

Smokefree North Somerset:  
**Time to stop  
smoking for good**



# Foreword

**We have a welcome and unique opportunity to make a lasting impact for the health and wellbeing of our community by creating a smokefree generation.**

Smoking currently kills about 250 people in North Somerset each year. It harms many thousands more, through direct health impacts like heart disease, cancer, stroke and disability. Smoking addiction creates and maintains poverty, damages the lives of children and young people and risks everyday factors that protect our health and wellbeing like employment, safe housing and good mental health.

Reducing the harm from smoking is a matter of social justice as the rate of smoking varies significantly in our local area and by socioeconomic group. Rates of smoking across our local GP practice populations vary from around 6% to 33%. The likelihood of smoking also goes up if you are from a minoritised ethnic group, if you experience mental ill-health or if you are a routine or manual worker. The cost is many more years in poor health and a much earlier end to their life – both of these outcomes are unacceptable.

The majority of people who smoke wish they had never started and want to stop. The addiction to tobacco is a serious condition, but breaking free from it provides immediate and long-term benefits. We do not want to stigmatise people who smoke but support people in their journey toward quitting, offering help to achieve better personal health, enhanced family environments, and greater financial freedom.

Evidence shows that smoking is the number one cause of premature illness and death for our population. For one in ten of our adult population (the proportion in North Somerset who currently smoke), it is the best thing that can be done to improve health and wellbeing. Services and interventions to support people to stop smoking are highly effective and improve health outcomes. Within hours of stopping smoking your blood oxygen levels will increase, in days your heart rate and blood pressure will fall, and your sense of taste and smell will improve. In one week your lung capacity grows and your risk of heart attack decreases, and within two years most smokers will have health risks equivalent to someone who has never smoked.

Our ambition is to create a smokefree generation, and to reduce smoking rates by at least half in North Somerset to below 5% of our population. We will go further if we can. We want to support as many people who smoke to stop smoking as we can and prevent any young people becoming addicted.

To achieve these goals, we are committed to using every available method. This includes expanding our stop-smoking support services, implementing the “Swap to Stop” nicotine replacement vape programme, targeted campaigns to connect the benefits with key audiences, and dedicating resources to frontline health services in hospitals, mental health facilities, and maternity care.

You can help mitigate the significant risks to the health and wellbeing of our communities, families, and friends. We welcome your support, ideas, and input, especially if you are in areas where our stop smoking support needs strengthening.

Make sure you support any family member, colleague, client, patient, or member of your community in accessing the support to help them stop smoking. Evidence shows that at least eight out of ten people who smoke want to quit – we just need to find every way possible to help them to make that a reality.

**Together, we can make a difference and make a healthier, smoke-free future for all.**

**Matt Lenny, Director of Public Health,  
North Somerset Council.**

**SMOKEFREE  
North Somerset**

📍 Text HELP to **07800 001316**

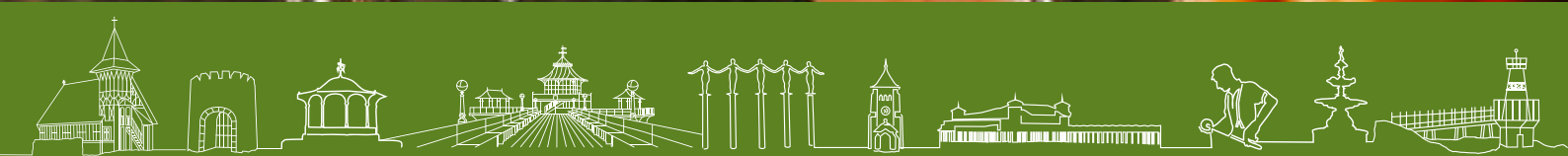
@ [smokefree@n-somerset.gov.uk](mailto:smokefree@n-somerset.gov.uk)

☎ **01275 546744**



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# Stopping smoking for good: A call to action

## North Somerset has the lowest smoking prevalence in its recent history.

Together we have achieved a significant reduction in rates across the entire population. We have reduced smoking rates amongst pregnant women and we have reduced the number of households where there is someone who smokes present. However, a significant health inequality remains. With smoking rates in areas of deprivation much higher than our most affluent areas, and rates in some population groups causing unacceptable health harms.

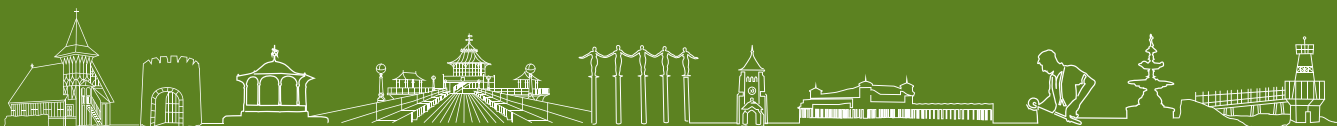
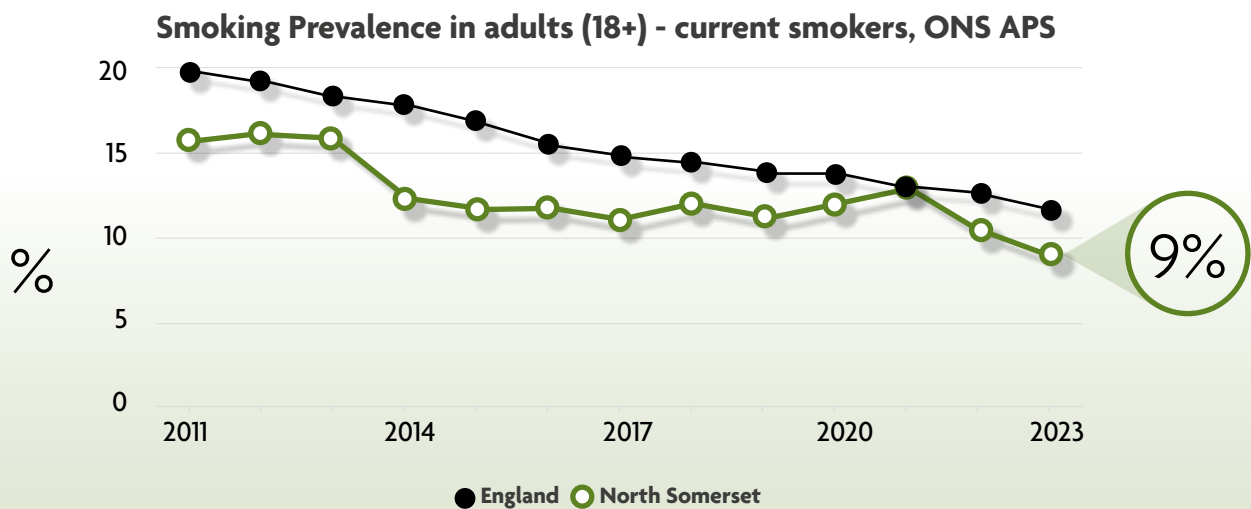
Despite significant gains in reducing smoking prevalence, it remains the biggest cause of death and disease. This unfair impact is coupled with the fact that health and social care services are facing unprecedented pressures both financially and in terms of capacity. Longer than ever waiting lists, means that tackling smoking is ever more important, as it significantly contributes to freeing up vital service capacity and funds for reallocation to other services for our residents.

We have a collective vision to achieve a smokefree North Somerset by 2030. We want to see smoking prevalence reduced to 5% or less in the next 6 years. We are over halfway towards this vision with a prevalence of 9% (2023). However, we know that more needs to be done, and we need to work together, to achieve our shared ambition.

Everyone has a role to play in stopping smoking for good.

Details related to the harms of smoking in North Somerset, and current and future work to reduce these harms can be found throughout this report. A detailed description of actions we want to take forward in partnership across North Somerset can be found at the end of this report. However, in summary the following areas of action will help us stop smoking for good:

1. Increasing the number of Smokefree homes.
2. Delivering Smokefree communication campaigns to key areas and populations to help people to stop smoking.
3. Using community development and peer support to increase the number of people making attempts to stop smoking.
4. Enhancing the stop smoking offer in general practices, pharmacies and community mental health services.
5. Developing more Smokefree environments.
6. Engaging more young people in prevention.
7. Enhancing insights and data reporting and analysis.
8. Delivering Smokefree Generation ambitions.



# About this report

**Directors of Public Health produce an independent annual report on the health and wellbeing of their local population. Each annual report highlights a pressing public health challenge and opportunity and makes recommendations for change.**

It helps inform local people about health and wellbeing in their communities and provides valuable information for local decision makers, especially those working in Local Government, the NHS, and Voluntary, Community, Faith, and Social Enterprise (VCFSE) sectors.

This year's report focuses on the essential challenge of stopping smoking in our population. This report explores in detail the impacts of smoking in North Somerset and provides information on current strategy and service provision and support. It contains recommendations for action that aim to support a reduction in smoking rates and prevent the uptake of smoking by young people.

Let us work together to make smoking a thing of the past.

Anyone who would like to help us achieve a Smokefree North Somerset is welcome to make contact at [smokefree@n-somerset.gov.uk](mailto:smokefree@n-somerset.gov.uk).

If you need help to stop smoking, contact our Smokefree services using the information below, or visit our website: [www.betterhealthns.co.uk/stop-smoking](http://www.betterhealthns.co.uk/stop-smoking)

If you want to know more about the health and wellbeing of the North Somerset population the Joint Strategic Needs Assessment (JSNA) provides an overview of the key indicators of health for our local population:

[www.n-somerset.gov.uk/council-democracy/north-somerset-insight-data-statistics/joint-strategic-needs-assessment-jsna-health-social-care](http://www.n-somerset.gov.uk/council-democracy/north-somerset-insight-data-statistics/joint-strategic-needs-assessment-jsna-health-social-care)

The health and wellbeing board is the partnership that leads local action to improve health and reduce health inequalities, for more information visit:

[www.n-somerset.gov.uk/council-democracy/priorities-strategies/health-wellbeing-strategy-2021-24](http://www.n-somerset.gov.uk/council-democracy/priorities-strategies/health-wellbeing-strategy-2021-24)



# Smoking in North Somerset

**In 2012, 16.2% of adults in North Somerset smoked. Encouragingly, ten years later, this figure had dropped significantly to 9%. This is below the national average of 12.7%, and the South West regional average of 11.9%.**

Smoking rates in North Somerset have broadly fallen in line with national trends but with a recent welcome faster drop between 2021 and 2022. However, the latest ONS estimates there are still 16,000 adult smokers in the area.

Encouragingly the proportion of people who smoke who are making an attempt to stop smoking has also increased. Smokefree North Somerset continues to support record numbers of smokers every year. From quarter 1 of 2023/24 to quarter 1 of 2024/25 Smokefree North Somerset increased the proportion of people who smoke to set a quit date from 1,008 to 1,312 per 100,000 smokers, an increase of 304 per 100,000.

Smoking rates are not evenly distributed across our population. As the Annual Population Survey for Great Britain (2022) shows, people aged 25 to 34 years have the highest proportion of current smokers in the UK (16.3%), with recent slight increases in this age range linked to the pandemic, these increases have also been seen locally. Those aged 65 years and over have the lowest smoking rates at 8.3%.

Some areas and groups have higher rates of smoking than others, with a clear disparity between rates in the least and most deprived areas. There are higher rates in some vulnerable populations, for example, people who experience mental ill-health. In North Somerset, the highest prevalence of smokers is within Weston-super-Mare's South and Central wards. However, there are still high levels of smoking throughout other parts of North Somerset such as in Pill and Worle.



There are an estimated **16,000** adult smokers in North Somerset

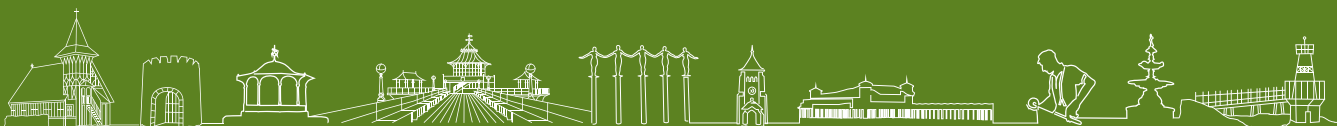
North Somerset smoking rates (**9%**) are slightly lower than the national average (**12.7%**)



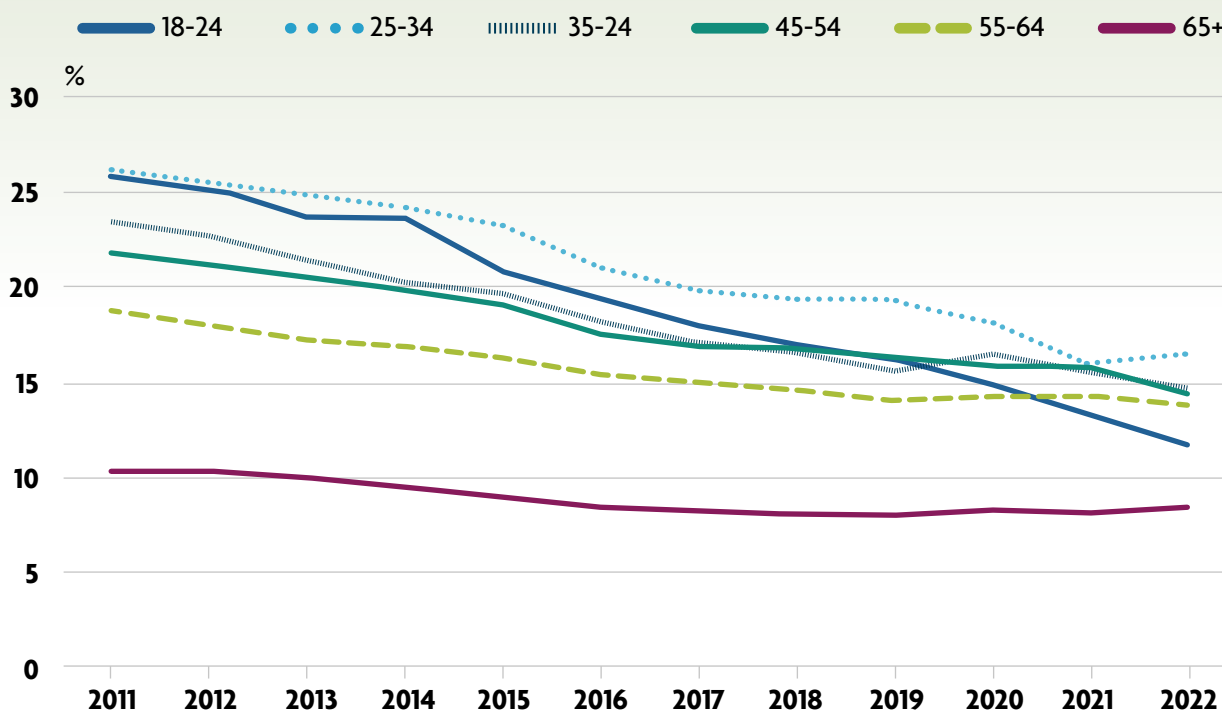
The majority of our population – almost **2 in 3** - have never smoked (**62.5%**)

North Somerset's smoking rate has declined from a high of **16.2% in 2012** to **9% in 2023**

Levels of smoking **increased during 2021**, this was a result of increased smoking rates in populations employed in routine and manual occupations, and because of the pandemic



## Proportion who were current smokers, all persons by age group, UK (2011 to 2022), ONS Annual Population Survey



## Nicotine vaping

**As an important tool for helping people who smoke to stop smoking, it is helpful for us to understand the use of nicotine vapes (e-cigarettes) within our population.**

However, routine local data is not collected on the use of vapes in either adults or children. The best data available is for adults across the UK using sample surveys.

In Great Britain, 8.7% of respondents to the national Opinions and Lifestyle Survey (OPN), or around 4.5 million adults, said they currently used an e-cigarette daily or occasionally; this is an increase from 2021 where 7.7% of people reported daily or occasional e-cigarette use.

E-cigarette use was highest among those aged 16 to 24 years in Great Britain; the percentage of people in this age group who were daily or occasional vapers in 2022 has increased to 15.5% compared with 11.1% in 2021.

