Somerset Council

Smokefree Somerset by 2030

Somerset Annual Public Health Report 2024

Executive Summary

Having worked in Public Health in Somerset for 30 years and having been the Director of Public Health since November 2012, this is now my final Annual Public Health Report. Over the past 12 years I have covered many important public health issues including housing, active travel, rurality, demographic change, the health of children and young people, cardiovascular disease and COVID impact.

All the Annual Public Health Reports have been written to try and push the boundaries of how we currently think, what services are provided, how we spend taxpayers' money and what more is needed to progress towards a healthier and more just society.

My personal favourite of all my Annual Public Health Reports was that of 2016. The first Somerset Medical Officer for Health (now called Directors of Public Health) was Sir William Savage, who was in post from 1909 -1936. Marking 80 years since his retirement, this report looked at the changing public health needs and priorities of the Somerset population over a lifetime between 1936 and 2016. Much ill health in 1936 was due to infectious disease. In contrast, poor health now is primarily due to lifestyle-related disease, hence the focus of my last Annual Public Health Report being on tobacco dependency.

During my time as Director of Public Health, the proportion of people who smoke in Somerset has reduced from 81,000 to 60,000. Whilst this is a significant improvement, there are still 60,000 people in Somerset who smoke. The argument of freedom of choice is often used when challenging stop smoking initiatives; however, most people who still smoke do so because they are addicted to nicotine and most want to stop. Their freedom to choose has been taken away from them. The proposed Tobacco and Vapes Bill and a new national aspiration to be "smokefree" by 2030, gives Somerset an opportunity to make a significant improvement in the health and wellbeing of our population. Given the damaging effects of tobacco, we should welcome a renewed focus on the issue with considerable energy.

Whilst there has been a switch from communicable disease to lifestyle-related disease, there is a very predominant common issue that has not gone away in 80 years...that of inequality. The core determinants of health remain stubbornly prevalent in Somerset; issues such as poor housing, education and employment still determine health and health inequalities and remain the causes of ill health.

I consider it an absolute privilege to have served in the county where I was born and raised. I am particularly proud to have led the county through the COVID pandemic years. No Director of Public Health wants a pandemic on their watch, but the good people of Somerset came together at that time like no other, and I thank them for it. Finally, I would like to comment on the wonderful Somerset Public Health Team. Their excellence, dedication and commitment to improving health and tackling inequalities should be recognised far more than it is. I would not have wanted to be Director of Public Health without you, and I thank you all for the support, encouragement and friendship you have given me throughout the whole 30 years of my service.

Professor Trudi Grant
Executive Director of Public and Population Health

Lead Member Summary

As the Lead Member for Public Health, Environment and Climate Change it is my great pleasure to endorse this Annual Public Health Report.
The report is extremely timely in that it presents an ambitious call to action to make Somerset smokefree by 2030, in line with national targets to reach just 5% of our adult population smoking in the next five years. But this report and the action that it calls us to is not simply a reaction to a government target. This is an evidence-based report for Somerset, based on the real problems and real challenges local people face. This report contains new approaches to solving those challenges.

We have told people of the direct risks to their health caused by smoking and for many this has resulted in people stopping. But for others, the drug is too hard to quit. We need to know why people stop for long periods; for example, when having a baby only to start again after the child is born. When we know why people are making this decision, we can then understand what is needed to support them to stop.

To achieve this target for Somerset, we will need to help 45,000 people to stop smoking between now and 2030, whilst also working to prevent our children and young people from starting to either smoke or take up vaping.

If we achieve this, the benefits we would see in the effects on our economy and the healthy lifespan of our residents and the health of our children, would be vast. And because smoking and the causes of smoking relate to many social and psychological factors, every single person that we can help to quit will have a positive ripple effect on those around them. Each person who quits, no matter how many attempts it takes them, is directly supporting us to create an environment that helps other people to quit.

Because of the reduction in the number of people smoking in Somerset over recent years we are being given an opportunity that simply was not possible previously. We can make Somerset smokefree.

Stopping 45,000 people smoking is an extremely challenging target; if this council achieves only one thing at all in the next five years, I do believe it should be this. If we commit collectively to the challenges and recommendations set out in this report, I believe that we can do it.

The effect of a smokefree Somerset on future generations would be massive, boosting personal health, strengthening our economy and reducing our demand on local health services.

Together we can achieve this.

Councillor Graham Oakes
Lead Councillor for Public Health, Environment and Climate Change, Somerset Council

Introduction

Everybody understands that smoking is harmful. Many even know that smoking will kill two out of three of its long-term users if they don't quit. Although the numbers of people smoking has gone down significantly over the last few decades, in Somerset there are still 60,000 people who smoke, which is 12.6% of our adult population. To put this into perspective, in an average village of 100 people, 12 are smokers, and 8 of those villagers will die 10 years early because of smoking.

Smoking also does not affect all our society equally. If that village were poorer, or had more people in manual jobs, or higher rates of people with a mental health diagnosis, many more villagers would be smokers, and many more would die early as a result. In fact, smoking is the biggest contributor to the health gap in Somerset, between those who are most affluent and those who are the least affluent.

In places where people face more financial and social difficulties we also see more smokers. The maps below illustrate this.

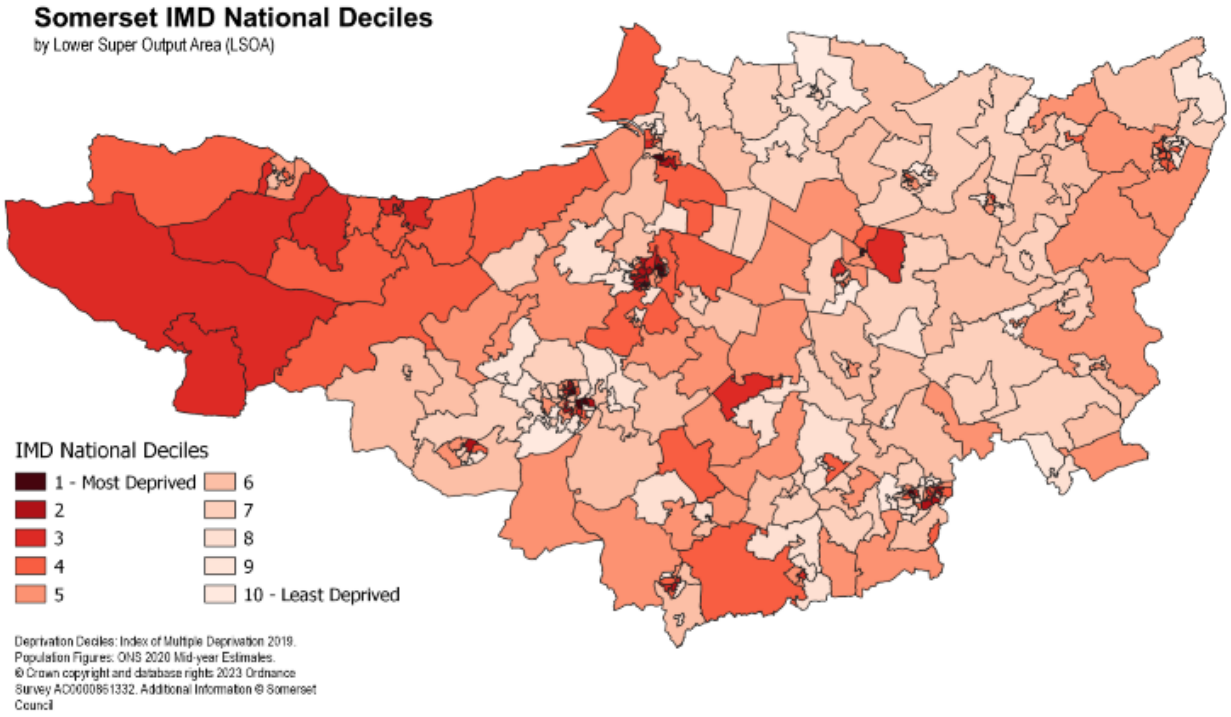


Figure 1. Somerset Map of index of multiple deprivation (a marker of financial and social disadvantage)

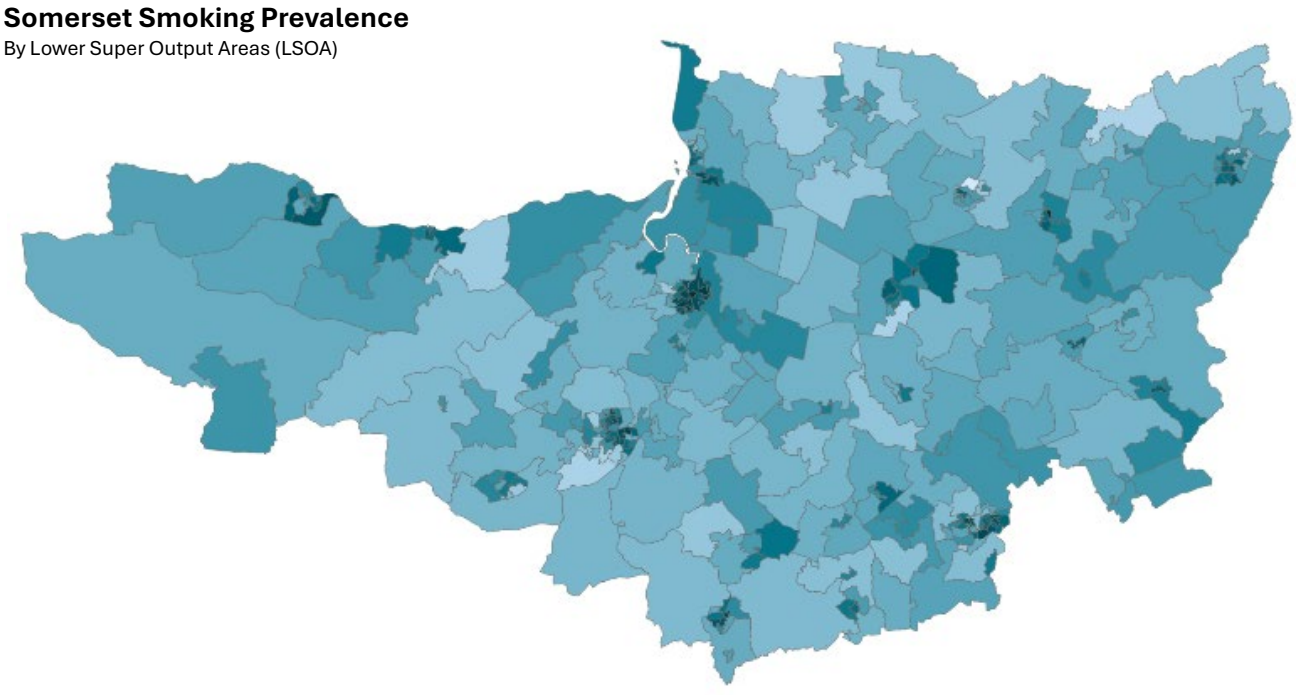


Figure 2. Somerset Map of smoking prevalence, darker shades of blue indicate higher smoking prevalence

So why do people smoke? You may have heard people say that smoking, no matter how bad for them, is their choice, and that it is one of the few pleasures in life that they have control over. However, smoking is a very serious addiction. Most long-term smokers started young as part of youth targeting by clever tobacco industry advertising and social pressures. These smokers often want to quit but find it incredibly difficult and wish they had never started. Contrary to what tobacco companies want people to think, **smoking is not a choice.**

What have we done to address this issue? You will see more in this report about the way that smoking prevalence in our population has come down over time, demonstrating that where there has been a concerted effort, this has brought about change.

However, year on year progress to reduce smoking rates has been slow. For the 60,000 people in Somerset who still smoke, there is much more that needs to be done if we want to see our neighbourhoods and communities healthy and thriving.

In July 2019, the UK government announced its ambition for a 'Smokefree 2030', where the overall percentage of the population who smoke should be 5% or less[1]. Since 2019 there has been increasing public and political momentum to end the reign of tobacco for our populations, culminating in the new Tobacco and Vapes Bill of 2024 to create the first ever smokefree generation.

It is this national context and window of opportunity for collective action that sets the background for this report. This is not a report that looks back at our achievements, but rather makes a case for why ending tobacco dependency in Somerset is something we all can and must play a part in. If we want Somerset to be a place that is free from the devastating effects of tobacco, we need to work together to support at least 45,000 people to quit smoking for good in the next five years.

This vital, ambitious target requires us to approach things differently, forge new partnerships, and adapt our support for smokers. We must focus on communities and groups with the highest smoking rates, often those already marginalised or facing other social and economic disadvantages. If we succeed, which I believe we can, this will be the most significant step towards more equitable health outcomes for people in Somerset in my public health career.

This report is therefore a call to action to us all. No matter who you are or what your context is for Somerset, I hope that this report inspires and equips you to help us become a smokefree Somerset once and for all.

Chapter One

Why do people smoke?

The question 'why do people smoke?' sounds simple but has a complex answer. The idea that smoking is a 'choice', and that carrying on smoking despite knowing it's bad is because of a lack of willpower or desire to stop, is simply not true.

So, why do people start smoking and why do they keep smoking?

We must make it common knowledge that people start smoking due to a complex interplay of **social causes** (friends, parents, siblings, teachers), **cultural causes** (advertising, smoking in television and movies)[2] and **psychosocial causes** (adolescent rebelliousness, impulsiveness, sensation seeking and perceived image).

Smoking causes and the vulnerability of children and adolescents

Children and young adults are particularly vulnerable to influences around smoking as they lack the critical thinking and impulse control to make rational, informed choices[3]. No child, adolescent or adult would make a rational decision to start smoking knowing it causes half of smokers to die early and lose on average, about 10 years of life[4] or knowing that it is likely to cost them £2,486 annually[5]. However, there is significant evidence that the highly profitable tobacco industry intentionally markets to vulnerable young people, knowing they will become addicted. This results in lifelong customers that generate long-term revenue at the expense of their lives and livelihoods[6]. In addition, vaping companies have deliberately targeted young people through social media.

Knowing that most smokers started as young people, and understanding the causes of smoking, makes it clear that smoking is **not** a 'choice'. Protecting children and young people from exposure to these influences, and 'stopping the start', is essential in breaking the cycle of smoking. Once someone has started smoking, it is very difficult to stop.

Why do people keep smoking?

When someone stops smoking, nicotine levels in the brain drop along with the 'feelgood' sensation, leaving them craving another smoke. This cycle leads to dependence. The body becomes tolerant to the effects of nicotine and wants to keep smoking more just to feel normal and avoid withdrawal symptoms such as irritability, anxiety, fatigue and difficulty concentrating[7].

