

27 November 2025

**Oxfordshire Tobacco Control Alliance (OTCA) Strategy 2026-2030
OTCA Annual Update
Tobacco and Smoking Data Nov 2025 update**

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| Purpose / Recommendation |
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This is an annual update to the Health Improvement Board related to progress by Oxfordshire Tobacco Control Alliance (OTCA) and a presentation of the new Strategy 2026-2030.

This is also an opportunity to present the latest updates in activity and data related to tobacco and smoking for Oxfordshire

The Health Improvement Board is asked to;

- receive updates on the latest data related to smoking and tobacco in Oxfordshire
- receive an update on progress on Smokefree Generation grant funding activity
- note updates on some of the key projects of interest to HIB being overseen by Oxfordshire Tobacco Control Alliance.
- approve the publication of the Oxfordshire Tobacco Control Strategy 2026-2030
- consider and advise on the challenges outlined in this report

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| Background |
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Each year since the commitment to the Smokefree pledge by Oxfordshire partners in 2020, a report and update has been brought to HIB to monitor updates and progress.

Smoking tobacco remains the single biggest cause of preventable illness and death in England – up to 2 out of 3 lifelong smokers die of smoking¹. It is also the single biggest driver of health inequalities, with a strong link between smoking and deprivation and socioeconomic status. It is responsible for half the difference in life expectancy between the most and least advantaged in society².

The Oxfordshire Tobacco Control Alliance (OTCA) was set up in 2020 to deliver on the Oxfordshire Tobacco Control Strategy (OTCS) – a four-pillared approach to reduce adult smoking prevalence across Oxfordshire.

HIB received a detailed update in September 2022 of work related to reducing smoking prevalence in Oxfordshire, an annual update in 2023 with a focus on enforcement and

¹ [Minister Neil O'Brien speech on achieving a smokefree 2030: cutting smoking and stopping kids vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/speeches/minister-neil-o'brien-speech-on-achieving-a-smokefree-2030-cutting-smoking-and-stopping-kids-vaping)

² [Tackling Inequalities - ASH](#)

regulation pillar of the TCA and an update in 2024 with a focus on the plans to allocate the Local Stop Smoking Services and Support Grant. Below is the 2025 annual update with a focus on addressing inequalities in health outcomes. We show the latest data on smoking prevalence and present the new OTCA strategy.

Key Issues

Progress Towards Oxfordshire's Smokefree Ambition: reduce prevalence to 5% or less by 2030.

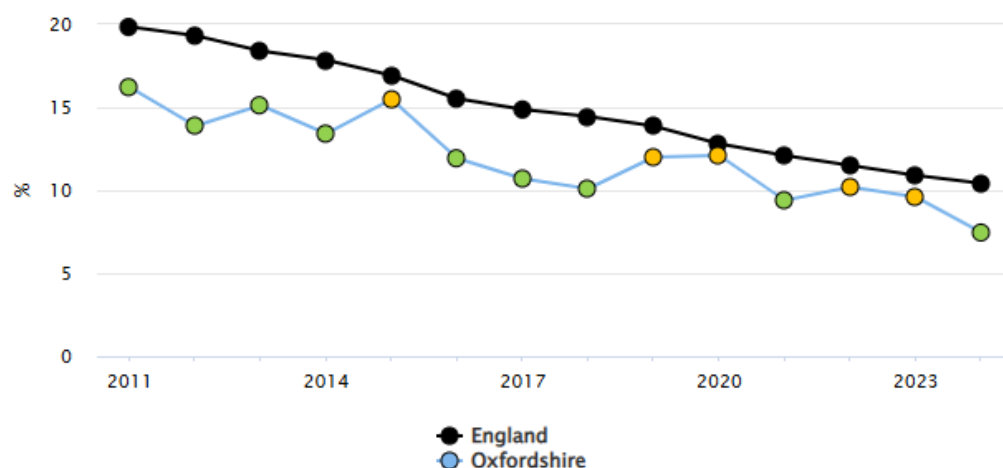
Smoking Prevalence: the latest Oxfordshire data (from the annual population survey-APS) shows a downward trend in smoking prevalence from 2020, when the original smokefree aspiration for Oxfordshire was set.

Adult smoking prevalence has fallen from 12.1% (2020) to 7.5% (2024). This compares favourably to the Southeast (9.4%) and England (10.4%). This is a welcome and statistically significant change. But we must remember that this still means there are around 47,000 people who smoke in Oxfordshire.

The Office for National Statistics has revised all estimates between 2020-2023 because of changes to the collection methodology. Percentages for previous years are lower than previously reported (e.g. 2022 is now showing as 10.2% and 2023, 9.6%). The data still shows a downward trajectory in numbers of smokers, however.

Figure 1: Snapshot of Smoking Data for Oxfordshire compared to England. DHSC, Fingertips 2024

Figure 2: Smoking Prevalence in Oxfordshire VS England, DHSC Fingertips 2024



Aggregated smoking prevalence data for 3 years shows that the Oxfordshire Prevalence is 9.1% compared to 9.9% in the South-east and 10.9% nationally.

District level

Using the aggregated data from the Annual Population Survey (APS), we can look at prevalence by district. As indicated in figures 2 and 3, West has the highest prevalence and Cherwell the lowest. This is a change from last year when Cherwell had the highest, but note the confidence intervals here, these figures should be viewed with caution. However, it is notable that the trajectory for all Districts is in line with the downward trend of England as a whole.

Figure 2 Smoking Prevalence in Adult by District: Trend 2011-2024

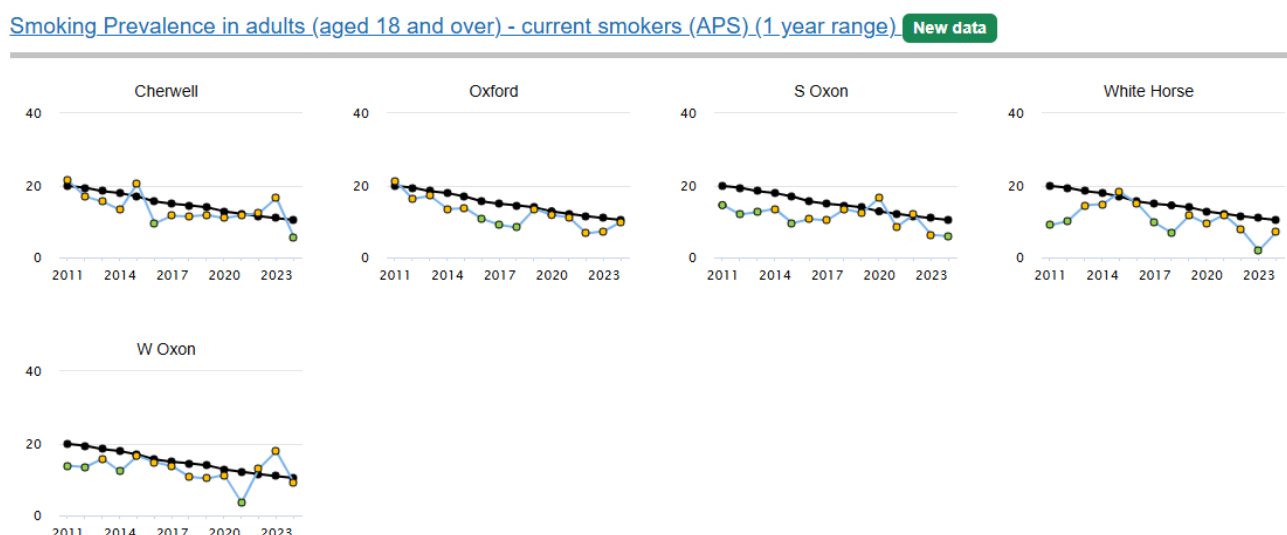


Figure 3 Smoking Prevalence in Adult by District 2024: Prevalence Figures and Confidence Intervals

| Area ▲▼ | Recent Trend | Count ▲▼ | Value ▲▼ | 95% Lower CI | 95% Upper CI |
|---------------------|-----------------|-------------|-------------|--------------------|--------------------|
| England | – | – | 10.4 | 10.2 | 10.7 |
| Oxfordshire | – | – | 7.5 | 5.3 | 9.6 |
| Oxford | – | – | 9.9 | 3.8 | 16.0 |
| West Oxfordshire | – | – | 9.1 | 3.3 | 14.9 |
| Vale of White Horse | – | – | 7.0 | 2.5 | 11.6 |
| South Oxfordshire | – | – | 5.8 | 2.3 | 9.4 |
| Cherwell | – | – | 5.6 | 2.3 | 8.9 |