Changes in e-cigarette usage are particularly evident in younger females, with a statistically significant increase in the proportion of women aged 16 to 24 years who were daily e-cigarette users in 2022 (6.7%), compared with 2021 (1.9%).<sup>1</sup>



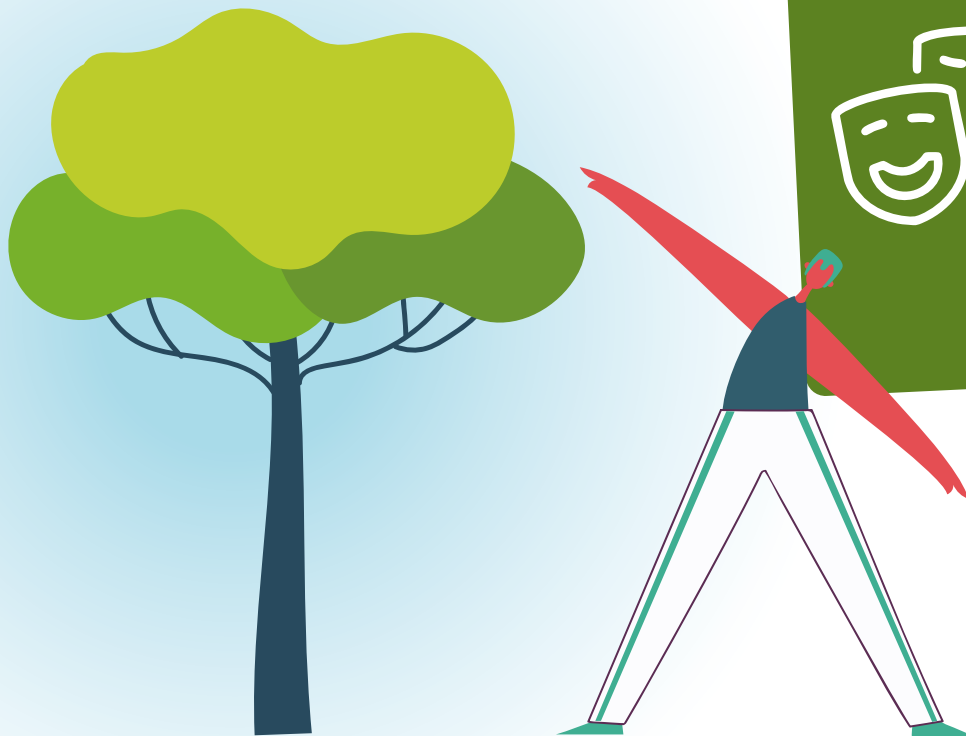
# The health and wellbeing harms of smoking

## Life expectancy and healthy life expectancy

Two key measures of a population's health status are years of life lived (life expectancy) and the number of years lived in good health (healthy life expectancy). Smoking is a leading cause of preventable illness and premature death. For individual smokers it reduces life expectancy and increases the amount of time lived with ill health. Two out of every three smokers will die prematurely from it, and for each of those who die from smoking, there are an estimated 30 others living with long term illness.

In England, approximately 64,000 people die from smoking related illnesses each year. In North Somerset there are at least 250 smoking-related deaths each year. This is equivalent to the loss of a village the size of Butcombe annually.

Smoking is the most significant contributor to the gap in life expectancy of 13.9 years for males and 15.3 years for females between the wards with the highest and the lowest life expectancy in North Somerset (North Somerset Joint Strategic Needs Assessment).



Over **80%** of smokers start their journey as a smoker before the age of 20

A long-term smoker dies about **10 years earlier** than a non-smoker.



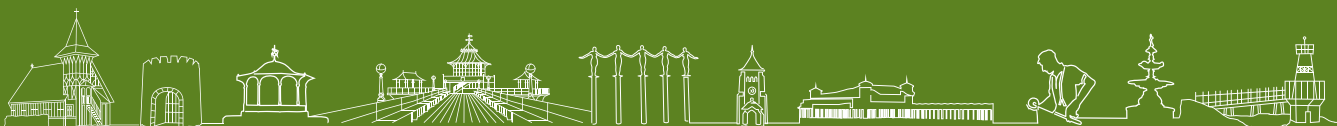
A long-term smoker requires access to social care around **9 years earlier** than a non-smoker.

At least 250 people die each year in North Somerset from smoking-related disease, this is more than the population of Butcombe or the equivalent of 3 full double-decker buses.

**140** deaths due to heart disease or stroke are caused by smoking.



**1,500** people in North Somerset are admitted to hospital with Smoking related disease each year, which is more than two capacity audiences at the Playhouse Theatre.





## Smoking and disease

There are a significant number of smoking-related diseases. Smoking increases the risk of developing over 50 serious health conditions, including the three main causes of death: cancer, lung or respiratory disease, and cardiovascular disease (CVD). Nationally, in 2019, 16% of deaths were attributed to smoking related diseases, with smoking responsible for 37% of respiratory disease and 26% of cancer deaths<sup>2</sup>.

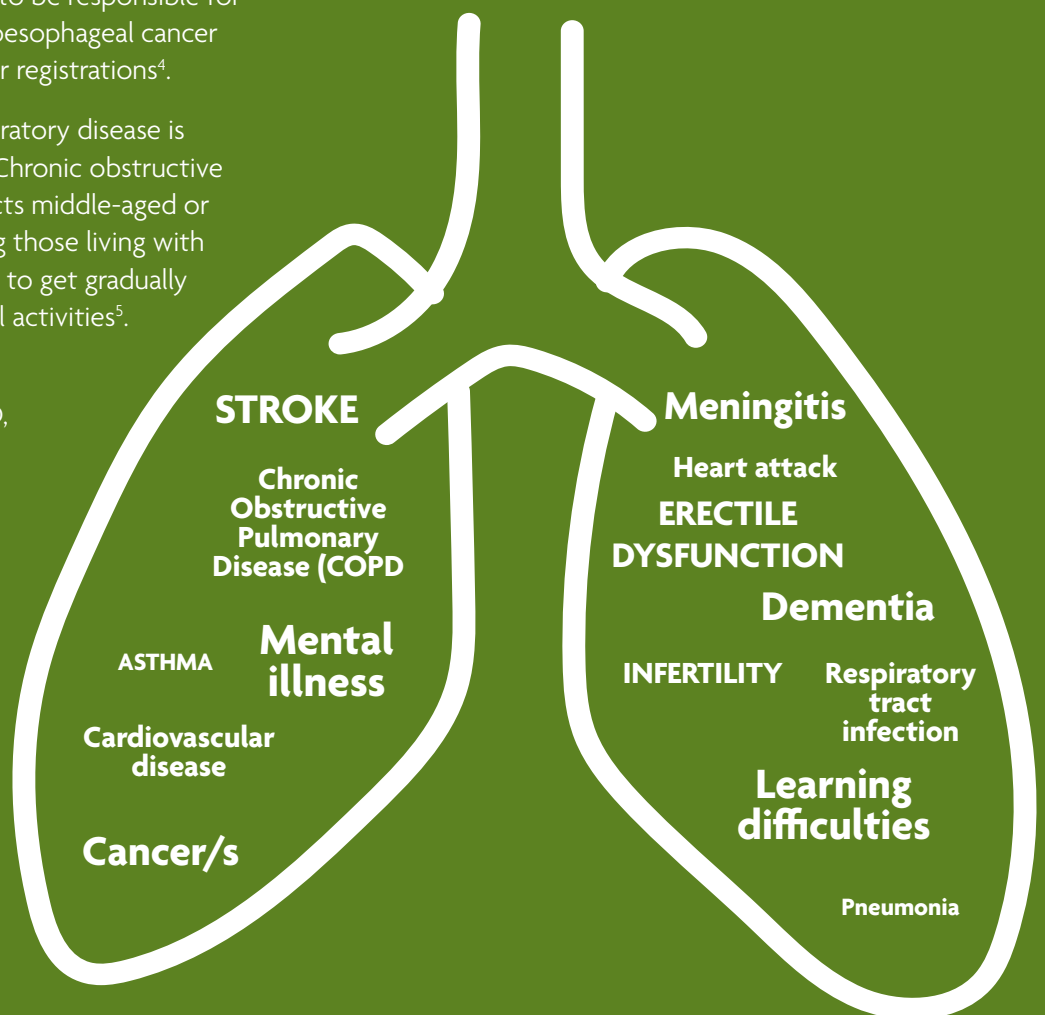
Illnesses, requiring complex and expensive treatment, such as lung cancer, are exclusively found among people who smoke. Smoking is the biggest avoidable risk factor for cancer and is estimated to cause over a quarter of all cancers. In North Somerset between 2017-19, smoking was estimated to be responsible for 87 oral cancer registrations, 99 oesophageal cancer registrations and 458 lung cancer registrations<sup>4</sup>.

A significant proportion of respiratory disease is directly attributed to smoking. Chronic obstructive pulmonary disease (COPD) affects middle-aged or older adults who smoke. Among those living with COPD, breathing problems tend to get gradually worse over time, limiting normal activities<sup>5</sup>.

In North Somerset, 2.1% of the population are living with COPD, this is greater than the England average, with mortality rates higher than the regional average (34.2 per 100,000 population).

In 2022/23 the number of hospital admissions for COPD for people aged 35 and over in North Somerset was 465. Smoking is the leading preventable, behavioural risk factor for CVD, with 1 in 8 CVD deaths directly attributed to smoking. In North Somerset, between 2017-19 there were 138 smoking attributable cases of mortality from heart disease and stroke (OHID, Tobacco Control Profile, 2024).

Because smoking has such broad and wide-reaching impacts on our populations, life expectancy and smokers' health and wellbeing it is a priority to reduce rates across our population. This will reduce the prevalence of smoking related diseases within our population and give back years of better health.



# Smoking in our communities

**Smoking is responsible for around half the difference in life expectancy between the least deprived and most deprived within our society<sup>7</sup>.**

The Indices of Multiple Deprivation (IMD) are used to describe statistics on relative deprivation in small areas in England. Deprivation is measured across a range of measures including income, education and skills, health, housing and crime. This IMD rating is then divided by 10 into deciles from the most deprived to the least deprived.

National evidence shows that although smoking rates have been decreasing across IMD deciles, rates have been slower to decline within the most deprived deciles (1-5) than the national average. In North Somerset, Weston-super-Mare South and Central wards are amongst the 10% most deprived wards in England based on the Indices of Multiple Deprivation (IMD). They have a combined population of over 18,691 residents making up over 8.5% of the total population of North Somerset. Smoking rates in these areas are up to 3.5 times higher than in wards with the best outcomes.

**The single-most accurate predictor of smoking status is housing tenure, with those accommodated in social housing, renting through housing associations or receiving housing benefits found to have the highest prevalence of smoking at 28.6%, compared to just 7.6% for those who own their homes outright.**

Employment type and academic attainment are predictors of smoking prevalence with higher prevalence of smoking found in those working in routine and manual occupations. Data from Bristol, North Somerset and South Gloucestershire (BNSSG) ICB shows a higher odds ratio\*, or likelihood, (2.3 times greater likelihood) of people employed in routine and manual occupations of being a smoker when compared to those in more skilled occupations. The odds ratio is only slightly lower in North Somerset where in 2023, adults from North Somerset in routine and manual occupations aged 18-64 were 2.2 times more likely to smoke compared to those in more skilled occupations.

**One in three** households in areas of deprivation have a smoker, compared to one in 20 in more affluent communities.



Adults in routine and manual occupation between the ages of **18-64** are **1.85** times more likely to smoke.

The likelihood of being a smoker in BNSSG has reduced since 2011 (1.8 times greater likelihood) because although smoking rates have declined across the whole population, they have remained high in populations of people employed in routine and manual occupations. Meaning that since 2011, the health inequality has been widening for those in routine and manual occupations, because their quit rates have been lower than those in other occupational categories.

Despite higher rates of smoking, the desire to quit is just as strong as those living in more affluent areas. However, due to compounding factors such as stress, lack of resources including time, social isolation, peer pressure, and social and community norms, we know that currently less affluent smokers are less likely to successfully quit smoking.

As we aim to support more people to stop smoking for good, we must provide additional opportunities and support in these communities that is above and beyond any universal offers of help. We must listen carefully to people's views about how best to offer and tailor support.



## Percentage of the population in England who are smokers by type of housing.

National average:  
**12.7%**

Own with mortgage:  
**10.1%**

Rent privately:  
**22.0%**

Rent from local Authority:  
**28.6%**

Own outright:  
**7.6%**



# Smoking and health inequalities

Inequalities are avoidable, preventable differences that exist in health status, or outcomes between different populations or groups of people. Groupings can include people from different socio-economic groups, or geographies, for example urban areas versus rural areas, or specific characteristics such as sex or ethnicity.

We find that higher rates of smoking are found within almost every indicator of disadvantage. The most disadvantaged and marginalised members of our society are disproportionately affected by the negative impacts caused by smoking. Due to the very harmful nature of smoking, varying levels of prevalence among certain groups leads to significant differences in death rates and illness that often lasts many years and starts early in life.

As previously described, smoking rates are higher in populations affected by the inequality of deprivation, including people with lower incomes, people who are unemployed, people without qualifications, and people who live in social housing. As with factors of deprivation, higher smoking rates are found amongst every group impacted by health inequalities including:

- People who are experiencing homelessness.
- Lesbian, Gay, Bisexual, and Transgender (LGBT) people.
- People in contact with the criminal justice system.
- People with a mental health condition.
- People in minoritised ethnic groups.

Many individuals will fall into several of these categories and be affected by deprivation and so will experience greater health inequalities (this is sometimes called intersectionality).

To address inequalities in smoking prevalence we must direct interventions and service provisions toward our population groups that will benefit most from them. We also need to tailor our stop smoking support offer to meet the diverse needs and preferences of individuals and populations.

## People who are experiencing homelessness

Limited UK research or data is available on the prevalence of smoking within the homeless population. However, a systematic review estimates rates to be between 57% and 82%<sup>8</sup>.

## People in contact with the criminal justice system

Recent data on smoking rates in people in contact with the criminal justice system is limited. However, data from 2013 showed smoking rates of up to 80% in this population (ASH, 2013).

## Lesbian, Gay, Bisexual, and Transgender (LGBT) people

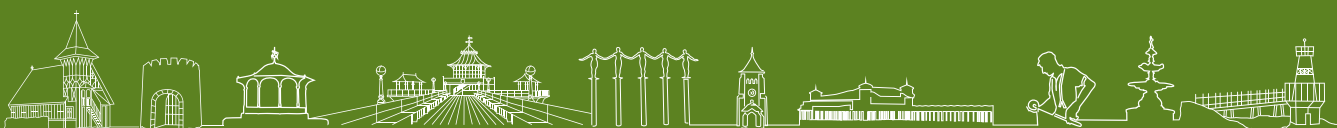
The Annual Population Survey 2018 found that smoking prevalence by sexual orientation in the UK was 23.1% for gay or lesbian people and 23.3% for bisexual people, compared to 15.9% for heterosexual/straight people (ASH, 2020).

## People with a mental health condition

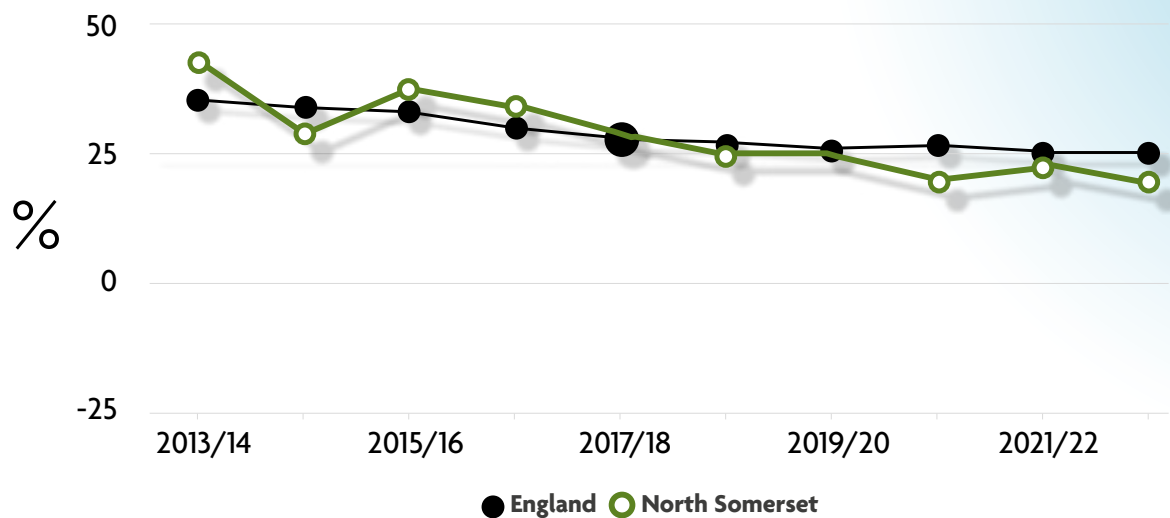
Information from OHID<sup>9</sup> states that in 2022 to 2023, the prevalence of self-reported current smoking (aged 18 and over) for those with a long-term mental health condition in England was 25.0%. This is similar to the prevalence for 2021 to 2022 (25.2%) and higher than the prevalence of 13.6% in the general population. The current smoking prevalence for those with a long-term mental health condition living in the most deprived tenth of lower tier local authorities was 28.5% compared with 20.5% for those living in the least deprived tenth.

