

SMOKEFREE ST>RTS



Smokefree
Sheffield

How local authorities can effectively tailor stop smoking support

June 2026

Sarah Hepworth

Associate Director South Yorkshire Tobacco Control Alliance

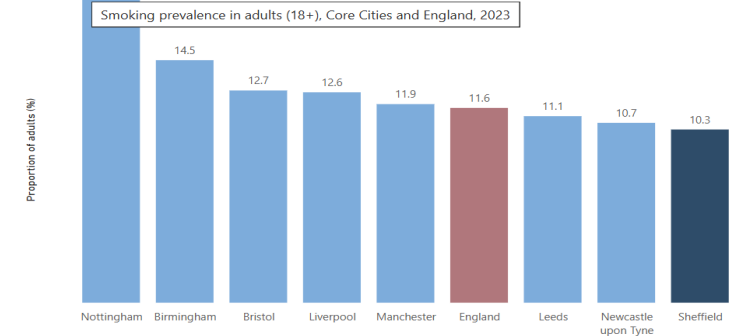
www.smokefreestarts.co.uk

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We have come a long way in Sheffield— there is a lot to be proud of

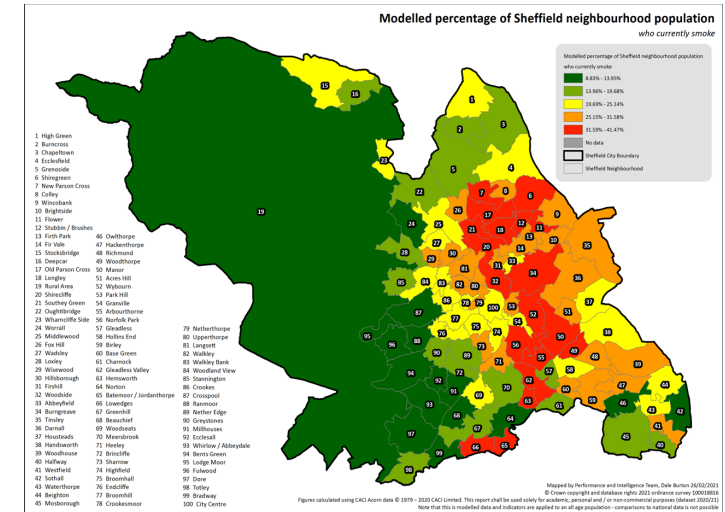
- Since 2017 we have reduced smoking prevalence in Adults by 30% (20,000 fewer smokers) and smoking has reduced across all social groups (adults from 17.6% to 10.3% 2022)
- In 2022 we were the 3rd best in Yorkshire and Humber – competing with more affluent areas and have the lowest smoking prevalence of the core cities.
- One of the most proactive Tobacco Control programmes in the country and highest performing local authorities
- On the 8th June 2023 won the LGC National Award in the Public Health Category for our innovative and collaborative tobacco control strategy

Smoking prevalence in adults (18+), Core Cities and England, 2023



However,.....

- In 2022 around 53,000 adults still smoke in Sheffield (10.3%)
- Almost 5,000 people are admitted to hospital because of smoking each year
- Tobacco kills around 663 people each year
- 5% of 15 year olds smoke regularly, around 940 children start smoking each year
- A quarter of people working in routine and manual occupations smoke
- 7.6% of pregnant women are smokers at the time their baby is born
- People with mental health problems are 3-4 times more likely to smoke
- 1 in 3 people who live in social housing smoke
- X2 as likely to smoke in our disadvantaged communities



Smoking is linked to almost every indicator of disadvantage and there is a clear gradient, **the more disadvantaged you are the more likely you are to smoke and least likely to be able to afford it.**

In order to achieve govt 2030 target we need 26,500 people to make a quit attempt each year – huge challenge!

Getting harder now as reaching more complex, heavily dependent smokers with multiple needs – needed to work differently.



