Ealing Joint Strategic Needs Assessment (JSNA)

Tobacco Control

2024/25

Contents

Introduction

Tobacco is harmful not only to smokers, but also to their families, friends, colleagues, and wider society. Smoking is the leading cause of preventable death and disease in the UK. NHS England estimates that there were 74,600 deaths attributable to smoking in England in 2019[1]. Smoking can be attributed to around 16% of all deaths. This is greater than the combined total of preventable deaths caused by obesity, alcohol, suicide, traffic accidents, illegal drugs and HIV infections[2]. It is also the largest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities.

Smoking causes around 80% of all deaths from lung cancer, bronchitis and emphysema, and about 14% of deaths from heart disease. More than one quarter of all cancer deaths can be attributed to smoking, including cancer of the lung, mouth, lip, throat, bladder, kidney, pancreas, stomach, liver and cervix. About half of all life-long smokers will die prematurely. On average, cigarette smokers die 10 years younger than non-smokers[3].

Smoking reinforces health inequalities and the harm it causes is not evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. In the UK, around 1 in 4 (22.8%) people in routine and manual occupations smoke, compared with less than 1 in 10 people (8.3%) in managerial and professional occupations[4]. Smoking is twice as prevalent in people with longstanding mental health problems.

There are relatively high smoking levels among certain demographic groups, such as Bangladeshi, Irish and Pakistani men and Irish and Black Caribbean women. Smoking in pregnancy increases the risks of miscarriage, stillbirth or having a sick baby, and is a major cause of child health inequalities. In England, 6.1% of mothers were smokers at the time of delivery in 2024-25[5].

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[1] NHS Digital. Statistics on Smoking, England 2020. Smoking-related ill health and mortality (Table 1.4 & 1.5)

[2] Comprehensive local tobacco control: why invest? Public Health England, 2016

[3] https://ash.org.uk/uploads/Smoking-and-Cancer-Fact-Sheet.pdf?v=1692800564

[4] According to the National Statistics Socio-economic Classification (NS-SEC)

[5] Statistics on Women's Smoking Status at Time of Delivery: England - NHS England Digital

The success of tobacco control is heavily reliant on partnership working and requires joined up solutions, such as the regulation of supply and demand, legislation, campaigns, media work, harm minimisation and personalised interventions, such as smoking cessation.

National Guidance

In 2019, the government published a green paper on preventative health titled Advancing our health: prevention in the 2020s. The paper announced the ambition for England to become 'smokefree' by 2030 - achieved when adult smoking prevalence falls to 5% or less.

The NHS Long Term Plan (2019) introduced a new NHS-funded opt-out tobacco dependency treatment service in inpatient and maternity settings, and mental health and learning disability services as part of their plan to increase prevention and tackle health inequalities. This commitment was reaffirmed in the NHS 10-Year Health Plan for England (2025).

The government commissioned Javed Khan to carry out an independent review into the ambitions to make England smokefree by 2030. In June 2022, Khan published 'The Khan review: making smoking obsolete'. The review showed that "without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044"[6]. The review set out a package of 15 recommendations aimed at supporting the 2030 ambition.

This included four "critical must dos" for the Government:

- increasing investment in smokefree 2030 policies
- increasing the age of sale of tobacco by one year every year
- promoting vaping as a smoking cessation tool
- improving the prevention of ill health by offering smokers advice and support to quit at every interaction within the NHS

In addition, the Khan review also highlighted a need to support the commissioning of incentive schemes to support smokefree pregnancies. In April 2023, the Government announced that all pregnant women who smoke will be offered

[6] The Khan review: making smoking obsolete - GOV.UK (www.gov.uk)

financial incentives in the form of vouchers alongside behavioural support by the end of 2024.

In October 2023, the UK government proposed a new policy change, Stopping the start: The plan to create a smokefree generation. The new legislation proposes a number of changes to further prevent people from becoming addicted to smoking and address the challenge of youth vaping.

The proposals are:

- **A smokefree generation**: legislation to make it an offence to sell tobacco products to anyone born on, or after 1st January 2009. It will also be an offence for anyone at the legal age to purchase tobacco products on behalf of someone born on, or after 1st January 2009.
- **Helping current smokers to quit:** increased investment in local authority led local stop smoking services for the next five years; additional money for national anti-smoking campaigns; funding to roll out the new national 'Swap to Stop' scheme; funding to provide evidence-based financial incentives to support all pregnancy smokers to quit.
- **Protecting children from vaping:** ensuring the balance is right between protecting children and supporting adult smokers to quit. The proposal includes restricting flavours, regulating point of sale displays, packaging and presentation.
- **Enforcement**: increased investment to strengthen enforcement activity to stop underage sales and tackle the import of illicit tobacco and vaping products.

In November 2023, the Department of Health and Social Care (DHSC) published a policy paper titled Stopping the start: our new plan to create a smokefree generation

In this the government committed to funding several initiatives to improve smoking cessation support, this included[7]:

- an additional £70 million per year to support local authority-led stop smoking services (SSS) - more than doubling current spend from £68 million per year (to a total of £138 million) and supporting around 360,000 people to set a quit date each year

[7] Stopping the start: our new plan to create a smokefree generation - GOV.UK (www.gov.uk)

- an additional £5 million this year and then £15 million per year after to fund new national antismoking campaigns - a substantial uplift on current spend
- up to £45 million over 2 years to roll out our new national 'Swap to Stop' scheme - supporting 1 million smokers to swap cigarettes for vapes
- up to £10 million over 2 years to provide evidence-based financial incentives to support all pregnant smokers to quit

In March 2024, a Tobacco and Vapes Bill was introduced to the Commons, and whilst there is cross party support in favour of this Bill, there are several stages of the process still to take place before it is formalised.

Local authorities are at the frontline of national efforts to achieve the goal of Smokefree 2030.

ASH's 10 high-impact areas for local authorities[8] guide identifies ten ways in which local authorities can continue to drive down smoking prevalence in their communities and reduce the many health, social and economic costs of smoking.

The ten high impact actions are:

1. Prioritise health inequalities
2. Work in partnership
3. Support every smoker to quit
4. Communicate the harms and the hope
5. Promote harm reduction
6. Tackle illicit tobacco
7. Promote smokefree environments
8. Enable young people to live smokefree
9. Set targets to drive progress
10. Protect and promote progressive tobacco control policy

[8] 10-High-Impact-Actions.pdf (ash.org.uk)

Level of need in Ealing

According to the latest National Census (March 2021), Ealing is the third largest London borough in terms of population. For population profile, deprivation, ethnic diversity, employment etc. please refer to Ealing Data. Socioeconomic factors, including housing tenure and occupation, correlate with smoking rates, with those in social housing and manual occupations exhibiting higher prevalence. Vulnerable groups, including LGBTQ+ individuals and those with mental illness, substance use, and homelessness, experience higher smoking prevalence. Psychological, social, economic, and cultural factors contribute to smoking initiation, emphasizing the need for targeted strategies.

Smoking prevalence

Each year a Tobacco Control Profile is updated (Local Tobacco Control Profiles - OHID (phe.org.uk)) which provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level. Below is a summary of the latest Profile, with all data from that source unless referenced separately.

Like most regions in England, smoking prevalence in Ealing was falling steadily in the decade after 2011. This is likely to have been driven by the smoking ban, e-cigarettes and changing social attitudes. Nevertheless, decreases in smoking prevalence have been less marked in more deprived groups. Hence, smoking remains an important driver of heath inequalities.

There appears to be an increase in smoking prevalence in Ealing in recent years, perhaps partly explained because of the methodology used to measure the prevalence during and after the Covid-19 pandemic.

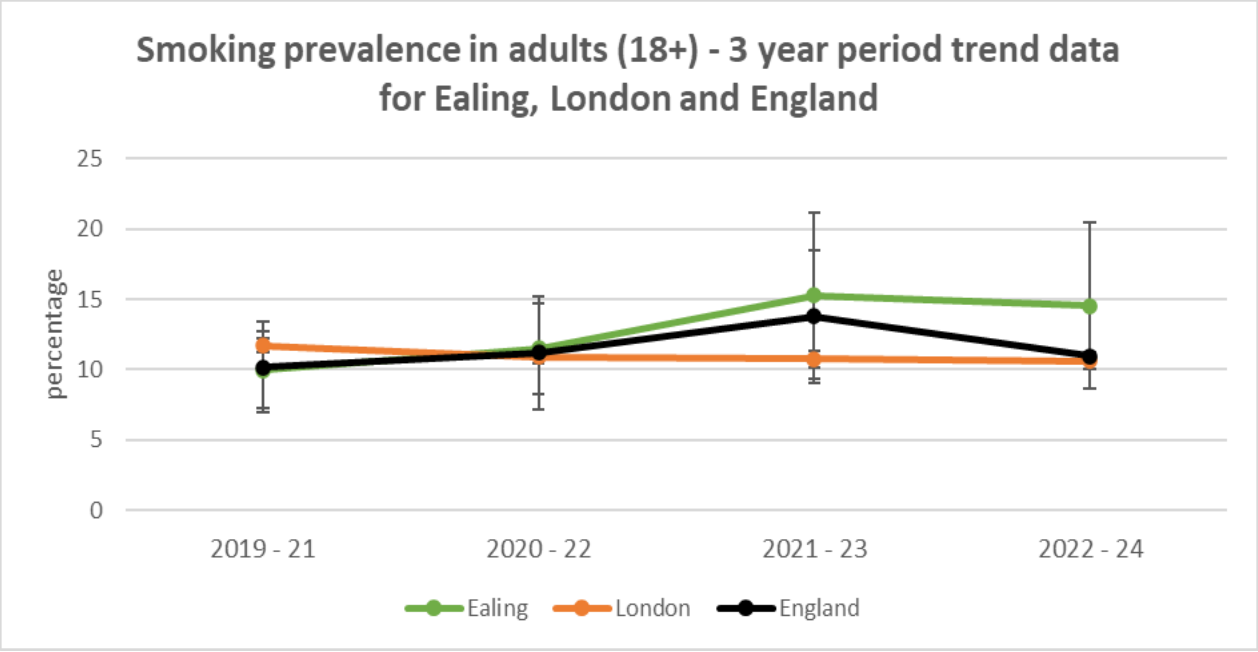
Ealing's smoking prevalence in 2024 was estimated to be 7.4%, which is statistically similar to both England and London (10.4% and 10.2% respectively)[9]. However, single-year smoking prevalence in Ealing has seen