In 2022 to 2023, the odds of being a current smoker among adults aged 18 and over was 2.4 times higher for those with a long-term mental health condition compared with those without a long-term mental health condition in England.

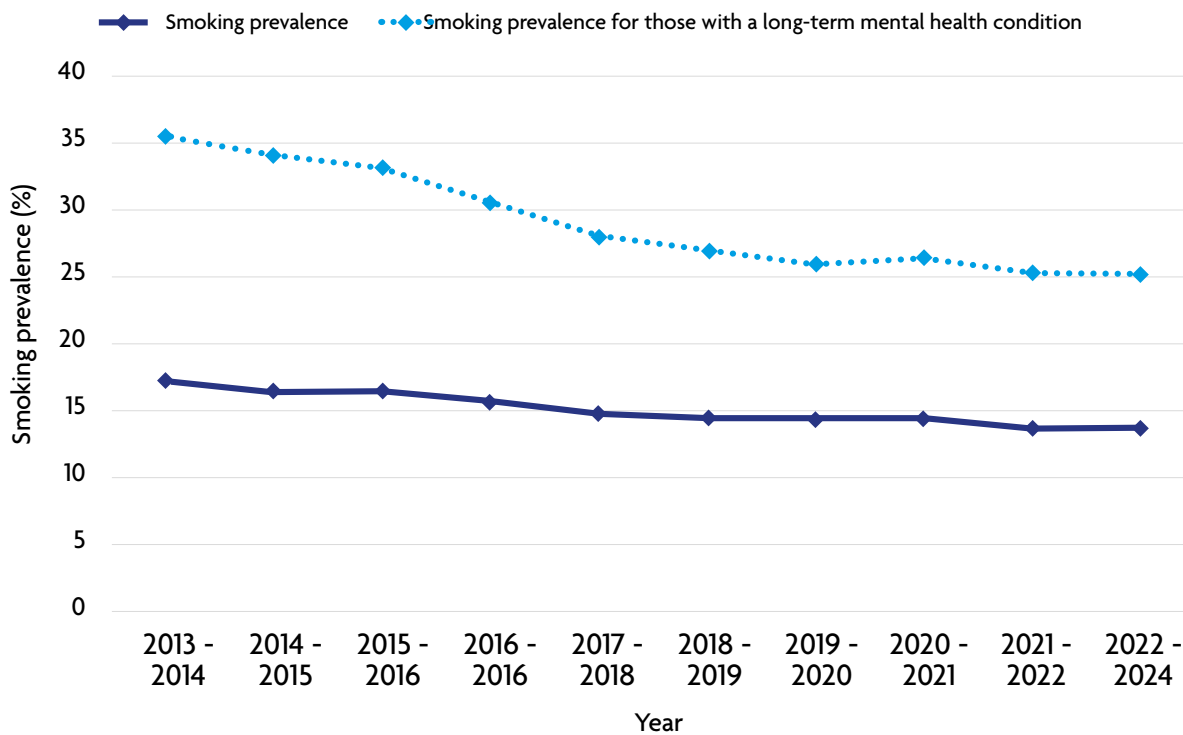
In North Somerset, Smoking prevalence in adults with a long-term mental health condition (aged 18 years+) has declined over time and is below the England average. However, the rate is double that in the general population, with the odds of being a smoker if you have a diagnosed long-term health condition being 2.1 higher than in those without a diagnosed long-term health condition in 2022/23. When looking at individuals with serious mental health conditions such as schizophrenia, life expectancy can be reduced by as much as 20 years, largely driven by smoking. Unpublished service level data from mental health inpatient settings across BNSSG and in North Somerset shows that smoking prevalence for cohorts within these settings is regularly 90% to 100% on individual wards.



**Smoking prevalence in adults with a long-term mental health condition (18+), OHID GPPS, 2023.**



**GPPS prevalence of current smokers, aged 18 and over, England, 2013 to 2014 to 2022 to 2023. Source: OHID Population Health Analysis (PHA) team from NHS England GP Patient Survey.**



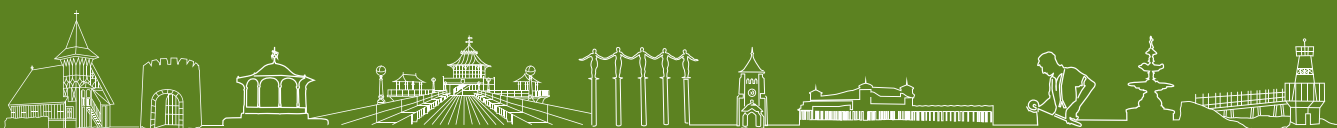
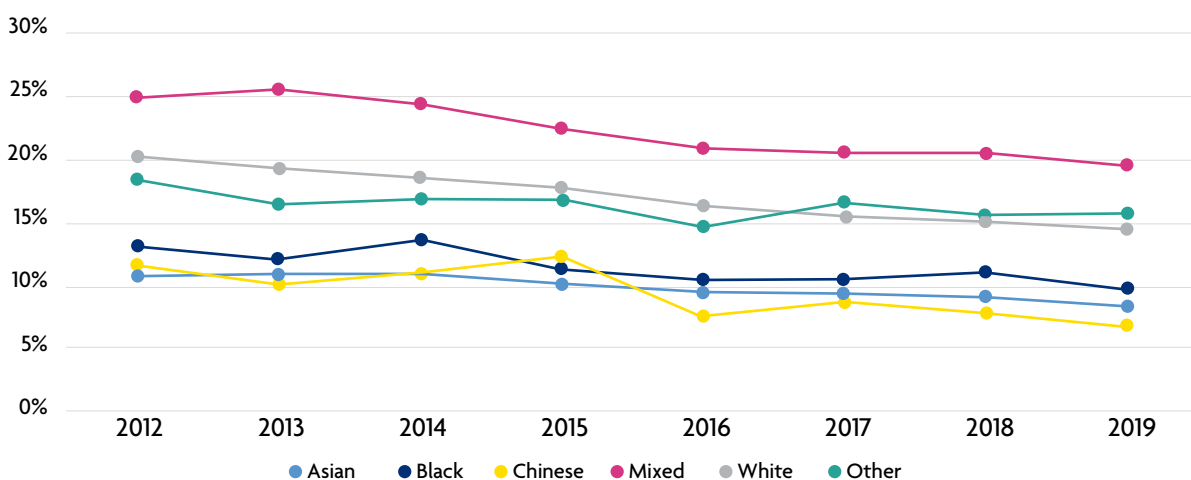
## Smoking and ethnicity

Tobacco addiction is strongly associated with ethnicity. Annual Population Survey data shows that rates have declined in those with different ethnic groups overtime. White populations, and mixed ethnicity populations have the highest rates nationally. Supplementary evidence shows men from ethnic minority backgrounds are more likely to be addicted to tobacco than men from white British ethnic backgrounds (21.6% compared to 16.8%). People with a mixed ethnic background have the highest prevalence of tobacco addiction (21.6% men and 19.5% women)<sup>10</sup>.

It should be noted that there are also cultural factors associated with the way that tobacco products are consumed, that can all impact on health and wellbeing. For example, people from an Asian background have higher use rates of smokeless tobacco and Shisha. A single session of shisha use can be equivalent to smoking 100 cigarettes. The cooling effects of the water allow a person to inhale the smoke more deeply, lowering oxygen levels in the brain due to high concentrations of carbon monoxide. There is also an increased likelihood of oral and respiratory infections such as Tuberculosis (TB) due to the sharing of pipes which can harbour large amounts of bacteria.



Percentage of adults who smoked cigarettes, by ethnicity over time. APS, 2012 to 2019.



# Smoking and its impact on children and families

**Over 80% of people who smoke start their journey as a smoker before the age of twenty<sup>11</sup>. For many, it starts during late childhood and early adolescence, a time when the teenage brain is undergoing significant hormonal and structural changes and is not yet fully developed.**

The decision to start smoking usually culminates from peer pressure or influence, the very human desire to fit in. However, after those first few puffs, the person often becomes addicted.

Smoking has intergenerational impacts and affects whole families. Children witnessing their parents smoking are likely to mirror the behaviour. Children are four times more likely to become smokers if at least one of their parents' smokes. Analysis has shown that early teens whose main caregiver smoked were more than twice as likely to have tried cigarettes (26% versus 11%) and four times as likely to be a regular smoker (4.9% versus 1.2%) (Department of Health and Social Care, DHSC).

As well as influencing addiction, parental smoking has direct impacts on child health through secondhand smoke. For example, parental smoking is associated with an increased prevalence of asthma and respiratory symptoms in children (ASH, 2015).

## Smoking, fertility and pregnancy

Smoking, and passive smoking reduces fertility. Infertility rates in both males and females who smoke are about twice the rate of infertility found in nonsmokers. The risk for infertility problems increases with the number of cigarettes smoked daily. Smoking increases the risk of erectile dysfunction in men and reduces semen quality, damaging their DNA. Smoking also has a serious negative effect on the chances of having a baby through assisted conception (e.g., In-Vitro Fertilisation, IVF).

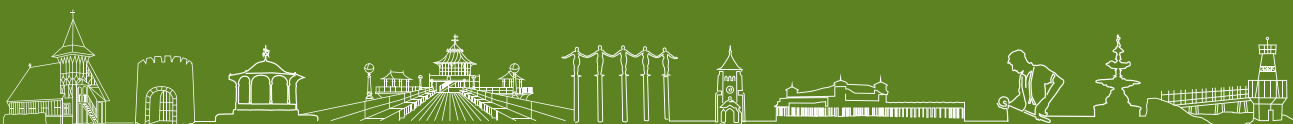
Smoking is the single most important modifiable risk factor in pregnancy and is associated with a range of poor pregnancy outcomes. Pregnant women who smoke tend to have more complications during pregnancy and labour, including:

- bleeding during pregnancy.
- placental abruption.
- complications during labour.
- increased risk of miscarriage.
- premature birth.
- stillbirth.
- low birthweight.
- sudden infant death syndrome (SIDS).

Smoking causes neonatal complications too. Evidence shows that around 30% of sudden infant deaths could be avoided by helping pregnant women who smoke to stop.

Although rates have been declining, there are still more than 60,000 babies born each year in England to mothers who have smoked during pregnancy. The percentage of women that were smokers at time of delivery (SATOD) across BNSSG ICS area has significantly declined since 2013/14 from 12.2% to 7.0% in 2023/24. North Somerset has the same rate for 2023/24 at 7%. This is below the England average of 7.4%. However, on an annual scale is still above the current national ambition of 6% or less women smoking at time of delivery.

Promisingly, data for quarter 4 of 2023/24 shows that recent efforts delivered through Smokefree BNSSG, and the maternity arm of the treating tobacco dependency service have reduced SATOD rates in BNSSG to 5.6%. This is a significant achievement as this is well below the national rate of 6.9% for quarter 4, and the national ambition of 6%. We must maintain and build on this good performance in our local health and care system.



**A survey conducted in the UK, showed that mothers in routine and manual occupations were the most likely to have smoked before or during pregnancy compared to mothers in managerial and professional occupations<sup>12</sup>.**

Although trajectories at system and Local Authority level are promising, these rates mask a significant health inequality. Unpublished service level data from the BNSSG Maternity Treating Tobacco Dependency service indicates there are much higher levels of smoking during pregnancy in areas of deprivation across BNSSG. This includes higher rates within Weston-super-Mare.

General prevalence data related to each ward in North Somerset for the three years up to 2022/23 shows a significantly higher prevalence of smoking during pregnancy and at time of delivery within our most deprived wards of North Somerset. Smoking at time

of delivery (SATOD) rates for South ward are 32.7% and for Central ward are 17.6%.

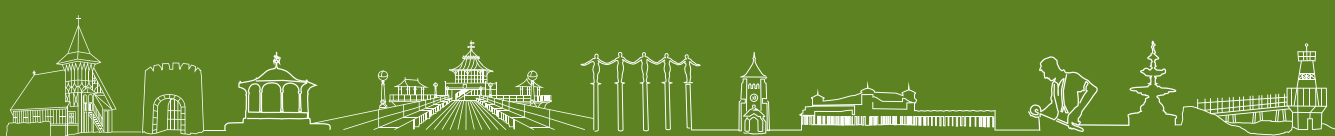
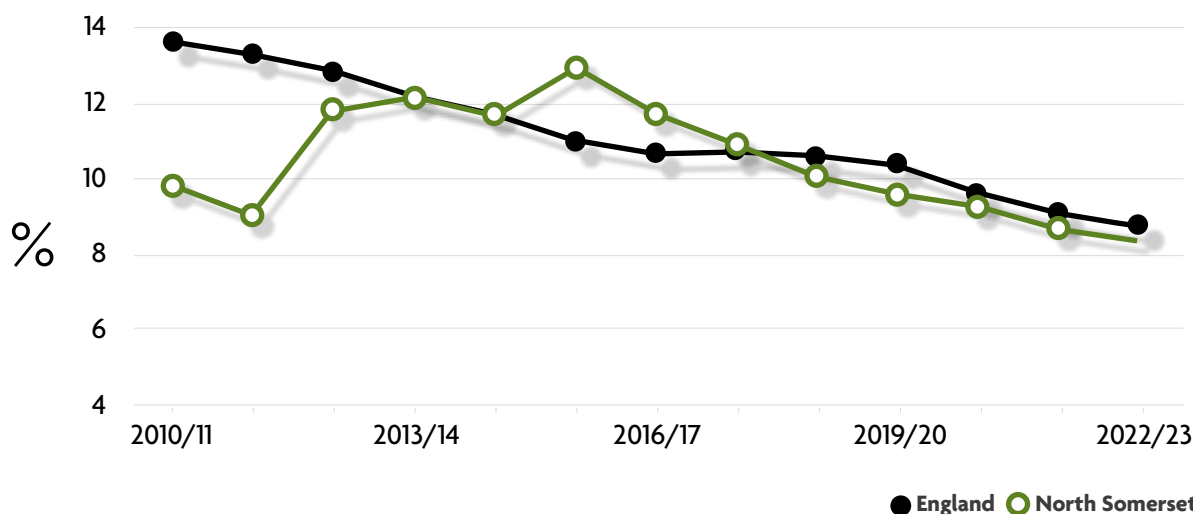
Data from the 30-day post-natal health visitor visit shows 42% of babies are exposed to smoke in South Ward compared to 16% as an average across North Somerset.

Separate SATOD data for North Somerset shows that the proportion of women smoking during pregnancy, and at time of delivery has significantly declined since a peak in rates during 2015/16 (13%), down to 8.4% in 2022/23. Unfortunately, at the time of writing we do not have the most recent figures for 2023/24 available for presentation within this report but it is likely to show a continued decline in rates in line with the BNSSG average. As part of our work on creating a Smokefree Generation, we will develop and publish public indicators that track our performance against this and other Smokefree targets.