Understanding the enablers and barriers in stopping smoking and accessing support in high prevalence groups

Centre for Behavioural Science and Applied Psychology, Sheffield Hallam University

Dr Rachael Thorneloe, Dr Martin Lamb, Dr Helen Humphreys, Dr Elaine Clarke, Prof Maddy Arden

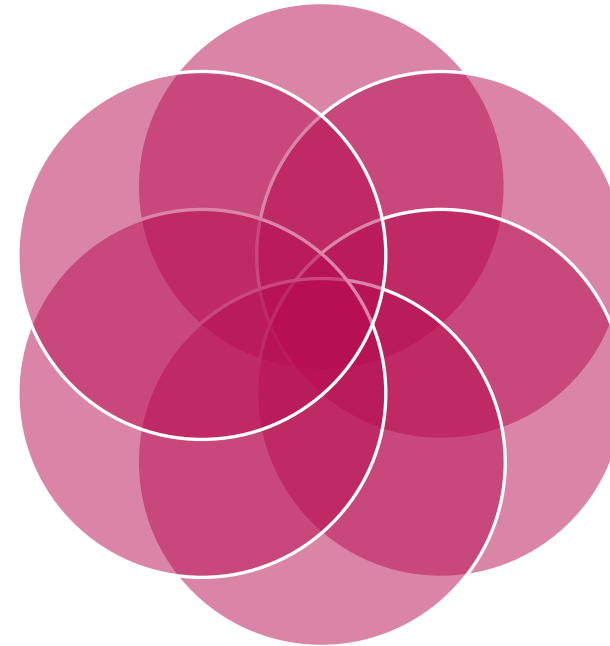
TUESDAY 4TH OCTOBER 2022

Key barriers and facilitators for quitting smoking

Living under **stressful circumstances** (cost of living crisis) = reason to delay quitting

Believe they **lack the capability** to quit due to feelings of stress/low mood

Believe that smoking **protects against stress** (coping mechanism)



Experienced **low mood/ regret/ failure** when they went back to smoking

Believe that quitting smoking will **increase** their stress

Experienced stress from previous quit attempts

Increasing uptake of Stop Smoking Services

Communications to educate and persuade people about what the service is, and where, when, how, and who can access it.

- *Benefits* of quitting smoking and accessing services
- *What* the service offers – resources and support to make it *easier and enable* people to quit (to reduce the focus on willpower) and *overcome barriers*
- Include *important or relevant* motivators/enablers/barriers in the messages

Accessible messages – different formats, accessible language

Emphasise social norms and use **role models** ‘people like me’ to have similar motivations/ barriers/ have experienced relapses/ and have accessed services to help them quit

Accessible services – local, feel safe/ familiar, flexibility and choice (e.g., telephone, online, face to face, different times/days, group vs. one-on-one support)

Increasing readiness to quit

Offer supportive and non-judgemental **advice and support before** the offer of accessing Stop Smoking Services from a **trusted source**.

i.e., brief motivational interviewing and self-compassion approaches

Communications that emphasise that Stop Smoking Services is **not just for those who are ready to quit smoking**.

i.e., offer 'cut down on smoking' services or 'swap some cigs to vape' services as a first step towards quitting or as a harm-reduction approach.

Incorporating stress management into what service offers if possible (and advertising that)

Use role models e.g., **people 'like me'**

i.e., people who have similar motivations for accessing services, have similar concerns about accessing services, and made plans for how to overcome them and challenge pre-conceived identities of people who quit

Maximising reach and engagement

- Service re-design to include more harm reduction approaches – all medications and vapes free – no prescription charge
- Strengthened referral pathways with partners who work with people with MH conditions and delivered tailored VBA training
- Delivered active outreach – embedding the service in community settings.
- Service contracted with a Local Vape company Mirage (18 shops) – required reciprocal referrals and training, contract in place.
- Reasonable adjustments – built into triage at point of referral and promote explicitly as part of service offer.

NICE National Institute for
Health and Care Excellence



Tobacco: preventing
uptake, promoting quitting
and treating dependence

NICE guideline
Published: 30 November 2021
Last updated: 16 January 2023

www.nice.org.uk/guidance/ng209





Partnership working

We pushed for a strategic approach not just one-off projects or pilots. Partners include:

Citizens Advice, food banks, Cost of living crisis hubs, welcome places, housing (social, rents Target housing, and those looking after homelessness services), substance misuse services, police and custody and primary and secondary care Mental Health Teams, Talking Therapies, MIND, SMI Health checks, VCF sector community organisations. A total of over 50 partners.

