Tobacco Control in Wiltshire

A Health Needs Assessment

2024

Acknowledgments

This health needs assessment has been compiled by Wiltshire Council Public Health Team: Isabel Hobbs, Marie Fitzgerald, Helen Aston, Katie Davies and Gemma Dummett. The team would like to thank all of those involved in the production of this report for their valuable contributions, support and expertise, particularly the Wiltshire Tobacco Control Alliance.

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Key findings

Tobacco addiction is the single biggest preventable cause of ill health in England and Wiltshire, it is the biggest modifiable risk factor contributing to the high rates of premature death and cardiovascular disease. Local and national data shows that although Wiltshire's smoking prevalence is lower than the national average and gradually decreasing, this masks the persistently high rates in priority populations as shown below.

Population	National	Local
All adults [3, 34]	11.6%	10.6%
Women [3]	9.9%	11.2%
Men [3]	13.4%	10%
Children and young people [24]	3.3%	2.4%
Smoking at time of delivery [37]	8.8%	6.6%
Routine and manual workers [3]	19.5%	14.5%
LGBTQ+ [51]	23.1%	N/A
Social housing [3]	24.9%	26%
Long-term mental health conditions [3]	25.1%	23.2%
Serious mental illness [3]	40.5%	40.1%
People experiencing homelessness [3]	76-85%	N/A
Gypsy, Roma, Traveller, Boater [47]	N/A	26.6% - 57%
Substance Use [3]	43.9 – 70.2%	33.6% - 67.7%

Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities. The high smoking rates in those experiencing the greatest disparity underlines the need for tailored interventions and the importance of a whole systems approach to smokefree Wiltshire.

Co-production with these priority populations needs to be at the centre when producing alternative smoking services to meet their needs. Steering this will be the Wiltshire Tobacco Control Alliance who represent the Wiltshire population. Actively ensuring the alliance continues, even when smokefree targets have been met is vital.

Children and young people need to be protected from the harms of smoking and vaping. Appropriate marketing and communications, in consultation with those who have lived experience of smoking, to raise awareness of the harms of illicit tobacco and promote services, is crucial so that people continue making quit attempts even after an unsuccessful attempt.

Recommendations

There are seven recommendation themes, found below. Actions associated with each recommendation have been propagated on a separate 'Action Plan' which will be used by the Wiltshire Tobacco Control Alliance to drive a Smokefree Wiltshire.

Develop a whole systems approach through partnership actions:
Reducing smoking is everyone's business. Co-production and collaboration with service users, priority groups, and stakeholders should be actioned by members of the Wiltshire Tobacco Control Alliance to ensure the needs of priority population are met effectively and are equitable across the county.

Protect children and young people from the harms of smoking and vaping:
Primary prevention is extremely effective. Interventions that target children and young people to prevent them from smoking can reduce smoking prevalence. Using stop NRT smoking aids alongside behavioural support is the most effective way to support a pregnant person to stop smoking during, and after pregnancy. This protects foetuses and children from health risks in later years.

De-normalise smoking:
To protect others from second-hand smoke exposure, the number of smokefree sites needs to be expanded to include community areas. Removing exposure to smoke will aid with the de-normalisation of smoking.

Tackle illicit and illegal tobacco:
The sale of illegal and illicit tobacco and vapes undermines the government's target of Smokefree 2030. Mapping intelligence of locations selling illegal and illicit tobacco and vapes, particularly those supplying to underage, is a priority for Wiltshire Trading Standards, with investment needed to match additional workload for enforcement.

Tailored and targeted provision to reduce inequalities:
Collaboration with Wiltshire's smokefree providers, to deliver a targeted provision for populations at greater risk of smoking related harms is vital. Specific focus should be given to increasing accessibility of the stop smoking services in priority groups to further reduce health disparities.

Communication and marketing:
There is a lack of public awareness of the local stop smoking support services. Clear marketing around the benefits of being smokefree, and the support available to achieve this needs to be driven into the public eye. To improve the public's perception of adult vape use will improve attitudes around vaping, communications around the benefits of vapes as the most effective stop smoking aid and clear messaging that vapes are not promoted for never smokers or children and young people.

Increasing provision and upskilling:
Training around opportunistic consultation and brief interventions should be provided to resident-facing teams to equip them with the skills and knowledge to have conversations around stopping smoking and be able to make referrals. Additionally, the capacity of smoking support services needs to be increased throughout the county to meet this demand.

Background:
Smoking remains the single biggest cause of preventable death and ill health in England. Smoking reduces life expectancy and quality of life, with around half of life-long smokers dying prematurely and losing, on average, 10 years of life[1]. Smoking causes respiratory disease, heart disease as well as multiple types of cancer, particularly in respiratory system, e.g. lung, which are the leading causes of death in Wiltshire[2]. In 2019, an estimated 1,496 deaths in Wiltshire were attributable to smoking. Smoking kills at least 42 people a month in Wiltshire (500 a year)[3].

The national average spend on tobacco is £2,486 per smoker, equating to Wiltshire smokers spending an estimated £101 million on a combination of legal and illicit tobacco. Smoking is estimated to cost Wiltshire £311 million per year. This is made up of £16.1 million lost on healthcare, £105 million lost on social care, £2.57 million lost on fires caused by smoking, and £187 million on loss of productivity[4].

Smoking is a modifiable risk factor. Effective tobacco control measures and local stop smoking services, focusing on primary prevention and the treatment of addiction to nicotine, can reduce smoking prevalence.

Purpose:
A Health Needs Assessment (HNA) is a public health tool that identifies unmet health and healthcare needs of a population. It provides evidence to guide services and interventions which addresses health inequalities. It explores issues faced by population(s) and barriers accessing services and helps to determine priorities for the most effective use of resources. Preventing young people from smoking in the first place and helping current smokers quit will have significant benefits on our local system and residents. In addition to the health impact of tobacco use, this HNA considers the wider impact of smoking on society such as widening health inequalities, employment and smoking-related fires.

Aim:
The aims are to review local data (where available) on smoking prevalence for specific populations, gain insight from resident experiences of local stop smoking services, understand the complex factors impacting on local tobacco control, identify and understand gaps in service provisions in prevention and treatment. This all informs actions for the Wiltshire Tobacco Control Alliance. The relevant key findings, data insights, ‘what works’, identified gaps and recommendations for each priority groups will be detailed in their respective sections within the HNA.

Scope:
In scope are locally determined activities across health, education, voluntary and community sector, and local authority organisations. Out of scope is wider tobacco use such as cannabis smoking, heated tobacco products and nicotine pouches.

Methodology, data caveats and limitations

Local and national data extracted from the Public Health England Fingertips database and the Action on Smoking and Health (ASH) Ready Reckoner and Inequalities Dashboard are used throughout this HNA. Some limitations of these data sets include selection bias, respondent bias, large confidence intervals, and use of self-reporting for smoking status (APS). GP data is only updated upon patient request and might not capture population groups that are less likely to be registered with a GP. There is a lack of local data for multiple priority groups e.g. those with poor mental health, which is not available in either of these databases, so local partnerships to fill data gaps are necessary.

Public Engagement:
Public insight was gathered through mixed method surveys. Insight from young people (aged 11 to 16) was captured through an online survey to better understand the behaviours, attitudes and support needs concerning smoking and vaping; similar surveys were also available to school staff and the pupils' parents. This has been published on Wiltshire Intelligence[5]. The largest limitation was that the sample size of young people was significantly smaller than the estimated population of 11-to-16-year-olds and might not be a true reflection of the population's views. Insight from adults was captured through an online Smoking Survey to gain local intelligence around smoking rates in specific populations, better understand how local support could be improved and advertised to suit the needs of specific populations to drive more people to quit smoking with support, and to understand views around smoking and vaping. There were several limitations to this survey including being open for a short period of time, small sample size, the use of self-reporting for smoking status, respondents quitting 20+ years ago when many of Wiltshire's support services were not available. A shortened paper version of the Smoking Survey, named Homeless Population Smoking Survey, was available at three homeless organisations in the county, with sample size (n=25) being the main limitation within this engagement. This engagement was undertaken to serve a gap in our knowledge and understanding for these groups.

Stakeholder Engagement:
Stakeholder insight was gathered through mixed method surveys and focus groups. Insight from Health Coaches, who deliver support at the Wiltshire Health Improvement Hub (WHIH), was gathered at three focus groups to gain perspectives on the challenges clients face when stopping smoking, and gain insight service improvements for initiatives to meet the Smokefree Wiltshire targets. The Health Coaches who participated in the focus groups ranged in experience of being smoking cessation practitioners from between four months and nine years. Limitations for this was potential conformity, gender and courtesy biases, and 60% of all coaches were available to contribute at the time. Insight from primary and secondary care staff was captured though an online survey to develop recommendations for improving access to the smoking cessation services, particularly to at-risk or underserved populations and groups. Limitations included sample size and therefore limited comparable data with some written answers which might not be a true reflect the population's views. Insight from these stakeholders is indispensable. They support an array of individuals with varying levels of health disparities, they understand the most successful ways to reach individuals and know service issues faced at a delivery level.

Policy and papers, national guidelines, tobacco control and legislations

There are numerous national policies, key papers, national guidelines, plans and legislations specific or relevant to the control of tobacco in England and smoking prevalence reduction, which are linked in the table below.

