



We are family: Delivering more smokefree families in England



FUTURE
HEALTH

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*Kenvue (Johnson & Johnson Ltd)

FOREWORD

Throughout my Parliamentary career and as a Health Minister, I have highlighted why we need to tackle smoking and become smokefree by 2030.

Data from ASH has estimated that the cost of tobacco to society is £17 billion. This includes £13 billion in economic costs through lost earnings, early deaths and unemployment, £2.4 billion in NHS costs and £1.2 billion in social care.

As Public Health Minister, I was delighted to be part of the team that commissioned Javed Khan to undertake his review on how we could go smokefree by 2030. The Government's recent announcements of creating a smokefree generation and improving the support available to people to help them quit are some of the most significant public health interventions in a generation and represent great strides forward.

However, and as this welcome report shows, more action is needed to reduce the harms of smoking today.

Too many children are growing up in homes where someone smokes. Across the country 1.8 million households with children have at least one smoker. In my own region of the East Midlands there are over 150,000 households with children where someone is smoking. Whilst rates have fallen, thousands of women are smoking during pregnancy.

Smoking remains the nation's biggest cause of cancer and death and, in the East Midlands, it's estimated smoking is responsible for around 4,000 cancer deaths each year. That's more than a quarter of all cancer deaths in the region.

Further action is now needed to support both women and their partners to quit smoking and reduce the number of families where someone smokes.

Expanding incentives, using messages and information through new pack inserts and capping the profits of tobacco companies and investing in smoking cessation services can support rapid progress.

Taking such action will benefit us all. It will cut the economic costs of smoking, close gaps in health inequalities and reduce NHS pressures.

Smoking is on the way to being defeated. Delivering an increase in the number of smokefree families is now a critical part of getting to the endgame.

Maggie Throup MP, Former Public Health Minister

EXECUTIVE SUMMARY

Smoking rates in England and across the UK have fallen sharply over recent decades. The smoking ban, increased taxation, regulation and alternative products have all played an important role.

However there are still 5.3 million adults smoking in England¹. Smoking costs the public finances £17 billion, significantly more than it raises in taxes through duties and VAT². Direct NHS costs are £2.4 billion³.

In October 2023 Prime Minister Rt Hon Rishi Sunak MP announced that the Government would ban smoking for all those born after 1 January 2009, starting in January 2027, creating a 'smokefree generation'⁴. The announcement also included £70 million a year for local authority stop smoking services and £15 million for national anti-smoking campaigns⁵. Such moves followed previous announcements on a new national 'Swap to Stop' scheme supporting 1 million smokers to swap cigarettes for vapes and up to £10 million over two years for financial incentives to support all pregnant smokers to quit⁶.

Such investments and actions will significantly support efforts to deliver the ambition of less than 5% of people smoking in England by 2030. However to reach this target an estimated 3.2 million fewer people will be smoking by the turn of the decade - representing a challenging reduction rate of 60%.

One area for concerted action to deliver on this is increasing the number of smokefree families with children. This report finds that there are an estimated 1.8 million households in England with children where someone smokes. The highest proportion of these households are in the East and North East of England.

The impacts of second hand smoke in the home have been known for decades⁷. In the early 2000s the Royal College of Physicians published a set of papers⁸ which found that over 20,000 cases of lower respiratory tract infection, 120,000 cases of middle ear disease, and at least 22,000 new cases of wheeze and asthma were all

- 1 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>
- 2 <https://ash.org.uk/media-centre/news/press-releases/chancellor-urged-to-make-big-tobacco-pay-for-the-massive-burden-it-puts-on-public-finances>
- 3 <https://ash.org.uk/media-centre/news/press-releases/smoking-costs-society-17bn-5bn-more-than-previously-estimated>
- 4 <https://www.gov.uk/government/news/prime-minister-to-create-smokefree-generation-by-ending-cigarette-sales-to-those-born-on-or-after-1-january-2009>
- 5 <https://www.gov.uk/government/news/prime-minister-to-create-smokefree-generation-by-ending-cigarette-sales-to-those-born-on-or-after-1-january-2009>
- 6 <https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-smokefree-2030-cutting-smoking-and-stopping-kids-vaping#:~:text=So%20we%20will%20offer%20a,legitimate%20shops%20from%20being%20undercut>
- 7 <https://www.ncbi.nlm.nih.gov/books/NBK44330/#:~:text=In%201981%2C%20the%20first%20major,1981>
- 8 <https://shop.rcplondon.ac.uk/products/going-smoke-free-the-medical-case-for-clean-air-in-the-home-at-work-and-in-public-places?variant=6364647749>

caused by passive smoking in children each year in the UK⁹. Women with partners who smoke are less likely to quit smoking and to relapse after pregnancy¹⁰. Children who grow up in smokefree homes are less likely to smoke¹¹.

To date policy in this area has often focused on supporting the woman during pregnancy to quit. Smoking in pregnancy rates have fallen, but not at the rate desired¹². The age group with the highest smoking rate is the 25–34 year old group and there is evidence from the pandemic that smoking rates amongst younger age groups could be on the rise¹³.

This report advocates new immediate action for delivering more smokefree families in England. This includes bringing in measures before 2027 to increase the age of sale from 18 to 21, using a tobacco levy to further improve access to stop smoking services and investing in improving broader public health¹⁴.

It also calls for new public health campaigns to improve awareness on the harms of smoking particularly targeted at younger generations, using plans for pack inserts to communicate messages on the importance of families for going smokefree and extending planned financial incentives for pregnant women to their partners in areas with higher rates of smoking. There is much good practice locally, such as that in Manchester and Newcastle, as well as internationally in Canada that should be learnt from and scaled.

Ambitions for creating a smokefree generation are right and have rightly been applauded.

However more work here and now is needed to combat smoking. Too many children are growing up in homes where someone smokes. More support is needed for pregnant women and their partners to quit smoking.

More smokefree families will have wider benefits, helping to tackle health inequalities, improve child and maternal health, reduce NHS pressures and cut the economic costs of smoking.

9 <https://shop.rcplondon.ac.uk/products/passive-smoking-and-children?variant=6634905477>

10 <https://ash.org.uk/uploads/Prevention-Green-Paper-Response-Smoking-in-Pregnancy-Challenge-Group-FINAL.pdf?v=1655333916>

11 <https://ash.org.uk/uploads/Children-and-young-people-briefing-july-2022.pdf?v=1662387694#:~:text=How%20does%20familial%20smoking%20affect,more%20likely%20to%20smoke%20themselves>

12 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

13 <https://smokinginengland.info/graphs/top-line-findings>

14 <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>



**KEY FINDINGS AND SUMMARY
OF RECOMENDATIONS**

KEY FINDINGS

- 5.3 million people are currently smoking in England¹⁵ and there are an estimated 1.8 million households in England with children with at least one smoker. The areas with the highest proportion of households with children with at least one smoker are in the East and North East of England
- Smoking rates vary significantly across the country. The local authority with the highest recorded smoking rate is Fenland, in the East of England at 27.8%. This is 8.7 times higher than the area with the lowest rate – Oadby and Wigston – in the East Midlands which has a smoking rate of just 3.2%¹⁶. Only four local authorities are currently below the 5% smokefree rate. Higher rates of deprivation are linked to higher smoking rates
- The number of women smoking during pregnancy has fallen in recent years and is now 8.8%¹⁷. However the Government target of reaching 6% by 2022 has been missed. As a result of not reaching the target, an estimated extra 15,045 women are currently smoking at the time of delivery
- Only six of the 42 Integrated Care Boards (ICBs) recorded a smoking in pregnancy rate of below 6% and five of these are in London. Five ICBs recorded rates of 12% or above, double the Government target. Lincolnshire ICB has the highest rate of 14.1%, Nottingham and Nottinghamshire has the second highest rate of 13%
- The average age of mothers giving birth in England and Wales is 30.9 years and the age for new fathers is 33.7 years¹⁸. Both fall within the 25 to 34 year old age group - the age group which has the highest smoking rates (16.3%) and has seen a rise (0.5%) in rates since 2021. An estimated 1.4 million people in this age group are smoking¹⁹
- To deliver a smokefree nation by 2030 there needs to be an overall reduction in the numbers smoking of 3.2 million. Reducing the 1.8 million households with children where someone smokes will be critical to delivering these ambitions²⁰