[9] Smoking Profile - Data - OHID (phe.org.uk) * Note - confidence intervals for the London and Ealing averages overlap, hence the prevalence estimates may not be statistically different; Smoking prevalence estimates by local authority area are subject to smaller sample sizes and therefore tend to fluctuate each year because of more statistical uncertainty. Users should therefore look at the long-term trends in smoking prevalence in authorities rather than using the estimates as an indication of year-on-year changes.

significant fluctuation year-on-year, particularly since 2021, when it was 10.3%. Smoking prevalence is based on Annual Population Survey data, and the 2023 Ealing survey had a small number of participants, which can affect the reliability and statistical significance of the results[10].

As single-year smoker estimates for each local authority can vary a lot from year to year because of small sample sizes, so an indicator showing 3-year period data has been used by Department of Health as a more reliable representation of the trends in smoking prevalence. The latest data for 2022-24 shows a 3-year average smoking prevalence of 14.2% in Ealing, compared to 10.6% in London and 10.9% nationally, with Ealing's prevalence still being statistically similar to both London and England (Figure 1). This data also shows 20.4% were ex-smokers and 65.0% had never smoked.

Figure 1. Smoking prevalence in adults aged over 18 years showing 3 years data 2019-21 to 2022-24



Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2025

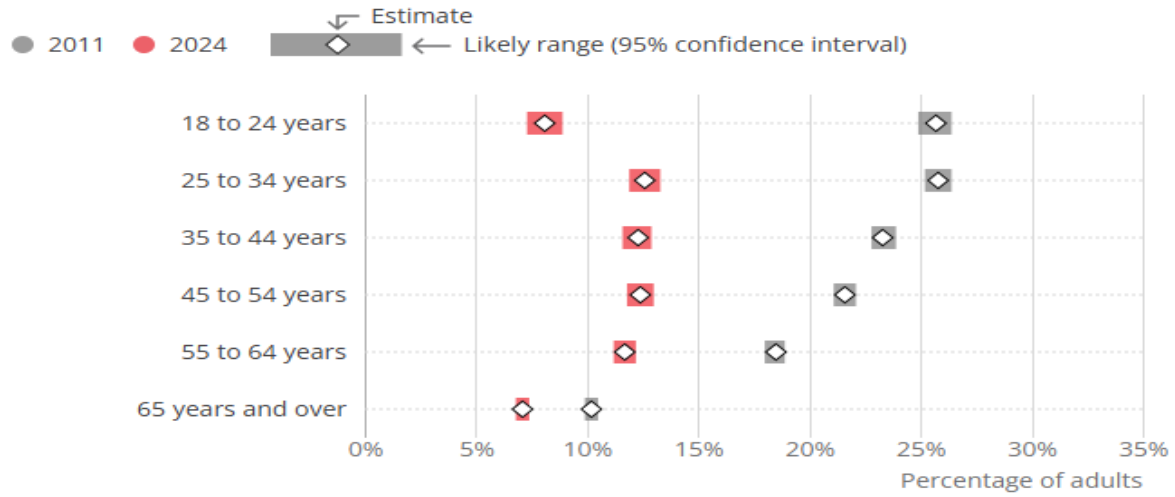
[10] Small Sample Size: Due to the small sample size, the observed differences in smoking prevalence between Ealing, England, and London might be due to chance rather than reflecting genuine variation.

Age and sex

Nationally in 2024, as in previous years, men were more likely to smoke than women. 12.3% of men (around 3.0 million) and 9.0% of women (around 2.3 million) reported being current smokers.

Those aged 25 to 34 years continued to have the highest proportion of current smokers (12.6%, around 1.2 million people), compared with any other age group. This is a decrease in comparison with the same group in 2023 (14.0%, around 1.3 million people)[11].

Figure 2. Proportion of current smokers, all persons by age group, UK, 2011 to 2024



Source: [Adult smoking habits in the UK - Office for National Statistics]

Ethnicity

In 2019, the percentage of UK adults who smoked was higher than average in Mixed (19.5%) and White (14.4%) ethnic groups. Prevalence was lower than average in the Chinese (6.7%), Asian (8.3%) and Black (9.7%) ethnic groups. Smokers from minority ethnic groups are as motivated to quit smoking as the overall UK population[12].

Further research needs to be completed to understand the effects of shisha and chewed tobacco (e.g. paan), especially for people from ethnic minority backgrounds. It is already well known that shisha, paan and khat are linked

[11] Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk)

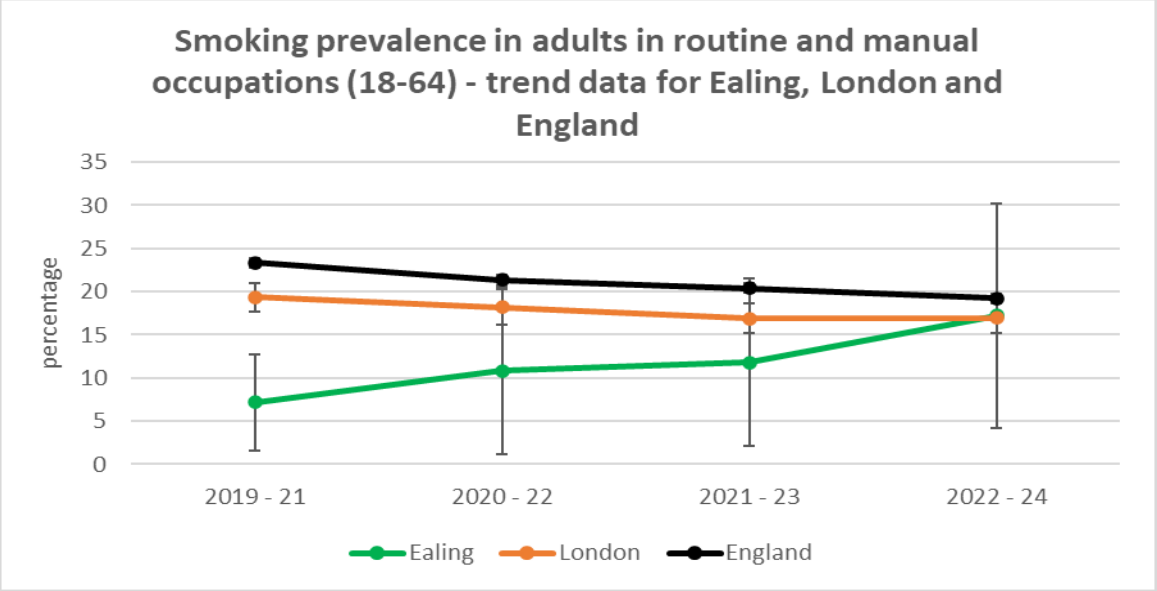
[12] ASH-Factsheet_Ethnic-Minorities-Final-Final_2022-04-22-164724_rxnl.pdf

to increased risk of cavities and oral cancer (source: 'Tobacco and Ethnic Minorities, ASH').

Routine and manual groups

In London and nationally, smoking prevalence in routine and manual groups has been slowly decreasing over the last 5 years, whilst the Ealing figures show a steady rise (+10% since 2019-21). Smoking prevalence among routine and manual groups was 17.2% in Ealing in the period 2022-24, which was statistically similar to the figures of 16.9% in London and 19.2% nationally in the same period (Figure 3).

Figure 3. Smoking prevalence in routine and manual occupation groups, 3 years period trend data 2019-21 to 2022-24



Source: Annual Population Survey (APS), Local Tobacco Control Profiles, 2025

This highlights the importance of taking a proportionate universalism approach to Tobacco Control; in other words, all smokers should be able to receive support, but more effort needs to be made to reach people and communities at higher levels of deprivation. Smoking rates are highest in the most disadvantage wards in Ealing; thus, the needs of these people are not being met.