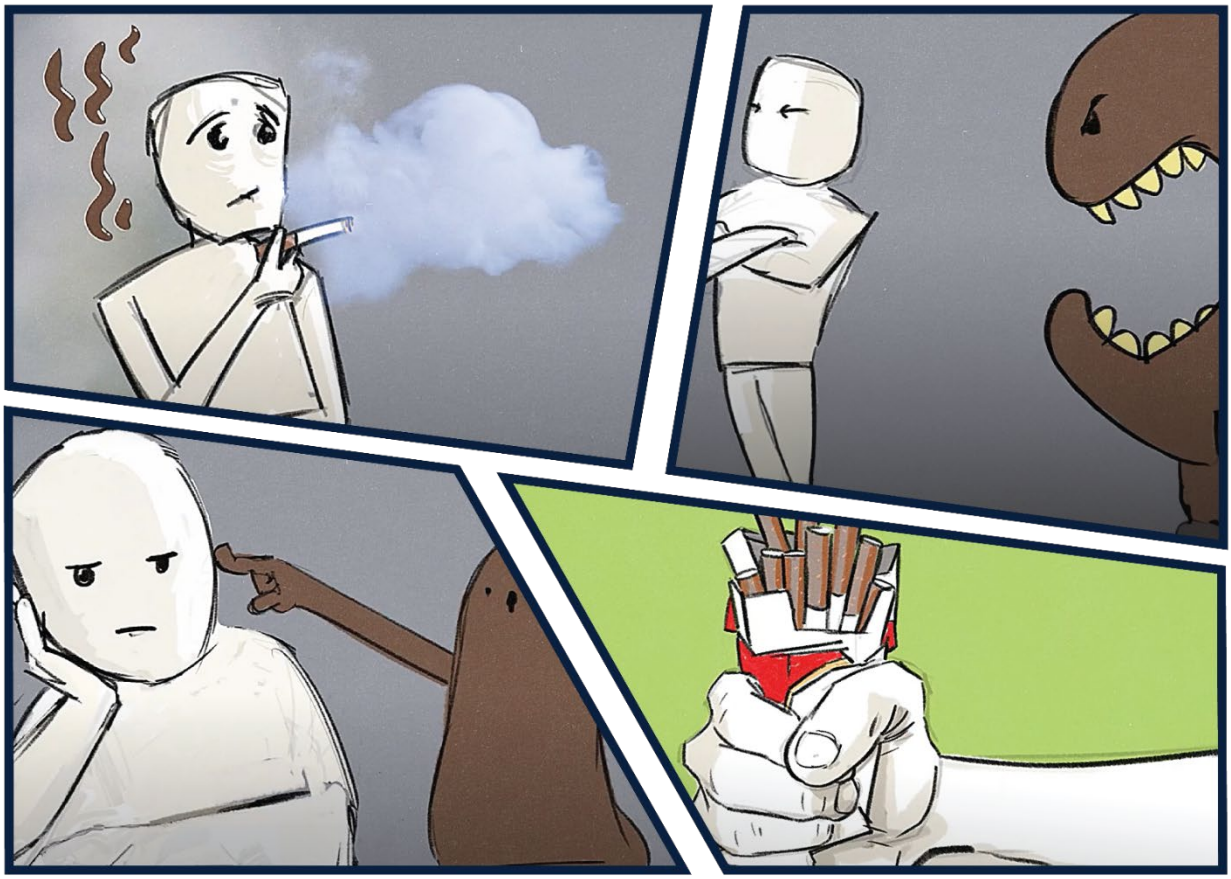
Although this biological addiction plays a key part in keeping someone smoking, there are important psychosocial, social, cultural, environmental and commercial factors that influence how likely someone is to either continue or successfully quit smoking.

People living in areas of disadvantage are more likely to be in environments that normalise smoking. They are more likely to be surrounded by friends, partners, family and co-workers who smoke, normalising the behaviour and making it a key part of social life. They are more likely to live in neighbourhoods with more people who smoke, and with more shops selling tobacco and nicotine-related products. They are also more likely to live challenging lives in highly stressful environments, causing them to consume more nicotine per cigarette. This combination creates a trap of biological, psychological, cultural and environmental cues to keep smoking. More affluent areas that are less stressful, contain fewer social networks with smokers and have fewer environmental cues to smoke, are much more conducive to de-normalising smoking and supporting quitting.

Smokers share what causes them to keep smoking

Understanding why people smoke by asking open, non-judgmental questions, gives us insights into the huge burden upon many smokers and what support might be needed to help them to quit. Below are some commonly cited reasons why people continue to smoke, based on recent research[8].

SmokeFreeLife Somerset presents "Your personal nicotine monster"



Stress

"I sort of find it's like a friend in a way you know it's time just to chill out and focus on something different and not what is at hand, you know, like not to be concerned with what I'm doing that particular day. I sort of think "I'll have a cigarette, bugger that" and just drift off a bit, …I don't have to worry about things."

Mental health challenges

"I mean I think that definitely in the past you know probably being depressed hasn't helped because there's sort of like a fatalistic …[and] 'I don't even deserve to be healthy' sort of vibe going with that."

Housing

"Well yeah I was homeless and that's pretty depressing…Hard to quit smoking… but I've been on and off homeless for about 4 years since my mother passed away."

Hunger

"Exactly that's right, because it's easier to get by without food if you've got cigarettes, but getting by without cigarettes for the food, that's no fun, that's not a thing we're going to do."

Loneliness

"I think COVID-19 for me made it harder because I was stuck inside, I couldn't do my normal social things, so I was stuck at home, I was doing a lot of study on the computer, and I felt like I couldn't do anything else, so I thought 'I'll have a cigarette'."

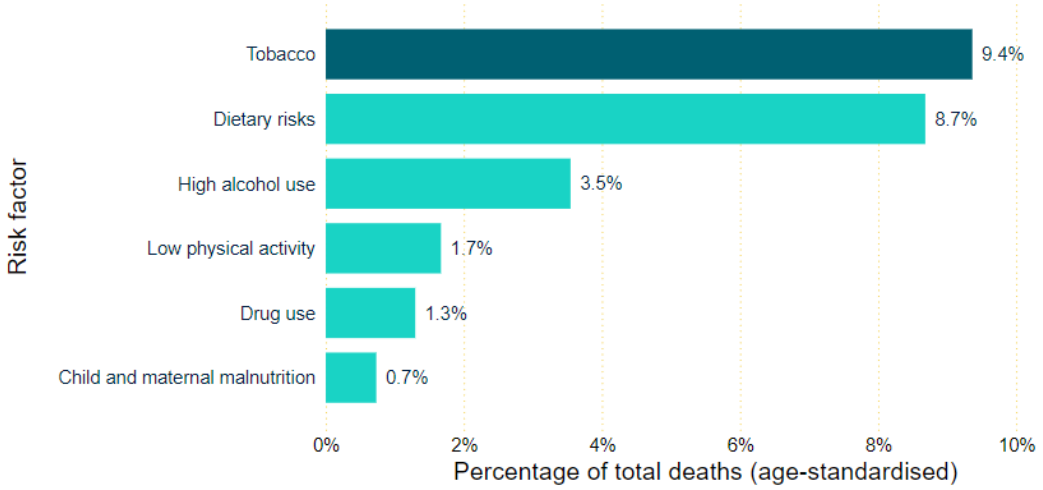
"With the increased cost of living, costs of food and turning the cooker on to cook something, costs of heating the house. I know I can go longer without regular food than I can without a cigarette, so I've been smoking more instead of eating so much"

Anonymous, Smokefree Service User 2024

Chapter Two

How does smoking affect us in Somerset?

Smoking is the leading cause of preventable death and disease in England. About half of all life-long smokers will die prematurely, losing on average about 10 years of life[9]. The chart below shows what proportion of preventable deaths in Somerset are caused by which risk factor. It shows that smoking is the biggest risk factor, causing 9.4% of all preventable deaths. Approximately 700 people die each year in Somerset because of smoking.



Source: Institute for Health Metrics and Evaluation. Used with permission. All rights reserved.

Figure 3. Age-standardised mortality attributed to risk factors, Somerset, 2021

Earlier death is not the only impact of tobacco use for those who smoke, as smoking also causes significant illness and disability. 'Disability Adjusted Life Years' DALY measures the years of healthy life lost, by adding up all the years lived in disability, as well as the years of life lost due to early death in one year from a certain cause. In 2021 we lost a total of 13,787[1] years of healthy life in Somerset because of smoking, mainly through cancers, heart and blood vessel disease, and lung diseases including chronic obstructive pulmonary disease.

Smoking harms almost every part of the body, as shown in the infographic on page 13, contributing to many illnesses that impact a person's quality of life.

[1] Global Burden of Disease modelled data from Institute for Health Metrics and Evaluation, used with permission.

As well as causing premature death and disabling diseases, smoking has wider effects on a person's life and livelihood. Compared to a non-smoker an average smoker will:

Have 33% more sickness absence from work.

Be **2.7 times** more likely to need social care, and 10 years earlier.

See their **GP 35% more** and be 36% more likely to be admitted to hospital.

Spend £2,488 a year on cigarettes or tobacco.

Be 5% to 7.5% more likely to be unemployed.

Earn 6.8% less (£1,424 per year average per person).

Be more likely to have a mental health condition. This may be partly that someone with a mental health condition is more likely to start smoking, but there is evidence that smoking makes mental health conditions worse, and stopping smoking improves mental health.

How does smoking impact our society?

Smoking is not just a serious issue for the smoker but also affects those around them, by creating environments that promote smoking and through the consequences of the health conditions that they develop. If we add up the effects of smoking at a population level, the biggest cost is lost productivity across Somerset, with additional costs placed on health and care systems. The total costs to our society in Somerset are estimated to be £190 million a year, as shown in the figure on page 15.

Protecting vulnerable people from second-hand smoke

There are also important harms caused by second-hand smoke. Second-hand smoke is linked to asthma and heart attacks in adults and sudden infant death syndrome in babies. Long-term exposure to second-hand smoke increases your risk of lung cancer by 20% and heart disease by 25%[10]. There are existing smokefree laws in place to prohibit smoking in all enclosed public spaces and all vehicles (except private vehicles); however, there is strong public support to extend smokefree laws to more public spaces (including playgrounds and hospitals) and all private vehicles.

The fact that someone smoking has so many wider consequences also means that even one person quitting smoking creates positive ripple effects that go far and wide.

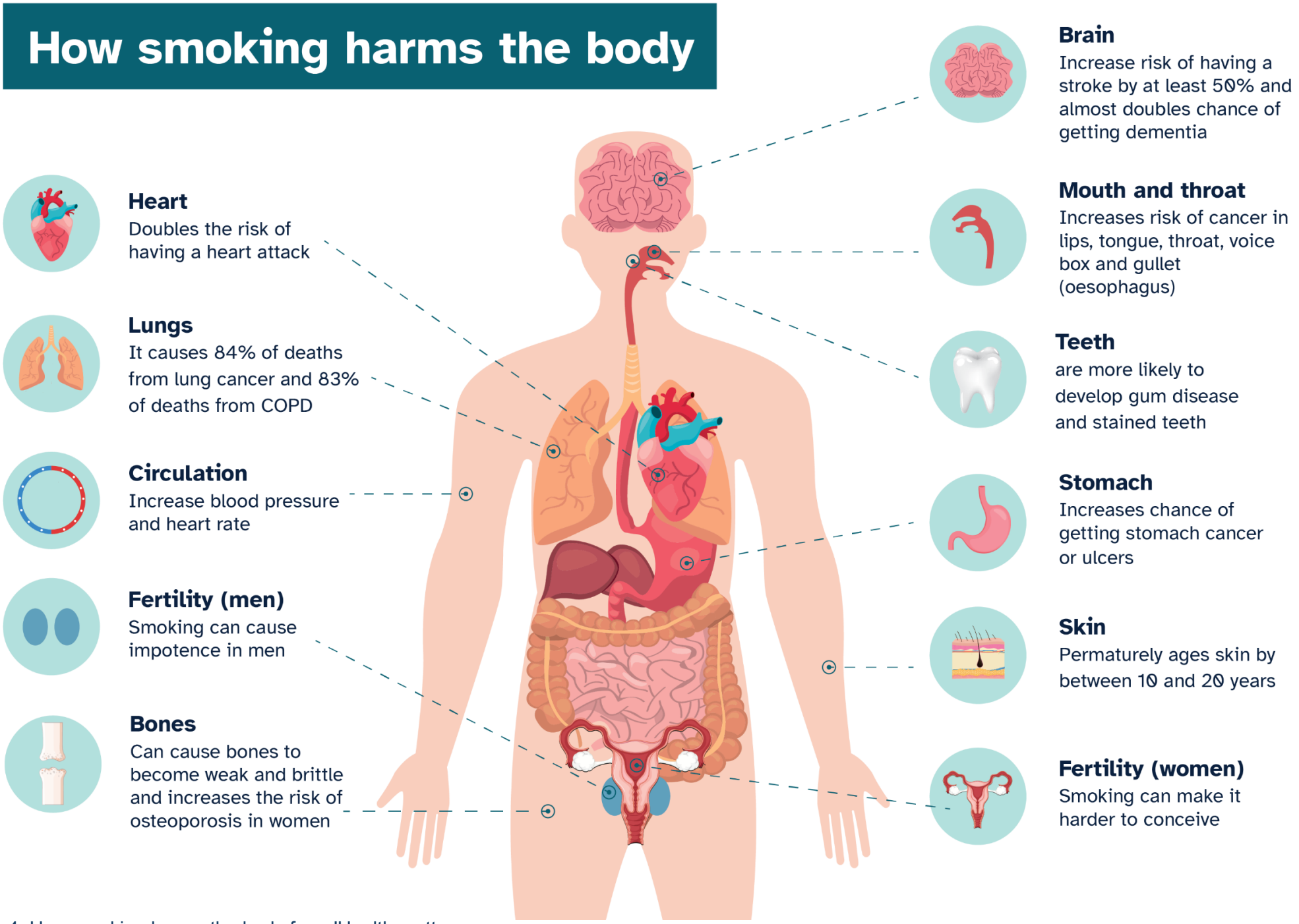
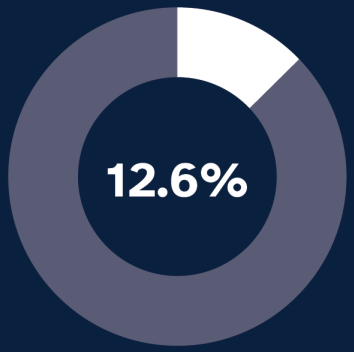


Figure 4. How smoking harms the body from 'Health matters: stopping smoking' - what works' 2019[1]

In DHSC modelling, smoking costs Somerset £190M per year



of adults in Somerset smoke, which is about 58.3K people.

More statistics about the cost of smoking

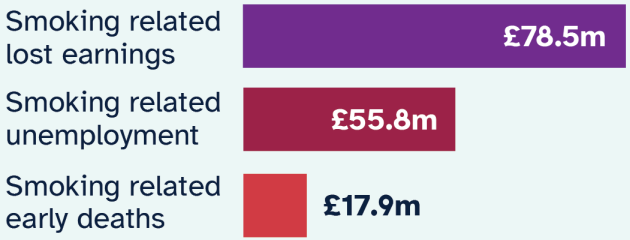
An estimated **£142m** is spent by consumers on purchasing tobacco (legal and illicit) annually in **Somerset.**

The national average spend on tabacco is around **£2,486** per smoker.

