, with an extra £70 million per year ringfenced for stop smoking services.
- raising the age of sale from 18 by 1 year every year, until eventually no one can buy a tobacco product in this country.
- promotion of vapes as an effective 'swap to stop' tool to help people quit smoking.
- improving prevention in the NHS so smokers are offered advice and support to quit at every interaction they have with health services.

Other interventions recommended in the report include:

- a tobacco licence for retailers to limit the availability of tobacco across the country.
- a rethink of the way cigarette sticks and packets look to reduce their appeal.
- a mass media campaign to encourage smokers to quit.

No formal response has been published by the government, however, the Health Minister addressed some of the recommendations in his speech at the Policy Exchange on 11 April 2023.

2) Achieving Smokefree 2030: [Policy Exchange Speech by Minister of Health April 2023](#)

Key announcements:

'Swap to Stop' Partnership

- Following local pilots of 'swap to stop' schemes in multiple areas, the government announced that it will be funding a new national 'swap to stop' scheme, whereby it will work with councils and others to offer a million smokers across England a free vaping starter kit. The most at risk-communities will be targeted first, by focusing on settings such as job centres, homeless centres and social housing providers.

Youth Vaping

- The government addressed the sharp increase in vaping uptake and announced a specific call for evidence on youth vaping to identify opportunities to reduce the number of children accessing and using vape products. From this call for evidence, the government pledged to look at what can be implemented beyond what the EU's Tobacco Products Directive allowed, by exploring a range of issues including how regulatory compliance is assured, looking at the appearance and characteristics of vapes, the marketing and promotion of vapes, and the role of social media.
- The provision of £3 million of new funding to create a specialised 'flying squad' to enforce the rules on vaping and target illicit vapes and underage sales was announced.

Smoking Cessation

- Ensuring the availability of proven smoking cessation medication, such as Varenicline and Cytisine through working with business to unblock supply chain problems.
- Join up services through the new integrated care systems to focus on prevention.
- Offer a financial incentive to all pregnant women who smoke by the end of next year.
- Provide further support to help people with mental health conditions quit smoking by working with mental health services to improve the signposting to evidence-based support for smokers.
- The government will not be proceeding with the New Zealand approach, advocated by Dr Khan, to reduce the age of sale over time to eventually cover all adults.
- A new approach to health warnings will be introduced. A consultation on introducing mandatory cigarette pack inserts with positive messages and information to help people quit will be launched later in the year.

Launch a consultation on specific measures to tackle the increase in youth vaping.

2) [Creating a smokefree generation and tackling youth vaping consultation: government response - GOV.UK \(www.gov.uk\)](#)

On 28th January 2024, the government responded to the youth vaping consultation which was carried out from 12 October 2023 to 6 December 2023. Plans to tackle youth vaping by banning disposable vapes were announced within the response and England, Scotland and Wales intend to bring in the legislation as soon as possible. The government confirmed that any legislation taken forward will allow for an implementation period of at least six months, which takes into consideration concerns that businesses will require time to adapt. The legislation will include new powers to regulate the display of vapes, packaging and flavours to reduce the appeal of vapes to children. These specific measures are subject to a further consultation. Further measures announced include a crackdown on underage sales through simpler £100 fixed penalty fines for shops in England and Wales which sell vapes illegally to children. The legislation will allow Trading Standards officers to act 'on the spot' to tackle underage tobacco and vape sales. Vaping alternatives – such as nicotine pouches – will also be outlawed for children. Trading Standards will lead on enforcing the ban within their local area. It is expected that enforcement authorities would apply civil sanctions in the first instance and a failure to comply may result in authorities prosecuting for a criminal offence subject to a fine only after a failure to comply with a civil sanction.

The government also announced the introduction of new legislation to stop children who turn 15 this year or younger from ever legally being sold cigarettes. The legislation will be set out in due course – from January 1 2027, anyone born after 1 January 2009 will never be able to legally be sold tobacco. New Zealand were to be the first country to adopt such legislation however, the law was repealed following a new coalition deal which ended six weeks of negotiations in October 2023. The government's response to the consultation acknowledges the U-turn made by New Zealand on the policy and notes that the government's position remains unchanged, arguing that New Zealand's policy went much further and had major implications for current smokers.

3) [Tobacco and Vapes Bill: Introduced to Parliament on 20th March](#)

As first announced in the King's Speech on the 7th November 2023, Prime Minister Rishi Sunak introduced the Tobacco and Vapes Bill to Parliament on the 20th March 2024, the bill then underwent its second reading in the House of Commons on the 16th April 2024. The Bill includes a new law to stop children who turn 15 in 2024 or younger from ever legally being sold cigarettes or other tobacco products, alongside measures to crack down on youth vaping and strengthen enforcement of these new laws.

This is in addition to a broader package of measures, which include:

- Measures to tackle youth vaping – including banning the sale and supply of disposable vapes under environmental legislation and the new excise duty on vaping products announced in the Spring Budget.
- Double the funding for local authority Stop Smoking Services from next year;
- Increase funding for awareness raising campaigns by £5 million this year and £15 million from next year onwards;
- Increase funding for enforcement on illicit tobacco and e-cigarettes by £30 million from next year;

If the bill is agreed in the House of Commons and House of Lords, the Smokefree Generation legislation will come into force in 2027 when current 15-year-olds turn 18. This will mean there will be a significant implementation period between the Bill being passed and the restrictions coming into force.

4) [NICE Guidelines](#)

NICE Clinical Guidelines are key in advising on tobacco control. NICE guideline [NG209] (published November 2021) – Tobacco: preventing uptake, promoting quitting and treating dependence⁹⁹ provides advice, quality standards and information services for health, public health and social care. The updated guideline brings together NICE'S previous guidelines on using tobacco, including smokeless tobacco. It covers support to stop smoking for everyone aged 12 and over, and support to help reduce people's harm from smoking if they are not ready to stop in one go. It also contains resources to help maximise use of evidence and guidance.

⁹⁹ National Institute for Clinical Excellence. [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#) [Accessed May 2023].

