



**ST HELENS**  
BOROUGH COUNCIL

# ST HELENS SMOKING JOINT STRATEGIC NEEDS ASSESSMENT

MARCH 2025



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# INTRODUCTION



Vaping behaviour among young people is also included in this report, due to a recent rise in youth vaping. A national ban on disposable vapes is due to commence from 1<sup>st</sup> June 2025 as part of the Tobacco and Vapes Bill. The bill also includes a ban on vape flavours and colours that are particularly attractive to younger people<sup>1</sup>. The government will also give Trading Standards officials more authority under the Tobacco and Vapes Bill, allowing them to fine retailers who sell vapes or tobacco to anybody under the age of 18.<sup>2</sup>

Some data within this JSNA relate to St Helens residents, whereas some indicators are based on GP registered population. Data are derived from a variety of sources and range from between 2010 and 2025.

# KEY FINDINGS

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- Smoking remains the one of the biggest single causes of preventable mortality and morbidity across the world and contributes to 1 in 6 of all deaths in England.
- Smoking prevalence in St Helens has reduced during the 10-year period between 2013/14 and 2023/24, however prevalence rates vary across the borough and are higher in areas of greater deprivation.
- Around a fifth of adults (age 15+) in St Helens living in the 20% most deprived areas of the country were current smokers at the start of February 2025.
- In St Helens 12.8% of women were smoking at the time of delivery in 2023/24 and the prevalence has been falling over the last 13 years but remains significantly higher than the national and regional averages. There is also a decreasing trend in the percentage of women smoking during early pregnancy between 2022/23 and 2023/24.
- Areas in the centre of the borough (Town Centre, Peasley Cross & Fingerpost, and Parr wards) have the highest prevalence of smokers and mortality from lung cancer is highest in among the highest in Town Centre and Parr.
- Smoking is more prevalent among those with mental health and depression. GP practice data show that more than a third of people in St Helens registered on the Mental Health register were smokers, and almost three quarters of those people were living in the 20% most deprived areas of the country.
- Nationally, smoking cessation services delivered from community psychiatric settings have a 50.7% successful quit rate.
- Smoking is also more prevalent among those in treatment for substance and alcohol use, in addition to those living in social housing, and those working in manual and routine occupations.

# KEY FINDINGS

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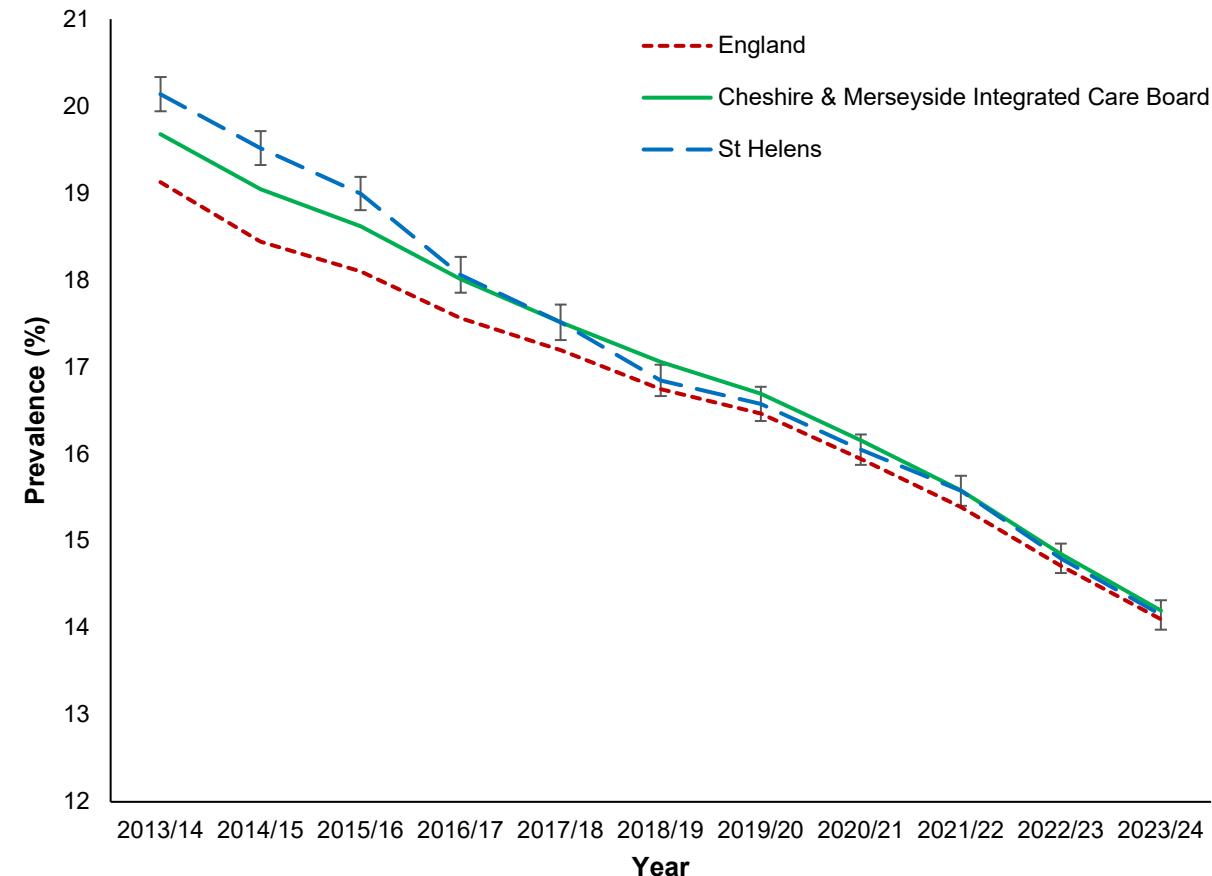
- Smoking is estimated to cost St Helens over £150m per year due to decreased productivity, increased health and social care demands, and fire-related incidents.
- National research suggests that children are 90% more likely to smoke themselves if they grow up in a household with other smokers.
- In St Helens there were 1,136 people aged 6-19 years on the asthma register who also have a record of either smoking or being exposed to second hand smoke in the previous 12 months in 2022/23. This is a prevalence of 71.3%.
- The proportion of 14-17 year olds vaping in St Helens has increased since 2015, with 10% using vapes more than once a week.
- Just under half of 14-17 year olds in St Helens said that they tried vaping before trying a cigarette and the most prevalent age to try vapes for the first times is age 13-14 years.
- Flavours, social norms and easy access to vapes seem to be determining factors in why young people chose to vape.
- St Helens has a higher rate of successful quitters who set a quit date compared to national and regional averages with around 60% of smokers who set a quit date successfully stopping smoking by their set date. Older age groups (60+) were more likely to successfully quit smoking.
- Nationally, smoking cessation services delivered from Children's Centres/Family Hubs have higher success rates nationally than other settings such as pharmacies.

# SMOKING PREVALENCE TREND

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- Smoking is one of the biggest causes of death in England, estimated to contribute to around 64,000 deaths each year.<sup>3</sup>
- Although the prevalence of smoking is falling nationally and locally, smoking still contributes to many health inequalities and there has been an increase in vaping.
- Children growing up in smoking households are 90% more likely to become smokers themselves.<sup>4</sup>
- In 2023/24 the smoking prevalence (age 15+) in St Helens was 14.1%, a reduction of 6 percentage points from the 2013/14 prevalence of 20.1% (figure 1).
- Since 2017/18 the St Helens smoking prevalence has not been statistically significantly different to the England average (figure 1). Prior to 2017/18 St Helens had a statistically significantly higher prevalence.
- Smoking prevalence for adults (ages 18+) in treatment for drug and alcohol misuse is higher than the general population. Data from the National Drug Treatment Monitoring System (NDTMS) highlights that the prevalence in this cohort was 79.3% in 2023/24 in St Helens.

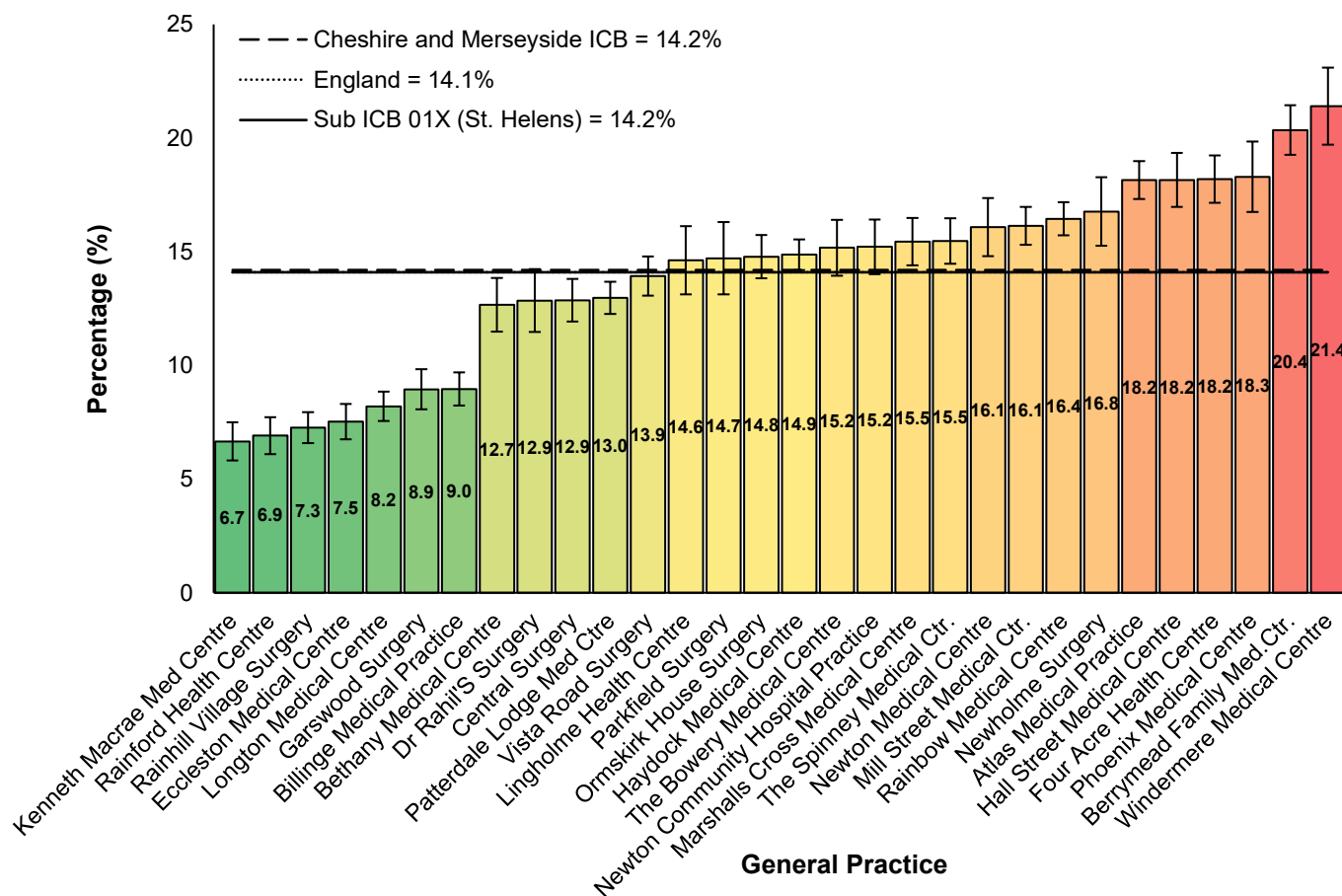
**Figure 1: Smoking Prevalence for 15+ years in England, Cheshire and Merseyside Integrated Care Board and St Helens (2013/14 – 2023/24)**



# SMOKING PREVALENCE BY GP PRACTICE

- Data from the Quality and Outcomes Framework (QOF) show that the prevalence of adults who were current smokers in 2023/24 was 14.2% (this is based on the registered population rather than the resident population).
- Smoking prevalence rates by GP practice vary from 6.7% to 21.4% (figure 2).
- 10 GP practices had a significantly lower rate than the England average and 12 GP practices had a significantly higher than the England average. 10 of the 12 practices with a significantly higher rate are situated in the 20% most deprived areas in the country.
- The smallest number of total smokers was 224 patients in Kenneth Macrae Medical Centre whereas the highest was 17,48 patients in Atlas Medical Practice.
- Ormskirk House Surgery, Phoenix Medical Centre and Berrymead Family Medical Centre had the biggest reduction in smoking prevalence between 2022/23 and 2023/24 (1.7%, 1.3% and 1.2% respectively)
- Longton Medical Centre, Hall Street Medical Centre and Eccleston Medical Centre had increases in smoking prevalence of 4.2%, 1.3%, and 1.0%, respectively.

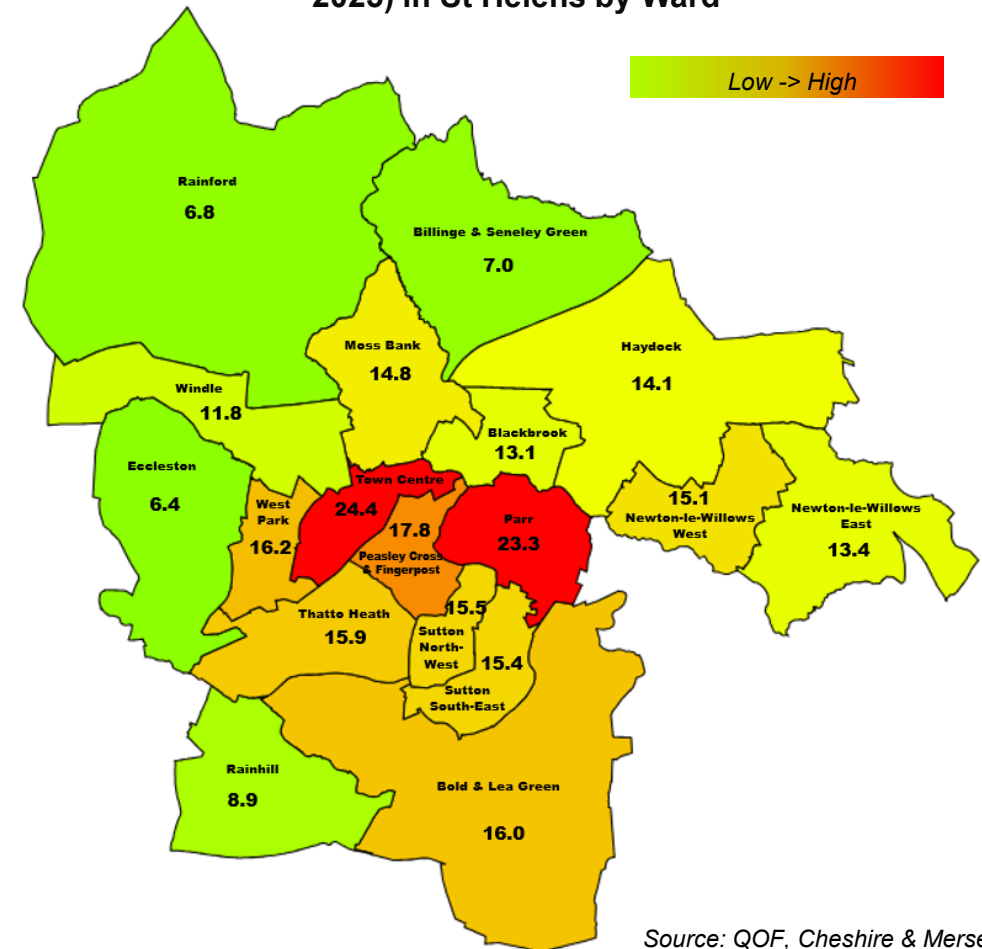
Figure 2: The percentage (%) of adults who smoke (2023/24) in St Helens ICB by GP practice



# SMOKING PREVALENCE BY WARD

- The following data relate to residents of St Helens that are also registered with a GP practice in St Helens.
- Analysis of smoking prevalence (age 15+) by ward shows the more deprived wards around the Central St Helens localities within the borough (including Town Centre, Parr, and Peasley Cross & Fingerpost) have a higher proportion of smokers compared to less deprived wards such as Eccleston, Rainford, and Billinge & Seneley Green.
- A map illustrating the IMD 2019 by LSOA within the borough can be found in Appendix 1.
- Eccleston has the lowest smoking prevalence at 6.4% (547 smokers) and Town Centre has the highest smoking prevalence at 24.4% (2,330 smokers) (figure 3).
- The highest total number of smokers were in Parr (2,773) whereas the smallest count came from Rainford (255).

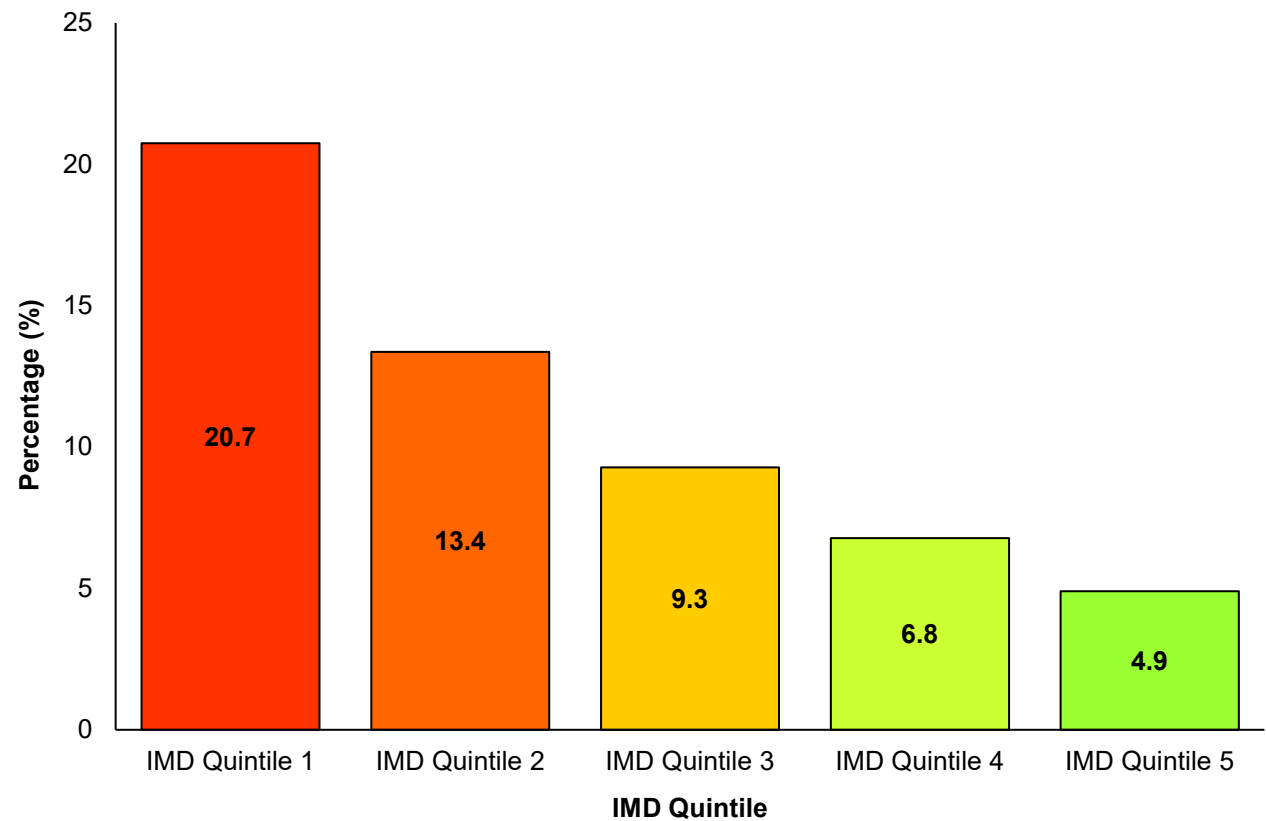
Figure 3: The percentage (%) of adults aged 15+ who smoke (February 2025) in St Helens by Ward



# SMOKING PREVALENCE BY IMD QUINTILE

- The prevalence of adults aged 15+ on the GP register who smoke is highest among those living in IMD quintile 1 (or the 20% most deprived areas of the country) at 20.7% (pertains to 11,640 smokers).
- Smoking prevalence is lowest in quintile 5 (or the 20% least deprived areas of the country) at 4.9% (pertains to 434 smokers).
- A map illustrating the IMD 2019 by LSOA within the borough can be found in Appendix 1.

