

Cheshire West and Chester Tobacco Needs Assessment

October 2025

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1. Executive Summary

Smoking remains the leading cause of preventable death globally and continues to pose significant health, social, and economic challenges in Cheshire West and Chester. While adult smoking prevalence in the borough has declined to 10.5%—lower than the national average—disparities persist among vulnerable groups including routine and manual workers, individuals with mental health conditions, pregnant women, and those in social housing.

Vaping, although an effective cessation tool for adults, presents emerging concerns, particularly for children and young adults. Youth vaping prevalence stands at 9%, with increasing experimentation driven by marketing, accessibility, and flavour appeal. The long-term health impacts of vaping remain unknown, and public misperceptions about its risks are growing.

The borough incurs an estimated £264 million annually in smoking-related costs, including productivity losses, healthcare, and social care expenses. The Stop Smoking Service continues to provide a universal offer for all smokers and targeted interventions including the introduction of the Swap to Stop programme.

1.1. Key Findings

- Higher smoking rates among those with socioeconomic disadvantage, mental illness, substance misuse, and in certain wards.
- Smoking at Time of Delivery (SATOD) has declined to 7.4%, similar to the national average.
- Youth vaping is rising, with 1 in 6 young people regularly vaping.
- Environmental impacts of tobacco and disposable vapes are significant.

Identified gaps include limited data on smoking and vaping within the criminal justice system, homelessness, social housing, and among global ethnic majority groups. Challenges include funding sustainability, service accessibility, and evolving nicotine use patterns.

1.2. Recommendations

- Maintain the Universal Stop Smoking Service.
- Deliver targeted interventions for high-prevalence groups.
- Improve data collection across underserved populations.
- Continue prevention efforts and public education on smoking harms and vaping.
- Advocate for sustained funding and
- Adapt the service in line with changes to legislation and guidance on smoking and vaping.

This assessment supports the borough's commitment to achieving a Smokefree Generation by 2030, aligning with national and regional strategies.

2. Why is Smoking a Priority?

Smoking is the leading cause of premature, preventable death globally as a result of both direct tobacco use and non-smokers being exposed to second-hand smoke¹.

Smoking claims around 80,000 lives a year in the UK and around 64,000 lives in England². It is responsible for one in four of all cancer deaths in England and kills up to two-thirds of its long-term users³.

Whilst smoking prevalence in adults in England has been in a steady and continued decline since 2011, this reduction has not been seen equally across the whole population. Stark disparities in smoking levels persist. Those living in areas of deprivation, in routine and manual occupations, with long term and severe mental health conditions, or a dependence on alcohol, and/or drugs, continue to experience higher smoking prevalence rates than the general population as highlighted by Cancer Research UK⁴.

There is also concern about a new generation of children and young people becoming addicted to nicotine through the rise in youth vaping. Whilst vapes (e-cigarettes) are an effective cessation tool for smokers, the long-term risks are unknown, so may pose health harms to young people, smokers and non-smokers⁵.

This tobacco needs assessment aims to review the current position locally and provide evidence to support both the local authority's and the government's objectives of a Smokefree Generation by 2030.

3. Who is most at risk – what national research tells us

Socioeconomic status

Those living in the most disadvantaged areas are more likely to be smokers. This includes individuals receiving income related benefits, those who are unemployed, or employed in routine and manual occupations¹⁵.

Gender

Men are more likely to be smokers than women and smoke a higher number of cigarettes each day¹⁶.

Age

Nationally, smoking prevalence is highest for adults aged 25 to 34 years. Those aged 65 years and over are the least likely to smoke. Adults aged 18 to 24 years have seen the largest reduction in smoking prevalence between 2011 and 2023¹⁶.

Smoking in Pregnancy

Maternal smoking during pregnancy can cause foetal ill health and death. Exposure to tobacco increases the risk of miscarriage, still birth, pre-term delivery, low birth weight and sudden infant death syndrome. Children born to mothers who smoke are more likely to develop respiratory conditions such as asthma, problems of the ear, nose and throat, and learning difficulties¹⁷.

Ethnicity

Individuals within Black, Asian, and Chinese communities are less likely to smoke than those of white ethnicity. Mixed ethnicity groups are slightly more likely to smoke than those of white heritage¹⁶.

Sexual orientation and gender reassignment

Individuals who identify as lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex, asexual and others (LGBTQIA+), are more likely to smoke than the general population¹⁶.

Mental health

There are higher rates of smoking among people living with mental health conditions than the general population. Nationally, adults with a common mental health disorder are twice as likely to smoke, and adults living with severe mental illness (bipolar disorder, schizophrenia or psychosis), are three times more likely to smoke¹⁸.

Homelessness

Smoking prevalence among people who experience homelessness or rough sleeping is much higher than in the general population. Nationally, it is estimated that between 76% and 85% of people experiencing homelessness smoke¹⁹.

Offenders

Between 2015 and 2018, a smokefree policy was introduced in closed prisons, and in open prisons, smoking was only allowed in designated smoking shelters. Most prisoners in closed prisons now use an e-cigarette (vape), however, there are concerns over prisoners resuming smoking when they enter the probation service on community release²⁰.

Vulnerable children

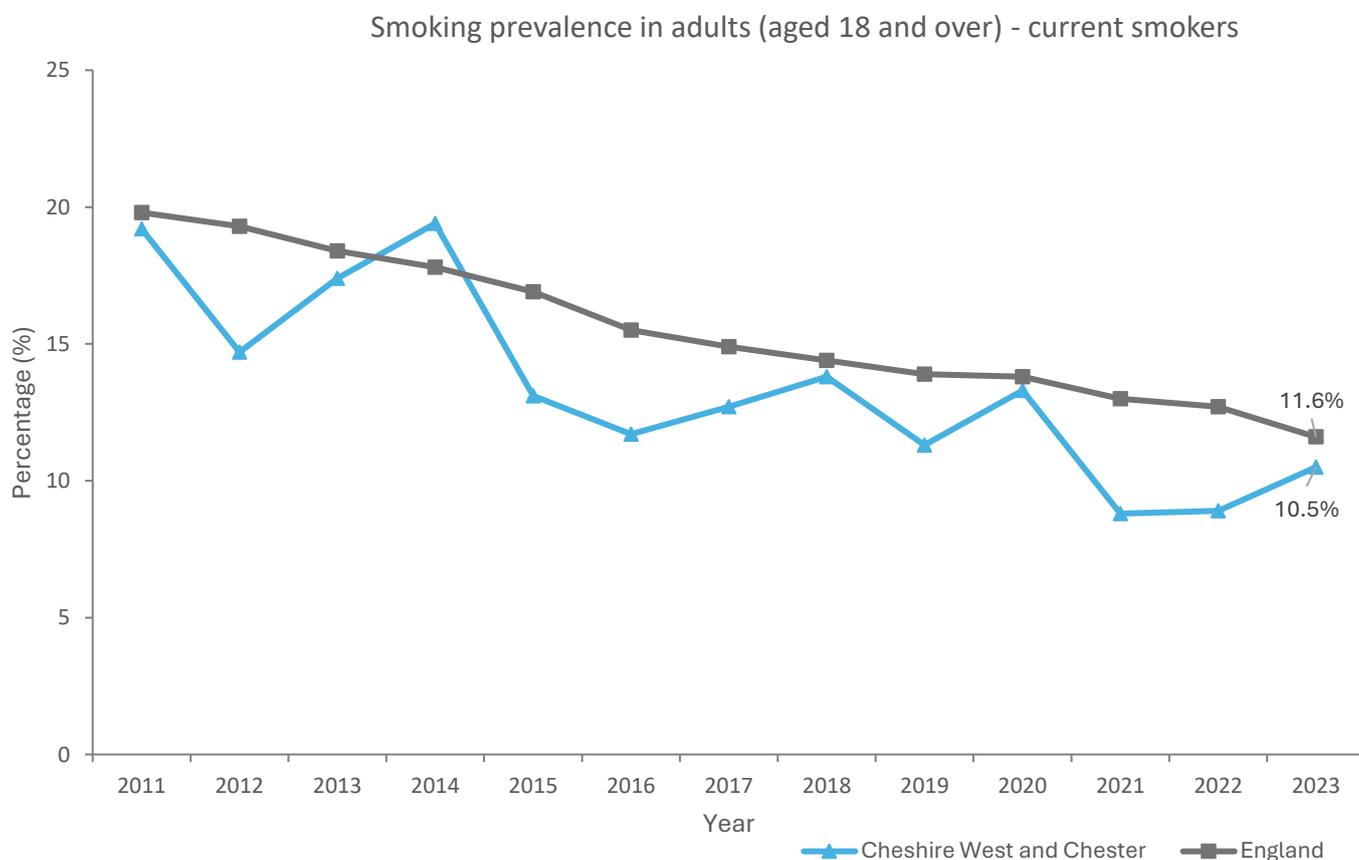
All children are at higher risk of becoming smokers if they live with a person who smokes, or someone in their peer group smokes. However, vulnerable children are even more at risk. This includes children living in care, children with higher levels of unauthorised absence from school, and young offenders²¹.

4. Tobacco

4.1. Smoking Prevalence in Adults

Considerable improvements have been made locally, through public health interventions, to reduce the prevalence of adult smoking in Cheshire West and Chester to 10.5% in 2023, equating to 30,889 people. As Figure 1 illustrates, this is statistically similar to the average smoking prevalence in England (11.2%).

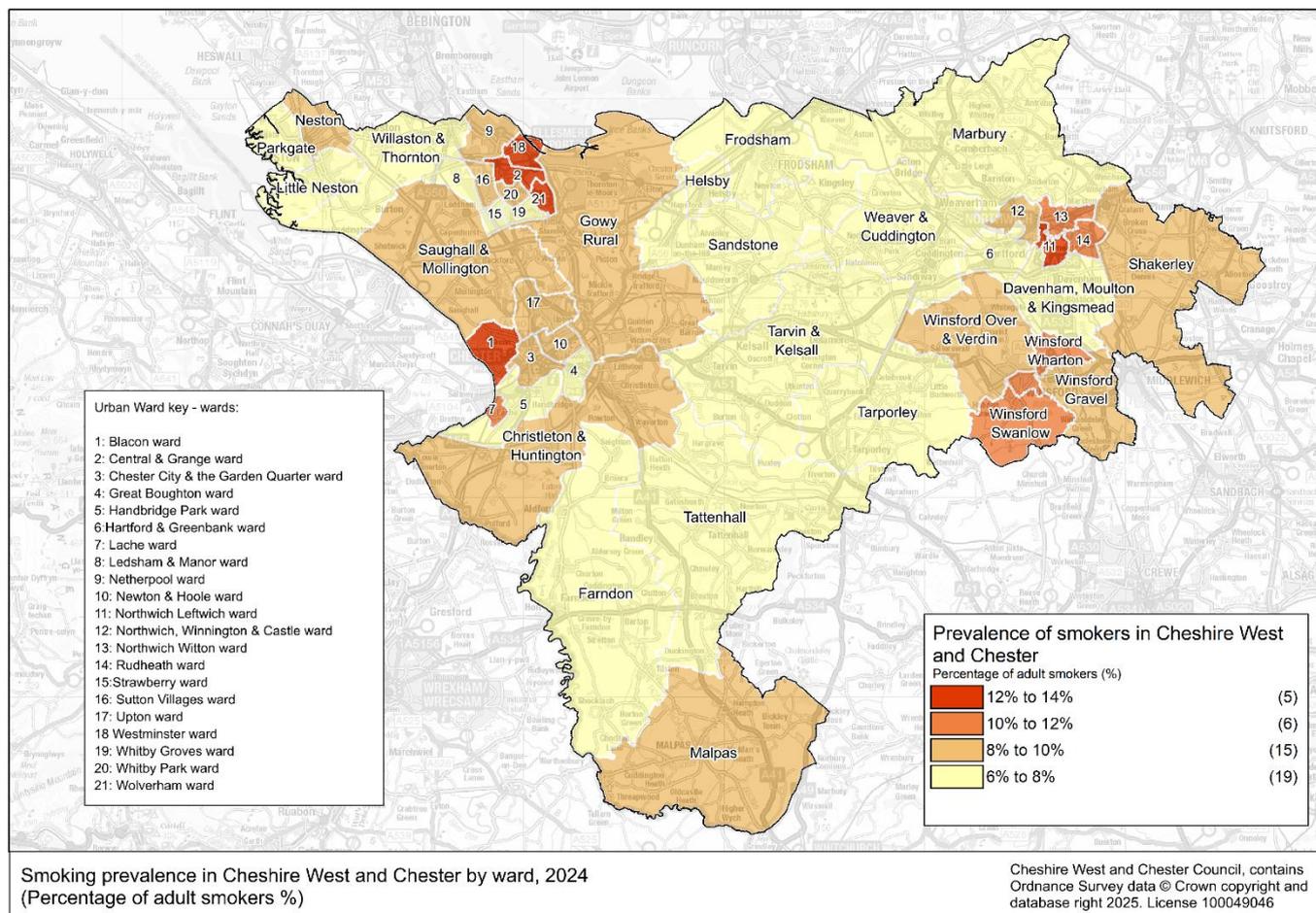
Figure 1: Smoking Prevalence in Adults.



Source: OHID, Office for National Statistics data, Annual Population Survey (APS)

However, smoking prevalence varies across the borough as indicated in Figure 2. The wards with the highest percentage of smokers include Blacon, Central and Grange, Westminster, Wolverham and Northwich Leftwich ward.

Figure 2: Smoking prevalence by ward.



