

Breaking new ground



Local authority stop smoking services and wider tobacco control in England, 2025

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Summary of key findings

New government investment has delivered expanded stop smoking services that are working hard to reach smokers in all communities and reduce health inequalities.

Findings are from 127 local authorities, 84% of the local authorities in England with responsibility for public health.

Tobacco control was a high priority in the majority of local authorities

- Tobacco control was a high or above average priority in 90% of surveyed local authorities and a high priority in 58%, up from 54% in 2024 and 37% in 2023.
- Tobacco control was more often perceived to be a high priority than drugs, alcohol, obesity, sexual health or gambling.
- Three quarters of local authorities (76%) had a Tobacco Control Alliance, up from 70% in 2024 and 60% in 2023.

The increase in the Local Stop Smoking Services and Support Grant has resulted in a big expansion of stop smoking services

- All surveyed local authorities commissioned or provided stop smoking services in 2025.
- The number of advisers providing stop smoking support increased in 86% of local authority stop smoking services.
- Where the number of advisers increased, this was by an average of 3.4 WTE advisers. Many services doubled their capacity.
- Demand for stop smoking services increased in 84% of local authorities and fell in only 6%.

Stop smoking services are reaching out to deprived, marginalised and vulnerable communities as never before

- The number of settings where stop smoking services are provided increased in 83% of local authorities.
- New investment in tackling inequalities included dedicated specialist services, partnerships with community organisations, outreach to areas and settings with high community footfall, and targeted communications and campaigns.

Treatment options for smokers have improved markedly

- 71% of stop smoking services offered varenicline, up from 38% in 2024.
- 47% of stop smoking services offered Cytisine, up from 30% in 2024.
- Provision of vapes is now almost universal, with 98% of stop smoking services offering them to smokers.

The Swap to Stop programme has delivered many positive outcomes

- All but 4 surveyed local authorities were participating in Swap to Stop (97%).
- The programme has increased quit attempts and quit rates in many areas. It is popular with service users, offering them more choice, and is an alternative for those who do not want to access services or who do not want medication.
- Swap to Stop has enabled greater reach into disadvantaged communities.

Local authority and NHS stop smoking services are not fully integrated in many areas

- NHS tobacco dependence treatment services were fully or substantially integrated with community stop smoking services in 54% of local authorities.
- NHS targeted lung health checks were fully or substantially integrated with community stop smoking services in 40% of the local authorities where they had been implemented.
- In some areas, relationships with the NHS have been adversely affected by financial uncertainty affecting NHS tobacco dependence treatment services and, in a few cases, decommissioning.

Local authorities continue to invest in wider tobacco control work

- 87% had conducted underage test purchases of tobacco products or vapes.
- 94% had seized illicit tobacco products or vapes.
- 41% had engaged with housing teams or social landlords to promote smokefree homes.
- 89% provided resources and/or training on vaping to schools.
- 90% had run public communication campaigns on smoking.

Recommendations

- 1** The Government should **give local authorities further guidance and practical support to help them maximise the impact** of the extra stop smoking service funding, particularly in the most disadvantaged communities. This could be delivered through an updated version of the CLearR tobacco control improvement model.
- 2** The Government should intervene to **protect funding for NHS tobacco dependence treatment services** and ensure strong alignment between local government and NHS delivery.
- 3** **The Government should secure a long-term funding settlement** for stop smoking services and wider tobacco control work through a **'polluter pays' levy on tobacco manufacturers** who continue to make massive profits selling a lethal and addictive product.
- 4** The Government should **commit to publishing a 'roadmap to a smokefree country'** setting out an overarching strategy and targets, with a strong focus on tackling inequalities. This would enable local government, the NHS, and other stakeholders to support the delivery of national targets on smoking. In the immediate term, **Government should provide councils with clear guidance** to strengthen the implementation of smokefree generation policy.
- 5** **Local authorities should collaborate at system and regional levels to pool resources and deliver interventions at scale.** ASH has developed guidance and resources to assist in developing a system-wide tobacco control programme.¹

¹ ASH: [Developing a system-wide tobacco control programme.](#)

Introduction

This report presents findings from the 2025 survey of local authority stop smoking services and tobacco control work in England. The survey was conducted by Action on Smoking and Health.

This annual survey has been conducted for twelve years. Over those years, local authorities have had to get to grips with their new public health responsibilities, manage cuts to the public health grant, and cope with the impact of Covid-19. Then came the smokefree generation plan. Today, in 2025, local authority stop smoking services have never been in better shape.

The £70m increase in funding from the Local Stop Smoking Services and Support Grant and the resources of the Swap to Stop programme have fed through to a remarkable expansion of services in every region of England.² This report presents some quantitative indicators of that expansion. The heart of the report, however, is the qualitative, free-text data provided by our local authority respondents. These data describe the diversity of the approaches that local authorities and stop smoking services are taking locally to meeting the smokefree challenge, above all in reaching out to the deprived, marginalised and vulnerable communities where smoking prevalence remains high.

We wish to thank our respondents for their time in completing the survey and for the detailed data they provided. We hope that the extensive use of free-text quotes in this report provides insight and inspiration for all those involved in tackling the harms of smoking.

² From 2026/27, this grant will be merged into the new consolidated Public Health Grant (along with funding for the Swap to Stop scheme) which has been allocated for the next 3 years to provide greater certainty to local authorities.

Methods and respondents

Methods

The survey was conducted online using Survey Monkey during August and September 2025. Tobacco control leads and other contacts in English local authorities were emailed a link to the survey and invited to complete it. Non-respondents were followed up by telephone. All 152 local authorities with public health responsibilities were approached: county councils, unitary authorities, metropolitan districts and London boroughs.

Completed surveys were received from 121 respondents providing data on 127 local authorities, 84% of the local authorities in England with responsibility for public health. Five respondents provided data on more than one local authority due to shared public health arrangements locally. The baseline for analysis and reporting is not consistent across the report as three respondents did not complete all questions. For some questions, 'don't know' responses are also excluded from the reporting.

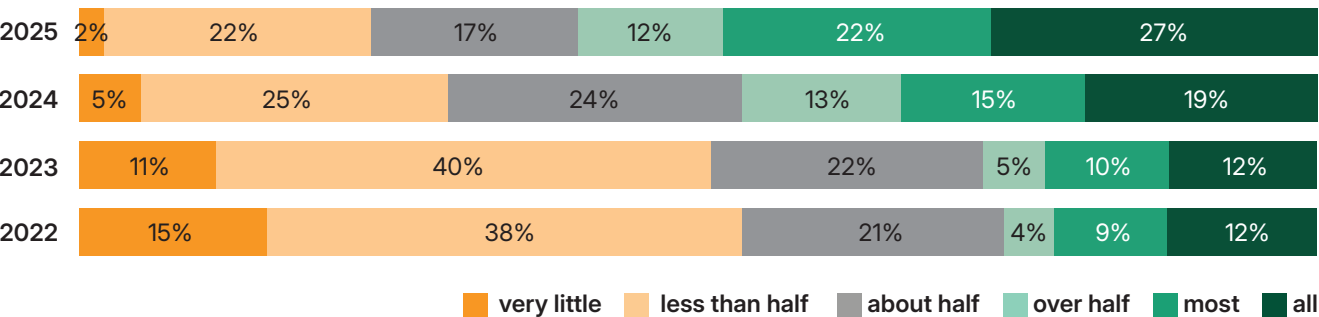
Quantitative analysis was conducted with SPSS. The answers to free-text questions were subject to an iterative content analysis to identify key themes and issues. Quotes were selected to illustrate these themes. In addition, some quotes were selected because they described innovative or unusual approaches or experience.

Respondents

Of the 121 respondents to the survey, 110 (91%) identified as the tobacco control lead for their local authority (43), the commissioner of stop smoking services (24) or both (43). Of the remaining 11 respondents, five were senior managers, four were public health officers or practitioners, one was a substance misuse lead, one was a stop smoking service manager, and one did not report their role.

Over a quarter of respondents (27%) devoted all their work time to tobacco control. The time that respondents give to tobacco control has risen steadily over the last three years (Figure 1).