Young people

Children and teenagers from the poorest neighbourhoods are considerably more likely to be exposed to smoking throughout their youth, increasing their risk of developing smoking habits and being harmed by secondhand smoke. Children who live in households with people who smoke are up to three times more likely to become smokers themselves, creating intergenerational inequalities. School truancy and engagement in other risk-taking behaviours such as drinking alcohol and taking drugs are also associated with cigarette smoking in this age group[13]. Preventing the onset of smoking behaviour is an important area of focus.

The 2025 Ealing Annual Public Health Report is focused on vaping in young people, with the aim to support action and greater partnership working amongst all who work with young people so we can better tackle these challenges together. This report underscores the importance of supporting schools to address this issue proactively through clear policies and a whole-school approach to health and wellbeing.

E-Cigarettes and vaping among adults

Electronic cigarettes ('e-cigarettes'), or vapourisers ('vapes') are electronic nicotine delivery systems (ENDS). They are battery operated devices that do not contain tobacco but operate by heating nicotine and / or other chemicals, including propylene glycol and glycerol, into a vapour that is inhaled.

E-cigarettes are increasingly being used by smokers to help quit smoking. A recent Public Health England review found that vaping poses a small fraction of the risk of smoking and that when e-cigarettes are used as part of a quit attempt, success rates are comparable with or higher than licensed medication alone[14].

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[13] smoking drinking drug use among hard to reach children and young people .pdf

[14] Public Health England, 2021: Vaping in England: 2021 evidence update summary - GOV.UK (www.gov.uk)

According to ASH[15], from 2012 to 2024, vaping prevalence rose from 1.7% to 10.7%. In 2025, 10.4% vaped, suggesting a plateau. Currently there are an estimated 5.5 million vapers in Great Britain.

Vaping by smoking status

- Current smokers: 33% vape (2.2 million)
- Ex-smokers: 18% vape (3.0 million)
- Never-smokers: 0.9% vape (260,000)

Vaping is much more common among current and ex-smokers. Of the 10.4% of current vapers (an estimated 5.5 million adults), 55% (3.0 million) are ex-smokers, 40% (2.2 million) are current smokers and 5% (260,000) are never smokers.

Vaping is more common among more disadvantaged groups reflecting that smoking is also concentrated in these populations.

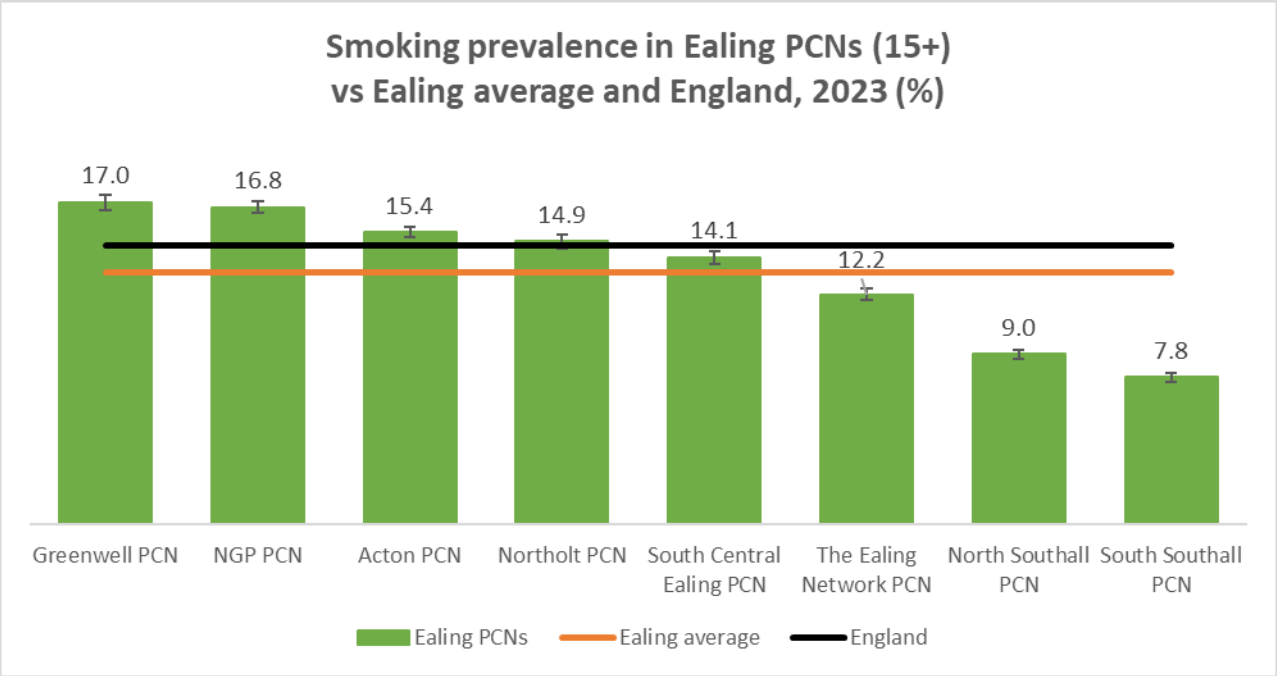
Smoking prevalence in primary care

Of those aged 15+ registered with an Ealing GP in April 2023, 51,630 were listed as current smokers (13.3%). This represents a continuous decrease from 2014/15, when 16.2% of the population aged 15+ were smokers.

Figure 4 shows the latest smoking prevalence by Primary Care Network (PCN). South Southall and North Southall PCNs have the lowest proportion of smokers in Ealing (7.8% and 9.0% respectively), whilst Greenwell and Northolt, Greenford and Perivale (NGP) PCNs have the highest (17.0% and 16.8%), above the national average of 14.7%.

[15] Use of Vapes Among Adults in Great Britain 2025 Final.docx

Figure 4. Smoking prevalence in Ealing PCNs, 2023



Source: NHS Digital, Patients Registered at a GP Practice - OHID, 2024

Smoking prevalence in patients with one or more long terms conditions (LTCs)

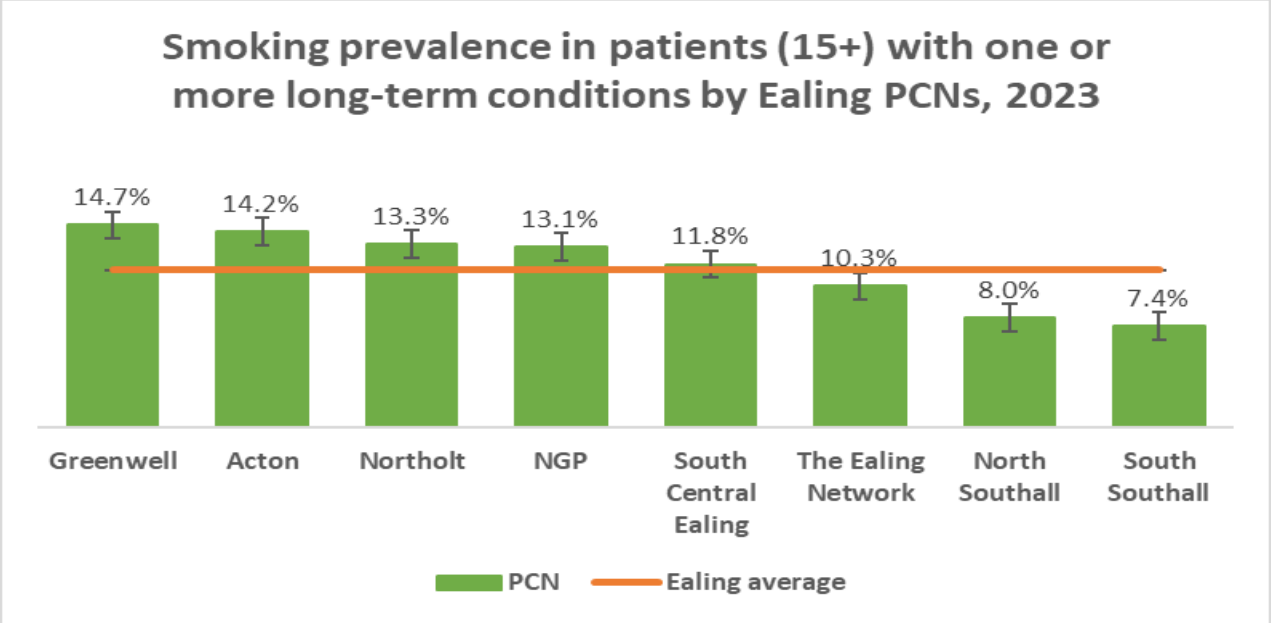
Smoking increases the risk of LTCs, so prevalence among people with conditions such as cardiovascular disease is higher. National evidence shows that 44% of heavy smokers have at least one LTC, compared to 38% of moderate smokers and 32% of never smokers[16].

In Dec 2023, there were 9,885 GP registered patients (15+) who were smokers and also had one or more of the following long-term conditions: Asthma, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disorder, Stroke/ TIA, Heart Failure, Hypertension and Type 2 Diabetes. This represents a smoking prevalence of 11.4% amongst this group of patients in Ealing, slightly lower than the proportion of smokers within the whole GP registered population aged 15 and over (13.3%, as shown in Figure 5).

