

**North Tyneside  
Joint strategic needs  
assessment**

**Tobacco**

November 2024



North  
Tyneside  
Council

## 1. Introduction

Smoking is the leading cause of preventable illness and premature death, killing around 80,000 people in England in 2023. For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease. In England it is estimated that in 2022–2023, around 408,700 NHS hospital admissions were attributable to smoking, accounting for 1 in 6 of all hospital admissions.

The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year<sup>1</sup>. Smoking causes 7 out of every 10<sup>2</sup> cases of lung cancer and is associated with 15 other cancers. Smoking also causes cardiovascular disease, by damaging the heart and blood circulation. Smoking also damages the lungs, leading to conditions such as chronic obstructive pulmonary disease and pneumonia.

Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.

The cost of smoking to society totals £17.04bn for England<sup>3</sup> each year. Smokers are more likely than non-smokers to become ill while of working age increasing the likelihood of being out of work and reducing the average wages of smokers. Smokers are also more likely to die while they are still of working age creating a further loss to the economy. Together this adds up to £13.2bn. Smokers' need for health and social care at a younger age than non-smokers also create costs, with smoking costing the NHS an additional £2.4bn and a further £1.2bn in social care costs. This includes the cost of care provided in the home and residential care costs.

In North Tyneside the average smoker spends just under £2,000 a year on tobacco, a total of £45.6 million in North Tyneside annually. Each year in North Tyneside when income and smoking costs are taken into account 7,939 households are driven into poverty. The residents of these households

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<sup>1</sup> [Tobacco commissioning support – Gov.UK](#)

<sup>2</sup> [Lung Cancer Causes – NHS Digital](#)

<sup>3</sup> [ASH – Smoking Costs in Society](#)

include 10,849 adults below pension age, 1,985 pension age adults and around 5,132 dependent children. Smokers' employment chances and average earnings are also damaged by smoking.

In North Tyneside 921 people are economically inactive due to smoking and smokers earn 6.8% less than non-smokers. The underemployment of smokers is likely due to higher levels of ill health which make it more difficult for them to maintain full employment to state pension age. When these costs, and the loss to society of people dying while still of working age are taken into account smoking in North Tyneside is estimated to cost £42.01 million in lost productivity. Overall, it is estimated that smoking costs North Tyneside £164 million each year including costs of healthcare, social care, productivity, and fire costs.

## 2. Key Issues

- Smoking in pregnancy is 1.7 times more common in the most deprived groups compared to the least in England. In North Tyneside 170 women a year are smokers when they give birth, and 13,093 children live in households with adults who smoke. Smoking in the home not only damages the health of children but increases their chance of becoming smokers by 4 times.
- In North Tyneside 17.4%, of those in routine and manual occupations smoke in 2024 compared 11% for the total population. This is an increase of 3.6%. However, this is still a decreased figure from 2021's recorded prevalence of 31.8% and 2020's 23.7%. 22.6% of those who have never worked or are long term unemployed smoke, this is nearly 3 times as high as those in professional and managerial roles

Smoking rates are much higher among people with a mental health condition. It's estimated that a quarter of people with long term mental health conditions smoke. Among those with a diagnosed serious mental health problem rates for 2022-2023 are estimated to be 41.7% in North Tyneside.

### 3. High Level Priorities

The objective of the North Tyneside Smokefree Alliance Delivery Plan is to establish a smokefree generation where the overall adult smoking prevalence is lower than 5%, by 2025.

In order to achieve a smoke free generation, the following targets have been set in the All-Parliamentary Group on Smoking and Health.

Recommendations for the Tobacco Control Plan 2021:

- Smoking in Adults to fall from 12.7% in 2022 to 9.1% (n=15,149) by 2025
- Smoking among routine and manual workers to fall from 22.5% in 2022 to 13.3% by 2025
- Smoking in those with a long-term mental health condition to fall from 25.2% in 2021/22 to 15.4% in 2025
- Reduce smoking in pregnancy from 9.1% in 2021/22 at time of delivery to 5% or less by 2025
- Reduce smoking among 15-year-olds from 11.4% in 2018 to 7.7% by 2025

The NHS Long Term Plan identifies that one-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome. The plan makes it clear that the NHS needs to play a greater role in upstream prevention, and the treatment of tobacco dependency in both primary and secondary care settings is essential in preventing avoidable illness.