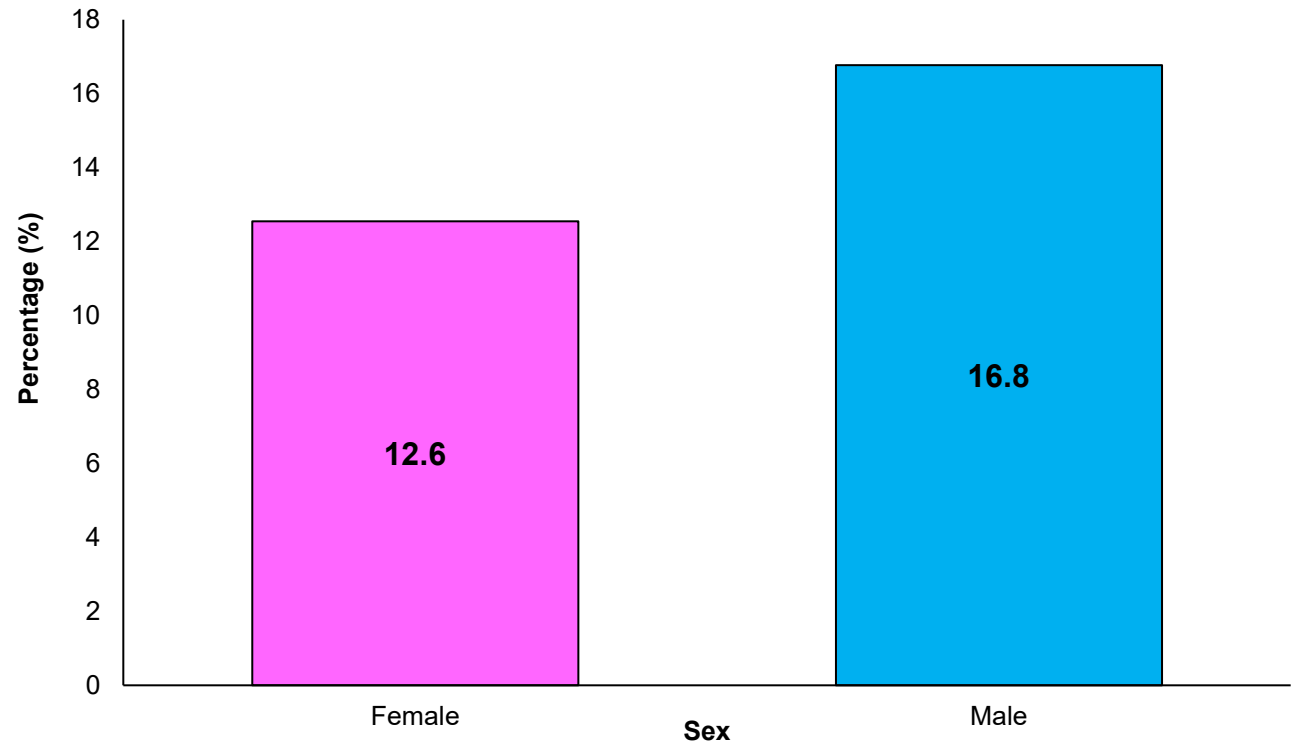
Figure 4: The percentage (%) of adults who smoke (February 2025) in St Helens by IMD Quintile



# SMOKING PREVALENCE BY SEX

- There is a higher smoking prevalence among males compared to females in St Helens at 16.8% and 12.6% respectively (figure 5).
- There were a total of 10,072 males recorded as a current smoker, compared to 7,707 females.

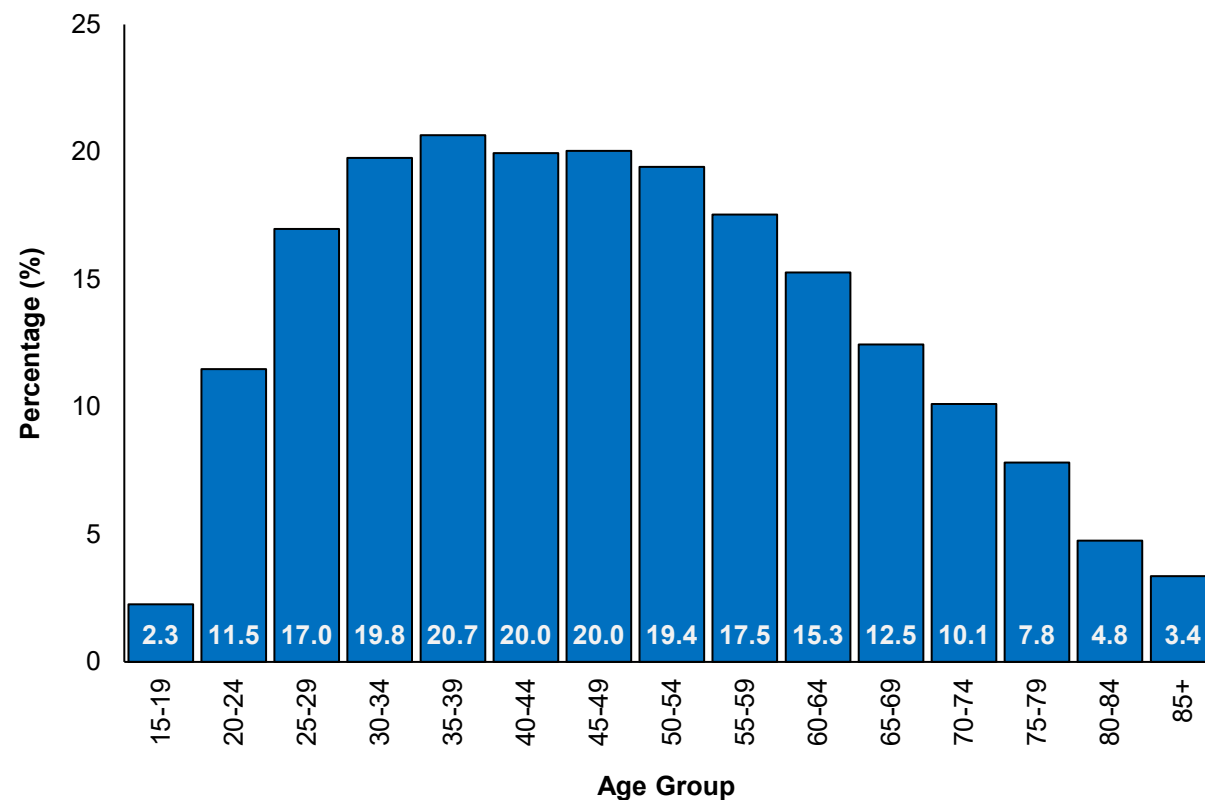
Figure 5: The percentage of adults (age 15+) who smoke (February 2025) in St Helens by Sex



# SMOKING PREVALENCE BY AGE GROUP

- Smoking prevalence increases with age up to 35-39 years where it is 20.7%, relating to 2,039 people (figure 6).
- Smoking prevalence decreases gradually from age 50 onwards.
- There were 140 people aged 15-19 who were recorded as a smoker, giving a prevalence of 2.3%,
- Whilst there is a small proportion of smokers aged 15-19, which could suggest young people are less likely to smoke, this is subject to the information being recorded by the GP. It is also important to note the increase in vaping behaviours among young people. More information on vaping and e-cigarette use can be found on page 35.

Figure 6: The percentage (%) of adults who smoke (February 2025) in St Helens by Age Group

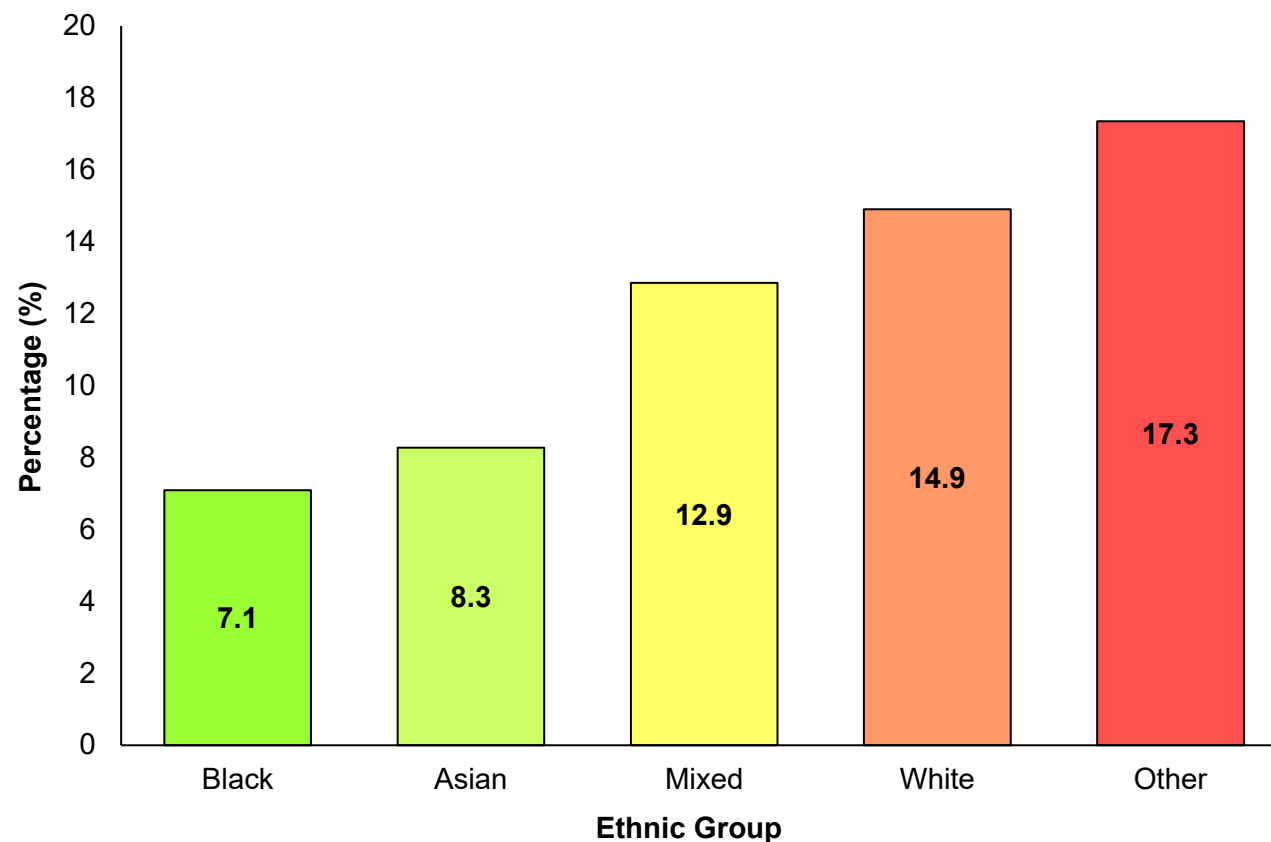


# SMOKING PREVALENCE BY ETHNICITY

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- People of white ethnicity are more likely to smoke compared to other ethnicities. The proportion St Helens registered patients (aged 15+) of white ethnicity who were smokers was 14.9% (a total of 16,924 people).
- The smoking prevalence for those of mixed ethnicity was 12.9%, for Asian ethnicity it was 8.3% and for Black ethnicity it was 7.1%.
- People of 'other' ethnic origin had a prevalence of 17.3%, and this related to 325 smokers from a registered population of 2,237.
- Although the cohorts of Other, Mixed, Asian and Black ethnicities are smaller, the data does suggest that there is a need for culturally appropriate support across all ethnicities.

Figure 7: The percentage of adults who smoke (February 2025) by Ethnicity in St Helens



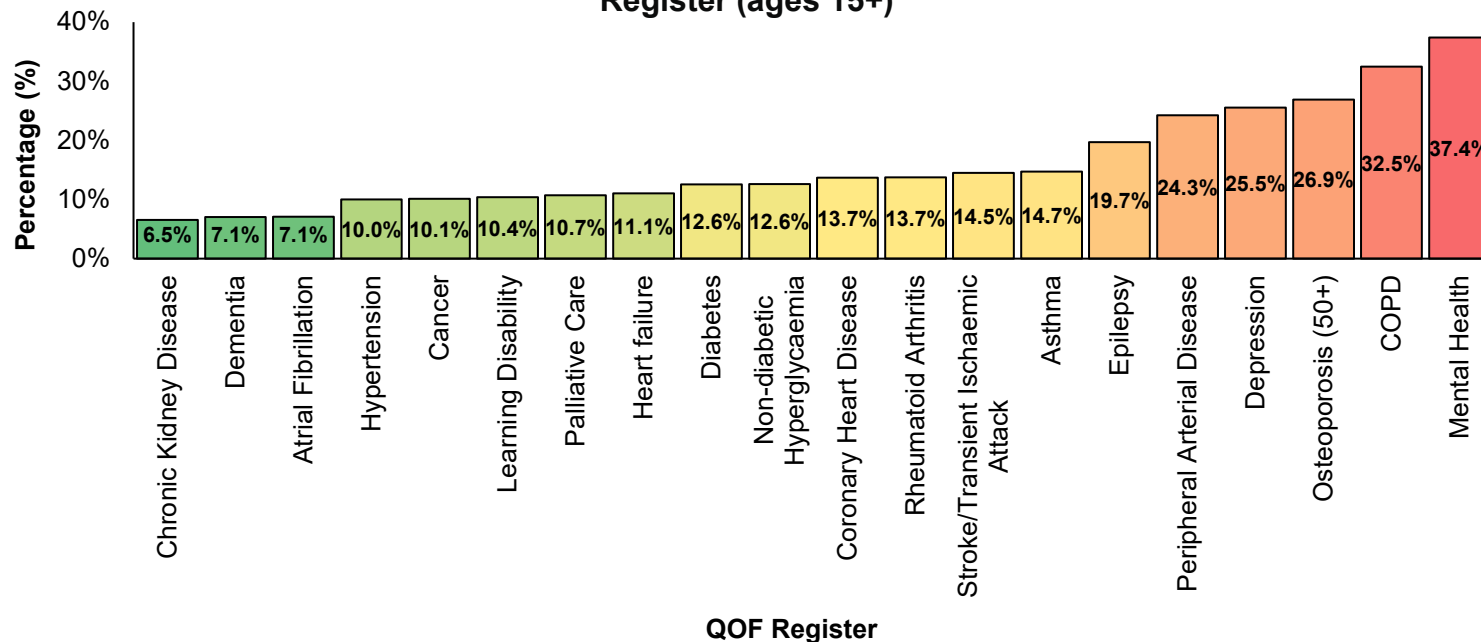
# CURRENT SMOKERS BY QOF DISEASE REGISTER (FEBRUARY 2025)

Over a third (37.4%) of those who were on the QOF register for mental health (patients with schizophrenia, bipolar affective disorder and other psychoses) were current smokers, relating to 829 registered patients aged 15+ in St Helens and 74% of those people also live in the 20% most deprived areas in the country (Table 1). In addition, 25.5% of people on the QOF depression register were also known to be current smokers (equating to 7,442 people). The percentage of current smokers in St Helens by QOF register is shown in figure 8.

**Table 1: Number of current smokers (age 15+) in St Helens (February 2025) by QOF Register and proportion (%) of those who live in the 20% most deprived areas of the country**

QOF Register	Current Smokers	IMD Quintile 1 (%)
Mental Health	829	74%
Asthma	131	74%
Epilepsy	264	72%
Heart Failure	258	71%
Learning Disability	96	70%
Peripheral Arterial Disease	347	69%
Depression	7,442	69%
Diabetes	1,532	68%
COPD	1,730	67%
Coronary Heart Disease	1,059	66%
Non-diabetic Hyperglycaemia	1,334	64%
Stroke/Transient Ischaemic Attack	516	64%
Dementia	112	63%
Palliative Care	98	60%
Hypertension	3,002	60%
Atrial Fibrillation	338	59%
Chronic Kidney Disease	416	59%
Rheumatoid Arthritis	153	59%
Cancer	743	58%
Osteoporosis (50+)	25	48%

**Figure 8: The proportion (%) of current smokers in St Helens (February 2025) by QOF Register (ages 15+)**



# ROUTINE AND MANUAL OCCUPATIONS (ANNUAL POPULATION SURVEY)

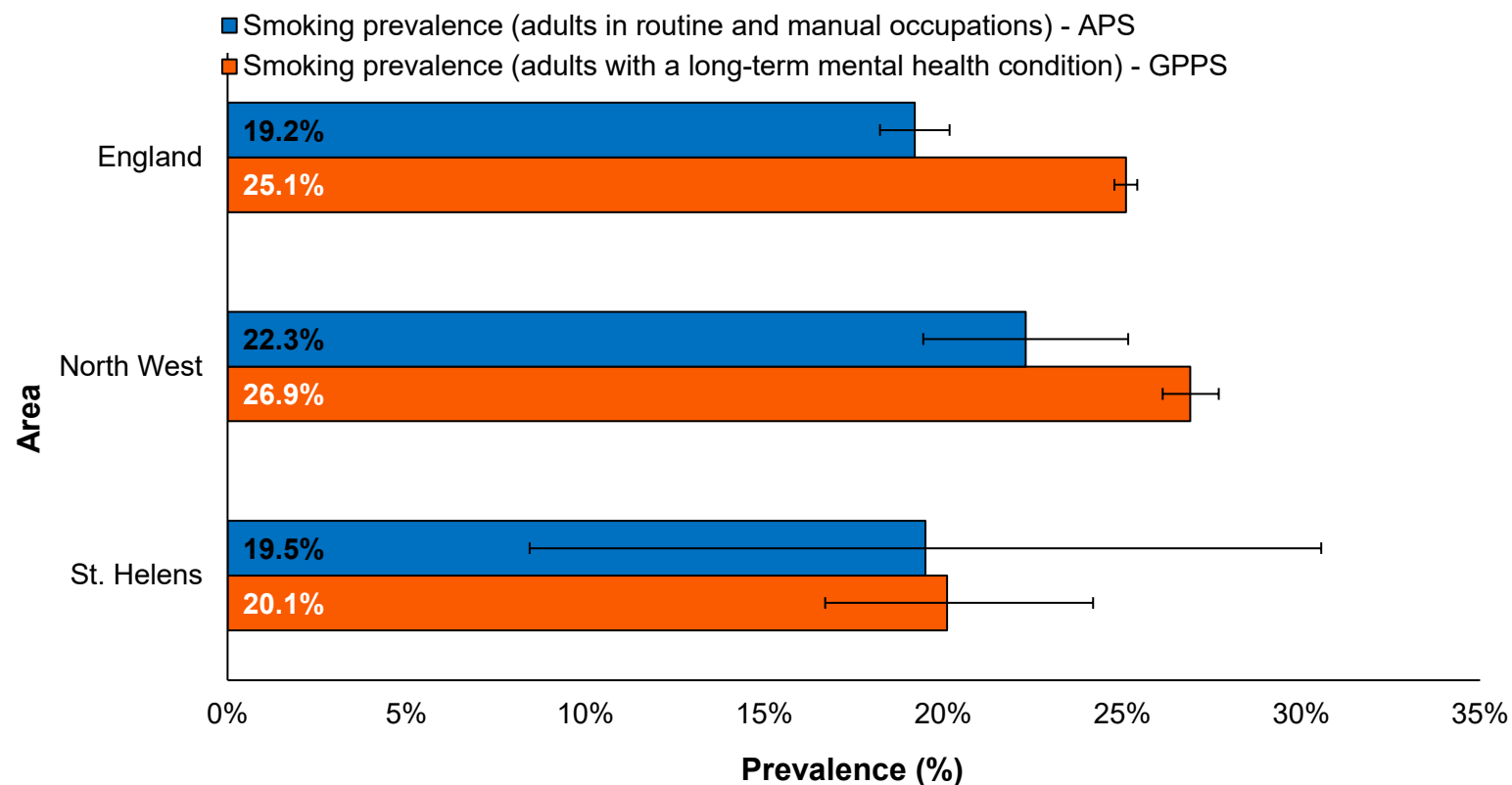
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# LONG-TERM MENTAL HEALTH CONDITIONS (GP PATIENT SURVEY)

2023

- Figure 9 shows that smoking prevalence in adults with a long-term mental condition in St Helens is 20.1%, and this is statistically significantly lower than the England and North West averages.
- Smoking prevalence among adults in routine and manual occupations in St Helens is 19.5%, however confidence intervals are large.