[16] Smoking: Long term conditions (ash.org.uk)

Figure 5 shows the latest smoking prevalence amongst patients aged 15 and over, with one or more long-term conditions by PCN. South Southall and North Southall PCNs have the lowest proportion of smokers in Ealing (7.4% and 8.0% respectively), whilst Greenwell and Acton PCNs have the highest (14.7% and 14.2%), above the Ealing prevalence of 11.4% in this group of patients.

Figure 5. Smoking prevalence in patients with one or more Long Term Conditions by PCNs, 2023



Source: NWL ICB, WSIC data

Mental health

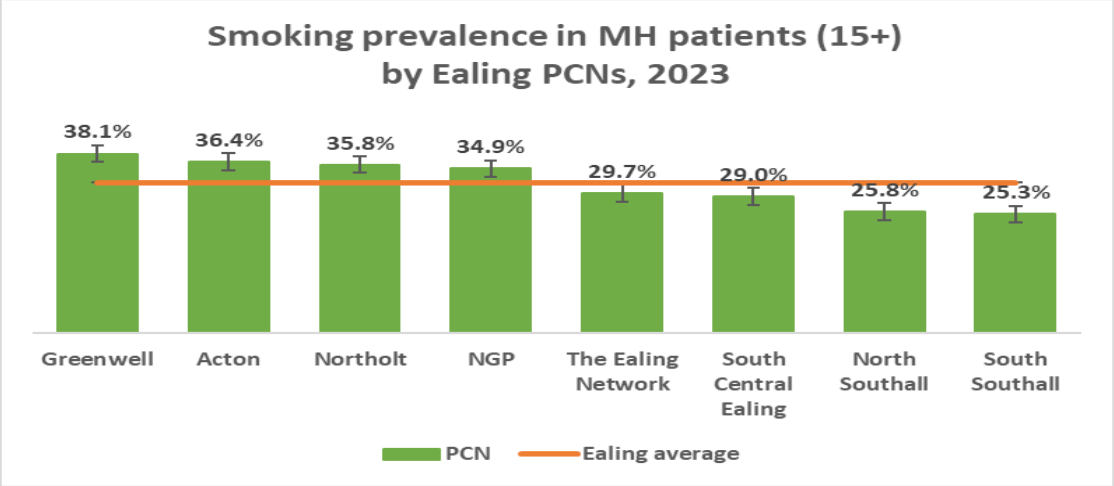
People with mental health problems are almost 2.5 times as likely to smoke as the general population. Smoking rates increase with the severity of mental illness. Among adults with a serious mental illness, 40.5% smoke. People who live with severe mental illness die between 10 to 20 years younger than their peers, and they have two to three times the mortality and morbidity from chronic health conditions such as cardiac and respiratory disease[17]

[17] Smoking and tobacco: applying All Our Health - GOV.UK

There is longstanding recognition of the contribution of tobacco and wider substance misuse in contributing to the health inequalities experienced by people living with mental health conditions. (Mental Health – JSNA 2023).

Figure 6 shows the latest smoking prevalence by PCN registered with a diagnosed mental health condition. In each PCN, at least a quarter of GP patients with a mental health condition are smokers, which is much higher than overall Ealing prevalence for all patients aged 15+ (12.7% in 2024[18]). South Southall and North Southall PCNs have the lowest prevalence of smokers with mental health condition in Ealing (25.3% and 25.8% respectively), whilst Greenwell and Acton PCNs have the highest prevalence (38.1% and 36.4%), above the Ealing average figure of 32.0% for this group of patients.

Figure 6. Smoking prevalence in mental health patients by PCN, 2023



Source: NWL ICB, WSIC data

Addressing the high smoking prevalence among people with mental disorders offers the potential for substantial cost savings to the NHS as well as benefits in quality of life for individuals.

[18] Qualities and Outcome Framework (QOF) data

Pregnancy

Smoking in pregnancy is the main modifiable risk factor for a range of poor pregnancy outcomes. Women from the most deprived communities are twelve times more likely to smoke during pregnancy than women from more affluent areas. Recent studies have provided novel evidence of associations between smoking during pregnancy and offspring bipolar disorder, schizophrenia, and related outcomes.[19]

Smoking also damages a mother's health and is associated with maternal risks in pregnancy, such as placental abruption and eclampsia. Babies born to smoking mothers who quit in early pregnancy have rates of stillbirth, prematurity, low birth weight and small for gestational age the same as or close to those of non-smokers. Evidence shows that stopping smoking early in pregnancy can almost entirely prevent adverse effects[20].

Smoking cigarettes during pregnancy or after birth can significantly increase the chance of sudden infant death syndrome (SIDS) for babies[21]. Scientific evidence shows that around 30% of sudden infant deaths could be avoided if mothers didn't smoke when they were pregnant. Taken together with the risks of smoking around a baby at home, this means that smoking could be linked to 60% of sudden infant deaths.

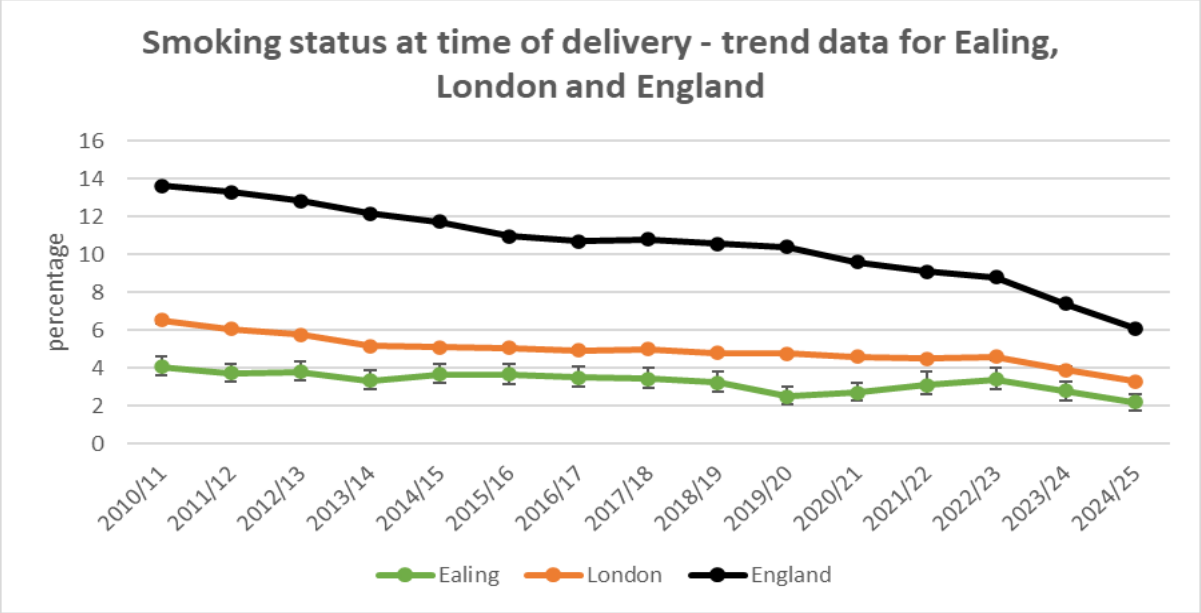
The graph in Figure 7 below shows the percentage of pregnant women who were smokers from 2010/11 to 2024/25. In Ealing, out of 4,091 maternities in 2024/25, there were 88 pregnant smokers identified (2.2%). This is statistically significantly lower than London and England figures (3.3% and 6.1% respectively) and has been consistently lower over the past 15 years. However, this data is self-reported, and evidence suggests reliance on self-reported smoking status underestimates true smoking proportions.

[19] Smoking, Pregnancy and Fertility - ASH

[20] support-to-quit-smoking-in-pregnancy.pdf (rcm.org.uk)

[21] Smoking during pregnancy or after birth increases the risk of SIDS - The Lullaby Trust

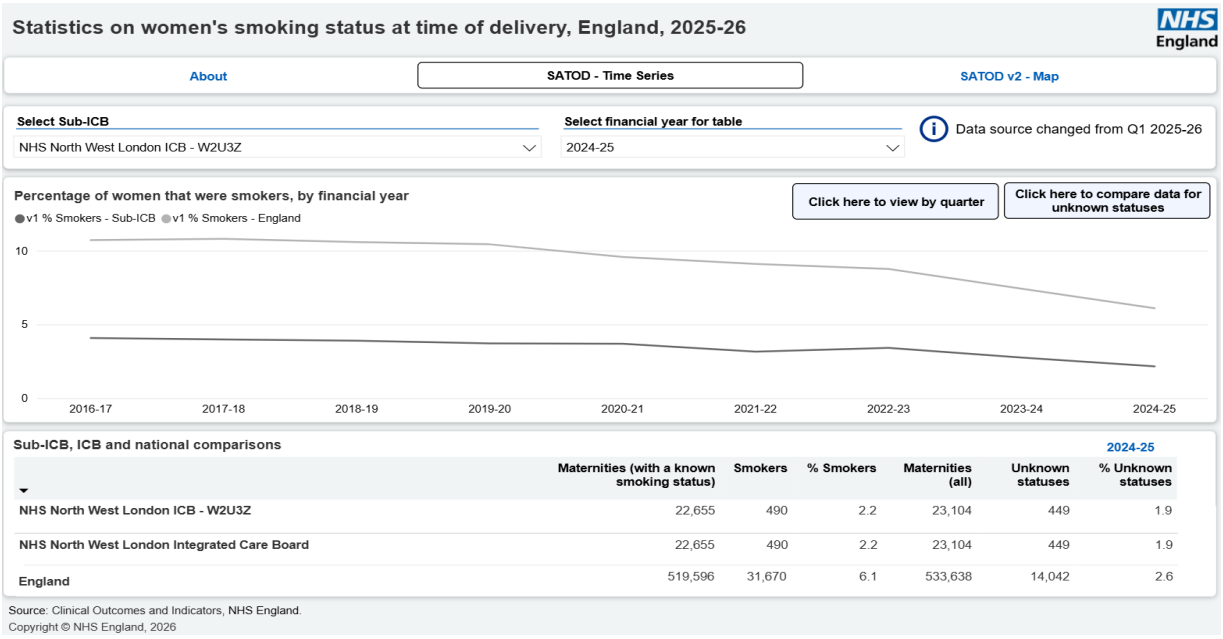
Figure 7. Smoking status at time of delivery, 2010/11 to 2024/25



Source: Local Tobacco Profiles, calculated by PHE from the NHS Digital return on smoking status at time of delivery (SATOD), 2025

The snapshot in Figure 8 shows the trend data on smoking status at time of delivery from 2016/17 to 2024/25. The latest figures are 2.2% for NW London ICB vs 6.1% nationally, with the national target being 6%.