Source: ASH 2024 Ward Level Ready Reckoner

4.2. Socioeconomic Status

People of lower socioeconomic status are at a higher risk of smoking. Recent studies by Cancer Research UK suggest that those living in the 10% most deprived areas in England will not be smokefree until 2050, 20 years behind the UK Government’s smokefree target of 2030¹⁵.

In Cheshire West and Chester, 26,731 residents live in neighbourhoods that rank in the top 10% most deprived in England. The borough has a less deprived population profile than England, with 8% (16) of neighbourhoods in the most deprived areas, compared with 10% in England²².

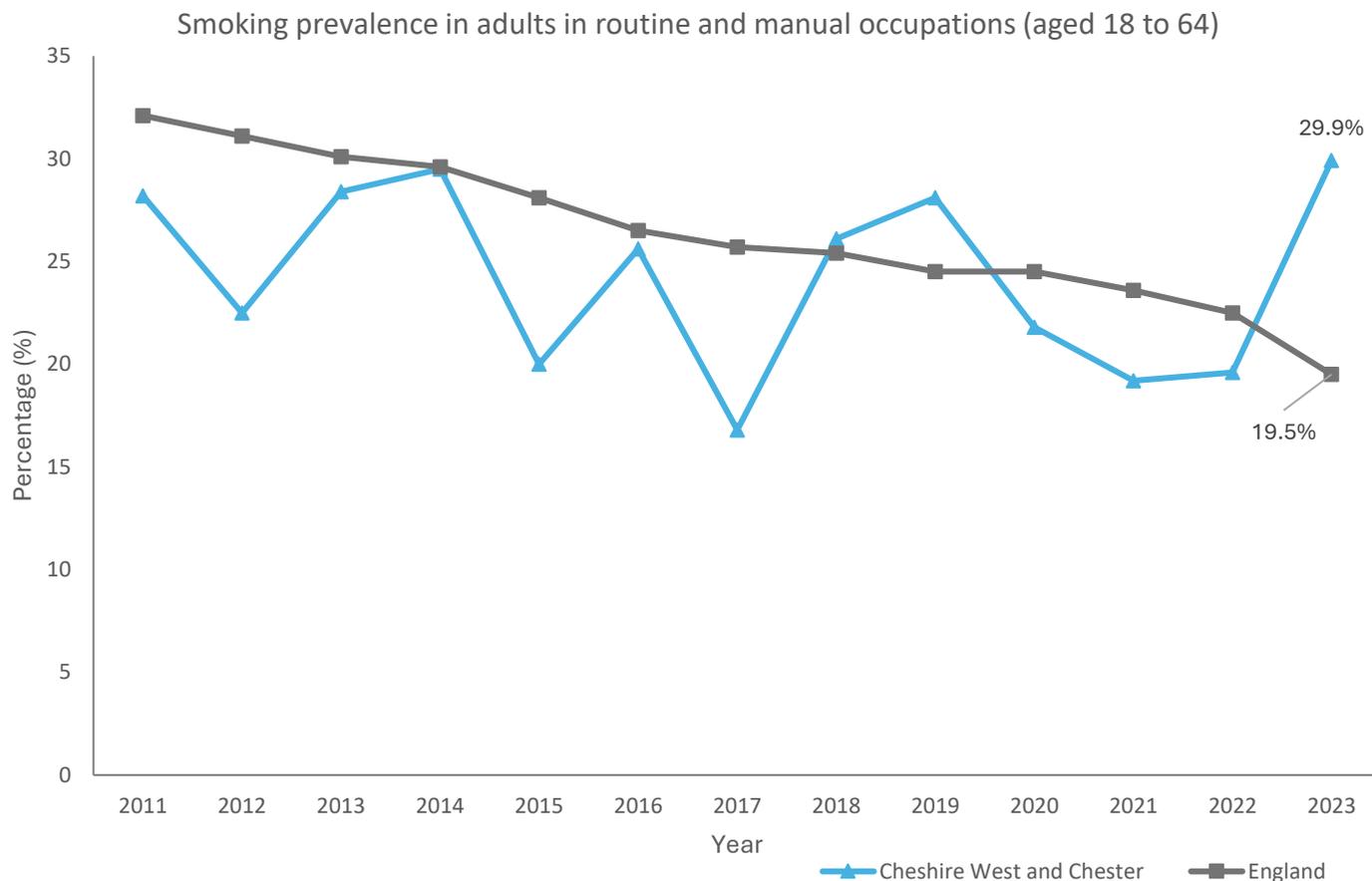
4.3. Occupation

Smoking levels vary across different occupational groups, with the highest rates in those working in routine and manual occupations, and the next highest being those who have never worked/are unemployed. The lowest rates are found in those who work in managerial and professional occupations¹⁶.

In 2023, smoking prevalence in adults in routine and manual occupations (aged 18 to 64) in Cheshire West and Chester was 29.9%, which is statistically similar to the England value (19.5%) (Figure 3). The prevalence

is nearly three times higher than the adult smoking prevalence at 10.5%. It should be noted that due to the small sample size used to calculate smoking prevalence from the Annual Population Survey, the confidence in the accuracy of these results is low.

Figure 3: Smoking prevalence in adults in routine and manual occupations.

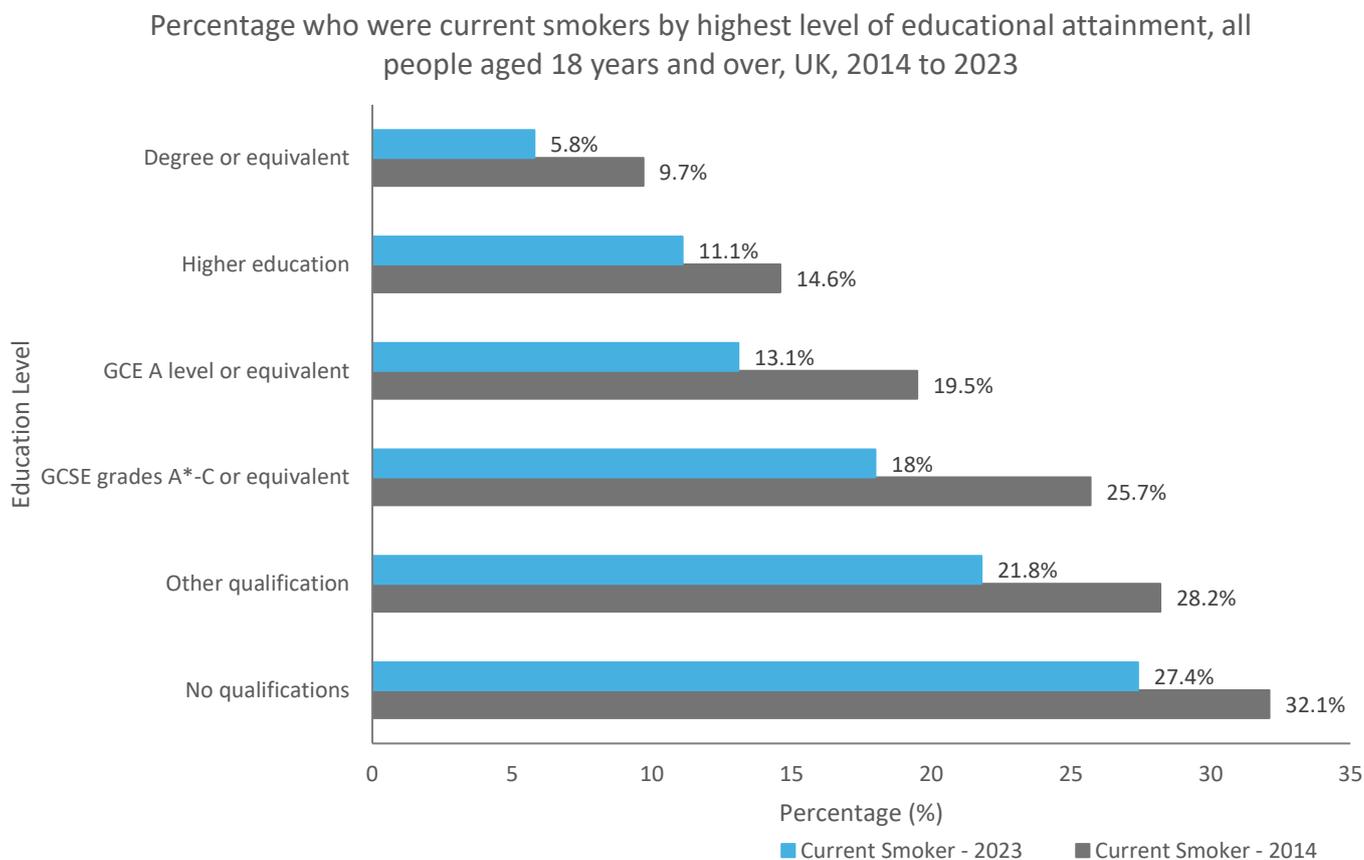


Source: OHID, Office for National Statistics data, Annual Population Survey (APS)

4.4. Education Attainment

Higher smoking prevalence in adults is experienced among those with no qualifications, compared to those with a higher education degree or equivalent. As figure 4 illustrates, nationally in 2023, 27.4% of people who had no qualifications were current smokers compared to 5.8% with the highest level of education¹⁶.

Figure 4: Percentage who were current smokers by highest level of educational attainment.



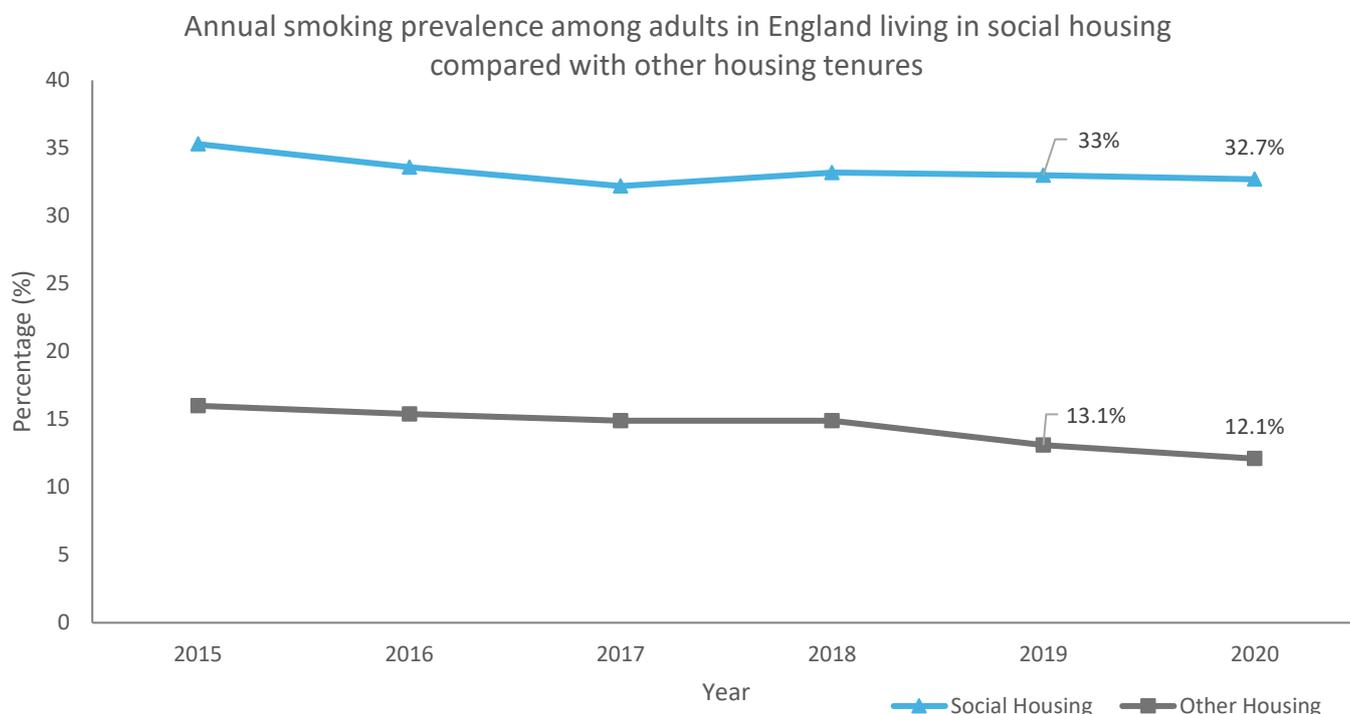
Source: Office for National Statistics data, Annual Population Survey (APS)

4.5. Housing Tenure

Smoking prevalence among social housing residents is one of the highest in England, with around 1 in 3 people in social housing stating they smoke, compared to 1 in 10 people who own their home, and 1 in 7 in the general adult population²³.

The gap in smoking levels between people living in social housing and people living in other types of housing has worsened in recent years, exacerbating inequalities. In 2019, the smoking prevalence among individuals living in social housing was 33.0%, compared to 13.1% in other housing tenures (Figure 5)²³.

Figure 5: Annual smoking prevalence among adults in England living in social housing compared with other housing tenure.



Source: Action on Smoking and Health (ASH)

More recent data from the Adult Smoking Habits in England survey (2023), shows a similar picture, with people living in social housing having consistently higher smoking prevalence than other tenures. In 2023, 24.9% of people living in social housing stated that they smoked, compared to 17.4% in the private rental sector, 7.9% in people who own their home with a mortgage, and 6.7% who owned their home outright. Table 1 provides a breakdown of current smokers across housing tenure from 2015 to 2023. Although the smoking prevalence has decreased over time across all four tenures, there is a higher proportion of smokers in rented accommodation¹⁶.