Policy and Key Papers:	National Guidelines:
'Towards a Smokefree Generation: Tobacco control plan for England' – Department of Health and Social Care (2017)[6]	NG209, Tobacco: preventing uptake, promoting quitting, and treating dependence – National Institute for Health and Care Excellence (2021) [12]
'Advancing our health: prevention in the 2020s' – Department of Health and Social Care (2019)[7]	Saving Babies Lives Care Bundle, Version 3 – NHS (2023) [13]
NHS Long Term Plan – NHS (2019)[8]	National Targeted Lung Cancer Screening Programme (2023) [14]
The Khan Review: Making Smoking Obsolete – Javed Khan OBE (2022) [9]	Local Stop Smoking Services and support: commissioning, delivery, and monitoring guidance – National Centre for Smoking Cessation Training (2024)[15]
Minister Neil O'Brien's speech on achieving a Smokefree 2030: cutting smoking and stopping kids vaping (2023)[10]	
Tobacco and Vapes Bill (2024)[11] (in progress)	

The 2017-2022 objectives within the 'Towards a Smokefree Generation: Tobacco control plan for England'[5] were only partially achieved. The Khan Review (2022)[8] made 15 recommendations for government to achieve a smokefree society, including 4 critical recommendations:

- Increased investment in smokefree 2030 policies
- Increase the age of sale for tobacco products by one year, every year
- Promote vaping as an effective tool to quit smoking
- Improve prevention in the NHS

This has resulted in the government 'Swap to Stop Scheme'[16] to support one million smokers to switch to vaping, and the financial incentives for pregnant smokers to quit. In Wiltshire, this scheme has been rolled out in the maternity services.
In October 2023, the Tobacco and Vapes Bill[11] was announced to include legislation to raise the age of sale of tobacco by one year, every year from 2027 onwards, national awareness campaigns and enforcement activity, measures to address youth vaping, and increased funding for local authority stop smoking services. The 2024-2029 Local Stop Smoking Services and Support Grant[17] available to Wiltshire Council will be used to expand stop smoking services and increase the number of people setting a quit date and 4-week quit by focussing on those people who currently find it difficult to access our universal offer. This HNA will build greater evidence as to which areas of a smokefree journey requires the most attention. As a result of this funding, the smokefree local authority declaration will be signed by the Tobacco Control Alliance and priorities agreed that translate national guidance and policy into local action to make Wiltshire smokefree by 2030 or earlier.

Approximately one in eight people in the United Kingdom (UK) smoke (12.7%). Overall, the proportion of adults (aged 16 and over) smoking has been declining since 1974 when national government surveys on smoking amongst adults were first introduced. Since 2011 there has been an increasing downwards trend observed in adult smoking prevalence, which followed the implementation of smoking ban in public places. However, the rates have stagnated in recent years. Evidence shows that the fall in smoking rates is attributable to the growth in the population of people who have never smoked in combination with smokers quitting[2]. Although national smoking prevalence continues to decline, the picture is not equitable for all groups and communities across England. Smoking remains highest among populations who already suffer from poorer health and other disadvantages.

Health Inequalities

Smoking is the leading cause of health inequalities in England. Health inequalities are preventable, unfair, systemic differences in health outcomes between different population groups, with the factors that underly health behaviours being varied and complex[18]. Smoking is linked with most indicators of disadvantage and marginalisation which accounts for half the life expectancy difference between the richest and poorest in society[19].

Smoking is transmitted across the generations in a cycle underpinned by social norms, familiarisation, and addiction and has a significant negative impact on individual, family, and community health[20]. Although smoking prevalence has been declining, the gap in rates between the richest and poorest has widened, as a result, the costs of smoking burden the poorest and most disadvantaged in society. Despite their motivation to quit being as high as the least deprived, smokers from deprived communities are less likely to quit smoking due to factors such as less social support, being more heaving addicted, and using smoking as a mechanism to cope with stress and multiple risk factors due to poverty[21].

There are socio-economic variations in smoking prevalence in children and young people. Children who grow up with parents who smoke are approximately three times more likely to take up smoking[22]. Children and young people in the most deprived quintile are three times more likely to be smokers than young people in the least deprived quintile. This could be attributed to smoking being perceived as a normal behaviour, having easier access to tobacco products, or peer pressure to smoke[18].

There are ten population groups who are more likely to smoke, many of whom will be discussed in further detail later in the HNA. Those not discussed in depth due to a lack of data, but worth noting, include people with lower incomes, people who are unemployed, people without qualifications, and people from the LGBTQ+ community.

By addressing the drivers of smoking uptake and barriers disadvantaged groups face, to prevent the population smoking, health inequalities can be reduced. Any success in reducing smoking in disadvantaged groups will positively influence the wider determinants of health through poverty reduction.

The national impact of tobacco and smoking – trends in tobacco and non-tobacco products

Cigarette use in adults[23]

Trends reviewed between 1993 to 2022 show:

- Decline in smoking rates is similar in men and women
- Proportion of people who have never smoked has increased; 46% to 64% (men, 39% to 60% and women 52% to 68%)
- Increase in number of cigarettes smoked by day from 10 to 15
- Proportion of smokers smoking 20 or more cigarettes per day is decreasing gradually, but has stayed at 3% since 2014

E-cig/vape use in adults[21, 23]

Trends reviewed between 2016 and 2022 show:

- Current e-cigarette use for adults (aged 16 and over) remained stable at 6% between 2016 and 2019 and increased to 9% in 2022.
- The number of adults who had never used an e-cigarette decreased from 82% in 2016 to 79% in 2022. Additionally, 12% reported that they had tried using e-cigarettes but were not currently using them.
- E-cig usage is highest among those aged 16 to 24 (15%) and lowest among those aged 75 and over (1%).
- Current cigarette smokers were more likely to use e-cigarettes compared with those who are ex-smokers and those who have never smoked cigarettes (26%, 17% and 2%, respectively).
- E-cigarette use in the most deprived areas was 13% compared with 7% in the least deprived areas.
- Women who currently smoke cigarettes were more likely to use e-cigarettes (28%) compared with men (24%).

Cigarette use in children and young people[24]

- Proportion of CYP who have ever smoked has decreased.
- In 1997, 19% of people aged 8 to 15 reported they had tried a cigarette
- In 2022, 3.3% of children aged 8 to 15 reported they had tried a cigarette

E-cig/vape use in children and young people [25, 26]

- Between 2016 and 2022, the proportion of children (aged 8 to 15) who had ever used e-cigarettes has varied between 7% and 12%.
- E-cigarette use did not differ between boys and girls and there was deprivation differentiation either

Other non-tobacco products[27, 28]

Since 2000 tobacco companies have been developing new tobacco and nicotine products such as snus and nicotine pouches. There is an ongoing debate around the role of these products, the long-term health effects and where they fit within tobacco control. There is limited national data on the use of these products. Locally there is a need to be aware of emerging tobacco products through links with Trading Standards and Tobacco Tactics groups.

National and local costs

Tobacco cessation services are among the most cost-effective of all the public health interventions. There is the potential to make cashable savings to the NHS, Local Authorities, and social care. Health economic analysis shows a cashable ROI of £2.12 for every £1 invested, the public value ROI ratio was £30.49 for every £1 invested[29].

Smoking Related Fires

Smoking materials are a major contributor to accidental fires, and smoking-related fires are the leading cause of fire-related deaths. Data from Dorset and Wiltshire Fire and Rescue shows that since 2018, 52 smoking material related fires and 2 cigarette lighters related fires occurred, resulting in £2.57 million of losses annually[4]. Data regarding the fire locations and support provided is unavailable.

Illegal and illicit tobacco

Local authorities are key players in tackling the illicit trade, through trading standards departments and partnerships with the police and HMRC. Prior to 2023, illicit produce seizure operations were infrequent, however, these have significantly increased over the last 18 months. Since then, 15,000 packs of cigarettes (300,000 individual cigarettes) and over 1,000 pouches (50kg) of hand rolling tobacco have been seized by Wiltshire Trading Standards, the majority coming from three shops; however, others are also under investigated. It is worth noting that many of those selling illicit tobacco products also sell illegal vapes, with correlations between shops selling illicit goods and selling these to children. In a Trading Standards undercover operation, a targeted shop sold a vape to a 15-year-old.

Oral Health

Using tobacco, both smoked (e.g., cigarettes, cigars, shisha) and smokeless (e.g., chewing tobacco, pouches), poses significant risks to oral health. 24% of current smokers and 23% of ex-smokers reported being diagnosed with gum disease, compared to 16% of never smokers[30]. Those who have smoked are 7-10 times more likely to develop oral cancer[31], rising to 11 times for long-term smokeless tobacco users[32] compared to never smokers. There is no data as to whether these people are smokers or ex-smokers.

Within the last 24 months, around 34.8% of the Wiltshire adult population visited an NHS dentist. Dental teams play a major role in preventing and treating tobacco-related oral health issues. National dentistry guidance recommends conversations around smoking and smoking-related harm at appointments [33]. Given the current challenges with NHS dental access, patient understanding and self-care are vital. It is also important for dental teams to be informed about up-to-date training and the referral pathway for stop smoking support. Wiltshire data is limited, but nationally, only 42% of adults reported that their dentist asked whether they smoke, and only 8% then received advice from the dental team on quitting.

Evidence on the health impact of vaping is still developing. Most adult vapers are ex or current smokers, which should be taken into consideration when linking vaping and oral health as observed effects may stem from prior tobacco use.

The Wiltshire population - Age, ethnicity, Life expectancy, Mortality, Deprivation, Health

Wiltshire's population is estimated as

510,400

51% female; 49% male (2021)

Data is from local intelligence[34, 35].

Deprivation

Eight of the 285 small areas of geography in Wiltshire are within the 20% nationally most deprived and make up 3% of Wiltshire's population.