15 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

16 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

17 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

18 [https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2021#:~:text=4.-,Age%20of%20parents,33.7%20years%20\(Figure%201\)](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2021#:~:text=4.-,Age%20of%20parents,33.7%20years%20(Figure%201))

19 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

20 https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf

SUMMARY OF RECOMMENDATIONS

To support more families in going smokefree, this report makes the following recommendations:

- All political parties should use their election manifestos to commit to increase the number of smokefree families
- Number 10 and the Department for Health and Social Care (DHSC) should increase the age of sale for tobacco to 21 before 2027 and the planned introduction of plans to incrementally phase out smoking. Doing so will support efforts at reducing the number of women smoking during pregnancy and increasing the numbers of smokefree families
- HM Treasury should introduce a tobacco levy at the next Budget that caps tobacco company profits and reinvests the funds in further expanding access to stop smoking services and wider public health services
- The DHSC should use increased funding for public health campaigns to specifically support more families in going smokefree and running such campaigns year-round
- The DHSC should ensure plans for pack inserts include messages that support pregnant women, mothers with young children and their partners in quitting smoking
- The DHSC should consider opportunities for expanding the planned incentive programme for pregnant women to quit smoking to their partners. Initially this could be done through a targeted approach in local authorities with higher smoking rates as part of efforts to address wider health inequalities
- The National Institute for Health Research (NIHR) should fund a new set of evidence collection on models and approaches for increasing the number of smokefree partners of pregnant women and women with children in England. This research should be channelled into regions of the country with the highest proportions of families with children where someone smokes
- NHS England's Workforce, Education and Training Directorate and the Office for Health Improvement and Disparities (OHID) should work with the medical colleges and relevant charities on new evidence based material for engaging with young families on the benefits of going smokefree
- Both the Government and Opposition should include the necessary increases in the community health workforce, including health visitors and district nurses, in their upcoming manifestos

- NHS England should maintain existing levels of investment in the Long Term Plan smoking cessation programme
- NHS Integrated Care Systems (ICSs) should work in partnership with secondary care and primary care providers to join-up support for people in going smokefree. Local authorities and place based partnerships should continue efforts to diversify where and how stop smoking services are delivered to their populations through using wider community assets (such as through employers and citizens advice services)
- NHS England's maternity plan should utilise planned upgrades to the NHS App to enable the smoking status of pregnant women and their partners to be recorded more regularly on the pregnancy pathway. Currently only smoking data at the time of delivery is recorded which does not accurately capture the scale of the issue. Information, advice and support should be available through the App to support women during and after pregnancy to quit smoking. Reforms to GP incentives such as the Quality and Outcomes Framework (QOF) should be explored to improve data recording in primary care

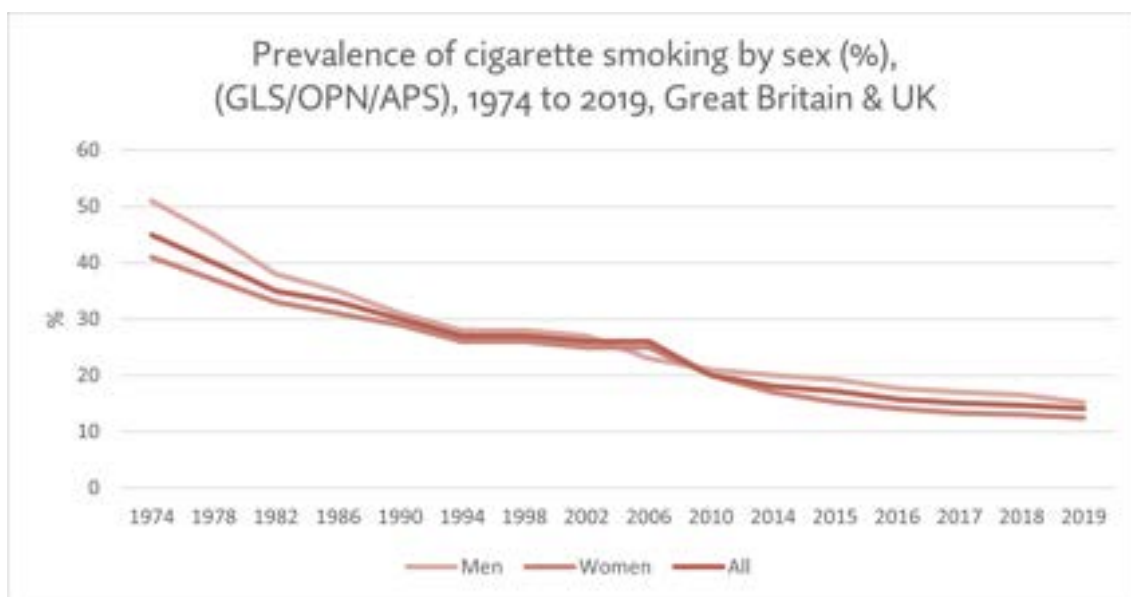


**INTRODUCTION – PROGRESS
TOWARDS A SMOKEFREE
NATION**

In 2019 the UK Government announced a commitment for England to go smokefree by 2030. This was defined as 5% or less of the population smoking ²¹.

The number of people smoking in the UK has been on a steady decline for the last 50 years. Data from ASH records over a two thirds reduction since 1974. For most of this period the male smoking rate has been higher than the female smoking rate, though the gap has narrowed significantly.

Figure 1: Prevalence of cigarette smoking by sex (%), Great Britain & UK



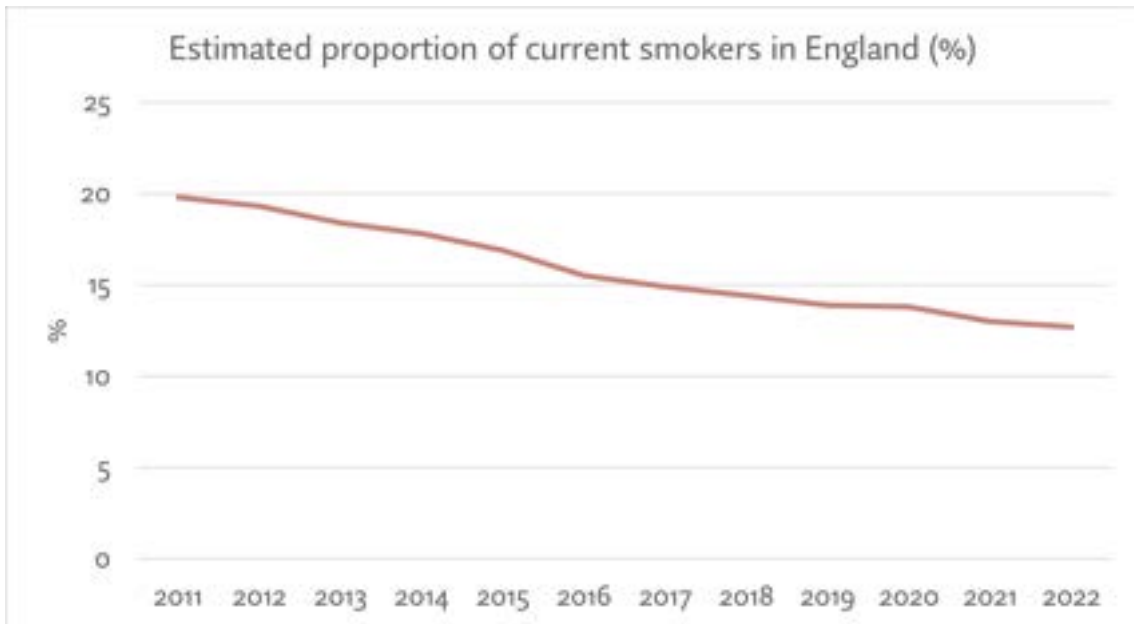
The most recent data from the ONS, published in September 2023, shows that UK smoking rates have fallen to a new low of 12.9%²². This is down from 20.2% in 2011. England has the lowest smoking rates of the four UK nations (12.7%), down from 19.8% in 2011²³.