The clinical guidance provides recommendations on the following areas, that Providers and Commissioners should be aware of:

- Promoting quitting
- Treating tobacco dependence
- Treating tobacco dependence in pregnant women
- Policy, commissioning, and training Research

5) Tobacco Duty

The Autumn Finance Bill 2023 will introduce legislation to increase the rates of duty on tobacco products. The aim is to reduce smoking prevalence and ensure that tobacco duties continue to contribute to government revenues. The duty rate on all tobacco products will increase by the tobacco duty escalator of 2% above RPI inflation. The duty rate for hand-rolled tobacco will rise by an additional 10%, to 12% above RPI inflation to narrow the gap between hand-rolling tobacco and cigarette duty rates. These changes took effect from 6pm on 22 November 2023. It is anticipated that this measure will increase revenue for the exchequer by an additional £100m per year by 2027. In 2023 to 2024, an estimated additional £40 million will be raised. These estimates were certified by the Office for Budget Responsibility.

6. LOCAL POLICY DRIVERS

Knowsley Health and Wellbeing Strategy 2022-2025:

The vision of the strategy is to work together for a healthier and happier Knowsley.

- **Priority One - Reducing health inequalities:** Improve health and wellbeing of people in Knowsley, by addressing the issues where Knowsley performs worse in comparison to other areas of the country, by challenging and encouraging partners, the health and wellbeing system, and wider stakeholders, to address internal health inequalities. By holding the local health and wellbeing system to account to systematically reduce health inequalities through the application of the evidence-based Marmot objectives and promoting the importance of prevention to improving health and wellbeing in the community.

The Knowsley Council Plan 2022-2025:

The Plan sets out how the Council will continue to support Knowsley's people and communities to thrive.

One of the main priorities is to provide effective support for those in need, ensuring that all Knowsley residents can access the support and services they need. The objective is to improve people's health and wellbeing and reduce health inequalities, with a focus on preventative and early intervention approaches which are person-centred. Knowsley will be a place "...where people are active and healthy and have access to the support they need".

Prioritising tobacco control as an area for intervention will help to achieve this objective and begin to reduce health inequalities.

A Tobacco Control Plan for Knowsley 2014 - 2017:

The previous Tobacco Control Plan for Knowsley will be influential in shaping the new plan, in terms of what works and what doesn't.

The main aims of the local plan were:

- To reduce adult prevalence by a minimum of 2.5% from a 2011/12 baseline of 27.6%.
- To reduce smoking in pregnancy by a minimum of 2.5% from a 2012/13 baseline of 23.8%.
- To maintain a rate of 10% or less of young people who regularly smoke.

This plan has now expired, and the aims of the plan were successfully achieved, indicating the plan's effectiveness. The key objectives should therefore be considered to help shape the new Tobacco Control Plan - with further considerations made to include changes in trends of vaping, particularly youth vaping and unexpected increases in smoking prevalence.

7. LOCAL SMOKING SERVICES AND TOBACCO CONTROL ACTIVITIES

Knowsley Stop Smoking Service / Smokefree Knowsley

Knowsley Council commissions a local Stop Smoking Service to support people to stop smoking. City Health Care Partnership (CHCP) are the current providers of the service and the contract commenced on the 1 April 2023. The service delivered by CHCP is available for all residents in Knowsley who want to stop

smoking. It is also available for residents living outside of the borough but registered with a GP Surgery within Knowsley. The service offers a range of support including face to face sessions, telephone support and online support. The service offers three different levels of support depending on need:

- **Level 1:** Very brief intervention and referrals into stop smoking services (both pharmacy and specialist by partner organisations. The service delivers training to partner organisations to establish clear referral pathways into the service.
- **Level 2:** Brief intervention and provision of nicotine replacement therapy (NRT). This includes tobacco harm reduction. This includes face to face and virtual delivery.
- **Level 3:** Intensive specialist support provided by trained specialist advisers on a one-to-one basis or group sessions especially targeted at those with underlying health conditions (e.g., lung and heart conditions, mental health problems), pregnant women, those in residential homes, supported housing, children under the age of 16, and those who relapse. This includes face to face and virtual delivery.

A key element of support that the service provides is the provision of pharmacotherapy (treatment through the use of pharmaceutical products). The provision of pharmacotherapy is currently limited to NRT due to the national shortages of Champix and Zyban (medications that have previously been used to support people to stop smoking). NRT is currently the only pharmacotherapy available to the service and the clients they support. The service, however, rolled out a twelve-month e-cigarette pilot in Knowsley on 20th July 2023, whereby vaping products are issued to clients across a twelve-week period.

Another key feature of the new contract is the requirement for the service to strengthen its links with partner organisations, particularly the local youth service and social housing providers. The need to strengthen links with the local youth service was based on feedback from children and young people who indicated that the local youth service would be one of their preferred places to receive support from a stop smoking service. The need to strengthen links between the stop smoking service and social housing providers was highlighted in national research which identified that a high proportion of social housing residents smoke. Whilst the service is well linked into a range of other partner organisations, the service is currently exploring how best to strengthen these particular partnerships with the local youth service and social housing providers through staff training and enhancing referral pathways with local providers.

Intermediate Stop Smoking Service in Community Pharmacy and Nicotine Replacement Voucher Scheme

Community pharmacies are one of the most frequented health care settings in England, with 1.2 million health-related visits every day. With their presence in most high streets, rural communities, and in the places where residents shop, access healthcare and enjoy leisure time, community pharmacies are a valuable health and social asset interwoven with the community's daily lives in a way that few other professions can claim. Pharmacies also played an important part in Knowsley's recovery efforts in continuing to support the health and wellbeing of Knowsley residents, particularly vulnerable residents.

Pharmacies are sole providers and are in a unique position in the community to provide Public Health services. The Council commissions pharmacies to deliver several public health services in Knowsley, one of which is the Intermediate Stop Smoking Service in Community Pharmacy and Nicotine Replacement Voucher Scheme. The intermediate stop smoking service delivered by local pharmacies provides one-to-one smoking cessation advice and support to people aged over 16 years who want to stop smoking and live, work, study or registered with a GP in Knowsley. The service increases choice and improves access to smoking cessation support, especially for 'hard-to-reach' groups. There are currently 23 pharmacies signed up to the Council's contract to deliver the intermediate stop smoking support service. The purpose of the NRT voucher scheme is to enable easy and equitable access to NRT. Everyone accessing behavioural support from the Knowsley Stop Smoking Service, for whom NRT is chosen as pharmacotherapy, will be eligible for the voucher scheme. There are currently 32 local pharmacies signed up to the council's contract to deliver the NRT voucher scheme.