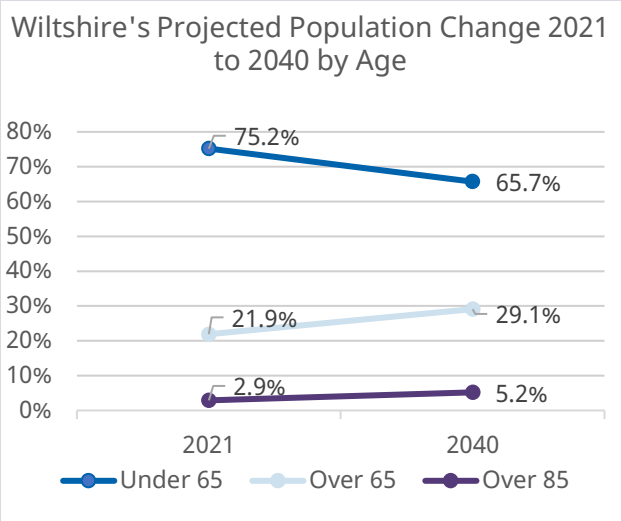
Ethnicity

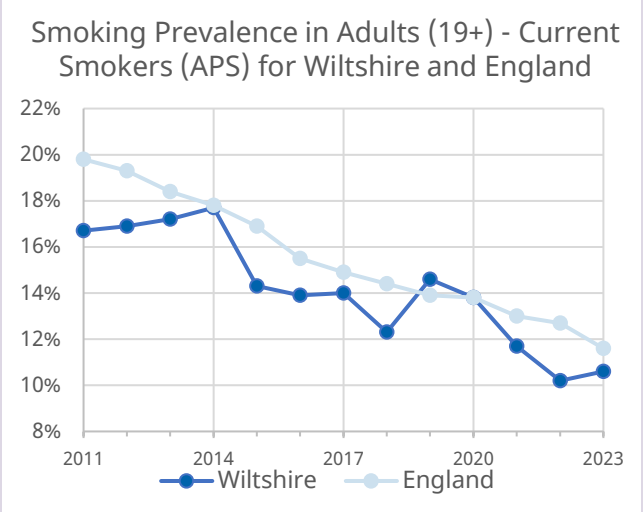
The 2021 Census showed 90.5% of residents are White British or White Irish, slightly higher than Wiltshire's statistical neighbours and the average for England.

Life expectancy and mortality

The health of those in Wiltshire is generally very good compared to the national average.

Wiltshire's average life expectancy is 84.5 years for females and 80.9 years for males. Health inequalities means that those living in the 10% most deprived areas in Wiltshire live between 5.5 years (females) and 7.2 years (males) fewer years than those living in the 10% least deprived areas of Wiltshire.





Health

In 2021, cancers and cardiovascular diseases (CVD) caused 2,634 of the 5,142 deaths in Wiltshire and are responsible for 60% of death in people aged under 75.

Smoking

Smoking prevalence in Wiltshire has declined from 16.7% (2011) to 10.6% (2023), shown to the left. Wiltshire's ambition is to achieve a smoking prevalence of 5% or less by 2030.

Primary Care

In Wiltshire, the majority of supported quit attempts take place through the GP surgeries. The support offer varies slightly with each surgery, but all patients receive behavioural support and nicotine replacement therapy for up to 12 weeks, either face-to-face or via telephone. Of the 46 practices in Wiltshire, 36 have signed up to deliver smoking cessation services under the 2024 Public Health Services Contract; two of these also offer nicotine vapes as part of the government-funded Swap to Stop scheme until March 2025.

In 2023/24, 997 of people set a quit date and 48% of these achieved a four-week quit, which is within the nationally expected four week quit rate of between 35% and 70%.

Secondary Care

As part of the prevention area of the 2019 NHS Long-Term Plan, NHS England fund a treating tobacco dependency (TTD) programme with the aim to offer treatment to every smoking patient admitted to hospital (physical and mental health sites). Following receipt of treatment for tobacco dependence, patients can be referred for continued support to the Wiltshire Health Coach Service, primary care or participating pharmacies. Due to capacity, patients in acute care are prioritised according to risk factors.

B&NES, Swindon and Wiltshire (BSW) work together across the Integrated Care to implement and deliver on the NHS LTP TTD programme. Data for TTD is submitted by trusts to the ICB, and fed into the national data collection.

Wiltshire Health Improvement Hub

WHIH offers stop smoking support through Health Coaches who provide behavioural support, bridge gaps in knowledge around smoking and stopping smoking, and provide NRT via a prescription request to the resident's GP where appropriate. Clients can self-refer or be referred by a healthcare professional. The one-to-one offer includes twelve 30-minute weekly sessions via telephone, face-to-face or virtually. The group offer consists of twelve weekly hour-long sessions available virtually and face-to-face. Since 2022, a reusable vapes, and 12-week e-liquid kit offer has also been available as stop smoking tool.

All offers are free, however, residents who are not eligible for free prescriptions do have to pay for their NRT at a prescription cost. CYP can access support stop smoking and stop vaping on a one-to-one basis via telephone, face-to-face or virtually. We do not currently offer stop vaping support to adults.

In 2023/24, 195 people set a quit date, and 63% of these achieved a four-week quit date. 11% of people who set a quit date with a Wiltshire smoking cessation provider did so through WHIH.

Maternity Stop Smoking Services

Information regarding maternity stop smoking services can be found on page 16, Priority Group: Smoking at time of delivery - Local data and findings.

Attitudes and beliefs of smoking and vaping:
Smoking - "you feel like a social pariah nowadays". Opinions on smoking were overwhelmingly negative, including ' unpleasant smell' and 'dirty'. 25% of responses suggested smoking being anti-social behaviour and no longer being socially acceptable. Current people who smoke felt judgement was unhelpful.

Vaping - "Thoroughly recommend on quitting smoking. Concerned that kids are using who never smoked before." 69% of comments on vaping were negative. Overall, negative comments were that vapes are as equally or more harmful than tobacco products and that disposable vapes are another means of making money. A positive theme was that vapes are a good tool for those wishing to stop smoking. Therefore, there is a need for vape myth busting and clear messaging that vapes are for adults to quit smoking, not for never smokers or children.

Experience of stopping smoking:
As shown in the table to the right, stop smoking support within GP surgeries is most popular. The most common reason for accessing local stop smoking support was because they wanted the right support *(Appendix 1)*. 76% were successful in stopping smoking following support.

Vapes (reusable and disposable) were the most popular aid used by both current and ex-smokers (*Appendix 2)*. Nicotine patches were also popular.

Where did you receive stop smoking support?

Provision	Ex-smokers	Current smokers
WHIH	18%	-
GP Surgery	74%	100%
Hospital	5%	-

Awareness of stop smoking support:
More than 66% of people who have currently smoked for over 5 years would like to stop. Despite this, 46% of people who currently smoke were unaware of a free Wiltshire Stop Smoking Service. Also, 50% of ex-smokers and 58% of never smokers were unaware of the service *(Appendix 3)*.

Barriers to accessing support:
Half of those who answered "Any barriers to accessing the stop smoking service?" stated that were no barriers. Common barriers preventing access to Wiltshire stop smoking services related to; not seem inviting, unsuitable appointment times and location of settings. When asked "What could be done to improve your experience of the service?", the most common response was personal willpower/motivation. Other reasons included approachable and knowledgeable staff, accessibility of appointments, types of delivery options and access to medication.

Reasons for quitting:
"I consider it to be a better alternative to some other stress relievers I have used in the past"
The most popular reason current people who smoke continue to do so is because they find it relaxes or calms them. They also stated that smoking gave them a moment to think. Almost a quarter of responses stated that they disliked smoking because of the health harms; 24% also highlighted cost as a dislike. Personal health was the most common reason for attempting a smoking quit for ex-smokers and current people who smoke who have attempted a quit in the past. For current people who smoke, quality of life was the second reason and for ex-smokers, finance and quality of life were joint second reason.

How many quits:
The simplest way to increase quit rates, is to increase the number of people making a quit attempt. Although most quit attempts end in relapse, there is no other way to stop smoking. One way or another, people not giving up trying will eventually lead to a quit. All current people who smoke who expressed a desire to stop smoking stated that they had previously attempted to stop. However, 10% of people who currently smoke have never attempted a quit and 25% have lost count of the number of times they have tried to stop smoking *(Appendix 4)*.

What support the public believe should be available:
Overwhelmingly, counselling, clinics and group session support were the most popular suggestion for additional support the public would like to see available for those who want to stop smoking *(Appendix 5)*.There are multiple avenues of free stop smoking support sessions and clinics available to residents of Wiltshire and have been for over a decade. These aim to give advice and support to those who wish to become smokefree. Group sessions are available online and face to face in Salisbury, but there is not a drop-in group available yet.

Advice and support was the third most common suggestion. It was second most common by females and third by males. Health Coaches from the WHIH attend numerous events and fairs across the county to give out advice and signposting.

Increased advertising and awareness of support was the second most common suggestion. It was the most common suggestion by males and third most common for females. Therefore, ensuring sufficient advice through community presence and advertising is imperative.

Priority Group: Smokefree households - Local data and findings

Within this HNA, the term 'smokefree households' not only includes the pregnant individual, but also anyone within their household who smokes.

Smoking is the biggest modifiable risk factor during pregnancy for poor birth outcomes, including stillbirth (200% more likely), miscarriage (33% more likely), and pre-term birth[36]. Additionally, pregnant people who live with a smoker are six times more likely to smoke throughout pregnancy and are more likely to relapse once the baby is born.

Exposure to smoke, whether from mother or second-hand smoke, whilst in the womb restricts oxygen to the baby causing its heart to work faster and exposing it to harmful toxins[36]. There are links between respiratory conditions, attention and hyperactivity difficulties, learning difficulties, problems of the ear, nose and throat, obesity, and diabetes in children of smoker parents.

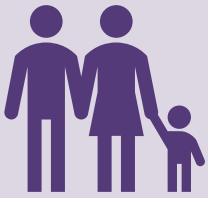
Summary of findings

Local data

In 2023/24, 8% of pregnant people were smoking at time of booking and 6.6% were smoking at the time of delivery (SATOD), lower than South West (9.2%) and national (8.8%) averages. SATOD for Wiltshire has reduced by 1.1% reduction from 2022/23[37].