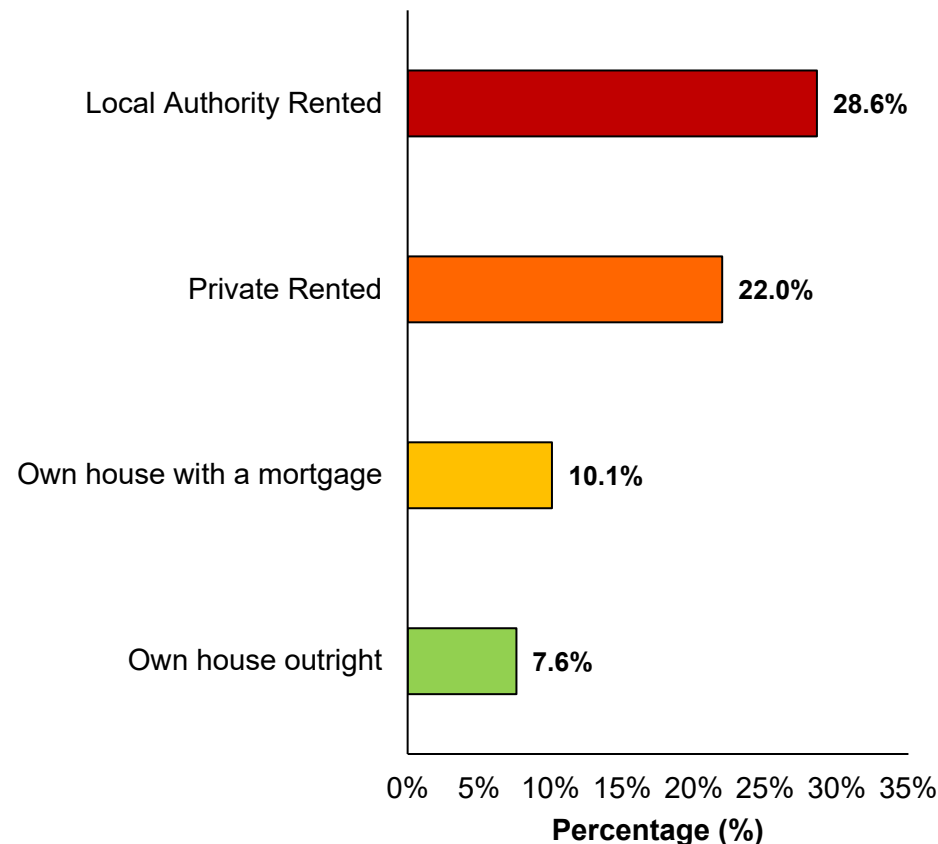
**Figure 9: Smoking prevalence in adults in routine and manual occupations and adults with long-term mental health conditions in St Helens, North West, and England (2023)**



# SMOKING PREVALENCE BY HOUSING TENURE TYPE

- Nationally there is a higher smoking prevalence (28.6%) among people who live in local authority rented properties (also sometimes referred to as council housing or social housing), compared to those who are in privately rented (22%) or owned property (10.1% with a mortgage, and 7.6% owned outright) (figure 10).
- St. Helens Council no longer owns homes in St. Helens although there are homes in St. Helens owned by housing associations such as Torus. Torus are the major social/affordable housing provider in St Helens. A housing stock list from 2020 shows that the highest number of social/affordable Torus properties are situated in the Parr ward (1,826 properties), compared to Rainford, a lesser deprived area, with the lowest number (204 properties)
- It is important to note that there may be less housing stock in certain wards due to a smaller population and less residential area.

Figure 10: Percentage of People who Smoke by Housing Tenure Type in England (2022)



Source: ASH Economic and Health Inequalities Dashboard

Table 2: Torus Housing Stock (2020) by Electoral Ward in St Helens

Ward	Property Count
Parr	1826
Thatto Heath	1346
Newton-le-Willows West	1246
Moss Bank	986
Bold & Lea Green	884
St. Helens Town Centre	842
Blackbrook	810
Newton-le-Willows East	805
Haydock	713
Peasley Cross & Fingerpost	622
Windle	557
West Park	471
Billinge & Seneley Green	392
Sutton North West	344
Eccleston	322
Sutton South East	305
Rainhill	220
Rainford	204

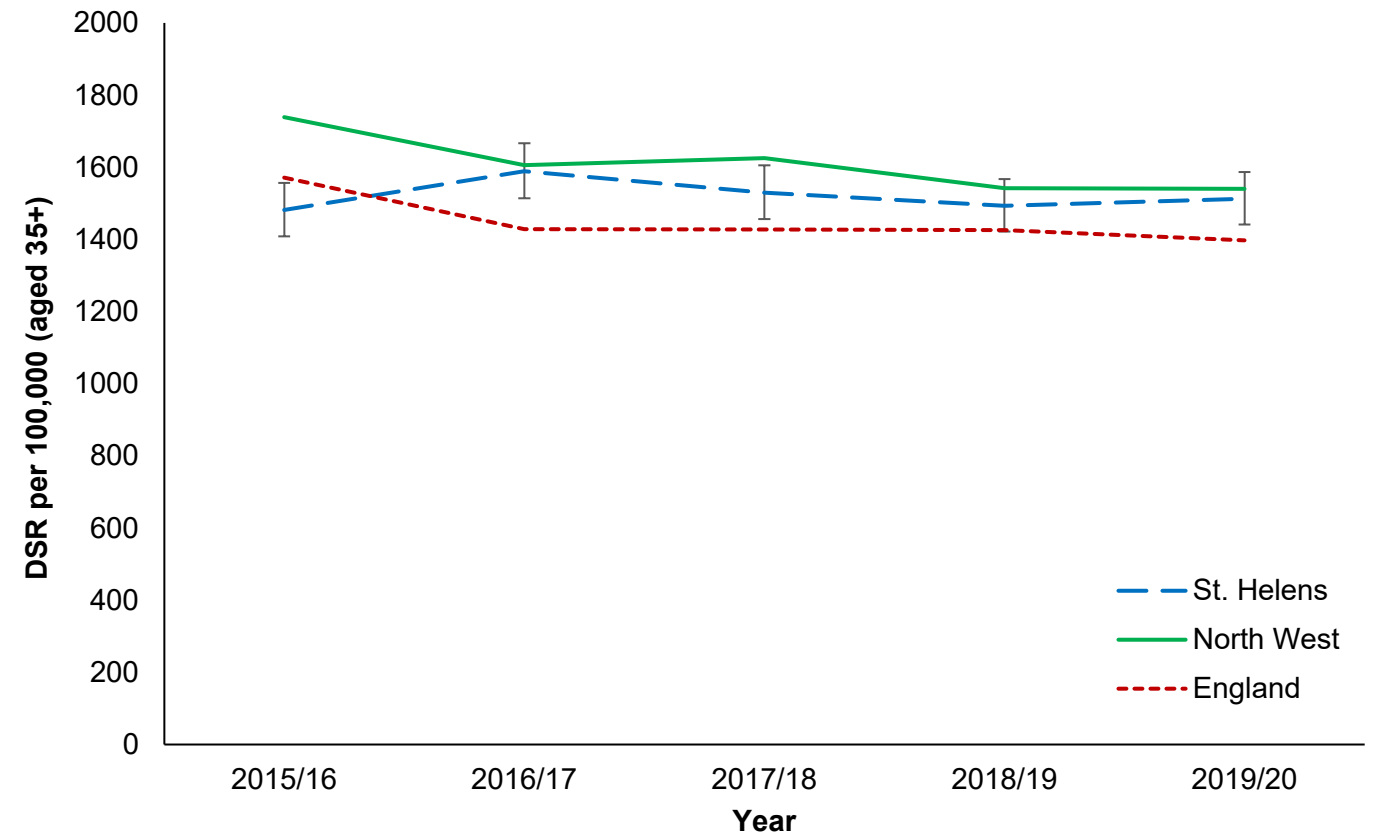
Source: Torus

# SMOKING ATTRIBUTABLE HOSPITAL ADMISSIONS

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- Smoking attributable hospital admissions are defined as hospital admissions for diseases that are wholly or partially attributed to smoking in people aged 35+ (see appendix 2 for the list of diagnoses included).
- In 2019/20 the rate of smoking attributable hospital admission in St Helens was 1,512 per 100,000 aged 35+, and this was ranked as 12<sup>th</sup> highest in the North West (out of 24 upper tier local authorities).
- Smoking attributable hospital admissions in St Helens have remained similar between 2015/16 and 2019/20.
- In 2016/17, 2017/18 and 2019/20 the Directly Standardised Rate (DSR) was statistically significantly higher in St Helens compared to the England rate.
- In 2015/16 and 2017/18 the DSR in St Helens was statistically significantly lower than the North West regional rate.

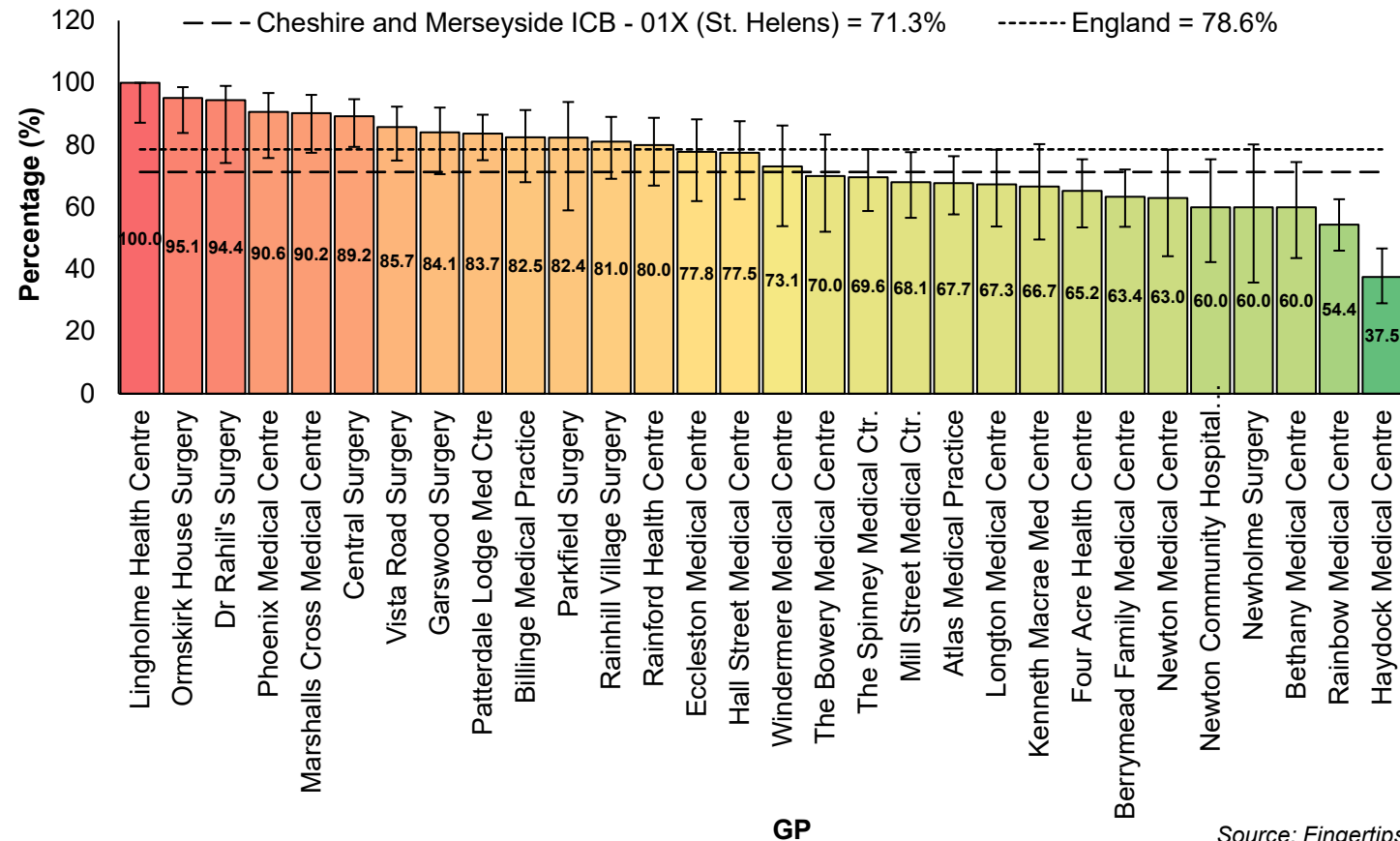
Figure 11: Directly Standardised Rate (per 100,000 aged 35+) of Smoking Attributable Hospital Admissions in St Helens, North West, and England (2015/16 - 2019/20)



# ASTHMA AND SECOND-HAND SMOKE

- In St Helens there were 1,136 people aged 6-19 years on the asthma register who also had a record of either smoking or being exposed to second hand smoke in the previous 12 months in 2022/23. This is a prevalence of 71.3%.
- The number of patients aged 6-19 on the asthma register also exposed to second hand smoke by GP practice relate to small numbers and therefore percentages by GP practice should be interpreted with caution.
- 2 GP practices had a statistically significantly higher percentage of patients aged 6-19 on the asthma register who had also been exposed to second hand smoke compared to the national average of 78.6%. Whilst 8 GP practices had a statistically significantly lower percentage (Figure 12).
- The prevalence of 6–19-year-olds in St Helens on the asthma register who had also been exposed to second hand smoke decreased from 74.1% in 2022/23 to 73% in 2023/24.

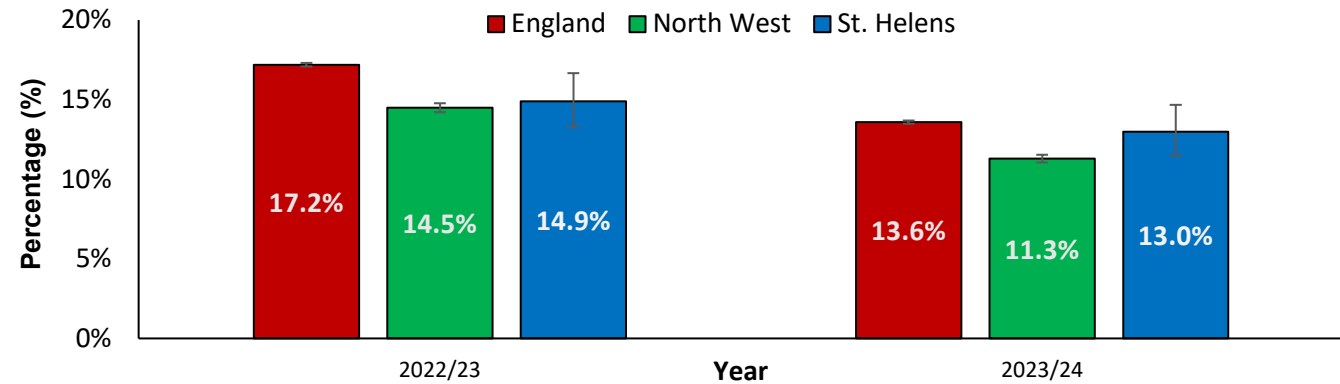
**Figure 12: The percentage (%) of patients on the asthma register (aged 6-19) for whom there is a record of either personal smoking or exposure to second-hand smoke in the preceding 12 months (2023/24) in St Helens by GP practice**



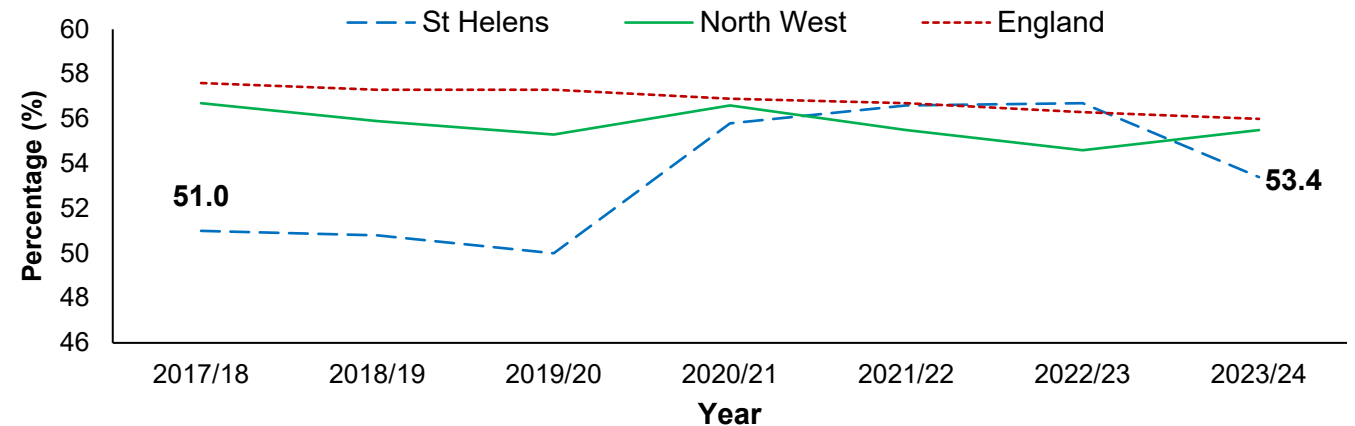
# SMOKING IN PREGNANCY

- Smoking in pregnancy is known to increase the risk of miscarriage, premature birth, stillbirth and low birthweight, and respiratory illness.<sup>11</sup>
- Smoking status is currently recorded at the midwife booking in appointment or within the first 14 weeks (98 days of pregnancy). This is determined via carbon monoxide (CO) monitoring and or confirmed by the mother self-reporting.
- In 2023/24 the percentage of women smoking during early pregnancy (first 14 weeks) in St Helens was 13%, a reduction from the previous year (14.9%). The most recent rate in St Helens is similar to the national average (figure 20).
- Between 2017/18 and 2023/24 the percentage of pregnant smokers successfully quitting after setting a quit date in St Helens has remained between 50% and 57% (figure 21).
- The 2023/24 percentage in St Helens was 53.4% which was below the national and regional averages (56% and 55.5% respectively).