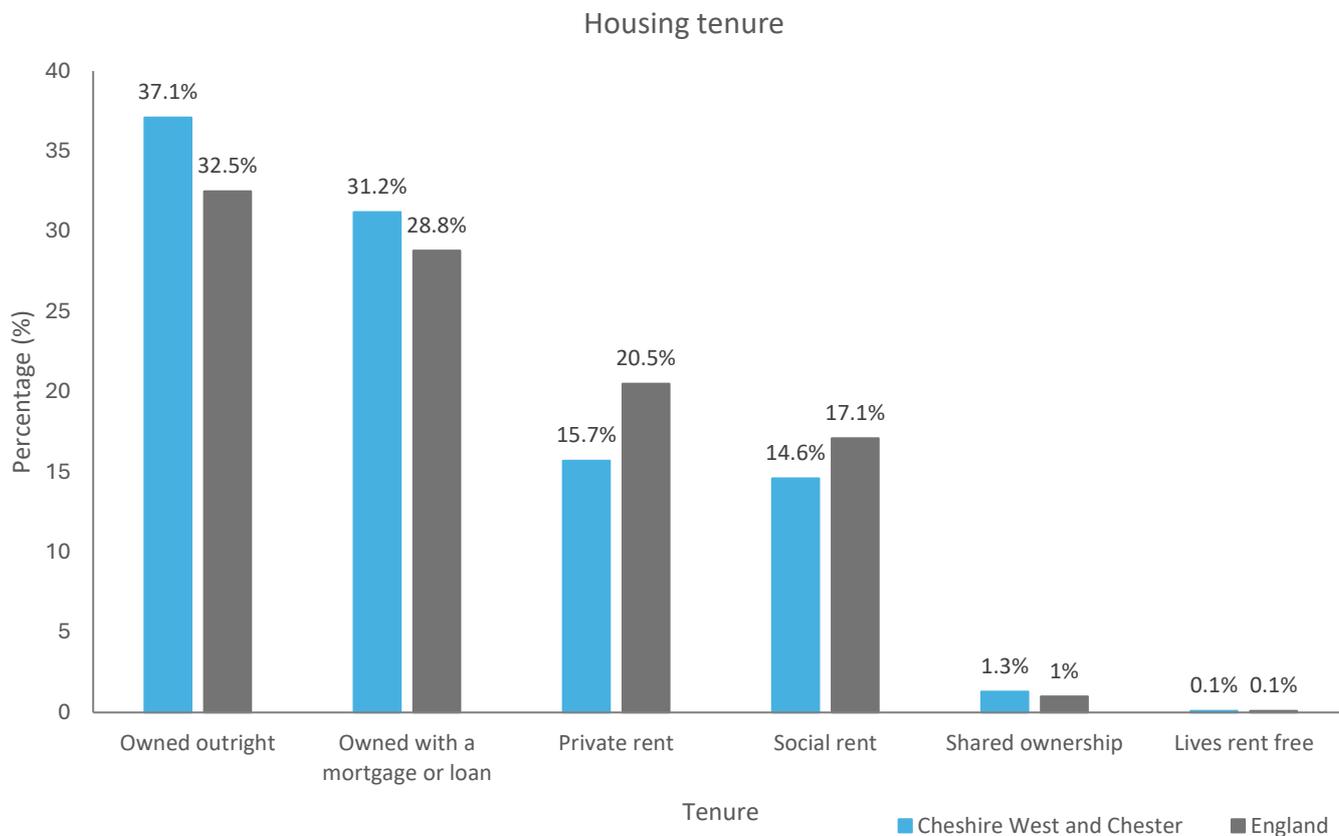
Table 1: Adult smoking prevalence in England by tenure.

Tenure	2023	2022	2021	2020	2019	2018	2017	2016	2015
Owns outright	6.7%	7.3%	7.4%	7.6%	7.6%	8.1%	8.4%	8.2%	9.1%
Owns with a mortgage	7.9%	8.9%	9.5%	10.1%	10.1%	10.6%	11.0%	11.8%	13.2%
Rents: social housing	24.9%	26.0%	27.1%	29.9%	28.6%	30.0%	30.2%	31.0%	32.5%
Rents: privately	17.4%	19%	19.2%	19.4%	22.0%	22.2%	23.0%	23.9%	25.9%

Source: Office for National Statistics (ONS): Adult smoking habits in England.

In Cheshire West and Chester, 14.6% of residents live in social housing which equates to 22,710 people. This is lower than the England average of 17.1% (Figure 6). Based on 2023 figures from the Adult smoking habits in England survey, which estimates that if 24.9% of people living in social housing smoked, this would equate to 5,655 social housing tenants in Cheshire West and Chester who smoke²⁴.

Figure 6: Housing tenure in Cheshire West and Chester.



Source: Census, 2021

4.6. Smoking in Pregnancy

Smoking during pregnancy can lead to a higher risk of miscarriage, complications during labour, low birth weight and sudden infant death syndrome. Children born to mothers who smoke are more likely to suffer from respiratory conditions, problems of the ear, nose and throat and learning difficulties.

4.6.1. Smoking in early pregnancy

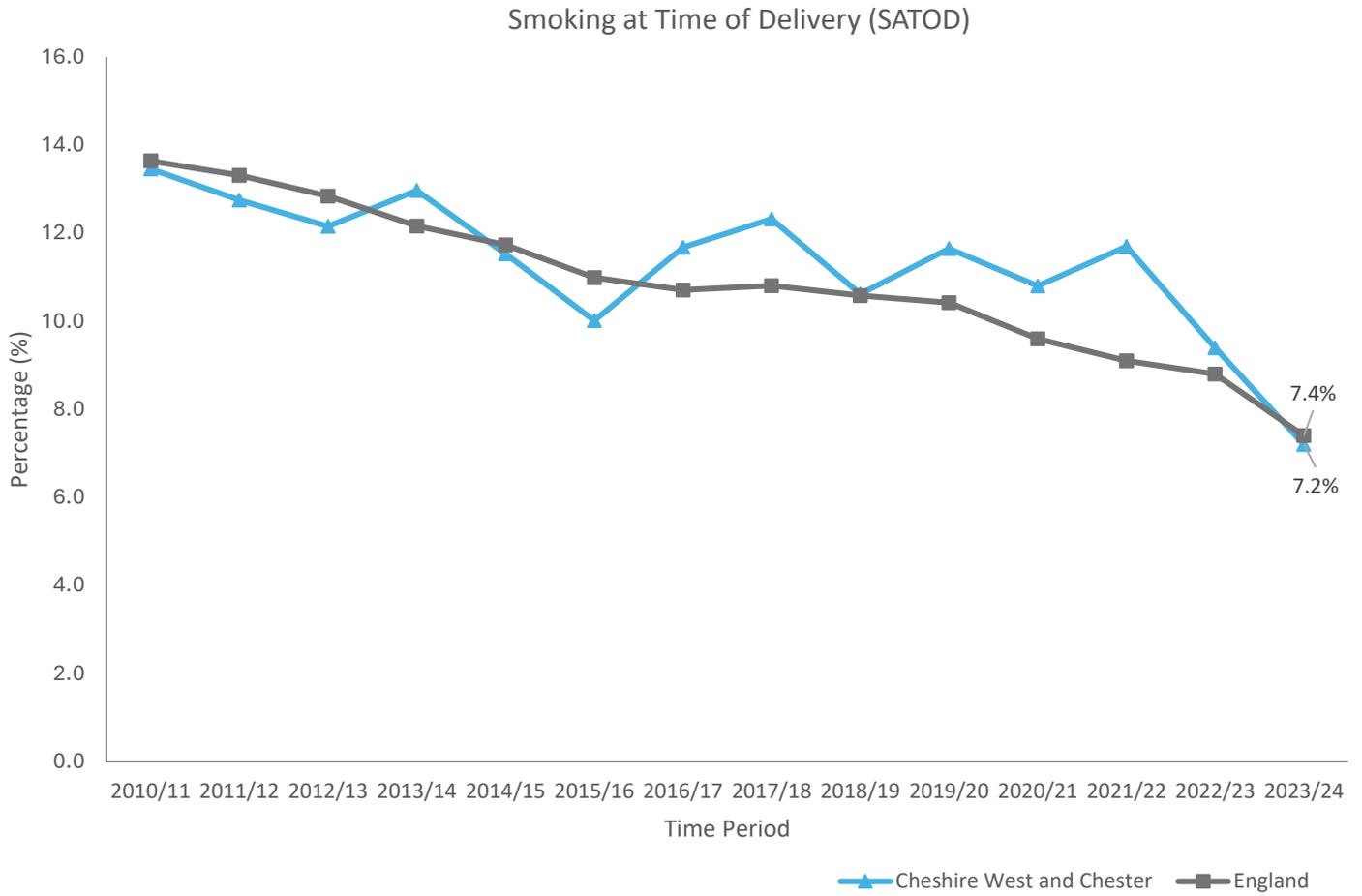
A new methodology for collecting data on smoking in early pregnancy was adopted in 2022 by NHS England. Data for Cheshire West and Chester demonstrate a prevalence of 11.3% in 2023/24, which is statistically better than the England average of 13.6%. However, trend analysis cannot be viewed as there is only a single year of data to date²⁵.

4.6.2. Smoking at Time of Delivery (SATOD)

Cheshire West and Chester has seen a decrease in the prevalence of smoking during pregnancy. It is now at its lowest level in the last 13 years. Prevalence of smoking at time of delivery (SATOD) was 7.4% in 2023/24, which is statistically similar to England (Figure 7)⁹.

The most recent SATOD data from 1 April 2024 to 31 March 2025 has shown a further decrease in the prevalence of smoking at time of delivery. In Cheshire West and Chester, the level was 5.1% compared to 5.6% for England²⁶.

Figure 7: Smoking at Time of Delivery.



Source: Office for Health Improvement and Disparities (OHID) based on NHS England data.

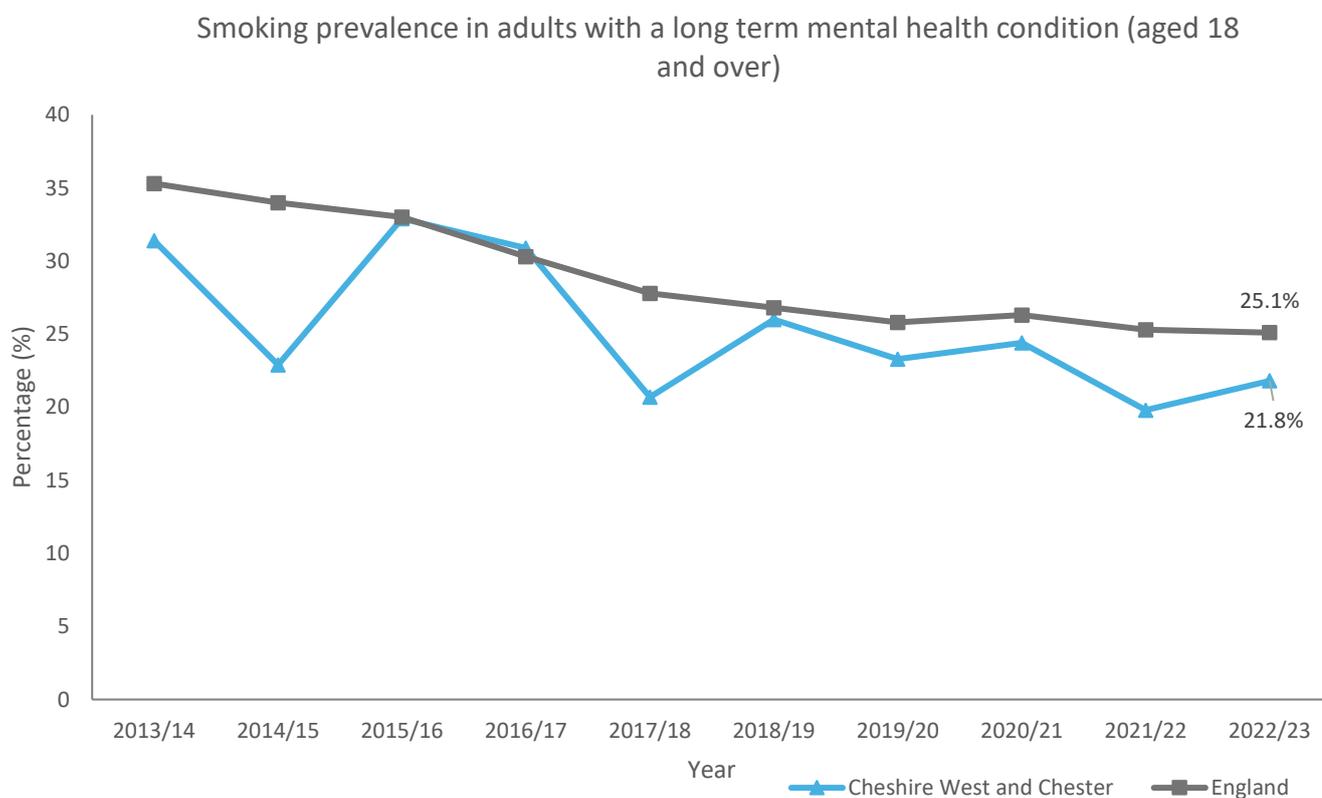
4.7. Smoking and Mental Health

Poor mental health is both a risk factor for smoking and a consequence of smoking. Prevalence of smoking is higher in those who experience poor mental health compared to the general adult population.

The adult Psychiatric Morbidity survey was published in June 2025 however; the data has been split into two release dates with information on smoking prevalence included in the later October 2025 release. The most recent data is from 2014. The 2014 survey indicated that 40.5% of people living with severe mental illness (SMI) were smokers, which is significantly higher than the general adult population. Further analysis of prevalence data from the 2025 survey would be beneficial once it is released²⁷.

