

Smoking Prevalence



15.1% of adults are current smokers, 2018.*



24.7% of adults in routine and manual occupations are current smokers, 2018.



13% of secondary school pupils surveyed in 2019 had tried a cigarette.*



3% of secondary school pupils surveyed in 2019 smoked at least weekly*

Smoking Prevalence in adults (18+) - current smokers (APS) New data 2018

| Area | Count | Value | 95% Lower CI | 95% Upper CI |
|------------------------|-----------|-------|--------------|--------------|
| England | 6,321,931 | 14.4 | 14.2 | 14.7 |
| Northamptonshire | 86,813 | 15.1 | 12.7 | 17.6 |
| Corby | 10,364 | 19.7 | 11.5 | 27.9 |
| Daventry | 10,538 | 16.1 | 7.9 | 24.3 |
| East Northamptonshire | 7,220 | 9.9 | 4.9 | 14.8 |
| Kettering | 12,750 | 16.5 | 9.0 | 23.9 |
| Northampton | 29,632 | 17.2 | 12.2 | 22.1 |
| South Northamptonshire | 5,124 | 7.2 | 3.1 | 11.2 |
| Wellingborough | 12,068 | 19.9 | 11.4 | 28.3 |

Smoking rates are almost **2 times higher** amongst the lowest earners compared to the highest earners, 2018.

Smoking in Pregnancy

13.7% of women were smokers at time of delivery in 2018/19.

Corby (20.6%) is 4th Highest in England for smoking status at time of delivery.

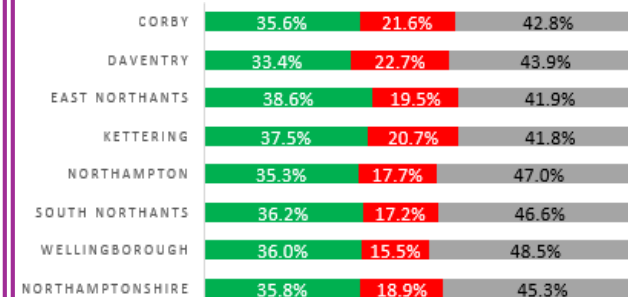
47.3% of pregnant residents who set a quit date stopped smoking in 2018/19.

JSNA: Smoking Needs Profile identifies 14 smaller areas within Corby, Northampton and Wellingborough with a combination of risk factors for smoking in pregnancy targeted services.

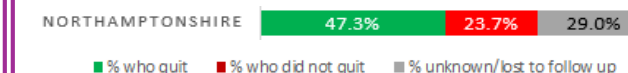
Smoking at time of delivery increases the risk of **premature birth and neonatal complications**, as well as **miscarriage and still birth**.

Quit Smoking Rates

Proportion of residents setting a quit date with a stop smoking service who quit, did not quit or unknown, 2018/19 ^



Proportion of pregnant residents setting a quit date with a stop smoking service who quit, did not quit, or unknown in Northamptonshire, 2018-19



Health Burden

1,748

smoking attributable hospital admissions per 100,000 people in 2017/18

584

emergency hospital admissions for COPD* in 2017/18

135

Hospital admissions for asthma per 100,000 under 19s in 2017/18.

262.7

smoking attributable deaths per 100,000 people in 2016-18.



Tobacco is the leading risk factor in disability and early death.

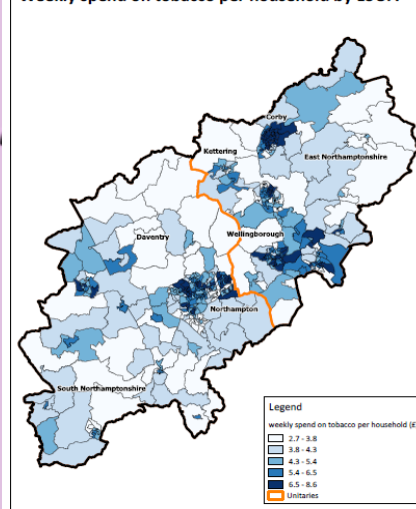
NEARLY 1 in 8+ ~



13.2% of people who have completed a health check were identified as current smokers in 2018/19 and present an opportunity for onward referral to stop smoking services.