**Figure 13: Percentage (%) of smokers during early pregnancy St Helens, North West and England (2022/23 and 2023/24)**



**Figure 14: Percentage (%) of pregnant smokers setting a quit date who successfully quit in St Helens, North West and England (2017/18 to 2023/24)**

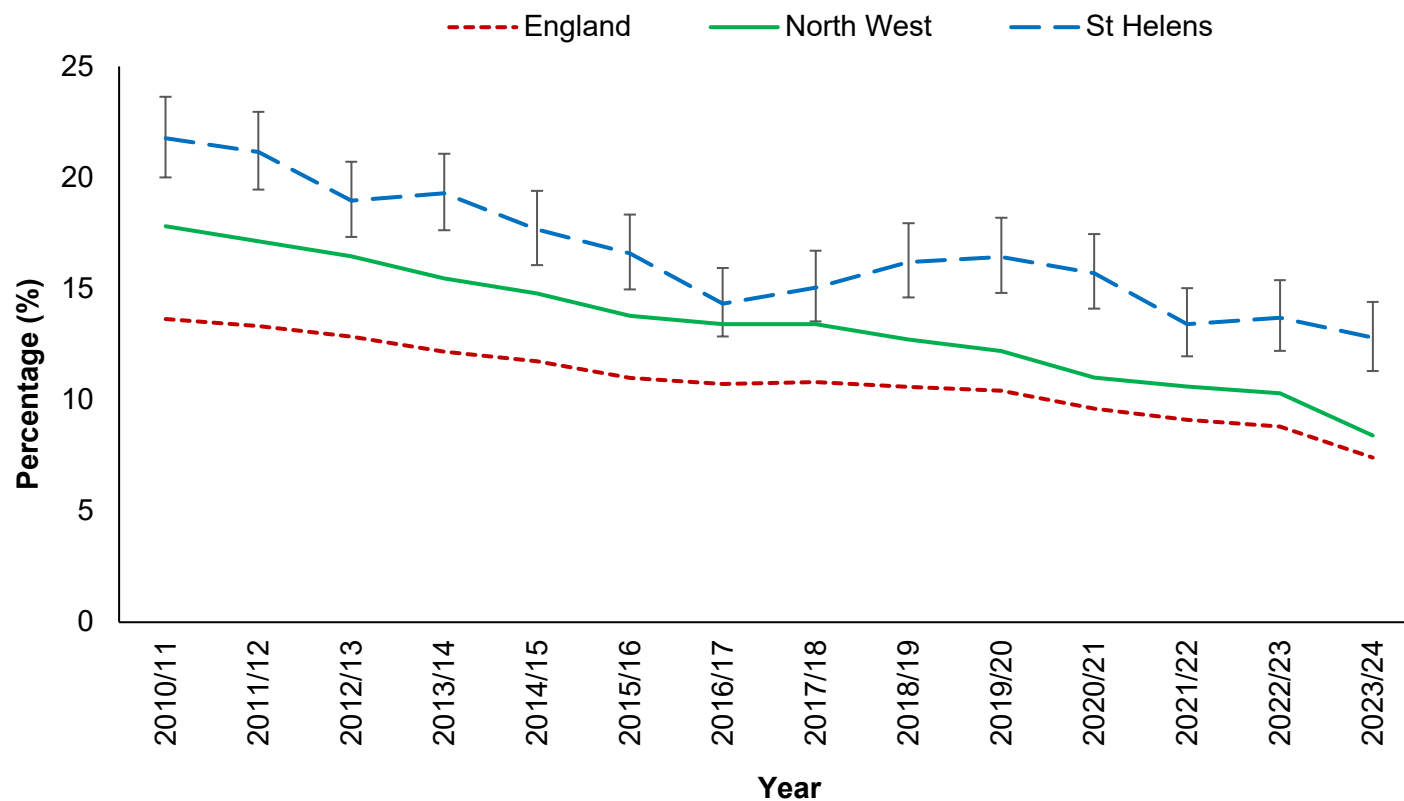


# SMOKING STATUS AT TIME OF DELIVERY

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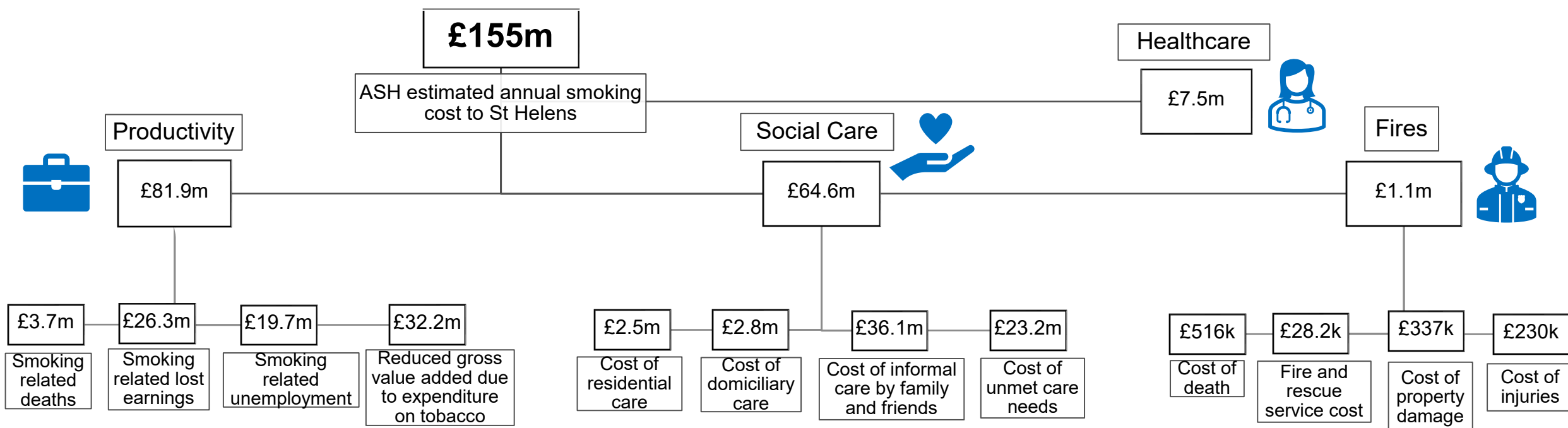
- In St Helens, smoking status at time of delivery has been significantly higher than regional and national rates every year since 2010/11, except for in 2016/17 (figure 13). Generally, it is a downward trend.
- The most recent data relate to 2023/24 where 12.8% were still smoking at the time of delivery in St Helens, which was still significantly higher than the North West and England averages of 8.4% and 7.4% respectively.
- Maternity services developed the 'Tobacco Dependency Programme' in early 2024, which includes bespoke training and additional roles for maternity services for smoking in pregnancy.
- The antenatal education programme was re-developed collaboratively with key stakeholders and partners in August 2024. This includes the discussing the risks involved with smoking in pregnancy so that advice and support can be offered to those who are pregnant, with the aim of helping them to quit.

Figure 15: Percentage (%) of women known to smoking at the time of delivery in St Helens, North West, and England (2010/11 - 2023/24)



# COSTS DUE TO SMOKING

- Action on Smoking and Health (ASH) estimates smoking costs St Helens £155m per year (January 2025). Smoking costs the NHS £7.5m and a further £64.6m in social care costs. A full breakdown of the associated costs in St Helens is illustrated below.
- ASH estimate £40.3m is spent by consumers purchasing tobacco (legal and illicit) annually in St Helens and the national average spend on tobacco is around £2,338 per smoker.
- Revenue from cigarette and hand-rolled tobacco taxation (excluding VAT) brings in about £22.7m per year.



# SMOKING CESSATION

- St Helens has a higher rate of people setting a quit date and successfully quitting compared to the North West and England.
- In 2023/24 St Helens had a rate of 2,664 successful quitters per 100,000 compared to 1,800 in England and 1,628 in the North West.
- The rate of smokers setting a quit date and the rate of successful quitters in St Helens has declined over the years. Possibility due to lower numbers of smokers in recent times.
- A reduction in the rates from 2019/20 to 2020/21 could be in part as a result of the COVID-19 pandemic.

**Table 3: Crude rate (per 100,000) of smokers who set a quit date, those who successfully quit, and those who failed to quit in St Helens, North West and England (2017/18 – 2023/24)**

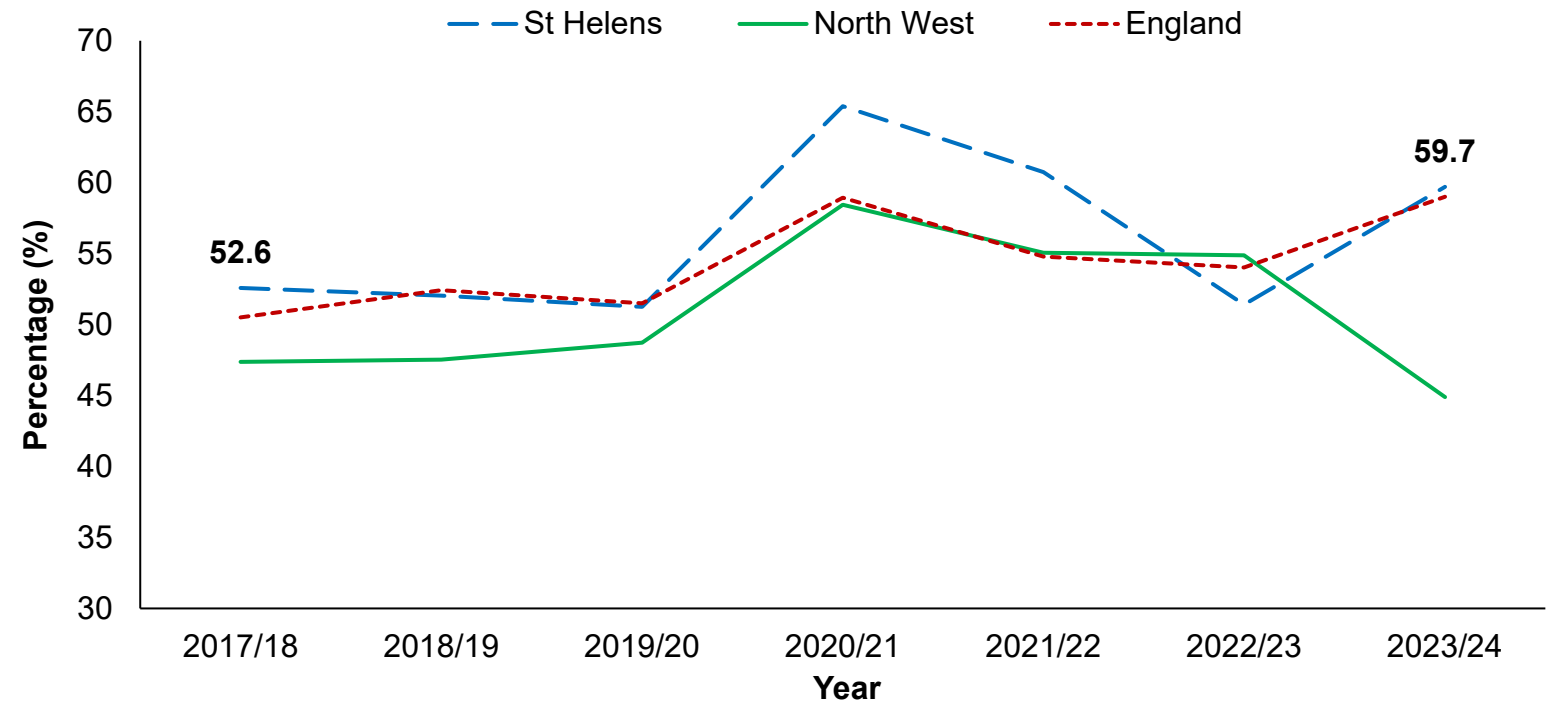
	Setting a Quit Date			Successful Quitters			Not Quit		
	St Helens	North West	England	St Helens	North West	England	St Helens	North West	England
<b>2017/18</b>	9,058	4,836	4,119	4,762	2,292	2,081	3,731	1,612	1,105
<b>2018/19</b>	8,273	4,291	3,614	4,306	2,040	1,894	3,820	1,502	958
<b>2019/20</b>	9,602	4,075	3,512	4,920	1,986	1,808	4,655	1,513	1,024
<b>2020/21</b>	4,447	3,248	2,833	2,908	1,898	1,670	1,191	959	716
<b>2021/22</b>	4,512	3,185	2,809	2,740	1,753	1,539	1,197	1,021	783
<b>2022/23</b>	5,181	3,376	2,965	2,664	1,853	1,602	2,084	1,068	840
<b>2023/24</b>	4,464	2,998	3,346	2,664	1,628	1,800	1,531	913	914

- Figure 16 illustrates the trend of successful quitters in St Helens, England and the North West between 2017/18 and 2023/24.
- The highest quit rate in St Helens was during 2020/21 at 65.4%.

# SUCCESSFUL QUIT TREND

(2017/18 – 2023/24)

Figure 16: Percentage (%) of smokers setting a quit date who successfully quit in St Helens, North West and England (2017/18 – 2023/24)

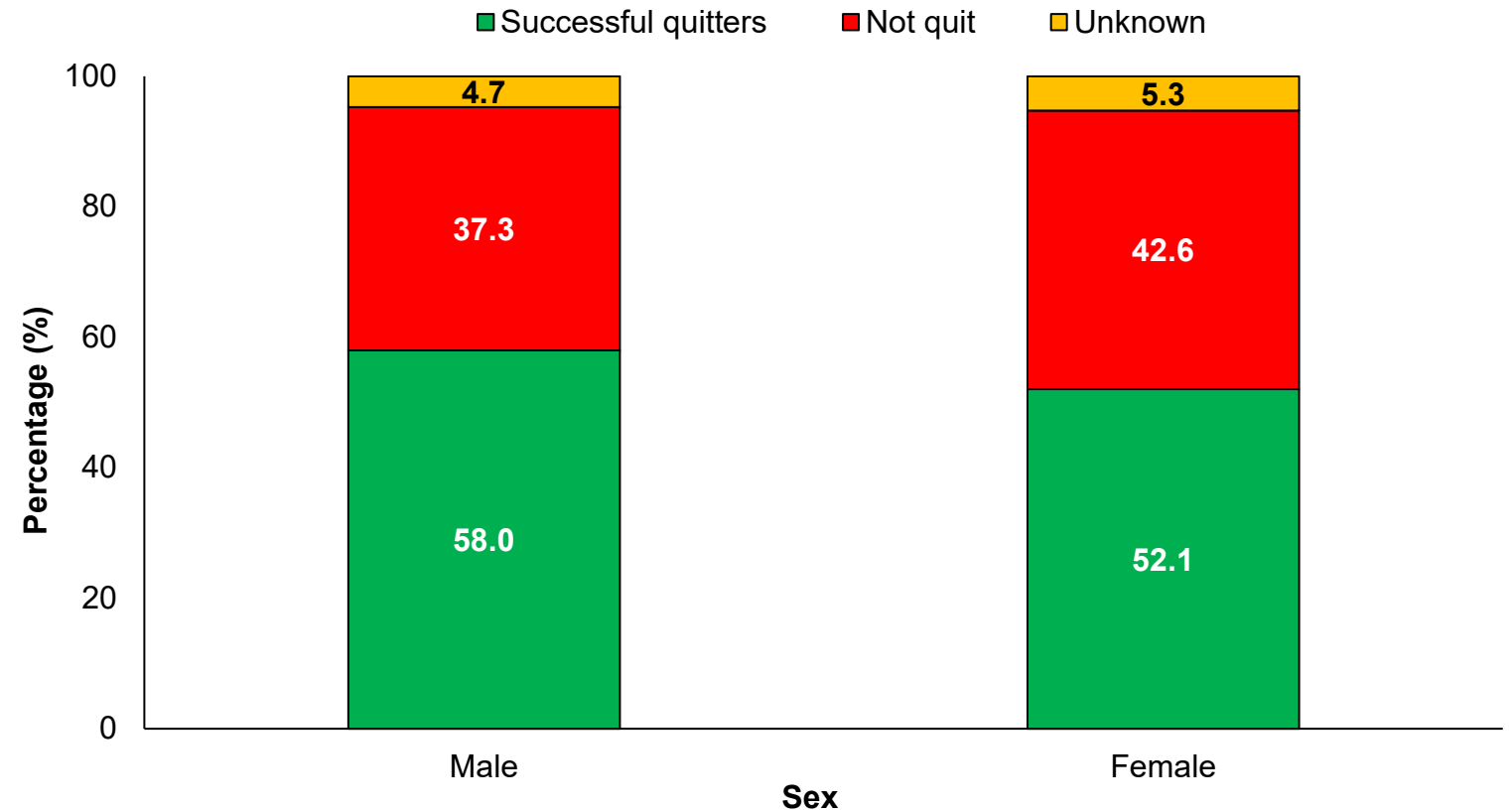


- Figure 17 shows that the percentage of men setting a quit date who then successfully quit in St Helens is higher compared to women (58.0% and 52.1% respectively).

# QUIT DATE OUTCOME BY SEX

(2017/18 – 2023/24)

Figure 17: Percentage (%) of smokers setting a quit date who successfully quit in St Helens by sex (2017/18 to 2023/24)

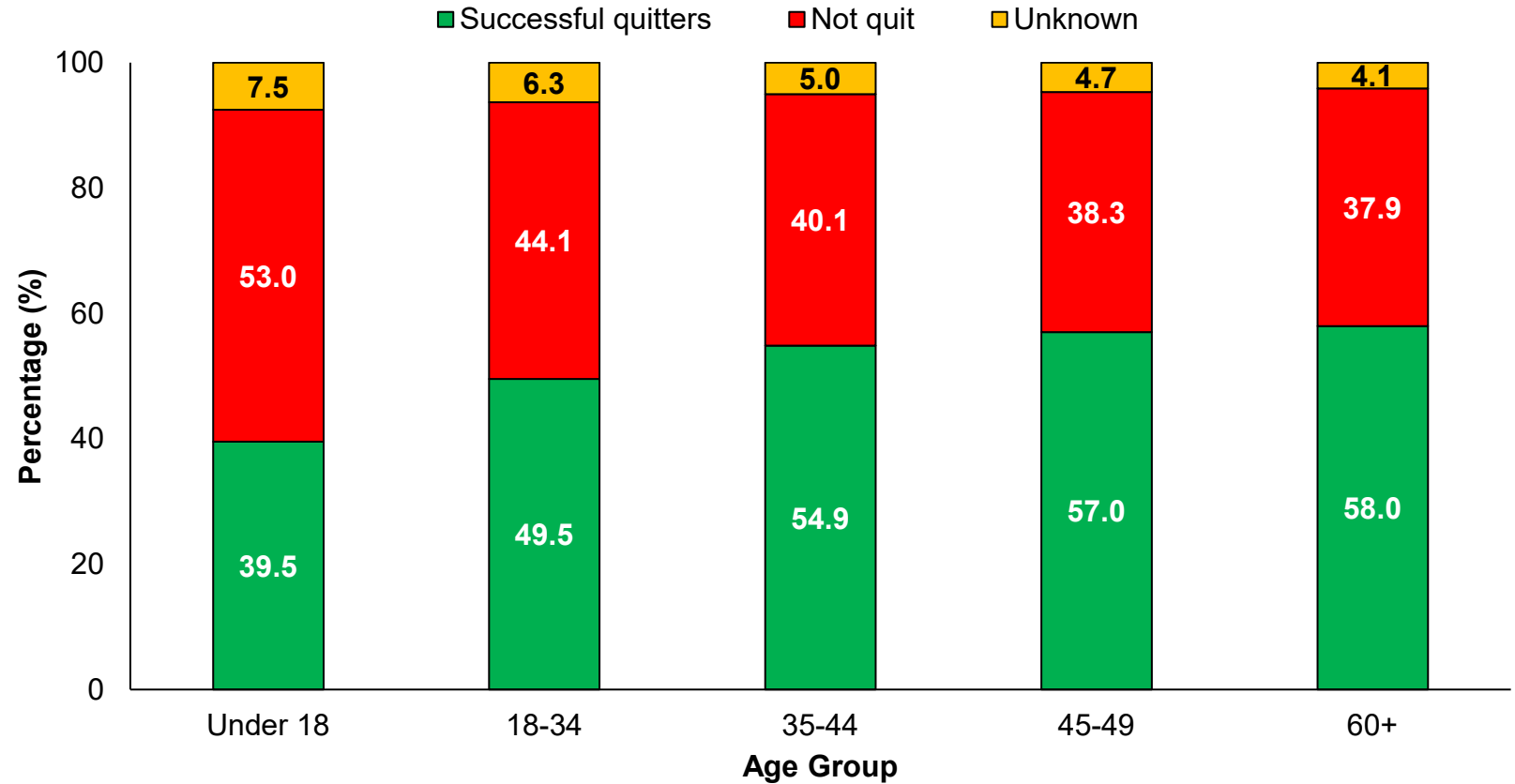


- Figure 18 shows that the percentage of successful quitters increases with age and is highest in the 60+ age group at 58%.