21 <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

22 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

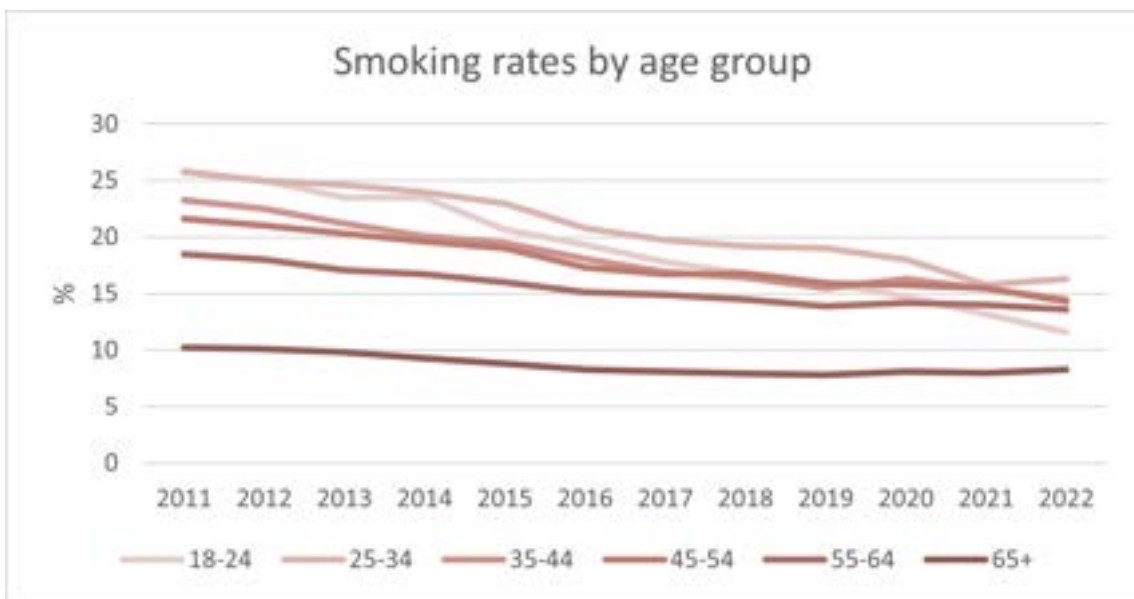
23 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

Figure 2: Estimated proportion of current smokers in England



Those aged 25 to 34 years have the highest rate of smoking (16.3%) and have seen a rise in rates (0.5%) since 2021. This equates to 1.4 million people in this age group smoking. The only other age group where a rise in the last year was noted was amongst the over 65s²⁴.

Figure 3: UK smoking rates by age group



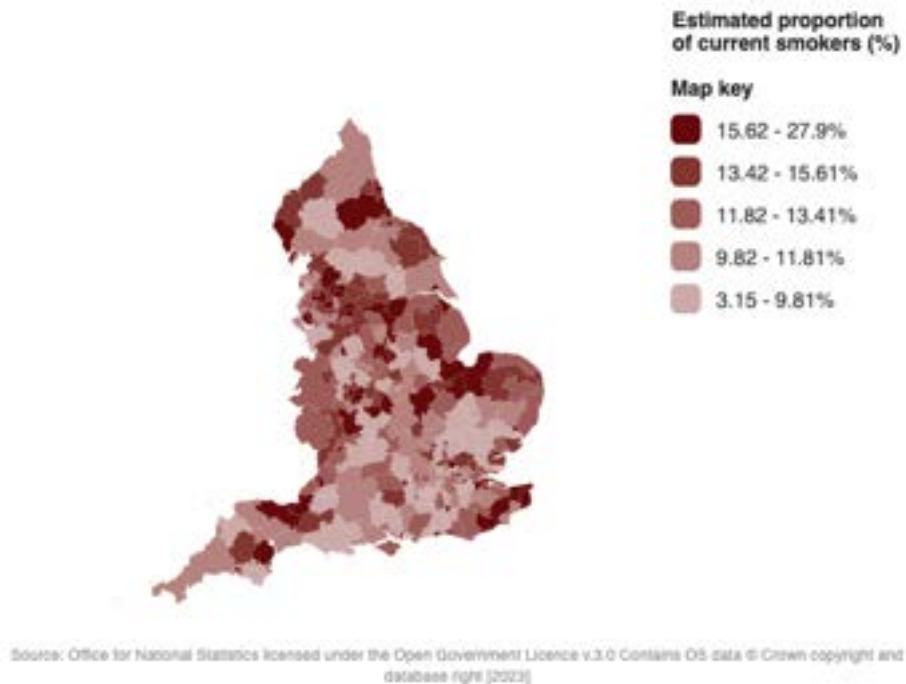
24 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

The 18-24 age group has seen a fall of 4.2% since 2019. However this trend is not clear cut. Separate data from the Smoking Toolkit Study has noted a rise in 18-21 year-olds smoking from 16.7% in 2019 to 19.8% in 2023²⁵.

The study also finds that the proportion of people trying to quit smoking has risen from 29.1% to 36.9% over the same time. This means the proportion of people trying to quit smoking is now at its highest level since 2014²⁶.

Rates of smoking vary across the country. The local authority with the highest recorded smoking rate is Fenland, in the East of England at 27.8%. This is 8.7 times higher than the area with the lowest rate – Oadby and Wigston – in the East Midlands which has a smoking rate of 3.2%²⁷. Only four local authorities are below the 5% smokefree rate.

Figure 4: Estimated proportion of current smokers by local authority district in England



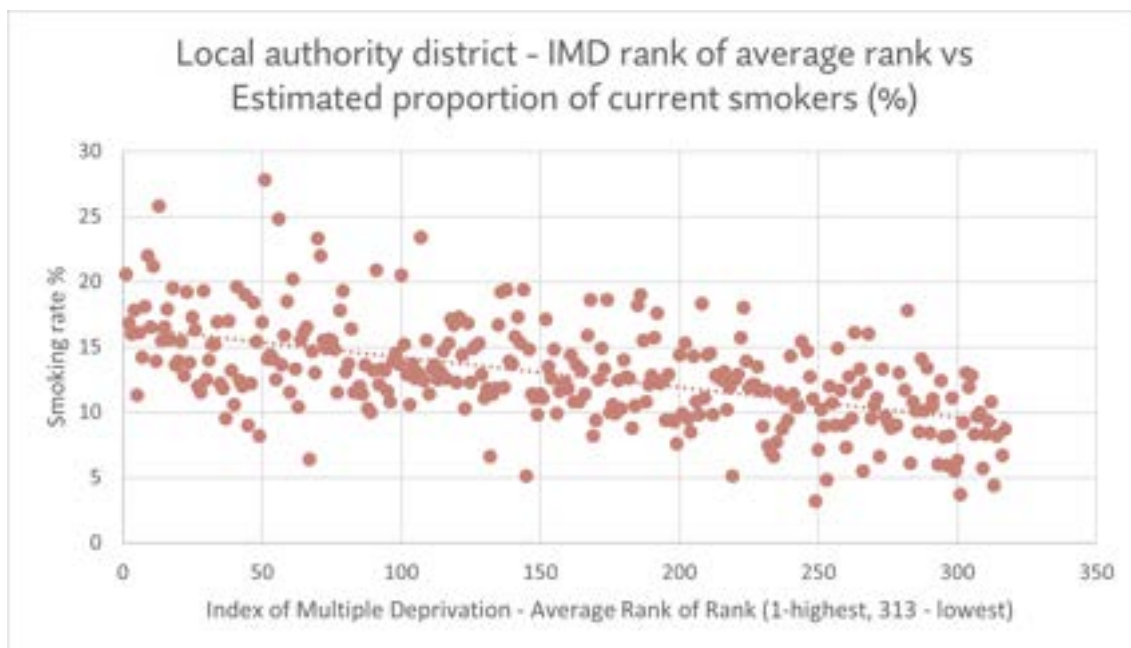
25 <https://smokinginengland.info/graphs/top-line-findings>

26 <https://smokinginengland.info/graphs/top-line-findings>

27 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

Higher rates of smoking generally track higher rates of deprivation as set out in Figure 5 below²⁸.