Smoking prevalence in adults living with a long-term mental health condition in Cheshire West and Chester in 2022/23 was 21.8%, which is statistically similar to the average England prevalence of 25.1% (Figure 8). Notably, the prevalence is more than double the adult smoking prevalence of 10.5%⁸.

Figure 8: Smoking prevalence in adults with long term mental health conditions.



Source: NHS England

Cheshire and Wirral Partnership NHS Foundation Trust provide inpatient mental health treatment and care for people aged 18 and over across Cheshire West and Chester. All patients are asked about their smoking status at admission. Table 2 demonstrates that the number of inpatients recorded as current smokers has increased over the last three years. The latest figures for 2024 indicate that nearly a third (30.3%) of inpatients were currently smoking²⁸.

Table 2: Inpatients recorded as smoking.

	2022	2023	2024	2025 (quarter 1 data only)
Total number of patients	276	294	327	103
Total number of patients recorded as smoking	53	73	99	22
Percentage on inpatients recorded as smoking	19.2%	24.8%	30.3%	21.4%

Source: Cheshire and Wirral Partnership NHS Foundation Trust.

4.8. Smoking and Substance Use

In England, over 47,000 people (47%) report they had smoked tobacco in the 28 days prior to starting drug and alcohol treatment. Across all substance groups, men and women reported smoking at similar levels. In all cases, the level of smoking was much higher than the average adult smoking rate in England²⁹.

Despite high levels of smoking, only 4% of people were recorded as having been offered referrals for smoking cessation interventions.

Data analysis by substance group illustrates that the prevalence is higher than the general population across all groups but, is significantly higher for those using drugs, or drugs and alcohol, compared to alcohol alone (Table 3).

Table 3: National and local breakdown of smoking prevalence by substance group 2023/2024.

National breakdown of smoking prevalence by substance group		
Substance Group	Women	Men
Opiate	59%	60%
Non-opiate only	52%	51%
Non-opiate and alcohol	56%	57%
Alcohol only	35%	36%
General population	9.9%	13.4%

Cheshire West and Chester breakdown of smoking prevalence by substance group		
Substance Group	Women	Men
Opiate	60%	65%
Non-opiate only	61%	45%
Non-opiate and alcohol	54%	53%
Alcohol only	26%	35%

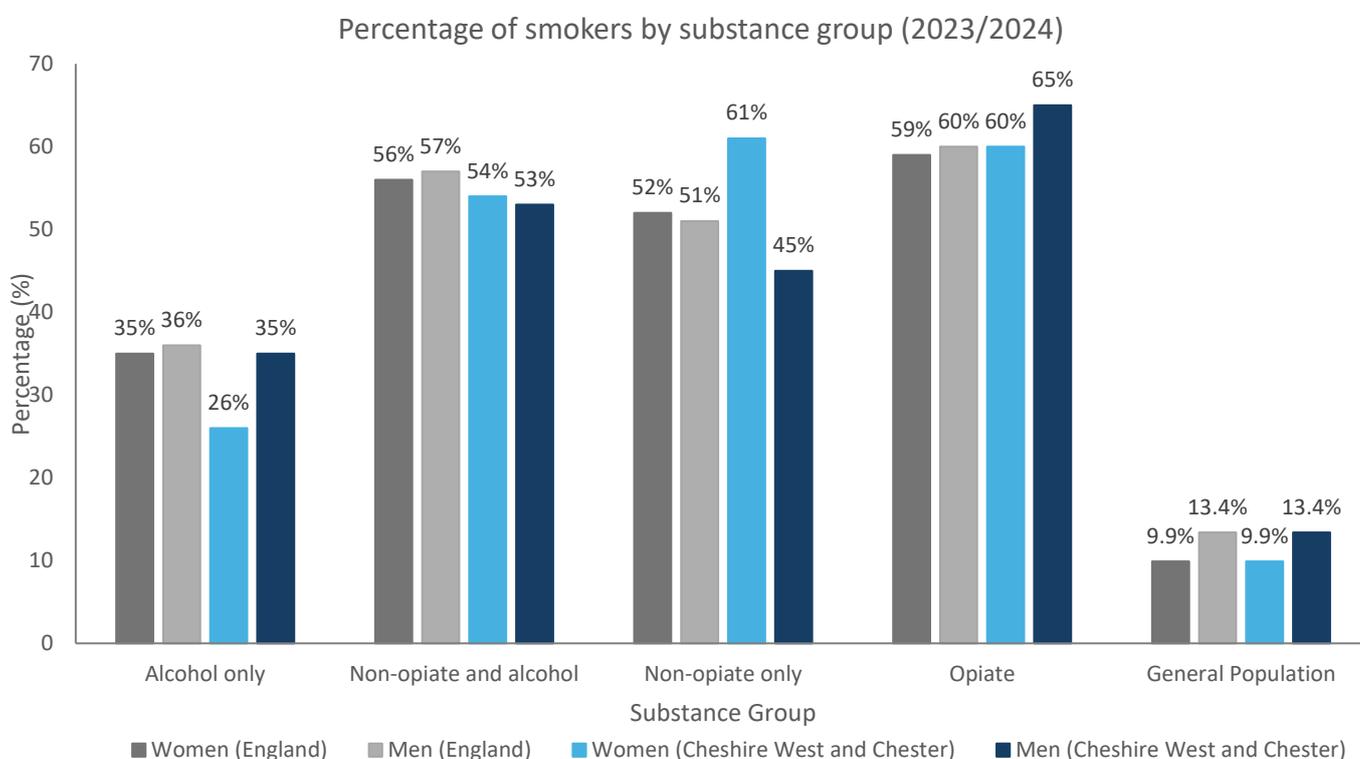
Source: National Drug Treatment Monitoring System (NDTMS), Via (locally commissioned substance misuse service)

Locally in 2023/24, 1,045 people (46%) of individuals entering Via, our locally commissioned drug and alcohol service said they had smoked tobacco in the 28 days before starting treatment (Table 3). This level of smoking is four times higher than the average adult smoking prevalence in Cheshire West and Chester (10.5%)³⁰.

Despite high levels of smoking, only 3% of people were recorded as having been offered a referral for stop smoking support, which is similar to the national picture.

As Figure 9 shows, the local picture is consistent with the national one when the data is broken down by substance group.

Figure 9: Percentage of smokers by substance misuse.



Source: NDTMS and Via.

4.9. Young Smokers

Most adults who smoke first tried smoking when they were under 18, the legal age of tobacco purchase. People who start smoking when young are more likely to become ill, or die from smoking, than those who start when they are older.

Children whose parents smoke are about three times more likely to start smoking themselves and have siblings and friends who also smoke.

The UK government is introducing legislation to gradually raise the age of sale of tobacco from 2027. This will mean people born in, or after 2009, can never be legally sold tobacco.

In 2023, 11% of 11-15-year-olds had ever tried smoking, 3% currently smoked and 1% smoked regularly. This is equivalent to around 400,000 11-15-year-olds in England that have tried smoking and 120,000 that currently smoke³¹.

Every two years, Trading Standards North West undertake a survey within schools, evaluating the changing attitudes and behaviour towards drinking, smoking, vaping and knives amongst 14-17-year-olds across the region.

Levels of tobacco smoking amongst young people in Cheshire West and Chester remain stable, with only 6% of 14-17-year-olds claiming to smoke, the lowest level recorded. Additionally, three-quarters of young people claim to have never tried tobacco smoking.

Smoking is more prevalent amongst males than females, more likely to increase with age, and is higher amongst young people from white ethnic groups³².

5. Vaping and other Nicotine Sources

Vaping, (using an e-cigarette), is an effective smoking cessation tool and is recommended for stop smoking support in adults (aged 18 and over) by the National Institute for Health Care Excellence³³. A recent Cochrane Living Systematic Review, which assessed the effectiveness of electronic cigarettes for smoking cessation, demonstrated that there was strong evidence that e-cigarettes with nicotine increase quit rates, compared to nicotine replacement therapy (NRT), and moderate evidence that they increase quit rates compared to e-cigarettes without nicotine³⁴.

In the short to medium term, vapes pose a smaller risk to health than smoking through reducing exposure to the harmful substances in tobacco. However, the long-term health impact of vaping is not yet known and vapes are not risk free.

More recently, there has been an increase in the uptake and use of nicotine pouches. Nicotine pouches are non-medical consumer pouches of nicotine which are placed in the mouth and sucked. In the UK they are regulated under general consumer product regulations. The Tobacco and Vapes Bill aims to bring nicotine pouches under the same legislative framework proposed for all nicotine containing products.

A literature review into the impacts of second-hand e-cigarette vapour on by-standers is being undertaken by the Public Health team in 2025; however, the evidence is limited and the number of studies investigating this area is small.

5.1. Adult vaping habits

In 2025, 10% of adults in Great Britain currently vaped, which has plateaued since 2024. Of these current vapers, more than half (55%) were ex-smokers. Notably, over half (55%) of people who successfully quit smoking in the last five years used a vape in their quit attempt. However, 60% of those who quit smoking with a vape are still currently vaping (Table 4)¹¹.

Table 4: GB Adult ex-smokers who quit smoking in the last five years using a vape (2025).

GB Adult ex-smokers who quit smoking in the last five years using a vape	Currently vape	Have quit vaping	Can't recall / invalid answer	All
Percentage (%)	60%	32%	8%	100%
Approximate number of people	1.4 million	760K	200K	2.4 million

Source: ASH.

Survey results demonstrate that adult smokers' misperceptions of harm around vaping prevail, with 56% of respondents stating the vapes are a lot more, more, or equally harmful, as cigarettes. This has increased from 39% in 2023.

As part of the ASH Smokefree GB Adult Survey 2025, adults who currently vaped were asked why they vaped. For ex-smokers, there were four most cited reasons which included: to help them quit smoking (26%), as an aid to keep them off tobacco (20%), to cope with stress or mental health (14%), and because they enjoy it (11%).

For current vapers who also smoke (dual use), the reasons varied but focused on reducing the amount of tobacco smoked (16%), because they enjoy it (13%), to deal with situations where they cannot smoke (11%) and to try and help them quit (10%).

For those currently vaping who had never smoked, the main reasons for vaping were to cope with stress or mental health (35%), enjoy the experience (31%) and just to give it a try (14%).

There is currently limited data to outline the prevalence of adult vaping within Cheshire West and Chester residents. A survey undertaken by Cheshire and Merseyside All Together Smokefree Programme completed in 2025, asked limited questions on vaping habits. This is detailed in the Social Segmentation section of this document (Section 7).

5.2. Children and Young People

Whilst smoking prevalence in children and young people has declined significantly over the years, more adolescents are starting to vape.

There are two main sources of data nationally on children and young people notably, the Smoking, Drinking and Drug Use among Young People in England survey (SDD), compiled by NHS England, and the Use of Vapes among Young People in Great Britain survey compiled by Action on Smoking and Health.

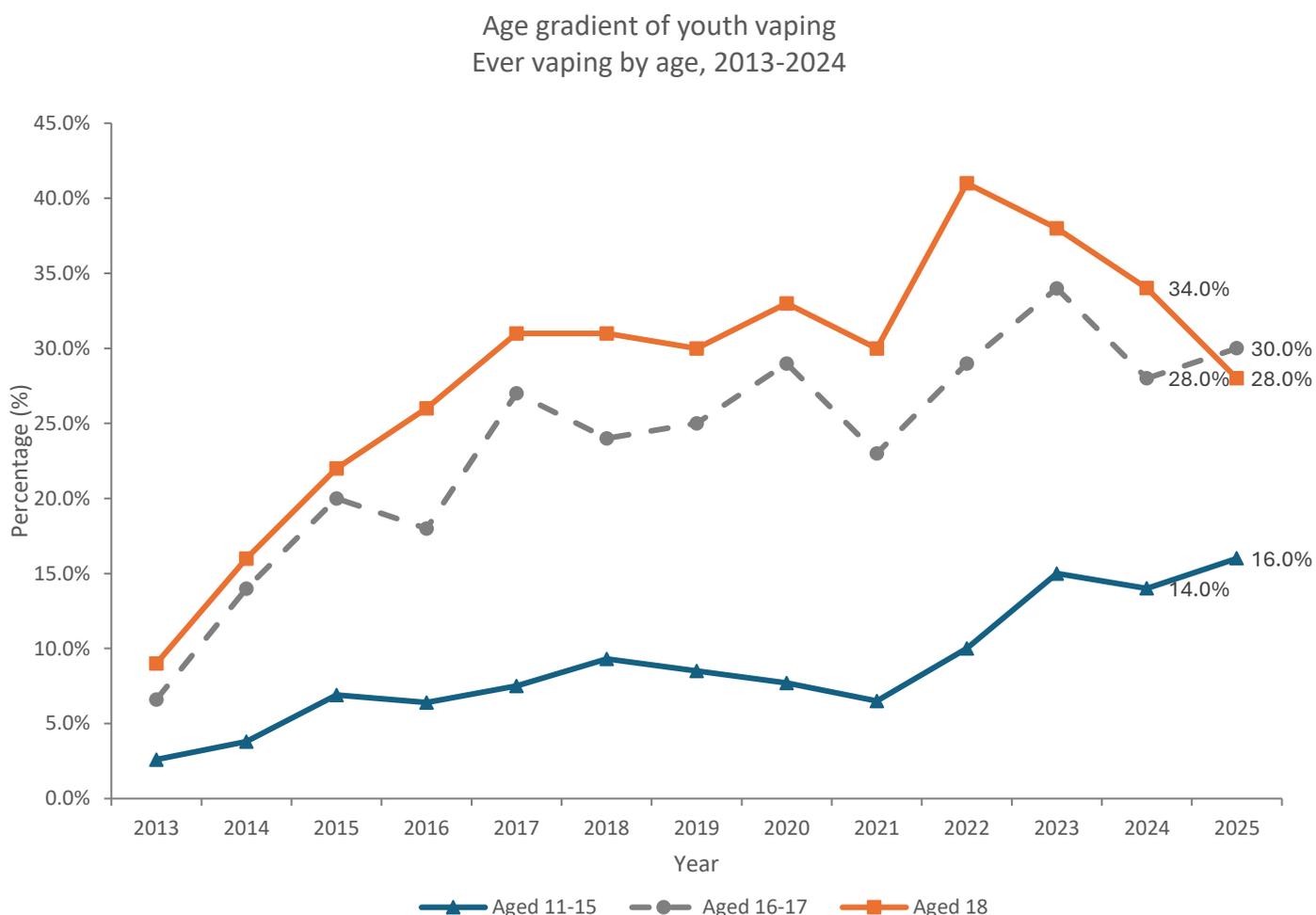
In the latest SDD survey, current vaping use among young people in England, remains around 9% (2023), which is the same as in 2021, and compares to the current smoking prevalence of 3%³⁵.