Figure 1. Survey respondents' time spent on tobacco control 2022-25



Priorities, strategy and alliances

Public health priorities

Respondents to the survey were asked how the following six public health issues were prioritised in their local authority:

- tobacco
- alcohol
- drugs
- overweight/obesity
- sexual health
- gambling

Across these six issues, tobacco was most often perceived to be a high priority (Figure 2). Tobacco was perceived to be a high priority in 73 local authorities (58%) and a low or below average priority in only two local authorities.

Figure 3 illustrates the changing priority of tobacco control in local authorities over the past 5 years. Since 2021 the number of local authorities where tobacco is perceived to be a high or above average priority has more than doubled from 41% in 2021 to 90% in 2025.

Figure 2. Perceived priority of six public health issues in local authorities in England, 2025

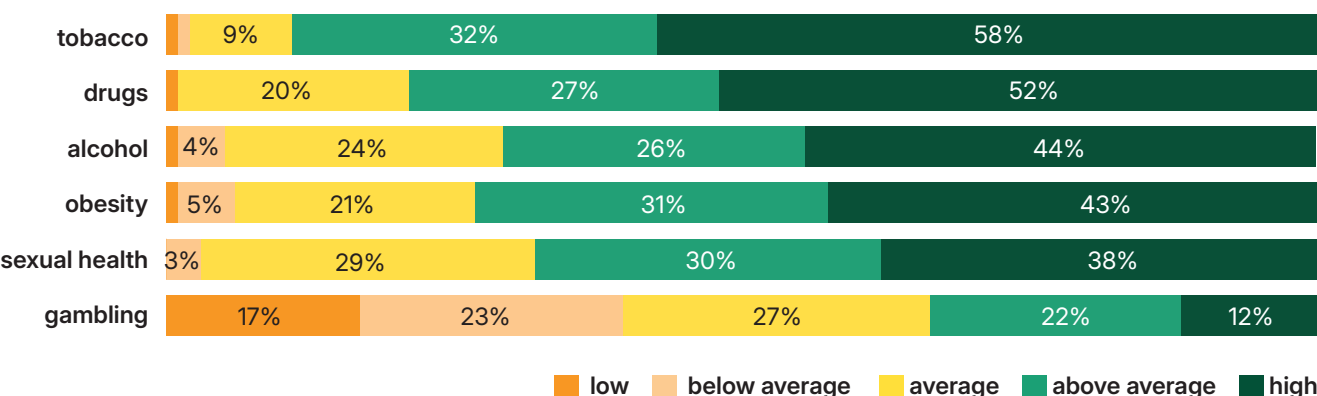
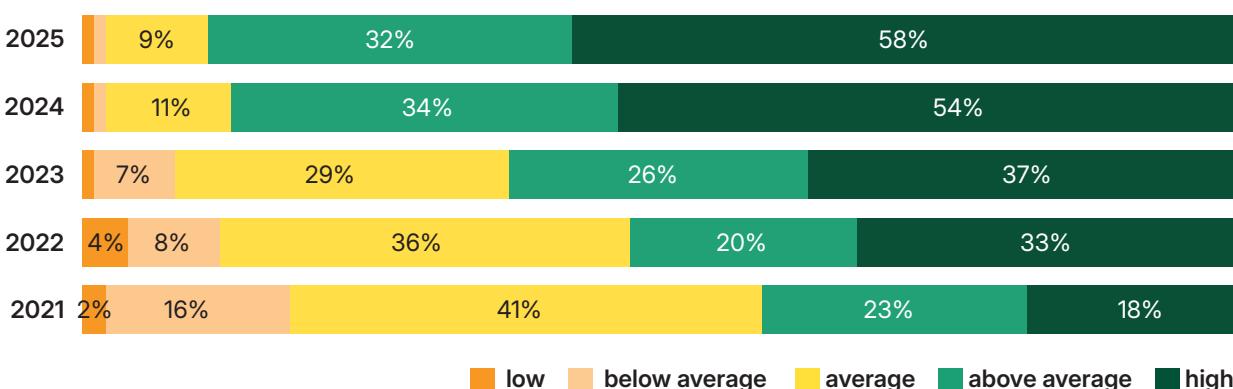


Figure 3. Change in priority of tobacco in local authorities in England, 2021-2025.



Respondents were asked to describe in their own words any factors that had increased or reduced the priority given to tobacco control in the previous 12 months. Almost all respondents (115/121) identified factors that had increased the priority of tobacco control. One response dominated: the additional funding through the Local Stop Smoking Services and Support Grant, mentioned by three quarters of respondents. Other responses included:

- The government's smokefree ambition and the Tobacco and Vapes Bill
- Local data on smoking prevalence and the link to inequalities
- Council leadership and new tobacco control alliances and strategy
- Swap to Stop and the maternity incentive scheme
- New services and dedicated staff
- Concerns about youth vaping
- Regional support

In many local authorities, the priority of tobacco control was already high before the new government commitment and funding.

The Government commitment to a smokefree generation plan, the new legislation and additional funding to local authorities for stop smoking support, including Swap to Stop. We have re-established a tobacco control alliance ('smokefree partnership') to work with partners to ensure that there is buy-in and support of local priorities.

London Borough of Islington

We have maintained a strong and consistent focus on tobacco control over the years, further increasing our investment and efforts since adopting a local Smokefree 2030 ambition. The current national funding has also helped to complement and strengthen our local initiatives.

Hampshire County Council

The enhanced funding provided through the Smokefree Generation Section 31 Grant has enabled us to expand our capacity by increasing staffing levels, which in turn has supported the development of new workstreams and the delivery of more targeted stop smoking services. These improvements have allowed us to better address local needs and inequalities, and to strengthen our overall tobacco control strategy.

Birmingham City Council

Nineteen respondents identified factors that had reduced the priority of tobacco control in the previous 12 months. These included competing priorities, limited capacity, delays in the Tobacco and Vapes Bill, ICB disinvestment, and negative perceptions of vaping.

Slow progress with the Tobacco and Vapes Bill has meant tobacco and smoking is not 'on the map' as much as it was in the last one or two years. National policy efforts like the Tobacco and Vapes Bill can be really useful as ways of getting tobacco in front of senior leaders. Ongoing cuts to public health services don't help.

Rochdale Borough Council

Two respondents reported that a change in council leadership had reduced the priority of tobacco control. Both were councils where Reform had gained a majority in 2025.

Tobacco control alliances and strategy

Most local authorities either had a tobacco control strategy (56%) or were developing one (27%). Of the 56% that had a strategy, 37% had a specific strategy focused on tobacco and 19% had set out their strategy on tobacco within a broader strategy on prevention, population health, and/or inequalities.

The number of surveyed local authorities with a Tobacco Control Alliance has increased year-on-year. In 2025, over three quarters of surveyed local authorities (76%) had a Tobacco Control Alliance, up from 70% in 2024, 60% in 2023 and 54% in 2021.

We have established an Alliance and a 5-year Tobacco Control Plan which includes planned activities across 4 main workstreams: prevention, helping smokers to quit, eliminating variations in smoking rates, effective enforcement.

Herefordshire County Council

We have a varied programme of work across the County, coordinated through the Tobacco Control Alliance and wider partnerships. This includes collaboration with key stakeholders such as Trading Standards, Housing, Fire and Rescue Service, Social Services, children and young people's teams, schools and educational settings, and district councils. A district grants programme is currently underway to promote smokefree communities and support referrals into the stop smoking service.

Hampshire County Council

Taking comprehensive action to reduce smoking prevalence through enhanced activities by forming the Haringey Tobacco Alliance. Continuing to collaborate with trading standards team, primary and secondary care as well as voluntary sectors. Appointed a volunteer clinical champion from primary care to support the delivery and strategic alignment of tobacco control initiatives within the Haringey Alliance. Reaffirmed commitment to tobacco control by signing the Local Government Declaration on Tobacco Control.

London Borough of Haringey

Development of action plan and priorities for next 12 months including establishing a tobacco alliance. Support of sub-regional work. Raising profile at local political level including health and wellbeing board. Established local tobacco working group.

Cheshire East Council

Stop smoking services

Overview

Over the last year there has been a big increase in activity within local authority stop smoking services. A year ago, many local authorities were still working to turn the new funding from the Local Stop Smoking Services and Support Grant into new services on the ground. In the past 12 months, these changes have largely been delivered.