Source: OHID, based on Office for National Statistics data

Disparities in Smoking Prevalence – We continue to see higher rates of smoking in key population groups. For example:

- **Routine and manual occupations:** smoking prevalence in Oxfordshire is estimated 18.3% - a slight increase from last year, although the confidence interval is between 12.7%-23.9%. Though lower than England and SE Regions

in all areas, routine and manual smoking prevalence is around 3 times that of the general population and therefore this is a group we want to reach and support to quit smoking.

- **People living with a long-term Mental Health condition** with an Oxfordshire prevalence of 22.6% (2024/5), better than the national average at 24% but slightly (though not statistically significantly) worse than last year (21.5%)
- **Smoking in pregnancy** is a leading contributor to poor health outcomes during both pregnancy and childbirth for both parent and infant. Children with parents who smoke are about three times more likely to start smoking themselves³. In Oxfordshire we continue to see decline in the proportion of women smoking at the time of delivery (SATOD). From 7% in 2021/22, to 5.5% (2024/5). Smoking support is now delivered by maternity services in Oxford University Hospitals Trusts and also offered to their household members.
- **People who live in social housing:** in 2023 in Oxfordshire, 42.5% of those renting from a local authority or housing association smoked (but there is a 24.1%-60.9% confidence interval), significantly more than those renting privately (3.2%), owning with mortgage (9.0%), and owning outright (6.2%). This population face significant intersectionality, with people who live in social housing more likely to have mental health conditions and/or live in deprived areas⁴

The presentation given at the HIB meeting will expand on some of the focused work we have undertaken with these groups this year and are expecting to include in the action plan accompanying the new strategy (some of which is detailed in the section about Section 31 funding, below)

Appendix 1 provides a comprehensive summary list of our priority group and further details around some of the disparities they face.

National Updates: Tobacco and Vapes Bill; disposable vapes ban mid 2025

The Kings Speech in July 2024 referenced the Tobacco and Vapes Bill. The Bill will introduce a smoke-free generation by gradually phasing out the sale of tobacco products across the country, banning the advertising and sponsorship of all vapes and other nicotine products, expanding current indoor smoking restrictions to certain outdoor public places and workplaces aiming to strengthen enforcement activity. The Bill is currently at the Committee stage in the House of Lords. Following which, it will proceed to the Report stage, 3rd Reading, and Consideration of Amendments. Once both Houses agree on the final text, the Bill will receive Royal Assent and become law.

On 1st June 2025, single-use disposable vapes were banned from sale in the UK. The impact of this is yet to be seen.

³ [Young people and smoking - ASH](#)

⁴ <https://ash.org.uk/uploads/ASH-Housing-LIN-Smoking-and-Social-Housing-May-2022.pdf?v=1652284469>

Smokefree Generation funding – ‘Section 31’ Grant

All upper tier local authorities received funding should use this to enhance and improve access to and awareness of local stop smoking services. Below is a summary of some of the key activities that have been developed using the Smokefree Generation Funding this year:

- **A new Stop Smoking Service for Oxfordshire**, called Smokefree Oxon ([Smokefree Oxon – A Stop Smoking Service](#)) with significantly increased capacity, open to all but with targeted work for higher prevalence groups, started on 1st July and focuses much more on community partnership and outreach than the previous service, as well as having a digital offer.
- **The Smoking Health Needs Assessment** ([Oxfordshire Data Hub – Bitesizes and Health Needs Assessments](#)) has been completed with some further information added in early 2025. This has significantly informed the work commissioned with the S31 monies for 2025-26 and the development of the OTCA strategy.
- **Qualitative Insights report commissioned** last year informed the campaign we ran in March 2025 for no-smoking day. The campaign assets ‘It’s Well Worth It’ were used again and the campaign was a mix of social media, posters, leaflet drops in key areas and letters to GPs and pharmacies. There was excellent engagement with this campaign.
- **SE Smokefree Alliance:** This has been set up in the last year with 14 other local authorities contributing. The focus is on campaigns across the region, a website, research and a lead person in post. The website is here, using a tagline: Quit Together/Live Better: [About us – Southeast Smokefree Alliance](#)
- Based on a successful pilot elsewhere a **Tobacco Dependency Advisor (TDA) is still planned for Accident and Emergency** at Oxford University Hospital.
- **Safe and Well Visits with the Fire & Rescue Service** are showing positive results with an increasing number of brief advice sessions given and referrals to the LSSS.
- A programme of **community outreach with Community First Oxfordshire** started in February. The programme involves intensive, focused work in community spaces such as food banks to engage people in quitting smoking. An interim impact report is expected later this month
- Work continues **with schools to promote INTENT**, a preventative programme for secondary schools
- **Targeted Lung Health Check Programme:** continue to make referrals to Smokefree Oxon

Forward look at activity in the pipeline over the next 5 months (end of year).

- **Allan Carr’s Easyway:** a pilot evaluation showed good results for smoking quits and longer term quits, and we are commissioning further seminars this year. This NICE and WHO-approved intervention offers a different approach to quitting smoking that better suits some people.
- Close monitoring and development of **Smokefree Oxon** to ensure the targets and performance indicators are met.

- Working in partnership with the drug and alcohol team and the workplace wellbeing team to commission a **workplace well-being and community brief intervention service**, that offers VBA (Very Brief Advice) and signposting to Smokefree Oxon amongst other prevention work, is underway. This service is expected to start early next summer.
- **Smoking and Mental Health campaign** in January with the SE Smoke free Alliance. This will be a widespread campaign challenging myths around smoking and mental health, supported by PR media, the NHS and communities. It is based on successful stop smoking campaigns run in Yorkshire and North Humber regional alliance. It will include social media, local TV & radio ads, train carriage posters and more.
- **Research project into nicotine dependency and vaping** and the best way to support people to quit, especially children and young people.

Oxfordshire Tobacco Control Alliance Strategy 2026-2030

The current Oxfordshire Tobacco Control Strategy expires this year. This new strategy (2026-2030) continues our aspiration to become and remain smokefree (defined as a prevalence of 5% or less in Oxfordshire) (Appendix 2).

The strategy addresses health inequalities and aims to reduce smoking prevalence overall and across priority groups. It links to wider strategic priorities on prevention and health improvement.

The strategy was developed through a **whole-system approach**, led by the Oxfordshire Tobacco Control Alliance (OTCA), and informed by:

- **National Policy and Evidence:** Khan Review recommendations, Tobacco and Vapes Bill, 10-year Health Plan.
- **Data Analysis:** Annual Population Survey, OxWell survey, Oxfordshire County Council Public Health Survey
- **Stakeholder Engagement:** Two workshops with OTCA members.
- **Public Consultation:** Feedback gathered via a public engagement survey and a public consultation survey, both delivered via *Let's Talk Oxfordshire*.
- **Integration of Learning:** Built on successes and lessons from the 2020–2025 strategy.