Figure 5: Local authority index of multiple deprivation ranking vs estimated proportion of current smokers



Despite the downwards trend in smoking rates, in December 2022 Cancer Research UK calculated that the Government was ten years behind its smokefree ambition²⁹. This followed a previous assessment in 2020 that the Government was already seven years behind³⁰. Previous research from Future Health has similarly found that on past progress the Government will not make the 2030 target and further policies and interventions are needed to do so³¹.

28 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

29 <https://news.cancerresearchuk.org/2022/12/29/england-slips-further-off-track-for-smokefree-2030-target/>

30 https://www.cancerresearchuk.org/sites/default/files/cancer_research_uk_smoking_prevalence_projections_february_2020_final.pdf?_gl=1*igheox*_gcl_au*NDE2MzM2OTkxLjE2OTE2NTk5NDU.*_ga*MTYzNjM5MDE3NS4xNjg2OTA0Mjg2*_ga_5873672GNN*MTY5NDc3ODA3Ny45LjEuMTY5NDc3ODA5Ny4wLjAuMA..&_ga=2.216312022.1148530542.1694778078-1636390175.1686904286

31 <https://www.futurehealth-research.com/site/wp-content/uploads/2021/05/Make-Smoking-History-170521.pdf>



**THE CASE FOR HELPING MORE
FAMILIES GO SMOKEFREE**

The case for helping more families go smokefree

5.3 million people are currently smoking in England³². If the smokefree target of 5% was being met today, there would be an estimated 3.2 million fewer smokers³³.

An issue where further concerted action now needs to be taken to continue efforts to reduce rates is through increasing the number of smokefree families. A smokefree family is a household expecting children or with children where no-one currently smokes.

There is strong evidence of the detrimental impact smoking can have on the health of those family members immediately around them³⁴.

Women who live with a smoker are six times more likely to smoke throughout pregnancy and those who live with a smoker and manage to quit are more likely to relapse once the baby is born³⁵.

An estimated 20% of women are also exposed to second hand smoke in the home throughout their pregnancy, leading to an increased risk of many of the same adverse birth outcomes experienced by women who smoke³⁶.

Exposure to second hand smoke has wider health impacts for the child. The Royal College of Physicians has estimated that 20,000 cases of lower respiratory tract infection, 120,000 cases of middle ear disease, and at least 22,000 new cases of wheeze and asthma are all caused by passive smoking in children each year in the UK³⁷.

If a parent smokes the child is more likely to smoke. A 2011 study estimated that around 17,000 young people in England and Wales take up smoking by the age of 15 each year as a consequence of exposure to household smoking³⁸. Increasing the number of smokefree families can not only support the Government in meeting its 2030 ambition, but also help:

- Reduce adverse birth outcomes
- Help break the smoking cycle between generations of families
- Improve child health

32 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>

33 Current number of people smoking in England 5.3 million (12.7% of 41.7 million population). If 5% target was met 2.085 million would be smoking. This results in the calculation that the numbers smoking above target is approximately 3.2 million people

34 <https://ash.org.uk/resources/smokefree-nhs/smoking-in-pregnancy-challenge-group/supporting-partners-to-quit-smoking>

35 <https://ash.org.uk/resources/view/smoking-pregnancy-and-fertility#:~:text=Pregnant%20women%20are%20also%20more,have%20a%20partner%20that%20smokes.&text=Women%20who%20live%20with%20a,likely%20to%20smoke%20throughout%20pregnancy>

36 <https://ash.org.uk/resources/smokefree-nhs/smoking-in-pregnancy-challenge-group/supporting-partners-to-quit-smoking>

37 <https://shop.rcplondon.ac.uk/products/passive-smoking-and-children?variant=6634905477>

38 <https://thorax.bmj.com/content/thoraxjnl/66/10/847.full.pdf>

How significant is the smokefree families opportunity?

Data on the number of smoking families or households is not easily available. However, there are smoking data published that can enable estimates and assessments to be made.

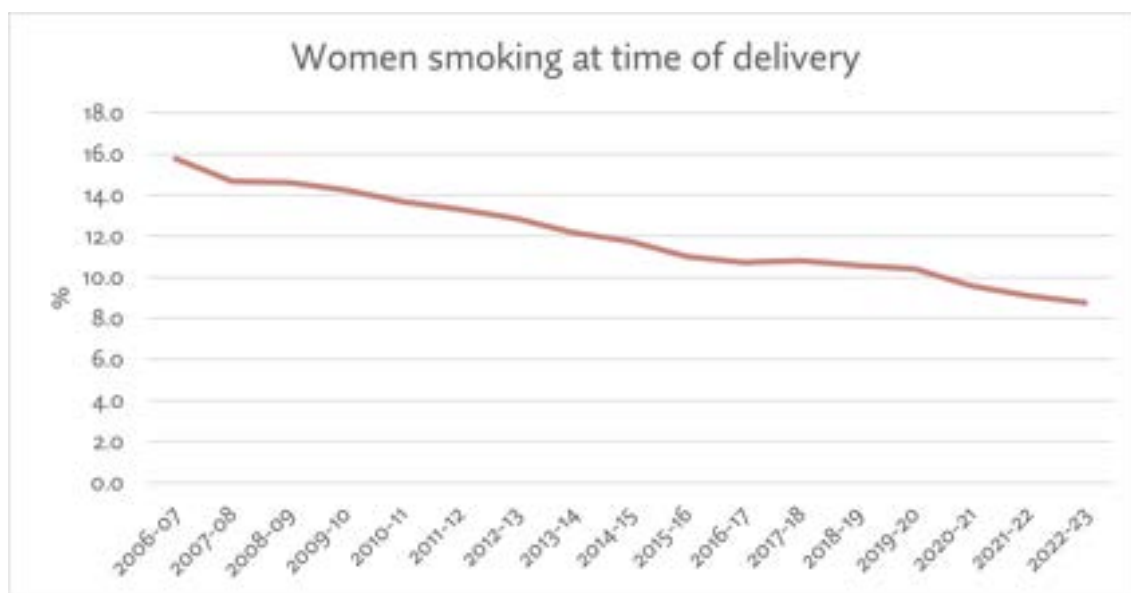
Smoking in pregnancy

One way to try and calculate the number of smokefree families is to look at NHS smoking in pregnancy data.

Data in the 2019 NHS Long Term Plan placed the UK as the 5th highest of 17 comparable countries on its smoking in pregnancy rate³⁹. The 2017 Government Tobacco Control Plan included a target for reducing smoking in pregnancy to 6% by 2022⁴⁰.

The number of women smoking at the time of delivery has fallen by 44% since 2006-07 and is now 8.8%. There has been a 2% reduction since 2017-18, but the 6% target has not been met⁴¹. As a result of not reaching the target, an estimated extra 15,045 women are smoking at the time of delivery.