Wiltshire's current provision

All pregnant people are screened for carbon monoxide (CO) and asked about their smoking status at their booking appointment. Anyone who smokes is referred to the internal smokefree services on an opt-out basis. Support includes behaviour, NRT and vapes. In 2023/24, 164 pregnant people set a quit date and 45% of these achieved a 4-week quit.



Smokefree pregnancies

In the Tobacco Control Plan for England[6], the Government set a target of reducing the prevalence of smoking during pregnancy to less than 6% by 2022, measured SATOD. Although this target was not met, this is still the benchmark for having smokefree pregnancies in England.

Risk factors

The following factors are associated with an increased likelihood of smoking during pregnancy: if they are less educated, live in a community with high smoking rates, single or have a partner that smoke, from disadvantaged backgrounds.

Stakeholder insight

Feedback from the three maternity services in Wiltshire highlighted that the NRT pathway should be improved, and the vape provision funding should be continued after March 2025. They suggested that linking into the neo-natal intensive care unit, miscarriage clinics, and having a pre-natal offer could achieve more smokefree pregnancies.

Priority Group: Smokefree households – What works and identified gaps

What works:

- Carbon monoxide (CO) and smoking status screening at booking appointment.
- Opt-out referral for people who smoke to maternity stop smoking service.
- Having flexible forms of support delivery: face-to-face in birthing centres or at home or in the community or over the telephone creates flexibly and reduces barriers. Behavioural support, NRT and vaping devices are on offer.

Identified gaps:

- Although services are required to request feedback from service users about their experience, response rates are low. A true picture of the service users feedback is yet to be captured.
- Non-White British ethnicities are underrepresented in service access. Language barriers in materials and service practice, cultural differences and smoking prevalence in local communities are key factors for this.
- Data analysis can be time consuming for the services and analysis varies due to the different systems in the trusts. Over the next 2 years, the maternity services will be moving to a more efficient data system.

Recommendations:

- The Swap to Stop Scheme vape provision has been highly successful. The scheme is due to end in March 2025. Funding for the vape provision should be prioritised to reach the Tobacco and Vapes Bill target of less than 5% SATOD.
- Developing a pre-natal offer and linking into the multiple miscarriages units would minimise the risks which come with exposure maternal smoking and second-hand smoke in the womb , such as stillbirth, sudden infant death and heart defects .
- Explore relapse prevention in postnatal care
- Streamline smokefree pregnancy work to ensure all is supported by funding and drivers both nationally and locally

Priority Group: Children and young people - Local data and findings

Within this HNA, 'children' are considered those aged 5 to 11, whilst 'young people' are those aged 12 to 17. Most people who smoke start in their teens, and it is uncommon for an adult who has never smoked before to take it up regularly with 80% reporting that they started smoking before the age of 18[38]. Nationally, the number of 15-year-olds self-reporting that they smoking regularly (1 or more cigarette per week) has decreased from 11% in 2011 to 3% in 2021[38].

Nationally, children who grow up with caregivers who smoke are around four times more likely to start smoking. 75% of children and young people (CYP) who smoke stated they have family members who smoke (compared to 58% of non-smokers). CYP who smoke stated that 99% have friends who smoke (compared to 33% of non-smokers)[3]. Other risk factors for starting smoking include adverse childhood experiences, socio-economic status, and exposure to tobacco in marketing or media. 58% of current smokers are given their cigarettes (predominantly by friends), 32% report purchasing directly from a shop[39, 40, 41].

Summary of findings

Most recent local data from Schools Survey Pilot 2024[5]

- 95% of pupils said that they have never smoked cigarettes,
- 2.5% reported past smoking and 2.4% pupils report current smoking,
- Smoking rates were higher in older year groups, at 3.4% Year 10s (aged 14-15) and at 5% of Year 11s (aged 15-16).

Local data from the Digital Health Development Questionnaire[42]

- Smoking rates were higher in older year groups, at 0.19% Year 9's (aged 13-14) compared to 0.08% Year 7's (aged 11-12),
- Vaping is more prevalent than smoking in all years,
- Vaping rates were also higher in older years, at 5.56% in Year 9's (aged 13-14) compared to 1.54% in Year 7's (aged 11-12).

Risk factors for smoking and vaping

In the Schools Survey, 5.6% of Year 10's and 9.8% of Wiltshire Year 11's reported current vaping. The common reasons given for vape use are managing emotions (22%), enjoyment (20.8%), addiction and influence (15.4%), having family and friends who vape (14%) and vape to support an attempt to stop smoking (6.1%).

Motivators to quit

Wiltshire's Digital Health Development Questionnaire[42] highlighted 75% of 11-to-12-year-olds and 63% of 13-to-14-year-olds who vape want to stop. In contrast, the Schools Survey highlighted 78% of people who smoke and 69% of vapers did not want to quit. Of those who wanted to quit, health, concern over addiction and the expense were dominant reasons.

Current and future stop smoking/vaping support

Self-help resources or online support would be the preferred method of support highlight by children and young people. Schools staff and parents believed support in or outside of school would be most effective whilst stakeholders suggested preventative outreach events or group.

Behaviours

Smoking and vaping levels increase with age and self-reported vaping status is much lower than parent and staff perception. The amount of e-cig fluid use and fluid strength are increasing. 24.5% of current vapers use a strength greater than 20mg. The UK regulated strength limit is 2%/20mg meaning these vapes could be unregulated, contain unknown, potentially harmful ingredients so the health implications of using these would be unknown. Also, 7.8% of ex-vapers and 8.8% of current vapers are unaware of their vape strength.

Drivers

Many pupils who vape do so because they like the flavours. A dominant theme in why pupils started to use a vape/e-cig, was to relieve stress, help them cope with trauma, self-harm or pressure and address poor mental health. Most pupils are buying their vapes from friends, corner shops or vape shops. Information about these premises have been passed onto Trading Standards.

Risk

54.3% of pupils, 60.8% of parents and 60.3% of schools staff believed that smoking and vaping have the same health risks. Adverts and social media are seen to play a key role in the promotion of vaping. The word cloud (Appendix 6) shows where pupils have seen vaping adverts online. Free text revealed persuasive ads frequently pop up unexpectedly on these platforms. The data also revealed that pupils who are more engaged at school are less likely to vape.

Public and pupil perspectives:

86.5% of pupils' comments about vaping and 90.6% about smoking were negative. Smoking was associated with 'lung damage', 'cancer' and 'addiction', whilst vaping was associated with 'harmful to health', 'lung damage' and 'cancer'. This reflects the views of the public within the Smokers Survey, with adults believing that vape manufacturers are marketing vapes (particularly disposables) towards CYP "[vaping is a] danger to health especially teenagers who are starting vaping at a young age". Similarly to adults, pupils used the term 'old-fashioned habit' to describe smoking. 32.6% of pupils believed "Vaping is a tool for stopping smoking", whilst 32.3% believed this false and 27.6% didn't know. Comments debated the use of vapes as a stop smoking aid versus its general appeal and contrarily, it being a better alternative to nicotine patches for stopping smoking.

Stakeholder insight and views:

Most stakeholders believed disposable vapes are the main facilitators for CYP vaping are being obtained from local corner shops. There is an overall concern from stakeholders regarding number of CYP vaping and that a larger sample size for the Schools Survey to better understand smoking and vaping rates and better identify how health inequalities. Stakeholders suggested group support sessions, social media support and health fairs at school open days or parents evening as ways for CYP to understand the risks of smoking/vaping, benefits of quitting and receiving support.

Priority Group: Children and young people – What works and identified gaps

What works:

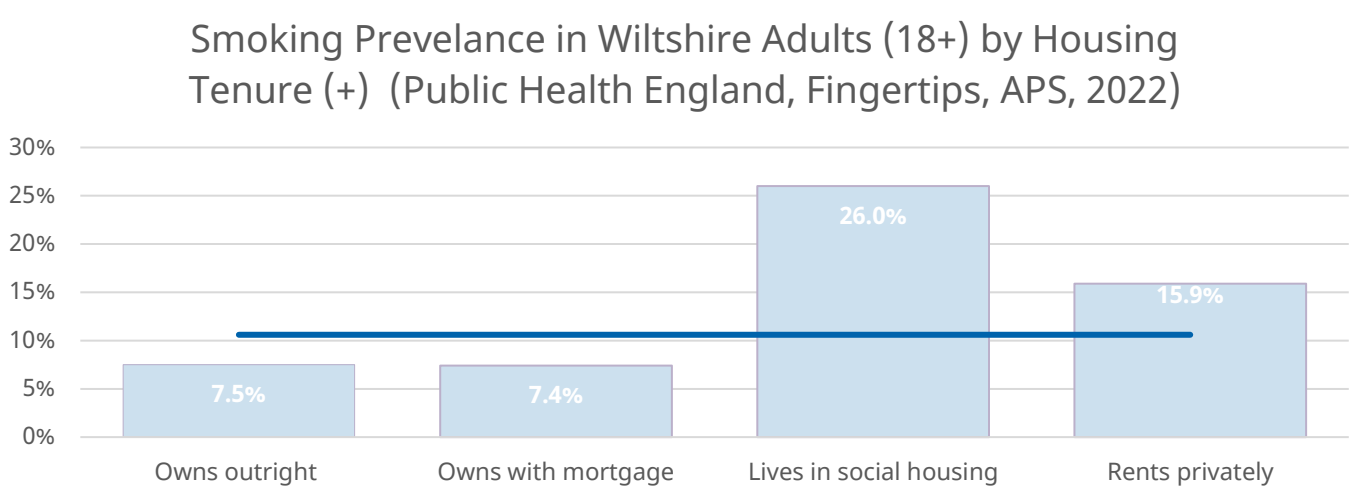
- Numerous policies and guidelines highlight the importance of prevention first initiatives to reduce the uptake of smoking in CYP. NICE guideline [NG209] contains seven key preventative guidelines for local authorities, education and smoking cessation commissioners to support prevention of taking up smoking.
- The Khan Review[9] recommends "Increasing the age of sale for all tobacco products" to deter children and young people from taking up smoking. The 'Smokefree Generation' policy[6] aims includes clamping down on illegal and illicit tobacco and proxy sales, making it an offence to sell tobacco products to anyone born on or after 1 January 2009, and restrictions on vape flavours, packaging, and disposable vapes.