We have also set five strategic priorities:

- **Preventing Uptake:** We aim to focus on preventing smoking uptake and nicotine dependency in children and young people, as well as reduce their exposure to tobacco and vaping products.
- **Supporting Smokers to Quit:** This involves enhancing access to stop smoking services and targeted support for populations where smoking rates remain highest and groups particularly vulnerable to the harms of smoking.
- **Creating Smokefree Environments:** Promoting smokefree spaces in public and private settings will de-normalise smoking and reduce the harms from exposure to second-hand smoking.
- **Regulation and Enforcement:** This involves strengthening compliance with tobacco and vaping legislation and tackling illicit and underage tobacco sales.

- **Working in Partnership:** We aim to foster collaboration across local authorities, health, care, education, and community sectors.

A five-year action plan is being developed to deliver the priorities set out in the strategy. The action plan will be monitored annually and will be coordinated by the Oxfordshire Tobacco Control Alliance.

Challenges

- Reaching/engaging providers who work with key priority groups such as local authority and social housing providers, job centres and workplaces employing routine and manual workers and schools. But work is focused on this area, particularly with the OTCA strategy.
- Continued misconceptions around vaping and the negative impact this is having on harm reduction strategies to be gained from vaping.
- Uncertainty around the continuation of BOB ICB- funded Tobacco Dependency Advisors in Oxfordshire hospitals

Budgetary implications

Public Health activity to reduce smoking is funded from the Public Health grant and the Smokefree Generation Section 31 government grant (which is committed for 5 years from 2024-2029). This latter grant is linked to smoking prevalence rates and will reduce or grow in line with prevalence rates.

Delivery of the Oxfordshire Tobacco Control strategy 2026-2030 will be supported through existing public health budgets, the s31 grant and partnership contributions. No financial risks are associated with the publication of the strategy.

Equalities implications

The strategy prioritises reducing smoking among vulnerable groups, including people with mental health conditions, routine/manual workers, pregnant women, and people with long term health conditions thereby addressing health inequalities.

Sustainability implications

Creating smokefree environments supports sustainability by reducing tobacco-related litter and environmental harm. The strategy complements local climate action commitments. All providers who work with the Council in any of these activities are required to commit to the Council's priorities to a Greener Oxfordshire.

Risk Management

- There is a requirement to refresh the Oxfordshire Tobacco Control Strategy, as the previous strategy was published in 2019 covering 2020-2025.

- The strategy aligns with priority 3.2 of the Oxfordshire Health and Wellbeing Strategy, to make Oxfordshire smokefree. Not refreshing the strategy would carry the risk of failing to take action towards achieving this priority.
- Absence of a tobacco control strategy and a subsequent action plan would also have implications for the health of the population, with a risk of increasing smoking prevalence and the associated healthcare, societal, and productivity costs for adults, young people and infants.
- Activity funded by the s31 grant needs to be linked to falling prevalence rates and is monitored by DHSC.

Communications

- Public consultation on the draft strategy was undertaken via 'Let's Talk Oxfordshire' from 30th June to 18th August. A "You said, we did" piece is currently being prepared for publication.
- Stakeholder engagement included OTCA workshops and feedback sessions.
- Publication of the strategy will be accompanied by a communications plan to ensure clear messaging.

Key Dates

27 Nov 2025: Approval of the Oxfordshire Tobacco Control Strategy 2026-2030

17 Dec 2025: Publication of the public-facing document of the strategy

11 Mar 2026: Official launch of the Oxfordshire Tobacco Control Strategy 2026-2030 (No Smoking Day - March 2026) including an associated action plan

Report by: Sam Casey-Rerhaye, Programme Lead, Smoking & Tobacco, Panagiotis Birmpili, Public Health Registrar

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Appendices

Appendix 1 - Comprehensive summary list of priority groups

Appendix 2 – Oxfordshire Tobacco Control Strategy

Appendix 1

Priority Groups for Oxfordshire's Local Stop Smoking Service 2025:

- Routine Manual Workers
- Mental Health Illness (not mental health inpatients)
- Dual Drug and/or alcohol users
- Homeless
- Council/Housing Association residents
- Under 18s
- Ethnic Groups where smoking prevalence is high
- Never worked/unemployed
- People with long term conditions

Inclusion criteria for the service:

The following people in Oxfordshire are eligible for this Service:

- Any Oxfordshire resident or employee working in Oxfordshire aged 13 years* and over that smokes a tobacco product and who wishes to quit.
- This includes people who go to school, college or university in Oxfordshire.
- For adults, a person who smokes is defined in terms of daily use, whereas for children and young people it is defined in terms of weekly use.
- Confirmation of an Oxfordshire postcode for resident or employee workplace is based on the given postcode.
- Anyone who has been triaged, using motivational interviewing techniques to assess their readiness to engage in the Service, regardless of how recent their last (failed) quit attempt was with or without the support of the Service (presentism).
- Severe Mental Illness (SMI), someone who has a diagnosis of psychosis, schizophrenia or bipolar affective disorder for example who are on the SMI Register with primary care, will be eligible to access a specific pathway designed by the Service to meet their needs.
- Refugee and Asylum seekers supported by OCC or local partner organisation.

Oxfordshire Tobacco Control Alliance

Oxfordshire Tobacco Control Strategy 2026-2030

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Introduction

Tobacco smoking remains the leading cause of preventable deaths and ill health nationally and locally. In addition to the harms in people's health, it is associated with substantial productivity, societal and healthcare costs. Smoking is also the largest driver of health inequalities, as it is more common among disadvantaged communities.

Over the years, significant legislative and policy measures have been introduced nationally to address the public health challenge that tobacco poses. These can be considered successful, as smoking prevalence has declined in England from 27% in 2000 to 10% in 2024.

In Oxfordshire despite a reduction in smoking prevalence over the years, more than 7% of adults still smoke, which amounts to over 45,000 people. Like the national picture, smoking rates remain disproportionately high in some population groups. Smoking cigarettes is not the only way that tobacco is used, and this strategy covers all types of tobacco which includes but is not limited to shisha, heated tobacco and chewing tobacco.

The Oxfordshire Tobacco Control Alliance was formed to address these challenges at local level and produced the first Oxfordshire Tobacco Control Strategy for 2020-2025, 'The Final Push' in 2019. The strategy set out priorities to reduce tobacco use in Oxfordshire through a whole systems approach across four pillars; prevention, supporting smokers to quit, creating smokefree environments, and local regulation and enforcement.

However, since its publication, the national and local policy landscape has changed, and the emergence and management of the COVID pandemic disrupted progress on these priorities. The new Oxfordshire Tobacco Control strategy 2026-2030 builds on the aims and pillars of the previous strategy and expands them, taking into account the most recent policy developments, latest statistics on smoking in Oxfordshire, and lessons learned over the past 5 years.

Our vision: In line with national aspirations and the current Oxfordshire Joint Health and Wellbeing Strategy, our aim is to reduce smoking prevalence to less than 5% in Oxfordshire, becoming 'smokefree' by 2030, and support everyone to have a healthy lifestyle without the harmful effects of smoking.

The National Picture

The national policy landscape for tobacco control has evolved significantly since the Government published its Tobacco Control Plan for England 2017-22⁵, marked by a renewed political commitment to achieve Smokefree by 2030. Key developments have been shaped by the Khan Review, the Tobacco and Vapes Bill, updated NICE guidance, the 10-year Health Plan for England, and evolving regulatory proposals around vaping.