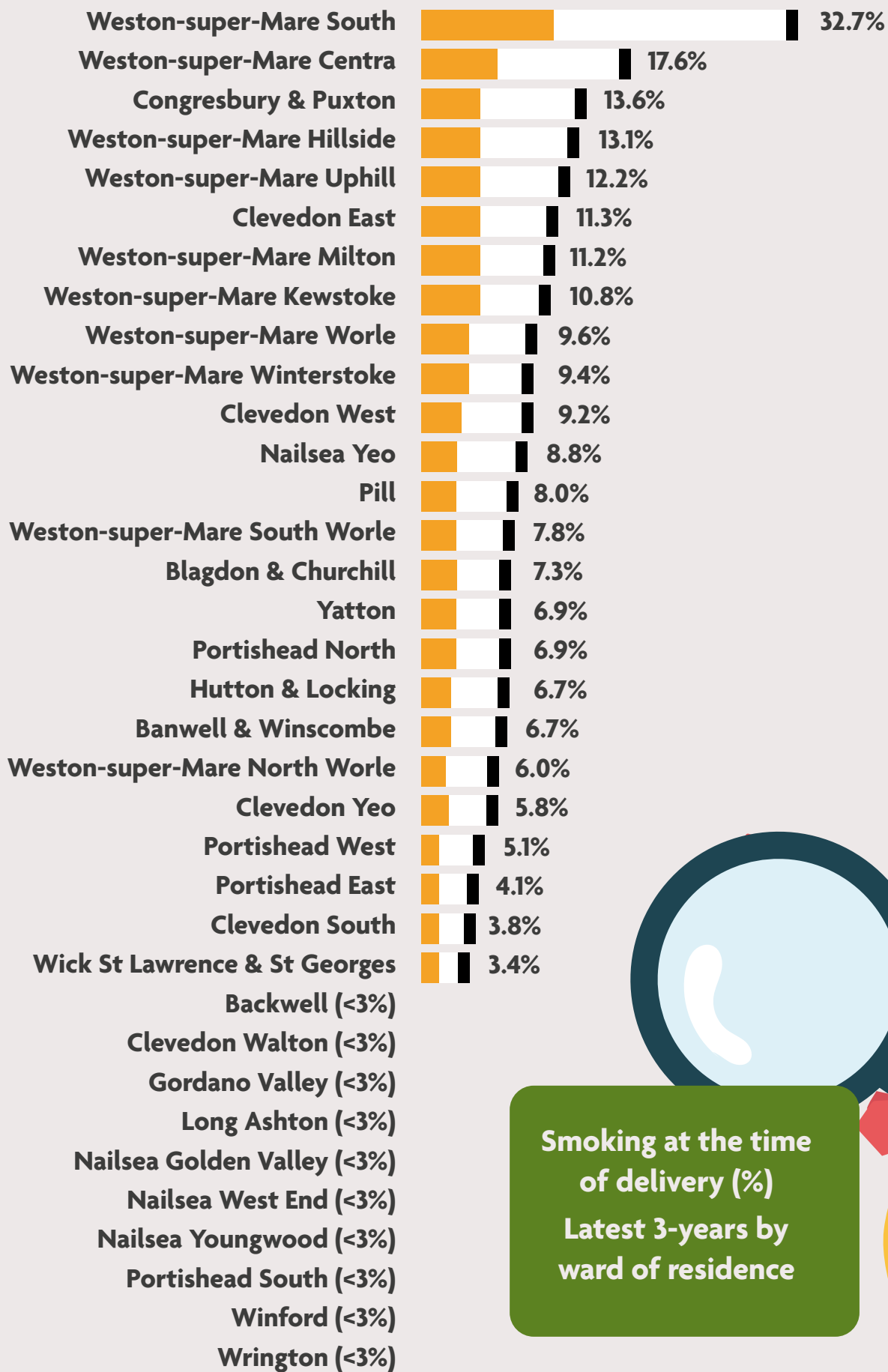
**Impact of smoking in pregnancy, ASH, 2018, via NHS Long Term Plan.**

	Maternal smoking	Second-hand smoke exposure
<b>Low birth weight</b>	Average 250g	Average 30-40g lighter
<b>Stillbirth</b>	Double the likelihood	Increased risk
<b>Miscarriage</b>	24-32% more likely	Possible risk
<b>Preterm birth</b>	27% more likely	Increased risk
<b>Heart defects</b>	50% more likely	Increased risk
<b>Sudden infant death</b>	3 times more likely	45% more likely

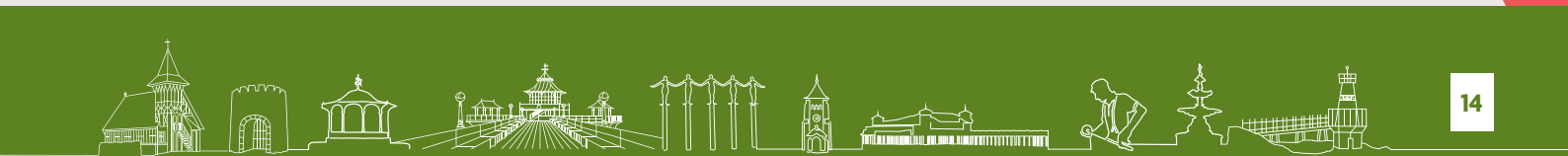
**Smoking status at time of delivery, North Somerset, 2021/11- 2022/23 (OHID, 2024)**







**Smoking at the time of delivery (%) Latest 3-years by ward of residence**



## The harm of smoking in children and young people.

Data estimates from ASH<sup>13</sup> show that in North Somerset an estimated 330 children start smoking every year, equivalent to 6 children every week. It is estimated that 7,700 children in North Somerset, live in smoking households. This has the potential to perpetuate the cycle of smoking, related disease and associated economic burden, as these children are more likely to become dependent smokers in the future, passing on the harms of smoking through the generations. This cycle is more prevalent in communities affected by deprivation, with young people exposed in the family setting finding it much harder to quit - increasing their likelihood of lifelong tobacco addiction, disease, disability, and premature death.

Smoking rates among adolescents and young people have been falling in the past decade with prevalence of regular smoking among 15-year-olds in England at 3%. A welcome contrast to the first measurement in 1982 when regular smoking prevalence among 15-year-olds was 24%<sup>14</sup>.

Passive smoking is particularly harmful for children due to the fragility of their developing airways, lungs and immune system. Passive smoking in children has been linked with increasing likelihood of asthma, chest infections, ear infections, meningitis, colds, and sudden infant death syndrome (SIDS).

Smokefree homes data taken from our Health Visitor 30-day postnatal visits, show that across North Somerset, 16% of newborn babies are exposed to smoke in the home. Within the Weston-Super-Mare wards of Hillside, Uphill, South and Central, which are IMD decile 1 wards, the average figure increases to 37%. It is 42% in South Ward.

It is vitally important that we continue to support new parents, and their households to be smokefree, and increase the percentage of smokefree homes in our most deprived wards toward the North Somerset average.

Poor child health and development

**Pregnancy complications**

Foetal abnormalities

**TRAUMATIC BIRTH**

**Stillbirth**

Low birthweight

**Sudden infant death syndrome**

**BIRTH DEFECTS**

Childhood respiratory conditions

**Middle ear disease**



**330**

**children start smoking each year in North Somerset**

**Smoking rates in 15 year olds have fallen from 24% in 1982 to 3% now**



# How does smoking impact healthcare services?

**Based on NHS collected Quality Outcomes Framework (QOF) data<sup>15</sup>, across our local Integrated health and care system (ICS) for Bristol, North Somerset, and South Gloucestershire (BNSSG), there are an estimated 144,320 smokers.**

- Bristol: 86,479 smokers (60% of all smokers in the total area)
- North Somerset: 27,180 smokers (19%)
- South Gloucestershire: 30,661 smokers (21%)

Due to the way that smoking status is reported and recorded within GP practices this is likely an underestimation of the total population of smokers (children and adults), because not everyone is listed on GP registers, and not all patients will provide their smoking status or have a recent smoking status on their records, this is particularly for younger people. These QOF figures are also higher than those reported elsewhere due to them including young people and people who have now stopped smoking but have gone unrecorded.

GP practice QOF data also shows a higher prevalence of smokers with those practices in our most deprived wards. Horizon Health and Graham Road practices for example, have a prevalence of 37.3% and 25.3% respectively, compared to 9.3% and 6% for Tyntesfield and Harbourside practices. QOF data from BNSSG ICB shows that in Weston, Worle and Villages Locality Partnership area 87.5% of practices have a greater than BNSSG average percentage of patients aged 15 or over who are recorded as current smokers. Further GP population data shows the percentage of active smokers in 2023, with higher rates in practices serving Weston-super-Mare:

- Graham Road Surgery: 33.0%
- Horizon Health Centre: 23.3%
- 168 Medical Group: 17.5%
- Stafford Medical Group: 16.1%
- The Milton Surgery: 12.6%
- The Cedars Surgery: 10.5%
- Tudor Lodge Surgery: 10.0%
- Winscombe Surgery: 10.0%

Data from the OHID Smoking profile shows concerning figures for other tobacco related admissions and registrations for the North Somerset population, including the smoking related ill health shown in the following infographics. Despite lowering smoking rates overall, the number of smoking attributable hospital admissions in North Somerset increased from 1,564 in 2016/17 to 2,072 in 2019/20. This is likely due to health inequalities that impact the remaining people in our population who still smoke.

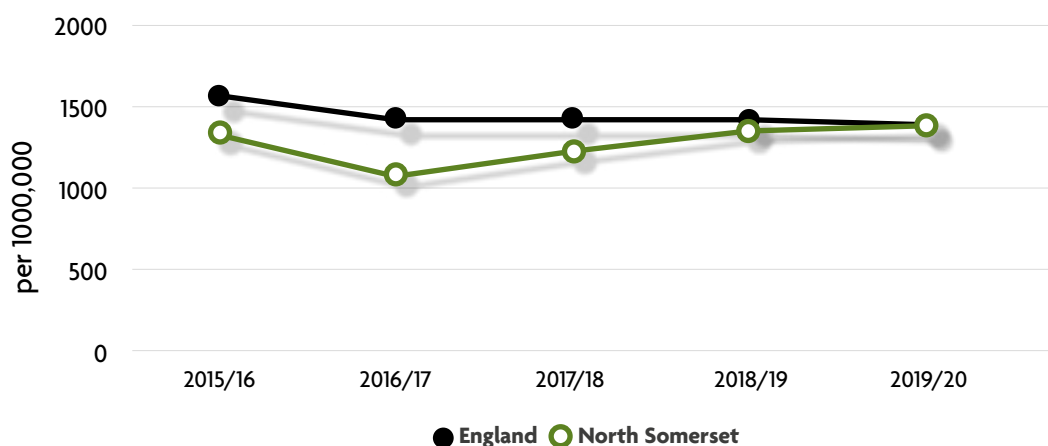
Those that are still smoking will have smoked for longer periods of their life than people who have stopped, and so will be most likely to develop smoking related disease. This increases the number of admissions within hospitals. In 2019/20, emergency hospital admissions for COPD in the 35+ age group in North Somerset stood at 580. Whilst this is below the England average which has stayed static since 2010/11, this measurement has steadily increased in North Somerset from a low base of 314 in 2010/11.

Smoking is a driver of people requiring treatment in hospital, and our hospitals play an active role in treating tobacco dependency. Pharmacy data from University Hospitals NHS Foundation Trust for Weston General Hospital showed that over 450 inpatient smokers were treated with Nicotine Replacement Therapy (NRT) in 2023. Many more would have been offered NRT. Unfortunately, we do not have hospital NRT prescribing data for those North Somerset residents that were inpatients at hospitals in neighbouring Local Authority areas.

NHS services continue to provide vital treatment and support to help people to stop smoking. We will continue to work with our NHS partners to reduce smoking rates within our population, and for people at higher risk of smoking related disease.

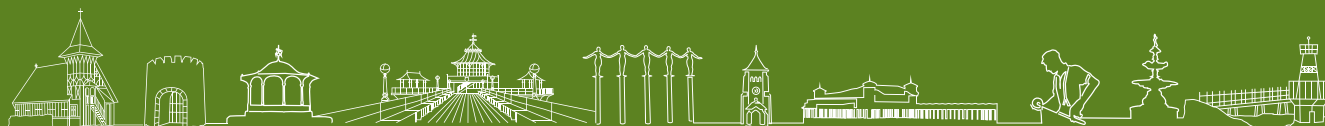


## Smoking attributable hospital admissions, Smoking profile, OHID 2024.



## Smoking related ill health, Smoking profile, OHID, 2024.

Indicator	Period	N Somerset			South West Region (statistical)	England	England		
		Recent trend	Count	Value	Value	Value	Worst	Range	Best
Premature births (less than 37 weeks gestation)	2019 - 21	-	247	71.0	72.2	77.9	109.8		55.5
Low birth weight of term babies	2021	-	49	2.6%	2.5%	2.8%	5.0%		1.5%
Lung cancer registrations	2017 - 19	-	458	60.6	65.5	77.1	163.1		49.2
Oral cancer registrations	2017 - 19	-	87	12.3	15.6	15.4	24.5		10.7
Oesophageal cancer registrations	2017 - 19	-	99	13.7	13.9	15.2	25.3		7.9
Smoking attributable hospital admissions (new method). This indicator uses a new set of attributable fractions, and so differ from that originally published.	2019/20	▲	2,072	1,375	1,300	1,398	3,071		516
Emergency hospital admissions for COPD (35+)	2019/20	▲	580	378	325	415	1,068		163
Hospital admissions for asthma (under 19 years)	2022/23	▶	50	109.5	109.1	122.2	350.7		51.9



# The economic harms of tobacco

## The legacy of the tobacco industry

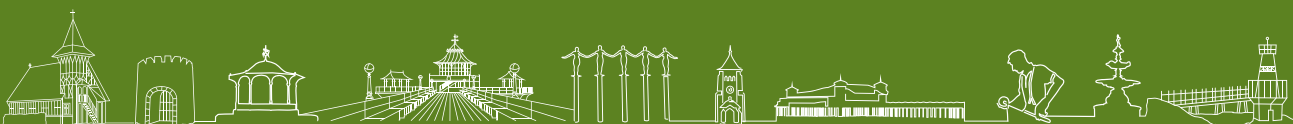
Killing two out of three of its users, cigarettes are the only consumer product that kills the end user when used exactly as intended. Globally, cigarettes kill 8 million people per year<sup>16</sup>, making tobacco the single-most destructive consumer product ever made, causing disease and death on an industrial scale.

Tobacco remains a hugely profitable business despite increased awareness in our population about its detrimental effects. Two of the largest tobacco companies in the world are headquartered in the UK, with a British multinational tobacco company headquartered in Bristol. This local legacy has big impacts on the population of North Somerset, as well as across our BNSSG Integrated Care System area.

Whilst the sale and consumption of tobacco in the UK is completely legal, the tobacco industry has a chequered history of operating around the law in an effort to ensure maximum profits at the cost of society and the environment. The Council and its partners have a legal duty to act to defend policies from the commercial and other vested interests of the tobacco industry<sup>17</sup>.

National evidence shows the tobacco industry uses tactics to create barriers to lifesaving tobacco control measures, including inaccurate research, legal challenges, and misleading public relations campaigns. The industry has a long history of denying the health risks of smoking and taking tactical approaches to misinform across addiction, advertising, economics, agriculture, developing countries, second hand smoke, smuggling, product design, the impact on young people and women, lobbying and media relations (WHO & ASH)<sup>18</sup>.

The University of Bath Tobacco Control Research Group provide more information on the tactics used by the tobacco industry online at: [www.tobaccotactics.org](http://www.tobaccotactics.org)



## The financial burden of tobacco use

Tobacco causes a significant burden on the economy, globally, nationally, and locally. Tobacco related harm costs US \$1.4 trillion globally per year, equivalent to 1.8% of the world's annual gross domestic product (GDP), 40% of these costs are borne by developing countries<sup>19</sup>.

In simple money, smokers in 2022 spent on average £2,451 a year on cigarettes. The cost to the individual of a 20x a day cigarette addiction is between £45-£90 per week, or £2,340 - £4,680 per year:

- £12.80\* per 20 packet x 7 days a week = £89.60 per week.
- £30.70\* per 50g packet (100 smokes) = £45 per week.

This represents a significant cost to the individual, especially when considering the higher rates of smoking within areas of deprivation, and in populations at increased risk of poverty. The detrimental impact that smoking has on the quality of a smoker's life, means many will leave employment early due to disability, or premature ill health. This has a significant impact on their own, and their households' finances, as well as the wider economy.