Identified gaps:

- Behavioural support and combination NRT is the recommended treatment for young people to stop smoking. There is written support for smoking cessation advisor on prescribing appropriate NRT for young people, but there is a lack of support on how to deliver the behavioural support differently from adults.
- Limited national evidence and guidance available for stop smoking advisors for delivering stop vaping support to children and young people.
- The Schools Survey has a small sample size in comparison to the number of secondary schools in Wiltshire.
- There are significant misperceptions around illegal and illicit tobacco and vapes, vape strength and ingredients, health risks etc.

Recommendations:

- Promote the planned 2025 Schools Survey to work with schools to widen the sample of pupils, staff and parents. This will help to further understand the local picture, develop support, identify trends and gain insight into children and young people's views on smoking and vaping. Continue this annually for better data insight.
- Co-develop and co-review education materials with schools, for schools, ensuring these are kept up-to-date with latest evidence and recommendations, and utilise networks to promote this support.
- Co-develop resources and a support service with children and young people that is user-friendly and accessible. Where desired, train Young Health Champions to promote being smoke and vape free, and where to access support.
- Ensure campaigns and resources include information to eliminate common misperceptions particularly around smoking and vaping prevalence (CYP vaping isn't as common as people think) and relative harms associated with vape strength.
- Provide additional training to stop smoking advisors to feel confident in providing support for stopping smoking and/or so that a fully functioning vape/smoking service can be implemented, both digitally and in the WHIH.



Key information:
Social housing refers to rented properties owned and managed by local councils or housing associations. There are strong associations between smoking, deprivation and social housing. Nationally, 30.3% of households fall below the poverty line after smoking-related expenses are taken into account. 38% of Wiltshire residents live in the 20% most deprived areas in the county. 10,016 smoking households are driven into poverty in Wiltshire due to costs of smoking. In Wiltshire, 14.5% of households are social housing rented [43].

Data[3]:
The graph above shows that smoking prevalence is highest in those living in social housing. No data is available regarding smoking and housing tenure referral into a Wiltshire stop smoking support services. 8% of Survey respondents live in social housing.

What works:

"...the vape I was able to get from the stop smoking group has really helped me on my journey..."
"I'm still finding hard to quit but saying that I thought the group meetings was a benefit to help me when I make the final effort to stop."

Wiltshire Health Improvement Hub currently deliver a stop smoking support group in Bemerton Heath, Salisbury; one of Wiltshire's most deprived areas. As part of the local stop smoking services, people who do not pay for their prescriptions do not pay for their NRT, reducing cost as a barrier for quitting.

Identified gaps:
The group offer is only available in one area of depravation in the county. 'Swap to Stop' not promoted despite being a free government initiative which also reduces cost as a barrier for quitting.

Recommendations:
Evaluation of Bemerton Heath group offer will then inform whether the expansion to other areas of deprivation is a viable targeted intervention. This would be delivered by the Outreach Health Coaches. Promote local stop smoking services within public-facing teams who work closely with those living in social housing.

Priority Group: Military - Local data, findings, gaps and recommendations

Data
Wiltshire has a large number of military personnel across the five bases in the county: Warminster, Tidworth, Bulford, Larkhill, and Lyneham.

Local data shows that those aged 25 and under have the highest smoking prevalence, followed by those aged 25-35. As of 2023, 3,700 military personnel smoked; 3,550 men and 180 women. 1,700 of these people who smoke are based at Tidworth had the highest number of military personnel.

We have no data regarding the number of people accessing stop smoking support , which types of support are most favoured, set quit dates, 4-week quits or relapse.

What works:
We know that military personnel who are wanting to stop smoking, typically go to their base's medical centre for support.

A 2021 article on The British Army website states that support to help stop smoking is available either through the Medical Centres for Regular Service Personnel, online advice from Action on Smoking and Health (ASH), NHS Quit Smoking, via telephone on Smokefree National Helpline, or via the NHS (GPs) or Local Authority for Reservists and civilians[44].

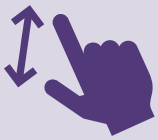
Identified gaps:
Wiltshire Public Health once had strong relationships with the bases' medical centres, with military stop smoking advisors attending Public Health 'practitioner' and 'Best Practice' training. However, staff turnover and military utilising in-house training, the relationship needs to be re-established. This will also make data more robust and enhance provision.

The British Army was set to go tobacco-free at all its sites in the UK by 31st December 2022. Vaping will still be allowed in designated areas[44].

Recommendations:
Re-build the relationship, with the stop smoking advisors, through an ally rep, within Wiltshire's military bases.

Improve data insights within this population, such as the number of people accessing stop smoking support, which types of support are most favoured, set quit dates, 4-week quits or relapse.



Priority Group: Routine and manual workers- Local data and findings

Routine and manual workers (RMW) are those with occupations such as construction, retail, hospitality, farmworkers and tradespersons. RMW typically have lower incomes compared to those in intermediate or managerial professional roles, widening health inequalities. It is known that RWM start smoking earlier in the day, smoke more cigarettes per day and are more nicotine dependant[20]. Smoking is seen as ingrained in the work communities and routine behaviours.

RWM might work longer hours or more varied shift patterns making it a barrier for them to accessing local stop smoking support which typically is delivered Monday to Friday 9:00 - 17:00, although many GP surgeries in the county are open later. RMW attempt to quit as often as professionals but are less likely to succeed due to boredom, social networks and managing the stressors of life.

Summary of findings

Local data

14.5% of RMW in Wiltshire smoke, compared to the England and Southwest averages of 19.5% and 23.1%, respectively. In Wiltshire, RMW are three times more likely to smoke compared to someone in a managerial and professional occupation[3]. 11 respondents of the Public Survey were in a routine or manual occupation.

Workplace Health Team

Working with local employers to promote quitting at work can be a success for the employer and employees. Within Public Health, there is a dedicated Workplace Health team whose aim is to engage with businesses to provide a local programme of health and wellbeing. A business in Devizes has approach them asking for a stop smoking support for improving health of their workforce. Businesses can find more information to support staff to stop smoking by web searching The Enterprise Network – Wiltshire[45].

Targeted outreach case study – Newham Council [43]

In 2021 Newham Council stop smoking services conducted targeted outreach work at warehouse locations to promote the local stop smoking services and take carbon monoxide readings as part of free health test. These resulted in RWM smoking prevalence dropping to of 9.9% in the county, and over 50 on-the-spot referrals into the service.

Stakeholder insight

The main suggestion for improving access to stop smoking services for this group was ensuring the service was available outside standard 9am to 5pm working hours, as many RMW will work prior and after these hours. Going into workplaces and utilising the Workplace Health team in Public Health was another suggestion.

Priority Group: Routine and manual workers– What works and identified gaps

What works:

- Due to a lack of data and being in the early stages of the Workplace Health initiative, we are yet to understand how to appropriately support the Wiltshire RWM population.

Identified Gaps:

- Lack of data on the population
- Limited capacity of Health Coaches to organise targeted outreach events
- Lack of engagement by businesses despite Workplace Health networking events occurring
- Limited capacity of Workplace Health team to support local business

Recommendations:

- Work with business sector organisations to gain access to residents not accessing smokefree services
- Work with Wiltshire smokefree providers to deliver a targeted provision for populations with a greater risk of smoking related harms to increase accessibility of the stop smoking services
- Upskill those who work with people in routine and manual work in MECC and VBA+ to improve awareness and signposting to stop smoking
- Work with businesses to understand the impact smoking has on employee health and productivity.
- Routine and manual organisations to develop in house smokefree support or a robust pathway for referral into LSSS.
- Increased ease of access to NRT and other stop smoking aids.

Within this HNA, the term 'Underserved communities' is used to describe those who experience homelessness, are part of the GRTB community, or are a resident or ex-resident of HMP Erlestoke. These 'socially excluded' groups face a variety of barriers when accessing standard healthcare support, and additional specialist support.

GRTB community

Nationally, no smoking data is held for Gypsy, Roma, Traveller or Boaters. There is limited data regarding smoking status of Wiltshire GRTB communities.

Of the 218 Wiltshire Council Boaters Survey respondents, 26.6% were smokers, but it is believed that true prevalence is much higher. In 2019, 57% of Gypsy and travellers smoked. There is no local data for Roma communities[47].

HMP Erlestoke data

HMP Erlestoke has been a smokefree site since 2016. However, this resulted in the price of illicit tobacco increasing to twice the price of Spice. A 2017 report showed that 28 people were offered tobacco upon arrival, a decrease from 72% in 2013. Wiltshire has no data relating to the stop smoking experiences of those entering HMP Erlestoke, however, upon arrival, e-cigarettes are available as reception packs for those who smoked.

People experiencing homelessness

It is estimated nationally that 76-85% of the homeless population smoke. In Wiltshire, we do not have overall smoking prevalence data for those people experiencing homelessness. Locally, 92% of Homeless Population Smoking Survey respondents were people who smoke.

"Life's Hard" - Despite 25% of people stating they wished to stop smoking due to its health impacts and/or the health history of relatives, 85% did not see stopping smoking as a priority. Smoking cessation is a low priority in services assessing the health needs of those experiencing homelessness. Smoking is seen as beneficial both by the person who smokes and by their support workers due to the perceived value that smoking provides comfort and relieves stress. 52% of respondents stated they had tried to quit before. Reasons for continuing to smoke included terminal illness, motivation to change, personal experiences, emotion, and environment. 71% have recently been asked about their smoking habits, most commonly at a GP appointment, which is also where they would most likely seek advice and support to stop smoking.