Liverpool Heart and Chest Respiratory Team Stop Smoking Service

Liverpool Heart and Chest Hospital NHS Foundation Trust currently deliver Knowsley's specialist Stop Smoking Service for cardiac and respiratory patients. Patients are referred into Knowsley's Community Respiratory Service, which is delivered by Liverpool heart and Chest Hospital, via their Knowsley GP. If they are current smokers, patients will receive brief advice around smoking cessation and will also be offered access to specialist support via a twelve-week quit journey with the service.

[Treating Tobacco Dependency Programme](#)

Nationally, there are a number of new programmes and initiatives that are being rolled out to provide more support to people who smoke to help them quit. The Treating Tobacco Dependency programme, which aims to increase the number of people engaging in tobacco dependence treatment and reduce the number of smokers in the general population, is currently being rolled out across providers of inpatient (acute and mental health), maternity services and for patients with severe mental illness accessing long-term specialist mental health services.

NHS Trusts across Cheshire and Merseyside are in the early stages of implementation and Liverpool University Hospital NHS Foundation Trust have recently introduced the programme across acute inpatient care. As of the 14th June, only six of the eighteen trusts across Cheshire and Merseyside had gone live with their inpatient programmes, highlighting a significant delay in their implementation. It has also been highlighted there has been little liaison between hospital services and community-based stop smoking services to ensure continuity of care for smokers who want to quit.

The model for local maternity services are still being explored across local trusts, but nationally it is intended that these new pathways for treating tobacco dependency will complement the wider community-based stop smoking support services. The government have also announced they will be rolling out a financial incentive scheme to support pregnant women to quit smoking by the end of 2024, further details on this scheme are expected to be published in 2024.

Lung Health Check Programme

The NHS Targeted Lung Health Check is a new service that is offered in some parts of England. It aims to help diagnose lung cancer at an earlier stage when treatment may be more successful. In pilot areas, lung health checks are offered to people who are aged over 55 but younger than 75 years old who currently smoke or who used to smoke.

Anyone who currently smokes is offered support to quit smoking as part of the programme and is offered a referral to a local stop smoking service. The Lung Health Check Programme took place as a pilot across Liverpool, Halton and Knowsley between 2021 and 2023 and locally the Programme was deemed a success, although issues were identified in relation to general uptake of the Lung Health Check and referrals into the stop smoking service. During the roll out of the programme in Knowsley, 35.3% of eligible individuals took up their offer of a lung health check and 42 lung cancers were identified. The overall uptake of referrals to the stop smoking service during the course of the roll out was 32% in Knowsley. In 2021/22, 63% of people referred into Knowsley's Stop Smoking Service from the Lung Health Check Programme went on to achieve a 4 week quit, and during 2022/23, 64% of people achieved a quit at 4 weeks. Preparations for the revisit and recall element of the Programme across Liverpool, Knowsley and Halton are currently underway and more clarity on this should be available in 2024.

General Practice Health Checks

All Knowsley residents aged 40-74 are currently offered a free NHS Health Check at their GP Practice every 5 years (if they do not have a pre-existing vascular condition). The health check assesses an individual's risk of developing heart disease and other associated conditions in the future and residents deemed at high-risk are offered personalised lifestyle advice. All attendees should be asked about their smoking status and should be given advice on stopping smoking if necessary. In 2022/23, 37% of eligible Knowsley residents took up their offer of an NHS Health Check down from 43.3% in 2021/22¹⁰⁰.

¹⁰⁰ NHS Digital. [NHS Health Check - Data - OHID \(phe.org.uk\)](https://www.nhs.uk/health-check-data)

People with learning disabilities and severe mental illness are offered a free health check at their GP practice annually. These checks should include asking attendees about their smoking status and the provision of stop smoking advice if necessary.

Prevention and Education

Knowsley's Stop Smoking service provider delivers programmes that focus on prevention of smoking uptake, particularly targeted towards young people. CHCP works closely with partners, including schools and youth organisations, to deliver brief intervention training focused on prevention and to educate on the harms of smoking. The following are examples of some of the prevention work that CHCP facilitates:

- HAF – half term events with Merseyside Youth Association at Our Place in Huyton and All Saints School in Kirkby;
- Partnership working with Centre 63 (a local youth club), setting up youth prevention and smoking cessation support; and -
- Brief intervention training delivered to Merseyside Youth Association.
- The work done in partnership with schools is detailed in the table below:

School Name	Description of Past CHCP Involvement	Potential Future Involvement
Halewood Academy	<ul style="list-style-type: none"> • Delivery of monthly drop-in sessions to support students who want to quit smoking or seek advice with vaping. 	<ul style="list-style-type: none"> • There are further possible opportunities for involvement in supporting with the roll-out of a survey and introduction of focus groups for smoking and vaping behaviours.
Prescot School	<ul style="list-style-type: none"> • Delivery of monthly drop-in sessions. • Provision of Brief Intervention Training to prefects and staff. 	<ul style="list-style-type: none"> • Discussions around surveys and focus groups are also ongoing in this school.
Meadow Park	<ul style="list-style-type: none"> • Provision of workshops and information events for students. Engagement with students around smoking behaviours. 	
All Saints High School	<ul style="list-style-type: none"> • Supported the service in developing a survey for students to complete on smoking and vaping behaviours. Currently unable to progress with this. 	<ul style="list-style-type: none"> • Focused targeted engagement with All Saints High School on youth vaping. CHCP plan to carry this out through a combination of surveys and focus groups. The research will be used to shape key prevention messages for young

		people and to see what parental support is required.
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CHCP have reported some difficulty in engaging schools with the programme, this is often down to resource and availability. This will be noted as a gap in provision going forward.