The long-term health impacts of vaping are not yet known; however, children and young people's lungs and brains are still developing, which may mean they are more sensitive to its effects³⁶.

The increased interest in youth e-cigarette experimentation may be the result of easier access to vapes, low cost, disposable products and marketing specifically targeted at children and young people. There has been a significant growth in awareness of vape promotion over recent years, with 71% of all children aged 11-17 being aware of the promotion of vapes in shops (55%), up from 37% in 2022, mainly online on platforms including TikTok, YouTube and Instagram¹².

There is also a clear age gradient of youth vaping, with the proportion of young people who have ever tried vaping increasing with age. As Figure 10 illustrates, in 2024, 34% of young people aged 18 had tried vaping compared to only 14% of young people aged 11-15. However, in 2025, the proportion of young people aged 18 who have ever tried vaping has recently dropped and may be due to the introduction of the ban on disposable vapes.

Figure 10: Age gradient of youth vaping for those who have ever vaped, (GB Youth), 2013-2024.



Source: ASH.

More young people think that vaping is about the same or more harmful than cigarettes. In 2013, 13% of people aged 11-17 stated that vaping was more harmful than cigarettes, this increased to 63% in 2025.

Every two years, Trading Standards North West undertake a survey within schools to evaluate the changing attitudes and behaviour towards drinking, smoking, vaping and knives amongst 14-17-year-olds across the region.

Data from the 2023 survey demonstrates that just over 1 in 6 young people in Cheshire West and Chester claim to regularly vape, compared to only 1 in 3 in 2020. Females (22%) are more likely to vape regularly than males (14%)³².

Young people in Cheshire West and Chester are increasingly trying vaping rather than smoking tobacco cigarettes. They tend to get their vapes and e-liquids from shops and are more likely to use disposable vapes (76%), which is consistent with purchasing behaviour across the North West region. The ban on disposable vapes which came into force on 1 June 2025, will impact how young people chose to vape in the future.

Vape promotion data shows that 84% of young people who have tried vaping have friends who also vape, with the lowest percentage (20%), citing promotion of vapes by people and celebrities on TV (Table 5).

Table 5: Promotion – who do you know or see that use a vape (2023).

Friends	Parent / guardian	Brother / sister	People / celebrities on social media	People / celebrities on TV
84%	40%	36%	30%	20%

Source: Trading Standards North West.

Curiosity and the range of different flavours are the main factors encouraging young people in Cheshire West and Chester to try vaping, with fruit and sweet flavours being the most popular.

6. Impacts of Tobacco use and Smoking

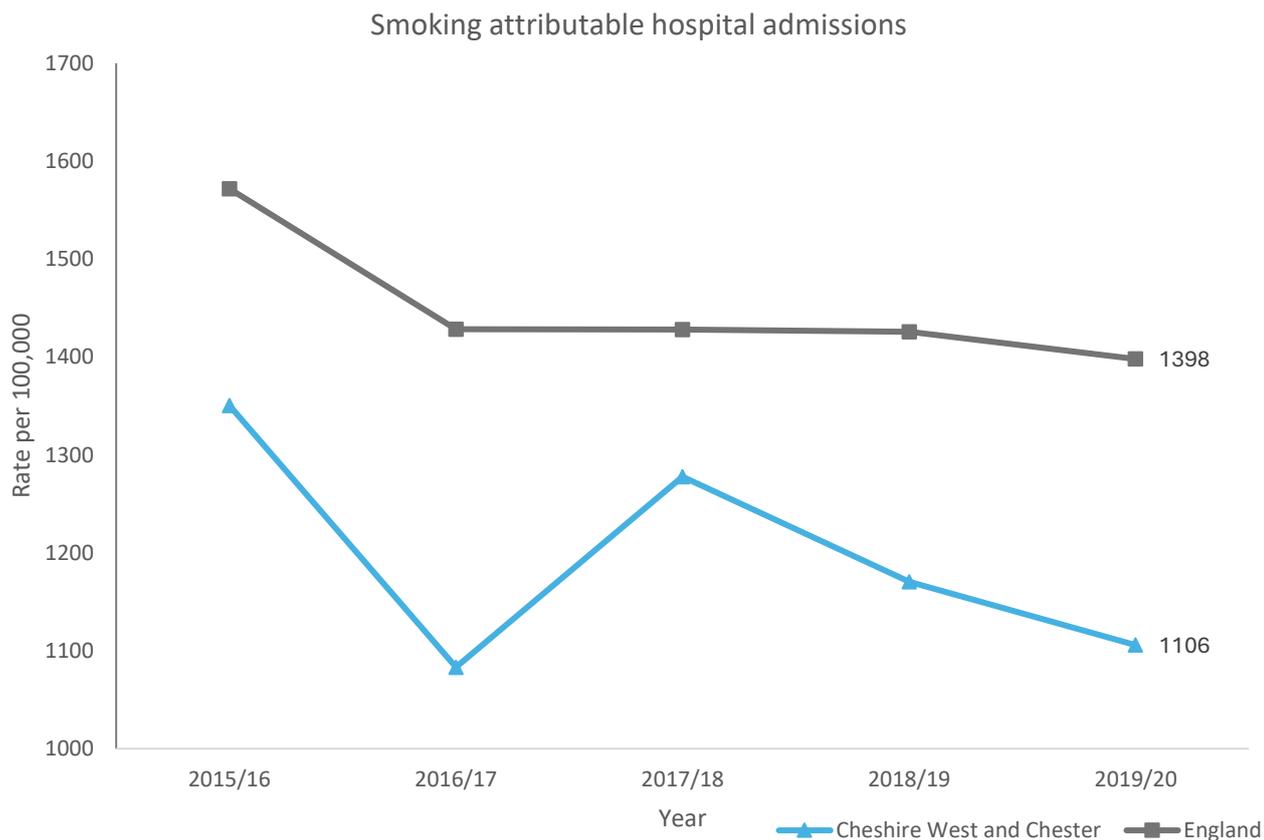
6.1. Impacts on Health

Smoking harms nearly every organ of the body, causes many diseases and reduces the health of smokers and those around them. Smoking is associated with cancer, cardiovascular disease, and respiratory disease, which are all leading causes of death in Cheshire West and Chester. Quitting smoking lowers the risk of developing smoking-related diseases and can add years to life.

6.2. Smoking Attributable Hospital Admissions

Smoking increases demands on inpatient hospital services. During 2019/20, the rate of smoking attributable hospital admissions in Cheshire West and Chester was 1,106 per 100,000 (Figure 11). This is significantly better than the average England rate of 1,398 per 100,000. There had been a steady decline since 2017/18, however, data are not available post 2020³⁷.

Figure 11: Smoking attributable hospital admissions.



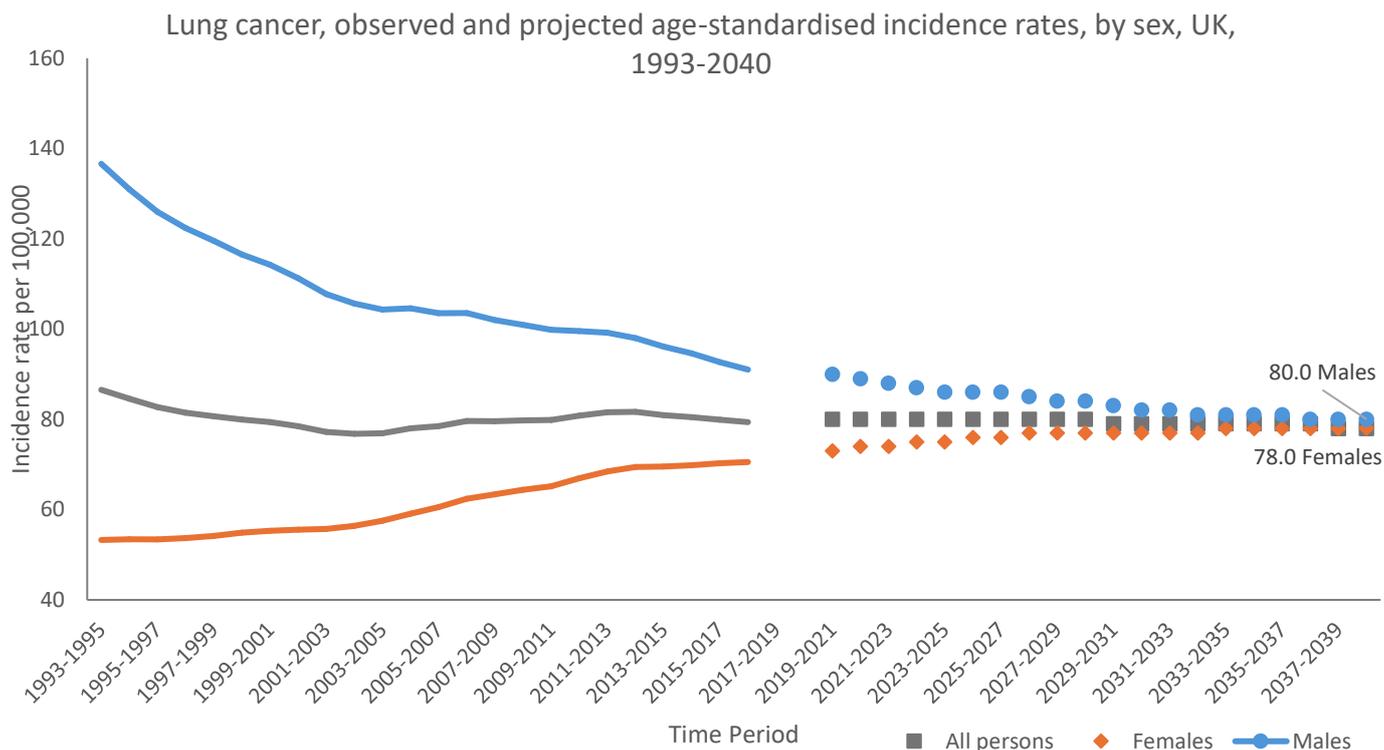
Source: OHID, based on NHS England and Office for National Statistics data.

6.3. Lung Cancer

Smoking tobacco is the largest cause of lung cancer in the UK, with more than 60% of cases caused by smoking, including exposure to second-hand smoke. Even light, or occasional smoking, increases the risk, but the risk increases with the frequency and length of smoking.

Data forecasting predicts that lung cancer incidence rates will fall by 2% in the UK between 2023-25 and 2038-40, to an average 78 cases per 100,000 population by 2038-40. This includes a decrease rate for males and an increase in females (Figure 12)³⁸.

Figure 12: Lung cancer observed and projected incidence rates.



Source: Cancer Research UK.

6.4. Chronic Obstructive Pulmonary Disease (COPD)

COPD is the umbrella term for serious lung conditions that include chronic bronchitis and emphysema, it is a serious lung disease for which smoking is the biggest preventable risk factor.

In 2023/24 there were 299 per 100,000 emergency hospital admissions for COPD (aged 35 and over) in Cheshire West and Chester. This is statistically significantly better than the average England prevalence of 357 per 100,000 emergency hospital admissions. There has been no significant change in trend data for emergency hospital admissions over the last five years³⁹.

There are approximately 8,200 residents with COPD in Cheshire West and Chester, the estimated prevalence of 2.1% is significantly higher than the England average of 1.9%. Prevalence is particularly high in more deprived areas with prevalence in IMD quintile 1 estimated to be over 4.5%⁴⁰.

6.5. Second-hand smoke

Breathing in other people’s smoke is called second-hand smoking. Second-hand smoke comprises of two elements - “sidestream” smoke from the burning tip of the cigarette and “mainstream” smoke, which has been inhaled and then exhaled by the smoker.

According to Action on Smoking and Health, exposure to other people’s smoke increases the risk of lung cancer in non-smokers by 20-30% and coronary heart disease by 25-35%⁴¹.