Nationally, the overall mix of commissioned services has changed little in the last year, with the exception of phone apps that are now commissioned by 52% of local authorities compared to 25% in 2024. The changes have been within these services: changes in capacity, settings, partnerships, outreach, treatment options, and demand. Key indicators from the survey are as follows:

- The number of advisers providing stop smoking support increased in 86% of local authority stop smoking services.
- Where capacity increased, this was by an average of 3.4 stop smoking advisers.
- Demand for stop smoking services increased in 84% of local authorities.
- The number of settings where stop smoking services were provided increased in 83% of local authorities.

Beyond these quantitative indicators, this chapter presents a wealth of free-text data which illuminates the diversity of work now being pursued within stop smoking services, especially in renewed efforts to reach disadvantaged communities.

Services for smokers commissioned in 2025

All 127 surveyed local authorities commissioned or provided stop smoking services in 2025. Overall, 106 local authorities (84%) commissioned a specialist stop smoking service, of which 101 (80% of all surveyed local authorities) provided a service to all local adult smokers. The five local authorities that restricted their specialist service targeted priority groups such as pregnant women, people with serious mental illness, substance users, and homeless people.

Table 1 describes the range of services for smokers commissioned by local authorities in England. All but two local authorities commissioned a specialist service, an integrated service, or both. Seventy-two local authorities (57%) commissioned a service in primary care from GPs, pharmacists, or both.

The commissioning of phone apps has increased significantly, with 52% of local authorities funding an app in 2025 compared to 25% in 2024.

Table 2 describes the methods used to provide personalised stop smoking advice and support within the stop smoking services commissioned by local authorities in England. All services offered either face-to-face advice or telephone advice and all but three services offered both.

Table 3 describes the medicines and other products (vapes) offered by local authority stop smoking services to support their users to quit. There have been significant rises in the provision of both varenicline and Cytisine. The provision of vapes is now almost universal (98%).

Table 1. Stop smoking services commissioned by local authorities in England, 2025

Commissioned service	Local authorities	
	2025 (n=127)	2024 (n=120)
Specialist stop smoking service (universal)	101 (80%)	102 (85%)
Specialist stop smoking service (targeted)	5 (4%)	5 (4%)
Phone app	66 (52%)	30 (25%)
Support from pharmacists	61 (48%)	61 (50%)
Integrated lifestyle service	51 (40%)	58 (48%)
Web-based information/support	50 (39%)	54 (45%)
Support within drug and alcohol services	48 (38%)	47 (39%)
Support within NHS maternity services	47 (37%)	46 (38%)
Support from GPs	45 (35%)	51 (42%)
Support within NHS acute services	34 (27%)	33 (27%)
Support within NHS mental health services	40 (31%)	31 (26%)
Support from Allen Carr	21 (17%)	14 (12%)
Support from vape shops	8 (6%)	11 (9%)

Table 2. Methods used to provide support by local authority stop smoking services in England, 2025

Method	Local authorities	
	2025 (n=125)	2024 (n=120)
Telephone advice	126 (99%)	118 (98%)
Face-to-face advice	125 (98%)	115 (96%)
Text messaging	89 (70%)	89 (74%)
Mobile phone app	76 (60%)	45 (37%)
Online	61 (48%)	53 (44%)
Email	51 (40%)	54 (45%)
Group peer support	51 (40%)	49 (41%)
Video conferencing	48 (38%)	44 (37%)

Table 3. Offer of medications and vapes by local authority stop smoking services in England, 2025

Medicine/product offered	Local authorities	
	2025 (n=126)	2024 (n=118)
Vapes/e-cigarettes	123 (98%)	110 (93%)
Dual form NRT	122 (97%)	116 (98%)
Varenicline	90 (71%)	45 (38%)
Cytisine	59 (47%)	35 (30%)
Bupropion	53 (42%)	51 (43%)

Changes in demand

In the 12 months prior to the survey, demand for stop smoking services had increased in most local authorities:

- There was an overall increase in demand in 103 local authorities (84%)
- There was an overall decrease in demand in 7 local authorities (6%)
- There was no overall change in demand in 13 local authorities (10%)

Respondents described in their own words the factors that had affected demand. The principal factors that had increased demand were:

- local, regional and national communication campaigns
- community outreach and engagement
- an increase in the capacity of services including new providers and partners
- improved community referral pathways and the Smokefree app
- an increase in referrals from NHS services
- Swap to Stop and the offer of vapes
- improved treatment options
- an expansion of training in Very Brief Advice (VBA)

The increase in funding for stop smoking services has fed through not only to more marketing and promotion but also to expanded services, offering more opportunities for smokers in more settings, and wider community and professional engagement.

Increased community outreach and engagement in commissioned service has led to increases among certain demographics of highest priority groups. As well, increase in vaping support has led clients to our service.

London Borough of Hackney

Increase in service provision, increase of stakeholder engagement/awareness, increase in communications campaigns to promote availability of local stop smoking services, introduction of digital offer, increase in telephone based support, introduction of service outreach, launch of joint local health and wellbeing strategy, with tobacco as key priority.

West Sussex County Council

1) We rolled out VBA training and have had hundreds of staff across the borough complete it 2) increased comms activity, including largest Stoptober campaign for several years, 3) all staff within health improvement service given responsibility for tobacco and providing VBA, 4) a staff member paid for engaging businesses around smoking and 5) Swap to Stop.

Rochdale Borough Council

We have invested in marketing to increase awareness and engagement with services. The lung cancer screening service has also significantly increased interest. We have been working across the system to improve delivery of very brief advice and training stakeholders as smokefree champions. The Swap to Stop programme has increased interest from both members of the public and stakeholders. We have engaged with primary care to encourage them to increase in-house activity and uplift campaigns.

Devon County Council

Changes in the capacity of stop smoking services

In the 12 months prior to the survey, 86% of surveyed local authorities had increased the number of advisers providing stop smoking advice. The number of advisers remained the same in 11% of local authorities and decreased in 3%.

Capacity had increased in every region (Table 4). The examples in Table 4 illustrate both the scale of the increase in stop smoking advisers, which was considerable in many local authorities, and the widespread use of this increase in capacity to improve targeting of disadvantaged groups.

Thirty-seven respondents gave precise details of how many new advisers had been recruited. On average, these services had recruited 3.4 additional WTE advisers (range 2-10).

Table 4. Increased capacity of stop smoking services by region, England, 2025

Region	LAs with more advisers	Examples
East of England	88%	<p>We have recruited an additional 4 smoking cessation advisors. Essex County Council</p> <p>Additional services for priority groups have meant an increase in advisors. Cambridgeshire County Council</p>
East Midlands	100%	<p>The team has effectively doubled in size. North Northamptonshire Council</p> <p>We have recruited an additional 3 advisors to focus on specific population groups with high smoking prevalence. Derby City Council</p>
London	83%	<p>Service has gone from 2 WTE to 4.5 WTE. London Borough of Harrow</p> <p>The national funding has allowed us to recruit an additional stop smoking advisor for the local stop smoking service to increase service capacity. It has also allowed us to recruit advisors to embed within services working with priority groups to provide more targeted and tailored support (social housing, mental health and substance misuse). London Borough of Bexley</p>
North East	92%	<p>The service has increased from 1.5WTE to 3WTE. Darlington Borough Council</p> <p>Additional workers in Family Hub, GP Surgeries, plus 3 specialist workers with target focus: routine and manual workplace, social housing and social care. Durham County Council</p>
North West	85%	<p>Additional LSSSSG has enable recruitment of an additional 4.5wte advisors. Liverpool City Council</p> <p>Due to government funding the service has been able to employ an extra 2 WTE Practitioners and a WTE Training role. Halton Borough Council</p>
South East	83%	<p>An extra 3.5 whole time equivalent dedicated stop smoking advisors have been recruited. Brighton and Hove City Council</p> <p>Increase due to targeted stop smoking service. Bracknell Forest Borough Council</p>
South West	100%	<p>Nearly doubled the practitioner capacity and funded the smokefree app to increase service capacity. Somerset Council</p> <p>We have invested in 5 FTE Health Coaches, a PH Practitioner and Admin to support targeted provision in the community in venues where people are already accessing other services. Wiltshire Council</p>
West Midlands	83%	<p>Increasing team by 3.5 WTE from October 2025. Telford and Wrekin Borough Council</p> <p>We have funded 2 additional roles to engage target groups in our current provision and have funded additional services with the grant which equates to additional advisors for the borough. Walsall Borough Council</p>
Yorkshire and Humber	64%	<p>Doubled staff capacity. Sheffield City Council</p> <p>We have set up a new bespoke stop smoking service for people with a common mental health illness or a long-term condition. Leeds City Council</p>

New settings

In the 12 months prior to the survey, 83% of surveyed local authorities had increased the number of settings where stop smoking services were provided. The number of settings remained the same in 15% of local authorities and decreased in 2%.