The Green Book Quality-Adjusted Life year (QALY) value applied to the intrinsic value of life gives an estimated loss of **£348m** due to premature deaths from smoking in **Somerset.** This figure is not included in any totals on this page.

Impact of smoking on productivity

Smoking negatively affects earnings and employment prospects. The cumulative impact of these effects amounts to productivity losses of **£152m**



Social Care costs due to smoking

Many current and former smokers require care in later life as the result of smoking-related illnesses. The estimated cost is **£13.6m**

Healthcare costs due to smoking

The combined cost of smoking-related medical treatment via hospital admissions and primary care services is **£20.4m**

Fire costs due to smoking

Smoking materials are a major contributor to accidental fires. Smoking-related fires result in annual losses of **£3.58m**. About 22 smoking-related fires are attended by the Fire and Rescue service each year.

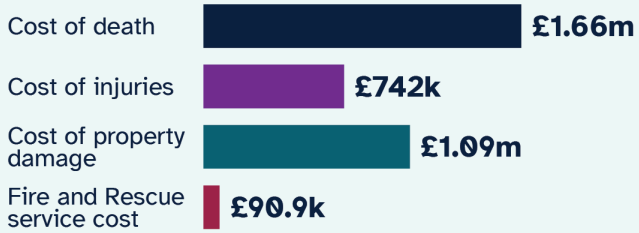


Figure 5: Department of Health and Social Care modelling costs of smoking for Somerset 2024

What patterns of smoking prevalence do we have in Somerset?

At the time of writing this report, 12.6%[2] of Somerset's adult population, or about 60,000 people, are current smokers. This is comparable to the England average of 12.7%. As we have seen in Chapter 1, smoking is not evenly spread across a population, but specific groups of people are more susceptible to starting and continuing to smoke, and specific geographical areas have more smokers.

Looking across our whole smoking population for Somerset, our highest smoking rates tend to be in our urban hubs. The map below shows some of the areas that have some of the highest proportions of smokers.[3]

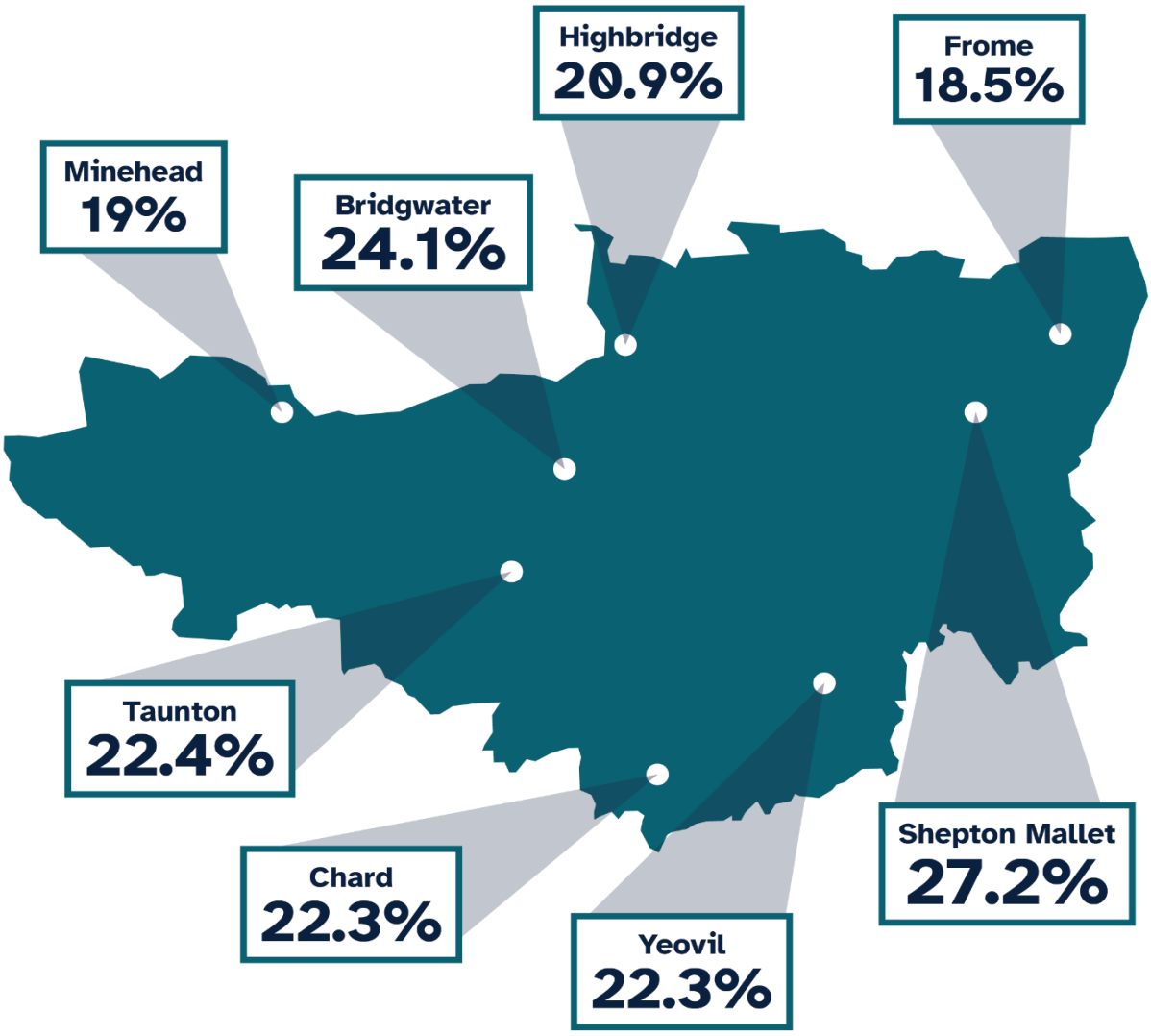


Figure 6: Map of lower super output areas with highest smoking prevalence

[2] ONS 2023 data from Adult Population Survey estimates.

[3] Data for this map has been taken from Somerset General Practice data in December 2024. This is not population level data so may have inaccuracies such as where residents are not registered or have opted out from data sharing, or where GP records on smoking status are out of date.

The highest proportions of smokers are in ‘working age’ adults, with the highest rate seen in those aged 35–39. We can also see that males are more likely to be smokers than females, which is like national patterns.

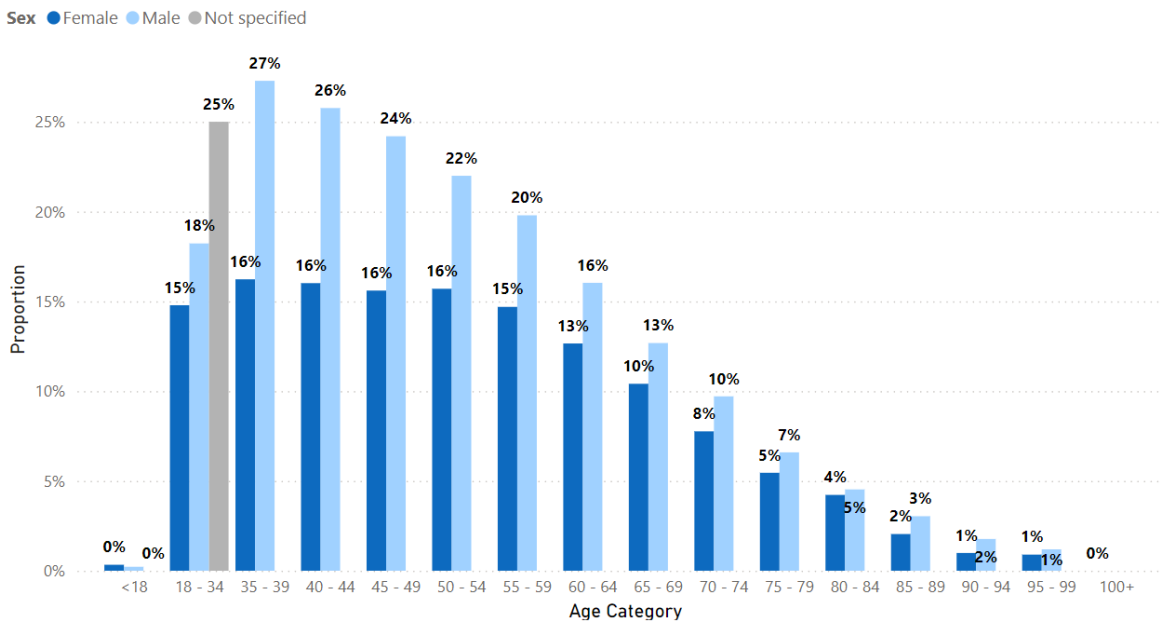


Figure 7. Current smokers and by age and sex in Somerset, 2024

We do not have consistent enough recording of ethnicity locally to be able to understand smoking patterns fully, but we can see that ‘other’ ethnic groups alongside ‘mixed or multiple’ ethnic groups have higher proportions of smokers. From national data we know that some Eastern European populations have higher smoking rates, such as Polish groups which are as high as 24%.

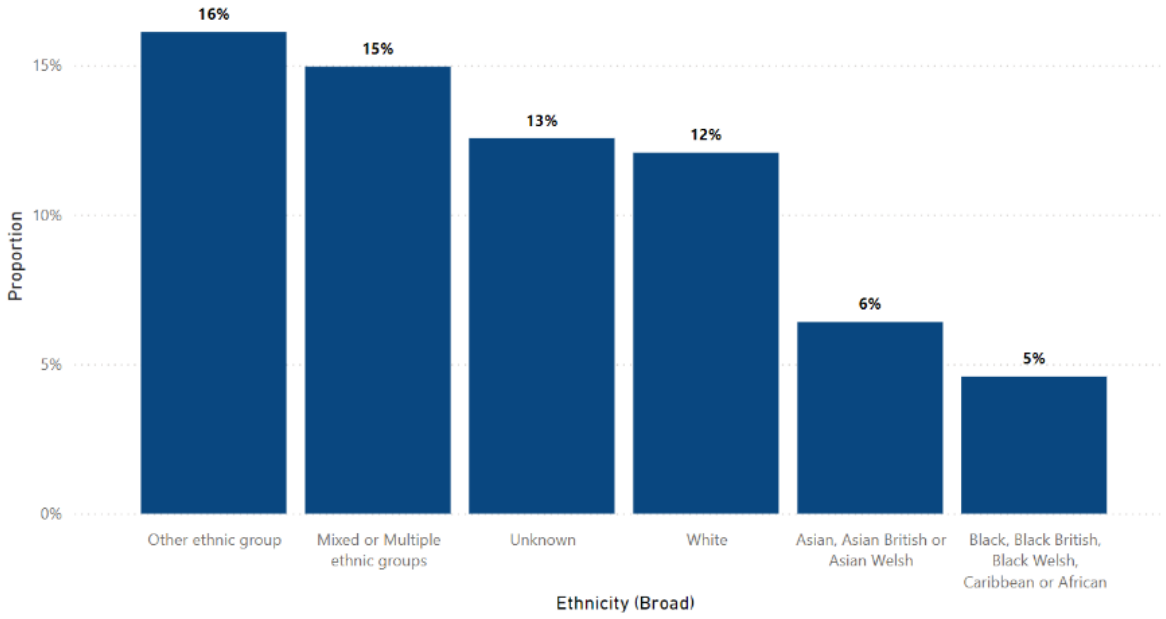


Figure 8. Smoking prevalence in Somerset by ethnicity, 2024

What is most clear is how the pattern of smoking prevalence follows the ‘index of multiple deprivation’ (IMD) for Somerset. This index is a marker of social and economic disadvantage calculated by using small geographical areas. This means that people who live in areas that are marked as 01 on the IMD scale are living in the 10% most socially and economically disadvantaged areas in the whole of the UK, and people living in areas marked as 10 are in the top 10% most advantaged areas. Somerset does not have many areas that count within those top 10% areas of disadvantage, and only 8% of our population live in the top 20%, also known as the ‘Core 20’.

Even though the overall numbers of those who live in areas of greater disadvantage in Somerset is small, smoking prevalence is much higher in these groups, with 22% of those in the most disadvantaged group being current smokers, and 20% of those in the second most disadvantaged group. The charts below show the proportion of people who smoke within each IMD group, as well as an estimate for the absolute numbers of smokers across Somerset by IMD.

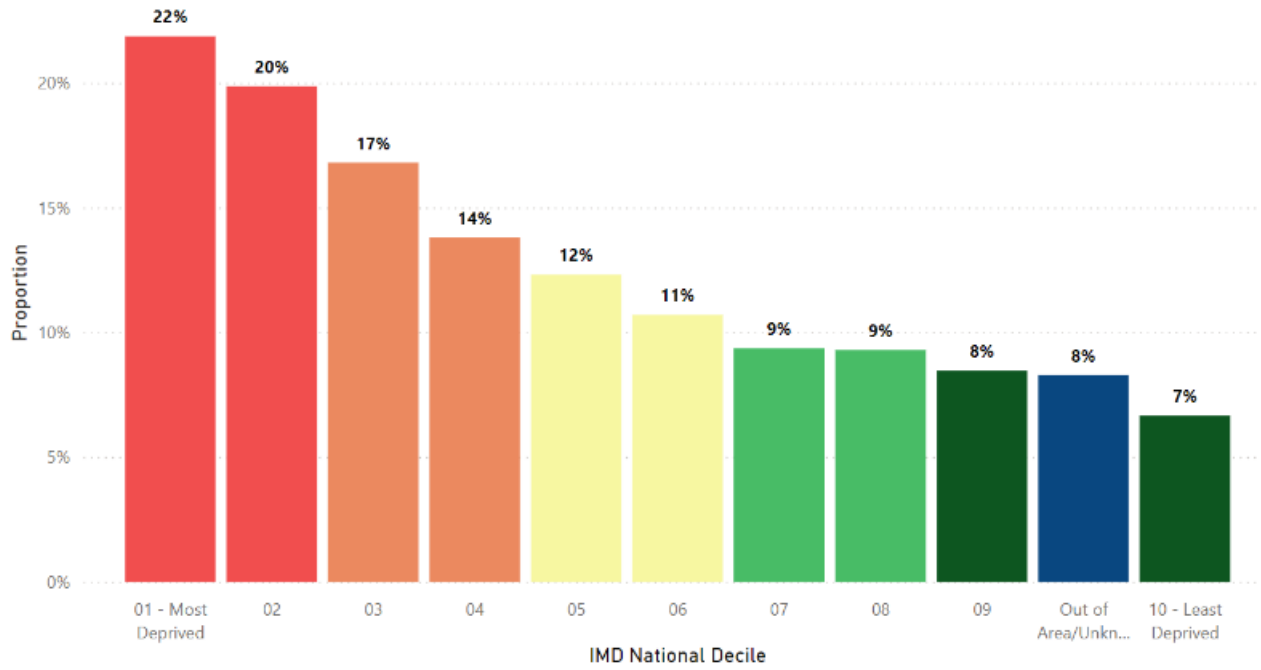


Figure 9. The prevalence of smoking in each Index of multiple deprivation decile in Somerset, 2024