INTENT Programme

In addition to the above, the Respiratory and Asthma Workstream, as part of the Cheshire and Merseyside Healthcare Partnership, have secured funding to deliver the evidence-based INTENT Smoking and Vaping Prevention Programme in five secondary schools across Knowsley. The programme is run by Alder Hey Children’s Hospital and is proven to significantly reduce smoking initiation - adolescents who attended INTENT sessions were 20% less likely to start smoking. The programme involves the provision of detailed session plans via an online portal along with a Curriculum Guide to support delivery of lessons by teachers. The sessions are then delivered by teachers twice yearly to those within the year 7 to 10 cohorts, with minimal resource and preparation required.

The five schools that successfully applied are: All Saints Catholic High School, Alt Bridge School, Kirkby High School, Halewood Academy and Finch Woods Academy.

Funding Allocations for Local Authority Led Stop Smoking Services and Support

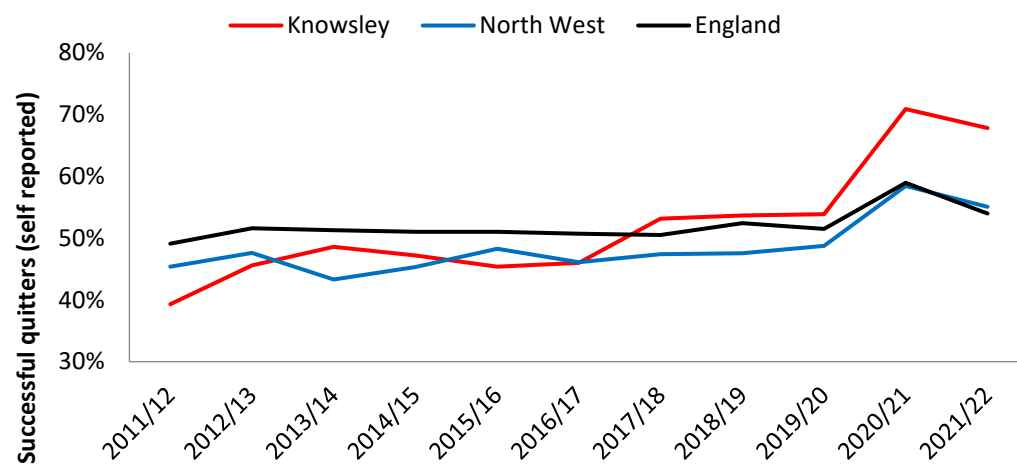
Additional funding allocations for local authority led stop smoking services have been announced. The allocations are part of the government’s announcement to create a ‘smokefree generation’ – which includes investment of an additional £70 million per year over the financial years of 2024 to 2025 through to 2028 to 2029. This is a significant increase in current spending on stop smoking services; from £68 million per year to £138 million. The funding will be delivered through a new section 31 grant and will be ringfenced for local authority led stop smoking services and support. The funding allocations are based on the average smoking prevalence over a three-year period. The additional funding (£70 million per year from 2024 to 2025) was divided by the total number of smokers across England (5.6 million). This gives an approximate funding rate per smoker (£12.39).

The total allocation for Knowsley for the first year of the grant is confirmed at £219,024. To receive the funding, local authorities must maintain their existing spend on stop smoking services, based on the stop smoking service data they have submitted for the year 2022 to 2023. The total annual spend on stop smoking services was reported to be £635,540 and therefore, Knowsley will have to maintain this rate to be eligible for the additional allocation. Knowsley’s allocation is relatively low in comparison to other local authorities, with the sixth smallest proportional increase, however the new spend per smoker (after accounting for the additional allocation) is the fifth highest in the country at £48 (of those authorities who provided data).

7. PERFORMANCE OF STOP SMOKING SERVICES IN KNOWSLEY

Knowsley’s Stop Smoking Services have performed better than national and regional averages since 2017/18¹⁰¹. A sharp increase in the proportion of engaged service users self-reporting to have successfully quit was observed in 2020/2021 – with 70.9% of service users self-reporting to be successful quitters. The latest data from 2021-2022 shows that the proportion of people reporting to have successfully quit smoking (after setting a quit date via stop smoking services) in Knowsley is now at 67.8%.

Figure 19: Proportion of Successful Quitters Accessing Stop Smoking Services (4 Week Outcome)



Source: NHS Digital, Stop Smoking Services Data

¹⁰¹ NHS Digital. [Statistics on NHS Stop Smoking Services in England - NHS Digital](#).

Figure 19 shows the sharp increase across all areas in 2019-20. This was most likely because of significantly less CO validation during the pandemic, as lockdown measures meant this was difficult to carry out. The CO validation rate fell from 67.69% in 2019-20, to 5.19% in 2020-21 – only slightly increasing in 2021-22 to 6.71%¹⁰².

In addition to this, as discussed in **Chapter 2.1**, there was a significant reduction in Stop Smoking Services in Knowsley during COVID-19 and attendance levels have so far failed to return to their pre-pandemic levels.

Despite the positive outcomes at 4 weeks, data from CHCP shows that at least 55.5% of all people engaging with the services between 1st April 2021 and 31st March 2023 had relapsed at 52 weeks. On top of the 55.5%, a further 34.01% outcomes were unknown at 52 weeks post quit date. This means that only 10.4% of those setting quit dates during this period had self-reported to have quit at the 52-week point¹⁰³.

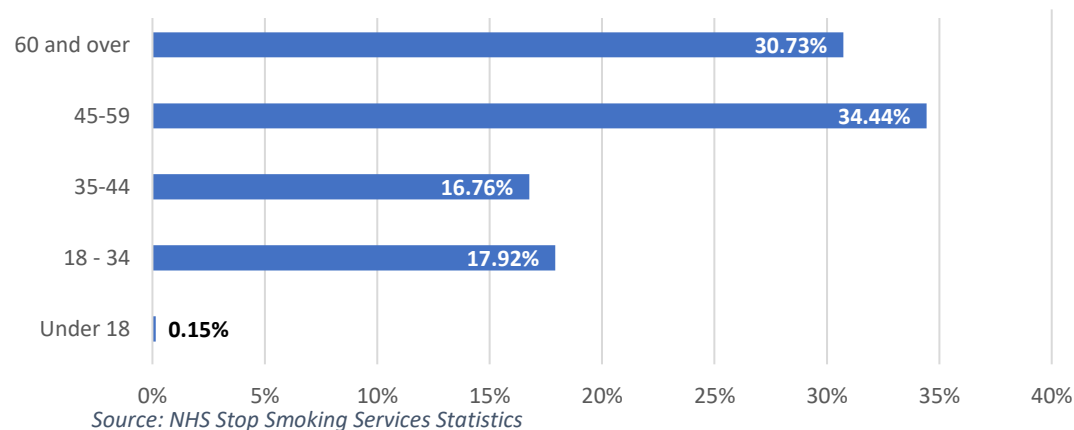
7.1 Demographics of People Accessing Stop Smoking Services

Data provided by Knowsley's Stop Smoking Service Provider, CHCP, shows that 2,187 people accessed commissioned stop smoking services in Knowsley between 1st April 2021 and 31st March 2023.