The Khan Review: Making Smoking Obsolete (2022)⁶, commissioned by the Department of Health and Social Care, underlined the need for bolder national action and set out 15 recommendations to meet the 2030 ambition. The review called for comprehensive investment in stop smoking services, increased taxation on tobacco products, improved prevention in the NHS, mandatory licensing for retailers, increase in smokefree places, and promotion of vaping as a smoking cessation tool, alongside measures to reduce the appeal of vaping to children. More importantly, it proposed an increase in the age of sale of tobacco by one year every year, to ensure that future generations never start smoking.

The review was followed by the policy paper “Stopping the start: our new plan to create a smokefree generation”, published by the Department of Health and Social Care (DHSC) in October 2023⁷. This policy paper set out proposals to raise the age of sale of tobacco products, actions to reduce youth vaping, plans to support enforcement agencies to tackle illicit tobacco sales, and measures to support current smokers to quit, such as increased funding for local stop smoking services (LSSS), financial incentives for pregnant smokers to quit, and providing free vaping kits through the ‘Swap to Stop’ scheme³.

Subsequently, the Tobacco and Vapes Bill, was introduced to parliament in November 2024, and represented a landmark shift in legislation by aiming to create a smokefree generation⁸. The new legislation will make it an offence to sell tobacco products to anyone born on or after 1 January 2009, incrementally raising the legal age of sale each year. This long-term structural approach is expected to progressively eliminate youth uptake of tobacco. The Bill also introduces retailer licensing and gives the Secretary of State broad powers to regulate vape product

⁵ Department of Health (2017). [Towards a Smokefree Generation: A Tobacco Control Plan for England](#)

⁶ Khan, Dr Javed (2022). [The Khan review: making smoking obsolete.](#)

⁷ Department of Health & Social Care (2023). [Stopping the start: our new plan to create a smokefree generation](#)

⁸ UK Parliament (2025). [Tobacco and Vapes Bill](#)

packaging, flavours, advertising, and in-store display, and to expand smokefree restrictions to outdoor spaces such as outside schools, hospitals, and in playgrounds.

The 10-year Health Plan for England (2025) aims to shift the focus from sickness to prevention, and a major area of work includes supporting smoking cessation services⁹. The plan highlighted the role of the NHS in providing support to tackle tobacco dependence for all patients admitted to hospital, pregnant women and their partners, and long-term users of mental health services, continuing the commitment made in the NHS Long Term Plan¹⁰.

Local NHS and community efforts to reduce tobacco smoking prevalence are guided by the updated National Institute for Health and Care Excellence (NICE) guidance 'Tobacco: preventing uptake, promoting quitting and treating dependence' (NG209), published in 2021¹¹. This document consolidates all previous guidelines related to tobacco and provides evidence-based best practice for supporting people to stop smoking, including pregnant women and people with mental health conditions, reducing tobacco harm, and preventing children and young people from taking up smoking. It recommends embedding smoking cessation in all NHS services, expanding use of behavioural support and pharmacotherapy, and supporting the regulated use of vaping products for cessation in adults.

Finally, the All-Party Parliamentary Group on Smoking and Health published the landmark report 'Roadmap to a Smokefree Country' in 2025¹². The report calls for a cross-party support of a national strategy that consolidates legislative, financial, and enforcement tools. It emphasises ending industry interference in policy, securing long-term funding for stop smoking services, and coordinating national and local implementation.

Together, these national policy frameworks provide strong support and a legal mandate for localities to adopt comprehensive and ambitious approaches to tobacco control.

⁹ National Health Service (2025). [10 Year Health Plan for England: fit for the future - GOV.UK](#)

¹⁰ National Health Service (2019). [The NHS long term plan](#).

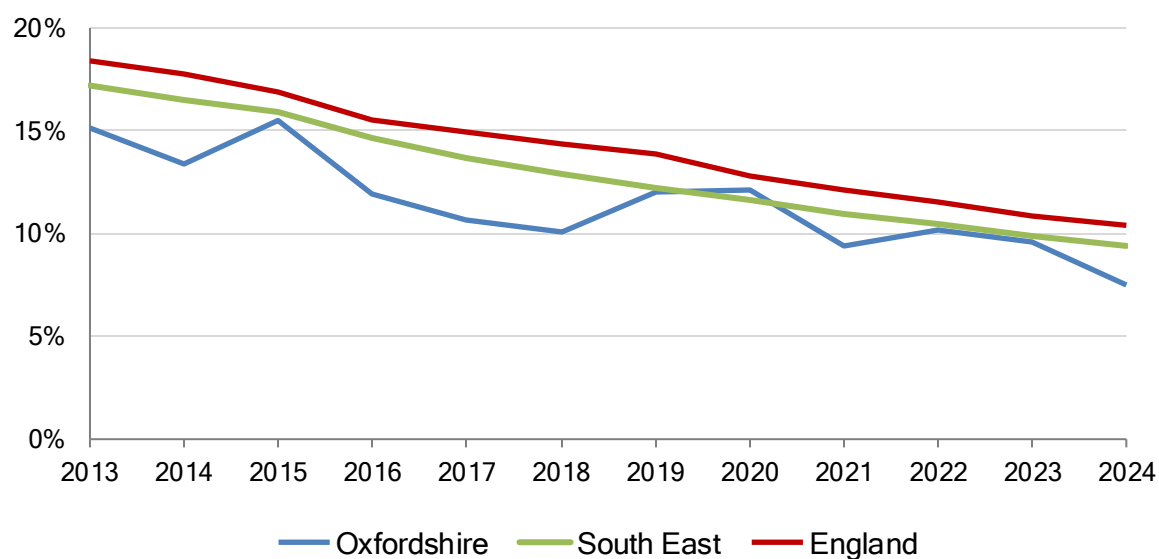
¹¹ National Institute for Health and Care Excellence (NICE)(2025). [Tobacco: preventing uptake, promoting quitting and treating dependence](#)

¹² All-Party Parliamentary Group on Smoking and Health (2025). [A Roadmap to a Smokefree Country: No one starts, everyone stops, no profit in tobacco](#)

Smoking in Oxfordshire

Over the past 10 years, smoking prevalence has been declining nationally and locally, as shown in Figure 1. The latest data indicate that an estimated 7.5% of adults in the county still smoked in 2024, compared to 13.4% in 2014¹³. This is lower than the England average (10.4%) and similar to the South East (9.4%)⁹. Continuous efforts to support tobacco control will maintain this downward trend in the coming years and help reach the 5% target by 2030.

Figure 1. Smoking prevalence in adults (18+) from 2013 to 2024



Source: Annual Population Survey (APS), Office for Health Improvement and Disparities (OHID)

Smoking in priority populations

While Oxfordshire performs better than the national average on several smoking indicators, the proportion of people who smoke remains disproportionately high in some population groups, such as routine and manual occupations, people with mental health conditions, people who are homeless or live in social housing, and those who live with unemployment. We need to ensure our actions address the needs of these high-prevalence groups, as well as groups that are at particular risk from smoking, such as pregnant people, children, and young people.