Respondents described a variety of strategies for increasing the diversity of settings where the service was offered: expanding services in council and NHS settings, partnering with community organisations, setting up clinics in places with high community footfall, and outreach to areas and settings with high deprivation and high smoking prevalence. Some respondents described specific settings where services had been introduced. These included:

- Community centres, shopping centres, libraries, leisure centres and job centres
- Family hubs and community wellbeing hubs
- Workplaces including factories and construction sites
- Drug and alcohol services
- GP surgeries, pharmacies and dentists
- Community mental health services
- Emergency departments
- Social housing
- Specific settings for asylum seekers and homeless people
- Food banks
- Vape shops

The following examples illustrate the variety of approaches taken by local authorities and the range of settings where support was offered:

An increase in advisors has enabled the service to offer more settings, including libraries and council buildings. In addition, we have our pilot in 4 community centres. We are currently setting up a clinic at our Independent Living Centre which serves people with mental health problems, physical disability and learning disability.

London Borough of Camden

GP surgeries, family hubs, Routine and Manual workplaces (factories such as Amazon), social housing providers.

Durham County Council

We now take stop smoking services to venues where people are already accessing services, such as food banks, homeless organisations and job centres.

Wiltshire Council

More face to face clinics in the community in areas of deprivation (core20) aligned to neighbourhood health.

Telford and Wrekin Borough Council

Thanks to the additional funding, Birmingham has been able to extend stop smoking support into a wider range of settings. This includes integration within existing drug and alcohol services, provision of support in mental health settings—both inpatient and community—and increased outreach within the wider community. These developments have enabled us to reach more individuals in need of support, particularly those in vulnerable or underserved groups.

Birmingham City Council

Initiatives to tackle inequalities

Respondents were asked to describe any new actions or initiatives taken in the previous 12 months to tackle inequalities in access to the local stop smoking service. Most respondents (91%) described local work, often in considerable detail. Collectively, their responses expand on the data on settings to describe a complete strategy for tackling inequalities. Their responses, illustrated in Table 5, encompassed:

- gaining insight and intelligence from disadvantaged communities
- specifying KPIs and monitoring progress
- providing an enhanced offer to disadvantaged smokers who access the service
- commissioning specific services to meet the needs of target communities/populations
- establishing services within disadvantaged communities
- direct outreach and engagement
- partnering with VCFSE organisations that work with disadvantaged communities to provide direct stop smoking support and/or referrals
- partnering with NHS, statutory and housing services
- partnering with employers
- supporting stop smoking champions
- targeted communications, marketing and campaigns
- working with partners across the health economy to improve referral pathways
- training frontline workers who work with disadvantaged communities in Very Brief Advice
- providing support in diverse and flexible ways
- offering phone apps and other online support
- making vapes available within and beyond the service
- offering incentives

Table 5. Actions taken by local authorities to tackle inequalities in the provision of stop smoking services, England, 2025

Actions	Examples
Gaining insight and local intelligence	<p>We are conducting extensive engagement with routine and manual workers to better understand barriers to engagement, and to develop a more tailored support offer that works for them. North Northamptonshire Council</p> <p>We have commissioned community research to gather insights from a number priority groups, to inform a new stop smoking campaign. The priority groups are Turkish and Polish speakers, Bangladeshi, Mixed Black Caribbean, and LGBTQ+ communities, parents of children under 5, routine and manual workers. London Borough of Islington</p>
KPIs and monitoring	<p>A new KPI has been included in the stop smoking service specification to target 50% of support to smokers living in the 40% most deprived areas. Cheshire West and Chester Council</p> <p>Currently working on developing a data dashboard. Goal is for us to collect data and identify wider inequalities. Barnsley Metropolitan Borough Council</p>
Enhanced offer within the service	<p>Smokefree Croydon, which is a specialist offer, was launched in March 2025. This service is now able to address the needs of underserved population groups that the Live Well offer could not support. Smokefree Croydon also offers a harm reduction model. London Borough of Croydon</p> <p>We have a new enhanced offer for smokers with SMI, pregnancy, workplaces (routine & manual), step right out campaign; and plans in place to target social housing tenants. Leicestershire County Council</p>
Specialist targeted services	<p>We have commissioned a stop smoking service for inclusion health groups. This is a nurse led service focusing on Gypsy, Roma and Traveller communities, homeless people and asylum hotels. Surrey County Council</p> <p>We have launched a harm reduction pilot to support people with SMI, anxiety and depression. Nottinghamshire County Council</p>
Providing the service in community settings	<p>Town centre swap to stop events, pop up clinics in workplaces, pop up clinics for people with substance misuse issues. Darlington Borough Council</p> <p>We have situated our drop-ins within areas of deprivation to increase visibility, and started to work with GP practices in those areas to raise awareness of the service and increase referrals into those clinics. North Somerset Council</p>
Outreach and engagement	<p>Stop smoking advisors have been visiting our asylum seeker hotels with our outreach team. We set up a clinic at our local homeless shelter. Clinic at our community mental health service. Targeted outreach in CORE20 areas, including estates. London Borough of Hounslow</p> <p>Targeted outreach work to specific population groups, swap to stop continuing, specialist advisors given time out of clinics to engage underserved population groups. York Council</p>

Partnering with VCFSE organisations	<p>Funded several community groups to target specific areas the team cannot currently support. These include shisha and chewing tobacco as well as within food banks. Opting to use these as they are trusted members of the community over an outside service coming in. London Borough of Harrow</p> <p>Smoke Free Community Grants Programme - supporting the VCFSE sector to deliver smoking cessation with health inclusion groups such as homeless populations, women on probation and people in drug and alcohol recovery. Wigan Borough Council</p>
Partnering with NHS, statutory and housing services	<p>Clinics in drug and alcohol services. Working alongside lung cancer screening mobile units. Weekly staff stop smoking clinic set up in Bedford Hospital. School nurse training regarding smoking/vaping. We have employed 1 full time staff for social housing and smoking - two more will be recruited. Bedfordshire, Bedford Borough and Milton Keynes</p> <p>Targeted work with people living in social housing; a collaboration with local recovery partnership; working with local mental health trust; specialised focus on nicotine support in young persons' substance use service. Northumberland County Council</p>
Partnering with employers	<p>Working with employers to target those in Routine and Manual occupations. Wolverhampton Council</p> <p>Outreach work into some settings i.e. drug and alcohol service and employers with high rates of routine and manual workers. Stoke-on-Trent City Council</p>
Stop smoking champions	<p>We have 15 active health ambassadors from local communities supporting health promotion and community engagement. London Borough of Haringey</p> <p>Voluntary Sector funded activity to identify smokers and refer into stop smoking services, such as Hypertension Heroes targeting football stadiums, bingo halls, charity shops etc. Kent County Council</p>
Targeted communications	<p>Insight has been undertaken to understand barriers and facilitators to key groups. Marketing has been designed using the insight to target three specific high prevalence groups in the city: routine and manual, hospitality workers and people from the LGBTQ+ community. A health equity impact assessment has been scoped for follow up action. Brighton and Hove Council</p> <p>Going out into high prevalence/rural communities to meet smokers who may be unaware of the service. Increased targeted marketing in areas of high deprivation: social media, google ads, radio ads, newspaper articles etc. Lincolnshire County Council</p>
Improving referral pathways	<p>We are working to make system level changes to ensure our pathways between partners are robust and seamless to support referrals and outcomes for our populations, we conducted a number of health equity audits for targeted populations to ensure our interventions are equitable and focus on reducing tobacco related inequalities. Leicestershire County Council</p> <p>The provider has actively collaborated with key stakeholders to embed the service within existing care pathways and raise awareness of the offer. This includes primary care networks, ensuring GPs and practice staff can refer into the service seamlessly; drug and alcohol teams, supporting individuals with co-occurring substance use and tobacco dependence; and other community partners, including housing and voluntary sector organisations. Solihull Borough Council</p>