Figure 6: Women smoking at the time of delivery in England⁴²



39 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

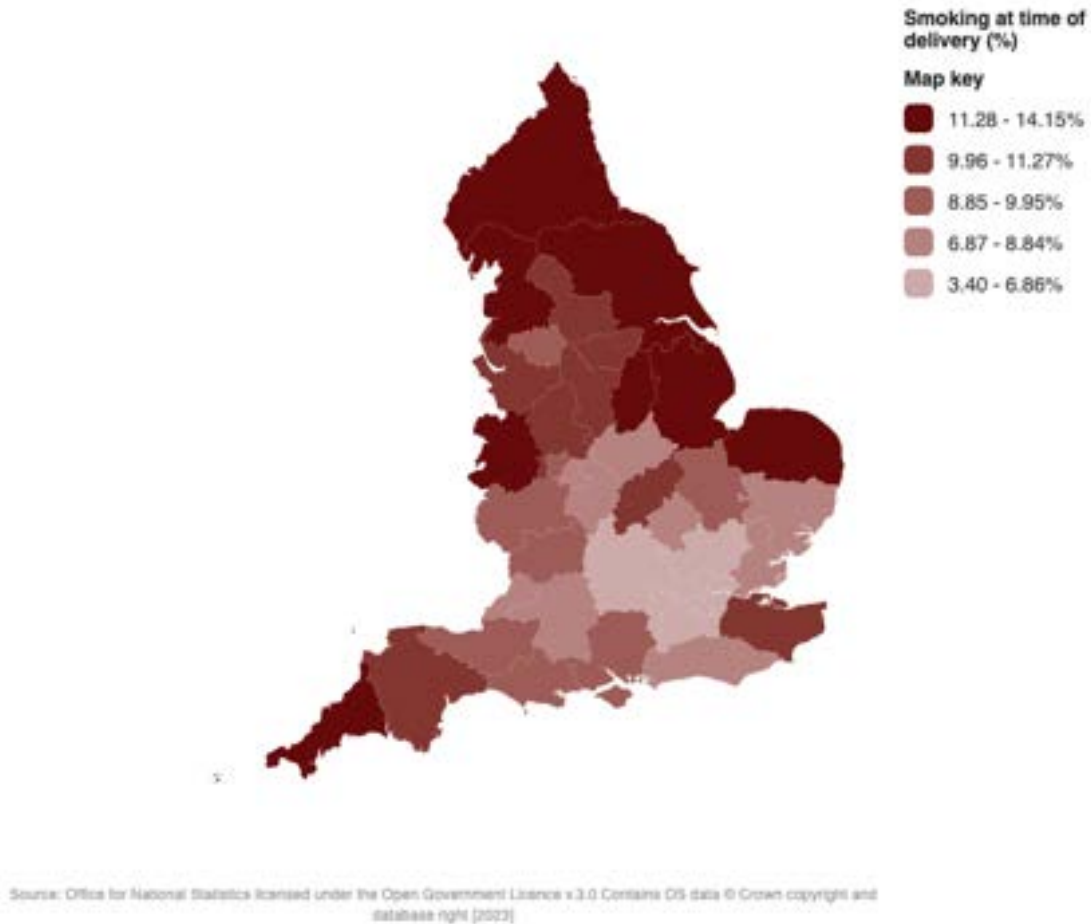
40 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022_2_.pdf

41 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

42 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

Only six of the 42 Integrated Care Boards (ICBs) recorded a smoking in pregnancy rate of below 6% and five of these were in London. Five ICBs recorded rates of 12% or above, double the Government target⁴³.

Figure 7: Smoking in pregnancy rates by Integrated Care Board, Q4 2022-2023



These data provide a snapshot, but do not fully capture the scale of the challenge as they do not include data on partner and wider household smoking habits and only capture smoking rates specifically at the time of delivery (and not before or afterwards).

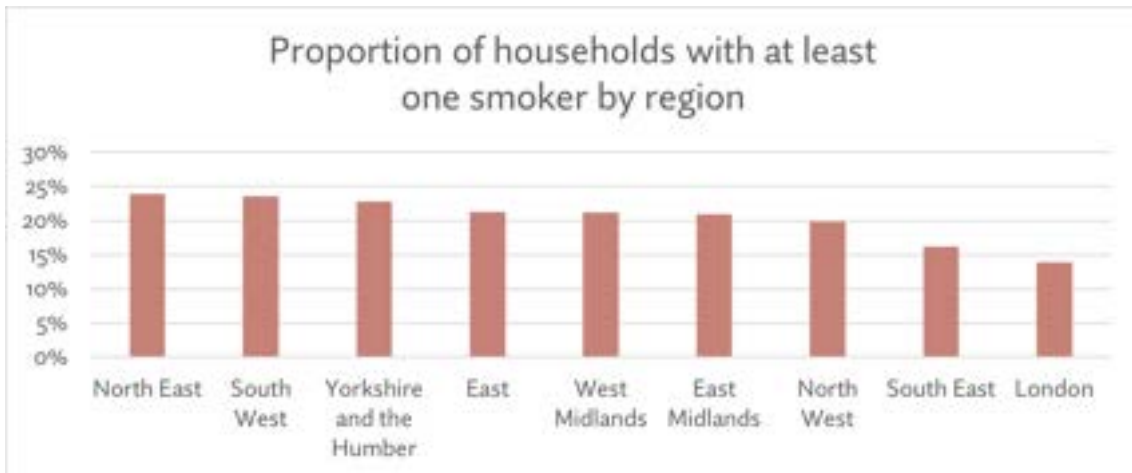
The UK Household Longitudinal Study records the proportion of households in each region of England where one adult smokes⁴⁴. Across England just under 1 in 5 households have at least one smoker. Regionally this varies from 23.9% in the North East to 13.9% in London⁴⁵.

43 <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england>

44 <https://www.understandingsociety.ac.uk/>

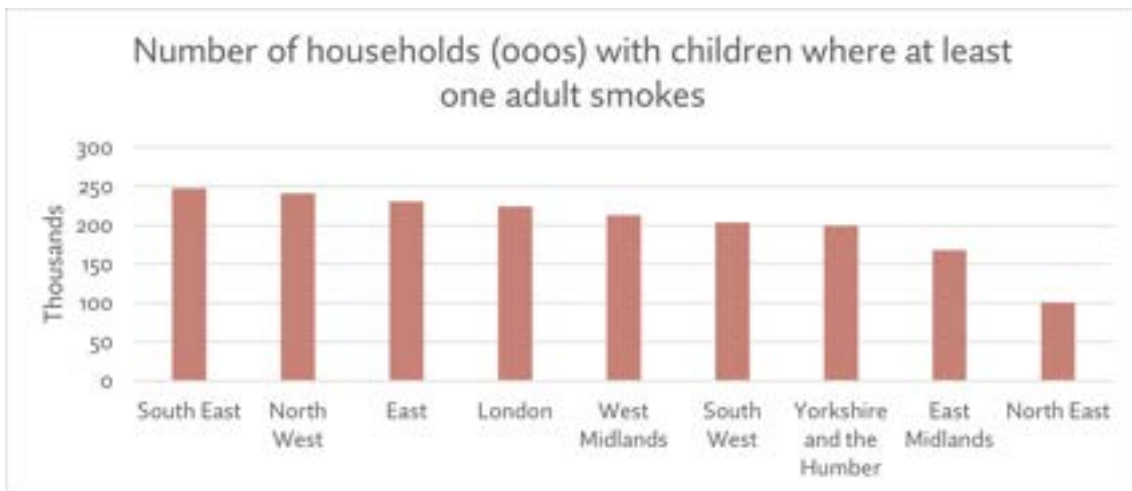
45 It is important to note that even though the North East comes out with the highest household smoking rate a significant amount of work has been undertaken to reduce rates in the region over recent years. More information on such efforts is available here: <https://www.freshquit.co.uk/ways-to-quit/local-support/>

Figure 8: Proportion of households with at least one smoker by region



By applying these data to the ONS population data – which captures the number of households with children – it is possible to estimate the number of households with children where one person smokes across each region of England (Figure 9 below).