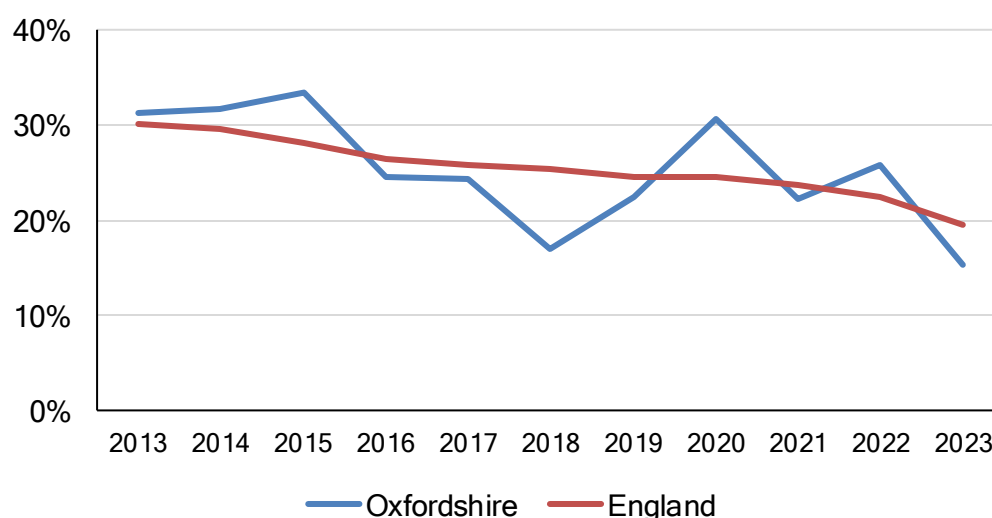
Adults in routine and manual occupations or unemployed

¹³ Department of Health and Social Care (2025). [Fingertips - Smoking profile](#)

Smoking is associated with individuals' occupation. Smoking prevalence in routine and manual workers was 15.3% in 2023 in Oxfordshire, a substantial decline from 31.2% in 2013, but the rate fluctuates from year to year due to low numbers of adults in this population and is comparable to 19.5% in England (Figure 2)¹⁴. Over the 2022-24 three-year period, smoking rate in Oxfordshire was 18.3%, compared to 19.2% in England¹⁰. However, these percentages are much higher than the Oxfordshire general adult population (7.5%), highlighting the need to focus our tobacco control efforts to this population group.

Smoking is also associated with individuals' employment status. Higher rates of smoking are observed in people in unemployment, with 16.5% of unemployed people in England smoking in 2024, compared to 9.8% in employment¹⁵. In the Oxfordshire Public Health Survey (2024), both unemployed and self-employed groups had notably high rates of smoking (22% and 28% respectively)¹⁶.

Figure 2. Smoking prevalence in adults (18+) in routine and manual occupations



Source: Annual Population Survey (APS), Office for Health Improvement and Disparities (OHID)

¹⁴ Department of Health and Social Care (2025). [Fingertips - Smoking profile](#)

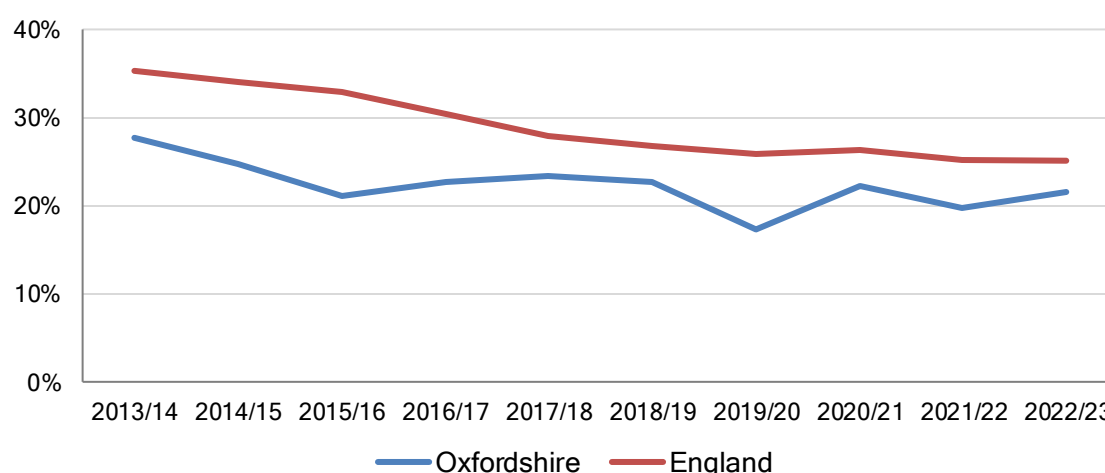
¹⁵ Office for National Statistics (2025). [Smoking habits in the UK and its constituent countries](#)

¹⁶ Oxfordshire County Council Public Health Survey 2024

People with mental health conditions

Smoking is a leading cause of the lower life expectancy among people with mental health conditions¹⁷. The cause-and-effect relationship between the two is not clear, as people with poor mental health are more likely to smoke and smoking can negatively affect people's mental health. Smoking rates increase with the severity of the mental health conditions, and people in this group are also more likely to be heavy smokers, despite a more frequent desire to quit compared to the general population¹⁸. In Oxfordshire, 22.6% of adults diagnosed with a long-term mental health condition smoked in 2024/25¹⁹. This rate is lower than the England average of 24.0% and has decreased over the past 10 years as shown in Figure 3, but people with a mental health condition are still 2.5 times more likely to smoke than people without¹⁵.

Figure 3. Smoking prevalence in adults (18+) with a long-term mental health condition



Source: GP Patient Survey (GPPS), NHS England.

The analytical approach changed in 2024, so the 2024/25 data is not comparable.

People living in Council Housing or Housing Association housing

Smoking prevalence is higher in socioeconomically disadvantaged groups. In England, the percentage of current smokers is higher among people living in social housing (23.8%) compared to those renting privately (14.5%) or owning their homes

¹⁷ Walker ER et al. (2015). Mortality in mental disorders and global disease burden implications: A systematic review and meta-analysis. JAMA Psychiatry. doi: 10.1001/jamapsychiatry.2014.2502

¹⁸ Action on Smoking and Health and Public Mental Health Implementation Centre (2022). [Public mental health and smoking: A framework for action](#)

¹⁹ Department of Health and Social Care (2025). [Fingertips - Smoking profile](#)

(7.0%)¹⁵. Comparatively, 28.5% of people who rent from local authorities or housing associations smoked in Oxfordshire in 2022.

Other priority groups

Other population groups where prevalence is high are outlined below. Sustained effort is required to eliminate these inequalities.

- People experiencing homelessness. Surveys consistently estimate that 76% of people experiencing homelessness or sleeping rough smoke¹⁶. Of those, 50% would lie to give up, with 46% stating that they had not been offered support to stop smoking²⁰. They are also more likely to experience negative health outcomes arising from smoking, such as respiratory conditions, which in combination with the health impacts of homelessness, have a detrimental effect on their overall health.
- Dual drug and/or alcohol users. It is estimated that in Oxfordshire, 21% of adults admitted for treatment for alcohol misuse, 39% of those on treatment for non-opiate misuse, and 50% of those on treatment for opiate misuse smoke²¹. These rates are markedly higher than the general adult population. Despite that, only 4% of people were recorded as having been offered referrals for smoking cessation interventions in 2023-24 nationally²².
- People living with long term conditions. People diagnosed with respiratory conditions (asthma or COPD), circulatory diseases, or cancer often have higher smoking rates rather than the average population. Smoking may be the cause of these conditions or exacerbate them. For example, over 70% of COPD cases are associated with cigarette smoking²³. Smoking is also the most common cause of lung cancer and is responsible for more than a quarter of all cancer deaths in the UK²⁴.
- People living or working in areas of high deprivation according to area deprivation indices such as the index of multiple deprivation (IMD) or Census household deprivation. In England, 14% of people living in the most deprived 10% of areas smoke, compared to 8% of those in the least deprived 10% areas¹⁷.

²⁰ Hertzberg, D., & Boobis, S. (2022). [Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit](#). Homeless Link.