Figure 8. Smoking status at time of delivery, NW London ICB and England 2025-26



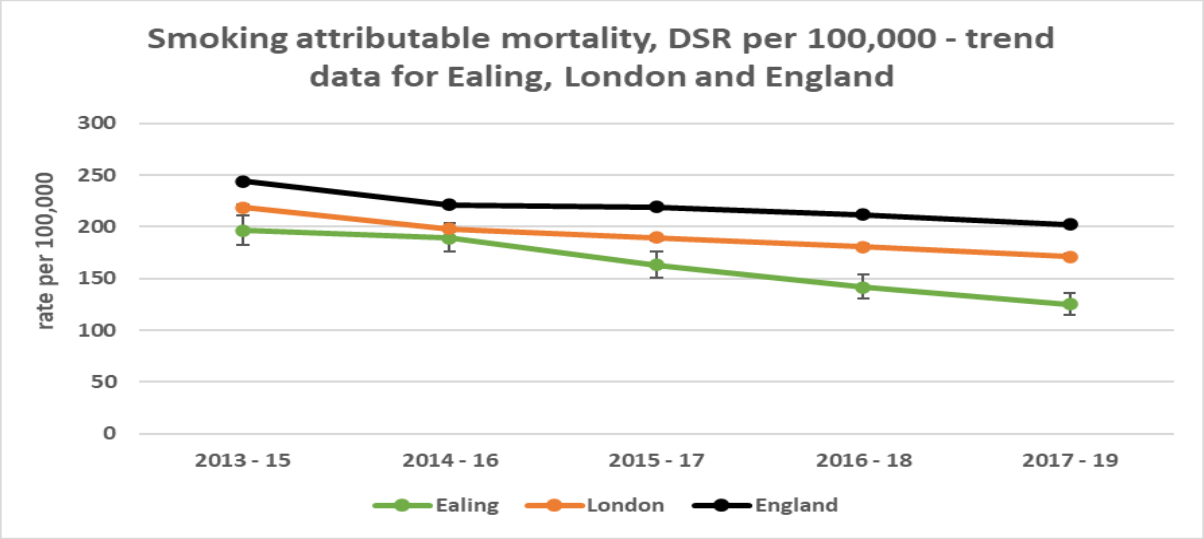
Source: [Smoking status at time of delivery]

Mortality

Smoking remains the biggest single cause of preventable mortality and morbidity in the world (WHO). It still accounts for 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths:

Figure 9 illustrates the latest trend data on deaths attributable to smoking, comparing Ealing with London and England. The rate per 100,000 population has been falling since 2013-15, when Ealing's rate was 196.6/100,000 vs 218.9/100,000 in London and 244.2/100,000 in England. The latest available data from 2017-19 shows Ealing's rate at 125.1/100,000, statistically significantly lower than 171.3/100,000 in London and 202.2/100,000 nationally.

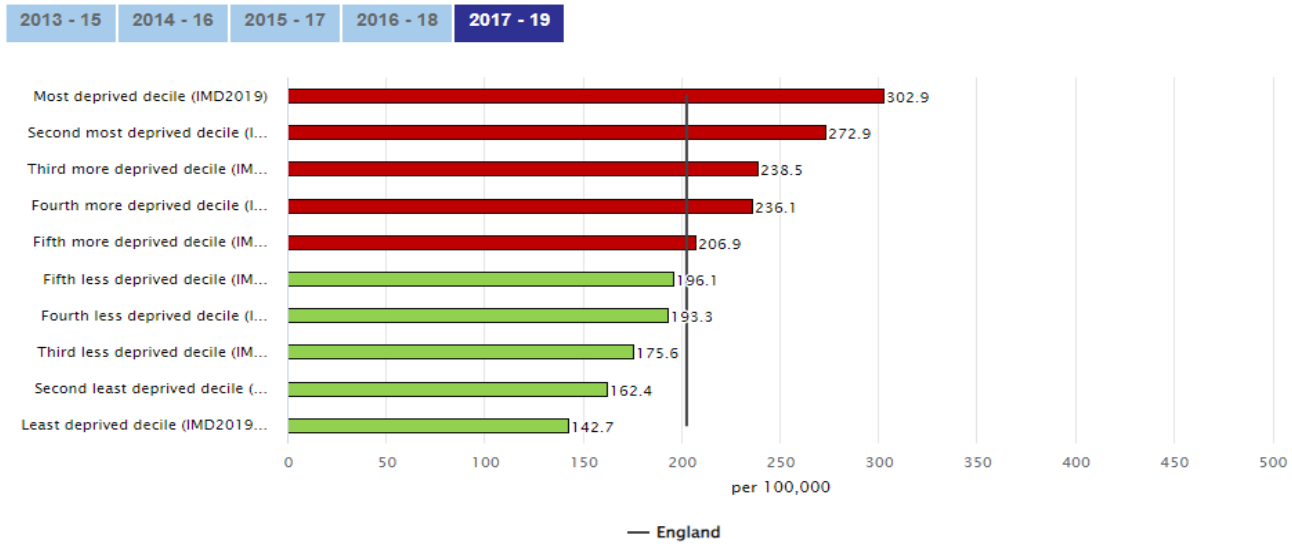
Figure 9. Smoking attributable mortality, trend data 2013-15 to 2017-19



Source: Local Tobacco Profiles, Mortality data from the ONS mortality file

Figure 10 shows a strong correlation between smoking attributable mortality and levels of deprivation in 2017-19. In Ealing, there is a gradient in smoking attributable mortality, with the most deprived decile experiencing double the rate of smoking attributable mortality compared to the least deprived decile.