Figure 9: Number of households with children where at least one adult smokes



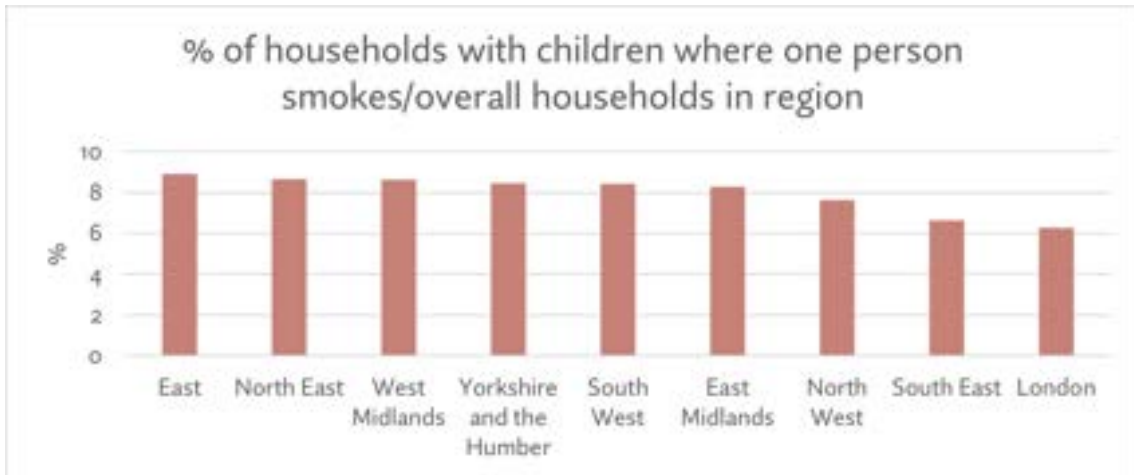
Based on this analysis there are an estimated 1.8 million households with children where one adult smokes in England⁴⁶.

The regional contributions to the overall figure are skewed by the relative size of each region. The South East for example contributes the largest number (248,000), despite having the second lowest proportion of smoking households with children, 16.2% (it has the largest number of households overall and over three times as many as the North East - the region with the smallest number of households).

46 For limitations and clarifications on terminology please see methods

When the data is presented as percentages of overall households, the East of England records the highest percentage of households with children where one person smokes (8.9%). London records the lowest percentage (6.3%). The South East is the region with the second lowest percentage (6.6%). The North East by contrast has the second highest figure (8.7%).

Figure 10: Proportion of households with one child where one person smokes/overall households in the region



Over half of the reduction (1.8 million of 3.2 million) required to deliver on the Government’s 5% smokefree target by 2030 could be realised through eliminating the number of households with one child where one person smokes.

Delivering such a goal in full is perhaps unrealistic. However, given the size of the smokefree challenge, making progress on helping more families to be smokefree feels like an integral part of any strategy to deliver a smokefree nation.



**DELIVERING MORE SMOKEFREE
FAMILIES: OPPORTUNITIES FOR
ACTION**

Delivering more smokefree families: opportunities for action

Delivering more smokefree families requires a multi-pronged approach that:



- Supports women during pregnancy to quit smoking
- Supports partners and other family members to quit smoking or moderate smoking amongst pregnant women and children
- Supports women postpartum in not relapsing to smoking and supporting continued efforts to quit smoking for those unable to do so during pregnancy

To understand the challenges and opportunities for action Future Health convened an expert roundtable of public health, NHS, representative groups, think tank, academic and charitable bodies in September 2023.

Challenges

A series of issues were identified by the group in delivering more smokefree families:

- **Insufficient funding** – reductions to public health budgets and the loss of tobacco control leads in some local authorities has seen cut backs to smoking cessation services. One third of local authorities surveyed do not commission a universal stop smoking service⁴⁷. Lack of funding has also made it difficult to evaluate programmes and interventions which have then subsequently hindered their scalability.
- **Lack of recent delivery on existing policy** – whilst there have been welcome announcements on the creation of a future smokefree generation, a national ‘swap to stop’ scheme and incentives for pregnant women to quit smoking, further work is needed to deliver the smokefree targets set⁴⁸.
- **De-prioritisation of national media campaigns** – the de-prioritisation of national anti-smoking media campaigns⁴⁹ in recent years can now be seen in the relative lower awareness of tobacco harms amongst younger age groups⁵⁰.
- **Challenges for services in reaching particular communities** – amongst certain groups such as routine and manual workers and those in more deprived communities smoking rates have remained stubbornly high and services are not easily accessible to those who need them⁵¹.

47 <https://ash.org.uk/uploads/New-paths-and-pathways.pdf?v=1675686021>

48 <https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-smokefree-2030-cutting-smoking-and-stopping-kids-vaping#:~:text=So%20we%20will%20offer%20a,legitimate%20shops%20from%20being%20undercut>

49 <https://www.theguardian.com/society/2019/dec/27/stop-smoking-campaign-in-england-axed-after-health-budget-cuts>

50 <https://www.ashscotland.org.uk/what-we-do/children-young-people-and-tobacco/young-people-mental-health-and-smoking/#:~:text=Research%20commissioned%20by%20ASH%20Scotland,accessible%20information%20on%20the%20topic>

51 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022>; the smoking rate amongst routine and manual workers is 22.8%, compared with 8.3% of managerial and professional occupations

- **Unbalanced workforce** – reductions in the numbers of community health workers, such as health visitors and district nurses is counterproductive in supporting more women and their families in going smokefree⁵².
- **NHS service pressures** – the difficulty of people in accessing NHS services, particularly in primary care⁵³ and a lack of incentives for follow-through action to reduce smoking are both limiting progress in reducing smoking rates⁵⁴.
- **The need for wider pathway support during pregnancy** – interventions on the issue of smokefree families have often been focused on the woman and on the time during pregnancy itself⁵⁵. There are wider opportunities to support women both pre-conception and postpartum that need to be taken up, along with greater support for partners and other family members in going smokefree.
- **Lack of data** – whilst data is collected on smoking amongst women at the time of delivery⁵⁶, there is a lack of data on smoking rates both during the earlier stages of the pregnancy and postpartum, along with no direct data on wider family and household smoking rates. This lack of data is likely to mask the full numbers of women smoking both during and after pregnancy and the number of young children living in households where someone is smoking.

Opportunities

A series of opportunities nationally and locally were identified to increase the number of smokefree families.

Going further nationally

National politicians and policymakers need to go further than action currently committed:

Increasing the age of sale to 21 – whilst the commitment to deliver a smokefree generation from 2027 is welcome, more immediately the Government should increase the age of sale for tobacco from 18 to 21. Raising the age of sale has popular support. A survey of 10,000 adults found that 63% supported raising the age of sale of tobacco to 21⁵⁷.

52 <https://ihv.org.uk/news-and-views/news/health-visitor-workforce-numbers-in-england-reach-an-all-time-low/>

53 <https://www.theguardian.com/society/2023/jul/23/patients-wait-over-14-days-gp-appointments-england-despite-government-pledge>

54 <https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf>; currently the incentive within indicator SMOK004 is to record a quit attempt, but there are no incentives for following through actions on this and reducing smoking rates

55 <https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022>; see the focus of the Tobacco Control Plan of recording smoking at the time of delivery

56 <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/smoking-status-at-time-of-delivery-satod-data-collection>

57 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081366/khan-review-making-smoking-obsolete.pdf

This will help reduce smoking rates over the coming years more quickly amongst the 25-34 age group where rates are currently highest⁵⁸. With the average age of a new mother now at 31 years, such action will also reduce the numbers of women smoking during pregnancy and increase the numbers of smokefree families⁵⁹.

Introducing a tobacco levy – the introduction of a tobacco levy, that would see tobacco industry profits capped at 10% with profits above the cap re-invested in smoking cessation and other public health services would help improve access for people across the country to stop smoking services, helping to drive down smoking rates and tackle health inequalities⁶⁰. ASH has estimated that a tobacco levy could raise £700m⁶¹. Around three quarters of both adults (76%) and tobacco retailers (73%) in England support a levy on manufacturers to pay for tobacco control measures⁶².