²¹ Department of Health and Social Care (2025). [Fingertips - Smoking profile](#)

²² Office for Health Improvement and Disparities (2024). [Adult substance misuse treatment statistics 2023 to 2024](#)

²³ World Health Organisation (2023). [Tobacco and Chronic obstructive pulmonary disease](#)

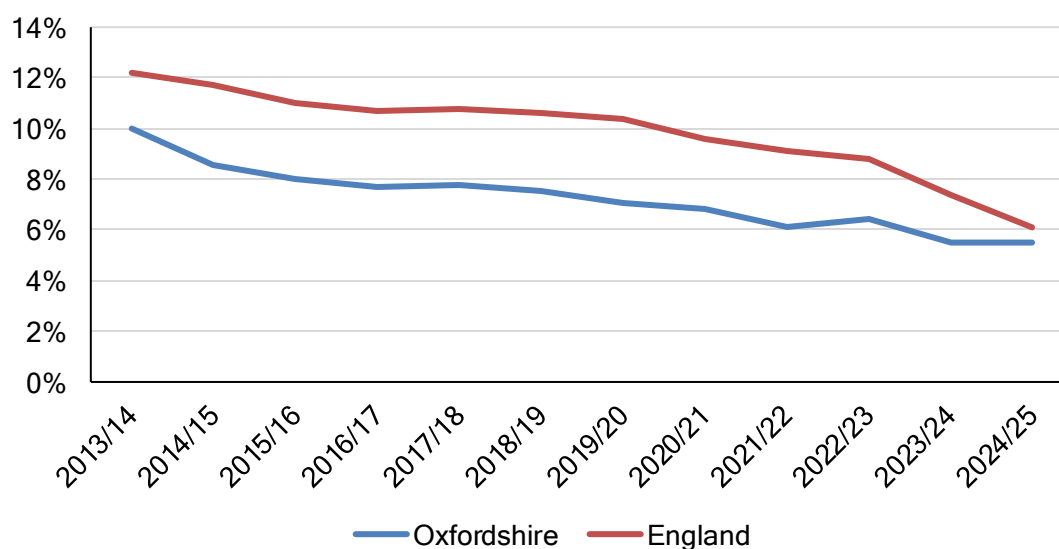
²⁴ Action on Smoking and Health (2023). [Smoking and cancer](#).

Smoking in pregnancy

Smoking in pregnancy has well known negative effects for the growth and development of the baby and health of the mother. On average, women who smoke have more complications during pregnancy, including bleeding, miscarriages, stillbirths, premature birth, low birthweight, and birth defects²⁵. Encouraging pregnant women to stop smoking not only reduces the risk of pregnancy-related complications but also helps them kick the habit for good. This provides health benefits for the mother and reduces exposure to second-hand smoke and risk of future smoking for the child. Children whose parents or caregivers smoke are more than twice as likely to have tried cigarettes and four times more likely to regularly smoke than those who do not live with smokers.²⁶

Smoking rates in pregnancy have significantly decreased over the past few years, as illustrated in Figure 4. In 2024/25, 5.5% of women smoked at the time of delivery in Oxfordshire, compared to 6.1% in England. It appears that Oxfordshire has achieved the national ambition to reduce the rate of smoking at the time of delivery below 6%, as outlined in the Tobacco Control Plan²⁷. However, the latest data may not be entirely accurate, as smoking status was unknown for over 10% of maternities in Oxfordshire in 2024/25.

Figure 4. Proportion of women known to smoke at the time of delivery



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

²⁵ Royal College of Physicians (2018). [Hiding in plain sight: treating tobacco dependency in the NHS](#)

²⁶ Lavery AA, et al. (2019) Smoking uptake in UK children: analysis of the UK Millennium Cohort Study. *Thorax*. doi: 10.1136/thoraxjnl-2018-212254.

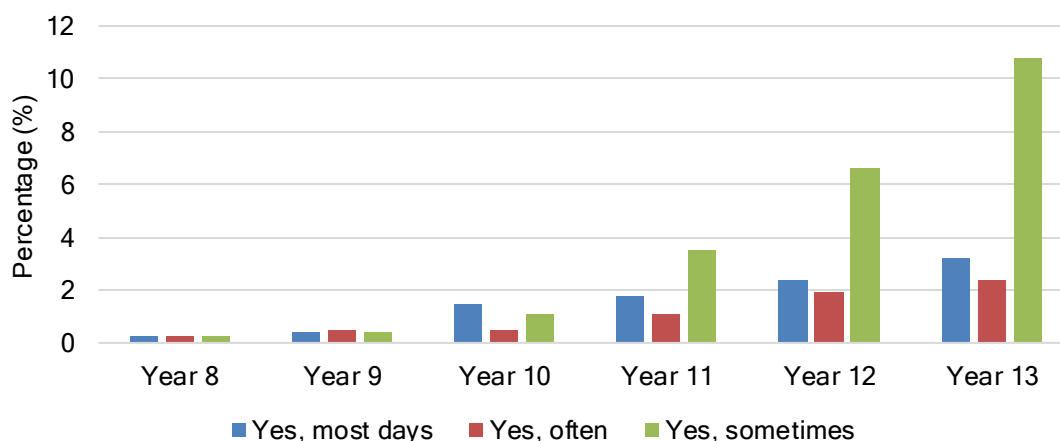
²⁷ Department of Health (2017). [Towards a Smokefree Generation: A Tobacco Control Plan for England](#)

Children and Young People

Nationally, smoking shows a declining trend among school pupils aged 11-15 in England, with 3% currently smoking and 1% smoking regularly (more than once a week) in 2023²⁸. However, a recent survey of pupils in Oxfordshire found that the prevalence of regular smokers increases with age from less than 2% for those aged 11-15 years to nearly 6% for those aged 17-18 years (Figure 5)²⁹. The parental and sibling smoking is also a significant factor associated with childhood smoking. Children whose parents or caregivers smoke are more than twice as likely to have tried cigarettes and four times more likely to regularly smoke than those who do not live with smokers³⁰. Two thirds of those trying one cigarette will become daily smokers, at least temporarily³¹.

In terms of vaping, the proportion of young people aged 11-17 who had ever vaped in England was 18% in 2024, amounting to around 980,000 children³². Among 11-17-year-olds, 9.5% had only tried once or twice, 3.0% vaped less than once a week, and 4.2% more than once a week²⁸. Vape use increased with age from 3% of 12-year-olds, to 10% of 14-year-olds and 19% of 15-year-olds³³. In Oxfordshire, the majority of children and young people aged 11-17 had never tried vaping (76%), while 10% had tried once and 3.5% vaped every day³⁴. However, the proportion of those vaping every day increased to 10% in the 17/18-year-old group³⁰.

Figure 5. Pupils responding “Yes” to the question “Do you smoke cigarettes?”²⁵



²⁸ [Smoking, Drinking and Drug Use among Young People in England, 2023 - NHS England Digital](#)

²⁹ University of Oxford OxWell survey (2025).

³⁰ Lavery AA, et al. (2019). Smoking uptake in UK children: analysis of the UK Millennium Cohort Study. *Thorax*;74(6):607-10. doi: 10.1136/thoraxjnl-2018-212254.

³¹ Birge M, et al. What Proportion of People Who Try One Cigarette Become Daily Smokers? A Meta-Analysis of Representative Surveys. *Nicotine Tob Res.* 2018;20(12):1427-33. doi:10.1093/ntr/ntx243.