Figure 10. Smoking attributable mortality, by IMD decile in Ealing, 2017-19

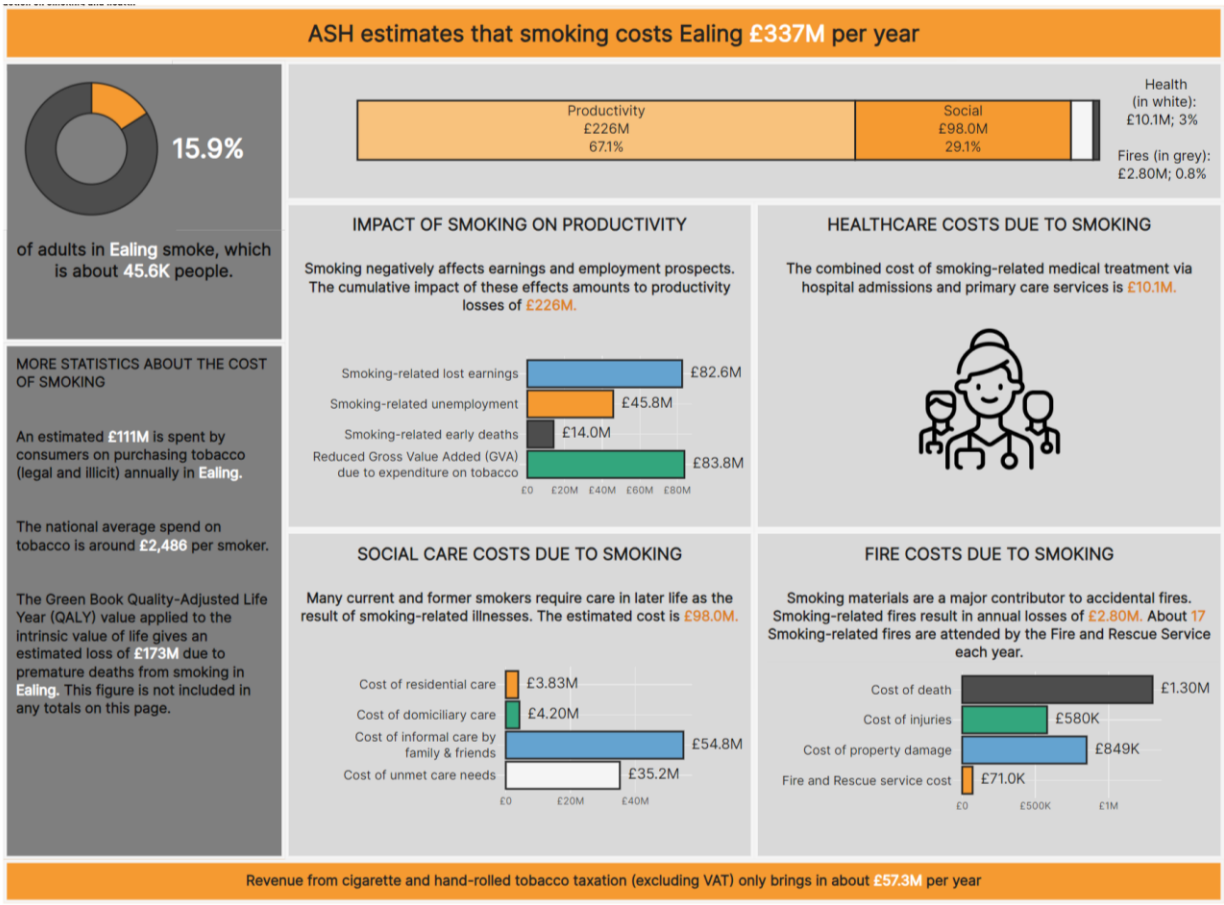


Source: OHID, Local Tobacco Profiles

Economic impact

The Ready Reckoner tool created by Action on Smoking and Health (ASH) allows us to estimate the cost of smoking in Ealing. Smoking not only impacts the health of our population but also has wider economic costs to our society. There are almost 46,000 people who smoke in Ealing, it is estimated £111 million is spent by consumers on purchasing tobacco (legal and illicit) annually in Ealing. In addition to this, smoking also accrues wider costs due to its impact on productivity, healthcare, social care and costs of managing smoking related fires. Smoking is estimated to cost Ealing £337 million per year.

Figure 11. ASH Ready Reckoner 2024, Costs of Smoking to Ealing



Source: [ASH Ready Reckoner]

Stop Smoking service provision in Ealing

Ealing Council inherited the Stop Smoking Service as public health services transitioned from NHS into Local Authorities in 2013. The stop smoking service was one element of a healthy lifestyle service called One You Ealing.

In 2019 Ealing Council took the difficult decision to cease the smoking cessation provision. One of the key recommendations was to review public health services with a view to examining the possibility of providing a more targeted smoking cessation service in Ealing.

In 2023, the Council contracted Ealing Community Partners, West London NHS Trust, to offer targeted stop smoking services from July 2023 to March 2024 focusing on two priority groups: people living with mental health conditions and pregnant women who smoke.

In November 2023, the Government confirmed national funding of £70 million a year for 5 years for universal stop smoking services. This enabled the Council to commission a new universal Stop Smoking community-based service for Ealing residents. The contract was awarded to West London NHS Trust, for 2 years with an option to extend for a further 2 years starting from April 2025.

Ealing is also participating in the Pan London Smoking Digital offer which is 2-year pilot programme with funding of approx. £30k per annum. This is funded from the new government funding allocated for Stop Smoking in Ealing.

Ealing Smokefree Service

The Universal Smokefree Service was established in April 2024 to reduce the health and social inequalities caused by tobacco use in Ealing. The service was designed to transition from a targeted model (focused primarily on people with severe mental illness) to a universal offer, available to all residents who smoke.

Ealing smokefree service provides evidence-based, accessible and patient-centred service in line with NICE guidance, focusing on prevention, harm reduction and specialist smoking cessation support. The focus of the service is to offer behavioural support and advice to people who want to stop

smoking alongside the provision of pharmacological stop smoking aids where indicated.

- Smoking cessation support is delivered through one-to-one counselling, group sessions, drop-in clinics and telephonic support.

- All service users who are referred to the service are informed of offered face to appointments either at service locations or at participating community pharmacies). Service users are also offered digital support via smokefree app.

- Ealing smoke free service actively refers people to online or app-based information who want to quit smoking without face-to-face support. There is a cohort of smokers who are interested in stopping smoking, do not want professional help, but need easy access to advice, tips and motivation on how to quit.

- Ealing smoke free service delivers tailors interventions for the most deprived areas in Ealing and for those who are ready to start their quit journey, with a flexible offer of support as required in individual circumstances.

- Patients referred to Ealing Smoke free service are provided continued support for their quit attempt for up to 12 weeks with use of evidence-based behaviour change techniques, vapes and pharmacotherapy interventions such as NRT.

- Monitoring and follow-up in accordance with NICE and NHS Stop Smoking Service and Monitoring guidance.

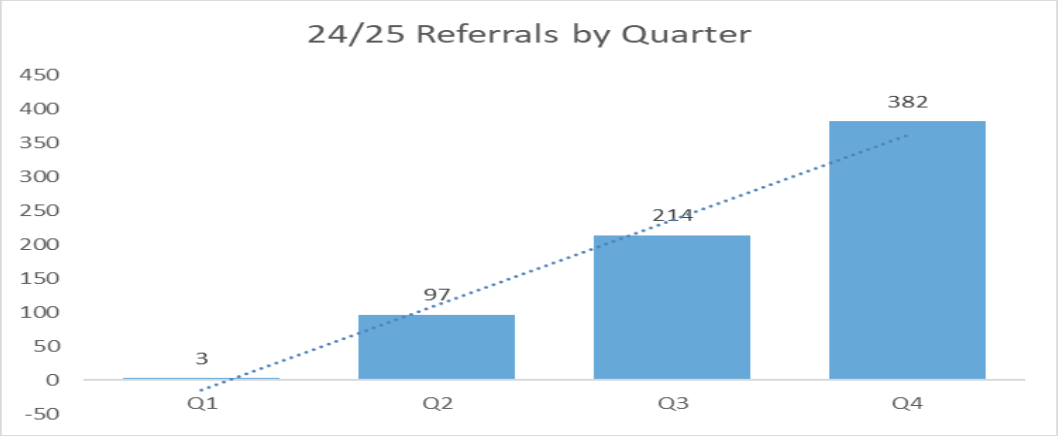
- The service is culturally sensitive and offers resources in multiple languages. The team also has a diverse workforce which represents the diversity in the borough. The service also delivers targeted interventions to meet the needs of BME and hard to reach groups.

- The Stop Smoking Service works in partnership with local communities to reduce smoking-related health inequalities, supporting delivery of the Council's Tobacco Control Plan through the Tobacco Control Alliance (TCA). It has collaborated with Trading Standards, Community Champions, Heart Link, schools and PSHE teams to raise awareness of vaping harms and the wider impact of illicit tobacco, using evidence-based messaging and community campaigns.

- The service uses evidence-based, cost-effective interventions delivered by trained specialists with optimal medication support. Community capacity is strengthened through training for community organisations, champions, primary care and pharmacists to provide lower-level interventions.

Data is routinely collected and analysed, including demographics and protected characteristics, to monitor access and outcomes, identify gaps, and drive targeted improvements and innovation.

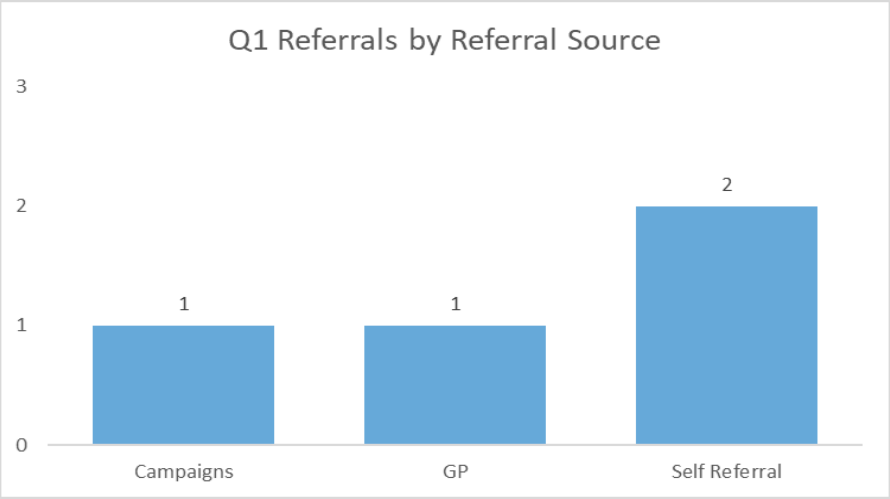
. 2024/25 Referrals – Quarterly Breakdown



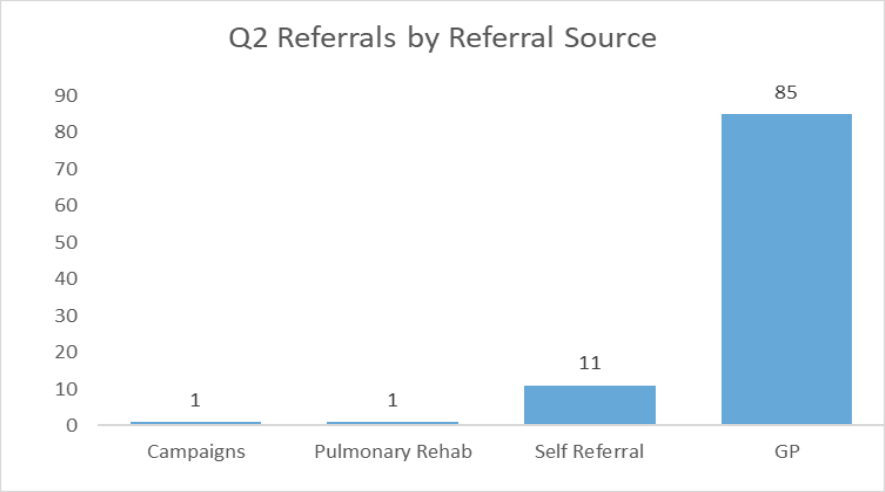
The graph above demonstrates the steady rise in referral numbers from Q1 – Q4 24/25, where the service closed the financial year with more referrals in a single quarter than were achieved in the 3 previous quarters. Q1 was primarily focused on the mobilisation of the service. With 24/25 being the first year of delivery for the universal smoke free service there were no pre-existing referral pathways or relationships which could produce immediate referral numbers. The increase in referral numbers clearly shows the creation and development of those referral pathways and relationships across the London Borough of Ealing landscape.