Conducted a roadshow with PCN's joint with the service manager and tobacco control lead – to outline the strategy and shape/localise the new service offer and pathway – reminded all to refer not signposting.

Feedback loop to GPs and wider partners on referrals and outcomes and thank you emails and meetings

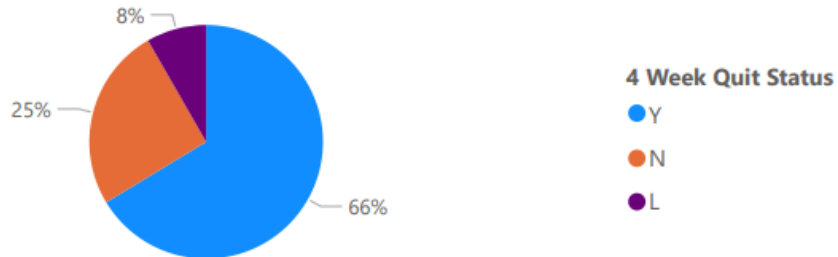
Service re-launch and comms campaign – including a radio advert to promote the service, city centre engagement launch (800 referrals month of campaign)



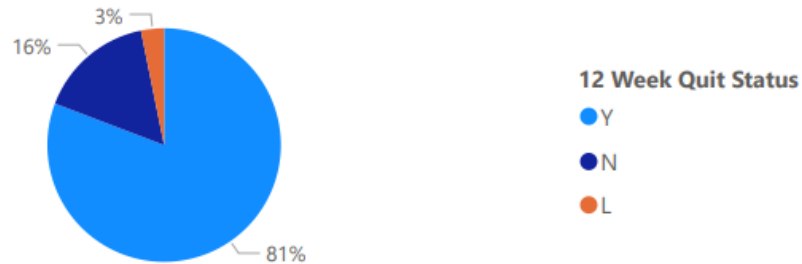
Priority groups

Priority Groups										
Carer	Deprived neighbourhood	Ethnic Minorities	Homeless	Learning Disability	LGBTQ+	MH	R&M	Substance misuser	Transgender	Long Term Condition
107	2209	418	18	57	101	1147	1213	19	22	1952