³² Action on smoking and health (2024) [Use of vapes \(e-cigarettes\) among young people in Great Britain](#)

³³ NHS England (2023). [Smoking, Drinking and Drug Use among Young People in England - Part 4: Electronic cigarette use \(vaping\)](#)

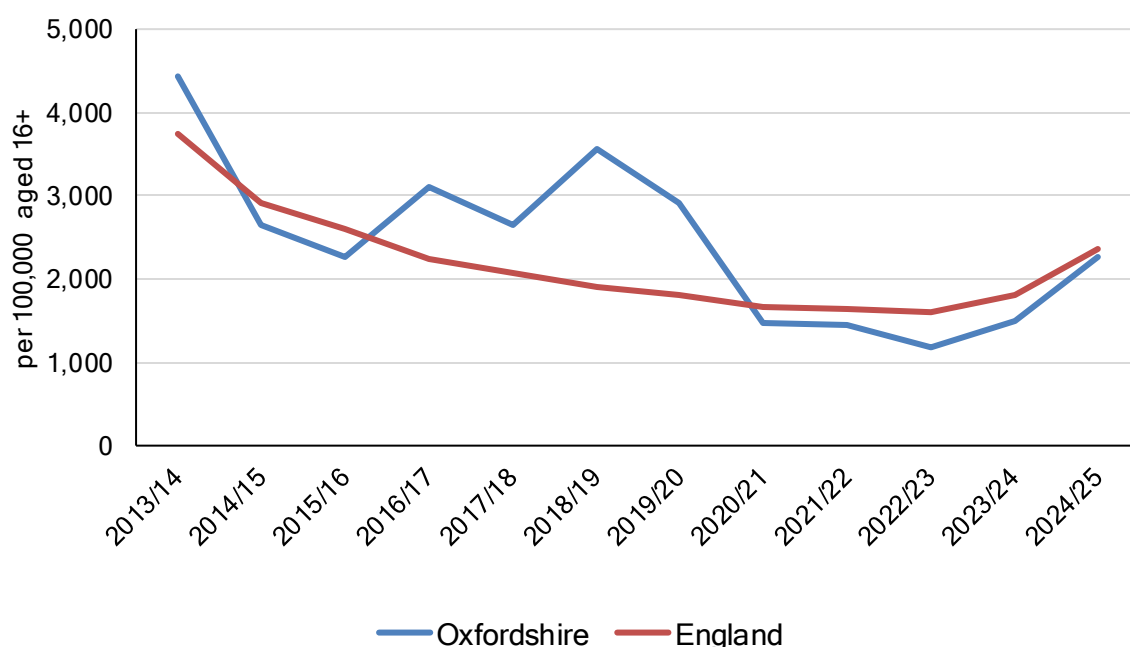
³⁴ Oxfordshire County Council. Oxfordshire Youth Vaping Survey 2024

Stop Smoking Activity in Oxfordshire

A broad range of services are in place to prevent people from taking up smoking in the first place and to support those who smoke tobacco to quit, and they are referred to as “Tobacco Control”. Locally, support to quit in the form of pharmacotherapy and behavioural support is offered via a specialist Local Stop Smoking Service, commissioned by Oxfordshire County Council. Inpatient and maternity tobacco dependency services (TDS) are also available through local NHS Trusts.

Following a reduction in commissioned local stop smoking service capacity in 2020, the last few years have seen a gradual increase in capacity. In 2024/25, 2,095 people set a quit date in Oxfordshire, amounting to 3,360 per 100,000 smokers, substantially lower than the national average of 4,403 per 100,000³⁵. Of those, 67.4% reported that they had successfully quit at 4 weeks (2,268 per 100,000 smokers), compared to 53.6% in England (2,358 per 100,000 smokers) (Figure 6). Very few of the successful quitters were confirmed by carbon monoxide (CO) validation (3.3%), which is a more objective indication of tobacco use compared to self-reporting.

Figure 6. Smokers that have successfully quit at 4 weeks in Oxfordshire vs England



Source: NHS England Digital

³⁵ NHS England Digital (2025) [Statistics on Local Stop Smoking Services in England 2024/25](#)

The NHS maternity and inpatient TDS have also supported the stop smoking activity in the region. During 2024/25, the Oxford University Hospitals NHS Foundation Trust inpatient TDS service received 2,375 referrals while the outpatient service received 1,345 referrals of people who smoked and wished to quit. In 2024, 538 referrals for people who smoked were received by the maternity TDS service, of which 29% were accepted. Of those who accepted, 24% were smoke-free at 4 weeks and 15% remained smoke-free postnatally.

In summary, an increasing number of people have had access to specialist stop smoking services in Oxfordshire since 2020, but this needs to increase further, as does CO validation. Additionally, more efforts need to be made to increase the number of smokers who are referred to these services and make the decision to quit.

The Effects of Smoking in Oxfordshire

In addition to the harmful effects of smoking on the population's health, there is also a wider societal cost. Action on Smoking and Health (ASH) estimated that in Oxfordshire, smokers spend £140 million a year on purchasing tobacco products, while the costs to society reached £527 million per year in 2025³⁶. These can be broken down into productivity, social care, healthcare, and house fire costs.

Productivity costs

It is estimated that every year £283 million is lost from the local economy in Oxfordshire due to lost productivity from smoking³². Smokers take more days off work due to smoking-related illnesses, resulting in an annual loss of earnings of £120 million. Smoking is also related to economic inactivity and inability to work due to smoking-related illness, costing £38.7 million to society³². Additionally, about half of all lifelong smokers will die prematurely, losing an average of ten years of life³⁷. Around 570 people in Oxfordshire die each year due to smoking, which amounts to 2,725 total years of life lost³⁸, with the productivity cost of these early deaths to the local economy estimated at £12.9 million annually. Finally, if people switched their spending from tobacco to other products, that would add £112 million to the local economy, as tobacco creates few jobs and there are very small profit margins for retailers compared to other goods and services³².

Healthcare costs

Smoking causes or exacerbates a wide range of diseases, including cancers of the lung, mouth, throat, oesophagus, and bladder, chronic lung conditions such as chronic obstructive pulmonary disease and asthma, and cardiovascular diseases, such as coronary heart disease and stroke³⁹. In 2019/20, smoking contributed to an estimated 3,720 hospital admissions in Oxfordshire³⁴. The cost of treating smoking-related conditions in hospital and via primary care and ambulatory care services has been estimated at £27.1 million in Oxfordshire in 2025³².

Social care costs

³⁶ Action on Smoking and Health (ASH) [Ready Reckoner January 2025](#)

³⁷ Banks, E., Joshy, G., Weber, M.F. *et al.* Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med* **13**, 38 (2015). <https://doi.org/10.1186/s12916-015-0281-z>

³⁸ Department of Health and Social Care (2025). [Fingertips - Smoking profile](#)

³⁹ Royal College of Physicians (2018). [Hiding in plain sight: treating tobacco dependency in the NHS](#)

Smoking greatly increases a person's chances of needing social care. Smokers are 2.5 times more likely to need care support at home and need care on average 10 years earlier than non-smokers⁴⁰. In Oxfordshire, smoking-related ill health means social care is being provided informally by friends and family for about 14,100 people⁴¹. Smoking-related ill health causes unmet care needs for about a further 4,640 people³⁷. The total costs of smoking-related care needs in Oxfordshire have been estimated at £213 million annually and can be broken down into informal care by family and friends (£119 million), unmet care needs (£76.6 million), residential care (£8.34 million), and domiciliary care (£9.13 million)⁴².

Fire costs

Smoking is a common cause of accidental fires, with an estimated 23 smoking-related fires being attended by the Oxfordshire Fire and Rescue service (OFRS) each year³⁸. These result in annual losses of £3.85 million, due to the cost of death (£1.79 million), non-fatal injuries (£798,000), property damage (£1.17 million), and cost to the OFRS (£97,700)³⁸.