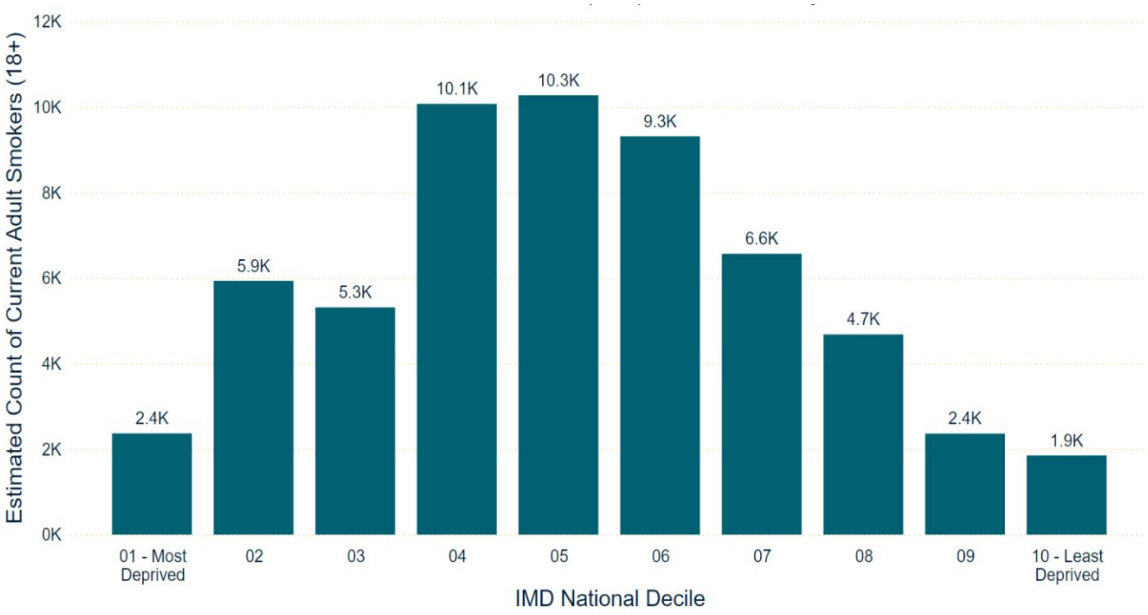


Figure 10. The number of adults (18+) smoking in each Index of multiple deprivation decile across Somerset, 2024

Priority groups with the highest smoking rates

In addition to understanding smoking rates by geography, age, sex, ethnicity and multiple deprivation, there are other important groups that have higher rates of smoking than the rest of the population or face worse consequences from the effects smoking.

Smoking in pregnancy

Smoking in pregnancy is the leading modifiable risk factor for poor birth outcomes and poor childhood development. It increases the risk of poor health outcomes such as respiratory conditions, attention and hyperactivity difficulties, learning difficulties, ear, nose and throat conditions and diabetes to name a few. These children are also more likely to be exposed to second-hand smoke, further exacerbating the risk of childhood illness affecting development and increasing the risk of diseases associated with multiple systems within the body (cardiovascular, respiratory, neurological etc)[11].

Smoking in pregnancy perpetuates intergenerational cycles of avoidable poor health and therefore, investment must be made to help pregnant mothers and expectant families to stop smoking if we are to improve the health of the next generation.

Women from disadvantaged backgrounds are more likely to smoke before pregnancy, less likely to quit during pregnancy, and of those who do quit, are more likely to resume after pregnancy[12] . This is exacerbated by being more likely to have a partner who also smokes and does not quit.

Despite significant progress over the last decade 9.1% of women in Somerset smoked during pregnancy in 2022/2023, higher than the England average of 7.4%. This means a total 417 women were still smoking when their baby was delivered, with huge consequences for the health and wellbeing of that child.

Children and Young People

An estimated 26,100 children live in smoking households in Somerset. Children with a parent or family member who smokes are about three times more likely to start smoking themselves[13]. 1,200 children start smoking in Somerset each year.

New laws over the past 10 years have significantly contributed to halving the chances of 11–15-year-olds becoming smokers[14]. A 2023 school survey in Somerset found that in Year 8, just over one in 10 of pupils had tried smoking tobacco; however, this increased to one in five by Year 10.

These figures are worryingly dwarfed by those that have tried vaping, with just under one in five Year 8 pupils having tried it, increasing to one in three by Year 10. Half of the pupils in Year 10 reported that they have friends who use vapes[15]. Although vaping is significantly safer than smoking, it is only recommended to help smokers quit. Vaping is not without risks, particularly for developing lungs and brains which are more sensitive to its effects.

From the Somerset school survey in 2023, responses are similar to the national picture of youth vaping patterns. Of secondary age Year 10 children in Somerset, 10% report regular use of vapes.

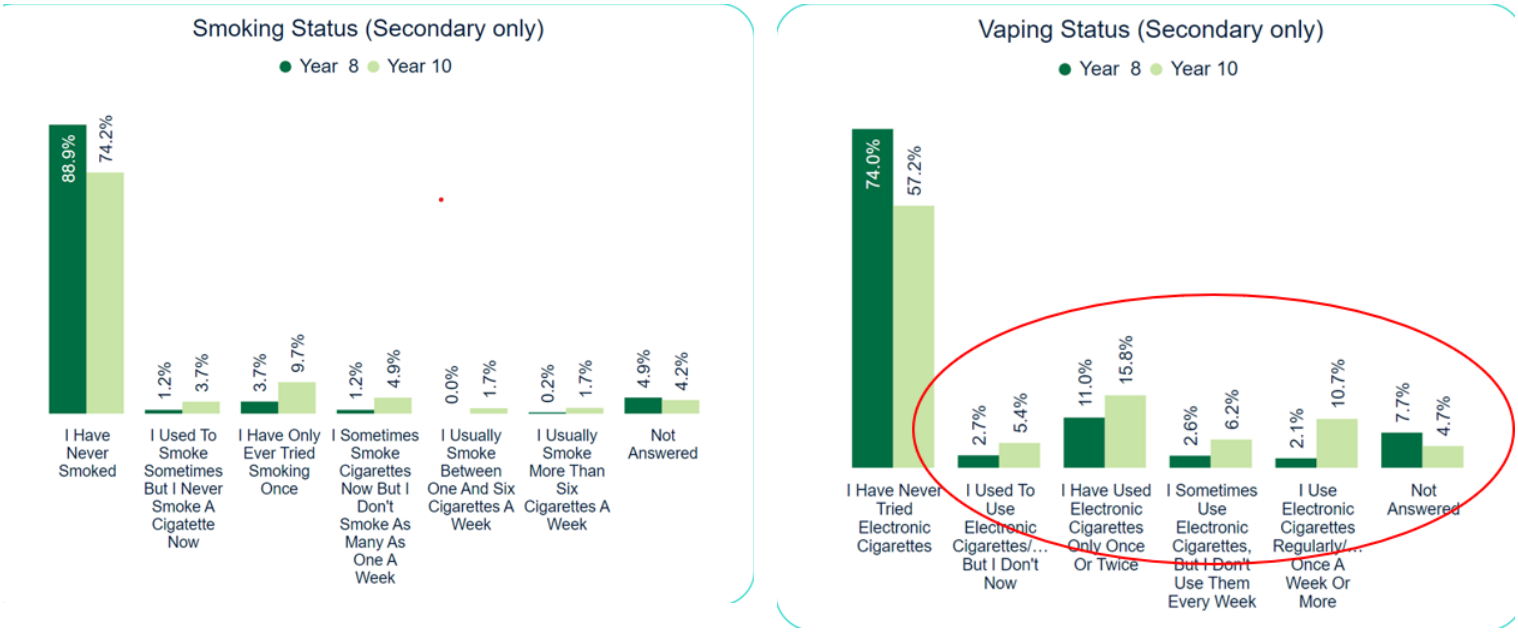


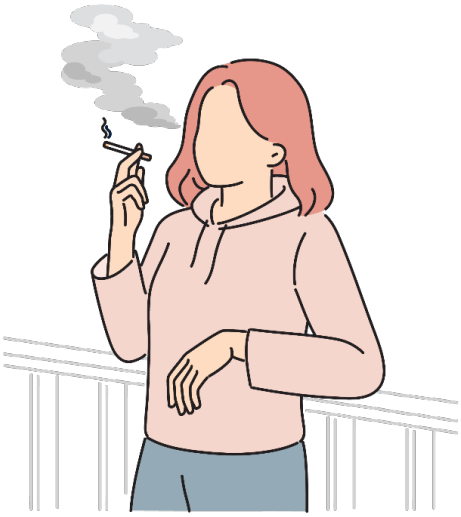
Figure 11. Smoking and vaping status in secondary age children in Somerset, 2023

People with a mental health condition

People with a mental health diagnosis are much more likely to smoke than the general adult population, with around a quarter (25%) being current smokers[16]. The numbers of people affected by smoking and poor mental health are greatest amongst those with common mental health conditions such as depression and anxiety. Despite a common reason for people smoking being to manage ill mental health, **stopping smoking improves symptoms for depression and anxiety,** equivalent to the impact of taking anti-depressants for all smokers[17].

The inequalities in health caused by smoking are greatest among those with severe mental illness, with smoking contributing up to two thirds of the reduced life expectancy of this population. Locally prevalence is significantly increased with 40% of those with a serious mental health diagnosis smoking[18]. Of those on our inpatient mental health wards, up to 80% report that they smoke[19].

People living in Social Housing



Smoking prevalence is different for different types of housing situations. We saw in Chapter 1 that challenging housing and other stressful environments make it more likely that someone will start smoking and more difficult to stop.

We have limited data locally, but national surveys show that 37% of people in social housing smoke compared with 12% of those with a mortgage. National research indicates people living in social housing are likely to be more addicted to smoking and smoke more each day[20].

Employment status

People working in routine and manual jobs are more likely to smoke, with one in 5 (20.9%) of manual and routine workers smoking compared to one in 10 of those in managerial and professional occupations[21]. Smokers are 33% more likely to miss work than non-smokers and have more sick days[22]. Smoking breaks cost the employer on average an extra £1,815 a year[23]. In addition to targeting routine and manual workers, 79% of people aged 16-64 are employed across Somerset, and so workplaces are also an important setting to support all our population to become smokefree. Unemployed people are more likely to smoke than employed people.

Inclusion health groups

The populations in our society who have by far the worst health outcomes are our 'inclusion health' groups. These include people who experience homelessness, people with drug and alcohol dependence, vulnerable migrants and refugees, Gypsy, Roma, and Traveller communities, people in contact with the justice system, victims of modern slavery, sex workers, and other marginalised groups.

There is often very limited data locally on these groups but 62% of people who are homeless in Somerset smoke, and 58% of people who were previously homeless in Somerset smoke.

For people receiving addiction treatment in Somerset, 70% of those in treatment for opioid misuse and 44% of those in treatment for alcohol misuse, are smokers.

This chapter explains that to end tobacco dependency in Somerset we need to help all groups affected by smoking. We need a general, universal approach for most smokers who aren't in disadvantaged areas, alongside specialist targeted support for our priority groups who are more disadvantaged by smoking. If we only take a general approach, the health inequalities from smoking will continue to increase.

Spotlight

Somerset GP, Steve Holmes, talks about smoking:
"Helping people to stop smoking should be a story of hope, success and benefit to our population – it often is in those who quit (even after several attempts).

I have lost count of the people who have lost their loved ones before time because of the effects of smoking. I've lost count of those people who have smoke-related medical problems who feel guilty that they are still trapped by smoking.

Smoking and tobacco dependency is really hard for most people to break alone. We can really make a difference to families and those who support them – it is never too late and we know the benefits."

Chapter Three

Why now?

Knowing that smoking is harmful to individuals, their families and to our society is not new. The first medical research showing that smoking was linked to lung cancer was published in the 1930s, and by the 1950s large studies proved that smoking was the cause. The growing evidence caused a significant movement amongst health professionals in the UK to address the marketing tactics of the tobacco industry and to demand that measures were put in place to protect people. With each new policy or law that has come in, smoking prevalence has come down a bit more. Some of these landmark points over the last few decades are shown below, against the smoking prevalence for men and women.

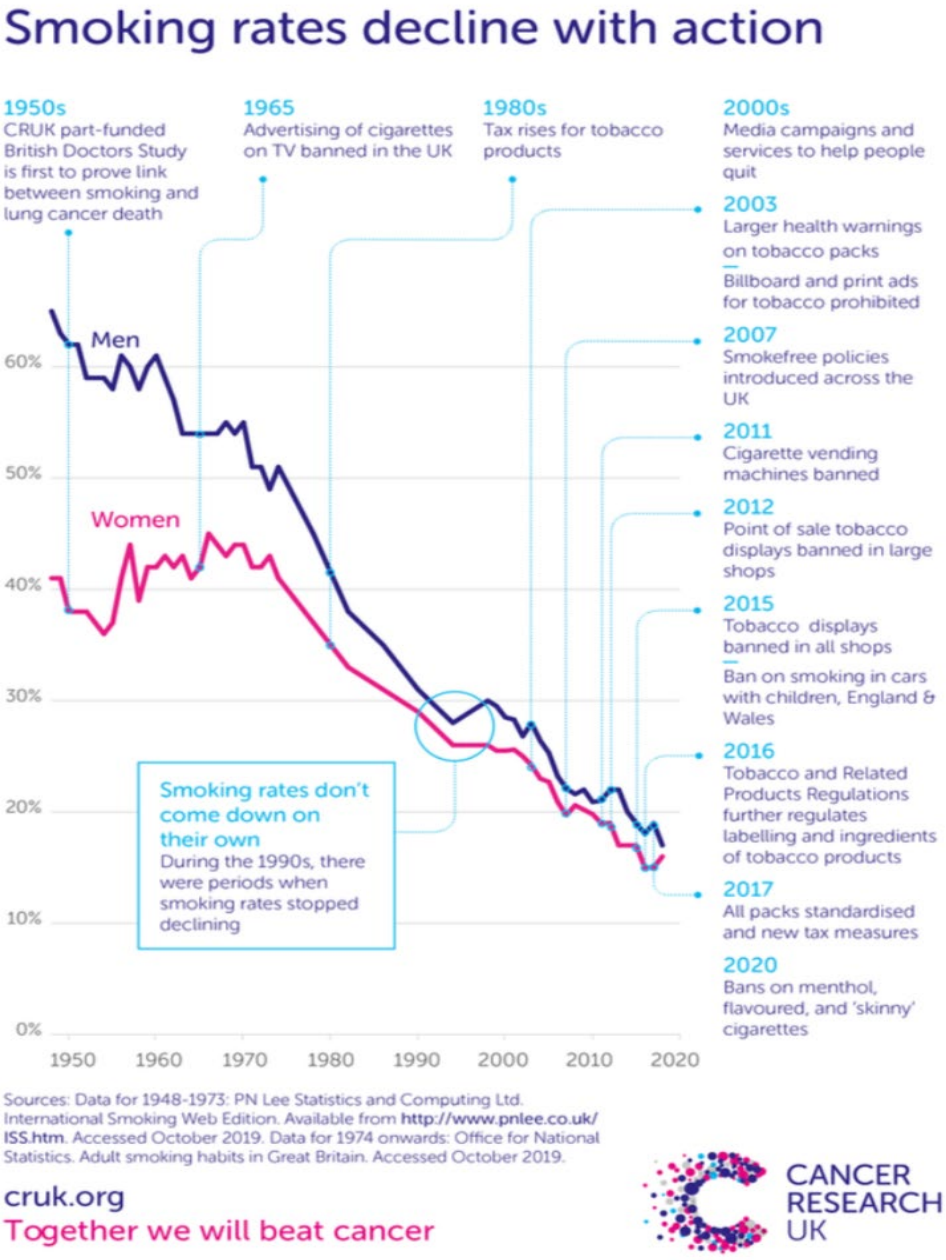


Figure 12. Smoking policy and decline in smoking prevalence, Source: Cancer Research UK[24]

What have we already been doing in Somerset?