"Give help at drop-in places" - Greater community presence was the most frequently stated method for improving access to free stop smoking services. Comments from this question included "Outreach programmes", and "No one out in community". One suggestion was holding a lived experience focus group. Challenges to living a smokefree life included drug use and lack of space to re-charge e-cigarette stop smoking aids.

Priority Group: Underserved communities– What works and identified gaps

What works:

- A Health Coach is currently piloting weekly group stop smoking drop-in sessions at Alabare, Salisbury an organisation for those experiencing homelessness. Some challenges include consistency of client attendance and loss/potential theft of vapes, but overall, the support is appreciated.
- Smoking should be treated as seriously as other addictions. Key workers should receive training around the model of "ask, advise, assist and arrange". Peer support may also be beneficial.
- NCSCT provides the 'Very Brief Advice (VBA+) for Homelessness Services' module.

Identified gaps:

- There is a lack of data around smoking rates for all the underserved communities stated.
- Stakeholders and Health Coaches voiced that a reduction approach, such as Swap to Stop, could benefit those experiencing homelessness and increase the likeliness of successful quits as there is a reduced pressure of a hard quit and strict removal their 'comfort blanket'.
- No support is available for current smokers entering HMP Erlestoke who are required to be smokefree.

Recommendations:

Further understanding of the needs of underserved communities must be at the forefront of commissioning . Future engagement and outreach work with key partners and stakeholders must focus on developing interventions that reduce health inequalities and improve population health by:

- Ensuring those who are part of a stop smoking service are trained up in the NCSCT Homelessness Module so that the population are being delivered a tailored service relevant to their experiences
- Ensuring primary care has sufficient knowledge of what stop smoking support is on offer, to increase quality and quantity of stop smoking support within their surgery/primary care network that meets the needs of the population.
- Increasing community presence and targeted drop-in support sessions, particularly at venues where underserved communities are already accessing services.
- Developing 'Community Champions' within those priority groups to disseminate information around stop smoking support.
- Collaborating with Erlestoke Prison to better understand the populations needs with regards to smoking cessation and relapse prevention by carrying out focus groups with prison staff and prisoners.

Priority Group: Those with poor mental health or serious mental illness - Local data and findings

Within this HNA, the term 'Mental Health Condition' refers to someone who is experiencing poor mental health, defined as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" e.g., anxiety and depression. The term 'Serious Mental Illness (SMI)' refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.

There is a strong correlation between smoking and mental health conditions. Around 30% of people who smoke in the UK have a mental health condition, and more than 40% of adults with a SMI smoke[3]. This priority group tend to have increased levels of nicotine dependency and be more heavily addicted to smoking[48]. Smoking is the largest contributor to the 10-to-20-year reduced life expectancy in those with SMI. Tobacco smoke reduce the effectiveness of psychiatric medication and influencing dosage[49].

Summary of findings

Local data

Up-to-date Wiltshire specific data is limited. In 2016/2017 Of the 13.6% of adults in Wiltshire who have a mental health condition, 23.2% were people who smoke. 22% of adults with anxiety or depression smoked and 40.1% of adults with a serious mental illness smoked, which equated to 1,058 people. In the Public Survey, 16 (6%) respondents stated they has a mental health condition or serious mental illness.

Current Provision

Those with SMI are entitled to an Annual Physical Health Check including Cardio Metabolic Screening (CMS) and VBA. those willing to make a quit attempt are referred to WHIH. Locally, Avon and Wiltshire Partnership (AWP) are the key partner who support mental health inpatients and the complexities of smoking cessation. All newly admitted patients have a CMS undertaken within 24 hours of admission, which includes VBA for smoking. AWP's Treating Tobacco Dependency team offers all smokers support during admission. Additionally, non-clinical AWP staff have access to basic level training, whilst clinical staff are required to be Level 1 smoking cessation trained.

Duty of care

Some support workers within services supporting those with serious mental illness still see smoking as beneficial to clients as it is perceived as providing comfort and relieve stress. This relaxed and withdrawal feeling is more pronounced in those with mental health conditions.

Stakeholder insight

Having the vape provision has enabled better engagement in stopping smoking as it has supported with temporary abstinence for inpatients until appropriate signposting can occur. Some stakeholders emphasised that smoking cessation should be introduced as standard when individuals seek treatment for their mental health.

Priority Group: Those with poor mental health or serious mental illness – What works and identified gaps

What works:

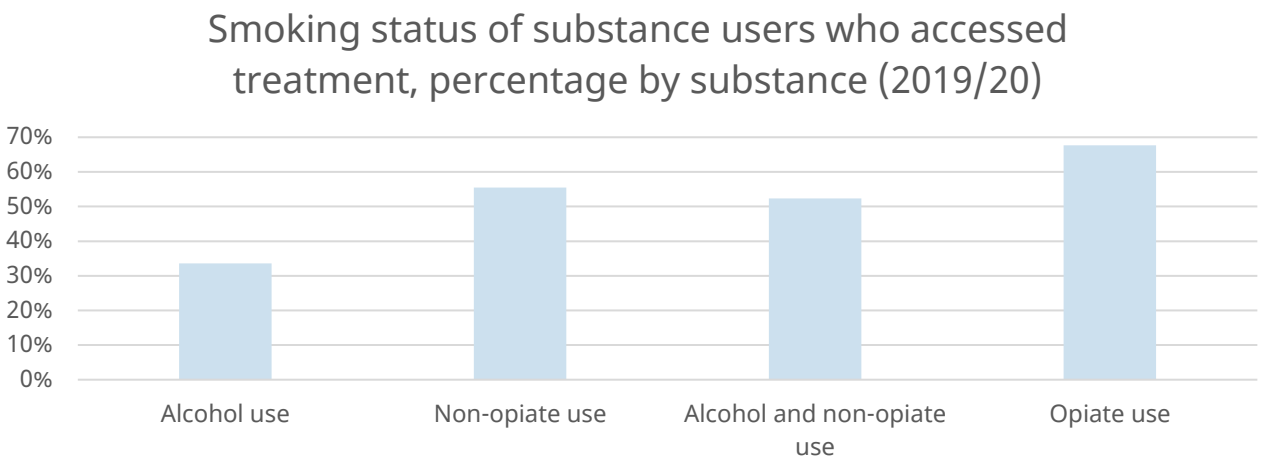
- Ensuring those supporting people with poor mental health and SMI are educated that smoking does not reduce stress and anxiety.
- NHS England is investing in new support to help smokers to stop in secondary care, maternity and acute settings through the NHS Long Term Plan.
- NCSCT provides an e-learning module 'Mental Health and smoking cessation' available for certified stop smoking practitioners.
- Treating Tobacco Dependency practitioners are Level 3 trained which includes the NCSCT modules.

Identified Gaps:

- Stakeholders voiced that using the Swap to Stop Scheme as a reduction approach could benefit those will poor mental health or SMI and increase the likelihood of a successful quit. as there is a reduced pressure of taking away the "comfort blanket".
- The NCSCT module is not mandatory and is unavailable for those without a certification. There is no VBA+ training specifically for mental health. It is known new, up-to-date Mental Health training is in the process of being created.
- There is no bespoke community offer specifically for those experiencing those with mental health.

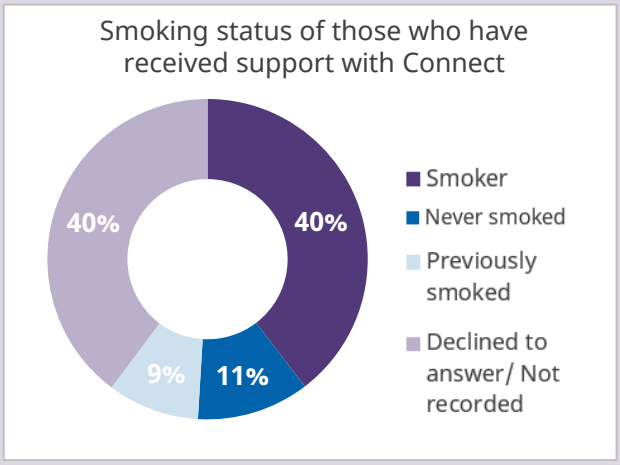
Recommendations:

- Having smoking cessation as part of the treatment programme
- Receive localised data from Avon and Wiltshire Partnership and other services who support those with long-term mental health conditions and serious mental illness
- Collaborate more with services that support smokers with mental ill health, such as Avon and Wiltshire Partnership and Primary Care to ensure smooth and robust pathways are in place for referrals into smokefree services.
- Work with Wiltshire smokefree providers to deliver a targeted provision for populations with a greater risk of smoking related harms
- Develop the NHS Long-Term Plan Treating Tobacco Dependence programme
- Implement the Swap to Stop programme in more organisations who work with those with serious mental illness.
- Develop and implement the VBA+ pathway with local organisations supporting people with mental illness.



Key information:
'Substance use' refers to the use of alcohol, illegal drugs, over-the-counter or prescription medications in a way that they are not meant to be used and could be harmful to the individual or others around them. In Wiltshire, 'Connect' is the local commissioned substance use support service. It offers early intervention, education, and treatment. There are numerous risk factors linking substance use, poor mental health, SMI, homelessness and smoking, making quitting smoking particularly difficult for this priority group[50].

Data[3]:
Local data, in the graph, above shows the percentage of people who currently smoke who are receiving substance use treatment. The graph to the right shows the percentage of substance users who accessed substance use treatment and reported their smoking status.



What works:
Wiltshire Council support Connect through VBA+.