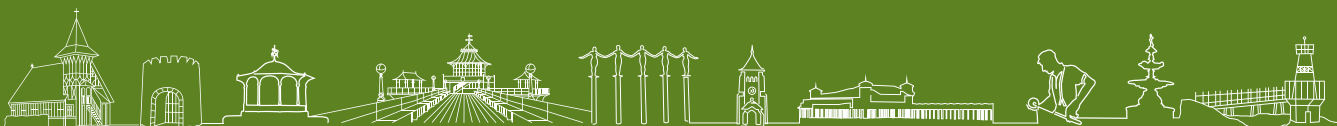
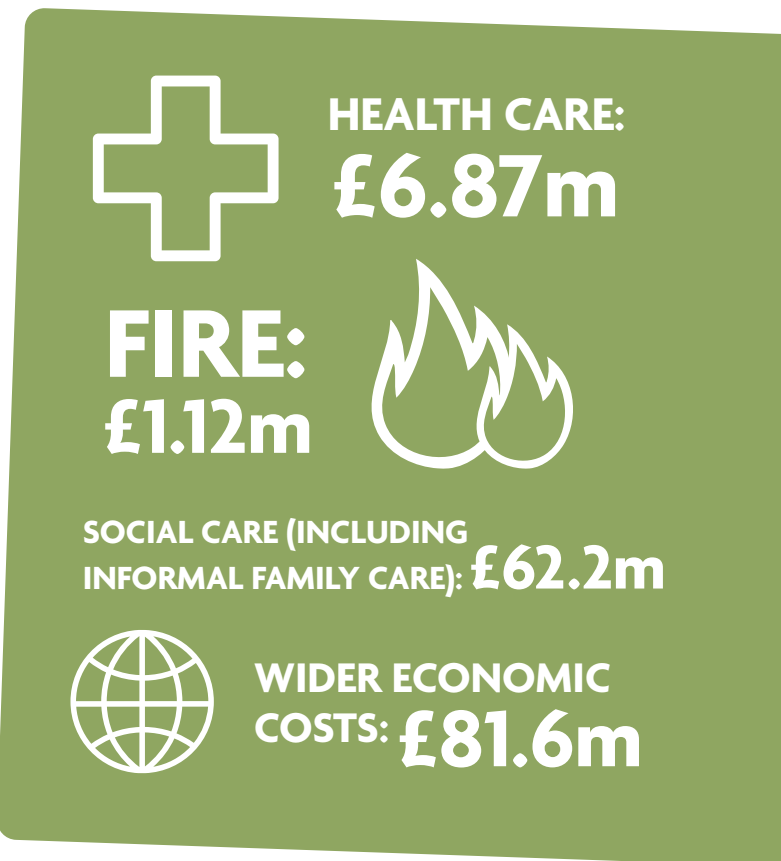
At the lower end of costs, this is enough to pay the average annual household gas and electricity bill twice, at the upper end it would pay for four and half's months' rent on a two-bedroom property in Weston-super-Mare. In many households, stopping smoking could pay for one or both routine family expenses, lifting people out of poverty. In the South West, 30.3% of all smoking households fall below the poverty line after smoking expenses are considered. For North Somerset, this represents 3,400 households with a smoker who could be lifted out of poverty if their smoker were supported to stop smoking<sup>20</sup>.

Action on Smoking and Health (ASH) have published evidence on the extent of the burden smoking puts on the public finances, demonstrating that in 2022 the economic costs of smoking were nearly twice as much as the revenues from tobacco excise tax and VAT (£21 billion compared to £11 billion in taxes)<sup>21</sup>.

The ASH Ready Reckoner tool<sup>22</sup> calculates the costs of tobacco-related harms across society and areas of service provision within the BNSSG Integrated Care System (ICS) as being £828 million per year. This includes associated costs across health care (£30m pa, including £5.7m acute readmissions), Fire (£6.24m pa), Social care (£262m pa, including informal care costs) and the wider economy (£529m pa, including £4m on NHS workforce). The same tool identified significant societal costs of smoking in North Somerset of £152 million per year, as shown in the infographic below.

Health economic analysis shows a cashable return on investment (ROI) of £2.12 for every £1 invested in smoking cessation services. This means that treating and supporting people to stop smoking is one of the most cost-effective preventative healthcare measures available.

## Societal costs of smoking in North Somerset



# A Smokefree Generation

**In 2024, the Tobacco and Vapes Bill was introduced to the House of Commons, at the time of writing this is at the Committee Stage<sup>23</sup>. Through this bill the Government is committing to:**

- creating a smoke-free generation, gradually ending the sale of tobacco products across the country and breaking the cycle of addiction and disadvantage.
- strengthening the existing ban on smoking in public places to reduce the harms of passive smoking in certain outdoor settings particularly for children and vulnerable people.
- banning vapes and nicotine products from being deliberately branded, promoted and advertised to children to stop the next generation from becoming hooked on nicotine.
- providing powers to introduce a licensing scheme for the retail sale of tobacco, vapes and nicotine products in England, Wales and Northern Ireland, and expand the retailer registration scheme in Scotland.
- strengthening enforcement activity to support the implementation of the above measures.

## Tobacco control policy

The WHO Framework Convention on Tobacco Control (WHO FCTC) was adopted by the UK in 2003. The UK has one of the most comprehensive tobacco control systems in the world but despite this, more still needs to be done to prevent the uptake of smoking in children and young people, to increase the number of smokers stopping, and importantly reduce the significant health inequality generated by tobacco addiction.

In 2017 the UK government launched the tobacco control plan for England: Towards a Smokefree Generation.

Following on from *Toward a Smokefree Generation*, *The Khan Review: making smoking obsolete*<sup>25</sup> was published in 2022. This Independent review led by Dr Javed Khan OBE informed the government's ambition to make England smokefree by 2030. The review recommended:

1. Increased investment in easily accessible, high-quality support that smokers need to help them quit.
2. Increasing the age of tobacco sale.
3. Promote nicotine vaping as an effective tool to help people to stop smoking tobacco.
4. Improving prevention in the NHS and offering smokers advice and support to quit at every interaction they have with health services, whether that be through GPs, hospitals, psychiatrists, midwives, pharmacists, dentists or optometrists.

In response to the Khan review, during November 2023, the *Stopping the Start* policy paper was published by DHSC<sup>26</sup>. The paper outlined new legislative proposals to stop future generations from starting to smoke and tackle the rise in youth vaping. The paper also outlined an ambitious package of additional measures to support the implementation of legislative proposals and to sustain action to support current smokers to quit.

The report recognises that there is no more addictive product that is legally sold in our shops than tobacco, which is why 'stopping the start' of addiction is vital. They state that three-quarters of smokers would never have started if they had the choice again, and that it is much easier never to start than to have to quit. The report includes a range of hard-hitting measures to create a smokefree generation:



### **Legislating to create a smokefree generation:**

The government proposed to bring forward legislation making it an offence to sell tobacco products to anyone born on or after 1st January 2009. The government will also make it an offence for anyone at or over the legal age to purchase tobacco products on behalf of someone born on or after 1 January 2009 ('proxy purchasing').

### **Supporting people to stop smoking:**

To support more people to stop smoking, the government is investing:

- an additional £70 million per year to support local authority-led stop smoking services (LSSS) - more than doubling current spend from £68 million per year (to a total of £138 million) and supporting around 360,000 people to set a quit date each year. For North Somerset this means additional grant funding for tobacco control of £240,000.
- an additional £5 million this year and then £15 million per year after to fund new national anti-smoking campaigns - a substantial uplift on current spend.
- up to £45 million over 2 years to roll out our new national 'Swap to Stop' scheme - supporting 1 million smokers to swap cigarettes for vapes. North Somerset successfully led a bid from the BNSSG integrated care system for £2.2M of vapes to support quits. This was the largest successful bid across the country.
- up to £10 million over 2 years to provide evidence-based financial incentives to support all pregnant smokers to quit.

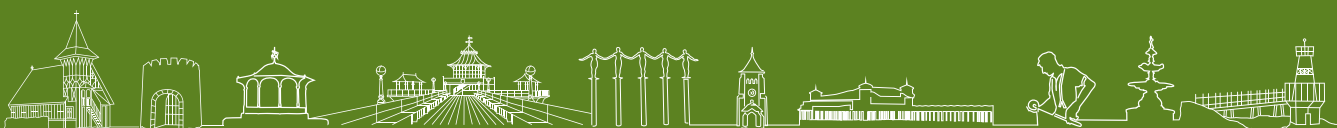
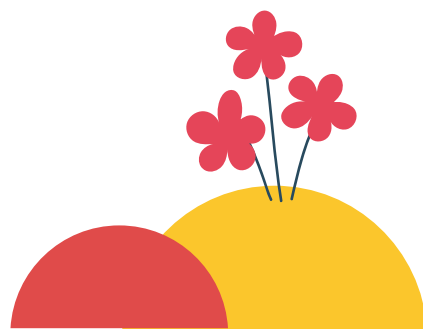
The NHS Long-term plan<sup>27</sup> recognises that smoking rates have fallen significantly, but smoking still accounts for more years of life lost than any other modifiable risk factor. It states three core actions the NHS will take to tackle the harms of tobacco:

1. First, the NHS will support people in contact with NHS services to quit based on a proven model implemented in Canada and Manchester, called the Ottawa model, which aims to identify smokers and take every opportunity to offer them support to stop<sup>28</sup>.

2. Second, the Ottawa model will be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.
3. Thirdly, a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

NICE<sup>29</sup> recognise the continuing role for general practices and pharmacies in tobacco control. Approximately 90% of patient interaction with the healthcare system in England is with primary care services. For smoking related disease, it is likely that a higher proportion of smokers will present to primary care services because of their health issues. Most smokers want to quit and around a third make a quit attempt each year. The smoking toolkit study for England demonstrates that GP triggered quit attempts have been steadily declining since 2010 when around 10% of quit attempts were triggered by interaction with a GP. This figure now stands at around 2 – 4% of all quit attempts.

We will continue to support national ambitions to create a smokefree generation. We will respond to the new opportunities that national strategy and investment creates to support more people who smoke to stop, and to reduce the number of young people who start smoking. We will also work across the South West region to lead collaborative work that builds on the priorities defined within the current national policy landscape. This will include the hosting of regional, and sub-regional roles and responsibilities. We need our partners to support these efforts.





# Tobacco control timeline

<b>1962:</b>	First Royal College of Physicians (RCP) report, “Smoking and Health”, published.
<b>1964:</b>	The US Surgeon General produced first report on “Smoking and Health”.
<b>1965:</b>	UK TV advert ban.
<b>1967:</b>	World conference on smoking and health (NYC).
<b>1969:</b>	First Health Education Council campaign.
<b>1970:</b>	First WHO report.
<b>1972:</b>	UK Some advertising banned.
<b>1973:</b>	Independent Scientific Committee on Smoking and Health (ISCSH)
<b>1974:</b>	The UK’s first national survey around smoking revealed that 46% of those aged 16+ smoked.
<b>2003:</b>	Implementation of the first phase of the Tobacco Advertising and Promotion Act sees the end of tobacco advertising on several mediums including print media, billboards and bans direct mailing, online advertising, and new promotions. (Adult smoking rate for the UK (16+) is at 26%)
<b>2005:</b>	The Health Bill is published by the government setting out proposals for smokefree workplaces and premises open to the public. The final aspect of the Tobacco Advertising and Promotion Act (2002) comes into effect ending tobacco sponsorship of global sports.
<b>2007:</b>	England becomes smokefree, with smoking in all enclosed public places and workplaces banned. (Adult smoking rate for the UK (16+) is 21%).
<b>2012:</b>	Displaying tobacco in large shops is banned. Tobacco products must now be kept from view.
<b>2015:</b>	A ban on displaying tobacco in small shops comes into effect. (Adult smoking rate for the UK (18+) is 17.2%)
<b>2017:</b>	Tobacco Control Plan for England: Towards a Smokefree Generation is published.
<b>2019:</b>	NHS England published its NHS Long Term Plan committing to provide NHS funded smoking cessation support to those in inpatient mental health settings, pregnant women and patients admitted to hospital.
<b>2019:</b>	The DHSC consultation on the green paper ‘Advancing Our Health: Prevention in the 2020s’ commits to a Smokefree England by 2030.
<b>2022:</b>	The “Making smoking obsolete” independent review by Dr Javed Khan OBE into the government’s ambition to make England smokefree by 2030 is published.
<b>2023:</b>	DHSC publishes Stopping the start: our new plan to create a smokefree generation.
<b>2024:</b>	Tobacco and Vapes Bill introduced to the House of Commons.



# Smokefree BNSSG

**Local Authorities play a leading role for developing and delivering tobacco control strategies at a local level. However, multiple organisations are responsible for reducing smoking rates and the burden caused by tobacco harms.**

There is no single organisation with all of the knowledge and tools for tackling smoking. Instead a collaborative, whole system approach with stakeholders working together is required.

North Somerset Council leads Bristol, North Somerset, and South Gloucestershire's whole system tobacco control programme, this is called "Smokefree BNSSG". Our Smokefree Alliance consists of stakeholders from:

- The three Local Authorities in BNSSG.
- The two NHS Acute hospital trusts.
- Avon and Wiltshire Mental Health Partnership NHS trust.
- Local Authority trading standards.
- The University of Bristol.

The Smokefree BNSSG Alliance have set a vision for a "Smokefree BNSSG" where less than 5% of our population smoke by 2030. Working towards this vision gives system partners a big opportunity to reduce the impact of tobacco on our population through:

- Preventing initiation of smoking, supporting people to quit, and reducing use and harm.
- Protecting non-smokers.
- Building community capacity to help smokers stop and prevent people starting.
- Improving outcomes and reducing inequalities.

To deliver against this vision, the Alliance have developed a whole system approach to improving tobacco outcomes in BNSSG.

This includes interventions and actions across tiers of prevention, from the wider determinants of health such as housing, schools, and community development, through to tertiary prevention in our hospital settings.

The model shows that system partners, across levels of prevention, from schools, trading standards, business, and economic development teams, through public health nursing, VCSFE, Primary Care, and Local Authority colleagues and on to NHS hospital and community providers, all have an active role to play in tackling tobacco harms.

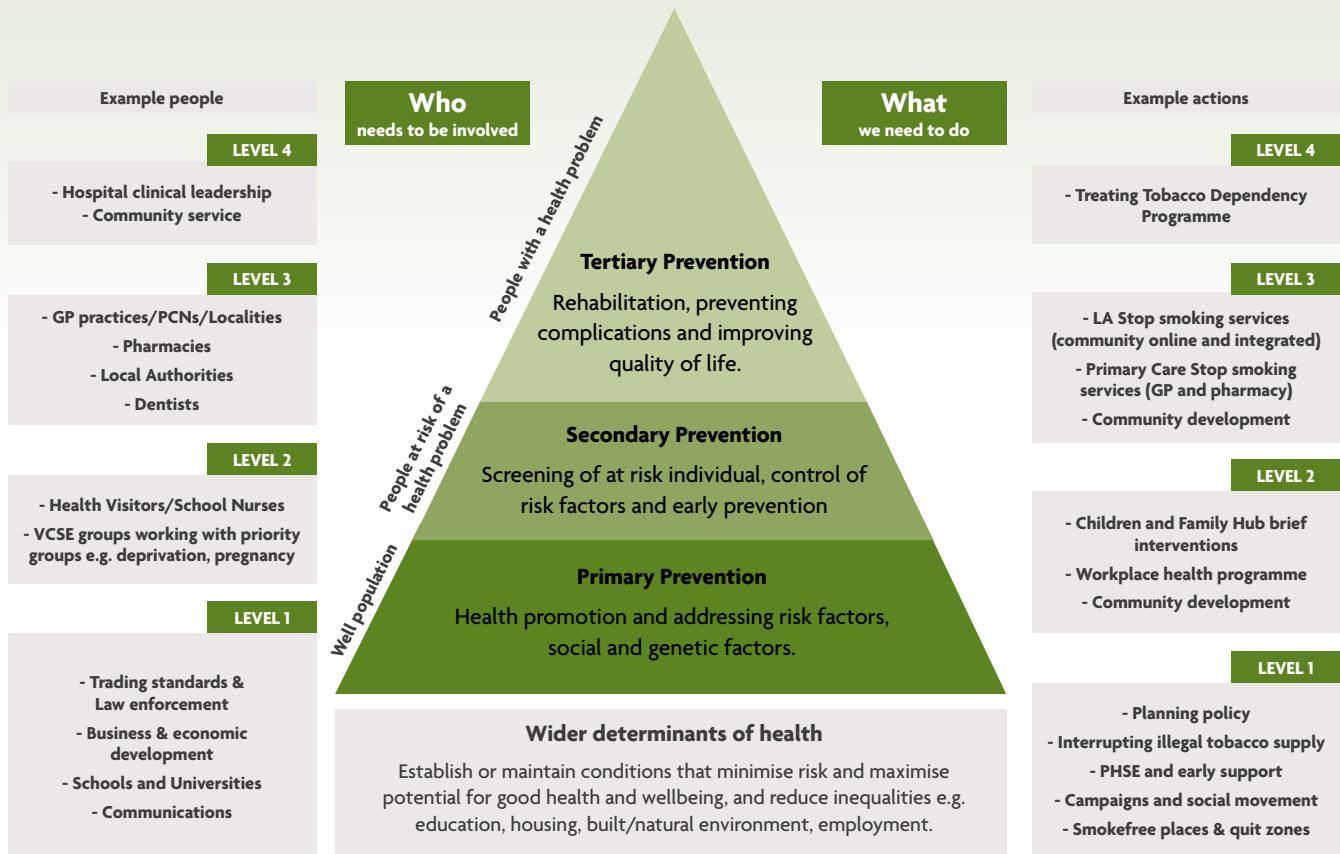
Stopping smoking is a priority within the Bristol, North Somerset, and South Gloucestershire Integrated Care System (ICS) Strategy<sup>30</sup>. In turn, the Smokefree vision has been adopted within the local NHS' Joint Forward Plan<sup>31</sup>, with several commitments made to support the whole system approach, including action on:

- Data and insights.
- NHS Treating Tobacco Dependency Services (TTD).
- Joint health promotion campaigns and communications.
- Workforce smoking cessation offers.
- Joined up approaches to the use of Smokefree generation funding.
- System wide development of a peer support programme.
- Joint ambition on the Swap to Stop programme
- Embedding research, evidence and evaluation capacity and learning into our approach.
- Ensuring a joined-up approach on prevention priorities for substance use, tobacco, and healthy weight (Prevention intersection).