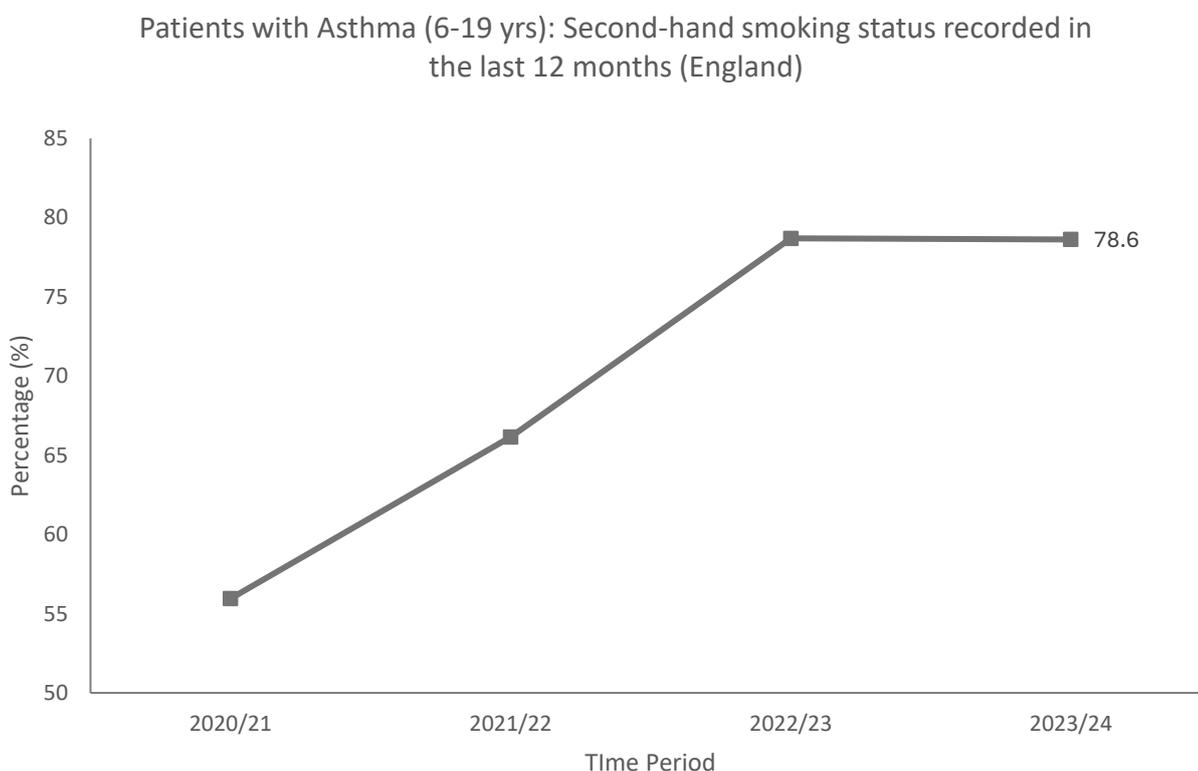
In the 2023 national annual survey of smoking, drinking and drug use amongst young people aged 11 to 15, 63% of pupils reported being exposed to second-hand smoke in a home or car. This included exposure at

their home, someone else’s home, or in a car. This is up from 52% in 2021 during the COVID-19 lockdowns but is similar to pre-pandemic levels³⁵.

Since 2020, NHS England has included an indicator in the Quality and Outcome Framework for GPs on second-hand smoke. The aim of the indicator is to encourage general practice to ask children and young people aged 6 to 19 years with asthma about their exposure to tobacco and second-hand smoke. Early support can then be offered to patients and other people they live with to understand the risks of smoking and encourage access to smoking cessation services⁴². There is no set target to record and address second-hand smoking status.

Figure 13 shows an increase in the number of patients having second-hand smoke status recorded against their records from 56% in 2020/21, to 78.6% in 2023/24. However, data regarding whether these patients were offered advice or a referral to a stop smoking service is not available.

Figure 13: The number of patients aged 6-19 that have a second-hand smoking status recorded on their GP record.

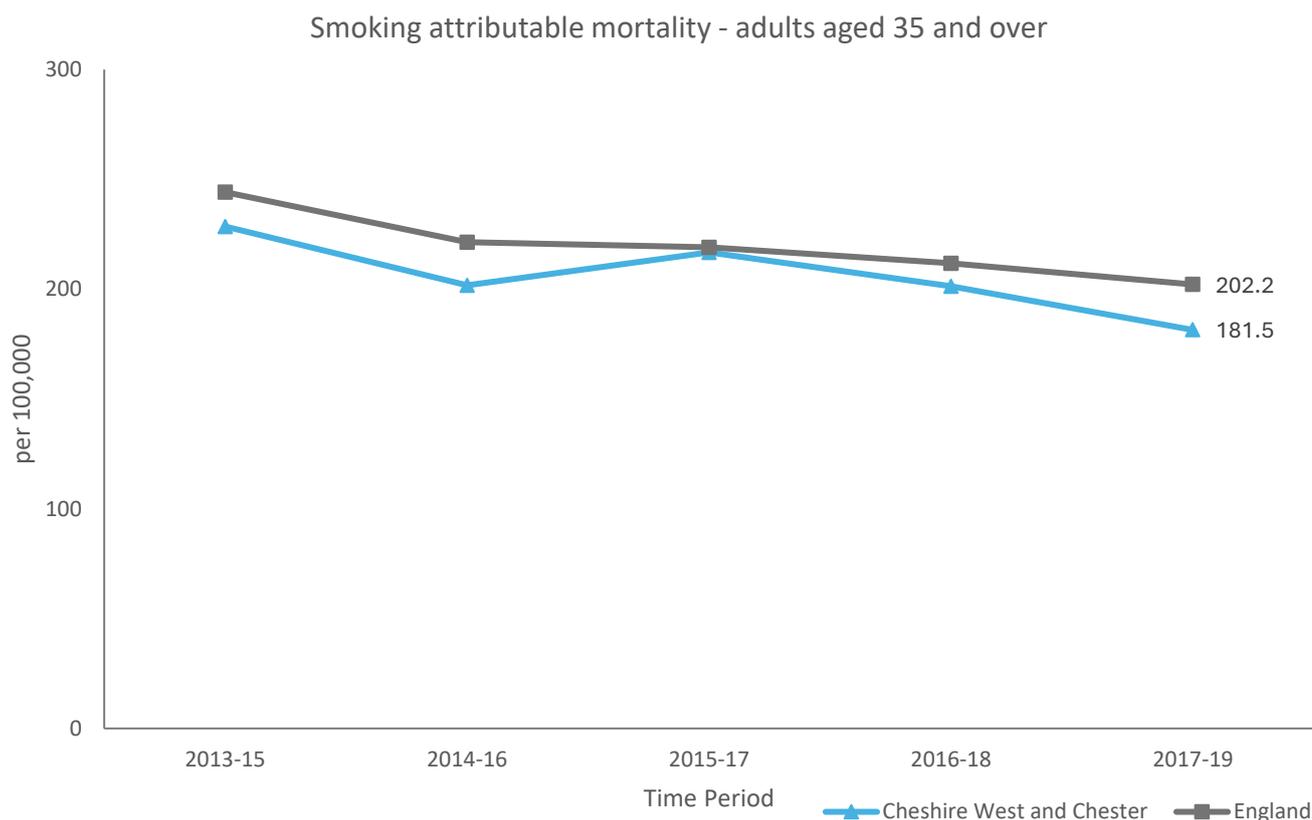


Source: Department of Health and Social Care based on NHS England

6.6. Mortality

In Cheshire West and Chester there were approximately 181.5 smoking attributable deaths per 100,000 population aged over 35 in 2017-19. This is significantly lower than the national average rate (202.2 per 100,000 population aged over 35) and a decrease from 2016/17(Figure 14)⁴³. More recent data is not available.

Figure 14: Smoking attributable mortality – adults aged 35 and over.



Source: Department of Health and Social Care, based on Office for National Statistics data.

Smoking attributable mortality has been decreasing in Cheshire West and Chester over the last decade, which includes smoking attributable deaths from heart disease, stroke and cancer (Table 6).

Table 6: Smoking attributable deaths (2017-2019).

Indicator	Cheshire West and Chester: Per 100,000	Cheshire West and Chester: Number	England: Per 100,000	Statistically different from England
Smoking attributable deaths from heart disease (Persons, aged 35+) (2017-2019)	23.4	155	29.3	Yes – better
Smoking attributable deaths from stroke (Persons, aged 35+) (2017-2019)	7.2	48	9.0	No
Smoking attributable deaths from cancer (Persons, all ages) (2017-2019)	85.9	572	89.9	No

Source: Department of Health and Social Care, based on Office for National Statistics data

For the three-year period 2021-2023 the estimated life expectancy at birth for Cheshire West and Chester was statistically similar to the England average for men and significantly better for women; male 79.4 years (England 79.1 years) and female 83.5 years (England 83.1 years). Healthy life expectancy was 62 years for males and 63 years for females, both similar to the England average of 61.5 years for males and 61.9 years for females⁴⁴.

There is, however, inequality in life expectancy within Cheshire West and Chester. For the same period, 2021-2023, males in the most deprived areas of Cheshire West and Chester had a life expectancy at birth that was approximately 10.9 years lower than their counterparts in the least deprived areas, while for females the gap was around 8 years⁴⁴.

Smoking related disease is a key contributor to inequalities in life expectancy. Cancer and circulatory diseases account for the largest share of the inequality gap for both men and women in Cheshire West and Chester⁴⁵.

6.7. Costs of Smoking

Action on Smoking and Health (2025), estimates that smoking costs Cheshire West and Chester £264 million per year (Figure 15). There is a significant impact on the economy and local business due to lost productivity, social care costs due to smoking, healthcare costs and costs associated with fires.

Every year in Cheshire West and Chester, smoking results in £135 million loss to productivity. This comprises of smoking-related lost earnings (£51 million), unemployment (£21.8 million), early deaths (£6.46 million) and reduced gross value added (GVA), the measure of the values of goods and services produced, due to expenditure on tobacco (£55.9 million)¹⁰.

Figure 15: Costs of Smoking in Cheshire West and Chester.



Source: Action on Smoking and Health (ASH)

The combined cost of smoking-related medical treatment via hospital admissions and primary care services is £10.7 million annually. Many current and former smokers also require social care in later life as a consequence of smoking-related illnesses. The estimated cost of this is £117 million. This comprises £65.2 million in the cost of informal care by family and friends, £41.8 million on unmet care needs, £4.99 million in domiciliary care costs and £4.56 million in residential care¹⁰.

6.8. Impacts on the Environment

The environmental impact of smoking is significant and multifaceted. In addition to its harmful impact on human health, research has shown that smoking is causing environmental damage across the whole lifecycle of tobacco production (Table 7)⁴⁶.

Table 7: Environmental impact of smoking.

Tobacco Cultivation	Tobacco Curing (drying)	Primary Processing, Manufacturing and Distribution	Use and Final Disposal
Contributing to deforestation and impacting biodiversity and ecosystems.	Tobacco is dried by hanging the leaves and heated air removes the water. It is highly energy intensive and releases carbon dioxide into the atmosphere.	Energy use is the leading environmental impact from the processing, manufacturing and distribution of cigarettes.	Cigarette filters are the most abundant litter item worldwide.

Source: Action on Smoking and Health (ASH)

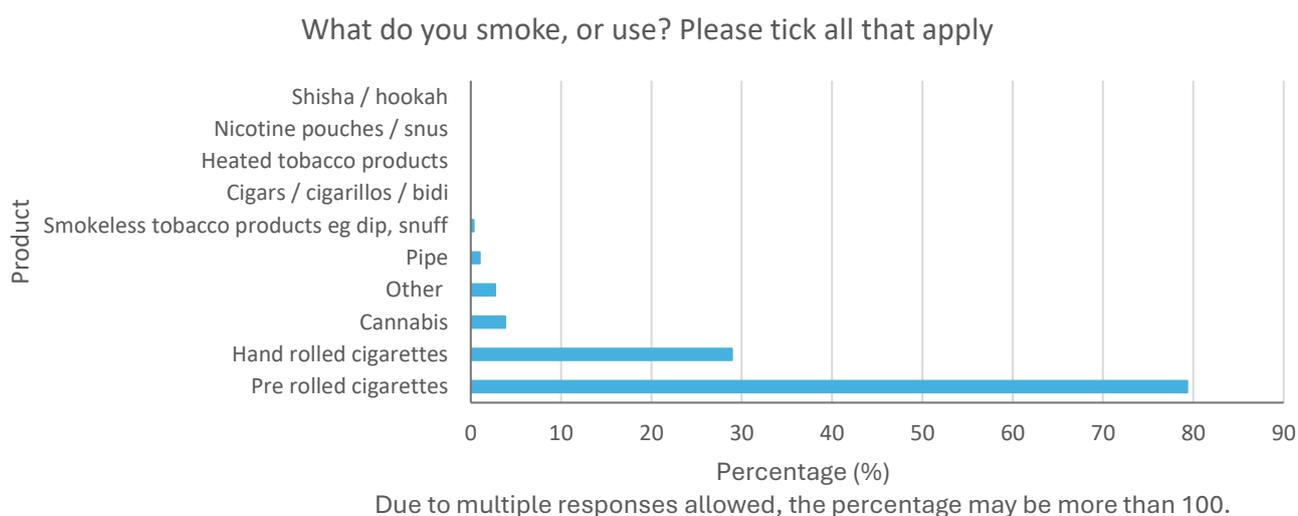
Disposable vapes also have a significant environmental impact, with research by Material Focus suggesting that five million single use vapes are thrown away every week⁴⁷. The ban on disposable vapes in June 2025, supports the reduction in the impact of vapes on the environment.

7. Social Segmentation Survey and Analysis

In 2025, Cheshire and Merseyside’s All Together Smokefree Programme (ATSF) conducted a piece of research into smoking habits across the subregion, gathering information from approximately 1,200 residents who were current smokers.

Most respondents stated that they smoked pre-rolled cigarettes (79.3%), with hand rolled tobacco smoked by approximately 28.9%. The survey reported that there were no users of shisha/hookah, heated tobacco products, nicotine pouches or cigars. However, the sample size was small (approximately 100 people in Cheshire West and Chester) so this information should be interpreted with caution. A full breakdown of what respondents smoked is shown in Figure 16 below.

Figure 16: Type of product used by current smokers in Cheshire West and Chester (2025).



Source: Cheshire and Merseyside All Together Smokefree (ATSF) survey.