Exacerbation of socioeconomic inequalities

Smoking is the leading cause for the difference in life expectancy between the most and least socio-economically deprived population groups. Higher smoking rates are observed in the most deprived 10% of areas in England (13.9%) compared to the least deprived 10% (8.1%)⁴³. Each smoker spends around £2,340 on purchasing tobacco annually³⁸, and it is estimated that 25.8% of all smoking households in the South East fall below the poverty line after smoking expenses are taken into account⁴⁴. In Oxfordshire, this would represent 10,500 households.

⁴⁰ Action on Smoking and Health (2021). The Cost of Smoking to the Social Care System

⁴¹ Action on Smoking and Health (2025). [Inequalities Dashboard January 2025](#)

⁴² Action on Smoking and Health (2025). [Ready Reckoner January 2025](#)

⁴³ Department of Health and Social Care (2025). [Fingertips - Smoking profile](#)

⁴⁴ H Reed (2021). [Estimates of poverty in the UK adjusted for expenditure on tobacco – 2021 update](#)

The priorities for Oxfordshire for 2026-2030

Our ambition is to reduce the smoking prevalence in Oxfordshire to below 5%, becoming smokefree by 2030. The targets we aim to achieve by 2030 are outlined in the table below.

| Aim | Baseline | Target |
|---|----------|-----------|
| Reduce the prevalence of smoking in the adult population | 7.5% | Below 5% |
| Reduce the prevalence of smoking in adults with a long-term mental health condition | 22.6% | Below 15% |
| Reduce the prevalence of smoking in routine and manual workers | 15.3% | Below 10% |
| Reduce the prevalence of women who smoke at the time of delivery | 5.5% | Below 2% |
| Reduce the prevalence of children who smoke often or most days in academic year 11* | 2.9% | Below 1% |

* Captured in the OxWell survey

To achieve these ambitious goals, we set objectives across four main priority areas (Figure 7). The central theme of “Working in partnership” recognises that progress on these priorities is dependent on a collaborative whole-system approach. A detailed action plan will be developed by the Tobacco Control Alliance to support and implement these priorities.

Figure 7. The main priority areas for Oxfordshire for 2026-2030



Preventing uptake

Smoking is often an addiction developed in childhood and young adulthood, as two thirds of smokers start before the age of 18.⁴⁵ Intervening early and preventing uptake of smoking and nicotine dependency in children and young people will reduce the number of adults who smoke over time. Our main objective is to ensure that children and young people are supported not to start smoking or vaping.

We will:

- Communicate the harms of smoking and vaping to young people through evidence-based prevention programmes in educational and youth settings.
- Enable children and young people to live smokefree by eliminating smoking in areas that they frequent, such as playgrounds, school gates, and community venues.
- Support schools to update their approach to smoking prevention.
- Explore the benefits of providing access to stop vaping services for young people.
- Take action to reduce the sale of tobacco products and vapes to people underage, for example by enforcing age verification and illicit sales controls in all tobacco and vape retail outlets.

⁴⁵ [Health matters: smoking and quitting in England - GOV.UK](#)

Supporting smokers to quit

Our strategic aim is to reduce the prevalence of smoking and eliminate health inequalities through providing universal stop smoking support and enhancing this for populations where smoking rates remain highest and groups particularly vulnerable to the harms of smoking.

We will:

- Ensure ongoing access to evidence-based specialist Local Stop Smoking Services, which meet best practice standards and work in line with national guidance (currently NICE (NG209) and NCSCT).
- Focus on priority groups through stop-smoking interventions and messaging tailored to them, developed through co-production.
- Ensure people who smoke are offered advice and/or support to quit at every contact with relevant services, such as hospitals, GPs, midwives, pharmacists, dentists, optometrists, social care, fire and rescue and youth services, by providing access to training for all related professionals on smoking cessation.
- Ensure effective and swift pathways into support are in place for potential referrers, particularly those working with the most vulnerable groups.
- Ensure that Primary Care teams proactively identify and refer smokers to stop smoking services.
- Promote harm reduction and clear messaging about vaping as an effective smoking cessation tool.
- Increase the capacity or presence of midwives with experience in providing expert smoking cessation support and advice.
- Offer targeted interventions in pregnancy, ensuring an effective pathway is in place for pregnant people and their partners for identification, referral and support to stop smoking.
- Offer targeted interventions for people with mental health conditions and learning disabilities
- Ensure that maternity, acute medical, and mental health inpatient settings continue to implement the tobacco dependency commitments outlined in the 10-year Health Plan for England.
- Raise awareness of the free-to-use Local Stop Smoking Services, NHS-funded tobacco dependency services and effective methods to quit through local mass-media campaigns.

Creating smokefree environments

Increasing the places that are smokefree will de-normalise smoking and reduce the harms from exposure to second-hand smoking.

We will:

- Work with partners to extend smoke-free zones to outdoor public spaces including parks, town centres, and school entrances.
- Continue enforcing existing smoke-free legislation in workplaces, hospital grounds, hospitality venues, and transport.
- Promote smoke-free homes and cars through voluntary pledges and community education.
- Explore opportunities to target stop smoking support and communications to smokers living in social housing and establish referral pathways from social housing providers to local stop smoking support, in partnership with social housing providers.
- Support NHS trusts, universities, and workplaces in developing and implementing comprehensive smoke-free policies.
- Ensure clear public signage and enforcement partnerships with local authority and environmental health teams.

Regulation and enforcement

In the UK, all tobacco products are subject to excise duty, and any cigarettes or tobacco sold without paying this duty are considered illegal. The illegal tobacco trade undermines the effectiveness of taxation by making cheap, unregulated tobacco products more accessible, and bypasses the laws of underage sales, enabling the initiation of smoking in children. The proven link between the supply of illegal tobacco and organised crime, including exploitation and modern slavery, makes this issue even more concerning.

Cheap, illegal tobacco keeps people smoking and smoking more. This is particularly true where household incomes are lower, adding to both health and financial inequality in our communities.

Equally, tobacco and nicotine products that do not comply to legal requirements put users at risk, undermine legitimate attempts to promote vaping as a safer alternative to smoking tobacco, and has a detrimental impact on the fair trading environment of an area.

Oxfordshire County Council's Trading Standards Service continues to adopt an intelligence-led approach to enforcement for underage and illicit sales of tobacco and nicotine products.

We will:

- Work with key partners, including all local authorities in Oxfordshire to tackle the supply and demand of illicit tobacco.
- Raise public awareness, through mass-media campaigns, work with businesses and employers, and via community engagement events, of the effect of illicit tobacco on society and increase the number of people who volunteer intelligence.
- Continue to pursue effective enforcement and disruption activities, including prosecutions in appropriate cases, based on intelligence received.
- Take action to ensure compliance with regulation relating to vapes and other nicotine products, such as nicotine pouches.
- Raise awareness of the issue of cigarette, vape and nicotine product littering and increase enforcement for littering, as well as encouraging suitable recycling of products

Working in partnership

Working in partnership across the system is key to achieve the priority areas for Oxfordshire. The Oxfordshire Tobacco Control Alliance (TCA) owns and oversees the development and delivery of this strategy on behalf of the Oxfordshire Health Improvement Board and Health and Wellbeing Board. Everyone is involved in making required changes.

We will maintain a strong, multi-agency TCA consisting of all relevant council and community partners who are collectively responsible for the delivery of our tobacco control strategy. The TCA will oversee actions, updating these annually in line with best practice and evidence base.

We will:

- Work with regional partners to complement local action with appropriate tobacco control interventions at a regional level.
- Promote the aims of this strategy through diverse local forums and networks, such as Primary Care Networks, local business forums, and housing associations, supporting local stakeholders to play their part in delivering tobacco control locally.
- Partner with local champions and community leaders to reach those living in communities where smoking rates are disproportionately high and co-produce interventions tailored to their needs.