24/25/ Referrals – Referral Source Breakdown

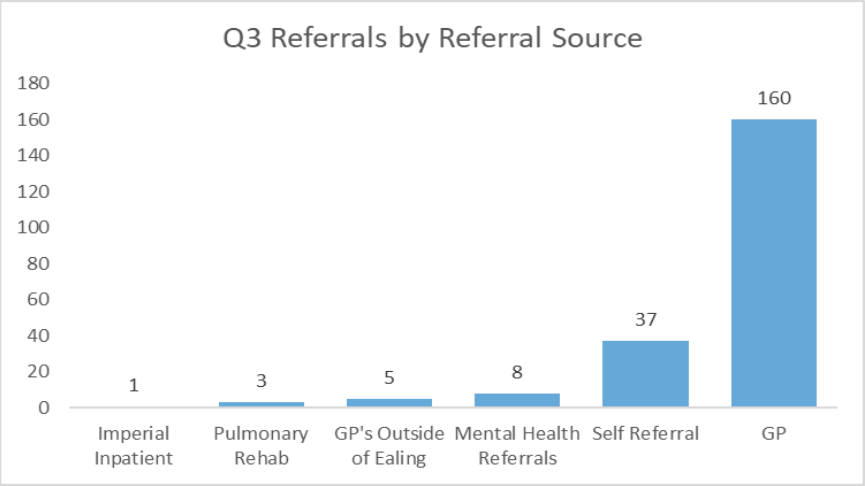
Q1 Referrals by Referral Source



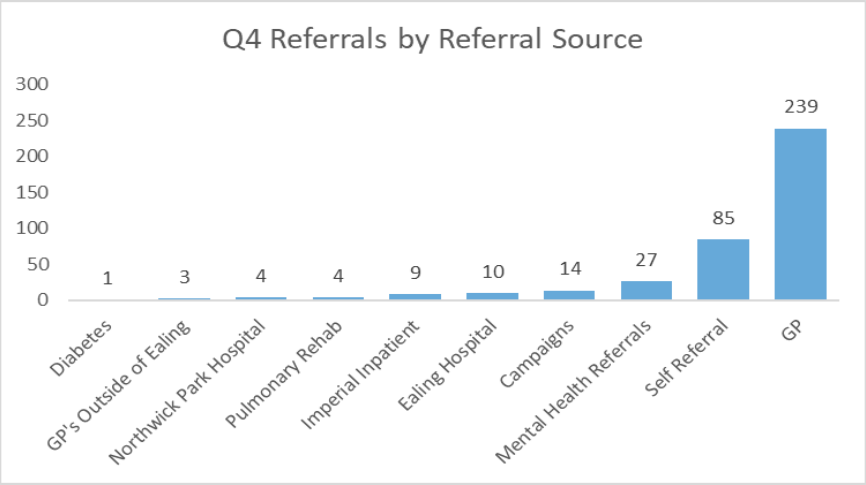
Q2 Referrals by Referral Source



Q3 Referrals by Referral Source



Q4 Referrals by Referral Source



Upon breaking the referrals into referral source, we can see that across 24/25 the service established and developed functioning referral pathways and relationships with healthcare organisations while also raising the public awareness of Ealing Smokefree Service. Most notably the service increased referrals received from GP surgeries. Similar increases were seen in self-referrals showing greater public awareness of the service and its website. In addition to the volume of referrals we have seen an increase in referrals relationships. By Q4 the service can demonstrate referrals being received from 10 different sources showing that both awareness and partnership working has been effective.

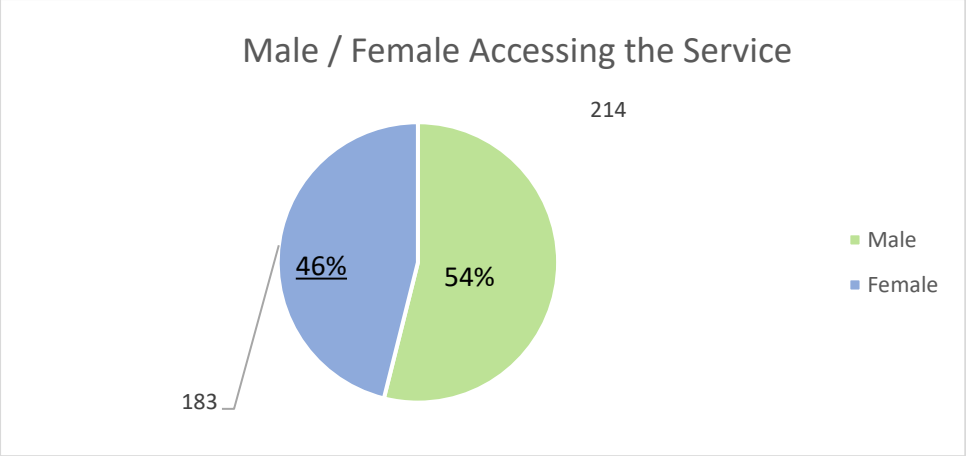
Smokefree Performance at a Glance

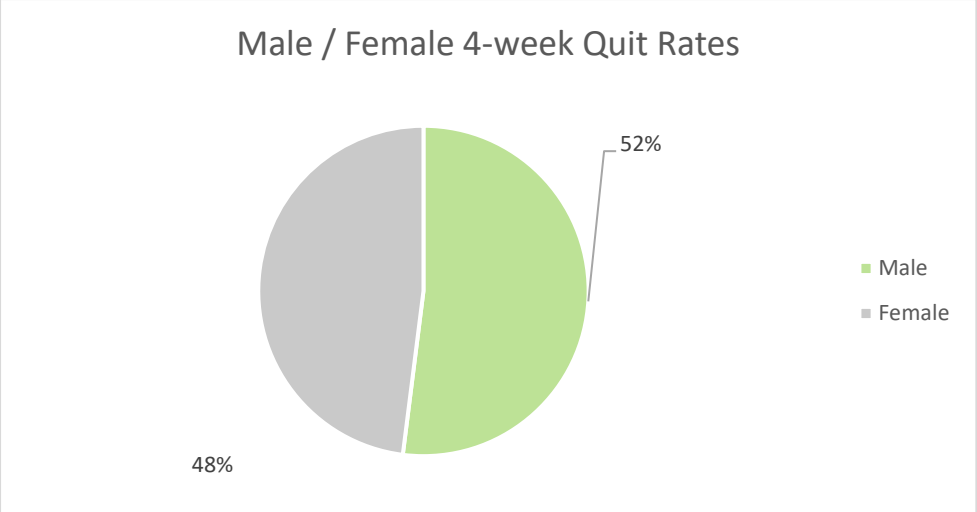
- In 2024/25, there were 769 patients referred to the Smokefree Service, with 454 setting a quit date and 227 quitting successfully;
- From successful quitters, 52% were male and 48% female (one of them being pregnant);
- 20% of all quitters were from routine and manual occupations, hence achieving the minimum contractual target (20% or above);
- In 2024/25, Ealing had the second lowest rate of referrals to the service in NWL (1,155/100,000 smokers), as well as second lowest in setting a quit date (682/100,000) and self-reported successful quitters in NWL (341/100,000). It was the fourth lowest rate for successful quitters confirmed by CO validation (134/100,000).
- Overall, the successful rate from referrals to quitters was 50%, in joint 5th highest place in NWL with Hillingdon, but just below the London and national performance (53% and 54% respectively);
- In Ealing, there were 126 patients who were 12-week quitters (56% of all successful quitters); At £2,063, Ealing's cost per quitter was the highest in NWL in 2024/25.
- It was the first year of a new Stop Smoking service and several positive developments are already underway that are likely to contribute to improved outcomes in 2025/26