Respondents were asked how often they smoked and how many cigarettes they smoked each day. The majority (86.9%) stated they smoked every day, with 45.3% of people stating they smoked 1-5 cigarettes each day (Table 8). In the UK there is no single definition of a “heavy smoker”. However, NICE guidance suggests assessing a person’s dependence on nicotine by asking them how many cigarettes they smoke per day and how soon after waking they have their first cigarette⁴⁸. The higher the score, the greater the level of nicotine dependence. In this research, residents were not asked when they had their first cigarettes, so the categorisation in this case is based on the quantity of cigarettes smoked only and divided into three, as shown below.

- Light smoker: 1 to 10 cigarettes per day
- Moderate smoker: 11-19 cigarettes per day
- Heavy smoker: 20 or more cigarettes per day

Table 8: Survey responses on how often you smoke and how many cigarettes you smoke (2025).

How often do you smoke?	Percentage	How many cigarettes do you smoke a day	Percentage
Every day	86.9%	1 to 5	45.3%
5-6 days a week	6.4%	6 to 10	29.0%
3-4 days a week	3.6%	11 to 20	21.6%
1 or 2 days a week	3.0%	21 to 30	2.6%
Less often than weekly but I couldn't say never	0.0%	31 or more	1.5%

Source: Cheshire and Merseyside All Together Smokefree (ATSF) survey.

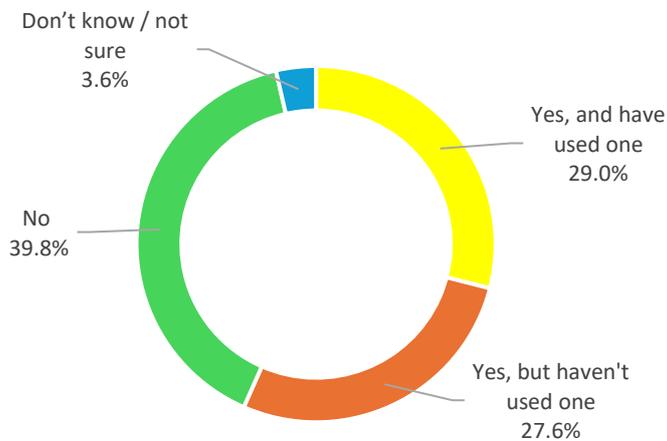
The research suggests that most respondents were light smokers (74.3%), with 21.6% being moderate smokers and 4.1% classified as heavy smokers.

As part of the survey, residents were asked whether they vaped or used an e-cigarette. One in six (15.8%) of respondents stated that they used an e-cigarette every day. This is higher than the 10% reported in the Action on Smoking and Health Adult Smoking Habits 2025 survey. Further studies are required to ascertain vaping prevalence in Cheshire West and Chester in adults, children and young people.

Residents were also asked whether they were aware of any stop smoking services in the area. Notably, 39.8% of respondents were unaware of the stop smoking service in Cheshire West and Chester. Figure 17 shows the breakdown of responses.

Figure 17: Awareness of stop smoking services in Cheshire West and Chester (2025).

Awareness of any Stop Smoking Services in Cheshire West and Chester

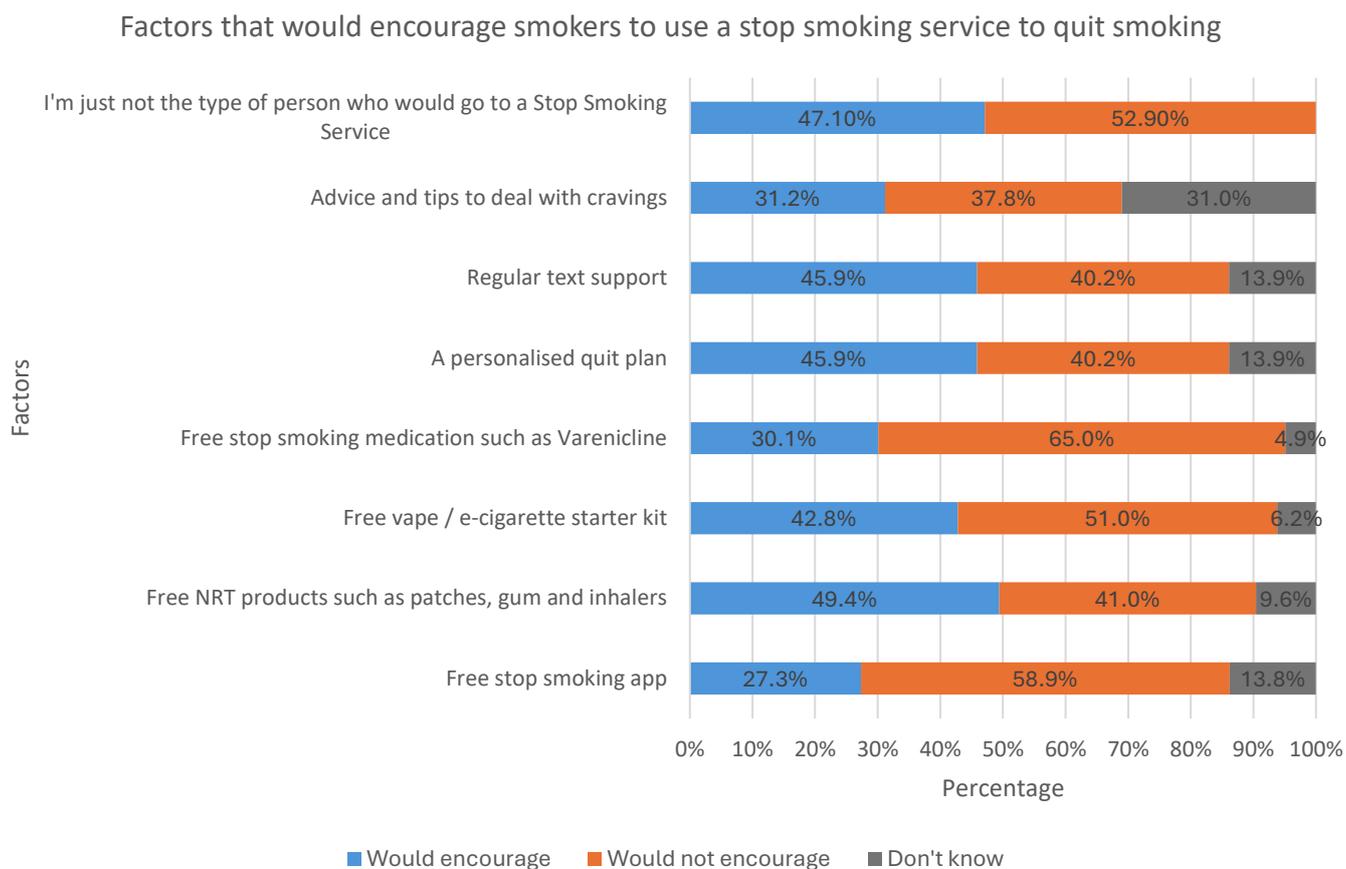


Source: Cheshire and Merseyside All Together Smokefree (ATSF) survey.

Residents were asked what factors would encourage them to use the stop smoking service in a quit attempt. Figure 18 illustrates the factors considered, from advice and tips, prescribed medication, and a free stop smoking app. Free Nicotine Replacement Therapy (NRT) products such as patches, gum and inhalers, was the factor that would most encourage respondents to quit smoking at 49.4%, with a free stop smoking app being the least likely to encourage respondents to use the stop smoking service (27.3%).

Two-thirds (65%) of respondents stated that free stop smoking medication such as Varenicline would not encourage them to use the stop smoking service for a quit attempt, and 52.9% stated that they were not the sort of person who would go to a stop smoking service (Figure 18).

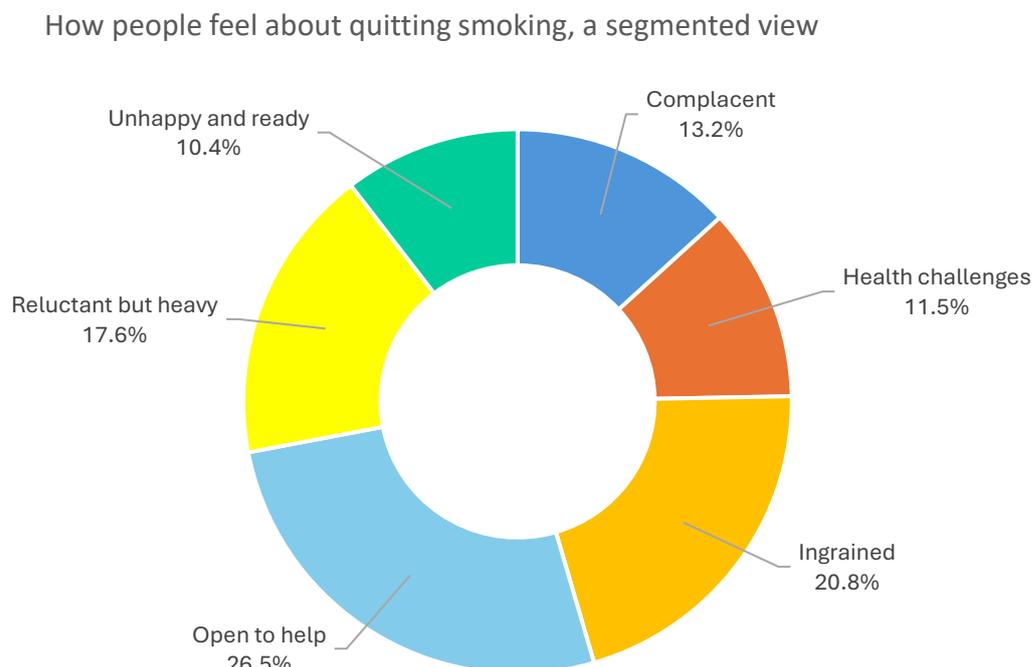
Figure 18: Factors that would encourage smokers to use a stop smoking service to quit smoking.



Source: Cheshire and Merseyside All Together Smokefree (ATSF) survey.

The concluding section of the survey focused on how people felt about quitting smoking. Figure 19 provides a segmented view of attitudes towards quitting smoking. The largest group was “Open to help” (26.5%), followed by “Ingrained” (20.8%) and “Reluctant but heavy” (17.6%).

Figure 19: How people feel about quitting smoking, a segmented view.



Source: Cheshire and Merseyside All Together Smokefree (ATSF) survey.

Full analysis of the survey data is required to allow for informed future decisions on smoking habits across Cheshire West and Chester. Including, how access to the Stop Smoking Service could be improved, alongside providing stop smoking support for residents not wanting to access the Stop Smoking Service.

8. Current Service Delivery and Preventative Work

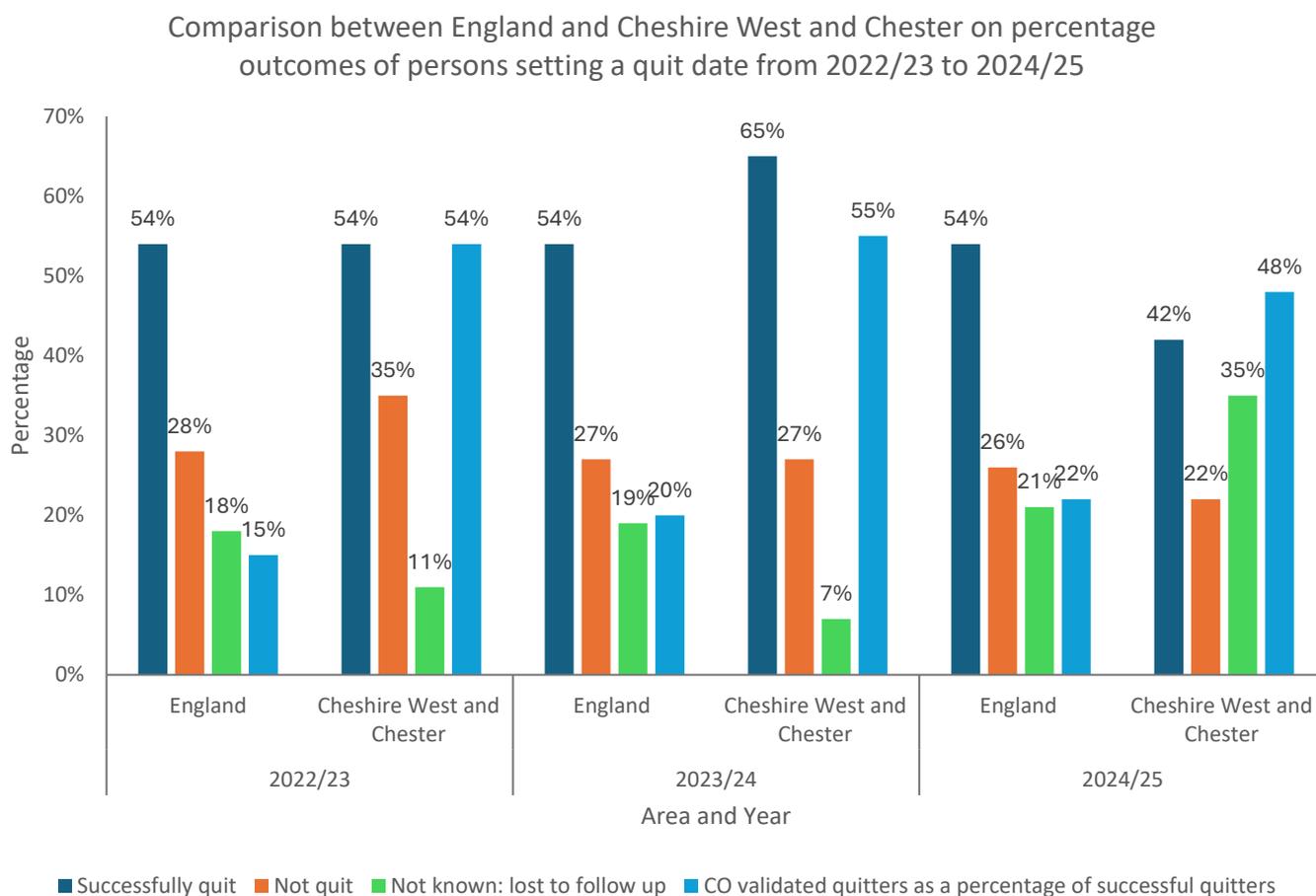
8.1. Community Stop Smoking Service

Cheshire West and Chester Council commission Brio Leisure CIC to provide the local Stop Smoking Service. The service is a free universal offer to residents and people registered with a GP in the borough, aged 12 and over who have smoked in the last two weeks or have been referred by a hospital trust. It provides behavioural support, alongside 12-weeks of products to ease withdrawal symptoms such as Nicotine Replacement Therapy (NRT).