# QUIT DATE OUTCOME BY AGE

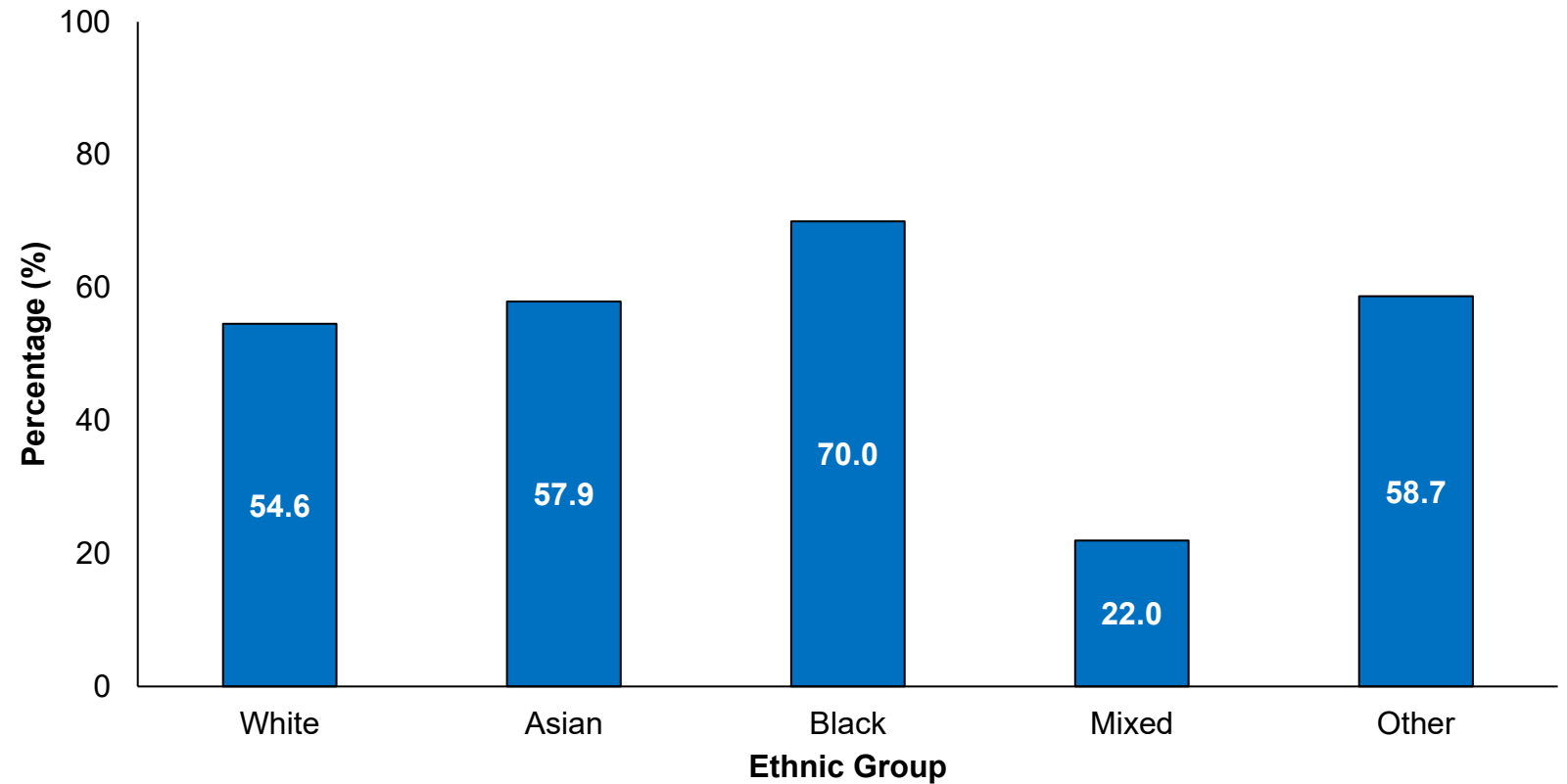
(2017/18 – 2023/24)

Figure 18: Percentage of smokers setting a quit date who successfully quit in St Helens by age group (2017/18 to 2023/24)



- Figure 19 shows the percentage of smokers setting a quit date who then successfully quit according to their ethnicity.
- The highest percentage of successful quitters was 70% for those of Black ethnicity.

**Figure 19: Percentage (%) of smokers setting a quit date who successfully quit in St Helens by ethnicity (2017/18 to 2023/24)**



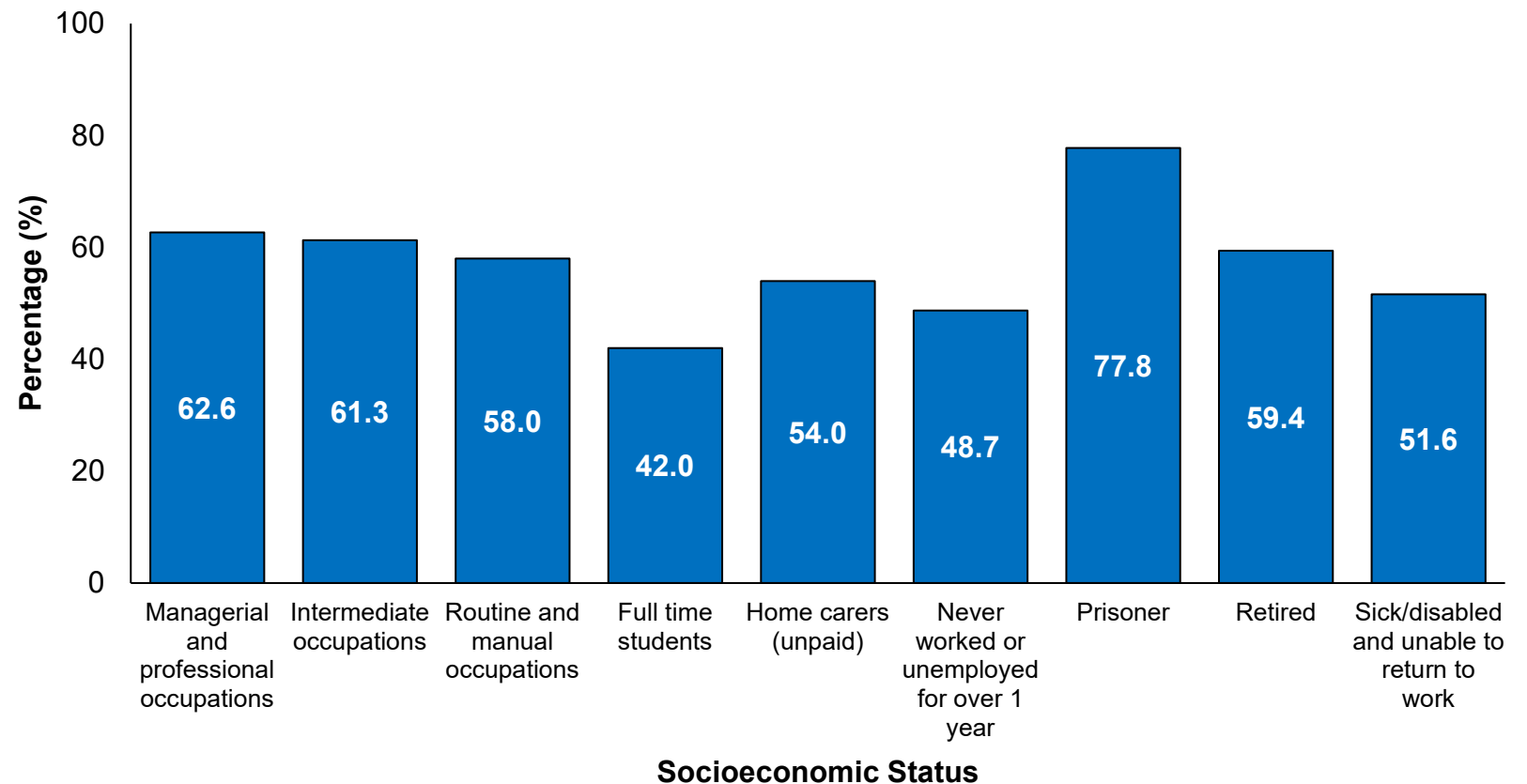
# SUCCESSFUL QUITTERS BY ETHNICITY

(2017/18 – 2023/24)

# SUCCESSFUL QUITTERS BY SOCIOECONOMIC CLASSIFICATION (2017/18 – 2023/24)

- Figure 20 shows the percentage of smokers that set a quit date who then successfully quit according to their socioeconomic classification.
- The highest percentage of successful quitters were among prisoners at 77.8%.

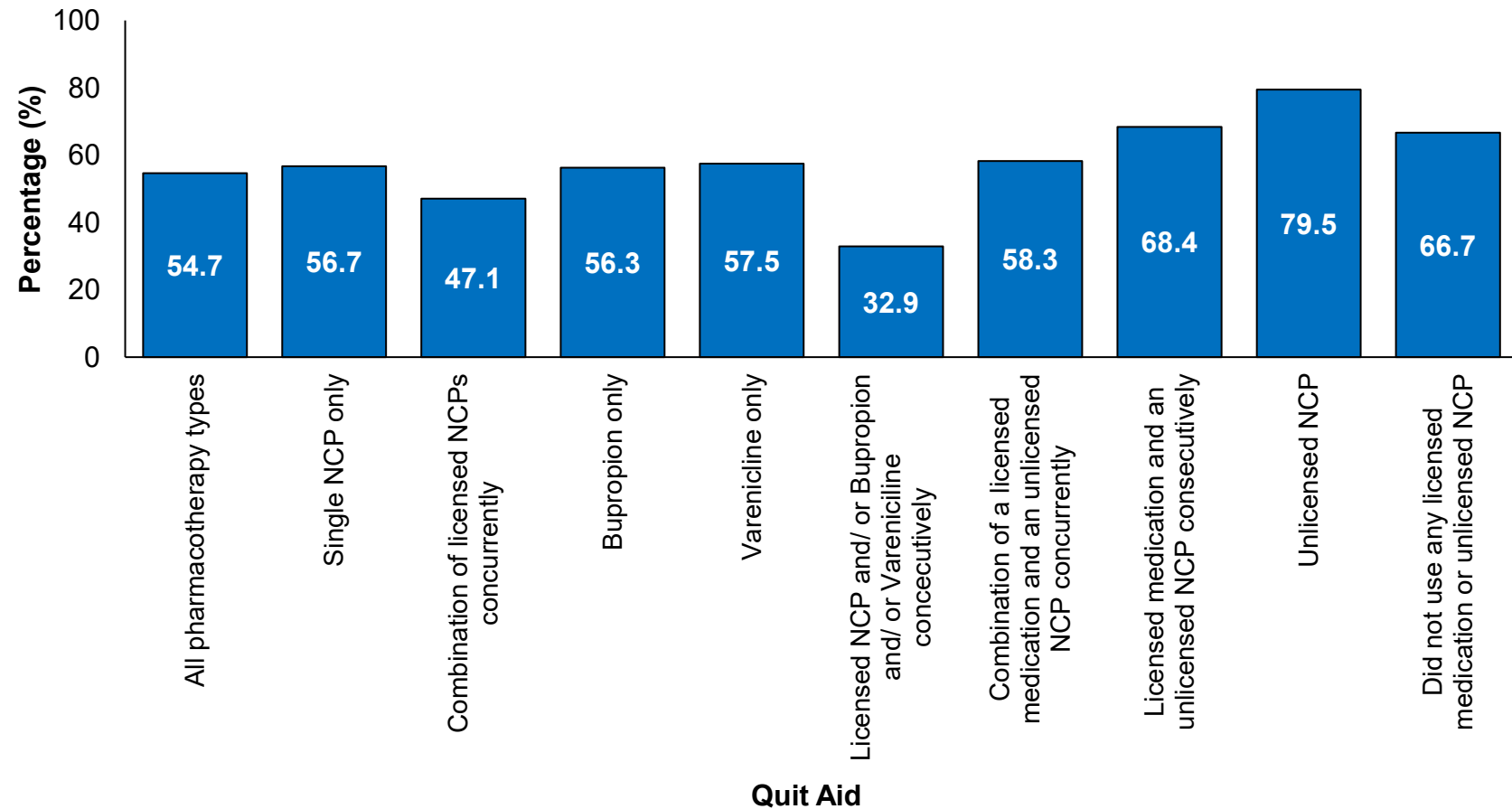
**Figure 20: Percentage (%) of smokers setting a quit date who successfully quit in St Helens by socioeconomic classification (2017/18 to 2023/24)**



# SUCCESSFUL QUITTERS BY QUIT AID (2017/18 – 2023/24)

- Figure 21 shows the percentage of smokers setting a quit date who then successfully quit according to the quit aid used.

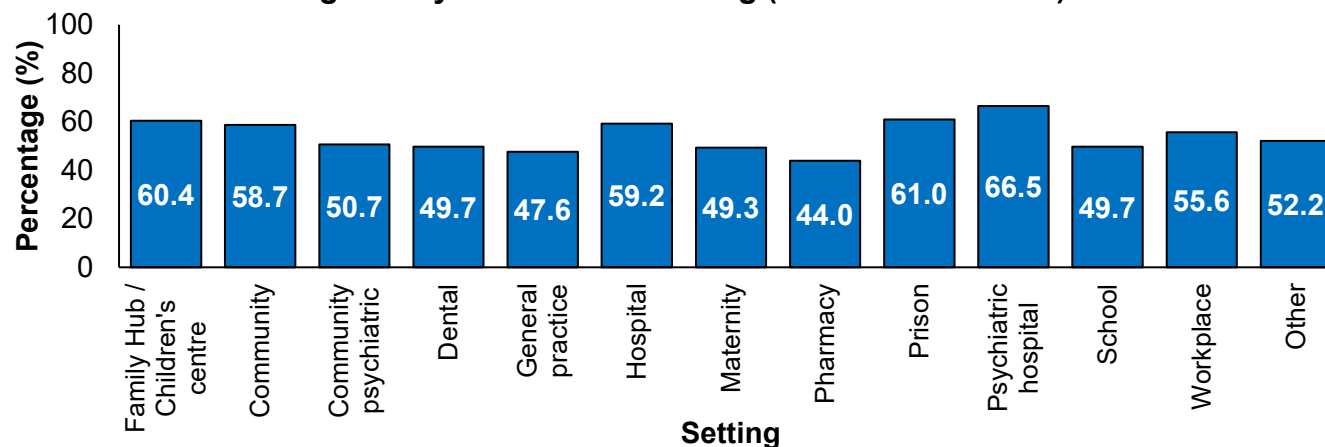
Figure 21: Percentage of smokers setting a quit date who successfully quit in St Helens by quid aid used (2017/18 – 2023/24)



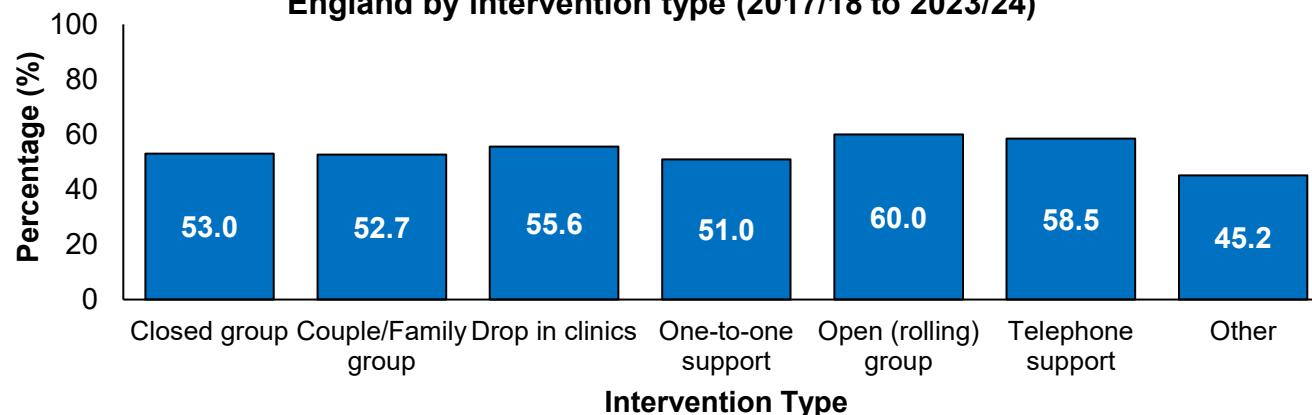
# SMOKING CESSATION: NATIONAL DATA

- Figures 22 and 23 show the percentage of smokers in England who successfully quit, by intervention setting.
- Children's Centres and Family Hubs have a good success rate at 60.4%. More professional setting such as GP practices, pharmacies and maternity settings have a lower successful quit rate (figure 22).
- The success rate in community psychiatric settings is 50.7% (figure 22).
- Open groups had the best success rates in England between 2017/19 and 2023/24 at 60% (figure 23).
- With the opening of new Family Hub buildings in St Helens, there is an opportunity to expand on the support offered in this type of environment.
- Prior to 2024, The Wellbeing Service were only offering telephone support. This had a success rate of 60% in 2023/24 and this was slightly higher than the national rate of 58.5%.
- Face to face individual support is now offered across St Helens.