Quit Data 24/25

Gender

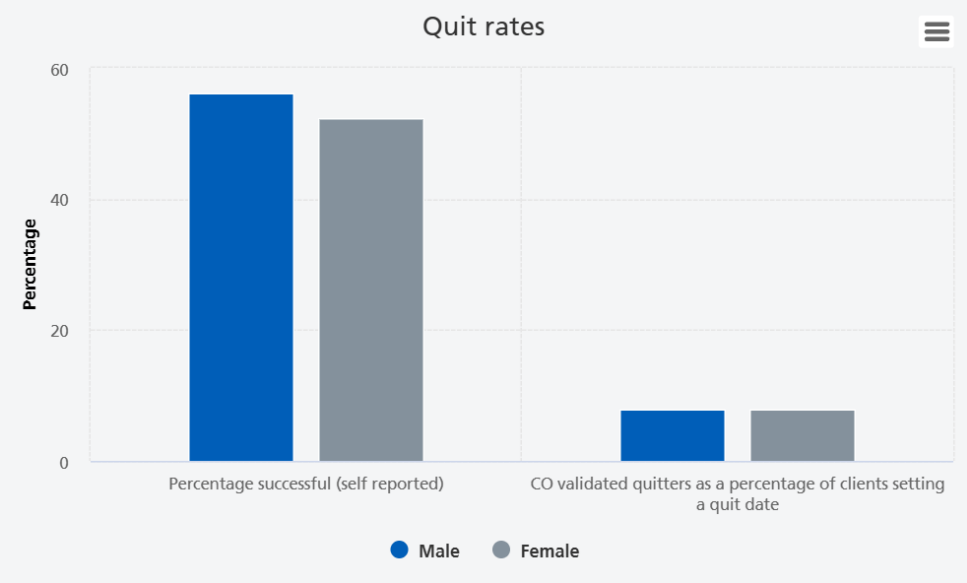
In 24/25, the Ealing Smoke Free Service had a roughly equal split between males and females accessing the service, similar to findings on a national level, which show slightly more male smokers than female. We saw a slight differential in 4-week quit rates between male and female.





The data shows a higher quit rate for males over females. The national data returns show a similar picture with 56% of males reporting a quit status and 52% of females reporting a quit status (figure 3). As to the driving causes of difference in quit rates across gender there is a body of evidence, which suggests that quitting is harder for women.

Research states that nicotine replacement therapy is less effective for women. There is some speculation, this is a result of difference in metabolism or medication, thus affecting the management of withdrawal symptoms. In addition to this there is further speculation that social stigma of weight gain during quitting smoking is a barrier to continuation of smoking cessation interventions.



Age

Ealing Smoke Free service supports those who are residents of Ealing and are current user of tobacco products and are ≥18 years of age. Patients who are <18 years old and are keen to stop smoking can access the service via one of their approved pharmacy locations. Quit rates for under 18s in Ealing is below the national average (49%) and similar to the national average for older age groups (54%). A limitation of our service is that under 18s can only access the service at pharmacy locations and the Smoke Free App. Our data demonstrates lower quality delivery from pharmacy locations.

Under 18		18-34		35-44		45-59		60 and over		All Ages	
Setting Quit Date	Sucessful Quitters	Setting Quit Date	Sucessful Quitters	Setting Quit Date	Sucessful Quitters	Setting Quit Date	Sucessful Quitters	Setting Quit Date	Sucessful Quitters	Setting Quit Date	Sucessful Quitters
3	1	88	34	86	42	164	94	113	56	454	227
33%		39%		49%		57%		50%		50%	

Quit rates for under 18s and 18 – 34 age / age ranges are outliers in this data set, further analysis should be undertaken to determine whether actions can be taken to mitigate against the variation in outcomes.

Ethnicity

Ealing Smoke Free demonstrates average to above average quit rates for all ethnic groups apart from 'Mixed'. National data does not have the same level of variation between Mixed and other ethnic groups· Ethnic categories are limiting by their nature as "mixed" can mean a large array of people backgrounds.

White	Asian/Asian British	Black/Black British	Mixed	Other	Not Stated
49%	52%	54%	33%	66%	49%

To better understand why the Mixed ethnic group have significant lower quality of outcomes to all other ethnic groups several actions will be considered. Further analysis of this patient cohort will demonstrate stratification of where the patients accessed service provision, gender, long-term health conditions, compliance rates and other such factors. There is an opportunity to run the same analysis undertaken with other ethnic groups and compare the results.

Trading Standards

Trading Standards (TS) enforcement, partnership working and community engagement continue to play a key role in protecting children, supporting public health priorities and tackling the supply of illegal tobacco and vape products across Ealing.

The team actively targets the sale of illegal tobacco and vapes through intelligence-led enforcement, seizing illicit products and taking action against offending businesses. Preventing youth access to age-restricted products remains a priority, supported by underage test purchase exercises to protect children and young people.

During 2025, TS carried out age-restricted sales compliance testing at 92 premises. Of these, 39 premises were tested for underage vape sales, with seven businesses failing by selling a vape to a child volunteer under the age of 18. Prosecutions are pending.

To strengthen intelligence gathering, TS launched an online reporting tool enabling residents to anonymously report businesses selling illegal tobacco

and vapes or supplying age-restricted products to children. This was supported by the development of posters for schools and community settings, highlighting the harms of underage sales and illegal products and their impact on communities and legitimate businesses. The posters include a QR code to facilitate anonymous reporting.

Information from the reporting tool, alongside consumer complaints and intelligence shared by partner agencies, is used to inform targeted enforcement activity. In response to increasingly sophisticated 'tobacco hides', TS has deployed tobacco detection dogs on selected operations, this will continue throughout 2026.

During 2025, TS seized 109,060 illicit cigarettes, 2821 illegal vapes, 29.55kg of illegal hand-rolling tobacco and more than 75kg of illegal shisha.

Robust enforcement action is taken against those who deliberately flout the law. Where applicable in addition to prosecution an investigation may be launched to look at the financial gain from the illegal activities. In 2025 one businessman who sold illicit tobacco was ordered to pay a proceeds of crime confiscation order of £228,918.15.

TS continues to adopt innovative approaches to tackling illegal tobacco. In partnership with the Metropolitan Police, a pilot project has been launched to test e-liquids for the presence of the class B drug THC and the synthetic cannabinoid 'Spice'. Inspections are due to commence in early 2026.

Outreach and education form an increasingly important part of the service's work, raising awareness of the health and safety risks associated with illegal and unregulated tobacco products. These include unsafe levels of nicotine and heavy metals in vapes, along with the risk of battery failure and fire. Engagement activity also promotes the role of TS and empowers residents to report illegal activity and contribute to reducing tobacco-related harms.

Recommendations

This JSNA has identified that Ealing continues to deliver a robust approach to Tobacco Control through its three strategic action areas: prevention, enforcement and treatment. Our recommendations to reduce tobacco use and smoking related disease include the following:

- Prioritise and intensify efforts to support smoking cessation among high smoking prevalence groups including those who are at higher risk from the negative health and economic impacts of smoking, and those who may need higher levels of support to stop smoking.
- Provide tailored and targeted support for priority groups to stop smoking. All pregnant women who smoke, those who are planning a pregnancy, those with long-term conditions and people with poor mental health are all priority groups for stopping smoking.
- Stop Smoking service should have a robust communications plan to raise awareness around smoking cessation services, targeting communities with higher smoking rates and worse health outcomes. Work to support other groups across the protected characteristics should also be explored including transgender and LGBTQ+ groups and people with a learning disability.
- Improvements in referral pathways and an increase the number of referrals into local stop smoking services and support is required. This should be done by utilising the Very brief Advice for smoking cessation: ask, advise, act. This requires increased partnership working with relevant agencies to tackle health inequalities and increase overall demand for services.
- Preventing smoking and vaping among young people and providing a tailored offer of support to quit for those who already engage in these behaviors. Whole school approaches to supporting pupil wellbeing, including preventing/reducing tobacco-related harms, should be prioritised as part of these actions - through both adult and peer-led action.
- Locally, work with community groups/organisations to ensure coordinated and sustained communications campaign is delivered to dispel the myths associated with vaping, carefully balancing the twin messages of vaping being an effective stop-smoking tool for adults (18+) and strongly discouraging uptake among non-smokers and children/young people.

- The Stop Smoking service need to work closely with Primary Care to ensure that all patients are asked about their smoking status, with a timely referral made to local stop smoking support.
- The Stop Smoking service should provide a high quality, evidence-based support to those people who require it the most, it should be evaluated, especially areas for innovation to assess their effectiveness and equity impact.
- Ensure enforcement activity continues to reduce the availability of illicit tobacco and e-cigarettes, as well as prevent underage sales, should continue as part of wider action to reduce related health and social harms.
- A Tobacco Control Alliance should be formed to ensure the profile of tobacco is high on the agenda of local partners and to support delivery of the whole systems approach required to achieve a substantial reduction in smoking prevalence.
- The Stop Smoking service should engage service users and smokers to evolve its service offer in line with Health and Wellbeing Board Strategy.
- Integrate smoking cessation support into existing alcohol and drug treatment services, as smoking is highly prevalent among those with substance addictions.
- The Stop Smoking service needs to make sure that patients with poor mental health receive the best possible care to help manage cravings and reduce their use of tobacco, which can include one-to-one behavioural support and medication
- All tobacco control work should be monitored and evaluated to ensure that it is contributing towards the ambition for Ealing to become Smokefree, reduce vaping among young people and reduce health inequalities.