Between 2022/23, the percentage of people who successfully quit smoking was 54%, which is similar to the England rate of 54%. In 2023/24, Cheshire West and Chester had a higher quit rate (65%) than England (54%). However, this reduced to 42% in 2024/25 due to the introduction of the national Swap to Stop scheme and the lower number of smokers quitting using an e-cigarette (please see section 8.2).

Cheshire West and Chester has consistently had a higher proportion of carbon monoxide (CO), validated quitters per percentage of smokers, than the England average, as shown in Figure 20.

Figure 20: Comparison between England and Cheshire West and Chester on percentage outcomes of persons setting a quit date from 2022/23 to 2024/25.



Source: NHS Digital

Most people setting a quit date in 2024/25 were from a white background (58.0%), with 40.8% of people not stating their ethnicity. Only 1.2% people setting a quit date were from any other ethnic group (Asian or Asian British, Black or Black British, Mixed and Other Ethnic Group)¹³.

8.2. Swap to Stop

In 2024/25, Cheshire West and Chester received funding to pilot the national Swap to Stop scheme, where current smokers are offered a vape starter kit and behavioural support to quit smoking. The pilots focused on two cohorts with higher smoking prevalence. These were:

- Routine and Manual Workers: Providing a 12-week vape starter kit and 12-weeks of behavioural support with the existing stop smoking service.
- Drug and Alcohol Service Users: Providing a 4-week vape starter kit and very brief advice (VBA+) provided by the staff within the drug and alcohol service.

Further funding has been secured for 2025/26 to extend the Swap to Stop offer, working with smaller cohorts with higher levels of smoking prevalence. These include, the probation service, people accessing

food banks, people living with mental health conditions and patients within hospital trusts, as well as routine and manual workers employed by businesses in the Origin Ellesmere Port area.

Throughout 2024/25, Brio engaged with partners and businesses offering vape start kits and behavioural support dependent upon the model. Between January and March 2025, the Stop Smoking Service also delivered several community events across the borough on and around No Smoking Day (13 March). Residents, who were current smokers, were offered a free vape starter kit as part of the National Swap to Stop programme at the events. This resulted in a greater total number of people setting a quit date than in previous quarters.

Overall, 1,439 residents undertook a quit attempt in 2024/25 using a vape supplied by the National Swap to Stop programme. However, the quit rate was significantly lower than that achieved with other stop smoking aids and treatment types, with only 264 residents reporting they had quit at 4-weeks (18.3%).

Data on local stop smoking services is reported quarterly to NHS Digital to monitor the services across England. The inclusion of the Swap to Stop scheme data in the annual returns has reduced the overall quit rate for the stop smoking service in 2024/25.

8.3. Preventative Work

Cheshire West and Chester Council and their partners have implemented a comprehensive tobacco control programme to tackle smoking. This includes:

8.3.1. Notice of Motion to Council

In December 2023, a Notice of Motion was approved by full Council in support of Cheshire West and Chester's vision to actively promote the creation of a smokefree generation and to protect our children and young people from smoking and vaping.

8.3.2. Trading Standards

The Council's Trading Standards team deliver education to retailers regarding tobacco legislation, such as the ban on disposable vapes, alongside enforcement activity on underage sales and illicit goods. They also co-ordinate and support the Trading Standards North West Youth Survey, which provides invaluable information on young people's use and perceptions around alcohol, smoking, vaping and drug use.

8.3.3. Cheshire West and Chester Tobacco Control Alliance

The newly created Tobacco Control Alliance aims to bring partners across Cheshire West and Chester together to work collaboratively on reducing the overall smoking prevalence, with a focus on priority groups with higher levels of smoking.

8.3.4. NHS Tobacco Dependency Treatment Programme

The Public Health Team has worked in partnership with The Countess of Chester Hospital NHS Foundation Trust, Mid Cheshire Hospitals NHS Foundation Trust, Cheshire Local Pharmaceutical Committee (LPC) and Cheshire and Merseyside Integrated Care Board (ICB), to establish the Local Maternity Stop Smoking Service programme. A pathway has also been developed to support inpatients receiving support from onsite Tobacco Dependency Treatment Services to access community stop smoking support on discharge. A Mental Health Pathway is being established at a later date⁴⁹.

8.3.5. Smokefree Places (Public Spaces Protection Orders)

Public Space Protection Orders (PSPOs), provide a comprehensive solution for addressing persistent or high harm anti-social behaviour (ASB) within a defined area. To create a PSPO, the local authority must prove that it is both a necessary and proportionate measure, which is demonstrated by undertaking an analysis of relevant data and consultation with local stakeholders.

Cheshire West and Chester has a borough wide PSPO which prohibits smoking in Enclosed Public Play Areas. If a person is found to be smoking any substance, including tobacco, they will be issued with a Fixed Penalty Notice⁵⁰.

8.3.6. Cheshire Fire and Rescue

Smoking cessation and referrals into the stop smoking service are a continuing element of Cheshire Fire and Rescue Service's Safe and Well Checks⁵¹.

8.3.7. Cheshire and Merseyside All Together Smokefree: Smoking Ends Here!

All Together Smokefree is Cheshire and Merseyside's ambition to end smoking, everywhere, for everyone., Delivering a Smokefree 2030 that is fair and equitable for adults and creates a tobacco free future for every child.

A system-wide strategic framework has been co-produced, alongside a position statement and an implementation plan, to deliver on national 2030 targets. Cheshire West and Chester Council is an integral partner in the programme, alongside other local authorities, NHS partners and other key stakeholders, including businesses and the community and voluntary sector.

A public facing brand and website was launched on No Smoking Day 13 March 2025⁵².

8.3.8. Lung Cancer Screening

If you're aged between 55 and 74 and have ever smoked, you may be offered an NHS lung health check. Lung cancer screening aims to find lung cancer early; early diagnosis can make lung cancer more treatable and make treatment more successful.

The screening programme will be rolled out across Cheshire in 2026. Liverpool Heart and Chest Hospital is providing the screening with information from GP practices and CT scans will take place in a mobile scanning unit within the community⁵³.

9. Identified Needs, Gaps and Challenges

This section focuses on summarising those populations most in need of support, where data is missing and some of the challenges in meeting the needs of both the smoking and vaping population.

9.1. Identified Needs

Reviewing the available data and evidence has shown that there are several cohorts of the population which have significantly higher smoking prevalence than the general population. Although the smoking prevalence in these groups has decreased over the last few years, it is still high.

- **Routine and Manual Workers:** The Swap to Stop pilot aimed at routine and manual workers was effective with some businesses, but not others, where engagement was low. The timing of the clinics, and engagement with the service after the initial appointment, were factors which contributed to lower quit rates. Lessons learned from the pilot will form the basis for future engagement with routine and manual workers.
- **Mental Health:** The mental health stream of the Treating Tobacco Dependency Programme is not yet fully implemented., Once established, this should support people leaving hospitals and community care to quit smoking.
- **Drug and Alcohol Service:** The Swap to Stop programme highlighted that less than 3% of smokers who entered the service were referred to the Stop Smoking Service. Working with Via, our drug and alcohol service, as part of the programme, increased the number of referrals and this should continue.
- **Smoking in Pregnancy:** The development of the in-house maternity service has resulted in a decrease in the number of pregnant women smoking at time of delivery. Although the rate is now below 6%, there is still work to be done to reduce this further and support household members who smoke.
- **Place Priorities Cardiovascular Disease (CVD) and Cancer:** Smoking is the leading cause of premature, preventable death globally, as a result of both direct tobacco use and non-smokers being exposed to second-hand smoke. CVD prevention is a priority of the new Cheshire West and Chester Health and Wellbeing Strategy 2026-2031 (in development). The Combined Intelligence for Population Health Action (CIPHA) platform has been developed to integrate health and social care datasets across Cheshire and Merseyside to inform key decisions in Public health and can be used to target interventions.
- **Access to support:** The local Stop Smoking Service supports approximately 5% of the population. Consideration needs to be given as to how Place partners can provide support to smokers who do not wish to, or are unable to, access the service.

9.2. Gaps

This needs assessment has identified several gaps in knowledge on both smoking and vaping prevalence including:

- **UK prison and criminal justice system:** There is limited data both nationally and locally on the prevalence of both smoking and vaping across the criminal justice system. Including those with custodial sentences, within the community, probation and post-supervision, and the Youth Justice Service.
- **Rough sleepers and those in temporary accommodation:** Nationally smoking prevalence within the homeless sector is thought to be between 75% and 85%, however there is limited data available locally.
- **Social housing:** Evidence suggests that nationally people who live in social housing are more likely to be smokers. It is not known whether local social housing providers collate data on smoking prevalence; this requires further investigation.

- **Children and Young People:** There is only one data source locally which collects information on children and young peoples' smoking and vaping habits, the Trading Standards North West Youth Survey.
- **Global ethnic majority groups:** Only 1.8% of the people who set a quit date in 2024/25 with the Stop Smoking Service were from global ethnic majority groups. Work needs to be undertaken to explore this further.
- **Cancer and Mortality:** National data around cancer prevalence and smoking related mortality has not been updated since 2019. It is unclear whether the data has stopped being recorded or whether analysis of the data has been paused.
- **People serving in the Armed Forces:** The Ministry of Defence collates data on the smoking prevalence among serving personnel through the Defence Medical Information Capability Programme. However, this data is not routinely accessible.

9.3. Challenges

There are several challenges in meeting the needs of the smoking population, including those that we know about and those where data is limited. Alongside this is the growing trends in vaping and emerging sources of nicotine, such as pouches.

9.3.1. Cost

Although the current Government has committed to providing additional funding for local Stop Smoking Services, this has only been agreed until 2029/30. It is provided annually, which impacts on future planning of the programme. Funding has been increased, but it is still insufficient to target the whole smoking population considering the complex lives and needs of many current smokers.

A universal service should be provided to all smokers to access support throughout their quit journey. Providing targeted interventions for routine and manual workers, people living with a mental health condition, drug and alcohol use, and other groups where we have shown to have a lack of data.

Alongside this is a growing demand from residents requesting support to quit e-cigarettes / vaping, to be addiction-free. The current service provision is for smokers wishing to quit, as the health consequences of smoking are well documented. Consideration should be given as to whether the current stop smoking service in the future should become a nicotine addiction service and support residents wishing to quit nicotine products, not just tobacco. This would have a significant impact on the cost of the service.

9.3.2. Tackling maintenance factors

Smokers who are very dependent on smoking / nicotine may see smoking as a low priority. A fifth (20%) of people surveyed as part of the All Together Smokefree (ATSF) were ingrained smokers. Many may live in families with higher rates of smoking, which normalises smoking behaviour. Effective interventions need to tackle households and build in resilience, providing coping and harm-reduction strategies to maintain a long-term quit. Offering linked support around other stressors as part of a holistic offer, should be considered.

9.3.3. Vaping / e-cigarettes

Vaping remains an emotive subject, with the public perception of harm associated with e-cigarettes as a more harmful product than smoking, growing each year. The long-term impacts of vaping on health cannot be ascertained at this time, due to the lack of longitudinal studies. Current national guidance states that nicotine e-cigarettes are an effective quit tool. Clear, consistent messaging around the short-term use of vapes as an effective quit tool for smoking cessation should be provided. Ensuring that children and young people are not exposed to vaping, so that it becomes normalised behaviour. As per the UK Chief Medical Officers' advice, "if you don't smoke, don't vape".

10. Recommendations

The Tobacco Needs Assessment has highlighted several key areas where more work is required around identified needs, gaps and challenges. The recommendations below will help support Cheshire West and Chester Council to continue to provide stop smoking support to residents and reduce smoking prevalence in line with local, regional and national strategies and action plans.

1. Continue to provide a Universal Stop Smoking Service.
2. Target interventions for populations which have higher smoking prevalence than the general adult population. This should include routine and manual workers, those with mental health conditions, people accessing drug and alcohol support services, women who are smoking during pregnancy.
3. Work with colleagues across organisations to obtain data and information to fill the gaps in knowledge identified in the needs assessment. This includes UK prison and criminal justice system, rough sleepers and those in temporary accommodation, social housing, children and young people, Combined Intelligence for Population Health Action (CIPHA) data for health needs and global ethnic majority groups.
4. Continue Prevention work to support a reduction in the uptake of smoking and vaping.
5. Continue advocating to maintain ring-fenced spending for stop smoking interventions. Including the universal stop smoking service, communication campaigns, alongside local and regional collaboration.
6. Ensure service provision can evolve with changes to legislation and guidance on the use of e-cigarettes as a quit tool, and the unknown long-term health effects of vaping.

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