Age

Of those accessing Stop Smoking Services (including commissioned and Pharmacy led services) between April 2021 and March 2022, the highest proportion of people were aged between 45-59 years¹⁰⁴. Followed by those aged 60 and over – see Figure 18 for a breakdown of attendance by age group.

Figure 20: Attendance at Stop Smoking Services in Knowsley by Age (2021-2022)



¹⁰² NHS Digital. [Statistics on NHS Stop Smoking Services in England - NHS Digital](#).

¹⁰³ Operational CHCP Data (2023).

¹⁰⁴ See footnote 97.

CHCP Data – Key Demographics

This data refers to data from the commissioned Stop Smoking Services only. Where data is mapped outside of Knowsley, this accounts for individuals who are eligible for Stop Smoking Services as they are registered with a GP Surgery in Knowsley but reside outside of the borough.

Gender

59.9% of those setting quit dates during this time were female, whilst 41.1% were men. Almost 1/4 (24.0%) of those setting quit dates lived within the L36 Postcode (Huyton) and 15.7% of people lived within the L32 Postcode (Kirkby) - this can be partially explained by these two areas having the highest population concentrations within the borough.

IMD Decile

The map (Figure 20) shows levels of deprivation amongst those setting quit dates – the purple represents IMD Decile 1 and is the most common deprivation decile amongst attendees (64.8%). A further 19.8% of attendees were in IMD Decile 2 and 3 combined. It is positive to see high levels of engagement from this group, as research suggests smokers living in deprivation are harder to engage with and less likely to engage in smoking cessation.

Pregnant Women

Between April 2021 and March 2023, 177 pregnant women engaged with stop smoking services in Knowsley – 8% of all people who set a quit date via the CHCP service during this period. The L36 (Huyton) and L32 (Kirkby) Postcodes had the highest number of pregnant women setting a quit date.

Figure 21: Number of Quits and IMD Decile by Partial Postcode

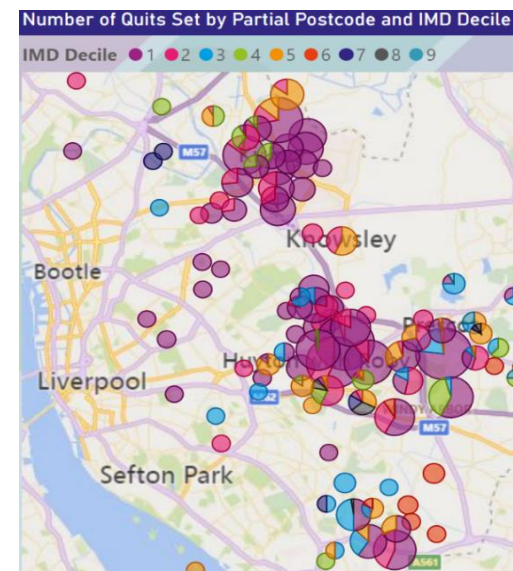
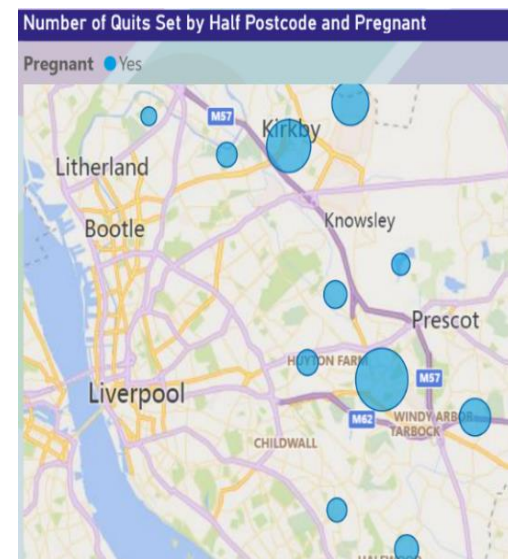


Figure 22: Number of Quits by Half Postcode and Pregnant



Source: City Health Care Partnership Service Data

8. TOBACCO CONTROL AND ENFORCEMENT ACTIVITIES

Knowsley Trading Standards

Knowsley Trading Standards has the statutory responsibility for enforcing Government legislation on illicit tobacco. Knowsley Trading Standards, in conjunction with partners aims to:

- Disrupt and eliminate criminal organisations which deal in illegal and nonduty paid tobacco products.
- Assist local agencies and other key partners to thoroughly investigate the importation and distribution of illegal and non-duty paid tobacco products.
- Raise awareness of the harmful effects of tobacco products on young people, peers and the Knowsley community.
- Investigate and prosecute any person concerned in the sale or supply of tobacco products to any child.

Knowsley Trading Standards has undertaken the following enforcement interventions since 1 January 2022 to tackle the delivery of illegal, counterfeit, and underage sale and supply of tobacco, tobacco products (and alcohol) throughout the borough:

- Seized a total of 29,801 tobacco products – for issues relating to non-compliant counterfeit, non-duty paid or illegal imports.
- 19 targeted enforcement interventions conducted in partnership with Merseyside Police based on intelligence received.
- Carried out an intelligence led enforcement operation in partnership with Wagtails UK, tobacco dog service using specially trained dogs and dog handlers to search for concealed tobacco products in premises.
- Participated in Operation CeCe, a national trading standards initiative to tackle the issues associated with the supply of unauthorised, counterfeit, and illegal tobacco product sales.