VBA training	<p>Commissioned PaSH partnership to deliver VBA+ for LGBTQ+ & ethnic minority communities Bury Council</p> <p>Work with community organisations by offering smokefree community grants for organisations to do their own stop smoking work with VBA+ training support from the stop smoking service. London Borough of Bexley</p>
Diverse and flexible support options	<p>We have diversified our offer. Previously we only had our core stop smoking offer plus a limited number of Smokefree App licences. We now have: the core service, Allen Carr, Smokefree App and services for priority groups Cambridgeshire County Council</p> <p>Extended appointment times to accommodate people who work full-time or have caregiving responsibilities. East Riding of Yorkshire Council</p>
Phone apps and online support	<p>We have commissioned a digital app for those less likely to want to use a traditional face to face service e.g. mental health. Walsall Borough Council</p> <p>The procurement of the Smoke Free App for use amongst Routine and Manual workers. The use of an online pharmacy where NRT is posted to clients' homes. Swindon Borough Council</p>
Free vapes widely available	<p>While our service already offered free vapes, the Swap to Stop scheme has encouraged us to think more creatively about engaging new partners and reaching prospective clients, particularly those less likely to seek support. For example, we've begun exploring new opportunities with housing services. The scheme has also helped strengthen referral pathways and improve access. Hampshire County Council</p> <p>Swap to Stop has given the opportunity to provide vapes widely as an option across our adult stop smoking services including maternity. This has improved engagement and success and has been very well received by our residents and partner services. Wiltshire Council</p>
Incentives	<p>Introduction of the post-natal voucher scheme to encourage women to remain smoke free after pregnancy. Exploring free NRT to ensure equality access. Stockton Borough Council</p> <p>Incentives in priority groups: mental health, substance misuse, social housing and homelessness. Sheffield City Council</p>

The following detailed examples illustrate the range of local approaches to tackling inequalities and the scale of this work. There are nine examples, one from each English region:

East of England: Peterborough City Council

Targeted outreach to vulnerable groups including people experiencing homelessness, those in temporary accommodation, and sex workers, delivered through partnership working with local charities and outreach services. Expansion of the Tobacco Dependency Treatment Programme within acute and mental health trusts, ensuring patients admitted to hospital are offered NRT or vapes, and are referred for ongoing community support on discharge. Implementation of Swap to Stop, providing free vapes to priority populations as an alternative to tobacco, helping to reduce financial and health inequalities. Closer collaboration with maternity services to support pregnant women who smoke, recognising higher prevalence in deprived areas. Increased flexibility of support options (face-to-face, telephone, and digital) to reach those with limited mobility, childcare responsibilities, or transport barriers. Community engagement and co-location of services in trusted spaces (GP surgeries, community hubs, hostels) to improve accessibility.

East Midlands: Derby City Council

We have designated full-time advisors who not only conduct insight work but also work directly with external organisations to support the most deprived communities. Our major focus areas include social housing residents, the Eastern European community, and individuals with mental health challenges. We are developing new resources and pathways, offering enhanced support, and integrating our efforts with services already working within these communities.

London: Borough of Newham

Smokefree grant with community partners: recruiting smokefree champions, developing smokefree sites, outreach and drop-in clinics. Activation of optional additional work packages for people with long-term conditions and mental health. Strengthening pathways with NHS partners, as well as core priority groups. Recruitment of additional advisors. Activation of new drop-in locations across the borough to support at-risk smokers.

North East: Sunderland City Council

The LSSSSG grant has funded the following: VCS projects in areas of high deprivation to provide peer support and encourage readiness to quit, including providing vapes and referrals into services; the appointment of a Community Practitioner within the specialist service to work with high prevalence and more complex populations; the appointment of a SMI Practitioner into the specialist service to service the needs of those clients with serious mental health issues and to link with mental health colleagues; the appointment of an additional stop smoking advisor in the specialist service to increase overall capacity enabling more clinics to be set up in the most deprived/high prevalence communities; the introduction of a small Health Equity Fund within the specialist service to encourage co-production and reach out to communities to establish health champions (the specialist service was a key sponsor of our local PRIDE events); enhanced targeted marketing of the service and the Swap to Stop initiative in high prevalence areas of the city.

North West: Liverpool City Council

As a result of the additional LSSSSG funding, a raft of additional measures has been introduced to reduce health inequalities caused by smoking. These include: the introduction of a specialist health inequalities worker whose role is to make contact with organisations/individuals who

work with, or experience, smoking-related health inequalities themselves, to identify bespoke pathways towards accessing support; community development workers provide additional capacity for outreach support; and an in-house social prescriber ensures the support quitters receive extends beyond immediate address of their addiction to nicotine and addresses the wider determinants that are a catalyst for their smoking behaviours. LSSSSG has also enabled investment in online apps for smokers who want to quit without 1/1 support, investment in additional CO monitors to enhance the likelihood of referral from stakeholder partners, and additional marketing activity to promote the availability of the service.

South West: West Sussex County Council

Expanded community-based services in more deprived areas and accessible locations like supermarket sites and workplaces. Offering service provision at evenings and weekends. Introducing single phone number and web referral form to simplify referrals. Targeted support for people accessing drug and alcohol support services. Commissioning a mobile app and promoting through targeted social media campaigns. Providing free vapes in addition to existing provision of free NRT.

South West: Bristol City Council

New service has been commissioned with a list of high priority population groups who are communities who are likely to have higher levels of smoking and face the greatest risks of harm from smoking. The service will take specific action to engage these groups in treatment and will work collaboratively with ICS system partners to design pathways and support to do so. We have created a community health champions scheme who focus on populations at greater risk of health inequalities and have collaborated on an ICS peer support scheme to focus on providing peer support and pathways into services for people facing health inequalities from smoking. We have also designed extensive communications campaigns to address inequalities in smoking and engage our community in smoking cessation treatment. We have set up bespoke access to Swap to Stop in partnership with partners working with high priority groups, e.g. migrant health.

West Midlands: Herefordshire Council

We have strengthened our partnerships with PCNs, community mental health teams, substance misuse teams, and health visiting teams which has led to an increase in referrals and access to our Swap to Stop scheme. Additionally, we have recently procured a number of Smoke Free App licences which will enable people who experience barriers to access (e.g. rurality issues, long-term mental health conditions, those with chronic health conditions, and people working shift patterns) to receive stop smoking support and access to vapes. We worked in partnership with Herefordshire Football Association to deliver the smokefree sidelines project with youth football clubs. This has led to planned promotional events at the county football ground during Stoptober with the aim of targeting groups experiencing higher levels of smoking such as men between the ages of 25-35.

Yorkshire and Humber: North Yorkshire Council

Better pathways from partner organisations; increased presence in communities across North Yorkshire; development of a Peer Mentor lead to increase use of lived experience voice; co-location with key partner organisations; good use of events and promotional opportunities.

Swap to Stop

All but 4 of the 127 surveyed local authorities were participating in the Swap to Stop programme (97%).

Respondents were asked to identify in their own words the benefits of Swap to Stop. Most were positive about the scheme and identified a range of benefits (Table 6). In some local authorities the scheme has been used to provide a universal offer of vapes, complementing the established service and reaching smokers who are unlikely to access this service. In others, the scheme has been used to enhance specific local services such as Drug and Alcohol services. Either way, Swap to Stop is making a significant contribution to local efforts to reduce inequalities in access to stop smoking support.

Although the provision of vapes by community stop smoking services is now almost universal, vapes continued to present challenges, above all the need to address misconceptions and communicate clearly about both the benefits and risks of vaping.