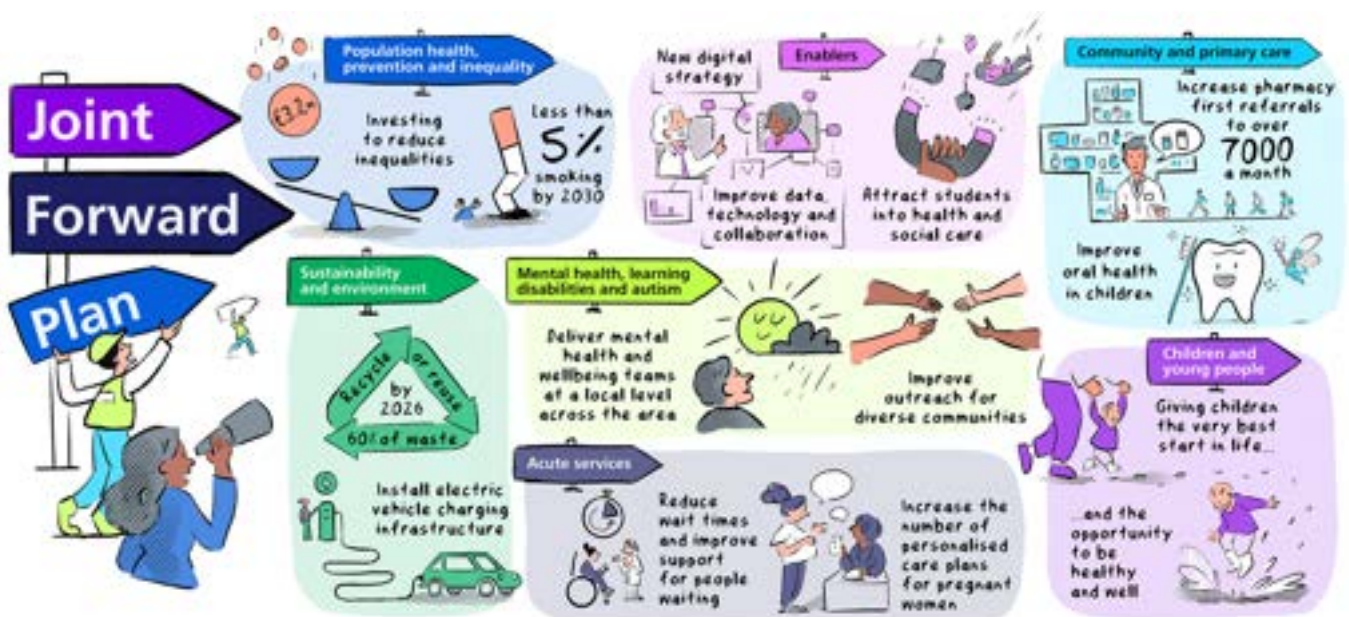
Each of these actions will bring direct benefits to the North Somerset population, by improving service provision to support smokers to stop, and in turn reducing the direct and indirect harms of tobacco to our population. North Somerset will continue to lead the Smokefree Alliance.



# A Whole system approach to improving tobacco outcomes in BNSSG, Smokefree BNSSG, 2023.



## NHS BNSSG ICB Joint Forward Plan.



# Supporting smokers to stop

Due to its highly addictive nature smoking is defined as a chronic relapsing brain disease<sup>32</sup> and most smokers become addicted in childhood<sup>33</sup>. Despite its highly addictive nature, the majority of smokers wish they had never started (75%) and more than half (60%) want to stop smoking.

**The most important thing we can do is to support people who smoke to stop. This requires offering support, information, advice and treatment for the addiction.**

The National Institute for Clinical Excellence (NICE) provides robust guidance for preventing uptake of smoking, promoting quitting, and treating tobacco dependence<sup>34</sup>. It shows everyone has a role to play in preventing people smoking and helping smokers to stop. The guidance states that the following should be accessible to people to support them to stop smoking:

- Behavioural interventions
  - behavioural support (individual and group).
  - very brief advice.
  - digital and mobile health interventions<sup>35</sup>.
- Medicinally licensed products
  - bupropion.
  - nicotine replacement therapy – short and long acting.
  - varenicline.
- Nicotine-containing e-cigarettes (vapes).
- Peer support programmes.

Underling NICE guidance, evidence shows that the most successful way of stopping smoking is with a combination of stop smoking aids such as Nicotine Replacement Therapy (NRT) and expert behavioural support delivered by specialists stop smoking services<sup>36</sup>.

However, despite it being the least effective method, around half of all smokers in England try to quit unaided using willpower alone, this is known as going “cold turkey”.

Getting the right support at the right time can greatly increase a person’s chances of quitting successfully:

- Using nicotine replacement therapies (NRT) or nicotine containing vapes makes it one and a half times as likely a person will succeed.
- A person’s chances of quitting are doubled if they use a stop smoking medicine prescribed by a GP, pharmacist, or other health professionals.
- Combining stop smoking aids with expert support from local stop smoking services makes someone 3 times as likely to stop smoking successfully.

We need partners to guide people who smoke towards evidence-based ways to support them to stop smoking. This should include robust information from trusted sources of information and include pathways into specialised services. At the same time, we want as many people who smoke as possible to make an annual quit attempt. As we know, the more times someone tries to stop smoking, the more likely they are to succeed. With evidence-based support they are then even more likely to **stop smoking for good.**



## Nicotine Replacement Therapy

NRT comes in a number of formats including transdermal slow-release long acting NRT patches that are used externally, applied directly to the skin and acute, quicker acting forms such as nicotine nasal spray, mouth spray, gum, and lozenges. NRT is more effective when using dual therapy whereby a patch is used in combination with one of the acute oral/nasal forms of NRT.



## Varenicline (formerly under the brand name Champix)

This works by blocking nicotine receptors in the brain's reward pathways. It is a prescription only medication and does not contain any nicotine. Since late 2021, Champix has not been available due to a manufacturing issue at Pfizer. Since then, Pfizer no longer holds the patent for Varenicline and there is now a generic, off-license product.

## Bupropion (Brand name Zyban)

The mechanism by which Bupropion supports smoking cessation is unknown. It was originally developed as an anti-depressant. In the UK it is licensed as a smoking cessation pharmacotherapy only.

## Cytisine

Cytisine works in a similar way to Varenicline by blocking nicotine receptors in the brain thereby preventing nicotine from cigarettes from binding with those same receptors and thus reducing the pleasure from cigarettes whilst also providing some activation of the neural pathways helping to control urges to smoke.

## Cold turkey

This is the most common, and least effective way to stop smoking. You should seek out the support of North Somerset's stop smoking services if you are considering this approach ([www.nhs.uk/better-health/quit-smoking](http://www.nhs.uk/better-health/quit-smoking)).



# Smokefree North Somerset

**Smokefree North Somerset is the name given to our local tobacco control alliance, and its related services, interventions, policy, and strategy. Smokefree North Somerset includes tobacco control action and smoking cessation support through:**

- The development and delivery of local tobacco control plans.
- Liaison and engagement with stakeholders across the local system and local authority area on tobacco control.
- Offering smoking cessation support and advice to residents and those working in North Somerset who wish to stop smoking.
- Provision of training and support to individuals and organisations so that they may support their patients and customers to stop smoking.
- Commissioning of smoking cessation support within GP surgeries and pharmacies.
- Delivery of specialist stop smoking support services pre, during and post pregnancy.
- Environmental interventions, including smokefree homes, spaces, and settings.
- Educational programmes for children and young people.
- Targeted interventions to tackle higher smoking rates within higher risk populations, and populations affected by health inequalities.
- Strategic leadership of Smokefree BNSSG.

## Smokefree North Somerset Local Stop Smoking Service (LSSS)

Our Stop Smoking Service offer free and confidential smoking cessation behavioural support and advice to residents and those working in North Somerset who wish to stop smoking.

Smokefree North Somerset continues to support record numbers of smokers every year. From quarter 1 of 2023/24 to quarter 1 of 2024/25 Smokefree North Somerset increased the proportion of people who smoke setting a quit date per 100,000 smokers by 304, from 1,008 to 1,312. We also increased our quit rates by 5% from 49% to 54%. This is the second highest rate for any public health team in the South West region during the same period.

Local Specialist Stop Smoking Services were introduced in 2000 because of the publication of the White Paper Smoking Kills<sup>37</sup>. People who smoke quitting with support from a specialist stop smoking service are 3 times more likely to be smokefree at 1 year compared to those quitting without support<sup>38</sup>.

The North Somerset service offers support based on the National Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme<sup>39</sup>, and complies with NICE Guidance<sup>40</sup>. The service is delivered, commissioned, and monitored in line with best practice, including the NCSCT Local Stop Smoking Services and support: commissioning, delivery, and monitoring guidance<sup>41</sup>.

The behavioural support includes stop smoking aids such as Nicotine Replacement Therapies (NRT), prescription-only medications that are either free or at a reduced price, and free nicotine vapes kits (E-cigarettes). NRT is offered through collection from a local pharmacy, posted to client's homes or is offered directly through one of our face-to-face drop-ins. The service offers support to those aged 12 years and over.



The team also provide training and support to stakeholder organisations across the system, including GP surgeries, Pharmacies, and Public Health Nursing, so that they may support their patients and customers to stop smoking.

People who smoke can book an appointment with our Health Lifestyles Team at the Town Hall, Walliscote Grove Road, Weston-super-Mare.

**Phone appointments with Smokefree North Somerset's specialist advisors are offered daily from 9-5pm, Monday to Friday. The team also offer regular drop-in sessions on:**

- Tuesdays 12pm – 2pm at We are super studios, The Sovereign centre, High Street Weston-super-Mare.
- Fridays 2pm – 4pm at the For All Healthy Living Centre, 68 Lonsdale Avenue Weston-super-Mare.

**People can contact the service by:**

- Tel: 01274 546744
- Text: HELP to 07800 001316
- Email: Smokefree@n-somerset.gov.uk

**Since last year, the service has:**

- Successfully restarted face-to-face delivery through a number of drop-in clinics situated in prominent locations and areas of high deprivation, reaching those who most need our support.
- Supported 14% more smokers through their quit attempts compared to the same time last year.
- Undertaken a tobacco Control Needs Assessment to better understand the need within our population of smokers.
- Increased quit rates by 5%.
- Increased the proportion of smokers setting a quit date by 33%.

## Self-support options

Not all people who smoke want to access supported treatment and chose to make their quit attempt without the support of a smokefree advisor following them along on their journey. However, our team of specially trained advisors still offer anybody trying to stop smoking a range of tools and information to help them in their quit attempt.



This includes offering Very Brief Advice, which focusses on promoting the quit attempt and linking people to evidence-based stop smoking support. For self-support this includes information on the various medicinal options available to them, and guidance on the use of vapes, and supporting apps.

To encourage more people to make a quit attempt, the Smokefree team deliver three smoking cessation campaigns each year, Stoptober, Stop Smoking Day, and a New Year quit campaign.

## Apps

A range of Apps are available to support smokers in their quit attempt. In North Somerset we signpost people to use the national Smokefree App ([www.smokefreeapp.com](http://www.smokefreeapp.com)). Through this app smokers can access a range of support, including:

- Three different stop smoking programmes to use in their own time.
- 24/7 access to expert stop smoking advisors.
- Quit coach chatbot.

We also guide people to the NHS Quit Smoking app ([www.quitnow.smokefree.nhs.uk](http://www.quitnow.smokefree.nhs.uk)) which provides a 28-day guide to help people stop smoking.



## Smoking cessation services in Primary Care

For any smoker seeking smokefree support from their GP surgery, they can simply call them or drop into their surgery. Arrangements vary between practices, but support is delivered by their trained Stop Smoking Advisors, who are usually a Health Care Advisor (HCA) or Nurse. Practices receive payment for each correctly completed four-week outcome recorded and reported to Smokefree North Somerset.

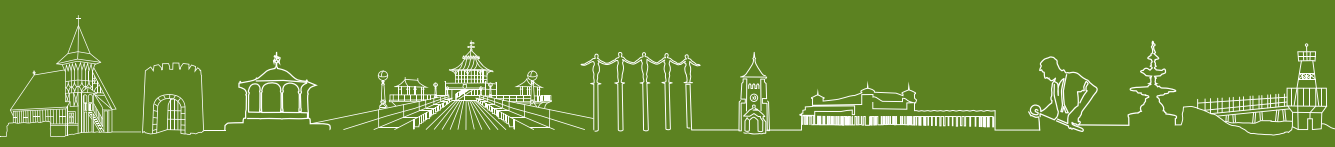
Prior to the pandemic, the majority of quit attempts were supported through commissioned GP practices. However, following the pandemic and mid-2021, the ratio of GP supported quit attempts to local service supported quit attempts shifted with many external factors impacting GP surgeries capacity to support people who smoke. The number of people accessing specialist support through the Smokefree North Somerset inhouse team has increased since the pandemic, but the numbers receiving support through their GP practice have fallen significantly from pre-pandemic levels and have not yet recovered.

Pharmacies offer NRT through the community vouchers scheme (two-week supply). This is offered following the dispensing of a community voucher from a specialist or community-based stop smoking advisor.

Pharmacies receive a Patient Group Directive (PGD) consultation fee for initial client assessment for those supported by a community advisor and they are reimbursed for the pharmacotherapy products prescribed (plus VAT@5%) less any prescription charges. Local Pharmaceutical Committee (LPC) data for North Somerset shows a decline in activity over the last 4 years, again due to the impacts of the COVID-19 pandemic, pharmacy closures and pharmacy capacity.