Alongside national policy changes, there have been multiple strands to our approach to reducing tobacco dependency in Somerset over the years, captured under the umbrella term ‘Smokefree Somerset’. This includes our commissioned services and the strategic work of the Somerset Tobacco Alliance.

Our Services

In Somerset we have been providing free, universal stop smoking services since 2001, gradually increasing our capacity and the number of people that are supported to quit each year. A timeline for how our smokefree services has evolved is shown below, including the addition of specific support pathways we developed for pregnant smokers from 2010, and the introduction of a hospital-based support offer for inpatients from 2022.

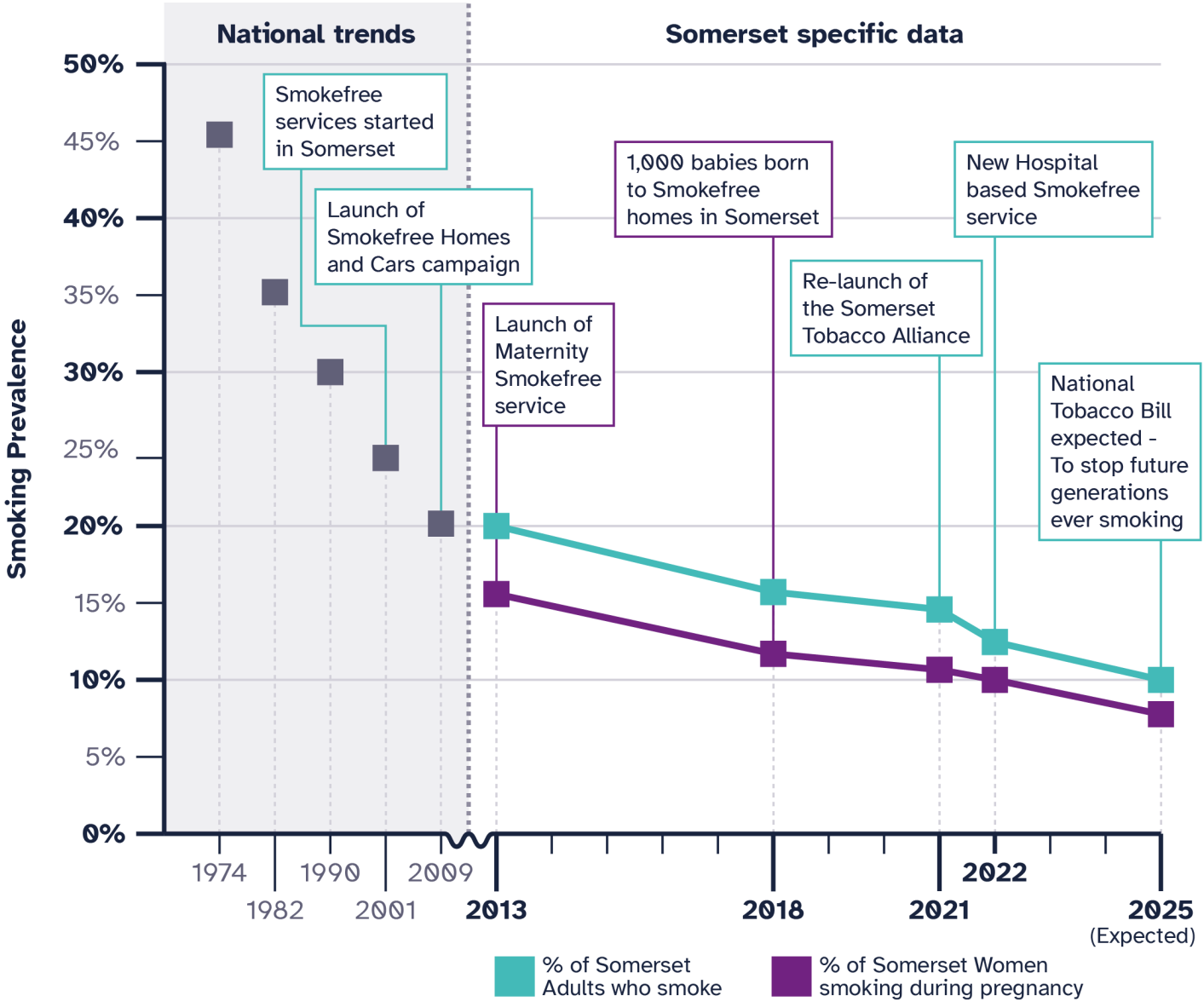


Figure 13. Local smokefree service developments against smoking prevalence, 1974-2024

Across our different support pathways in 2023/24 we supported 1,700 people to set a quit date and 59% of these people quit successfully (a quit rate that is comparable with some of the best support offers in the UK). A summary of our support can be found on page 41.

Why do we need a new approach?

Nationally, smoking has taken 8 million lives since 1971[25] and still kills one person every five minutes[26]. **Tobacco remains the only legal product that kills so many of its users when used in exactly the way it is intended**[27].

Helping people trapped by addiction to quit smoking is the right thing to do; it improves the health of nearly every organ in our body, saves individuals and their families at least £2,000 a year, protects our health and social care services and restores huge amounts of lost economic productivity to our society. It is also important to help people to stop smoking because they want to quit: over half of UK smokers want to quit, with a quarter of UK smokers currently trying to quit[28].

As seen in Figure 11 smoking prevalence has only come down when there has been policy action. In July 2019 the UK Government announced an ambitious target to get smoking prevalence down to just 5% by 2030[29].

New policy drivers

To enable the 5% by 2030 to happen there have been a range of national policy developments, many of them in line with the most recent national 5 Year Tobacco Control Plan[30] that focused on inequalities, tobacco control approaches and developing a Smokefree NHS.

The Tobacco and Vapes Bill 2024[31] sets out the governments aims to reduce access to tobacco nationally, and during the consultation was endorsed by our Somerset Council Executive. These policy changes have strong cross-party support and the UK government has committed to:

Reduce access to tobacco:

- 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

In addition to the Bill, there is national investment to:

Increase support to quit:

Increase the capacity of local smokefree services to help them to support more people to quit.

Provide short term vapes as a Nicotine Replacement Treatment support to quit.

Provide additional incentives for people smoking during pregnancy to quit.

Increase public awareness:

Roll out more public communication campaigns about tobacco and the benefits of quitting.

Set new targets for the NHS to identify and support more smokers, such as 100% of inpatients.

What does this mean for Somerset?

Despite our excellent support offer for Somerset, we still have 60,000 people smoking in Somerset and our progress on reducing smoking prevalence has plateaued. The number of smokers setting a quit date has markedly reduced since 2013/14 from 7,197 people per 100,000 smokers to 2,521 per 100,000 smokers in 2022/23, which is lower than the England rate. The number of smokers successfully quitting has also reduced and the rate of prescriptions for nicotine replacement products has also vastly decreased.

Our services are set up to support those who come to us, relying on people already being in environments that help motivate them to quit. Even with increased capacity, our services would only reach around 4% of our smoking population each year. Those who engage in our services are not as likely to be from areas of greater social and economic disadvantage.

If we carry on as we are, we might see 16,000 people quit by 2030. If we are going to see just 5% of our population smoking by 2030 in line with new national targets and policy changes, we need 45,000 people to quit smoking over the next six years. Unless we drastically change our approach, not only will we be almost 30,000 short of our target, but most of those who quit will not be from our priority groups with the highest smoking rates, causing health inequalities to widen. What we are doing already is simply not enough.

If we are going to make this the 'End Game' for tobacco in Somerset, we need to do things very differently.

Chapter **Four**

How will we meet the 2030 target?

If we are going to radically change our approach in Somerset and help 45,000 people to quit, we need to understand what works best. We especially need to understand what will help our priority populations from Chapter 2 that have the highest smoking rates.

The diagram below is repeated from Chapter 1 to highlight how important it is to consider why people start smoking and what influences quitting as we work to make Somerset a supportive environment for people to become smokefree.

Supporting people to quit is often focused at a highly individualistic level, targeted solely at habitual behaviours and biological nicotine dependency. Whilst these interventions are important, we saw in Chapter 1 that it is very convenient for the tobacco industry to promote ideas that smoking is an individual choice, and that quitting is simply an exercise in willpower. Rather, what is required is for all of society to actively engage in creating supportive environments to help people to quit smoking or not start in the first place. In this chapter we set out the evidence for **whole system approaches** that will help address tobacco dependency at individual, community, institution and policy levels.

Figure 14. A whole system approach to a Smokefree society

Working with Individuals

Smokefree services are the most effective way for someone to quit smoking, but most smokers will choose to quit through a different route. To help more smokers in Somerset to quit we need to ensure that our **services** are adapting to our population needs, but also make sure that **everyone can have supportive conversations** with individuals about stopping smoking.

What type of support services work best?

The National Centre for Smoking Cessation and Training (NCSCT) has an evidence based Standard Treatment Programme to provide behavioural support and counselling for smoking cessation. This programme consists of 6 sessions lasting between 20 to 45 minutes in length from pre-quit, where a quit date is set, to 4 weeks post quit[32]. Our Smokefree Somerset service is based on this model and 50% of those who set a quit date will be successfully quit at 4 weeks.

Quitting aids - what works

1

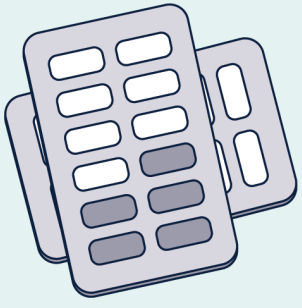
Local stop smoking services offer the best chance of success

Smokers are up to **four times** as likely to quit using a combination of behavioural and pharmacological support than no help or over the counter NRT

2

Using a stop smoking medicine prescribed by a **GP, pharmacist or other health professional**

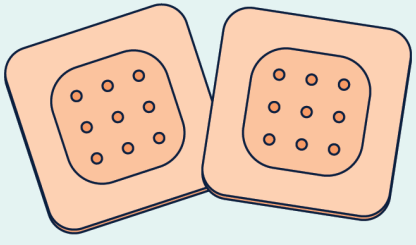
Doubles person's chances of quitting



3

Using nicotine replacement therapies such as **patches and gums, or e-cigarettes**

Makes it **one and a half times** as likely a person will succeed



4

Using **willpower alone** is the least effective method

Changes in our understanding of smoking cessation services:

While evidence-based and effective, current smoking cessation interventions can be unrealistic if they are the only support option available. They can often force smokers into setting a quit date and lack support for those who relapse or do not feel ready to quit. Learning from the experiences of smokers smokefree services should consider:

1. **Relapse as part of the journey:** Quitting smoking is extremely challenging and may require up to 30 attempts before achieving success for one year or longer[33]. This is more than most smokers and their supporters would expect. Understanding that relapsing is a normal part of a smoker's journey to quitting means support services should stay in touch during these episodes, either to help reduce smoking or to promote the self-efficacy needed for long-term quitting.
2. **Support for the unready:** Traditional models may exclude those who are not ready to quit, leaving them without the confidence to attempt quitting. More support should be provided to help those individuals build their confidence and self-belief to quit soon.
3. **New forms of quit support:** Alongside traditional behavioural support with NRT, new approaches and treatments are emerging as highly effective. This includes the use of digital support and technologies to support quitting, and the use of vapes as a quit tool.

"Sarah, the Smokefree practitioner, is calm, supportive, and helpful. Listening to others' struggles and successes in quitting smoking is personally rewarding and fortifying for me. Sharing similar experiences with people who have faced the same challenges has been very beneficial.

I wish I had quit smoking years ago and regret making excuses to delay. The best time to quit is always now."

Peter, 77 year old from Bridgwater

Spotlight

Somerset's approach to vaping

Four in ten smokers now wrongly believe that vaping is as harmful as, or more harmful than, smoking[1]. Confusion about the harms associated with vaping and smoking risks preventing smokers from switching to a safer option to protect their health. At worst, it risks vaping teenagers starting to smoke.

The evidence is clear: vaping is at least **20 times safer** for a person's physical health than smoking[1]. This is because in cigarettes, alongside nicotine, much of the physical harm comes from other ingredients in tobacco and other cigarette additives. Vaping is one of the most effective treatments to help people to stop smoking.

However, **vaping is not without its own risks**; it is still highly addictive, and it is not ethical to simply move someone from one addiction to another, albeit a less physically harmful one.

In Somerset we want to make sure that when people use vapes to help them to stop smoking, they do so in a controlled way as part of our behavioural support offer. Ultimately the aim is stop vaping also.

We must also be cautious of lobbying from the tobacco industry seeping into the evidence base and opinions of people with influence, as we know it is in the industry's interest to keep people hooked on a safer alternative than to stop completely.

What sort of conversation can help someone to quit?

Unhelpful messages

In the past, messages about smoking focused on the harms of smoking. In some cases this has demonised or punished the smoker, strengthening the tobacco industry story that smokers are choosing to smoke and simply need 'willpower' to quit. This can mean that we unwittingly create a negative or dismissive attitude towards smokers.

Helpful messages

It is essential that we challenge unhelpful attitudes towards smokers and instead promote supportive and non-judgemental conversations about smoking.

Around 37% of smokers in the UK tried to quit in 2024.[34] To achieve 5% of the population smoking by 2030, many more people need to make quit attempts, with at least 50% of smokers attempting to quit each year[35]. Research has shown that a short conversation about the benefits of quitting and available support can trigger someone to make a quit attempt.[36] **Very Brief Advice** conversations are something that anyone can have, they take less than a minute and can follow the prompts shown on the next page.

Less than a minute to save a life:

How to talk to anyone about smoking

1. Ask: 'Do you smoke?'

If they say **YES** then ASK: Would you be interested in cutting down or quitting?

If they say no say "that's OK, but if you change your mind you can get great, free support in Somerset" pass them this card.