Table 6. Benefits of the Swap to Swap scheme in England, 2025

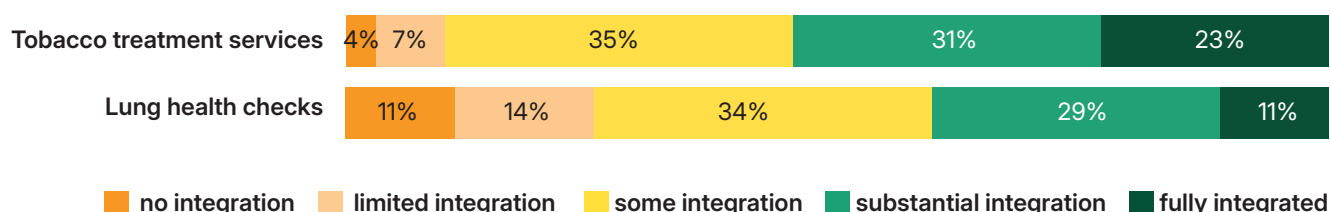
Benefit	Example
An increase in quit attempts and quit rates.	Hugely increased quit attempts and successful quits. Dorset Council
More choice for service users	Provided more tools and support to help people quit, increasing users. High proportion of service users choose vapes. Gave us an opportunity to work with people with substance addiction that did not want a full support programme. London Borough of Havering
Popular with service users	Very popular intervention and gives us good quit rate. Suffolk County Council
Alternative for those who do not want to access the service	We've been able to offer an alternative support for people who otherwise would not have engaged with our service. We've been able to expand our reach via working with partner organisations. Herefordshire Council
Alternative for those who do not want other treatment	Some clients have tried NRT many times and it has never worked for them, they don't want to use medication so have found S2S helpful. Some clients don't like the idea of using NRT or medication so opt straight away for S2S. Both have increased our quit rates. Central Bedfordshire, Bedford Borough and Milton Keynes
Enables greater reach into disadvantaged communities/ populations	Improving engagement with harder-to-reach groups by offering a more accessible and appealing quit aid. Reducing barriers to access by offering free vape kits and support, which has been particularly impactful in areas of deprivation. East Riding of Yorkshire Council
No cost to user	It has helped our residents to quit, especially at no cost to them which is important for our borough due to the high deprivation levels here. London Borough of Barking and Dagenham
Simpler to deliver than other treatment options	It has enabled us to offer a light touch intervention with a wider group of people and led to more people engaging with the service. Bath and North East Somerset Council

Enables new and better partnerships with local organisations	S2S has enabled us to engage many more organisations that are not traditionally part of SS service/trained advisors. It has provided more flexibility and innovative ways in seeking out new opportunities with partners as the Very Brief Advice + approach is less onerous and is really well received by partners to deliver. Essex County Council
Raises visibility of stop smoking service and generates referrals	By promoting an additional stop smoking aid that is welcomed by many users, S2S provides publicity for traditional stop smoking services and generates referrals. South Gloucestershire Council
Has freed up resources for the service to use elsewhere	Use of Swap to Stop paid-for kits has freed up resources in specialist service. Stockport Borough Council
Shifted attitudes among professionals	It has been great in proving their effectiveness for decision makers who were more dubious. Unlikely to go back to just NRT now. Walsall Borough Council

Integration with NHS services

Respondents were asked to assess how well NHS tobacco dependence treatment services and targeted lung health checks were integrated into community stop smoking services. Tobacco dependence treatment services were substantially or fully integrated with community stop smoking services in 54% of local authorities, and targeted lung health checks were substantially or fully integrated into community stop smoking services in 40% of the local authorities where lung health checks had been implemented (Figure 4).

Figure 4. Integration of NHS services with community stop smoking services in England, 2025



In over half of surveyed local authorities (56%), changes to NHS services in the 12 months prior to the survey had affected community stop smoking services in some way. Respondents described a wide variety of experience. The most common impact was an increase in referrals:

The tobacco dependence treatment service is now fully operational in our local hospital which is driving more referrals into the specialist service.

Bath and North East Somerset Council

We have seen an increase in the number of referrals to our stop smoking service as a result of the tobacco dependence service and lung health check programmes becoming better established.

Kent County Council

We have been engaged in the lung health checks. That has brought some referrals into the service.

Warrington Borough Council

However, some respondents reported a decline in referrals, usually due to the NHS taking over stop smoking support for pregnant women:

No/low self-referrals for pregnant smokers in community service as they are being seen by new tobacco dependency advisor in maternity setting.

Wokingham Borough Council

Maternity services have significantly reduced the number of SIP referrals into community stop smoking services. Whilst the trusts are improving SATOD outcomes, we are concerned that there is limited capacity to address loss to follow up in trust settings. Data sharing presents the biggest barrier.

Kirklees Borough Council

Although some respondents reported improvements in relationships and referral pathways with the NHS, others described the effects of financial uncertainty within NHS services, especially in tobacco dependence treatment services. A few local authorities, notably in south west London, have been affected by the decommissioning of tobacco dependence treatment services.

Uncertainty around the NHS services has led to small reductions in referrals rates.

North Northamptonshire Council

The lack of long-term funding from the ICB to our local Trust has meant they have only appointed stop smoking advisors on fixed term contracts which has affected recruitment and their team's capacity. It has also recently put a stop to developments we were working with them on, including the provision of vapes to their clients and the move to integrate the maternity pathway into maternity services.

Sunderland City Council

The local authority stop smoking service was operating as an in-reach service into the acute and mental health hospital trusts. Due to the uncertainty of non-ringfenced funding the service was decommissioned. We have since seen a reduction in onward referrals as part of the discharge pathway. This has created inequalities with regards to accessing smoking cessation services in the county.

Herefordshire Council

The NHS provision has stopped which has impacted referrals coming directly to local community offer.

London Borough of Croydon

ICB have decommissioned the Long Term Plan service with the exception of maternity which has been extended for 12 months only.

London Borough of Merton

What helps and hinders the delivery of stop smoking services

Respondents were asked to describe in their own words what had helped them to deliver stop smoking services in the previous 12 months, and what challenges they had faced.

The new funding through the Local Stop Smoking Services and Support Grant was identified most often as a factor that had helped local authorities to improve and expand their stop smoking services. It underpinned the increase in service capacity and had enabled new approaches to delivering support, addressing inequalities and public communication.

The LSSSSG has increased capacity of the stop smoking service which has enabled the delivery of services in more community settings and enabled the training of primary care staff to deliver interventions.

Rotherham Borough Council

The additional funding from the local stop smoking services and support grant has enabled us to increase capacity to deliver an expanded local stop smoking service. Also, local campaigns and communications have helped raise awareness and encourage quit attempts.

London Borough of Haringey

Additional grant funding has really helped us to extend our offer and given some freedom to invest in more flexible approach, less on producing numbers of quits and more on building relationships and engagement, getting people in the right space for being ready to quit i.e. SAQD.

Wokingham Borough Council

Additional grant funding to run county wide media campaigns which we haven't had the budget to do before. We have also increased the capacity by delivering new services.

Surrey County Council

The Swap to Stop programme was also identified as a key enabling resource alongside the Local Stop Smoking Services and Support Grant.

Smoke Free Grant. Tobacco and Vapes Bill profile. Swap to Stop scheme being extended.

Bath and North East Somerset Council

Swap to Stop and the smokefree generation grant - we have increased our comms, increased capacity in the stop smoking service, used the Allen Carr's Easyway service, and contributed to the London Smokefree App.

Royal Borough of Kingston upon Thames

The funding also presented challenges. Although the new LSSSSG funding was promised for five years, the uncertainty over annual funding allocations had, for some, adversely affected planning, commissioning, and recruitment. The constraints of local authority procurement and the statutory limitations on contract variations compounded this challenge.

It would be helpful if we had confirmation that the SSS grant funding was guaranteed for the full 5 years to enable more robust plans to be made rather than year to year.

Gateshead Borough Council

Short term additional funding agreements (1 year) make it difficult for services to recruit and retain additional staff, as they are on short term contracts.

Staffordshire County Council

There is lots of contractual work that has to go on in the background just to spend the government funding, so a longer term proposal from the government would be much appreciated next time (e.g. the time it takes to recruit, contract writing, going to senior management, approvals etc.) Longer term agreements will help with retention of newly appointed staff too.

Wakefield City Council

We were unable to commission a new service during the first year of the grant due to procurement legislation relating to the existing service. As a result we accepted the funding but were not able to work significantly towards our targets until this year. We face challenges due to the unknown amount of grant funding that we receive annually and this impacted the commercial viability of the tender.

Bristol City Council

Committed staff, leadership and effective partnerships were all acknowledged to have helped in the delivery and expansion of stop smoking services.

A dedicated, professional and hardworking workforce. The LSSS Grant paid for additional staff and Brief Advice training for nonprofessional workforces to increase referrals. VCFSE sector supported in expanding reach.

Wigan Borough Council

Supportive Director of Public Health and leadership team; supportive communications team; new partners from our smokefree alliance.