- Conducted 151 business interventions consisting of unannounced inspections to assess compliance of tobacco products, e-liquids and e-cigarette and vape products available for supply, in addition to checking compliance to plain packaging, mandatory tobacco notice and tobacco advertising requirements.
- Business advice letters have been sent to 121 retail premises in the borough regarding the legal requirements of selling tobacco products and the associated age restrictions applicable.
- Secured the participation of four Knowsley schools / academies regarding the regional young persons' alcohol and tobacco survey which aims to gather data on the attitudes and behaviours of 14–17-year-olds towards tobacco and alcohol products.

E-cigarettes

The Trading Standards team are also doing significant work to deter illicit sales of e-cigarettes. Targeted advice letters have been hand delivered to approximately 150 premises this year as an initiative to encourage the identification and removal of non-compliant disposable e-cigarettes.

Once all identified premises had been visited and issued the targeted advice letter, the final phase of the project to tackle the sale of non-compliant disposable e-cigarettes will see officers conduct enforcement focused visits to any retail premise continuing to sell non-compliant disposable e-cigarette products. It is likely that the enforcement visits conducted during the final phase will call on support from Merseyside Police as any non-compliant product identified at this stage will be seized by Trading Standards and the proprietors of the premises will be subject to enforcement action that may result in prosecution.

Prosecutions

On 23 February 2023, Knowsley Trading Standards successfully prosecuted a retailer for offences relating to the possession for supply of cigarettes, hand rolling tobacco and e-liquids with an estimated street value in excess of £20,000 that were found to be non-compliant and/or counterfeit, and/or non-duty paid. The court issued a 2-month imprisonment, suspended for 18 months, with an additional 160-hour unpaid work and 45 rehabilitation days with the probation service. The Court also approved a request for forfeiture of the seized tobacco and e-liquid items, alongside an application for a proceeds of crime hearing.

9. COMMUNITY, PATIENT AND STAKEHOLDER VIEWS

Engagement with the community, patients and stakeholders is critical in ensuring Stop Smoking Services are fit for purpose and most importantly, meeting service user needs.

Service Users

Regular engagement is carried out on a quarterly basis with service users. The preferred means of engagement is via the NHS Friends and Family Test which asks whether patients are happy with the service provided and helps to identify where improvements are needed. It is a quick and anonymous way to for service users to give their views after receiving care or treatment.

There were 242 responses to the survey in 2022/23. The feedback received was very positive, with 97% of respondents reporting that their experience of the service was very good and a further 2% reporting that the service was good.

Children and Young People Survey

As discussed in **Chapter 4.6**, engagement with children and young people was conducted through a survey via local services and schools in 2022. The sample size was 620 children and young people aged between child 9 and 17 years. The key findings from the engagement were:

- 86% of children and young people who responded to the survey reported that they have never smoked a cigarette, and 82% reported that they have not smoked an electric cigarette.
- Around 12% of respondents said that they have smoked a cigarette and similarly, 12% also said that they have smoked an electronic cigarette.
- The most popular place that children and young people said that they thought would be best for a young person to get help with stopping to smoke was at home.
- Almost half of the children and young people (41%) most preferred the option of a local stop smoking service to help young people to stop smoking. The second most popular option was support from friends and family.

Professionals

Engagement was conducted with a small sample of professionals via a survey in 2022. There was a mix of different professionals who responded to the survey, including health, schools, early years and the third sector. Some of the key findings were:

- Health and third sector professionals indicated a willingness to host smoking cessation sessions in the future. Similarly, health and third sector organisations indicated that they would be interested in taking part in training in the future.
- Online contact is the preferred method of communication.
- A universal service with specialist behavioural support and pharmacotherapy (Specialist and Intermediate Pharmacy Services and services provided by other qualified providers e.g., third sector) available for all smokers to access in a range of setting, was the preferred model.
- There was a mixed response in relation to views on e-cigarettes – there was a recognition that they are a useful tool, but that there are still risks involved and addiction to nicotine / hand to mouth behaviour can continue.
- Substance misuse service would welcome stronger links with the service again.

10. EVIDENCE OF WHAT WORKS

Evidence of what works has been embedded throughout this needs assessment. The most effective interventions are summarised below:

Tobacco control

Policies associated with the [Tobacco Control Plan for England](#), such as increased public awareness campaigns and smokefree places, are likely to be the main contributor in reductions in smoking prevalence. Figure 16 (found in **Chapter 5**) demonstrates the previous effectiveness of tobacco control in reducing smoking rates nationally. The national strategy to achieving Smokefree 2030 centres on reducing smoking cessation predominantly by: restricting the promotion and marketing of tobacco products, reducing the smoking incentive, tougher enforcement and focusing on helping smokers to quit. Taxes and levies on tobacco products have also proven to be one of the most effective disincentives to smoking for young people, as well as increasing smoking cessation among adults and improving overall public health¹⁰⁵.

Smokefree Legislation

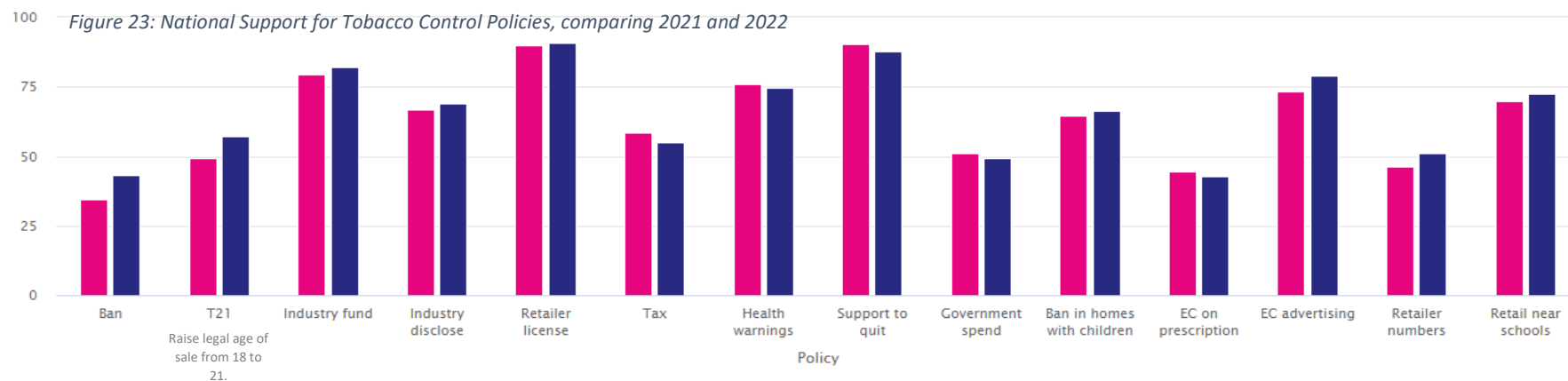
The smokefree legislation introduced in 2007 outlawed smoking in almost all enclosed workplaces and public places¹⁰⁶. This combined with second hand smoke media campaigns shifted social norms related to smoking and second-hand smoke exposure. It increased understanding of the health hazards to