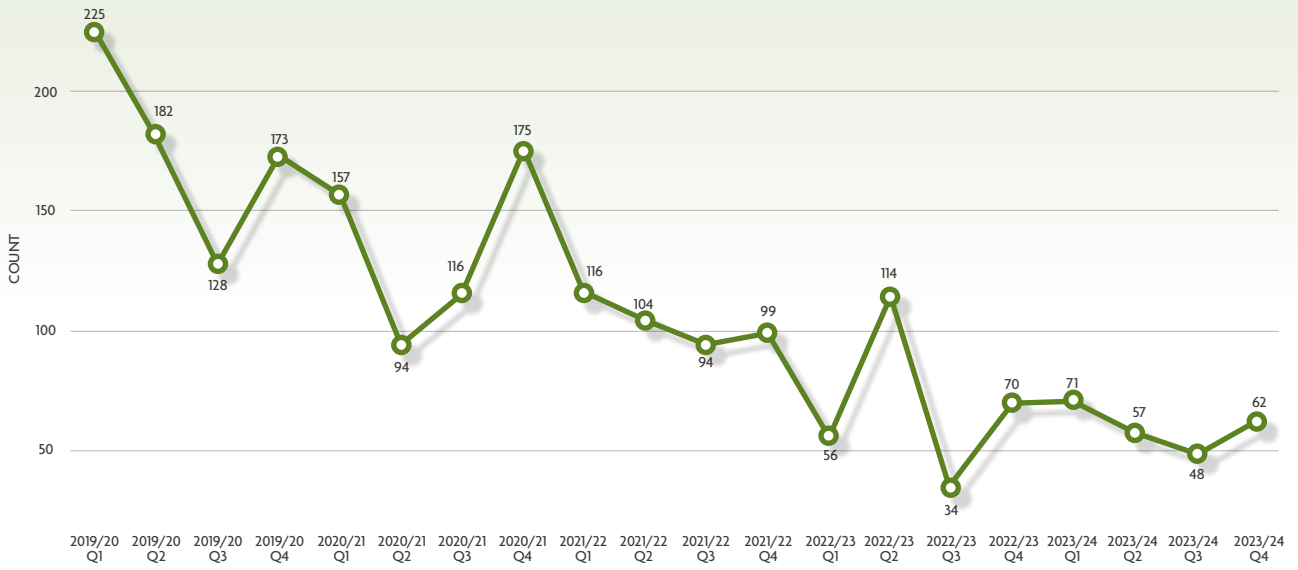
We are working with practices to increase the offer and update of services. A service evaluation report<sup>42</sup> has highlighted opportunities to increase activity within GP practices and pharmacies, including a review of referral pathways, improving patient information, updating training, and recruiting more advisors, improving communications, data, and reporting, as well as exploring new models of service delivery.

North Somerset will remain committed to its current investment in the Smokefree North Somerset service and will increase investment through additional Department of Health and Social Care grants. We will ensure we meet ambitious targets in line with Smokefree Generation ambitions. Through our commissioned partners including primary care, we will continue to ensure a universal service is available to support people who smoke to stop.

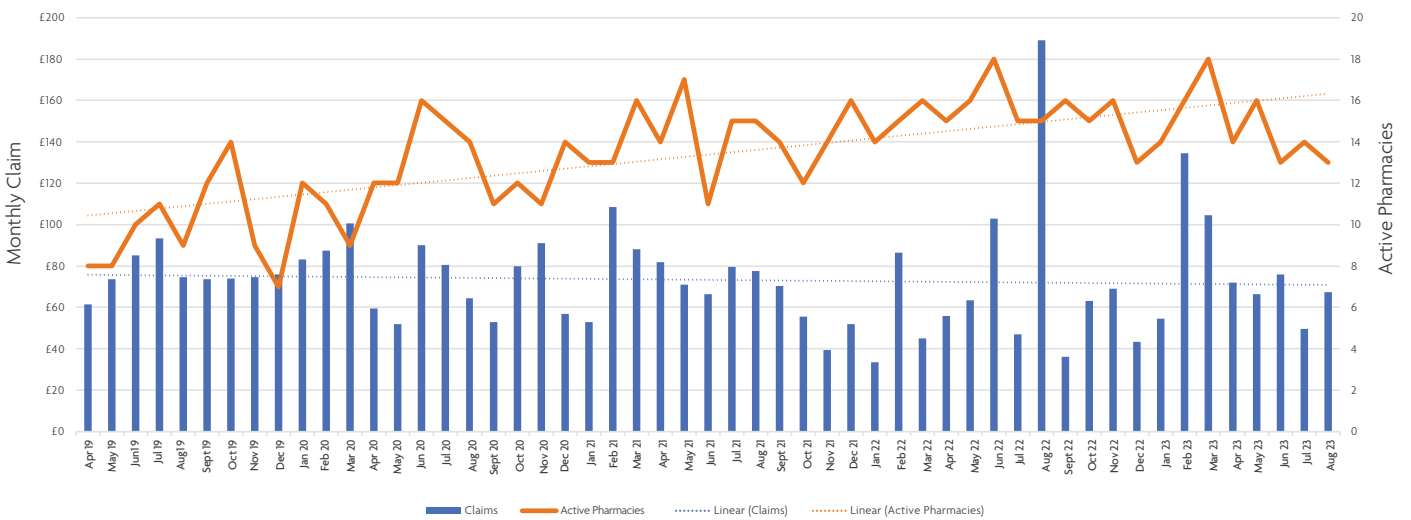




## GP number of smoking cessation patients with a 4-week outcome, North Somerset Council, 2024.



## Smoking cessation NRT community voucher scheme, North Somerset data from Local Pharmaceutical Committee (LPC), 2023.



# Nicotine vaping (E-cigarettes)

**Nicotine vapes or e-cigarettes are an effective treatment option for stopping smoking<sup>43</sup>. Vaping is the most popular method for quitting smoking in the UK. NICE recommends that people who smoke are encouraged to vape in their quit attempt as it is highly effective and far less harmful than continuing to smoke<sup>44</sup>.**

There is a great deal of misinformation surrounding vapes. People have genuine concerns around their use to support people to stop smoking and are particularly worried about their use by children and young people. Concerns that have been raised in our service include:

- Long term health effects of vaping.
- It is as harmful as smoking.
- Vaping in children.
- Explosive vapes.
- Adulterated / contaminated vapes /no regulation.
- Popcorn lung (bronchiolitis obliterans).
- Gateway to smoking.
- Does not help people stop smoking.
- Short term effects (i.e. sore throat).

Our services take an evidence-based approach to the use of nicotine vapes. Eight systematic evidence reviews have been conducted by Public Health England or OHID, evidence shows that:

- Vaping poses only a small fraction of the risk of smoking and is at least 95% less harmful than smoking (that is, smoking is at least 20 times more harmful to users than vaping).
- Vaping is effective for stopping smoking.
- People who have never smoked should be discouraged from vaping.

A BNSSG systemwide nicotine vaping position statement has been developed with the purpose of providing accurate and evidence-based information about nicotine vaping. Through doing so, we intend to dispel misinformation and misconceptions.

The statement has been endorsed by BNSSG's Chief Medical Officer, Chief Nursing Officer and three Directors of Public Health, and is aligned with national evidence and policy. In summary:

- The evidence is clear that, **for smokers, nicotine vaping is a far less risky option** and poses a small fraction of the risks of smoking in the short and medium term.
- **Vaping should be offered as an alternative for smoking** but not as an activity which is appealing to the wider non-smoking population.
- **Vaping is not for children;** we need to reduce the uptake of vaping and the number of young people accessing vape products.

## Swap to Stop

In 2023, the OHID announced a groundbreaking new initiative called Swap to Stop. Swap to Stop is the first of its kind anywhere in the world and will see the government contributing £45 million for the funding of up to 1 million vape starter kits for smokers wanting to stop smoking. Led by North Somerset Council a consortium of local authorities and NHS trusts from across BNSSG including Bristol City Council, South Gloucestershire Council, Avon and Wiltshire Partnership NHS Trust, University Hospitals Bristol and Weston NHS Trust and North Bristol Trust put in the biggest successful expression of interest for funding from the Swap to Stop scheme in the country.

## For North Somerset we successfully: -

- Secured funding for 11,400 free vape starter kits for smokers living and working across North Somerset.
- Replaced our disposable vape pen offer with a more sustainable, environmentally friendly refillable pod-based system.
- Supported the development of the Smokefree BNSSG Swap to Stop web portal.

<https://bnssgs2s.bristol.gov.uk/>



# Reducing smoking in pregnancy and the early years

**In North Somerset we want every child to have the best start in life and this begins before birth.**

Smoking in pregnancy is now supported by the NHS Treating Tobacco Dependency (TTD) maternity team. Prior to April 2024, this service was delivered by Smokefree North Somerset's team of Specialist Maternity Stop Smoking Advisors. Pregnancy specialist advisors offer support to every expectant mother and their partners who smoke. Smokefree North Somerset still includes a specialist stop smoking in pregnancy support service which liaises with maternity services, public health nursing, and children's centres to support women and their partners to stop smoking pre, during and post pregnancy.

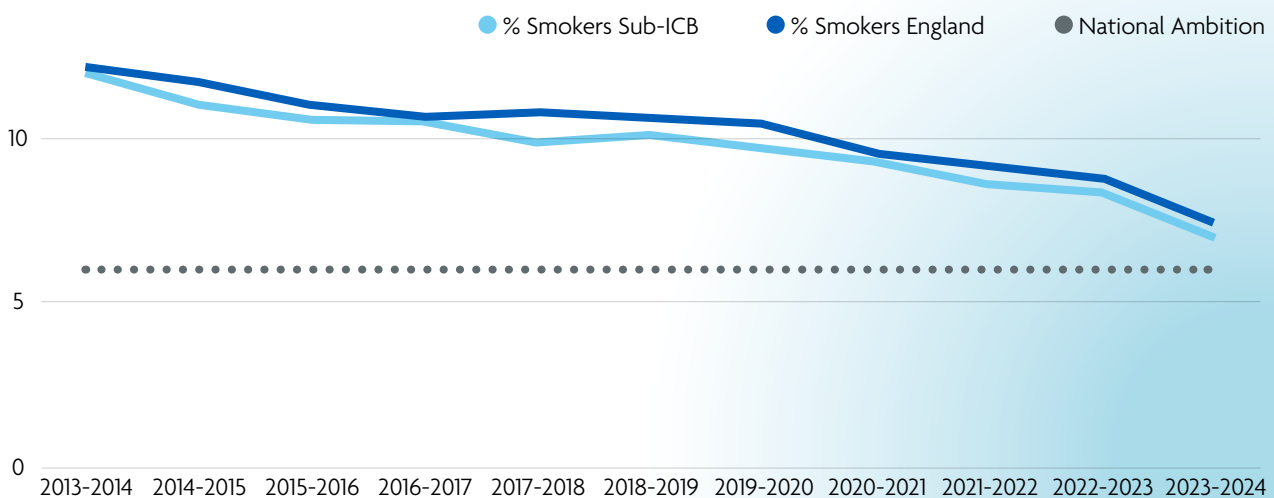
During their time working on smoking in pregnancy, Smokefree North Somerset worked with NHS England as an early implementation pilot site for the use of disposable vapes during pregnancy along with incentive vouchers. As an early implementer, vape pens were offered to pregnant women and their partners in addition to tailored behavioural support along with nicotine replacement therapy up until birth.

Following on from the success of this pilot, the service transitioned to offering refillable vape kits which offer more choice for clients and are better for the environment. Further to this, findings from the pilot scheme have been adopted by DHSC who are planning to rollout the smoking in pregnancy incentive scheme nationally, this will be delivered in collaboration with the TTD maternity team.

As described in a previous section, due to the work of our team, and ongoing work of the TTD maternity service, our smoking at time of delivery rates have dropped since a peak in rates during 2015/16 (13%), down to 7.4% in 2023/24.

The NHS has committed to providing support to all pregnant women as part of the Tackling Tobacco Dependence programme. This means that from 2024, all pregnant women in North Somerset will receive their support from the TTD maternity team with the NHS also pledging incentives which have been shown to increase the likelihood of pregnant women successfully stopping smoking.

## Percentage of women in BNSSG ICB area that were smokers at time of delivery by year (for all ages) (NHS England, 2024)



# NHS Treating Tobacco Dependency (TTD)

**As stated within the NHS Long Term Plan, Treating Tobacco Dependency services are funded within NHS acute hospital settings across BNSSG. The TTD service is delivered across 3 main workstreams:**

- Maternity.
- Hospital inpatients.
- Mental health inpatients.

North Somerset Council, as system leads for Smokefree BNSSG, and working with the ICB Programme Manager for Population Health have overseen the delivery of the TTD programme since April 2023. We have supported the implementation of the TTD programme within our local acute inpatient hospital wards and maternity services. The services are delivered in partnership between NHS BNSSG ICB, North Bristol NHS Foundation Trust (NBT), NHS University Hospital Bristol and Weston NHS Foundation Trust (UHBW), NHS Avon and Wiltshire Mental Health Partnership (AWP), and BNSSG Local Authorities.

## TTD Maternity

NBT deliver this service across the maternity services of both NBT and UHBW. The service offers support to pregnant women who smoke from booking appointment onwards. They also accept referrals from community midwives. Smokefree support is offered for duration of pregnancy and postpartum if required.

## TTD Inpatients

Similarly to the maternity offer, NBT deliver this service across inpatient settings of both NBT and UHBW. Treatment for tobacco dependence is offered to inpatients at the Bristol Royal Infirmary (BRI) and Southmead Hospitals. Through the work of the Smokefree North Somerset team in partnership with the NHS trusts, this offer has been extended to Weston General Hospital with a new TTD advisor appointed in 2024.

## TTD mental health inpatients

AWP host the TTD service for mental health inpatient settings, offering TTD support to mental health inpatients across 6 AWP hospital sites. They are currently offering support to all identified smokers, across all 348 available beds. AWP are keen to broaden their Smokefree offer to people receiving treatment in the community.



# Creating a smokefree environment

## Smokefree homes

Whilst many mothers may stop smoking during pregnancy, there are some who will go back to smoking, or while smokefree themselves, may find the newborn child is nevertheless exposed to smoke in the home due to their partner or other friends and family smoking. Recognising the need to create smokefree homes, we have worked closely with the Southwest Association of Directors of Public Health (ADPH) on their development of the Smokefree Homes Guidance<sup>45</sup>.

**'A smoke-free home is defined as a home where no one is allowed to smoke anywhere inside the home.'**  
– Southwest ADPH

In North Somerset we are delivering against the ADPH guidance, which sets out best practice for:

- Improving the communication between Midwifery and Health Visiting teams.
- Increasing the number of Health Visiting services carrying out Carbon Monoxide (CO) monitoring.
- Enhancing smokefree training for Health Visitors.
- Improving awareness raising of the risks of second-hand smoke to children.
- Increasing referrals to local stop smoking services.
- Improving data collection and monitoring.
- Reducing the risk of relapse, where parent/caregiver has recently quit smoking.
- Increasing the proportion of children living in parents/caregivers reported smokefree homes.

Smokefree North Somerset continues to work with our local health visiting teams to ensure robust pathways of support are in place so that families may be referred for support at the 30-day, postnatal visit. We have delivered training to our health visiting colleagues across North Somerset and continue to work to ensure a clear, robust pathway of support so that the families and friends who smoke around new-born babies and young children can get the support and help they need to stop smoking for good, improving their health and the health of their children.

Our services work with people to make the pledge that their home will be smokefree. Parents and carers can help protect their children from second-hand smoke by taking the following actions:

- Not allowing anyone to smoke anywhere in or near your home - Smoking out of a window or out of an open door does not stop smoke from entering your home.
- Take it right outside and remember to keep the doors and windows shut - Smoke can linger for up to 5 hours and as its 80% invisible, opening windows and doors does not remove its harmful effect.
- Not allowing anyone to smoke in your car even with the window down - Remember it is illegal to smoke in the car with anyone under the age of 18 present.
- Noting that air fresheners or scented candles do not remove the harmful smoke - They just hide the smell.

**For more information visit the NHS website:**  
[www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/](http://www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/)



## Smokefree Zones

As a further commitment to reducing smoking rates and denormalising smoking within our society, Smokefree North Somerset has introduced a number of smoke-free zones.



Smokefree zones provide children with smokefree environments, free from inhaling the toxic fumes of cigarettes, but crucially reduces their exposure to witnessing acts of smoking thus denormalising smoking within their environment. Theories such as social learning theory, describe how the developing child will mimic actions that they witness and so by removing smoking from areas that are frequented by children, we can reduce the likelihood they will become smokers.

### **Cigarette butts, or ends, are the most common form of litter.**

All children's play parks and play areas are Smokefree zones. Signage at these locations advises smokers that these areas are smoke-free. The intention is not to cause upset to people who smoke but rather protecting the health and futures of children who are susceptible to modelling the behaviours of adults.

Smokefree beaches also work along the same principles. However, there is an additional reason for smokefree beaches in that they are an immediate gateway to the world's oceans. There has been great emphasis on the effects of single-use plastic and its damaging effects on marine environments and wildlife. However, cigarettes, particularly their filters, have remained out of the limelight on discussions around single-use plastics.