Specific commitments set-out in the NHS Long Term Plan include that by 2023/24, all people admitted to hospital that smoke will be offered NHS-funded tobacco treatment services. These services will also be adapted for expectant mothers, and their partners, with a new smoke free pregnancy pathway including access to focused sessions and treatments. NHS-funded tobacco treatment services will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services. This will include the option to switch to e-cigarettes in inpatient settings.

## 4. Those at Risk

Smoking can have devastating consequences for expectant mothers and their babies. Smoking during pregnancy increases the risk of stillbirth, and babies born to mothers who smoke are more likely to be born underdeveloped and in poor health. Maternal smoking after birth is associated with a threefold increase in the risk of sudden infant death. Smoking during pregnancy is also a major health inequality, with prevalence varying significantly across communities and social groups. Smoking prevalence among pregnant women in more disadvantaged groups and those aged under 20 remains considerably higher than in older and more affluent groups. Mothers in routine and manual occupations are five times more likely to have smoked throughout pregnancy compared to women in managerial and professional occupations, meaning those from lower socio-economic groups are at a much greater risk of complications during and after pregnancy.

Children who grow up with a smoking parent are also more likely to become smokers themselves, further perpetuating the cycle of inequality and affecting their life chances. Second-hand smoking increases a child's risk of cot death, glue ear, asthma, and other respiratory disorders in later life and leads to over 300,000 UK GP consultations and about 9,500 hospital admissions every year (in addition to costing the NHS about £23.3 million annually). In the UK, around 2 million children are estimated to be regularly exposed to second-hand smoke in the home, more than any other environment. In 2021, a little over half (52%) of pupils reported having some level of exposure to second-hand smoke with 48% experiencing second-hand smoke in the home (theirs or others'). About one in ten (11%) of all pupils were exposed to second-hand smoke in the home every day or most days. Disadvantaged children are more likely to be exposed to second-hand smoke in the home, exacerbating inequalities and transmitting them across generations by increasing the chances of children growing up to smoke. A 2019 ASH and YouGov survey found that 20% of people in social grade E say that someone smokes in the home most days versus only 8% of people from social grade AB. Second-hand smoke exposure is also much higher in social housing, where adult smoking rates are disproportionately high and smoking related inequalities concentrated.

The Office for Health Inequalities and Disparities Local Tobacco Control Profiles for England show that as the severity of mental health conditions increases, smoking prevalence is higher. In 2014/15, prevalence in all adults (aged 18+) was 16.4% and prevalence in adults living with anxiety or depression was 28.0%, a long-term mental health condition was 34.0% and a serious mental illness was 40.5%. Even common mental health conditions, such as anxiety and depression, are associated with a greater likelihood of smoking and of being highly dependent. People with poor mental health die on average 10 to 20 years earlier than the general population, and smoking is the biggest cause of this life expectancy gap.

In general, men are more likely to smoke than women. Since 2010, smoking has become less common across all age groups. Smoking continues to be lowest among people aged 60 and over. Although they are more likely than younger people to have ever been smokers, they are also more likely to have stopped smoking.

## **5. Level of Need**

The Local Tobacco Control Profiles for England provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They can be accessed here:

<https://fingertips.phe.org.uk/profile/tobacco-control>

North Tyneside has seen a reduction in smoking prevalence over the last two years from 15.3% in 2021 to 11% in 2023 in adults aged 18 and over. The England rates have also reduced from 13% to 11.6% over the same period.

Despite this, there is still much to be done to drive down smoking rates in priority groups and smoking related harm. Smoking prevalence in routine and manual occupations for 18–64-year-olds has increased by 3.6% 17.4%. This is still a decreased figure from 2021's recorded prevalence of 31.8% and 2020's 23.7%.

In 2023, in comparison to the England average of 7.4%, and the North East average of 10.2%, in North Tyneside 6% of women a year were smokers at time of delivery, equalling 98 women a year being smokers when they gave birth. Smoking in pregnancy is 1.72 times more common in the most deprived groups compared to the least in England.

Two thirds of adult smokers started before they reached 18 years old and over 80% before the age of 20. About 400,000 11–15-year-olds in England have tried smoking at some point and approximately 100,000 now smoke.