Ensure new public health campaigns deliver more smokefree families – new funding for anti-smoking public health campaigns should ensure that such campaigns are year-round and sustained beyond Stoptober⁶³. Campaigns should include a focus on the harms associated with smoking within families. The positive impact of social media influencers in supporting vaccination uptake during Covid-19 could also be learnt from and applied at efforts to increase the number of smoke-free families⁶⁴.

Case study: Educational public health campaigns in Canada

Families Controlling and Eliminating Tobacco (FACET) is a programme of research at the University of Columbia committed to finding new ways to support young families in going smokefree⁶⁵. It has produced a series of gender sensitive studies, booklets and research drawing on the experiences of young families. One program of work 'Dads in Gear' is aimed at supporting men who want to be smokefree dads and includes videos, quizzes and information to support men in these ambitions. The website is funded by the Canadian Institutes of Health Research and the Canadian Cancer Society⁶⁶.

58 <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>

59 <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2021#:~:text=In%202021%2C%20the%20standardised%20mean,being%20delayed%20until%20older%20ages>

60 <https://ash.org.uk/uploads/HMTBudgetRepresentation2023.pdf>

61 <https://ash.org.uk/uploads/HMTBudgetRepresentation2023.pdf>

62 <https://ash.org.uk/media-centre/news/press-releases/chancellor-urged-to-make-big-tobacco-pay-for-the-massive-burden-it-puts-on-public-finances>

63 <https://www.nhs.uk/better-health/quit-smoking/>

64 It was noted during the roundtable that smoking quit attempts had increased significantly in Manchester following coverage of the issue on Coronation Street with Deirdre Barlow

65 <https://ash.org.uk/resources/smokefree-nhs/smoking-in-pregnancy-challenge-group/supporting-partners-to-quit-smoking>

66 <https://dadsingear.ok.ubc.ca/>

Increasing research funding to understand effective smokefree family campaigns – the Smoking in Pregnancy Challenge Group has noted a need for further work to determine what strategies and approaches will be most effective to help partners quit smoking. The group highlights opportunities from improved education, access to nicotine replacement therapy (NRT) and financial incentives for partners as areas for further research⁶⁷. The NIHR should commission studies to evaluate the effectiveness of these measures on partner quit rates to continue to build the evidence base in this area. For the biggest impact this research should be channelled into regions of the country with the highest proportions of families with children where someone smokes.

Expanding the use of financial incentives programme to support quit rates – in April 2023 the Government announced that they would introduce a financial incentive scheme for pregnant mothers to help give up smoking⁶⁸. There is evidence that including partners as part of a voucher incentive programme can help quit rates⁶⁹. The DHSC should consider opportunities for expanding the incentive programme to partners. Initially this could be done through a set of pilots in local authorities with higher smoking rates. Revenue raised from a tobacco levy could be used to fund this work.

Delivering new local service models of smoking cessation support

Whilst national politicians and policymakers need to do more to support efforts to reduce smoking rates, responsibility for delivering services sits locally, supported by the regional public health tier. This regional tier can help local areas by sharing good practice, resources and analysing data and trends in smoking rates across geographical areas. Locally there are opportunities emerging to re-design services and engage communities in smokefree ambitions and benefits.

Unlocking the power of community assets to deliver smokefree families – local, place based smoking cessation strategies will need to look beyond traditional health services to wider community and cultural assets (such as welfare services, voluntary, charity and housing services) to support people and families in going smokefree. Examples of wider services for engagement in smokefree initiatives include:

- Social housing
- Debt advice services
- Citizens advice services
- Employers
- Mental health services

67 <https://ash.org.uk/resources/view/evidence-into-practice-supporting-partners-to-quit-smoking>

68 <https://www.gov.uk/government/speeches/minister-neil-obrien-speech-on-achieving-smokefree-2030-cutting-smoking-and-stopping-kids-vaping#:~:text=So%20we%20will%20offer%20a,legitimate%20shops%20from%20being%20undercut>

69 <https://ash.org.uk/resources/view/evidence-into-practice-supporting-partners-to-quit-smoking>

Case study: Smoking-related financial advice

Citizens Advice Gateshead, supported by Public Health Gateshead, adopted a 'making every contact count' approach to health care – training its staff to engage with the public and talk to them about their health and wellbeing, including smoking. Discussing the financial impact of smoking as well as providing information on how to access stop smoking support was received positively by service users. Success was indicated by reports of clients being able to reduce their smoking as a result of the support, feeling less stressed and anxious and being better able to deal with their financial affairs because of the increased income from tobacco expenditure savings. This approach has now been embedded as a routine part of day-to-day practice⁷⁰.

Increasing public engagement in smokefree policies and services – 8 in 10 people in Greater Manchester support a smokefree Manchester⁷¹ and there is wider public support for more action to reduce smoking rates across the country⁷². Locally, ensuring there is strong public engagement and representation in the design of services will be important so that services are both well valued and well used.

One particular area for action is engaging effectively with partners, and specifically men who have less direct contact with family planning and associated healthcare services.

Evidence suggests that measures that place the action for the partner going smokefree directly on the pregnant woman are not effective⁷³. The Smoking in Pregnancy Challenge group note that direct engagement with partners and family members is likely to be a more effective approach as set out in the Greater Manchester case study below⁷⁴.

Case study: Greater Manchester, Significant Other Support (SOS)

The Greater Manchester Supporting a Smokefree Pregnancy service includes an option for the woman to recruit 'Significant Other Support' (SOS). The significant others (SO) within the scheme receive £60 worth of high street vouchers if the woman they are supporting remains smokefree up to 12 weeks postpartum. If the woman relapses when on the scheme the SO receives no vouchers.

70 <https://ash.org.uk/uploads/HIRP-Price-and-affordability.pdf?v=1653401534>

71 https://www.manchester.gov.uk/news/article/9082/greater_manchester_launches_plans_for_a_smoke-free_city-region

72 [https://ash.org.uk/resources/view/public-support-for-government-action-on-tobacco-results-of-the-2022-ash-smokefree-survey#:~:text=This%20document%20sets%20out%20the,support%20for%20all%20key%20interventions.&text=election%20\(Conservative%2C%20Labour%2C%20Lib%20Dem\)](https://ash.org.uk/resources/view/public-support-for-government-action-on-tobacco-results-of-the-2022-ash-smokefree-survey#:~:text=This%20document%20sets%20out%20the,support%20for%20all%20key%20interventions.&text=election%20(Conservative%2C%20Labour%2C%20Lib%20Dem))

73 <https://www.mdpi.com/1660-4601/16/24/5164>

74 <https://ash.org.uk/resources/view/incentive-schemes-webinar>

Initial outcomes from 18 months of the programme found that women with SOS were almost twice as likely to achieve a 4-week quit than those without. This trend continued through to delivery and 12 weeks postpartum, although the overall numbers of women who maintained their quit decreased⁷⁵.

Plans for including information pack inserts present an opportunity for engaging with partners on the benefits of going smokefree⁷⁶. An evaluation of the policy's impact in Canada found that almost 1 in 3 smokers had read the inserts at least once in the past month, and that those who were exposed to the inserts multiple times were significantly more likely to try to give up smoking⁷⁷.

Unlocking the power of the NHS

The NHS plays an important role in attempts to cut the rates of smoking. Action has already been committed through the Long Term Plan and the Core20PLUS5 framework to tackle health inequalities. There are though opportunities for making more rapid progress^{78,79}.

Providing health professionals with resources for supporting people and families in going smokefree – there is a need to ensure that health professionals involved in supporting families with family planning have access to resources that can support effective messaging and engagement on the importance of smoking cessation. NHS England's Workforce, Education and Training Directorate⁸⁰ and the Office for Health Improvement and Disparities (OHID) should work with the medical colleges and relevant charities on new evidence-based material setting out the benefits to families of going smokefree.