¹⁰⁵ Chaloupka FJ, Straif K, Leon ME, Working Group, International Agency for Research on Cancer. *Effectiveness of tax and price policies in tobacco control*. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21115556> [accessed May 2023].

¹⁰⁶ The Smoke-free (Exemptions and Vehicles) Regulations 2007

non-smokers and children of exposure to second hand smoke¹⁰⁷. The harms of second-hand smoke were recognised further in 2015 when it was made illegal to smoke in a car (or other vehicle) with anyone under 18 to protect children and young people. A study by Imperial College London, published in Thorax in 2020, found the ban in England was associated with an absolute reduction of 4.1% in the number of children who reported exposure to cigarette smoke¹⁰⁸. This evidences how such policies can be effective in reducing exposure and are likely to have had lasting impacts on child health.

Findings from Smoking in England via their Smoking Toolkit Study show that there is continued widespread support for tobacco control policies and legislation in England (see Figure 23 below)¹⁰⁹. Support for policies has strengthened across most policy proposals from 2021 to 2022 – aside from increasing tax on cigarettes and tobacco substantially above the inflation rate, which is presumably due to the cost-of-living crisis and record levels of inflation. The other policies which saw a decrease in support were ensuring every smoker has support to quit and the proposal to make e-cigarettes available on prescription. This is likely due to the perception that these policies would be directly funded through taxpayers’ money.



Source: Smoking in England. Smoking Toolkit Study Annual Findings 2021-22. 2021 (N=1653) ● Support 2022 (N=1651)

E-cigarettes

¹⁰⁷ Brown A. Moodie C. Hastings G. (2009). A longitudinal study of policy effect (smoke-free legislation) on smoking norms: ITC Scotland/United Kingdom. Retrieved from: [A longitudinal study of policy effect \(smoke-free legislation\) on smoking norms: ITC Scotland/United Kingdom - PMC \(nih.gov\)](#) [accessed May 2023].

¹⁰⁸ Imperial College London (2020). [Ban on smoking in cars cut child exposure to cigarette smoke | Imperial News | Imperial College London](#) [accessed May 2023].

¹⁰⁹ Smoking in England. Smoking Toolkit Study Annual Findings . Retrieved from: [Annual Findings - Graphs - Smoking in England](#) [accessed May 2023].

As visited in **Chapter 1.2.2**, the recent Cochrane Review of e-cigarettes evidenced the effectiveness of e-cigarettes containing nicotine as a quit-aid¹¹⁰. The review found high certainty evidence that nicotine e-cigarettes are more effective than traditional nicotine-replacement therapy (NRT) in helping people quit smoking¹¹¹. Data from national stop smoking services in 2020 to 2021, showed that quit attempts involving a vaping product were associated with the highest success rates (64.9% compared with 58.6% for attempts not involving a vaping product)¹¹². The British Psychological Society recommends improving education for adults around e-cigarettes and the relative harm compared to smoking, in addition to investing and regulating the trade of e-cigarettes¹¹³. Further developments governing the regulation of e-cigarettes should be expected given the government's recent call for evidence to tackle youth vaping.

Smoking Cessation Services

There is strong evidence that smoking cessation services are effective and are also very cost effective. The performance of Stop Smoking Services in Knowsley has been outlined in **Chapter 7**. Over 2/3 of engaged service users successfully quit smoking 4-weeks post quit date, though the data is less positive at 52-weeks.

As discussed in **Chapter 3**, NICE estimates that every £1 invested in smoking cessation saves £10 in future health care costs¹¹⁴. Public Health England produced an evidence-base of the most effective stop smoking interventions. Details can be found in the table below.

Table 1: Public Health England – Most Effective Evidence-Based Stop Smoking Interventions¹¹⁵

Smoking Cessation Policy	Summary	When done properly, boosts quit rates by ...	Commissioning recommendation
Face-to-face group support with pharmacotherapy	Weekly group sessions facilitated by one or more specialists stop smoking practitioners 2 with a number of smokers at a specified time and place, lasting approx. 1 hour for between 6 and 12 weeks. All smokers have access to their choice of pharmacotherapy and smoking status is verified by Carbon Monoxide (CO) monitoring at each session.	300%	This format has a very strong evidence base and will produce high success rates. It may be more applicable in an area or setting with a fairly large pool of smokers (a minimum of eight members is recommended to start a closed group).

¹¹⁰ See footnote 10.

¹¹¹ Hartmann-Boyce et al. (2022). [Electronic cigarettes for smoking cessation - Hartmann-Boyce, J - 2022 | Cochrane Library](#) [accessed May 2023].

¹¹² See previous footnote.

¹¹³ Dawkins L, McRobbie H. The British Psychological Society (2017). *Changing Behaviour: Electronic cigarettes*: Available from: [Changing Behaviour: Electronic Cigarettes : LSBU Open Research](#) [accessed May 2023].

¹¹⁴ Local Government Association and Cancer Research UK (2019). [Must know: tobacco control | Local Government Association](#) [accessed May 2023].

¹¹⁵ Public Health England (2017). [Models of delivery for stop smoking services: options and evidence \(publishing.service.gov.uk\)](#) [accessed May 2023].