In 2023 there is a 24.3% prevalence of smoking for those who rent from local authority or housing association compared with 6.5% prevalence for people who own their home outright.

In 2023, 21.5% of people who have never worked or have been unemployed long-term smoke. This is in comparison to those in managerial and professional roles where the smoking prevalence is 6.7%

In 2024 41.7% of those with a diagnosed serious mental health condition are estimated to smoke.

Smoking is the largest avoidable cause of social health inequalities. Half of all smokers will die prematurely, and in North Tyneside there is a gap in life expectancy for men of 11.4 years mapped between the most and least deprived areas, and 9.9 years for women. Half of that gap is attributed to smoking related mortality. People living with social and economic hardship find stopping smoking far more difficult. Smoking is more common in the communities they live in, they tend to have started younger and have higher levels of dependency on tobacco, all of which make it harder to quit successfully.

## **6. Unmet Needs**

People living in social housing have smoking rates which are double the national average. In North Tyneside 24.3% of people who rent from local authority or housing association smoke compared to 6.5% who own their

home outright. This indicates that stop smoking interventions for those living in social housing is an unmet need. Targets taken from the APPG recommendations for the Tobacco Plan for England 2021 are for smoking in social housing to fall to 16% by 2025 and to reduce the proportion of children with one or both parents who are smokers from one in four (25.2%) in 2018 to 11.8% by 2025.

Whilst NHS-funded tobacco treatment services becoming available as part of specialist mental health services for long-term users of specialist mental health and in learning disability services is included in the NHS Long Term Plan, currently those needs are unmet. A target included in the Long-Term Plan is for smoking in those with a long-term mental health condition to fall from 25.2% in 2021/22 to 15.4% in 2025. However, using Long Term Plan funds, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust have appointed a Specialist Tobacco Dependence Service Lead, to cover 7 Local Authority areas. 3 full time tobacco dependency advisors and 2 part-time will also cover the whole geographical area of the Trust.

Targets have been set in the All-Parliamentary Group on Smoking and Health Recommendations for the Tobacco Control Plan 2021 to reduce smoking in pregnancy from 12.7% in 2020 at time of maternity booking to 8.9% by 2025, and to reduce smoking in pregnancy from 8.3% in 2021/22 at time of delivery to 5% or less by 2025. Northumbria Healthcare NHS Foundation Trust have established an internal Tobacco Dependency service which will provide support to pregnant smokers who are patients in the trust.

## **7. Projected Need and Demand**

## **8. Community Assets and Services**

Stop Smoking Services in North Tyneside are provided by selected community pharmacies. These pharmacies are selected based on performance; whether they have consistently achieved a 4-week quit rate of 35% and above. Quit rates of around 35% at four weeks are generally below what would be expected from an optimal service (around 50%) but higher than would be expected if the smokers attending had received only a prescription for a stop smoking medication (25%). Pharmacies are also



selected to achieve a geographical spread across the borough; particularly to ensure they are situated in areas where levels of smoking are more concentrated.

## **9. Evidence for Interventions**

Public Health England have reviewed evidence for models of stop smoking delivery:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/647069/models\\_of\\_delivery\\_for\\_stop\\_smoking\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647069/models_of_delivery_for_stop_smoking_services.pdf)

Stop smoking interventions provided in the pharmacy setting can be delivered successfully when staff are appropriately trained, monitored and mentored. It is important to note, however that the number of smokers accessing support in any single pharmacy is likely to be small.

Consideration should be given as to how the availability of this support is promoted and the way in which this is accessed from other points of identification e.g., pregnant women from maternity services and those with mental health conditions, to ensure priority groups are being reached effectively.

Advocacy for further tobacco control measures are part of the work of the North Tyneside Smokefree Alliance, for example raising the age of sale of tobacco from 18 to 21 years of age, based on evidence. The evidence from the US is that raising the age of sale from 18 to 21 has reduced smoking prevalence in that age group by at least 30%. This is very similar to the impact when the age of sale in England was increased from 16 to 18 in 2007. This led to a reduction of 30% in smoking prevalence in people aged 16 and 17 years, partly by reducing uptake and partly by promoting cessation, and had a sustained impact.

## **10. Views**

## **11. Additional Needs Assessments Required**

Respiratory illness

Cancer  
Drug misuse  
Gambling

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