If they say yes, continue

2. Advise

Stopping smoking is one of the best things you can do for your physical and mental health. Getting behavioural support with nicotine replacement is four times more effective than trying to quit without support.

It can take many attempts before you quit for good. The most important thing is to keep trying.

3. Act

Offer your support and signpost to our smokefree service.
Here's how to get in touch with one of our friendly Smokefree Practitioners today:

01823 356222 (9am-5pm, Monday to Friday)

smokefree@somerset.gov.uk

www.smokefreesomerset.org.uk

As part of these conversations, it is helpful to highlight the positive effects of quitting rather than just the harms of continuing[37]. We know that although the earlier someone quits the better, it is never too late to quit and experience the many physical, mental and financial benefits. Some of these benefits are summarised below.

What happens when you quit?

The sooner you quit, the sooner you'll notice changes to your body and health. Look at what happens when you quit for good.

After 20 minutes

Check your pulse rate, it will already be starting to return to normal.

After 8 hours

Your oxygen levels are recovering, and the harmful carbon monoxide level in your blood will have reduced by half.

After 48 hours

Your carbon monoxide levels have dropped to that of a non-smoker. Your lungs are clearing out mucus and your senses of taste and smell are improving.

After 72 hours

If you notice that breathing feels easier, it's because your bronchial tubes have started to relax. Also your energy will be increasing.

After 2 to 12 weeks

Blood will be pumping through to your heart and muscles much better because your circulation will have improved.

After 3 to 9 months

Any coughs, wheezing or breathing problems will be improving as your lung function increases by up to 10%.

After 1 year

Great news! Your risk of heart attack will have halved compared with a smoker's.

After 10 years

More great news! Your risk of death from lung cancer will have halved compared with a smoker's.

A GP's experience of supporting people to stop smoking

Helping someone to quit smoking is one of the most important interventions in health with more evidence for benefit that many operations and costly treatments. Professional support and some of the medical treatments available can make things easier. It is never a waste of an appointment if someone wants help with smoking – indeed one of the most effective things we can do to help. I wish that every smoker in Somerset came for help – we would make a difference together."

Steve Holmes
General Practitioner for more than 20 years in Somerset

Working with Communities

We have seen in Chapter 2 that specific priority groups in Somerset experience the greatest harms from tobacco. Many of these groups will be less integrated into employment, education and healthcare so are less likely to encounter someone that can support them to quit or know about the services that are available.

As well as making sure that we have effective and flexible support services, and that all of us can have positive and nonjudgemental conversations about stopping smoking, we are going to need more of a targeted approach for some of these priority communities and groups.

Supporting someone to quit smoking may not start where you think it 'should'; optimising a smoker's housing, employment, health and social care, and planning their neighbourhoods, all have a role in creating the conditions that facilitate quitting. Helping people quit is everybody's business.

This means working with partners in new ways and should include:

- **Building community knowledge:** Train and support trusted community members to identify and help those in need
- **Support and training for professionals:** Equip professionals to communicate and promote local support and understand the health determinants such as housing which impact on someone being able to stop smoking
- **Community-based support**: Explore different types of community-based support that may go beyond types of support offers that have been tried before.

Involving Behavioural Science

For some of our priority groups we don't have much evidence for what works to help them quit and so we need to find out. Behavioural Science uses different methods to understand why people behave the way they do. It is multidisciplinary, using evidence and theory across subjects such as psychology, sociology, anthropology, and behavioural economics.

Behavioural science has shown that to address tobacco dependency and other behaviours we can't just rely on someone's motivation or giving information about risks and harms. We need to apply behavioural science to understanding **why** someone is smoking and the different factors that make it harder or easier to quit. Barriers and facilitators will vary depending on the specific group, and so behavioural science approaches avoid a 'one size fits all' approach. Once we have this clearer understanding, we will be better placed to design the right support for people to change their behaviours.

Working with organisations

Although there is less evidence about larger scale institutional interventions to support smokers to quit, they have an important role to play. All types of organisations have a responsibility to the health and wellbeing of the people that are part of them, as well as being important business and financial benefits to becoming smokefree environments.

Workplaces

People who smoke are 34% more likely to quit when someone they work with stops.

Workplaces have a unique opportunity to create a smokefree culture for their staff and others in their environment. Guidance for successful workplace smokefree actions suggest that a wide range of approaches should be incorporated including[38],[39]:

- support to understand the legal, wellbeing and financial reasons to invest in smokefree work
- publicising and supporting access to local and/or onsite services for tobacco dependence
- workforce engagement to develop smoke-free workplace policies
- clear communication strategies including offering training and the use of smokefree champions in the workplace

Policies themselves should ensure they promote a non-judgemental approach to those who smoke, knowing that the journey to quitting is challenging and often takes multiple attempts before eventual success.

Schools

Unlike other workplaces where adult smoking predominates, schools face a dual challenge of stopping children from smoking and vaping. There is comprehensive NICE (National Institute for health and Care Excellent) guidance on school-based interventions for preventing smoking uptake[40] and ASH (Action on Smoking and Health) guidance for school policies on vaping[41]. However, evidence suggests that school-based programmes to prevent young people from starting to smoke or vape are largely ineffective[42].

Interventions so far have focused on helping children to ‘make informed choices’ when this is less relevant at their stage of cognitive development and fails to acknowledge the significantly more important sociocultural and environmental influences. This means that larger scale policy action reducing the advertising, presence and accessibility of vapes and tobacco products by inhibiting their promotion, branding, display and sales is particularly important.

Implementing policy work

Most policy changes are made at a national level, such as policies regarding smokefree public areas, point of sale displays, advertising and packaging and age of sale. The new policies and legislation that are coming into force provide a huge opportunity to achieve a smokefree society, but it is up to us to ensure that these policies are being implemented properly in our local communities.

System leaders have a responsibility to make changes that 'de-normalise' smoking, by

- reducing how likely it is that people in the community are exposed to tobacco or nicotine related products and advertising, and
- increasing how easy it is to access information and support about quitting.

Local Government

Working with their partners and communities, local authorities are on the front line for defining and implementing the changes needed to achieve a smokefree generation. Key local government policy actions should include[43]

- Enforcement of smokefree regulations locally including new legislation around vaping.
- Promotion of smokefree environments including smokefree homes, cars and workplaces
- Enforcement and promotion of good trading standards for tobacco and nicotine-related products including controlling illicit supplies
- Ensuring smokefree messages are shared on online, social media and mass media platforms
- Ensure clear policies are in place for non-engagement with the tobacco industry and blocking tobacco and vaping product advertising

These policy level interventions are particularly important for children and young people and more disadvantaged communities, where individual support offers and institutional smokefree policies are not enough to counter act the vaping industry appeal.

Trading Standards

Trading Standards is responsible for ensuring compliance with legislation around tobacco and vapes, including the control of age-related sales, counterfeit or smuggled tobacco, and non-compliant vapes regarding nicotine content and size. Trading Standards is the main way that national legislation can be enforced locally.

What are the issues

1. **Economic Impact:** Illicit tobacco cost the public purse approximately £2.8 billion in lost revenue[44].

2. **Health risks:** Counterfeit tobacco can contain toxic metals and harmful substances such as animal faeces, weedkiller and sawdust[45]. Non-compliant vapes can contain excessive nicotine and harmful chemicals.

3. **Youth Exposure:** Sale of nicotine products to minors introduces a new generation to these highly addictive products.

4. **Retail fronts:** Increasingly small convenience stores appearing to sell snacks, drinks and other groceries may be fronts for selling illicit and non-compliant products, including to underage people.

Trading Standards Action

Trading Standards will carry out the following actions to bring about compliance or as a means of enforcement:

- **Working with retailers:** ensure age restriction processes are in place including 'No Proof of Age No Sale' toolkit.
- **Inspections:** Routine and targeted visits to check for non-compliant products.
- **Test purchases:** Using underage volunteers to test purchase counterfeit or illicit items.
- **Raids:** Collaboration with the police and use of detection dogs to seize illicit products, often found concealed and hidden.
- **Enforcement Measures:** Provide advice, issue warnings; simple cautions and prosecute offenders. Work with partner agencies for Closure Orders and with landlords who may be involved in money laundering.

Chapter Five

Tackling Tobacco Together

Somerset has a reputation for being pioneering in its approach to health and care. Our bespoke maternity smokefree services were among the first of their kind, our universal smokefree services developed 'light touch' support based on understanding clients' contexts before this was an acknowledged approach, and our Local Authority and NHS commissioning body were among the first to sign pledges on tobacco.

Whilst pockets of innovation and passion exist across our system, we need far more. Across all organisations, our energy on this issue has dwindled and quit rates have levelled off. We have seen in Chapter 4 that whilst providing non-judgemental conversations and, flexible smokefree services help people to quit, on their own these will never be enough. To support 45,000 people to quit we need partners across our communities, organisations and institutions to take action for a Smokefree Somerset.

In this chapter we share examples from some of our work with partners across Somerset so far, highlighting what we still need to do if we are going to achieve our target.

Working with Individuals

We have seen earlier in this report that we must change our approach to how we support individuals to stop smoking. This is ensuring that anyone can have very brief advice conversations about smoking and adapting our services to make sure that they meet individual needs.

Embedding Very Brief Advice in everyday conversations

Although most smokers want to quit smoking, some might not feel ready, or might be unaware of local support available to them or feel worried about being judged by others for smoking. More people feeling confident to have Very Brief Advice (VBA) conversations about stopping smoking is crucial to us reaching the remaining 60,000 people still smoking across Somerset.

What are we already doing?

Resources and training are available for free from Smokefree Somerset for anyone wanting to be more confident in having Smokefree conversations. Regular training on VBA is delivered in Maternity in partnership with midwives.

What more can be done?

We need to significantly increase the number of people having smokefree conversations as part of their everyday work. This means more targeted training to groups that have the most opportunity to engage smokers across Somerset, including:

- Primary Care – GPs, nurses, health coaches, pharmacists and dentists
- Workplaces – Workplace wellbeing champions, HR and employers
- Secondary Care – A&E departments, ward staff
- Children and young people - Health Visitors, social care staff, Youth workers, education
- Voluntary and Community organisations - Social Prescribers, neighbourhood champions
- Local Business's – Taxi drivers, Hairdressers/Barbers, Community shops

Adapting our services

Building on the evidence for what works, we are continually adapting our services to make sure there is something for everyone. Our latest Smokefree service leaflet is shown on the following page. Next we want to further transform services for smokers who are receiving treatment for drug and alcohol dependency, smokers who are pregnant, and smokers with a mental health diagnosis. We still have a lot to do to co-design and join up the existing health service pathways with suitable smokefree support for all our priority groups.

Case Study

Substance Misuse - Drugs and alcohol

To help us to transform our services, Smokefree Somerset and Somerset Drug and Alcohol Service (SDAS) have been working together to co-develop tailored packages of support for SDAS clients to quit smoking. We hope that some of the approaches we will be trialling in the coming year will help us to build other similar partnerships.

Trialling over the next 12 months:

1. Co-location of SDAS workers and smokefree advisors so that people can access support in one place.
2. Train SDAS and smokefree staff together to understand the motivation and barriers for their service users and share learning.
3. Offer support for reducing smoking, not just quitting - not everyone is ready to quit smoking but for some, reducing their smoking is the best outcome.
4. Support SDAS staff who smoke to access support if they want to quit.
5. Co-develop communication approaches with relatable messages that engage service users.

Our Somerset Smokefree Services: Support for Everyone

Most smokers want to quit, and many have tried lots of times already. Getting help and behavioural support makes you **four times more likely to quit for good** than if you try to quit alone. Our services are delivered by highly skilled and friendly Smokefree Practitioners who will focus on what matters most to you, so they can find you the best kind of support. All our services are free, including the Nicotine Replacement Therapy (NRT), vapes and prescription medications.

GoSmokefree

This is a **12-week treatment program** for anyone over 12 years old who smokes and lives, works, or goes to school in Somerset. Behavioural support is provided to help you find ways to break the psychological addiction of smoking, alongside Nicotine Replacement Therapy (NRT), vapes or prescription medications to help deal with cravings.

We can support you through community-based group sessions, face-to-face appointments, drop ins, telephone and online support. Our quit rates are some of the best in the country with about 65% of people who set a quit date going on to quit successfully.

Light Touch

This is a programme of digital support for those people who cannot attend appointments. Although we recognise that behavioural support is hugely beneficial when quitting smoking, it's not everyone's preferred choice. Light Touch gives you the tools to quit smoking by yourself, with a weekly text from a Health Improvement Practitioner and a 12-week provision of a vape and e-liquids.

Smokefree Families

This specialist service can support you to quit smoking if you are planning a pregnancy, are already pregnant or have just had a baby, or have children under 5, as well as supporting significant others. Our team works closely with midwifery services to contact people in the early stage of their pregnancy.

Our bespoke service combines the ease of phone support and home visits. We offer behavioural support combined with Nicotine Replacement Therapy (NRT), vapes or prescription medications (if suitable) to help you to become smokefree.

A smokefree families' journey: Hayley, 32

"I started smoking when I was a young teenager. In all honesty I enjoyed smoking - it was my 'go-to' in most stressful situations, it's a very addictive habit and part of me couldn't see how the Smokefree Families service would help. When I was first recommended, I wasn't sure I was ready to give up, I'd recently found out I was expecting my first baby and the changes that come with that can be daunting.

I started off on nicotine replacement patches with the idea of lowering the dose over time. Tracey was my 'help to quit practitioner' and I couldn't believe how understanding she was at times when I felt I couldn't give up. Within a few weeks I completely stopped smoking. Smokefree families was an amazing help to me and my family."

www.smokefreesomerset.org.uk smokefree@somerset.gov.uk 01823 356222

Mental Health

This report has identified that people with poor mental health have a much higher prevalence of smoking. And yet for people with a mental health condition, smoking cessation improves both physical and mental health and reduces the risk of premature death. **Everyone has the right to quit smoking.**

Improving smokefree support pathways for people with mental health illness is a key area of development for Somerset.

What are we already doing?

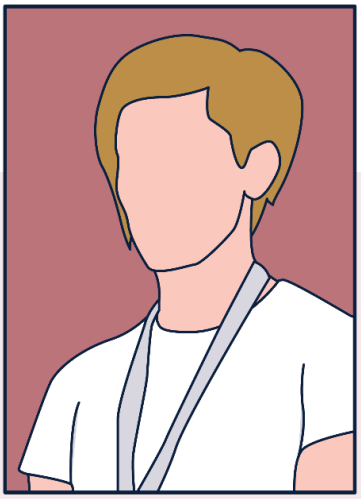
The treating tobacco dependency (TTD) programme has 100% coverage on all mental health hospital sites across Somerset.

- Every ward is visited once a week by trained TTD advisors; every inpatient has access to smoking cessation support. This includes NRT medications and secure device vapes for inpatients to help them quit or reduce smoking whilst in hospital.
- Two mental health sites are 100% smokefree with 7 more set to go smokefree in January 2025.
- A smokefree mental health site means that inpatients and their visitors will not be able to smoke on any of the grounds of the site. They can vape onsite.