Identified gaps:
A significant amount of smoking status data is not collected by Connect.
Smoking cessation support is not formally included within the Connect substance use service in Wiltshire, however it is often given as part of the harm reduction advice.

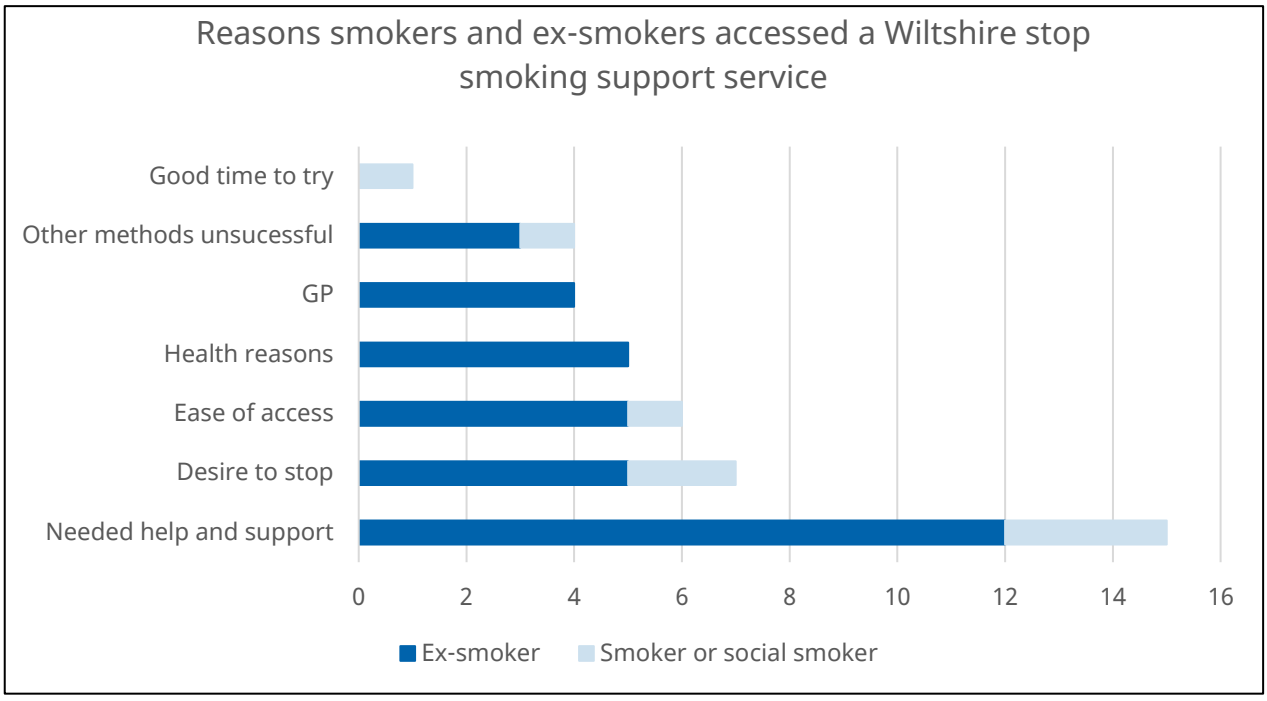
Recommendations:
Improve data capturing of smoking and substance use by utilise links within the Wiltshire Tobacco Control Alliance.
Drive the use of VBA+ and other smokefree support within the Connect service to empower individuals with substance use to quit smoking.

Conclusion

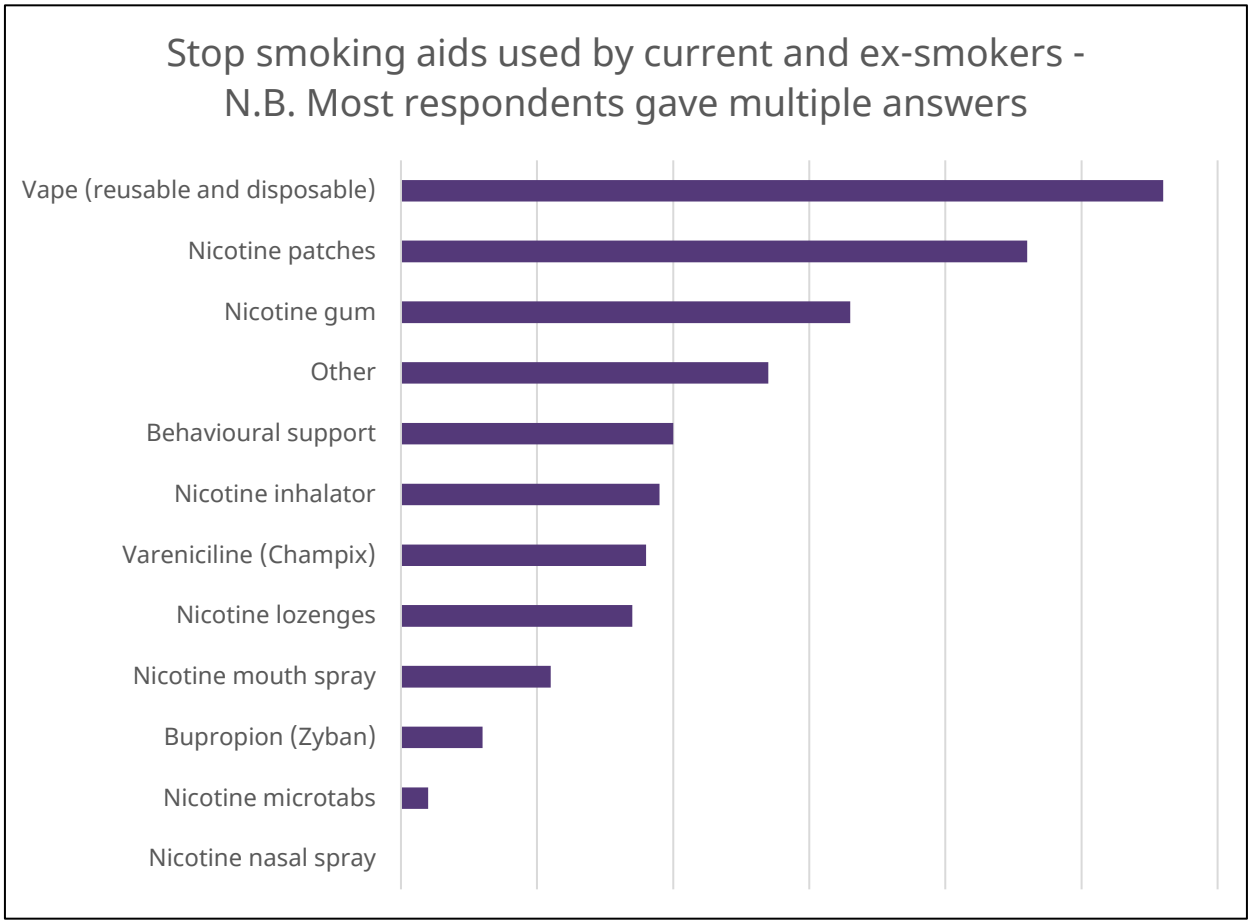
The Smokefree by 2030 ambition is fast approaching in which we need to reduce the smoking prevalence of our adult population by over half. As we know, smoking influences inequalities and causes preventable mortality and morbidity. To improve the health of Wiltshire residents further work needs to be done with underserved communities where smoking rates are higher such as those with serious mental illness, routine and manual workers and Gypsy, Roma, Travellers, and Boaters. Engagement and outreach work needs to be at the forefront of commissioning and interventions by working with key partners and stakeholders to reduce health inequalities and improve our populations health.

It is evident that we need to allocate a reasonable amount of funding on marketing of both the Wiltshire Health Improvement Hub and Smokefree Wiltshire initiatives. To ensure this is executed correctly, we should utilise the knowledge from members of the Tobacco Control Alliance and Health Coaches, particularly on ways to improve the inclusivity and accessibility of the marketing, and that it reflects our services values, such as an emphasis on it being a free service and use of positive wording.