Portsmouth City Council

The introduction of the tobacco alliance has helped integrate stop smoking services within the wider local authority and community teams and organisations.

Knowsley Borough Council

Strong communication and collaborative working within the local authority and with the County—sharing best practice across all levels—have been crucial.

Derby City Council

Strong partnerships with acute and mental health trusts has increased referrals and continuity of care from hospital into community support. Close collaboration between Peterborough City Council, Cambridgeshire County Council, Cambridgeshire and Peterborough NHS Foundation Trust, and voluntary/community sector partners has strengthened delivery and extended reach to priority groups.

Peterborough City Council

Respondents' descriptions of the contributions made by regional partners were notable:

A hard-working team and strong regional working group. Strong collaboration with local, regional and national sharing of good practice and sounding boards for ideas. Strong relationships within our local authority that support our work in relation to communications and our social housing partners. Additional grant funding.

Swindon Borough Council

Regional support from OHID and peer support from other tobacco commissioners. Strong leadership from the council and ICB additional funding.

Cambridgeshire County Council

Great partnership work locally and some really good regional collaborations. Fresh have been excellent at advocacy and representing the NE nationally and keeping us up-to-date and briefed on all of the national changes and the Tobacco and Vapes Bill. They have helped coordinate the regional PGD too.

Sunderland City Council

Strong partnership working. We share our community service with Islington. As leads we meet weekly, and meet with our commissioned service semi-formally monthly and formally quarterly. We also participate in the North Central London tobacco leads group (covering our ICB footprint) and with our two hospital trusts, UCLH and Royal Free. We also regularly attend the London Tobacco Alliance meetings.

London Borough of Camden

Support from Humber and North Yorkshire Centre for Excellence. Senior leadership within the local authority has provided support in promoting tobacco control within the county.

North Yorkshire Council

Some respondents reported challenges with local relationships: primary care providers had not always been keen to engage with stop smoking services, GPs had resisted prescribing stop smoking medications, and changes to pharmacies had disrupted the supply of medications. New demand generated by NHS services was itself a challenge, as was uncertainty about the future of these services.

People are generally unable to get varenicline from their GP (they will not prescribe it) and we cannot afford to provide it via a PGD. This has led to a lot of frustrated people who would otherwise attempt to quit.

Rochdale Borough Council

Pharmacy closures have proven problematic for our NRT voucher system with a number of pharmacies ceasing to accept them and not informing us of this change. Closures also reduce flexibility and choice for service users with some areas not having any pharmacy provision.

North Somerset Council

Dealing with demand generated from the tobacco dependency treatment service and converting a good amount of these to setting a quit date and successful quitting outcomes.

Sheffield City Council

There has been ongoing uncertainty regarding the future of NHS Tobacco Dependency Services, which has impacted our ability to align services and plan collaboratively across the system.

Birmingham City Council

Although the new funding has enabled a big increase in local authorities' efforts to address inequalities, reaching the 'hard to reach' necessarily presents a range of challenges. These relate not only to the specific forms of marginalisation experienced by groups with high smoking prevalence, and the difficult circumstances in which many people live their everyday lives, but also to the more general challenge of reaching smokers when smoking prevalence has fallen so far.

Despite targeted outreach, services are now engaging with some of the most hard-to-reach smokers who often face complex social, psychological, and economic barriers. Many of these individuals are ambivalent about quitting, and some are not ready to engage, even when services are accessible and actively promoted.

Solihull Borough Council

While outreach has improved, sustaining engagement with people experiencing homelessness, those with complex mental health needs, and other vulnerable groups remains challenging. Some service users find it difficult to prioritise quit attempts when faced with multiple social and financial pressures.

Peterborough City Council

During engagement with voluntary orgs they have told us that the other issues people face, such as debt, low income, high bills, housing, have meant that many do not see quitting as a priority above all of the other issues that they are having to deal with.

Gloucestershire County Council

Reduction in prevalence makes finding smokers more challenging for some local authority areas. Provider time is spent more on identifying new opportunities where high prevalence populations may be (i.e. workplaces) but these are not always easy for them to gain access to.

Wokingham Borough Council

Currently have 8.8% prevalence, thus a challenge to engage those who may not wish to stop smoking ever.

Warrington Borough Council

Wider tobacco control

Enforcing legislation and tackling the illicit trade

Local authorities engage in a wide range of activity to enforce smoking-related legislation and tackle the illicit trade. The most common activities in the 12 months prior to the survey were underage test purchases of tobacco products and vapes, and seizure of illicit products (Table 7).

- 87% of local authorities had conducted underage test purchases of either tobacco products or vapes (79% had undertaken test purchases of both)
- 94% of local authorities had seized either illicit tobacco products or vapes (89% had seized both)

Table 7. Local authority actions to enforce legislation and tackle the illicit trade, England

Activity	Local authorities	
	2025 (n=123)	2024 (n=117)
Underage test purchases of tobacco products	102 (83%)	94 (80%)
Underage test purchases of e-cigarettes/vapes	102 (83%)	97 (83%)
Seizure of illicit tobacco products	113 (92%)	98 (84%)
Seizure of illicit e-cigarettes/vapes	113 (92%)	106 (91%)
Testing of illicit products	62 (50%)	49 (42%)
Advice/training for retailers	93 (76%)	69 (59%)
Public communication campaigns on illicit products	64 (52%)	46 (39%)
School/community education on illicit products	71 (58%)	61 (52%)
Targeted work on Shisha use	17 (14%)	15 (13%)

Promoting smokefree environments

Local authorities promote smokefree homes in diverse ways including integrating smokefree homes advice into appropriate services and by working in partnership with housing and fire services. Table 8 describes the number of surveyed local authorities that had pursued these activities in the 12 months prior to the survey.

Table 8. Local authority actions to promote smokefree homes, England

Activity	Local authorities	
	2025 (n=125)	2024 (n=119)
Integrating smokefree homes advice in stop smoking services	44 (35%)	40 (34%)
Integrating smokefree homes advice in early years/CYP services	38 (30%)	38 (32%)
Engaging with housing teams and supporting social landlords to promote smokefree homes	51 (41%)	45 (38%)
Working with the fire service to promote smokefree homes advice	33 (27%)	-

Respondents also described work with maternity services, health visitors, and air quality officers:

We have recently launched East Riding's Smokefree Homes Reward Scheme to help support and encourage pregnant smokers to quit as well as supporting a member of their household, who also smokes, to quit. By meeting key milestones on their quit journey, they can earn points which can be spent in shops, local businesses and leisure centres, or donated to charity.

East Riding of Yorkshire Council

Recruitment of a specialist Health Visitor (jointly with Bristol City Council) in a 2-year post specifically to promote smokefree homes to all health visitors in Bristol and South Gloucestershire and encourage referrals into SSS.

South Gloucestershire Council

We are looking at how we can work with air quality colleagues who offer indoor air quality monitor loans to make these available via our stop smoking service.

London Borough of Camden

In addition, 33 local authorities (27%) had supported the creation of new smokefree public spaces. These included play areas, school gates, football and rugby sidelines, parks, family hubs, the grounds of council buildings, pavement cafes, beaches, colleges, and designated areas within town centres.

A detailed account of work to promote smokefree homes and smokefree public places was given by Liverpool City Council:

Over the past 12 months we have introduced a new multi-faceted Smokefree Homes programme. This includes: delivery of Key Stage 2 curriculum lessons related to the value of smokefree homes, supporting housing associations to introduce their own voluntary smokefree homes policy, digital media activity to raise public awareness of the value in adopting smokefree homes, stop smoking support delivered in local neighbourhood facilities and enhanced provision of very brief advice to local community groups.

We have refreshed our Smokefree Play Area Policy (using a logo designed by local children) to now include Smoke and Vape free Children Play Areas and have signage in every council play area across the city. Compliance is being monitored by local officers. We have also run a consultation exercise and a communication campaign to highlight awareness and support for the Pavement Licence Smokefree Policy introduced across the city. Additionally, we are offering a training package to all establishments with a Pavement Licence to support staff in raising awareness with customers about the policy.

Work with children and young people

In addition to promoting smokefree homes, local authorities seek to protect children and young people through offering stop smoking/vaping support, providing resources to schools on smoking and vaping, and wider community education. Table 9 describes the number of surveyed local authorities that had pursued these activities in the 12 months prior to the survey.