**Figure 22: Percentage (%) of smokers setting a quit date who successfully quit in England by intervention setting (2017/18 to 2023/24)**



**Figure 23: Percentage (%) of smokers setting a quit date who successfully quit in England by intervention type (2017/18 to 2023/24)**

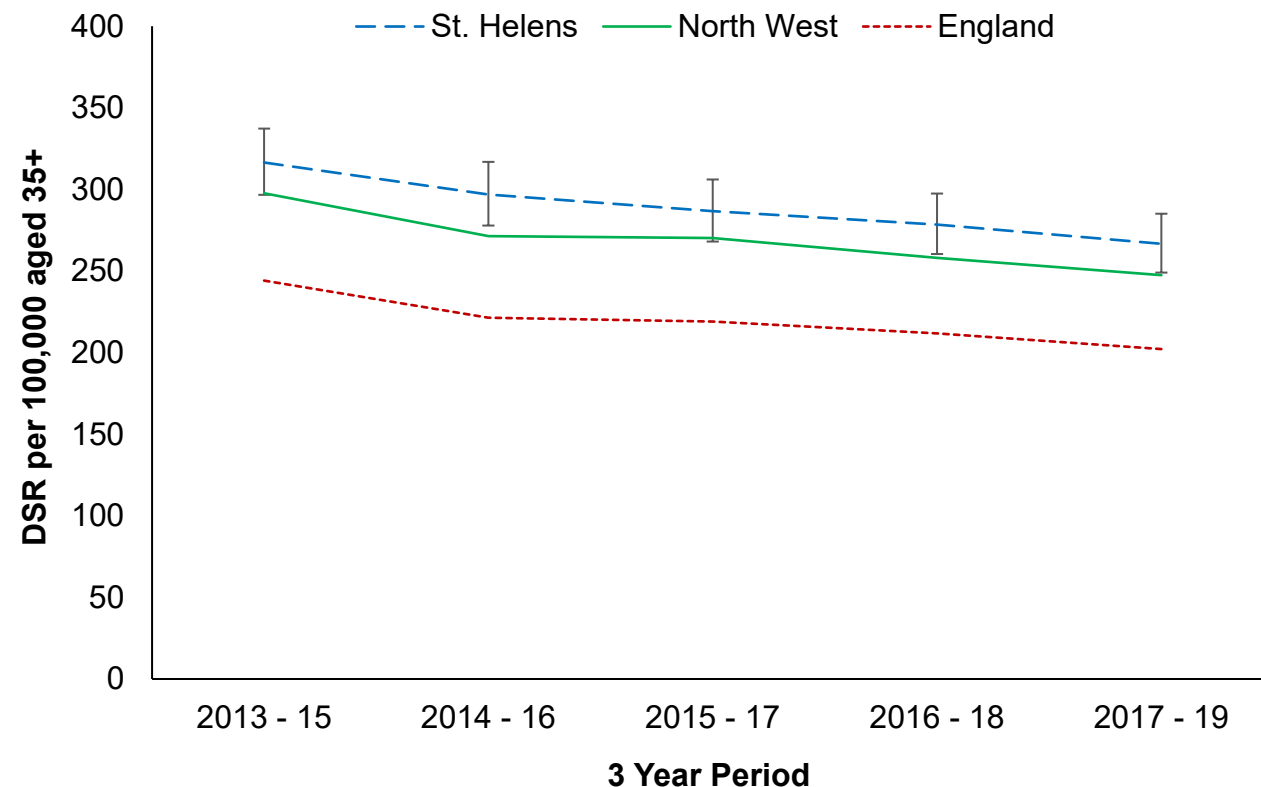


# SMOKING ATTRIBUTABLE MORTALITY

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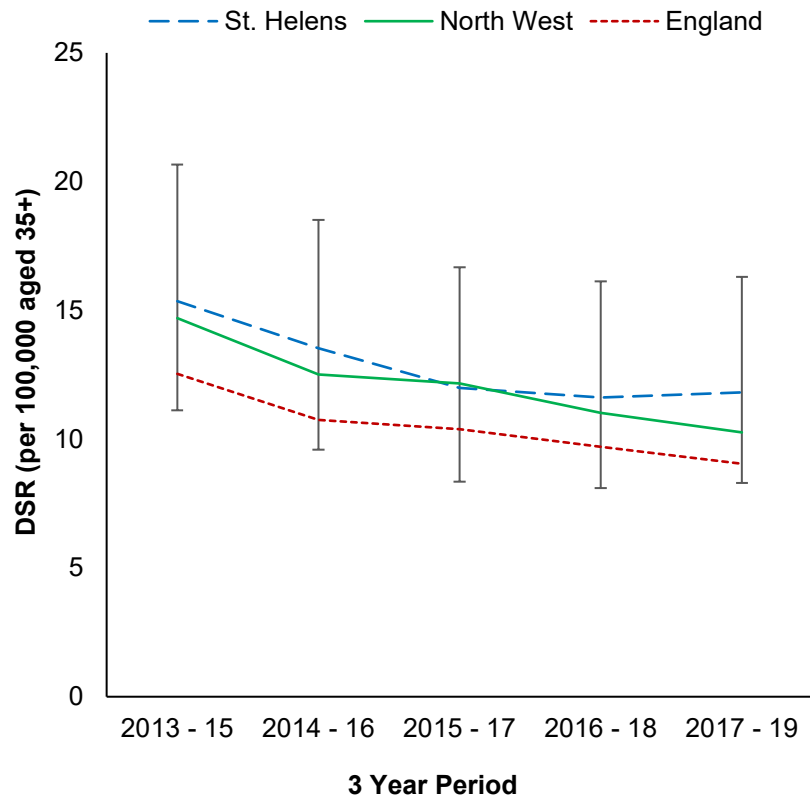
- Smoking kills up to half of its users who don't quit. Smoking remains the biggest single cause of preventable mortality and morbidity in the world <sup>10</sup> and contributes to 1 in 6 of all deaths in England.
- Figure 24 shows the most recent comparable published data for St Helens, North West, and England.
- The directly standardised rate for smoking attributable deaths in St Helens has been significantly higher than England since 2013-15. However, the trend is slowly decreasing.
- Figures 25-27 also show the rate of smoking attributable death due to stroke, heart disease and cancer also higher in St Helens compared to nationally.
- The 2017-19 rates of smoking attributable death due to heart disease and cancer were significantly higher in St Helens compared to the national average (figure 26 and 27)
- However, smoking attributable death rates due to stroke, heart diseases, and cancer are trending downwards.
- See Appendix 2 for a full list of smoking attributable causes.

**Figure 24: Smoking attributable deaths (Directly Age Standardised Rate per 100,000 aged 35+) in St Helens, North West, and England (2013/15 to 2017/19)**

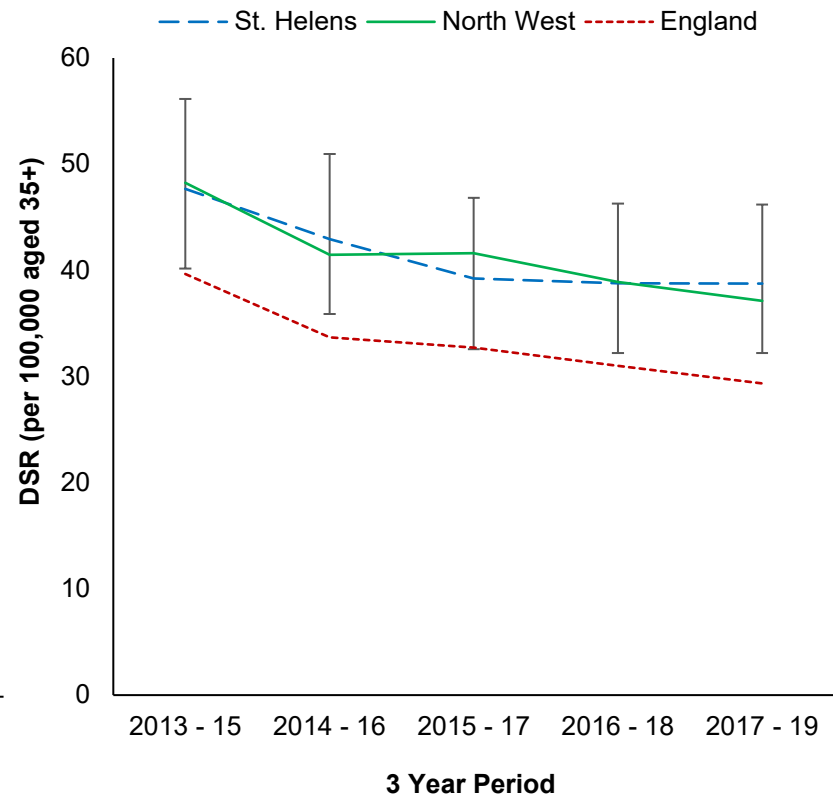


# SMOKING ATTRIBUTABLE MORTALITY

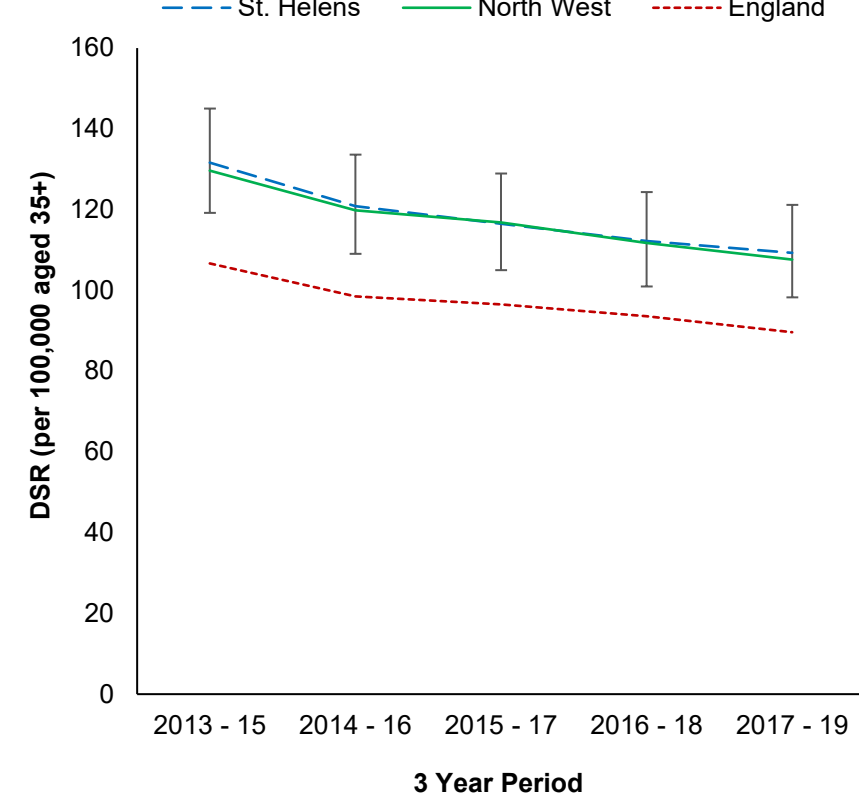
**Figure 25: Smoking attributable deaths from Stroke (DSR per 100,000 aged 35+) in St Helens, North West, and England (2013/15 to 2017/19)**



**Figure 26: Smoking attributable deaths from Heart Disease (DSR per 100,000 aged 35+) in St Helens, North West, and England (2013/15 to 2017/19)**



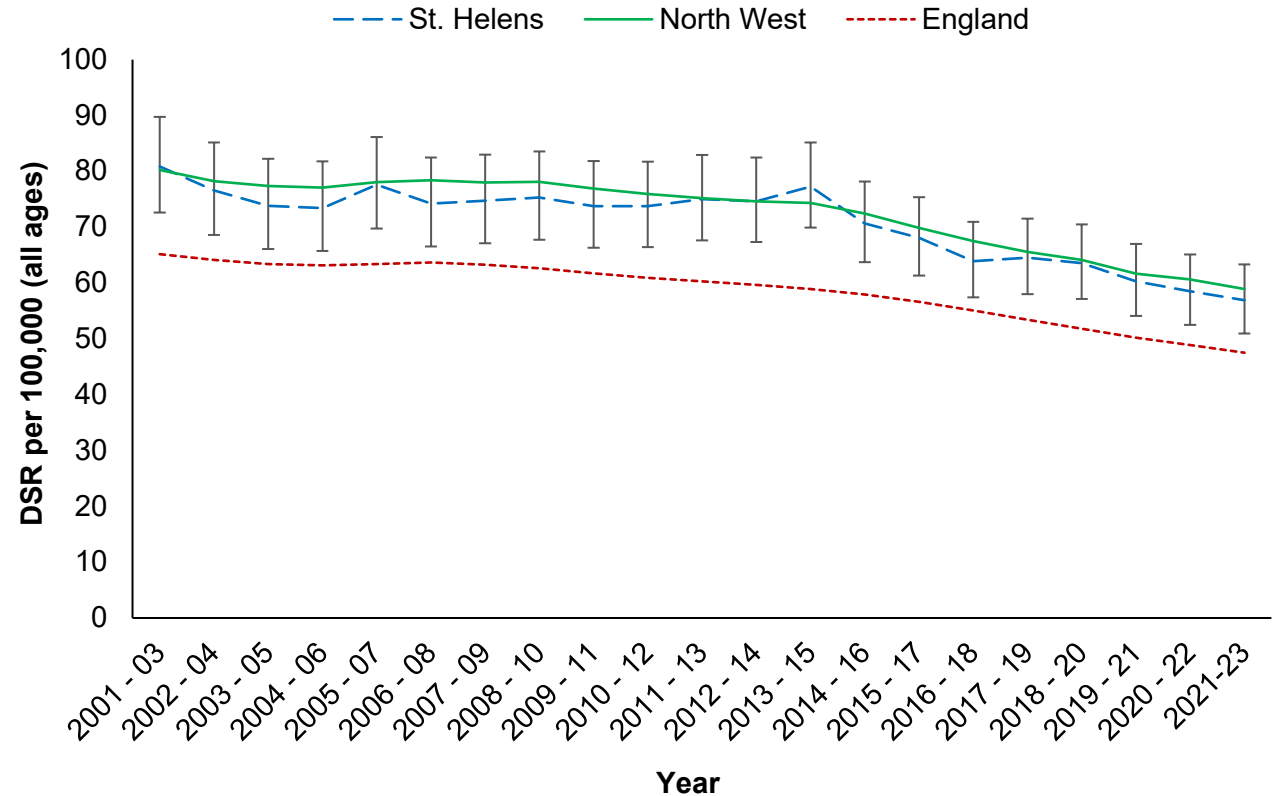
**Figure 27: Smoking attributable deaths from Cancer (DSR per 100,000 aged 35+) in St Helens, North West, and England (2013/15 to 2017/19)**



# LUNG CANCER MORTALITY

- In 2021-23 the rate of mortality from lung cancer in St Helens was 56.9 deaths per 100,000 (pertains to 337 deaths), this was significantly higher than the England rate of 47.5 deaths per 100,000 (figure 28).
- The rate of lung cancer mortality has decreased by 23.9 deaths per 100,000 between 2001-03 and 2021-23.
- The trend has decreased in line with the national and regional rates, and St Helens has had a rate below the North West average since 2013-15.
- Lung cancer mortality varies in St Helens from 29.4 deaths per 100,000 in Billinge and Seneley Green to 100.8 deaths per 100,000 in Parr (figure 29).
- Lung cancer mortality is highest in more deprived areas (figure 31).
- Rates of lung cancer mortality are also higher in older age groups (figure 32)

Figure 28: Trend of directly standardised rate (per 100,000 all ages) of lung cancer mortality in St Helens, North West, and England (2001/03 - 2021/23)



# LUNG CANCER MORTALITY BY WARD

Figure 29: Directly standardised rate (per 100,000 all ages) of lung cancer mortality in St Helens by ward (2021-23)

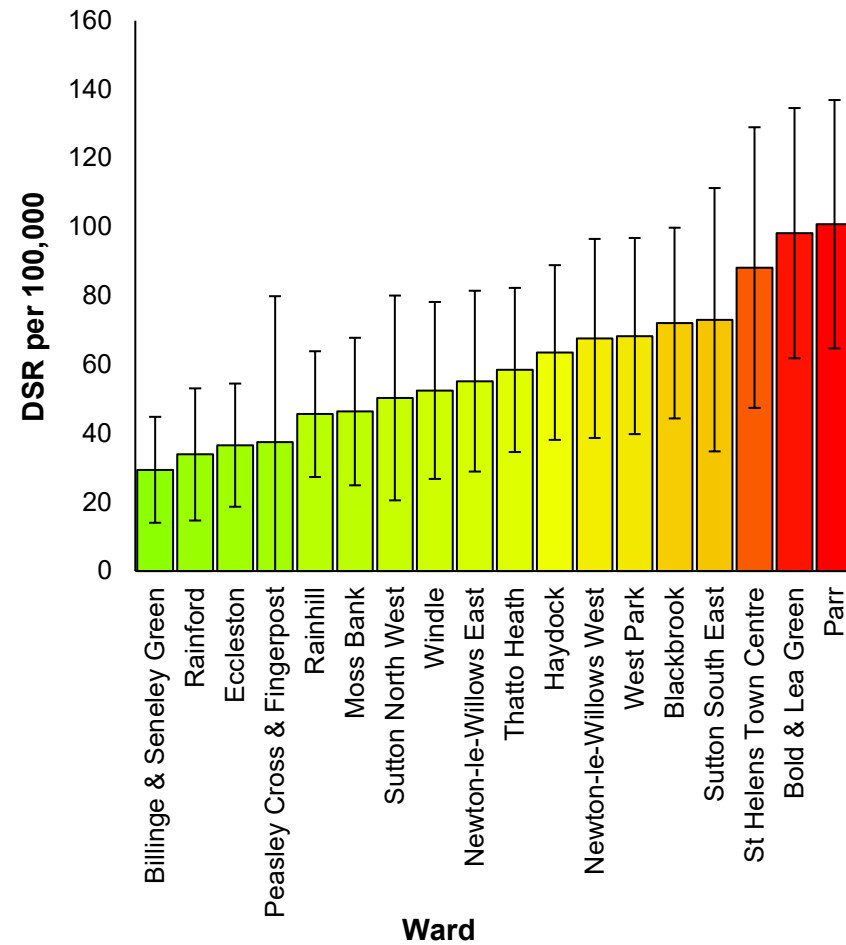
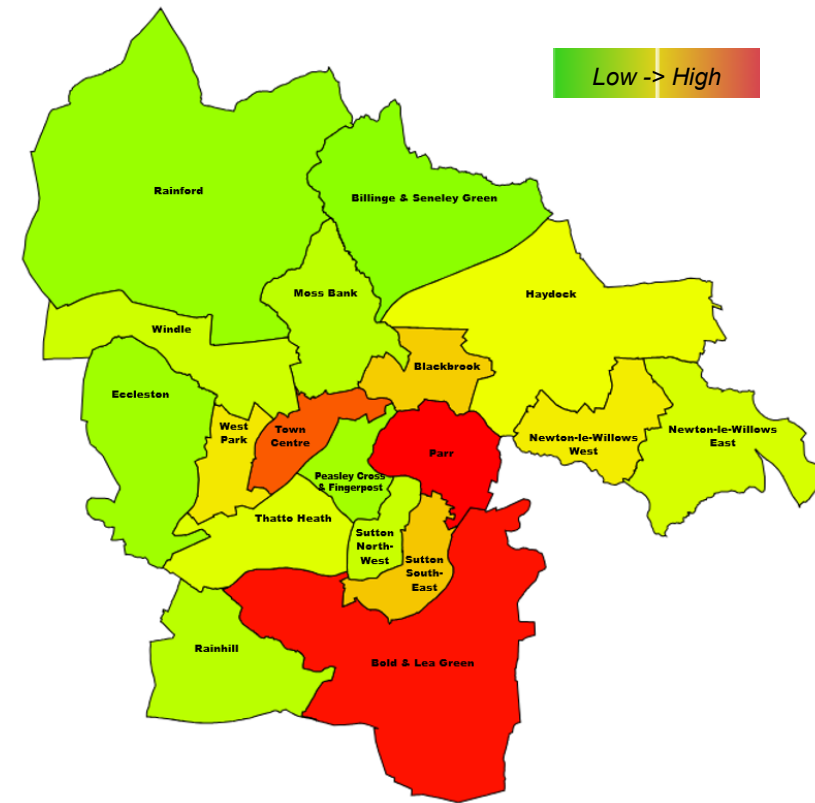
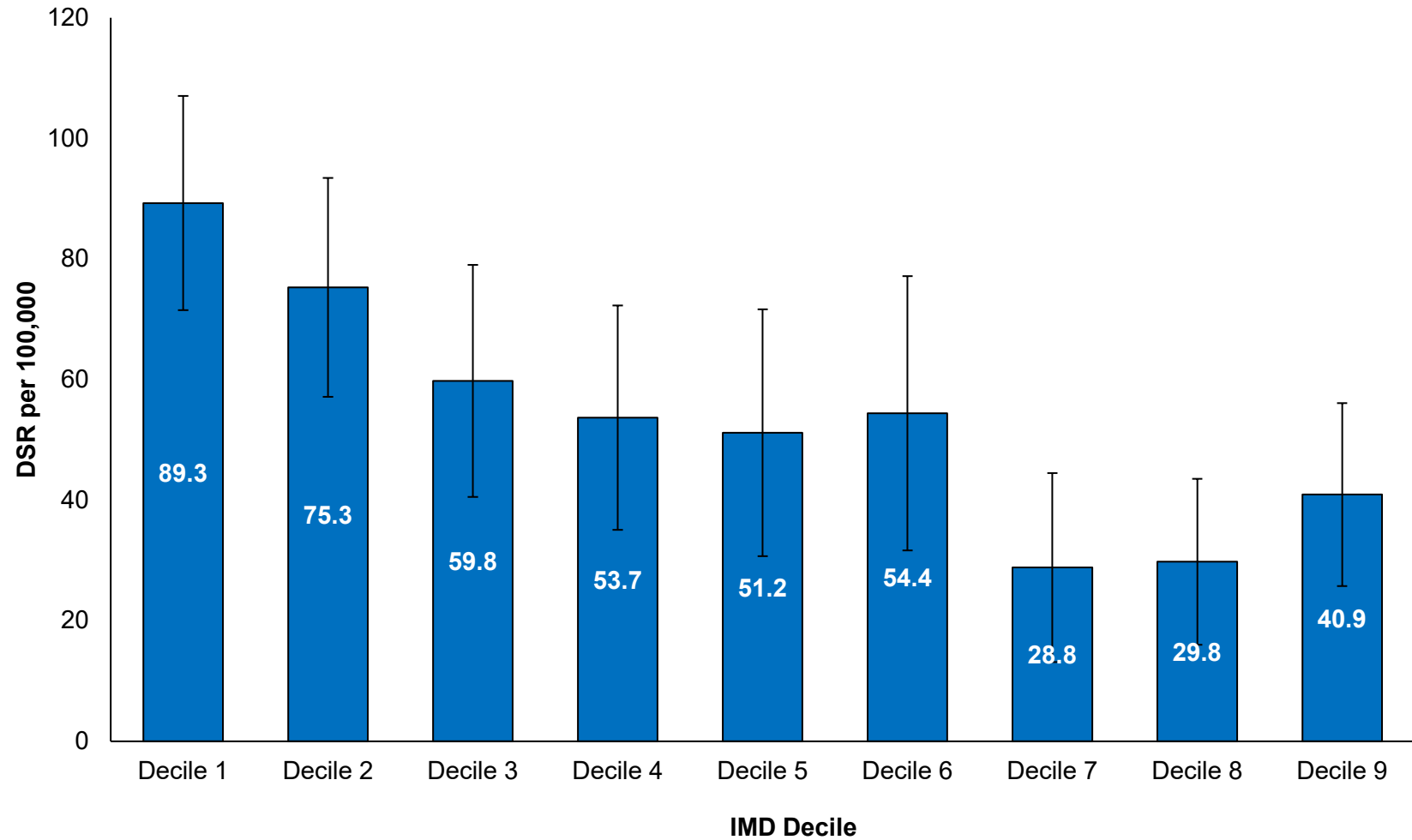