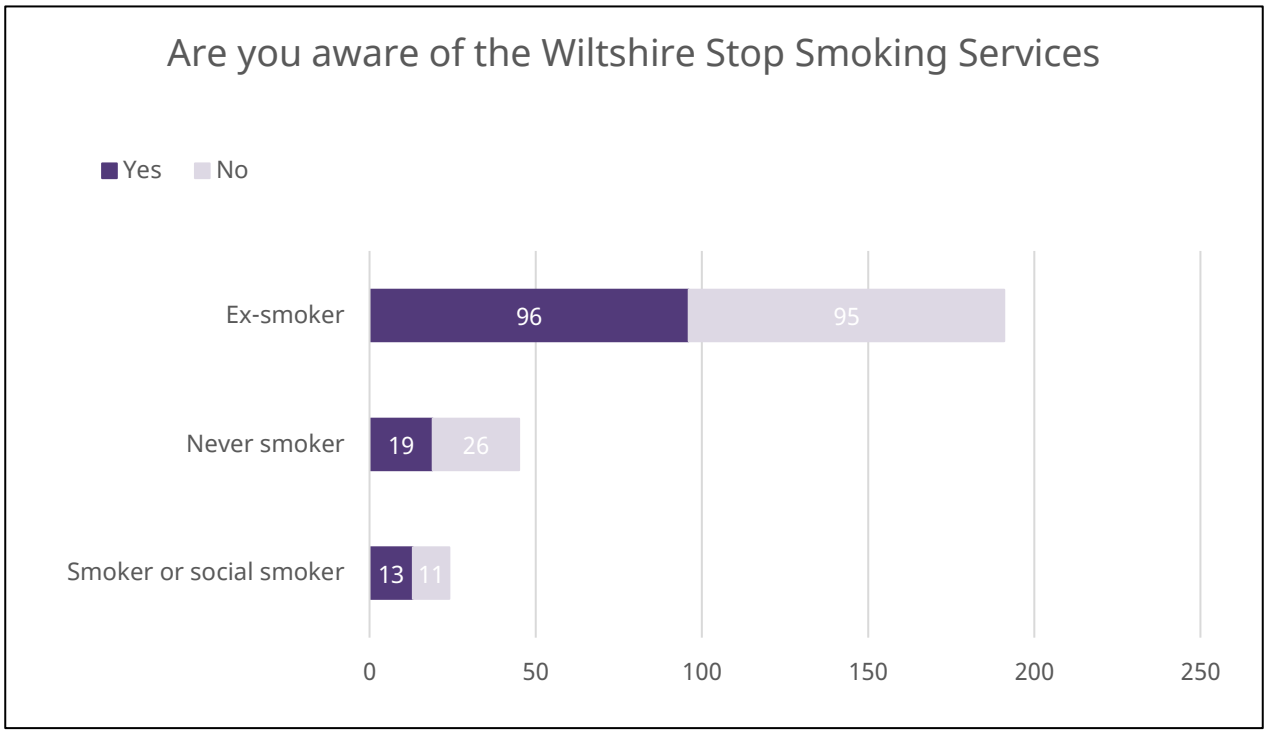
Appendix 1



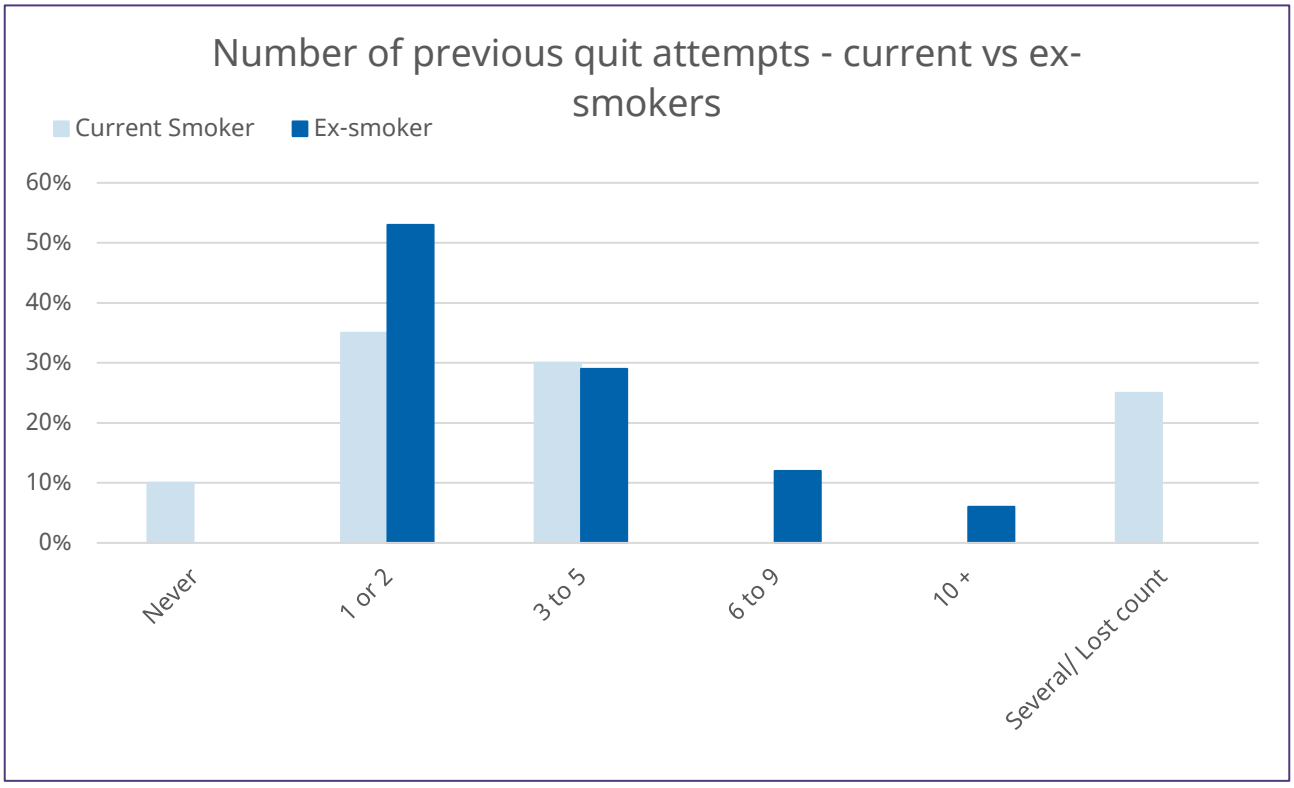
Appendix 2



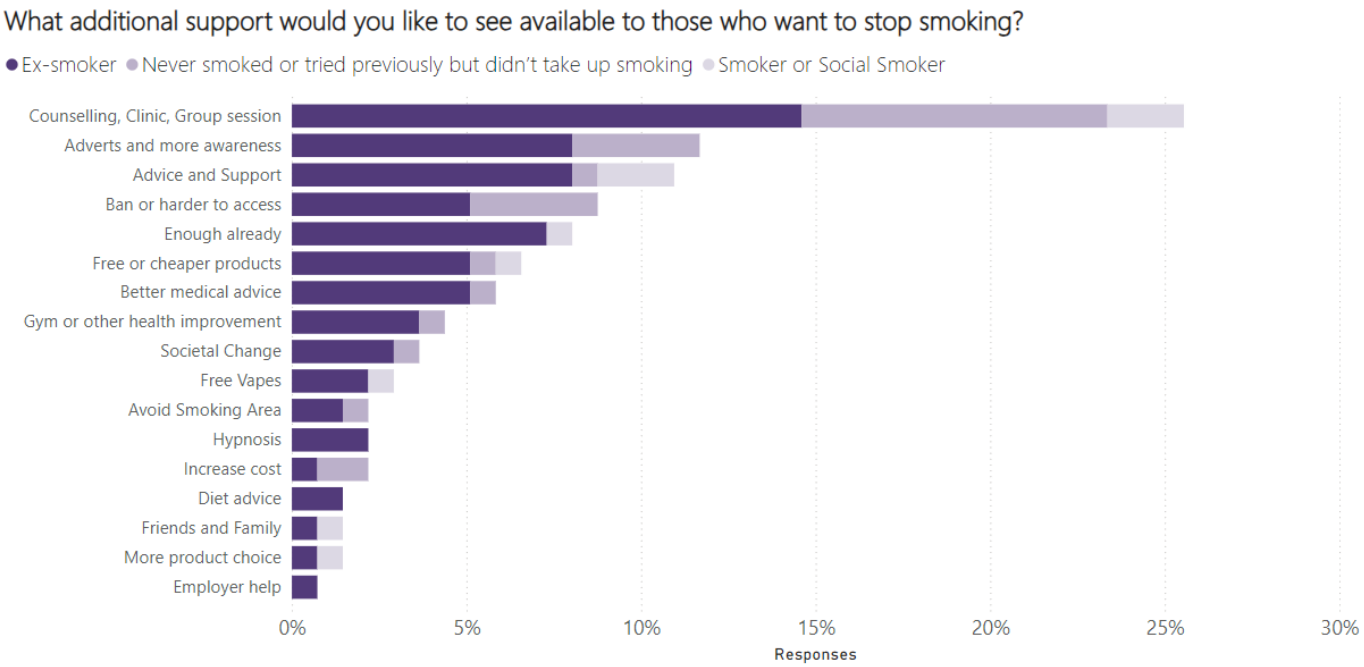
Appendix 3



Appendix 4



Appendix 5



Appendix 6

Data sources and references

1
Section title: Background, purpose and scope
Reference title: Mortality in relation to smoking: 50 years' observations on male British doctors
Data source: Journal Article
Date: 2004
Link: https://www.bmj.com/content/328/7455/1519

2
Section title: Background, purpose and scope
Reference title: Smoking Statistics Fact Sheet
Data source: Action on Smoking and Health (ASH)
Date: October 2023
Link: https://ash.org.uk/resources/view/smoking-statistics

3
Section title: Background, purpose and scope
Reference title: Smoking Profile
Data source: Fingertips Public Health Data. Office for Health Inequalities and Disparities
Date: October 2020 - 2024
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Data source: Action on Smoking and Health
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Section title: Policy and Papers, national guidelines, tobacco control and legislations
Reference title: Local Stop Smoking Services and support: commissioning, delivery and monitoring guidance
Data source: National Centre for Smoking Cessation and Training
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Reference title: Smoking and Health Inequalities
Data source: Action on Smoking and Health
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Link: https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1

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Reference title: Wiltshire's Joint Strategic Needs Assessment
Data source Wiltshire Intelligence
Date: 2022
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Section title: The Wiltshire population - Age, ethnicity, Life expectancy, Mortality, Deprivation, Health
Reference title: Wiltshire's Community Area Joint Strategic Needs Assessment
Data source Wiltshire Intelligence
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Section title: Priority Group: Smokefree households - Local data and findings
Reference title: Wiltshire's Community Area Joint Strategic Needs Assessment
Data source: Smoking, pregnancy and fertility
Date: December 2021
Link: https://ash.org.uk/resources/view/smoking-pregnancy-and-fertility

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Data source: Wiltshire Children's Health Community Services – HCRG Group
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Section title: Priority Group: Children and young people - Local data and findings
Reference title: TS054 - Tenure
Data source: Office For National Statistics
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Section title: Priority Group: Military - Local data, findings, gaps and recommendations
Reference title: British Army to extinguish smoking in 2022
Data source: Army MOD UK
Date: 07/07/2024
Link: https://www.forcesnews.com/news/british-army-smoke-free-end-2022

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Reference title: The Enterprise Network - Wiltshire
Data source: The Enterprise Network
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Data source: Local Government Association
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