Most local authorities (93%) had provided resources to schools on smoking and/or vaping. Two thirds of local authorities (68%) had provided support to children and young people to stop smoking and/or vaping.

Table 9. Local authority tobacco control actions to protect children and young people, England

Activity	Local authorities	
	2025 (n=125)	2024 (n=119)
Providing resources and/or training on smoking to schools	100 (80%)	78 (66%)
Providing resources and/or training on vaping to schools	111 (89%)	102 (86%)
Supporting wider community education/campaigns on smoking/vaping	67 (54%)	66 (55%)
Providing stop smoking support for children and young people	79 (63%)	68 (57%)
Providing stop vaping support for children and young people	50 (40%)	-

Beyond these activities, local authorities are taking a variety of approaches to addressing the needs of children and young people, for example:

The Service has trained health visitors and school nurses to carry out CO monitoring at every mandated visit or school drop-in and referrals are made to the service.

Darlington Borough Council

We have a dedicated young persons advisor who works with our schools, providing talks in assemblies and delivering workshops along with one-to-one sessions.

Sefton Council

We commissioned the INTENT programme—an evidence-based smoking and vaping prevention initiative—for all schools in Bexley, making it freely accessible. This programme is designed to equip young people with the knowledge and skills to resist nicotine use, including vaping, and supports early intervention by embedding prevention messaging within the school curriculum. By offering this universally across the borough, we aim to reduce future smoking uptake and address health inequalities among children and young people.

London Borough of Bexley

Public communication campaigns

In the 12 months prior to the survey, 112 of the surveyed local authorities (90%) had run public communication campaigns on smoking, either directly or through their stop smoking service provider, and 36 (29%) had run campaigns on vaping.

Public campaigns about smoking are run at national, regional and local levels. Some local authorities had promoted the national campaigns locally, principally No Smoking Day, Stoptober and New Year campaigns. Others had also participated in regional campaigns. These were identified by respondents in the North East, Cheshire & Merseyside, Yorkshire and Humber, South Yorkshire, the South East, and London, especially South East London and South West London.

We have run a Swap to Stop campaign, enhanced the regional Fresh campaign at a local level, run a Kick the Habit campaign with our local football club, and our specialist stop smoking service provider has run regular social media campaigns.

Sunderland City Council

The local authority has run the national campaigns, alongside the Cheshire & Merseyside 'All Together Smokefree' campaigns and local campaigns.

Knowsley Borough Council

Part of the broader 'Yes to Quit' campaign across Yorkshire and the Humber and led by the Centre for Excellence.

North Yorkshire Council

We have used a South Yorkshire wide approach and all four local authorities contributed to commissioning a comms and marketing company to deliver a 'smokefree starts' campaign.

Barnsley Metropolitan Borough Council

Stoptober and New Year campaigns, 'It's Well Worth It' campaign in collaboration with our southeast local authorities

Portsmouth City Council

Our local authority supported the South East London public communications campaign, which promoted the Smokefree app and local stop smoking services. The campaign aimed to raise awareness of local accessible support, encourage setting quit dates and quit attempts, and reduce smoking inequalities. It included digital outreach and targeted social media messaging.

London Borough of Bexley

Partnered with 5 other London boroughs across South West London on a joint comms campaign including local insight.

London Borough of Merton

Where public communication campaigns had been developed locally, there was more scope to target messages at specific communities:

Supporting national campaigns as well as our stop smoking service's own campaign around the New Year with the Turkish, Kurdish and Cypriot communities.

London Borough of Hackney

We have procured a company with the County Council to deliver specific communications campaigns throughout the year. These include a general campaign, and then specific campaigns on social housing tenants, health and social care workers, and routine and manual workforce.

Derby City Council

The overall aim of the multi-media campaign 'Light up your life' was to increase awareness and engagement of long-term adult smokers with the smoking cessation services across Birmingham and Solihull. The target audience for the campaign is adult smokers aged 18+ with a particular focus on high-risk groups: routine and manual workers, those living in areas of high deprivation, pregnant women, mental health service users, and substance users.

Solihull Borough Council

Campaigns also exploited local opportunities for communication and drew on local intelligence:

We have run several campaign and awareness including advertising on bin trucks, roundabouts, billboards, local radio, social media, and in workplaces. We created several brief advice films for health professionals. We are also working with local rugby club Leeds Rhinos on match day take over, posters in urinals and around the stadium, foam fingers with SSS info, QR codes on staff tops etc.

Leeds City Council

In addition to enhanced support of Stoptober we ran and evaluated a 4-month multimedia evidence-driven stop smoking campaign from mid-December through to the end of March using local people and their stories as Quit Champions to motivate behaviour change.

Liverpool City Council

Campaigns about vaping were focused on promoting Swap to Stop as a resource to quit smoking or on communicating with young people about the risks of vaping.

Advertising of Swap to Stop offer and also Ditch the Vape campaign, focused on smoking and vaping prevention amongst CYP.

Tameside Borough Council

Worked in collaboration with Links Media college on youth vaping media campaign - creative media pieces were shared as part of national child exploitation week. (

London Borough of Newham

We commissioned Kick the Cloud campaign aimed at CYP using local young people in the films and media.

London Borough of Merton

One respondent described work to reduce the harm of commercial marketing campaigns:

Education and influencing private sector in relation to tobacco promotion i.e. Network rail excluding pouch promotions on concourses in Manchester.

Manchester City Council

Discussion

Demand for stop smoking services had increased in 84% of the local authorities surveyed for this report in summer 2025. Although there were independent drivers of this increase in demand, such as more referrals from NHS services, this change principally reflects the efforts of stop smoking services not only to attract more smokers but also to go out into the community and find them.

The number of advisers providing stop smoking support increased in 86% of local authority stop smoking services, many of whom have a remit to reach disadvantaged smokers. The number of settings where stop smoking services are provided increased in 83% of local authorities. Local authorities are reaching smokers in community settings ranging from shopping centres to construction sites. They are partnering with community organisations, supporting community champions, and training frontline workers within disadvantaged communities. They are also offering core services in more flexible ways and running targeted communication campaigns.

This is a remarkable success story. The increase in funding for local authority stop smoking services announced alongside the smokefree generation proposal in 2023 was a clear acknowledgement that a smokefree future will only be achieved if every effort is made to reduce the number of current smokers as well as preventing smoking uptake. Local authorities have stepped up their efforts and are delivering this change.

The impact of this investment can be seen in the official data on stop smoking services. After a long period of decline, in which the number of people setting a quit date and the number of successful quitters fell year-on-year, the last two years have seen an increase in both measures. In the two years from 2022-23 to 2024-25 the number of people setting a quit date rose by 35% and the number of successful quitters increased by 34%.³ The data also reveal that the biggest socio-economic group to access services and successfully quit was adults in the routine and manual socio-economic classification. The decision to allocate public health funding for 3 years from 2026/27 should help to accelerate this progress by giving local authorities the certainty to plan over the longer term.

The official data do not capture the wider efforts of local authorities to encourage smokers to quit. The Swap to Stop programme has been welcomed by local authorities and is being used not only to improve the treatment offer within stop smoking services but also to provide an alternative to smoking for those who do not wish to engage with services. The increase in the use of phone apps reflects the same concern: how to reach smokers who are unlikely to access services.

The priority of tobacco control within local authorities in England has never been higher: a high or above average priority was reported in 90% of surveyed local authorities and a high priority in 58%, up from 54% in 2024 and 37% in 2023. Although this increase has been driven by the new funding for stop smoking services, it helps to sustain local authorities' wider tobacco control work which remains vital to achieving a smokefree future. Local authorities are now doing more than simply meeting rising demand – they are reshaping how cessation support is delivered and who it reaches. The expansion of services, targeted work in disadvantaged

³ NHS England: Statistics on Local Stop Smoking Services, England, April 2024 to March 2025.

communities, and new routes to support outside traditional settings all point in the same direction: a more active, outward-facing model of tobacco control. This is already delivering results, with quit attempts and success both climbing after years of decline. With multi-year funding secured and political priority at its highest level in over a decade, local authorities are better placed than ever to play their part in delivering the commitment set out in the ten-year health plan to 'create a smokefree generation for a smokefree UK'.⁴

⁴ UK Government: Fit for the Future, 10 Year Health Plan for England, July 2025.