What more can be done?

1. Build effective partnerships with mental health providers across Somerset.
2. Improve integration of smokefree support with mental health care pathways.

3. Train mental health staff to understand the importance of smokefree environments and develop innovative support methods.
4. Co-production with smokefree mental health services and service users to create effective smokefree support pathways.
5. Co-develop communication strategies to address the myths around smoking and mental health and promote the benefits of quitting.



Case Study

Kate Beaumont - Maternity Matron working at NHS Somerset

What is your role? I am responsible for maternity inpatient settings in Yeovil and have lead responsibility for smoking cessation pathways in maternity across Somerset. I work closely with the Smokefree Families team, supporting people to quit smoking during their pregnancy.

There is strong evidence that smoking is still our most modifiable risk factor for improving pregnancy outcomes. We do see locally that it has an impact on the healthy growth of the baby and a safe pregnancy for both mum and baby. Often women that smoke are more likely to be induced because their baby is small, which often then leads to a knock-on effect of further maternity input due to the increased associated risks.

Why is it important? We have a national mandate as part of improving maternity safety through the Saving Babies Lives Care pathway to support women and their partners to quit smoking.

Our local offer includes supporting anyone planning a pregnancy, pregnant or when they have experienced a loss. Encouraging women to access the services as early as possible in their pregnancy helps reduce further risks in pregnancy.

What more can be done? Although our smoking rates during pregnancy are dropping in Somerset, we do worry that the people still smoking need different interventions or support. Continuing to ensure that local support to help women quit is based on their needs and taking a personalised care approach is fundamental.

''I'm actually very inspired by my baby – I wouldn't want to be a parent who teaches their child a smoking habit because I know how addictive it can be." *Somerset new parent*

Working with Communities

Supporting all our smokers to quit needs a whole community approach, harnessing the powerful ripple effect of individuals taking action for a Smokefree Somerset. We want to ensure that national messages and our local support offers are relevant to our Somerset populations. Especially for some of our priority groups this means working with communities to both reach certain groups and co-develop appropriate messages and support.

Communications and Engagement

There has been little investment in communications and engagement targeted smokefree work across Somerset in the last decade. Success in other areas has focused on sharing stories and learning from people with lived experience, smokers who have quit or are attempting to. Our ambition for Somerset is to work with partners and local communities to understand and co-produce messaging that will engage and support our priority groups. Part of this should include building a network of people that can share their stories and experience to inspire and enable others like them to quit smoking.

What are we already doing?

The diagram below outlines our approach for developing a local smokefree communication and engagement strategy, partnering with local stakeholders and communities.

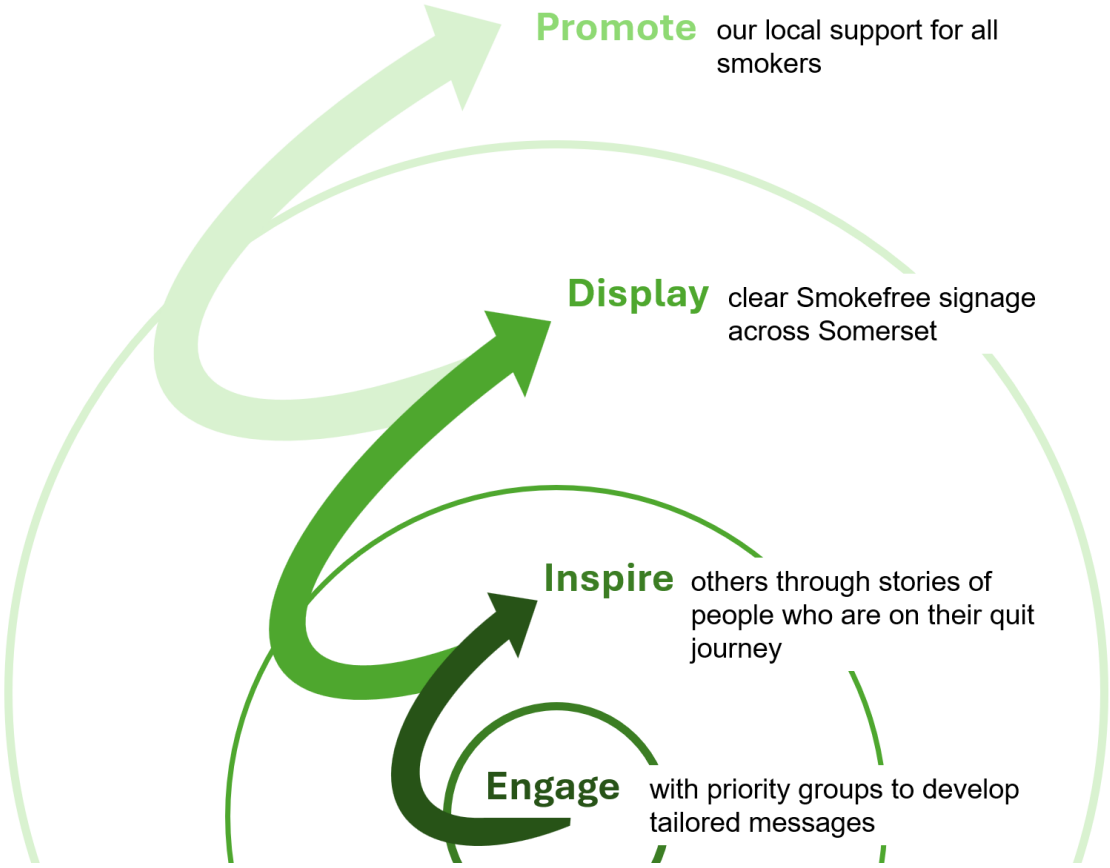


Figure 15. Smokefree Communication and Engagement Strategy

What more can be done?

1. Collaborate with more partners across the system engaging with priority groups.
2. Invest in longer-term sustainable communication and engagement campaigns with wider reach across the Somerset population.
3. Collaborate with primary and secondary care workforce to co-develop communication messaging for Smokefree Somerset.
4. Develop a network of community ambassadors that are a trusted voice in the community and can champion healthy lifestyle messaging, including smokefree.
5. Ensure community participation is integral to the ongoing development of resources and feedback on effectiveness of messaging.

Behavioural Science

Behavioural science has already helped us to understand a bit more about what people living in social housing might need to stop smoking, as shown in the case study below. Using this approach with other priority groups must play a key role in helping to inform further changes to our local smokefree support offers.

What more can be done?

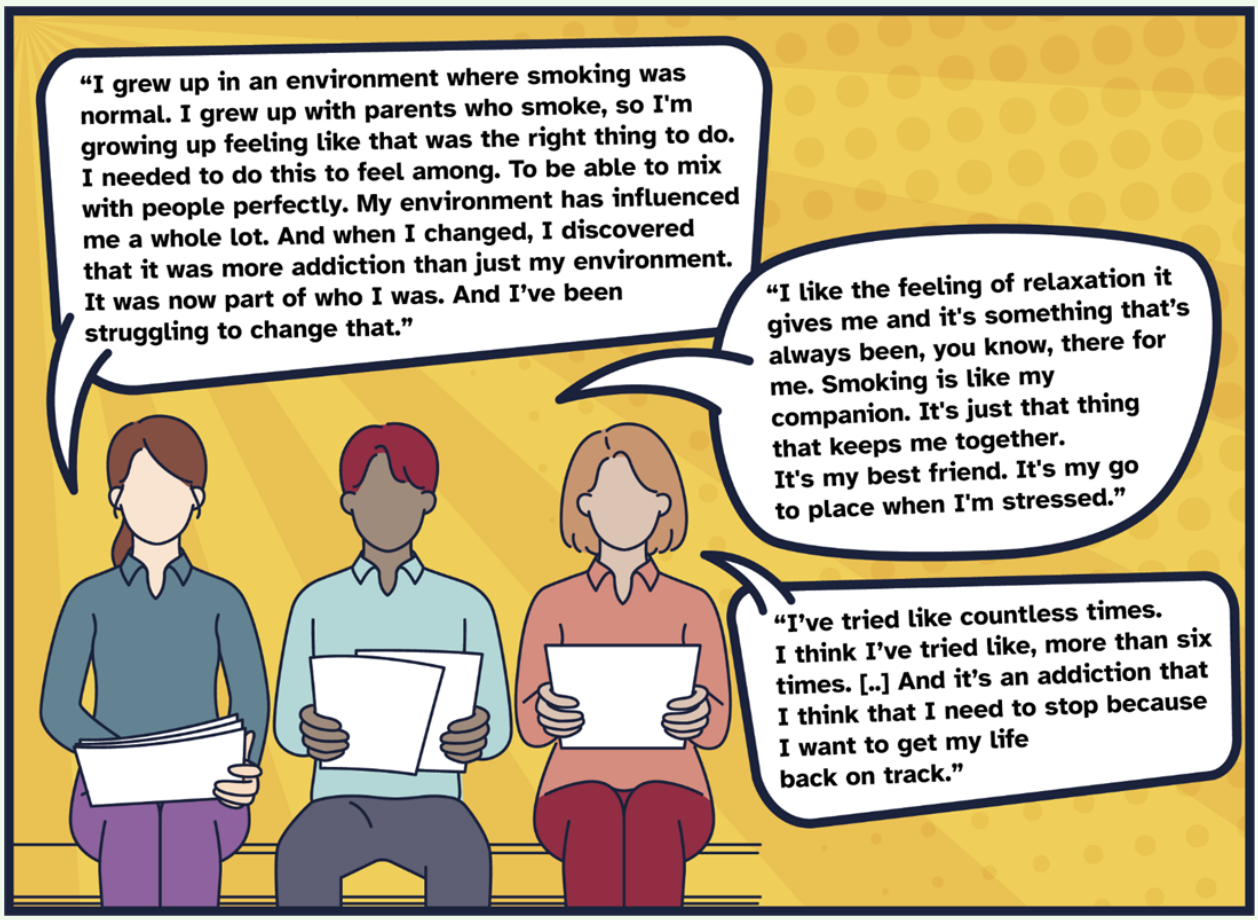
1. Include behavioural science in development of communication and engagement approaches.
2. Deliver more targeted work with health inequality groups, such as the social housing example below, to shape future support offers and increase understanding of the enablers and barriers for different groups to quit smoking.
3. Work with healthcare settings and organisations to develop proactive and positive messaging to engage smokers; for example, primary care sending text messages to patients who smoke, promoting local support offers.

Spotlight

Behavioural Science and Social Housing

Those living in social housing are one of our priority groups to support, as seen in Chapter 2. Social housing providers can be in a unique position to support their resident's health and wellbeing. The Somerset public health behavioural science team carried out social housing focused research in 2023, to establish a better understanding of the motivations for people living in social housing to smoke and their barriers to quitting. Key learning from these focus groups showed:

- Smoking is deeply ingrained within the lives of people living in social housing.
- Smoking is a tool to help cope with challenges in everyday life and so makes it harder to quit.
- People want to quit but don't know how to access support or what is available.



What more can be done?

The behavioural science project has given us important areas for further development:

1. Collaborate with social housing providers and residents to develop local support that meets their needs.
2. Tackle social norms around smoking by working with ex-smokers as role models and promoting joint quitting amongst residents.
3. Collect better data on smoking prevalence among social housing residents.
4. Training to housing provider staff on smoking cessation and understanding of local support.
5. Promote smokefree places and homes.
6. Work with GP services to address disparities in GP referrals.
7. Co-develop local promotion and communication strategies.
8. Explore new models of care, such as peer mentor led groups, and integrate with other local health and wellbeing support such as physical activity, mental health and cookery.

Working with organisations

Workplaces

What are we already doing?

We have recently created free resources for workplaces to help them to develop smokefree policies in line with the evidence presented in Chapter 4. There is a tailored support package available from the Smokefree Service, including workplace interventions and tailored smokefree advisor support for employees.

Somerset Council has committed to leading the way as a Smokefree Somerset Workplace by revising the Local Authority Tobacco Control Declaration which includes commitment to:

- Providing signage across estates, with smokefree branding
- Developing a robust smokefree policy for staff, including helping employees to quit
- Strengthening policies around not working with or taking any favours from the tobacco industry
- Supporting planning and licensing to ensure tobacco and vapes shops are limited and not in catchment areas where there are children and young people
- Supporting trading standards to enforce the laws around tobacco and vapes

What more can be done?

1. Workplaces should be encouraged in the important role they can play and the benefits to taking action to go smokefree. We need more workplaces across Somerset to utilise our resources, access our training and commit to becoming a Smokefree Somerset workplace.
2. Workplaces have a responsibility to ensure they have a smokefree policy that adheres to smokefree legislation, be able to promote smokefree messaging and activities in employee wellbeing activities and allow staff time to access stop smoking support.

Schools and Projects for young people

We saw in Chapters 1 and 2 that most long-term smokers started young. Although there has been a decline in young people starting smoking, this is still a crucial focus for us if we are going to break the cycle of tobacco dependency.

As well as ensuring we have adequate policies and infrastructure in place to stop young people smoking, we must also tackle the rising trends of young people vaping. You only need to walk around a Somerset town to see the impact vaping has had on young people in recent years.

What are we already doing?

There is a range of resources, policies and smokefree toolkits available for schools, colleges and youth groups to access including:

- **Secondary schools**: the INTENT[4] programme for schools - lesson plans on preventing smoking and vaping.
- **Primary schools:** 'Jenny and the Bear' is a smokefree resource for teachers supporting younger children in understanding the risks of smoking and positive messaging'.
- **Behavioural support**: Jointly designed by school nurses and smokefree service for young people to quit vaping and smoking, available in school and community settings.
- **Resources and Policies:** All smokefree schools can access for free the Somerset Smokefree Toolkit and resources here - Smoke_free_Tool_Kit.pdf

What more can be done?

1. We have some excellent examples of what can be done by educational settings to address smoking and vaping in young people such as the example from Bridgwater & Taunton college below – BUT we need all schools and colleges to commit to such approaches.
2. All Schools and colleges should include smokefree and vape free work in their general wellbeing support to young people and ensure use of programmes to support and prevent smoking and vaping.
3. Young people should be included in the development of smokefree and vape free messaging and projects.
4. Increase reporting of underage sales of vapes and tobacco to trading standards by education staff, young people, families and community groups.
5. Health visiting services (who visit families in the first weeks and months following a birth) to support smokefree pathways including through Carbon Monoxide testing for new parents.
6. School nurses to lead a focused 'chat health' campaign around smoking and vaping for young people.