Figure 30: Map of directly standardised rate (per 100,000 all ages) of lung cancer mortality in St Helens by ward (2021-2023)



# LUNG CANCER MORTALITY BY DEPRIVATION DECILE

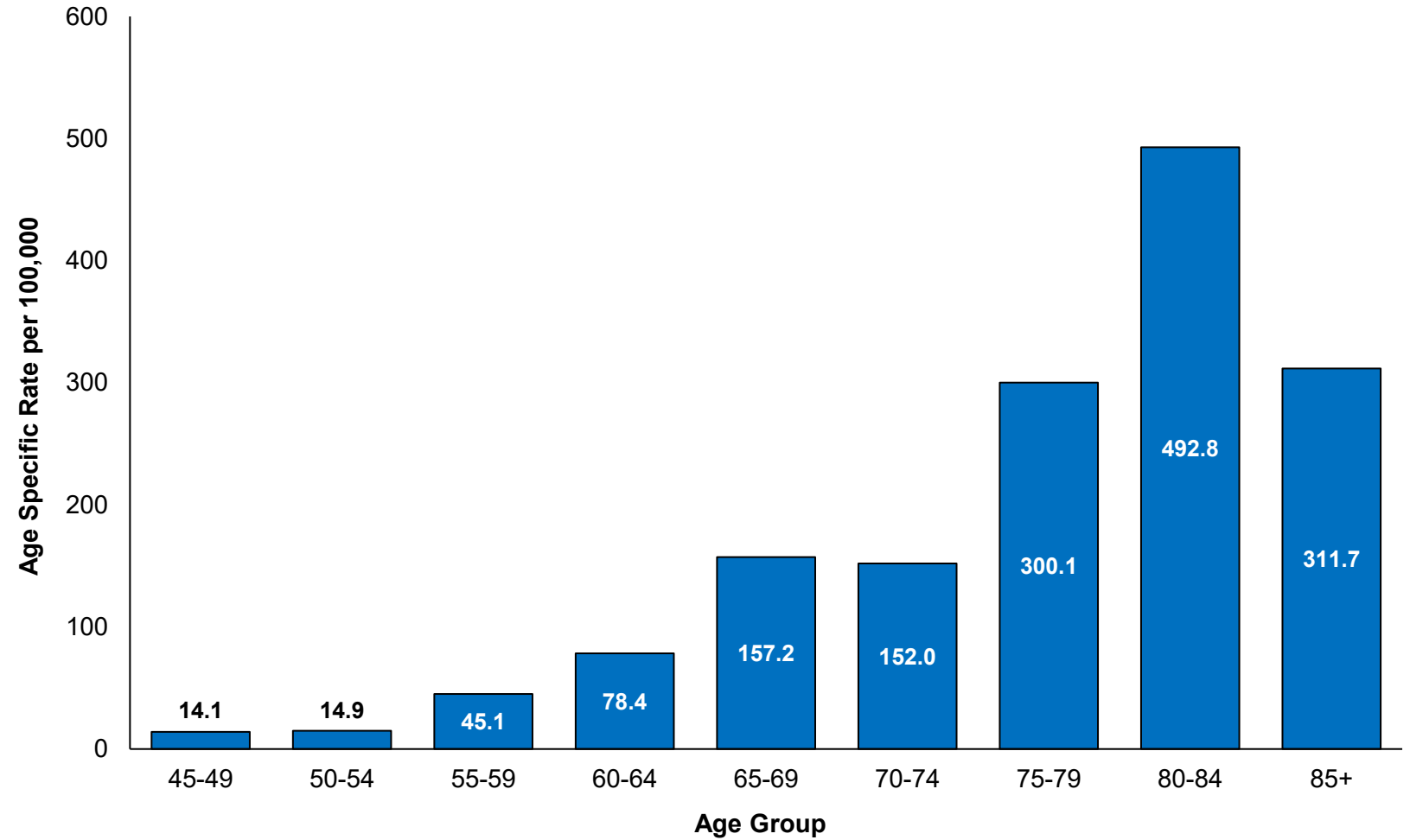
Figure 31: Directly standardised rate (per 100,000 all ages) of lung cancer mortality in St Helens by IMD decile (2021-23)



Source: St. Helens Council - Public Health Mortality File

# LUNG CANCER MORTALITY BY AGE GROUP

Figure 32: Age specific rate (per 100,000) of lung cancer mortality in St Helens by 5 year age group (2021-23)



# VAPING

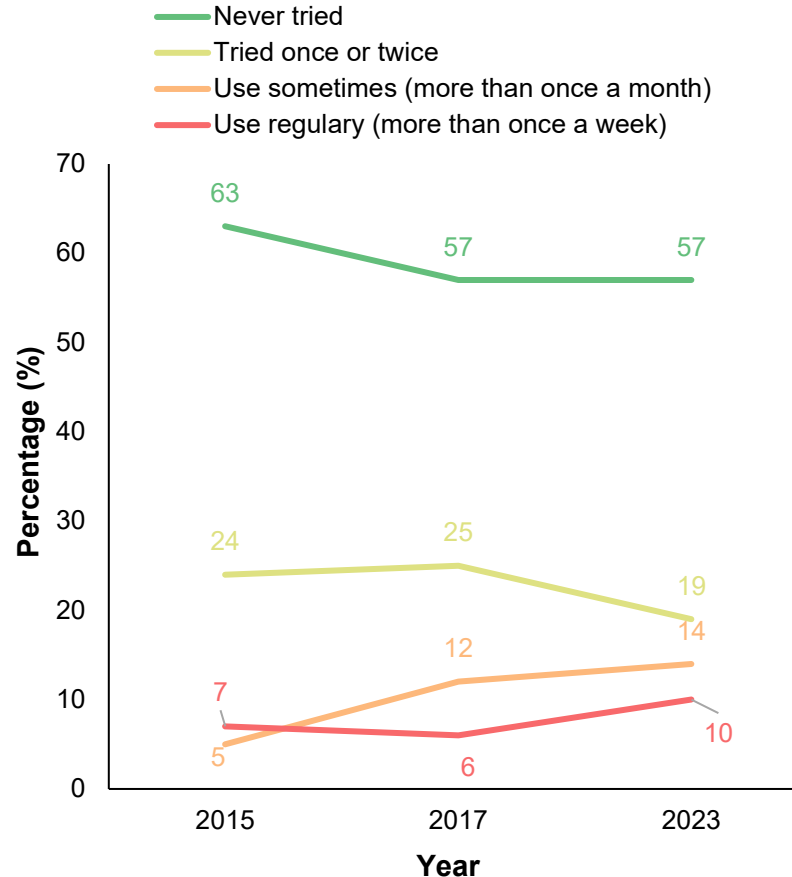


- E-cigarettes and disposable vapes are age-restricted products and it is illegal to sell these to anyone under the age of 18.
- There has been an alarming rise in young people taking up vaping nationally and locally. National analysis carried out by ASH found a 50% year on year increase in the proportion of children experimenting with vaping, and most recently increasing to one in nine children.<sup>5</sup>
- It is reported young people are attracted by the variety of flavours and colours of vapes (figure 36), which seem to be easily accessible for young people to buy illegally from shops or get them from friends and peers (figure 38).
- Young people become addicted to the nicotine within the e-cigarettes and vapes and evidence suggests that the nicotine within e-cigarettes and disposable vapes are associated with a higher level of dependence within young people,<sup>6</sup> and there is an added risk of poorer heart, lung and kidney health, and a potential link to cancer.<sup>7</sup> There is also evidence of short term respiratory changes linked to vaping, including breathing difficulties, asthma, and changes to the lung structure itself.<sup>8</sup>
- The amount of addictive nicotine within e-cigarettes is restricted by law. It is important that shops selling e-cigarettes understand and abide by the law in relation to the sale of vapes or e-cigarettes to children and young people, and the restrictions on nicotine content within the products to protect children from harm. Trading Standards have found some vapes being sold in St Helens containing several times the legal limit.
- Chief Medical Officer, Professor Sir Chris Witty said in 2023 'If you smoke, vaping is much safer; if you don't smoke, don't vape; marketing vapes to children is utterly unacceptable', 'we should continue to encourage smokers to swap vaping as the lesser risk, while preventing marketing and sale of vapes to children'.<sup>9</sup> However, this message can be confusing if children are going home and seeing their parents vape so in St Helens we encourage people to use many other ways to quit smoking such as nicotine replacement therapy.
- Whilst some tobacco smokers swap to vaping to lower the risk to their health, it must be acknowledged that vaping is not risk free.

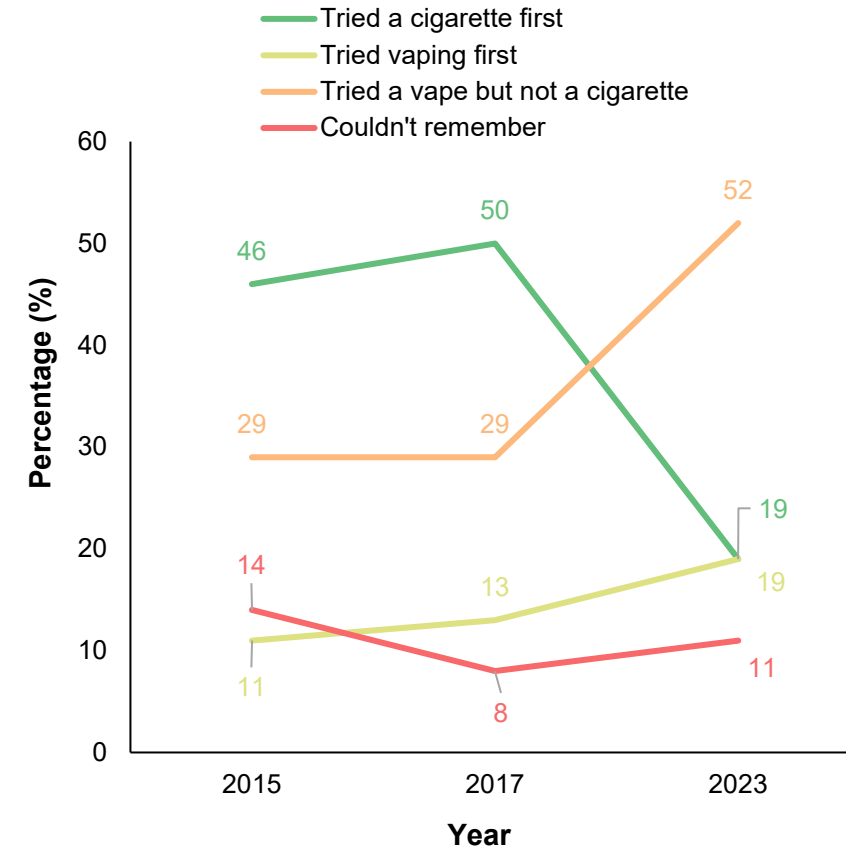
# VAPING AMONG YOUNG PEOPLE

- The percentage of 14-17 year olds in St Helens using vapes regularly (more than once a week) increased to 10% in 2023 (figure 33).
- The percentage of 14-17 year olds in St Helens using vapes sometimes (more than once) has increased to 14% in 2023 (figure 33).
- Over half (52%) of 14-17 year olds in St Helens reported trying a vape but not a cigarette, an increase from 29% in 2017 (figure 34).
- The percentage of 14-17 year olds in St Helens reporting trying a cigarette first has decreased from 50% in 2017 to 19% in 2023 (figure 34).

**Figure 33: Experience of vaping among 14-17 year olds in St Helens (2015-2023)**



**Figure 34: Trying smoking versus vaping for the first time among 14-17 year olds in St Helens (2015-2023)**



# VAPING AMONG YOUNG PEOPLE

- 77% of young people in St Helens, when asked about who they know or see using vapes, said their friends. And over a third (36%) said that their parents or guardians vape (figure 35).
- When asked about reasons for choosing to vape, 40% said 'just to give it a try', 37% said 'flavours' and 26% said that they enjoy using them (figure 36). New government legislation should help tackle the issues around flavours and marketing going forward.
- Age 14 is the most prevalent age for trying vapes for the first time for both males and females (figure 37).

Figure 35: Who users know or see using vapes for 14-17 year olds in St Helens (2023)

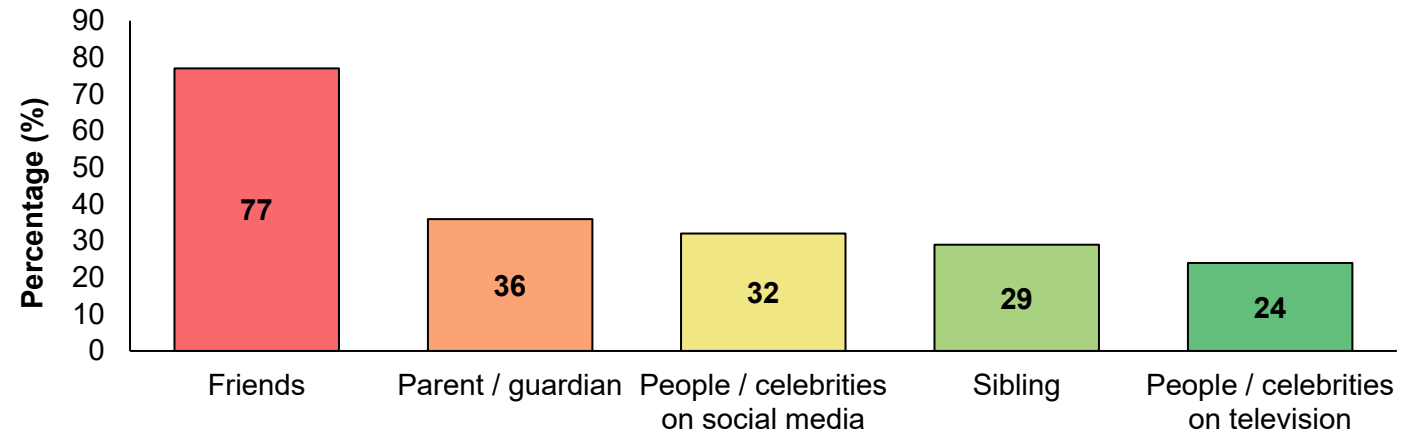
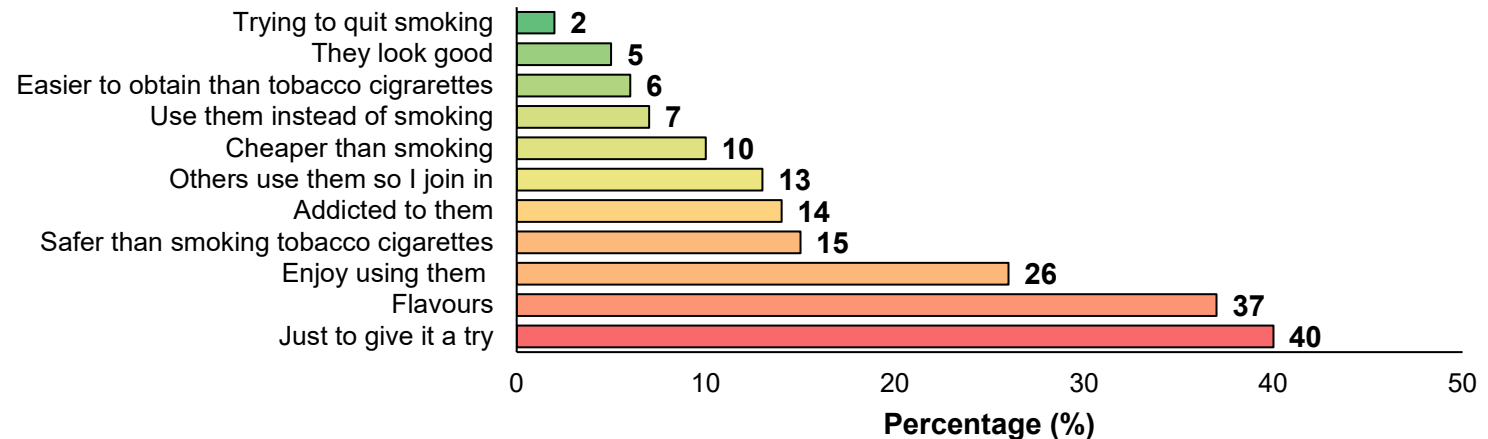
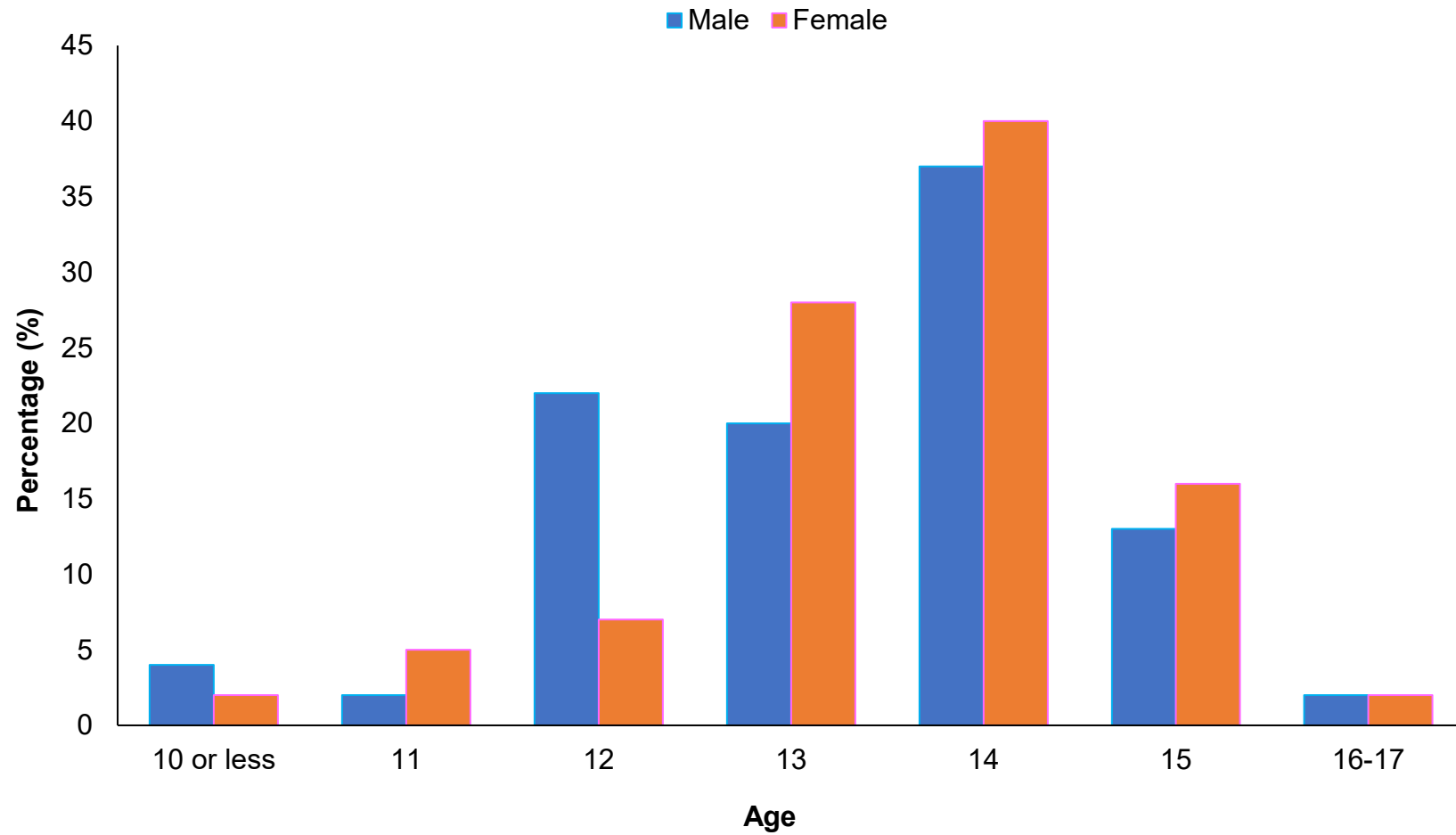