## Illicit Tobacco and Trading standards

One of the single-most effective tobacco control measures for reducing smoking prevalence is by taxation, making tobacco less affordable thus encouraging people to stop smoking. The illicit tobacco trade undermines this by keeping tobacco affordable and depriving the treasury of funds used

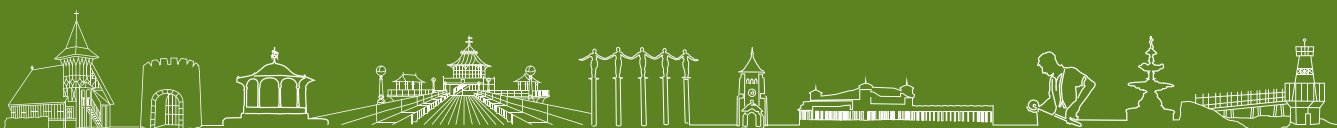
for services such as smoking cessation services and the NHS. Illicit tobacco funds other nefarious activities including the trafficking of weapons and people, and illegal drugs which contribute to the profits of organised criminal gangs.

North Somerset Council's public health team are part of a consortium of local authorities that fund posts that make up the Southwest Regional Trading Standards Investigation Team on Illegal Tobacco & Vapes. This funding enabled a 2-year operation that led to the seizure of 2,372,052 cigarettes and over 8,200 pouches of hand rolling tobacco representing a minimum loss of almost £1 million to organised criminal gangs in the South West.

North Somerset Council has inhouse trading standards posts specialising in illicit tobacco and vapes. Trading standards teams play a critical role in disrupting the illicit tobacco trade through a multifaceted approach aimed at protecting public health and ensuring legal compliance. Their activities include conducting thorough investigations and gathering intelligence to identify and target sources of illegal tobacco. They work in close collaboration with law enforcement agencies to coordinate operations and share critical information. Regular inspections of retail outlets and strategic raids on suspected suppliers form a core part of their enforcement strategy.

Additionally, trading standards teams engage in public awareness campaigns to educate consumers about the health risks and legal repercussions associated with illicit tobacco. By pursuing legal actions and prosecutions against offenders, they deter illegal activities and promote adherence to regulations.

During one investigation in 2023, illegal tobacco worth £32,000 was seized from premises in Weston-super-Mare as part of an investigation by North Somerset Council's Trading Standards team assisted by colleagues from the Southwest Regional Organised Crime Unit and His Majesty's Revenue and Customs (HMRC)<sup>46</sup>.



# Stopping smoking for good: Our joint action plan

**North Somerset has the lowest smoking prevalence in its recent history. Together we have achieved a significant reduction in rates across the whole population.**

We have reduced smoking rates amongst pregnant women and reduced the number of households where there is a smoker present. However, a significant health inequality remains. With rates in areas of deprivation much higher than our most affluent areas, and rates in some population groups causing unacceptable health harms.

Despite significant gains in reducing smoking prevalence, it remains the biggest cause of death and disease in England, and one of the most significant causes of morbidity and mortality in North Somerset. There are still large numbers of smokers in our population, with many of them in groups affected by health inequalities and poverty or living in areas of deprivation.

This health inequality is coupled with the fact that health and social care services are facing unprecedented pressures both financially and in terms of capacity. Longer than ever waiting lists, means that tackling smoking is ever more important, as it significantly contributes to freeing up vital service capacity and funds for reallocation to other services for our residents.

We have a collective vision to achieve a smokefree North Somerset by 2030, we want to see smoking prevalence reduced to 5% or less in the next 6 years. We are over halfway towards this vision with a prevalence of 9%. However, we know that more needs to be done, and we need to work together, to achieve our shared ambition.

**Together, the following areas of action will help us stop smoking for good.**

## 1. Increase the number of Smokefree homes

Promoting smokefree homes significantly reduces smoking prevalence, especially among families with children. Social housing tenure is linked to higher smoking rates. By partnering with social housing providers, we can implement targeted interventions that address specific challenges and encourage more people to live in a smokefree home. Maternity treating tobacco dependency services have significantly reduced the number of women who are smoking during their pregnancy. However, there is more we can do to encourage their partners to stop smoking, and to create smokefree households.

Action	Description	By when	Stakeholders
Collaborate with social housing providers to support their tenants to live in smokefree homes.	We will engage with local housing providers to implement the smokefree homes campaign aimed at reducing smoking rates in social housing and to increase the number of smokefree homes.	March 2026.	Social housing providers, housing associations, community development organisations.
Encourage smokefree homes through a focus on family and friends.	We will work with maternity services and health visitors to promote smokefree homes through targeted interventions and education for parents, partners, guardians and wider friends and family. We will appoint a specialist Smokefree Health Visitor to support this.	January 2026.	Health visiting, Maternity services, Children's services.



## 2. Deliver Smokefree communication campaigns to key areas and populations

Effective communication campaigns increase awareness of smoking cessation services and dispel myths about quitting. Tailored messages resonate more with specific demographics, improving engagement and participation. Normalising the idea of multiple quit attempts encourages individuals to persist, reducing the stigma associated with failure. This leads to more people actively engaging in cessation efforts. It is also important that people receive evidence-based information from trusted sources.

North Somerset delivers three smoking cessation campaigns each year, **Stoptober, Stop Smoking Day, and a New Year quit campaign**. However, more needs to be done to enhance these efforts.

Action	Description	By when	Stakeholders
Launch targeted awareness campaigns.	We will develop campaigns to raise awareness of smoking cessation services, tailored to meet the diverse needs of the community, and focus these in South Weston and Weston Central.	To coincide with 3 annual campaigns in January, March and October.	North Somerset Council, Office for Health Improvement and Disparities (OHID), NHS BNSSG ICB, the local media.
Promote quit norms.	We will communicate to smokers that making multiple attempts to stop smoking is common. We will emphasise the importance of making an annual quit attempt, by communicating the harms but also the hope. We will focus these communications particularly for people employed in routine and manual occupations, for example care workers.	To coincide with 3 annual campaigns in January, March and October.  To be delivered through continuous messaging.	North Somerset Council, Office for Health Improvement and Disparities (OHID), NHS BNSSG ICB, the local media.
Develop the regional approach to communication of key messages.	We will recruit a South West Smokefree Communications and Marketing role to lead and support regional campaigns to inform smokers about the harms and hopeful messages on stopping smoking. We will develop factual, engaging, and emotive messaging tailored to specific audiences.	April 2026.	North Somerset Council, Office for Health Improvement and Disparities (OHID), NHS BNSSG ICB, the local media, South West Local Authorities.





### 3. Use community development and peer support to increase the number of people making attempts to stop smoking

Community leaders have the trust and influence needed to mobilise individuals within their networks. Their endorsement can enhance the visibility and acceptance of smoking cessation efforts, especially in diverse populations. Peer support fosters a sense of community and accountability, making it easier for individuals to navigate their quit journey. Shared experiences also provide motivation and practical advice.

We already work with communities in North Somerset, but there is more we can do to create a social movement that encourages more smokers to try stopping and prevents more young people taking up smoking or vaping.

Action	Description	By when	Stakeholders
Engage community leaders.	We will collaborate with leaders from various groups (e.g., LGBT+ and BAME communities) to advocate for smoking cessation and to disseminate information about available resources. We will work with community leaders to tailor our messaging and engagement to the needs of our audiences.	March 2027.	Local VCSFE organisations (e.g., LGBT groups, BAME networks), social services.
Establish Peer Support Programmes.	Building on the learning of peer support programmes used elsewhere in Public Health. We will facilitate the development of smoking cessation peer support networks in North Somerset. These will foster shared experiences and collective motivation in stopping smoking and preventing people taking up smoking.	March 2026.	Local VCSFE organisations (e.g., LGBT groups, BAME networks), social services.



#### 4. Enhance the smoking cessation offer in general practices, pharmacies and community mental health services

Primary care providers in GP surgeries and pharmacies are often the first point of contact for individuals seeking health advice. People receiving treatment and care in the community for mental ill-health have significantly higher smoking rates than the wider population. By integrating smoking cessation into routine care, we can reach more people who smoke and provide more timely interventions.

Primary Care has been at the heart of our efforts to reduce smoking rates in North Somerset. However, the COVID-19 pandemic has particularly impacted this provision. We want to renew the smoking cessation offer in Primary Care, but also, by working with mental health service providers in the community, we will focus our efforts in areas, and populations, with the highest smoking rates. This will include enhanced offers in areas of deprivation, and for higher need individuals, such as those with mental ill health.

Action	Description	By when	Stakeholders
Strengthen Primary Care smoking cessation support in key communities.	We will further develop and implement existing recommendations from evaluation of smoking cessation services in Primary Care through our annual variation process and next recommissioning cycle.	Recommissioning for 2026/27 onwards.	General practitioners, pharmacy services, primary care networks (PCNs).
Developing the smoking cessation offer in community mental health services.	We will work with community mental health services to develop their own Treating Tobacco Dependency offers, including work with Second Step and Avon and Wiltshire Mental Health partnership.	March 2027.	General practitioners, pharmacy services, primary care networks (PCNs), Second Step, NHS Avon and Wiltshire Mental Health Partnership, NHS BNSSG ICB.

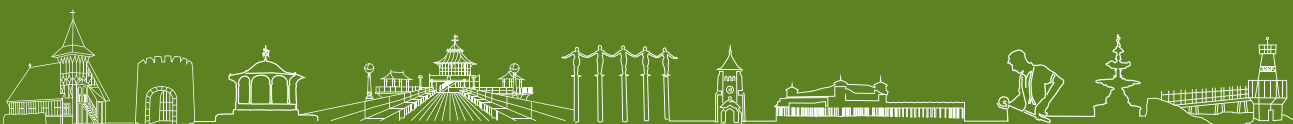


## 5. Develop more Smokefree environments

Smokefree environments reduce exposure to second-hand smoke and create social norms that discourage smoking. These policies can change community attitudes and behaviours around smoking. Implementing smokefree policies in public spaces protects children, non-smokers, and vulnerable people, while also discouraging smoking in social settings. This contributes to a culture where not smoking is the norm.

We already have smokefree environments in North Somerset, including the beach in Weston-super-Mare, and in Council owned parks and play areas. However, there is more that we can do to create smokefree spaces and places.

Action	Description	By when	Stakeholders
Advocate for Smokefree environments and public areas.	We will work with Parish and Town Council's to establish policies for smokefree public spaces, including outdoor public realm and more smokefree children's play areas. We will work to ensure that beaches, high streets, and community parks adopt smokefree policies.	March 2027.	Trading standards, Town and Parish Councils, Community Safety, Economy team, Workplaces, and employers.
Advocate for Smokefree workplaces.	Through the healthy workplace programme and economy team we will support employers to make their business premises smokefree, and to adopt policies that support staff who smoke to stop.	March 2026.	Trading standards, Town and Parish Councils, Community Safety, Economy team, Workplaces, and employers.

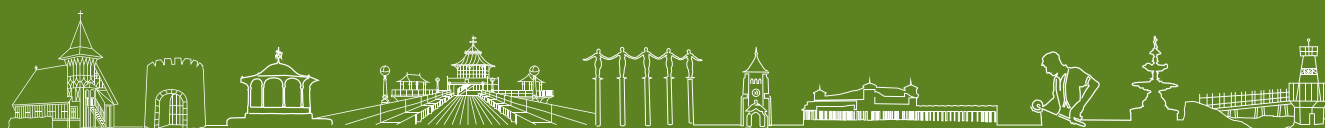


## 6. Engage young people in prevention

With most smokers becoming addicted as a teenager, and wishing they had never started, preventing young people from starting to smoke is critical in reducing overall smoking rates. Schools are crucial settings for health education. Engaging students in smoking and vaping prevention can instil healthy habits early, reducing the likelihood of initiation. Educational initiatives equip young people with the knowledge and skills to make healthy choices.

Schools play an active role in preventing young people smoking or vaping. However, their capacity is often limited to respond to these issues, and they need support and resources to intervene effectively.

Action	Description	By when	Stakeholders
Implement new Healthy Schools nicotine free initiatives.	We will create initiatives aimed at preventing the initiation of smoking and vaping among young people. We will develop training programmes for schools focusing on the dangers of smoking and vaping.	March 2027.	Children and young people, Healthy Schools, Schools, Further Education settings, Trading standards.
Intelligence-led test purchasing.	We will utilise intelligence led test purchasing in retailers to identify settings that are illegally selling to people underage and selling illicit nicotine containing products. We will seek prosecution for any settings evidenced to be breaking the law. We will couple this with efforts aimed at educating young people on the links of illicit tobacco and vaping products to organised criminal gangs.	March 2027.	Children and young people, Healthy Schools, Schools, Further Education settings, Trading standards.



## 7. Enhance insights and data reporting and analysis

Robust data collection enables effective monitoring and evaluation of smoking cessation initiatives. Understanding demographics, behaviours, and outcomes can inform targeted strategies and resource allocation. It is important for us to gain real world insights from our populations on their use of tobacco, and how we can support them to quit.

We can further utilise the Smokefree BNSSG alliance for gathering and sharing data and intelligence to strengthen joint commitment to achieve our Smokefree vision locally and across BNSSG.

Action	Description	By when	Stakeholders
Improve data collection.	We will establish better reporting mechanisms for smoking cessation initiatives delivered within key settings, including hospital trusts, primary care and through the Council, to facilitate effective evaluation and adjustment of workplans and strategies.	April 2026.	North Somerset Council Services, Primary Care, NHS BNSSG ICB.
Increase access to qualitative data and peer insights.	We will commission and work through a new Public Contributor and Peer Support model to co-produce qualitative data and insights that will inform on how we deliver our tobacco control strategies and services in North Somerset and across BNSSG.	March 2026.	North Somerset Council Services, Primary Care, NHS BNSSG ICB.

## 8. Deliver Smokefree Generation ambitions

National and regional efforts aimed at creating a smokefree generation present an opportunity to enhance our local efforts by drawing down additional capacity and resource for local utilisation. National and regional campaigns and joint working can further mobilise resources and public support. Local alignment to regional and national work will ensure consistent messaging and strategies, as well as enhance our local approach.

Action	Description	By when	Stakeholders
Align with Smokefree Generation initiatives.	We will collaborate with national and regional initiatives aimed at creating a smokefree generation. We will position North Somerset as a test bed for new initiatives, and work with BNSSG partners to deliver joint bids for funding, resource, research, and other opportunities that will encourage more people to stop smoking. We will also ensure local policies are adapted in support of regional and national objectives that work toward our Smokefree Vision.	Ongoing.	North Somerset Council Services, OHID, NHS BNSSG ICB



## Where to go for more information about health and wellbeing in North Somerset

**The North Somerset Joint Health and Wellbeing Strategy sets out our shared vision, ambitions, principles, and actions for health and wellbeing across North Somerset.**

The strategy identifies areas for improvement in health and wellbeing, and the work needed to reduce health inequalities.

[www.n-somerset.gov.uk/council-democracy/priorities-strategies/health-wellbeing-strategy-2021-24](http://www.n-somerset.gov.uk/council-democracy/priorities-strategies/health-wellbeing-strategy-2021-24)

The North Somerset Joint strategic needs assessment looks at the current and future health and care needs of the local population to inform and guide the planning and commissioning of health, well-being, and social care services within our local authority area. It provides an overview of the key indicators of health for our local population. For more information please visit:

[www.n-somerset.gov.uk/council-democracy/north-somerset-insight-data-statistics/joint-strategic-needs-assessment-jsna-health-social-care](http://www.n-somerset.gov.uk/council-democracy/north-somerset-insight-data-statistics/joint-strategic-needs-assessment-jsna-health-social-care)

## Where to go for information and support about smoking and other health and wellbeing needs

**For any enquiries about smokefree opportunities please contact:**

Smokefree North Somerset

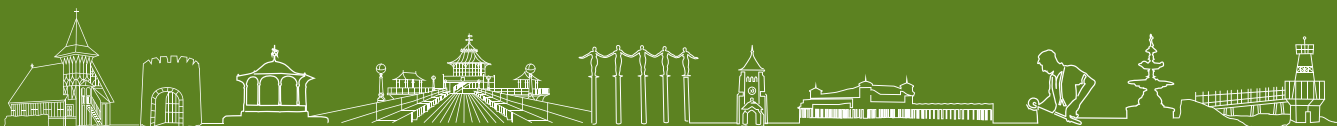
Text HELP to 07800 001316

Email: [smokefree@n-somerset.gov.uk](mailto:smokefree@n-somerset.gov.uk)

Tel: 01275 546744

Visit: [www.betterhealthns.co.uk/contact-us/](http://www.betterhealthns.co.uk/contact-us/)

For information about any other public health topic please visit: [www.betterhealthns.co.uk](http://www.betterhealthns.co.uk)



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