[4] INTENT is a smoking prevention programme for adolescents, find out more here What is INTENT

Case Study

Laura Watkins -
Health & Lifestyle Co-ordinator
Bridgwater and Taunton College

At Bridgwater & Taunton College, we strive to support staff and students in quitting smoking. We noticed many students have started vaping without having smoked before. Promoting smoking cessation is challenging as young people often disregard the health risks. This year, we focused on debunking beliefs about smoking's benefits. Surveys and conversations revealed common reasons for smoking:

- To relax and manage stress
- Fear of weight gain
- Social activity with friends

To address these, we developed a plan:

- Trained 4 staff members in Mindfulness for 12-18-year-olds to support stress management for those quitting smoking.
- Plan to provide fidget toys for anxiety management.
- Offer regular guided relaxation sessions.
- Support healthy eating habits to avoid using food as a smoking replacement.
- Explore hypnotherapy options for interested study

Mindfulness at Bridgwater College

Sarah, a 17-year-old student, reached out to the College Health Team about her sleep problems and her wish to quit smoking. She began smoking at 15 due to peer pressure, and her parents, who also smoke, recently discovered her habit.

Sarah is experiencing significant stress from her hairdressing course, family responsibilities, part-time job, and a recent breakup. She has three younger siblings, one with additional needs, and works evenings and weekends at a restaurant. Despite her busy schedule, she dreams of owning her own salon one day.

Sarah was not interested in nicotine replacement therapy (NRT) or vaping, fearing they would become new habits. She struggles with sleep, often waking up and smoking at night. We discussed how smoking affects brain chemicals and increases stress, despite the belief that it helps with stress.

Sarah was open to trying mindfulness to reduce stress and agreed to monitor her carbon monoxide (CO) levels. Over two sessions, she reduced her smoking and CO levels. We practiced mindfulness techniques, including reframing worries and body scans. Sarah felt ready to set a quit date and has now been smokefree for three weeks. We continue to meet for mindfulness sessions to manage life stresses.

Health Care Settings

Being admitted to hospital can be an important time for someone to think about their health behaviours, and healthcare environments have a role in setting the standard for helping people to be healthier.

With over 5,000 hospital admissions a year in Somerset related to smoking, supporting healthcare settings to become fully smokefree both for staff and patients where they work, and visit, is essential.

What are we already doing?

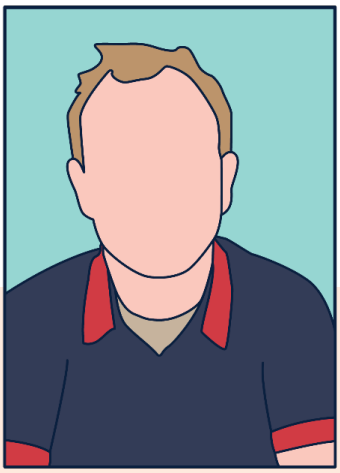
Treating Tobacco Dependence was launched in 2023, and is a small hospital-based programme with trained smoking cessation advisors that can see anyone who is an inpatient or waiting for an operation and provide them with advice, behavioural and NRT support. Once discharged, individuals are referred on to Go Smokefree for ongoing support in the community.

The NHS Smokefree pledge, signed in October 2022 by Somerset NHS Foundation Trust, committed to providing support and stop smoking medications in hospital settings and providing smokefree environments with effective smokefree workplace policies in place.

What more can be done?

1. Achieve 100% of inpatients being asked whether they smoke and provide access to behavioural support and smokefree medications. Currently the average is 50%.
2. For healthcare sites, including hospitals, to become truly smokefree they require good smokefree signage, effective smokefree workplaces policies and a culture adopted by all staff to enable and support people to quit smoking including staff, patients and visitors.
3. All healthcare staff should be trained to provide very brief advice in smokefree

Case Study



Steve Holmes – NHS Somerset Clinical Respiratory Lead

What is your role: I am a general practitioner and have worked for many years with my specialist colleagues and the health service to try to encourage and support services for people with lung disease. I think that primary care has an important role across the system to support people in quitting if they smoke, well before they get any medical problems.

How is the service doing: The NHS is under great pressure at the moment – and this pressure is felt heavily in primary care where our resource has been more limited. However, we all know how hard it can be to quit, we know that many people have several attempts – and even though we are busy we would be delighted to help any person who wishes to quit use the best evidence available (which is professional support and the medications). It might seem difficult to believe but virtually every clinician in the health service is wanting to do a really good job in challenging times and working hard to try to achieve this. Helping someone to quit smoking is one of the most important interventions in health with more evidence for benefit than many operations and costly treatments.

What more can be done: It would be great if everyone in Somerset (and wider) helped to encourage and support people who smoke to find ways to quit. It is hard to stop, and most people need several attempts but over time we are slowly winning the battle. The interventions in primary care are simple and proven to be effective and will give those of us who smoke a better chance of quitting. Please contact your surgery or seek out Smoke Free Somerset if you want help.

Implementing policy work

Here you will see some of our progress so far in implementing policy work as outlined in Chapter 4.

Somerset Tobacco Alliance

What are we already doing?

The Somerset Tobacco Alliance is a multi-partnership group chaired by public health, which meets quarterly.

Partners include primary and secondary care, the Integrated Care Board (NHS), trading standards, environmental health, fire service, education, voluntary and community sector, waste partnership, and community health partners.

The aims of the alliance have been to:

- Strengthen multi-agency working
- Reduce health inequalities caused by smoking
- Reduce smoking in pregnancy
- Protect children and young people from the harms of smoking and vaping

What more can be done?

1. More sign up from system leaders to show commitment to tobacco work.
2. Some key partners are missing from the partnership; the alliance welcomes more partnership from local business and educational partners.

3. The group needs clearer governance to support ongoing progress to meet the 2030 targets.
4. Improve monitoring of system performance against actions and sharing success with partners.
5. Distribute funding grants for community organisations to address youth vaping.

Trading Standards

What are we already doing?

Trading Standards are a key partner on the Somerset Tobacco Alliance. They conduct regular checks on local business, provide local intelligence and address underage and illicit sales of tobacco and vapes. Trends in Somerset show that there is a shift away from non-duty products not in plain packaging. Most cheap products are now counterfeit but in plain packaging, and the distribution and sale of counterfeit products are often linked to Organised Crime Groups and other criminal activity. If Trading Standards are going to be effective in implementing new policy and legislation across Somerset, they will need more investment.

What more can be done?

1. Encourage more reporting to trading standards to help minimise underage and illicit sales. Anyone can report anonymously to trading standards
2. Support educational settings on preventing sales of underage vapes from local shops and online.
3. Encourage local businesses to sign up to the 'Buy with Confidence' scheme.

Case Study

Trading Standards – A small convenience store, Taunton

Enforcement activity was undertaken following numerous reports of underage sales of vapes, tobacco or cigarettes and sale of illicit / non-duty paid tobacco and cigarettes.

Trading Standards Officers visited and carried out an inspection. They seized some oversize vapes, which provide too much nicotine and found a concealed hydraulic compartment in the floor, which contained 347 packets of cigarettes and 108 pouches of hand rolling tobacco – all suspected as non-duty paid or counterfeit.

Chapter Six

Recommendations: Going all in for a Smokefree Somerset

We have made significant progress in reducing smoking rates over the past 20 years, but we now need to go further and faster. The recommendations within this report require us to work together across Somerset to create Smokefree environments through bespoke, local actions at individual, community, organisational and policy levels.

Policy and Leadership

1. System leaders from across sectors to show commitment to tobacco work. The Somerset Board and constituent organisations should commit to a refreshed Local Declaration on Tobacco Control, including a commitment to not work with tobacco companies.

2. Support to Trading Standards to enforce the new tobacco and vaping legislation.

3. Development of a Somerset system-wide set of performance measures for progress against our target of 45,000 people quitting by 2030.

Organisations and institutions

4. Support local workplaces to develop smoke-free policies that adhere to smoke-free legislation, public sector organisations in Somerset should be exemplar employers.

5. Specific commitment across our health services to develop stop smoking services at hospital sites. 100% of patients should be asked if they smoke and offered support to stop.

6. 100% of pregnant women and partners should be screened using carbon monoxide monitors at booking and throughout pregnancy and provided with appropriate support.

7. Support schools, hospitals and care infrastructure to develop and embed clear policies for smoking and vaping.

Communities and individuals

8. Launch new, fresh communication and training campaigns that take a compassionate approach to smoking, supporting front line workers and members of our communities to have non-judgmental Very Brief Advice conversations about stopping smoking at every opportunity and signpost to support.

9. Strong engagement with people in Somerset to develop a new Somerset-wide action plan which develops services to meet the needs of people to stop smoking and protects people from second-hand smoke and smoking-related behaviour.

10. Focus our support on groups with the highest rates of smoking, use behavioural science research to understand what will work best to help them to stop smoking as well as to create supportive Smokefree environments that prevent starting.

Conclusion

This report highlights the burden of smoking for Somerset. Addiction to tobacco robs our population of over 13,500 years of healthy life every year, with significant consequences for every person that smokes, their families and loved ones, our health and social care system, and our wider economy. We have also seen that because certain population groups are more likely to be targeted by the tobacco industry, be in environments that promote smoking and have more challenging life situations that make it harder to quit, our health inequality groups are the ones who bear the greatest burden. These same groups then become trapped in intergenerational cycles of poverty and disease that smoking causes.

It is time for us to make this the End Game for tobacco. We have a unique opportunity to act, in line with new national policy, legislation and targets, to achieve just 5% of our population smoking by 2030.

To reach this 2030 target we must help 45,000 people to quit. We must also ensure that our children and young people, pregnant smokers, those with mental health conditions, drug and alcohol addictions, those living in social housing or areas of deprivation, working in routine and manual labour, and inclusion health groups receive our greatest support.

We can no longer carry on as we have done, assuming smoking is down to individual choice and waiting for those who are already in supportive environments and motivated to quit to come to our smoking cessation services. If we do just carry on, at best we might see 16,000 people quit by 2030. Not only will we be almost 30,000 short of our target, but most of those who quit will not be from our priority groups with the highest smoking rates, causing health inequalities to widen.

In this report we have described a new way, showcasing emerging evidence for what works, and some of the excellent work and partnerships that have started to develop across our county. We must maximise the opportunities that national policies and legislation give us, ensure our institutions and organisations are positive and supportive environments for people to quit, design and communicate flexible support offers that match with what people need to quit, and equip our front line workers and communities to be able to have non-judgemental, supportive conversations with people that smoke about why and how they might stop.

Although the work to implement these recommendations will not be easy, by committing to action them, together we can make a Smokefree Somerset once and for all.


I stopped vaping with help from my college
All of us should have conversations about stopping smoking
My mate at work managed to quit and inspired me to as well
I'm so grateful I can bring my baby into a smokfree home
I'm glad my doctor suggested I consider quitting

Smokefree Stories of Somerset

Thank you to everyone who shared their stories of quitting smoking and quit attempts. Your experience and successes are inspiring others to become smokefree in Somerset. For more stories and information visit www.smokefreesomerset.org.uk

A Smokefree Journey: Peter, 77 years old from Bridgwater

“I’m Peter from Bridgwater, and a heart attack at 77 made me realize it wasn’t too late to quit smoking. I had smoked for over 50 years, starting young due to peer pressure while working in a foreign city. Despite knowing the harm, I always found excuses to delay quitting, thinking the damage was already done.

The heart attack was a wake-up call. I joined the 'Smokefree Somerset' group in Bridgwater and have been attending meetings enthusiastically since leaving the hospital. The weekly meetings are incredibly helpful. Sarah, the course leader, is calm, supportive, and helpful. Listening to others' struggles and successes in quitting smoking is personally rewarding and fortifying for me. Sharing similar experiences with people who have faced the same challenges has been very beneficial.

I wish I had quit smoking years ago and regret making excuses to delay. The best time to quit is always now.”

A Smokefree Journey: An Anonymous Client’s Story

“For 52 years, smoking was a part of my daily life. It wasn’t until I started experiencing chest pains that I decided to see my local GP. The chest scan revealed the early stages of COPD, and soon after, I was diagnosed with prostate cancer. This double diagnosis was the wake-up call I needed.

I kept reminding myself that this was for my health. The key was getting my mindset right and finding the best method to quit. For me, it was using patches and spray.

If I can do it, anyone can. Despite having a very addictive personality, I managed to overcome this hurdle. Remember, it’s all about finding what works best for you and staying committed to your health.”

References

[1] Advancing our health: prevention in the 2020s - GOV.UK

[2] Why do smokers start? on JSTOR

[3] Digital Advertising to Children | Pediatrics | American Academy of Pediatrics

[4] Smoking Statistics - ASH

[5] The economic impact of smoking - ASH

[6] Tobacco Industry Targeting Young People - Tobacco Tactics

[7] Nicotine dependence | CAMH

[8] The value of compassionate support to address smoking: A qualitative study with people who experience severe mental illness - PMC

[9] https://ash.org.uk/uploads/Smoking-Statistics-Fact-Sheet.pdf?v=1697728811

[10] Secondhand smoke - ASH

[11] Smoking, Pregnancy and Fertility - ASH

[12] Smoking during pregnancy – RCPCH – State of Child Health

[13] Young people and smoking - ASH

[14] Youth-Smoking-Fact-Sheet-2024.pdf

[15] PowerPoint Presentation

[16] Health Matters: Smoking and mental health – UK Health Security Agency

[17] Smoking cessation for improving mental health - Taylor, GMJ - 2021 | Cochrane Library

[18] Smoking and Mental Health - ASH

[19] Smoke-free leave for patients in a mental health hospital - Health Research Authority

[20] ASH-Housing-LIN-Smoking-and-Social-Housing-May-2022.pdf

[21] Adult smoking habits in the UK - Office for National Statistics

[22] University research reveals smokers take 2.7 extra sick days per year - The University of Nottingham

[23] This company gives non-smokers paid leave for 'lost cigarette breaks' - BBC Three

[24] Ending smoking could free up 75,000 GP appointments each month

[25] ASH at 50: Nearly 8 million lives in the UK lost due to tobacco since 1971 - ASH

[26] Decline in cigarettes smoked per day in England is stalling | UCL News - UCL – University College London

[27] Creating a smokefree generation and tackling youth vaping: what you need to know – Department of Health and Social Care Media Centre

[28] Adult smoking habits in the UK - Office for National Statistics

[29] The smokefree 2030 ambition for England - House of Commons Library

[30] Smoke-free generation: tobacco control plan for England - GOV.UK

[31] The Tobacco and Vapes Bill 2024 - GOV.UK

[32] NCSCT STP LR v7.fh11

[33] Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers | BMJ Open

[34] Top Line Findings - Graphs - Smoking in England

[35] ASH Guidance 2022 The-End-of-Smoking

[36] Very brief advice on smoking (VBA)+

[37] Communications-Evidence-Into-Practice.pdf ASH 2021

[38] Smokefree workplaces – UK Health Security Agency

[39] Smokefree England, advice for Employers and Businesses

[40] Recommendations on preventing uptake | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

[41] ASH-guidance-for-school-vaping-policies.pdf

[42] School-based programmes for preventing smoking - Thomas, RE - 2013 | Cochrane Library

[43] ASH Guidance 2022 The-End-of-Smoking

[44] Stubbing out the problem: A new strategy to tackle illicit tobacco - GOV.UK

[45] The dangers of counterfeit cigarettes | University of St Andrews news