The younger the age of uptake of smoking, the greater the harm is likely to be.

Weekly spend on tobacco per household by LSOA**



© Crown copyright and database rights 2019 Ordnance Survey license no. 100019331. Created by Public Health Intelligence, Northamptonshire County Council.

Costs

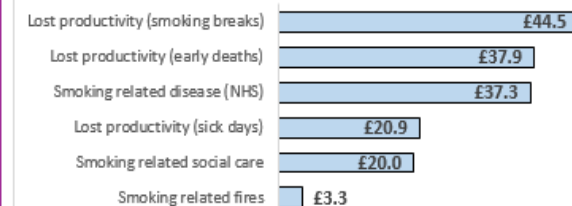
Estimated annual cost of smoking to society is

£163.9m

It is **£1,771** per smoker.

Cost per quitter is **£671.**

Estimated cost of smoking in Northamptonshire (annual cost to society £millions) (Action on Smoking and Health Ready Reckoner Tool v 6.9)



Vision:

For Northamptonshire to become a tobacco free county.

Tobacco remains a leading cause of preventable ill-health and death. The call to action highlights there are inequalities across the county and large system costs associated with tobacco use. A coordinated and comprehensive approach to tobacco prevention / control across Northamptonshire will make smoking less accessible, acceptable and desirable.

Our Priorities/Objectives

Whole system approach

Smoking and tobacco control requires a broad system approach through legislation and policies changes, changes to environments alongside public health messaging and interventions.

Achieved through:

- Partnership working (health , local government, workplaces, schools).
- The Northamptonshire Tobacco Alliance will have strategic oversight of activities to support Northamptonshire to become tobacco free.

Prevention of access

Reduction of public access to low cost tobacco products.

Increase smoke free workplaces and places.

Achieved through:

- Effective enforcement.
- Education.
- Social marketing - targeted and refining messaging.
- Smoke free policies for workplaces.

Offer help to quit

Right services at the right time.

Achieved through:

Universal and targeted provision:

- Smoking in pregnancy
- Long term conditions (including mental health)
- MECC* approach
- Workplaces
- Young people - towards a smokefree future
- Universal services

Evidence based approach

We will champion and use effective techniques and via engagement work with partners and partner research, design both at scale and tailored approaches to reduce tobacco smoking.

Achieved through:

- Joint Strategic Needs Assessment (JSNA).
- Return on Investment (ROI) tools.
- Evaluation.
- Adoption of national policy e.g. Tobacco Control Delivery Plan (2017-22).

Our Commitment/Enablers

Reducing inequalities: services which mitigate inequalities and work to overcome variations - by location, approach and policy.

Setting up a county wide Tobacco control **Partnership** and developing an action plan

Continued investment in prevention and quitting, better access to target populations and promoting MECC*.

Ensure we work with partners to embed the commitment of the **NHS Long Term Plan** to ensure everyone admitted to **hospital** who smokes will be offered help and support to quit.

Ensure we **work with partners** to embed the commitment of the **NHS Long Term Plan** to ensure there is **universal offer** of smoking cessation available as part of specialist mental health services.

Measures of Success

- Reduce smoking prevalence to below 12% in the adult population by 2022.
- Increase the number of smokers setting a quit date to above 4,400 by 2022.
- Reducing smoking at time of delivery below 10% by 2025.
- Increase the annual number of smokers who achieve a quit at 4 weeks to above 2,000/ year by 2023.
- Increase the percentage of quit dates set by routine and manual workers from 24% of our overall figures (18/19) to 30% by the end of 2021.
- Reduce smoking prevalence in adults with a long term mental health condition to below 30% by 2025..