Investing in the community health workforce – the number of health visitors has been reduced by 40% since 2015⁸¹. The number of district nurses has also fallen from 7,000 to 4,000⁸². The NHS Long Term Workforce Plan commits to increase the number of health visitors by 3,416 in the next four years⁸³. But this is below the 5,000 that it is estimated are needed⁸⁴. The Plan will also increase the number of training places for district nurses by 41% in the next five years⁸⁵. Investing in community health workers will be critical to helping more families go smokefree. Both main parties should prioritise the necessary increases in community health staff in their election manifesto commitments.

75 <https://ash.org.uk/uploads/Supporting-partners-to-quit-smoking-v1.pdf?v=1648140223>

76 <https://www.gov.uk/government/news/new-inserts-in-cigarette-packs-to-help-smokers-quit>

77 <https://www.gov.uk/government/news/new-inserts-in-cigarette-packs-to-help-smokers-quit>

78 <https://www.longtermplan.nhs.uk/>

79 <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

80 This Directorate has replaced Health Education England

81 <https://ihv.org.uk/news-and-views/news/health-visitor-workforce-numbers-in-england-reach-an-all-time-low/>

82 <https://www.rcn.org.uk/news-and-events/Press-Releases/district-nursing#:~:text=The%20District%20Nursing%20service%20is,at%20sometimes%20unsafe%20staffing%20levels>

83 <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

84 <https://ihv.org.uk/news-and-views/news/health-visiting-in-the-nhs-long-term-workforce-plan-in-brief/>

85 <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

Case study: Helping New Mums stay smokefree in Norfolk

The University of East Anglia team have worked with the Norfolk Health Visiting Service to design a package of support called Babybreathe. New mums receive positive support from a health visitor, at the end of pregnancy and when their baby is born. And they receive a 'Babybreathe box' specifically designed by and for postpartum women to give encouragement, praise and support for staying smoke-free.

Tailored text messages are sent after the baby is born, offering hints, tips and advice. New mums are also offered support to use NRT or electronic cigarettes to prevent relapse. There is also a dedicated website, and the BabyBreathe app, where there are lots of specially designed interactive resources for mums and partners⁸⁶.

Continuing to invest in smoking cessation programmes and co-ordinating smokefree efforts across care settings – with rising backlogs of care and NHS service pressures at record levels, NHS England should maintain and protect its level of investment in its Long Term plan smoking cessation initiatives. There are still variations in evidence in the publicised support available to partners in smoking in pregnancy pathways⁸⁷. The development of ICSs presents opportunities to better join-up support for young families in going smokefree. Programmes that have linked smokefree pathways across secondary care, primary care and pharmacy as set out in NICE guidelines have been shown to be effective at helping people in successful quit attempts⁸⁸.

Improving data collection on smokefree families – collecting more holistic data during pregnancy and on smoking rates amongst partners and others in the family unit would help better understand the numbers and location of families with children where someone smokes. NHS England through upgrades to the NHS App should make it easier for women to record their smoking status and that of their partners. Such upgrades would align with the *Three year delivery plan for maternity and neonatal services* ambition for incorporating 'pregnancy-related data and features into the NHS App to enhance the facility for women to view their patient records via the NHS app⁸⁹.' Better data collection will help support targeted interventions and improve accountability for reducing the numbers of smokefree families in England. Incentives could also be introduced in primary care for better recording such data through a refreshed Quality and Outcomes Framework (QOF)⁹⁰.

86 <https://www.uea.ac.uk/news/-/article/helping-new-mums-stay-smoke-free>

87 <https://www.cuh.nhs.uk/patient-information/smokefree-pregnancy-pathway/>

88 <https://www.england.nhs.uk/primary-care/pharmacy/nhs-smoking-cessation-transfer-of-care-pilot-from-hospital-to-community-pharmacy/case-study-smoking-cessation-transfer-of-care-from-hospital-to-community-pharmacy-pilot/>

89 <https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf>

90 <https://www.pulsetoday.co.uk/news/breaking-news/gps-to-be-consulted-on-the-future-of-qof-this-summer/>



CONCLUSION

CONCLUSION

In 2023 the Government has made significant and welcome commitments on delivering a smokefree nation.

But to make more rapid progress both this Government and the next will need to take further action to support the 1.8 million households with children where someone smokes in England in going smokefree. Delivering on this will save lives, tackle health inequalities and reduce pressures on the NHS. The upcoming political manifestos should be used to make firm commitments on this.

Action such as increasing the age of sale to 21 before 2027, introducing a tobacco levy to improve access to stop smoking services and using new public health campaign funding to more consistently highlight the benefits of stopping smoking for families are all policy levers that should be deployed.

Utilising and extending other announced measures such as the messages on cigarette pack inserts and expanding financial incentives beyond pregnant women to their partners can also be used to increase the number of smokefree families.

At the local level, local authorities working in partnership with services such as debt advice, citizens advice, employers and social housing organisations can help provide enhanced support to families who want to go smokefree. And the NHS through protecting investment in smoking cessation, improving data collection and educating health professionals can play an active and engaged role.

We are now on a path to a smokefree nation but more work is immediately needed to reduce the harms and costs of smoking. Increasing the number of smokefree families should be a priority for all politicians as an election approaches.

A photograph of a man and a woman sitting at a table, smiling and eating. The man is leaning over the woman, and they appear to be enjoying a meal together. The table is set with several dishes, including what looks like a bowl of green salad and a plate of bread. The image has a blue color overlay and a white circular graphic element in the foreground.

ANNEX A & ABOUT

ANNEX A: NOTE ON METHODOLOGY FOR CALCULATING THE NUMBER OF SMOKE-FREE FAMILIES

The report includes analysis from Landman Economics, building on previous work for ASH, that uses data from the Understanding Society (the UK Household Longitudinal Study) Wave 12 (the most recent wave of data at the time of publication), collected between January 2020 and December 2021⁹¹. We measure the proportion of households in each of the nine regions in England, containing at least one adult who smokes.

The Understanding Society data are weighted for non-response so that they correspond more closely to the population in each region.

The proportions of households with at least one smoker in them are then multiplied by estimates from the UK Labour Force Survey for the number of households with children in each region⁹².

This helps produce estimates of the number of households in each region with children with at least one adult smoker and produces the figure of 1.8 million households in England.

It is important to note that these estimates do not include households where either a pregnant mother who is expecting their first child, their partner or another person residing in the home smokes. They only capture households with a child where someone smokes. The overall number of households if these cases were included would be higher.

91 <https://www.understandingsociety.ac.uk/2022/11/29/understanding-society-wave-12-data-now-available#:~:text=Wave%2012%20includes%20a%20set,Covid%2D19>

92 Sourced from the ONS publication "Households by Type of Household and Family, regions of England and GB constituent countries", 2022: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/householdsbytypeofhouseholdandfamilyregionsofenglandandukconstituentcountries>

ABOUT FUTURE HEALTH

Future Health is a public policy research centre focused on creating healthier, wealthier people, communities and nations.

The importance of prevention and the development of new technologies have long been seen as ways to transform health systems to improve patient outcomes and performance, but progress has often been slow.

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<https://www.futurehealth-research.com/>

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Richard Sloggett is the Founder and Programme Director of Future Health. He was previously a Senior Fellow at Policy Exchange and from 2018-19 was Special Advisor to the Secretary of State for Health and Social Care. Richard is a regular commentator in the national media on health and social care and has been named as one of the top 100 people in UK healthcare policy by the Health Service Journal.



During his time with the Secretary of State, Richard worked across Whitehall, the NHS and local government on major policy decisions including the NHS Long Term Plan and the Prevention Green Paper.

Alongside his work at Future Health Richard is undertaking his doctoral thesis in preventative healthcare systems at Liverpool University.



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