Figure 36: Reasons for choosing to vape for 14-17 year olds in St Helens (2023)



# AGE OF CHILDREN'S FIRST VAPE IN ST HELENS (2023)

Figure 37: Age when children tried their first vape in St Helens by Sex, presented as a percentage (%) for each age (2023)

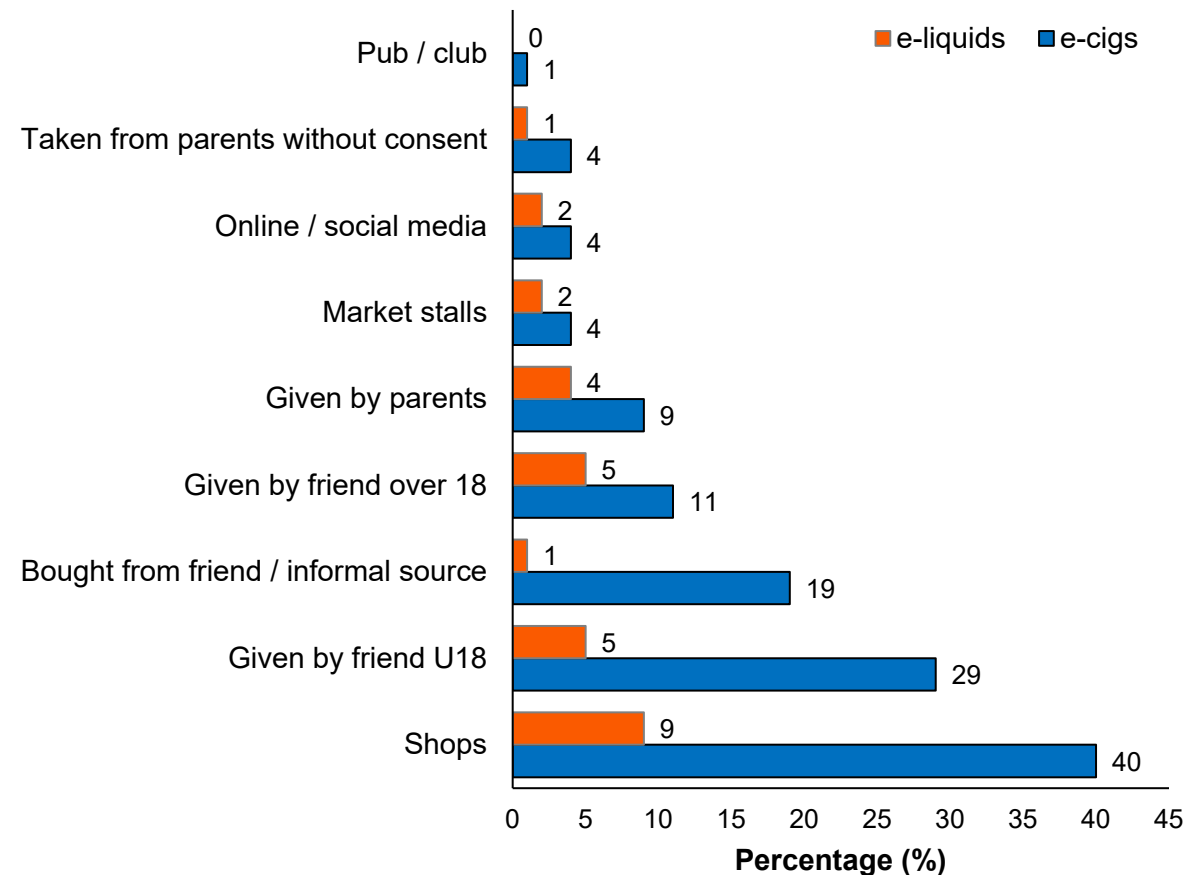


# VAPING

40

- 40% of 14-17 year olds in St Helens said that they get their e-cigarettes from shops, 29% said that they are given to them by a friend under the age of 18, and 18% bought them from a friend/informal source (figure 38).
- Trading standards, and the Licensing department within St Helens Council continue to do reviews and test purchases in shops selling vapes to children and young people under the age of 18 years.

Figure 38: Where users get their e-cigarettes and e-liquids from for 14-17 year olds in St Helens (2023)





# CONCLUSIONS



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- An increase in vaping behaviour among young people is rising and is of particular concern. Additional data on vaping would be beneficial to understand the prevalence and characteristics of individuals who vape, as well as health impact of vaping. Targeted work on vaping could take place via local education providers.
- The estimated cost of smoking massively outweighs any revenue brought in from sales. Smoking contributes to reduced productivity, increased demand on health and social services, and higher risk for health and safety due to fires.

# RECOMMENDATIONS

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- Utilise the intelligence from this needs assessment, and the Office for Health Improvement and Disparities (OHID) five year Stop Smoking Grant, to increase the visibility of the community St Helens Wellbeing Smokefree Service in the borough and ensure face to face accessibility to members of the population. This should have a geographical focus, utilising community settings such as Family Hubs, Primary Care, Locality Hubs, Pharmacies, Food Pantries, mental health settings and other locations that align with wards with the highest prevalence of smokers.
- St Helens Wellbeing Smokefree Service to utilise behavioural science to develop a borough-wide St Helens-specific social marketing campaign to build demand on the Service, focusing on smokefree family homes and the protection of children.
- St Helens Wellbeing Smokefree Service should utilise the OHID grant to be innovative and build capacity across the third sector and other organisations and businesses. This should include introducing a referral incentive scheme for partners including social housing organisations.
- St Helens Wellbeing Smokefree Service should continue to complement the NHS England Tobacco Dependency Programme. The programme focuses on targeted work aimed at hospital inpatients, pregnant smokers and smokers who are severely mentally ill. NHS and community Smokefree Service colleagues need to forge connections and pathways and explore opportunities to collaborate on bespoke targeted work in these cohorts.
- Considering the rise of youth vaping, it is recommended that St Helens continues to contribute to national lobbying work opportunities, such as the recent Tobacco and Vapes bill which will put a stop to marketing vapes in an appealing way to children. Locally, Public Health will continue to work with Licensing and Trading Standards to prevent underage sales as well as the sale of non-compliant disposable vapes.
- St Helens should advocate for more research on the health impacts of vaping, environmental/health & safety impacts of vaping and effective action that can be taken to prevent youth vaping. The research should then inform current service provision and education.



# RECOMMENDATIONS

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- St Helens Public Health to actively support the regional and national alliances, facilitated by the Cheshire and Merseyside Public Health Collaborative and the Office for Health Improvement and Disparities.
- A St Helens Smokefree Strategy should be considered with a comprehensive action plan that includes the re-establishment of a local Tobacco Control Alliance network with St Helens organisations. This will provide a collaborative space for partners to connect, share learning, spotlight best practice and increase referral opportunities into St Helens Wellbeing Smokefree Service.
- St Helens Wellbeing Smokefree Service should continue to review the uptake of minority groups identified in this needs assessment who are smokers, identify any barriers to those groups in accessing the service, and work to remove any barriers as part of their continuous service improvement.
- Targeted work should be explored with Change Grow Live. This includes a discussion around strengthening referrals, on-site support, training for staff, and incorporating smoking status of service users into performance reports.
- Continue to review evidence and best practice on cohorts that are difficult to engage with, such as young people and routine and manual workers, to inform action.
- Explore targeted work with the third of people on the Mental Health GP Quality and Outcomes Framework register who are smokers and living in the most 20% deprived areas within St Helens.

# GLOSSARY



**Closed Group:** Structured, multi-session group courses with pre-arranged start and finish dates and a pre booked client group.

**Family/couples groups:** Structured, multi session support for small family groups or couples.

**Drop-in:** multi session support.

**One to ones:** structured, multi session support.

**Open/rolling group:** fluctuating membership and are on-going.

**Licensed nicotine containing product:** Any product containing nicotine that has received a license from the Medicines and Healthcare products Regulatory Agency (MHRA) for use as an aid to cessation. This applies to all products currently defined as nicotine replacement therapies (NRTs) and will apply to any nicotine containing products which receive licences from the MHRA during the course of this and future collections, such as may happen with an electronic cigarette type device.

**Unlicensed nicotine containing product:** Any product containing nicotine that has not received a license from the MHRA for use as an aid to cessation. It is expected that this term will mainly cover the use of unlicensed electronic cigarettes.

**Licensed medication:** Any medicine that has received a license from the MHRA and includes NRT, varenicline and bupropion.

**Managerial and professional occupations:** accountant, artist, civil/mechanical engineer, medical practitioner, musician, nurse, police officer (sergeant or above), physiotherapist, scientist, social worker, software engineer, solicitor, teacher, welfare officer, financial occupations.

**Intermediate occupations:** call centre agent, clerical worker, nursery auxiliary, office clerk, secretary.

**Routine and manual occupations:** trade occupations, fitter, gardener, printer, train driver, tool maker, bar and waiting on staff, caretaker, catering assistant, cleaner, farm worker, HGV driver, machine operative, messenger, packer, porter, postal worker, receptionist, sales assistant, security guard.

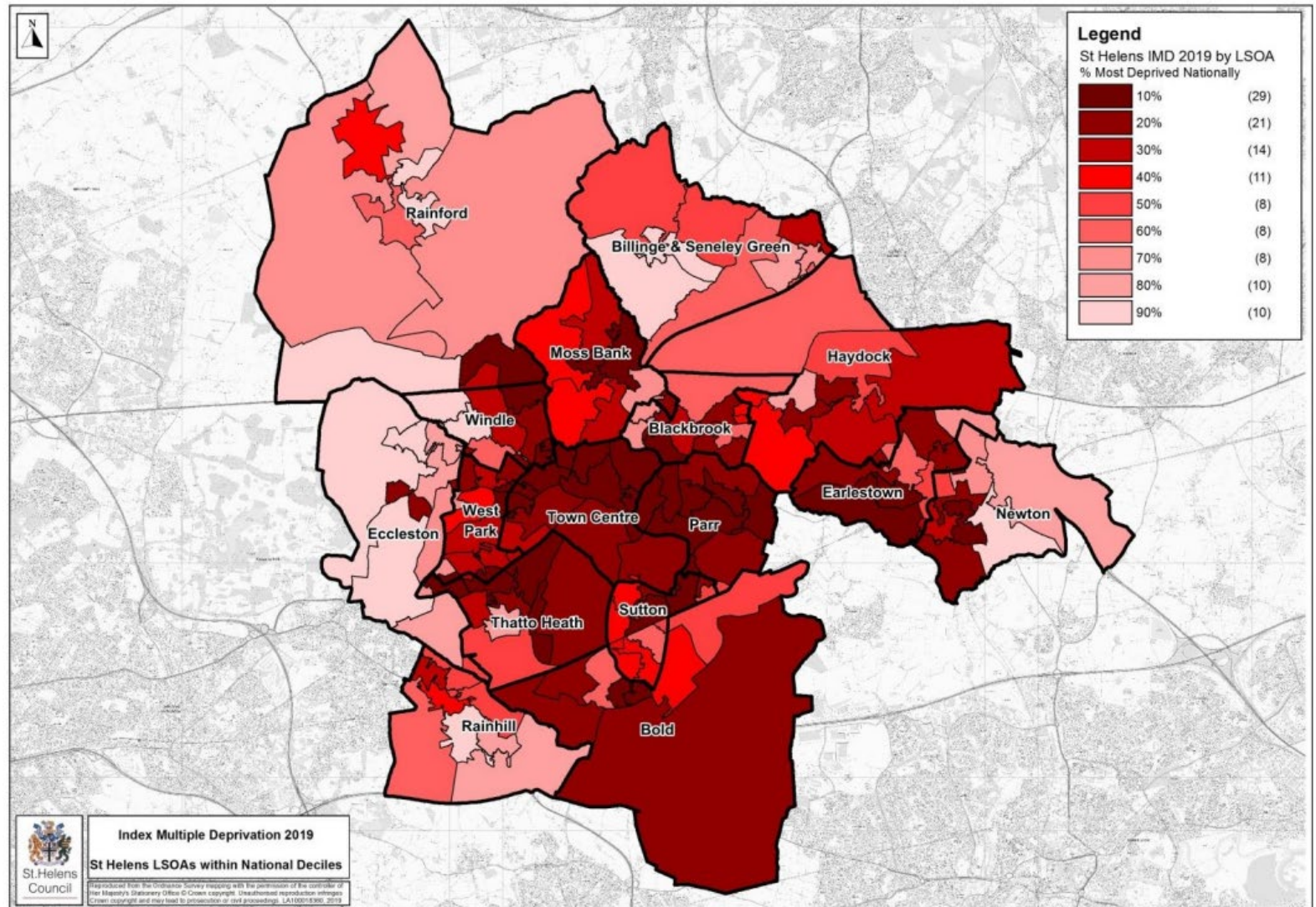
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# APPENDIX 1

## IMD 2019 – ST HELENS LSOA'S



Source: St. Helens State of The Borough Assessment 2022

# APPENDIX 2

## SMOKING ATTRIBUTABLE HOSPITAL ADMISSIONS: ICD-10 CODES

<u>Smoking Attributable Group</u>	<u>Smoking Attributable Disease</u>	<u>ICD 10 Code(s)</u>
Cancers	Trachea, bronchus and lung	C33-C34
Cancers	Nasal sinuses and nasopharynx	C11, C30-C31
Cancers	Oral cavity	C10
Cancers	Pharynx	C14
Cancers	Larynx	C32
Cancers	Oesophagus	C15
Cancers	Stomach	C16
Cancers	Pancreas	C25
Cancers	Liver and intrahepatic bile ducts	C22
Cancers	Colorectal	C18-C20
Cancers	Kidney	C64
Cancers	Lower urinary tract	C65-C66
Cancers	Bladder	C67
Cancers	Breast	C50
Cancers	Cervix	C53
Cancers	Acute myeloid leukaemia	C92
Cancers	Malignant melanoma	C43, C44
Respiratory	COPD	J40-J44, J47
Respiratory	Asthma	J45-J46
Respiratory	Tuberculosis	A15-A19
Respiratory	Pneumonia	J12-J18
Respiratory	Influenza - clinically diagnosed	J11
Respiratory	Influenza - microbiologically confirmed	J09, J10
Respiratory	Idiopathic pulmonary fibrosis	J84.1
Respiratory	Obstructive sleep apnoea	G47.3
Cardiovascular	Ischaemic heart disease	I20-I25
Cardiovascular	Stroke	I61-I67

<u>Smoking Attributable Group</u>	<u>Smoking Attributable Disease</u>	<u>ICD 10 Code(s)</u>
Cardiovascular	Peripheral arterial disease	I73.9
Cardiovascular	Abdominal aortic aneurysm	I71
Cardiovascular	Venous thromboembolism	I26, I80-I82
Mental Health	Alzheimer's disease	G30
Mental Health	Vascular dementia	F01
Mental Health	All-cause dementia	F02, F03
Mental Health	Depression	F32, F33
Mental Health	Psychosis	F28, F29
Mental Health	Schizophrenia	F20-F25
Mental Health	Bulimia	F50.2
Mental Health	Binge eating disorder	F50.81
Others	Rheumatoid arthritis	M05-M06
Others	Chronic kidney disease	N18 (Excluding N18.5)
Others	End-stage renal disease	N18.5
Others	Systemic lupus erythematosus	M32
Others	Diabetes	E11
Others	Psoriasis	L40
Others	Senile cataract	H25
Others	Age-related macular degeneration	H35.3-H52.4
Others	Low back pain	M54.5
Others	Crohn's disease	K50
Others	Hip fracture	S72.0-S72.2
Others	Hearing loss	H90, H91
Others	Maternal and pregnancy outcomes	O00, O03-O45
Others	Barrett's oesophagus	K22.7
Others	Surgical complications	Y83, T81.4, Q79.0

Source: International Classification of Diseases (ICD-10)

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**ST HELENS**

BOROUGH COUNCIL