Face-to-face individual support with pharmacotherapy	Weekly sessions for an individual smoker with a specialist stop smoking practitioner, at a specified time and place, sessions averaging approx. 30 – 45 minutes over a 6 – 12-week period. All smokers have access to their choice of pharmacotherapy and smoking status is verified by Carbon Monoxide (CO) monitoring at each session.	200-300%	The majority of stop smoking interventions currently take place through one-to-one sessions. It is important that practitioners receive specialist training and continued supervision.
Supported use of pharmacotherapy	This option involves providing smokers with stop smoking medication(s) (varenicline, NRT, bupropion) of their choice and giving appropriate information and support to use it in a way that will maximise effectiveness. It just needs one appointment to get started and one follow-up to check progress.	50-100%	The easiest way to commission this is through GP prescriptions, but pharmacies may also be an option. It is essential to make varenicline and dual form NRT (eg transdermal patch plus a faster acting form) available as these offer the best chances of success.
Telephone support	Multiple sessions of proactive telephone support provided by a trained advisor for 6 – 12 weeks. Sessions average 15 – 30 minutes and work best with multiple sessions in the first week. Important to have a system for smokers to access stop smoking pharmacotherapy. While evidence of effectiveness is strong in the US, it is weaker for programmes tried in the UK.	50-100%	The boost in quitting rates depends on following optimal treatment protocols, with proactive telephone calls made by the specialist advisor to the individual who has signed up for this support. If a way can be found for smokers easily to access medication, the boost should be greater.
Text message support	Although evidence is a bit more limited on text messaging, it is clear that it can improve quit success rates compared with nothing. Because we have less evidence it is important to use a programme that has been tested directly.	40-80%	If considering this option, commissioners should look to existing programmes that have been fully tested. It is not recommended that new local programmes are developed without evaluation.

NICE Guidance also suggests that the following options, when combined with behavioural support, are more likely to result in successful smoking cessation: varenicline, a combination of short-acting and long-acting nicotine-replacement therapy and nicotine-containing e-cigarettes.

Local authorities are further advised to encourage attendance at NHS Health Checks as research shows that people who attend an NHS Health Check are twice as likely to be referred to smoking cessation clinics¹¹⁶.

11. UNMET NEEDS AND GAPS

¹¹⁶ Robson J, Dostal I, Sheikh A, *et al.* The British Medical Journal (2016). [The NHS Health Check in England: an evaluation of the first 4 years | BMJ Open](#) [accessed June 2023].

Supporting residents to stop smoking

- The numbers of residents accessing and attending the stop smoking service during COVID-19 have so far not returned to their pre-pandemic levels.
- Data shows less than half of all people accessing the stop smoking service still report not smoking when followed up at 52 weeks.
- Significant delay to the implementation of local Treating Tobacco Dependency Programmes, with many local trusts (inc. Mersey & West Lancashire NHS Trust) still in planning stages. Little liaison between hospital services and community-based stop smoking services to ensure continuity of care for smokers who want to quit, highlighting a missed opportunity to support smokers to begin their quit journey and ensure continuity of support when they are discharged to community stop smoking services.
- Significant delay to the implementation of local Treating Tobacco Dependency Programme pathways in maternity services, with the programme in Mersey & West Lancashire NHS Trust still in its early phase of implementation.
- Evidence on e-cigarettes suggest that they are far less harmful than smoking and should be used as part of harm reduction or quitting smoking. Public perception continues to lag behind the evidence with many people believing that they are just as harmful as cigarettes. Encouraging people who cannot quit to switch to e-cigarettes is a productive harm reduction strategy.

Prevention of smoking and vaping

- Limited targeted engagement with groups at the highest risk of smoking and complications associated with smoking, including people living in social housing and people with alcohol and other drug dependencies. Data suggests in some areas and communities, smoking is still normalised and continues to occur across generations.
- Lack of emphasis on prevention of both smoking and vaping, particularly amongst children and young people. Only some schools are being offered educational support to teach children and young people on the dangers associated with smoking and vaping.
- Second hand smoke remains a significant concern - currently no targeted work in these areas to tackle children's exposure to second hand smoke and normalisation of smoking in some communities.

Local regulation and enforcement

- Illicit tobacco is mostly being sold within communities and from residential properties making it difficult to investigate and police.
- Large numbers of illicit vaping products are being sold by over 100 retailers across the borough. Retailers are often unaware they are selling illicit products as there are large numbers of products available for retail. The large numbers of retailers across the borough mean it is difficult for trading standards to regularly inspect and police.

Equality and deprivation

- It is likely the deprived areas within the borough continue to have smoking rates that are significantly higher than the national average which continues to widen the inequalities gap.

Knowledge gaps

- There is a lack of robust data for smoking rates by ward and in young people under 16 years of age.
- There is a lack of robust data for vaping rates across the borough and specifically in young people under 16 years of age.
- There is a lack of understanding about the perceptions of young people using vapes.

12. RECOMMENDATIONS

1. Work with partners to develop new Smoking, Vaping & Tobacco Control strategy and establish a Smoking, Vaping & Tobacco Control Forum to deliver strategic actions.
2. Conduct targeted insight to explore unmet needs and gaps identified in JSNA, including drivers and habits associated with vaping in young people, barriers to accessing stop smoking services in high-risk groups and perceptions around the safety of vaping.
3. Conduct targeted insight to explore drivers behind increases in smoking rates amongst routine/manual workers
4. Work with commissioned services and local partners to increase the number of residents receiving stop smoking support (in hospital and the community) and improve 52 week quit rate.
5. Develop a communications plan to support the new strategy, focussing on smoking and vaping prevention, access to stop smoking/vaping support and changing perceptions around the safety of vaping.
6. Consider how to raise awareness around the dangers of second-hand smoke, particularly in communities with the highest smoking rates.
7. Work alongside schools and partners to deliver targeted lessons and resources on smoking and vaping prevention to children and young people. Support young people to stop smoking and vaping.
8. Support work of trading standards team in tackling the sale and supply of illicit vapes and cigarettes through local enforcement and national lobbying.
9. Utilise additional national and sub-regional resources to bolster tobacco and vaping work in Knowsley.
10. Explore expanding the scope of smokefree areas.