NumberofPriorityGroupClients by 4 Week Quit Status



NumberofPriorityGroupClients by 12 Week Quit Status



% of set quit dates from clients in a priority group

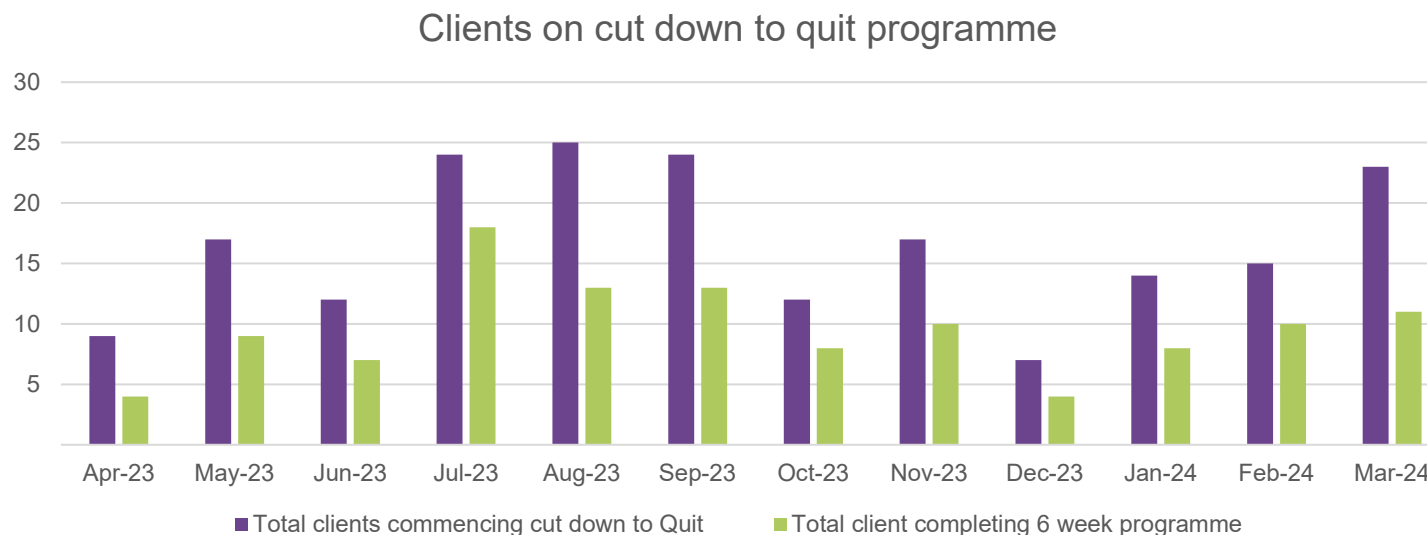
95%

2929 people set a QD from priority groups



Cut down to Quit

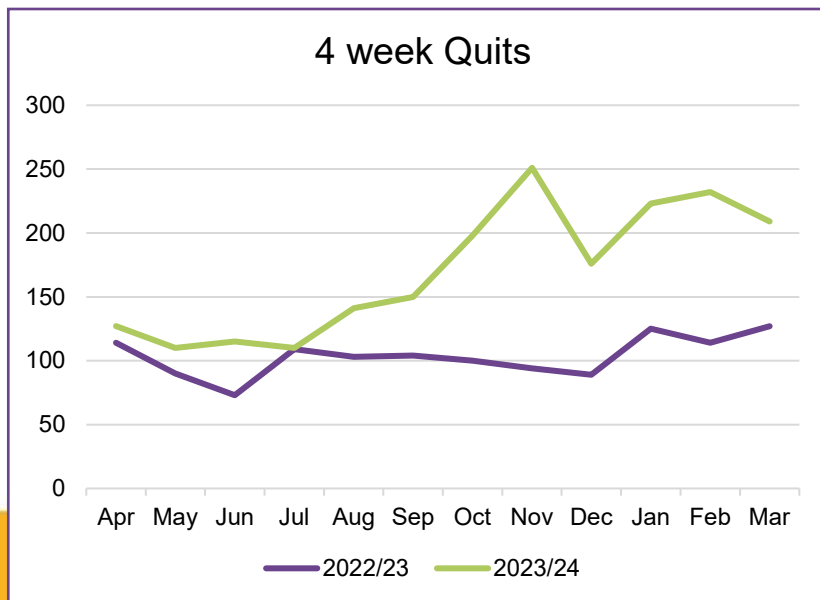
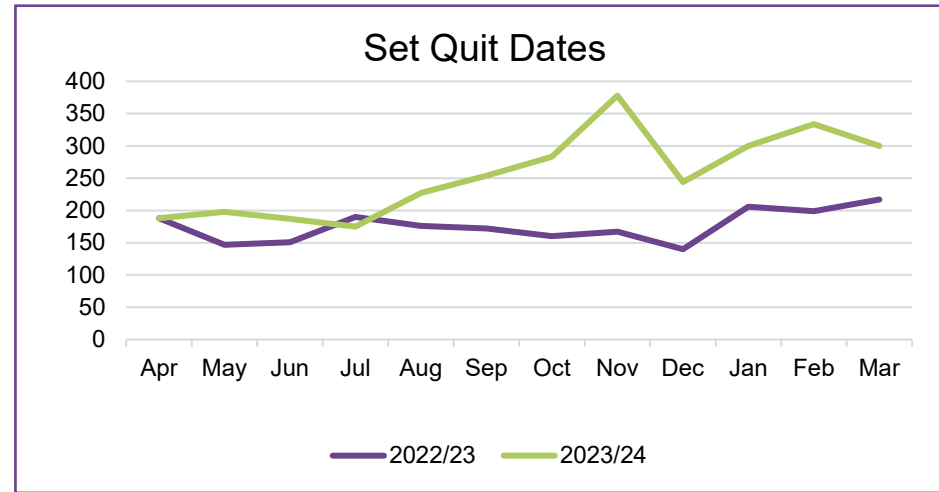
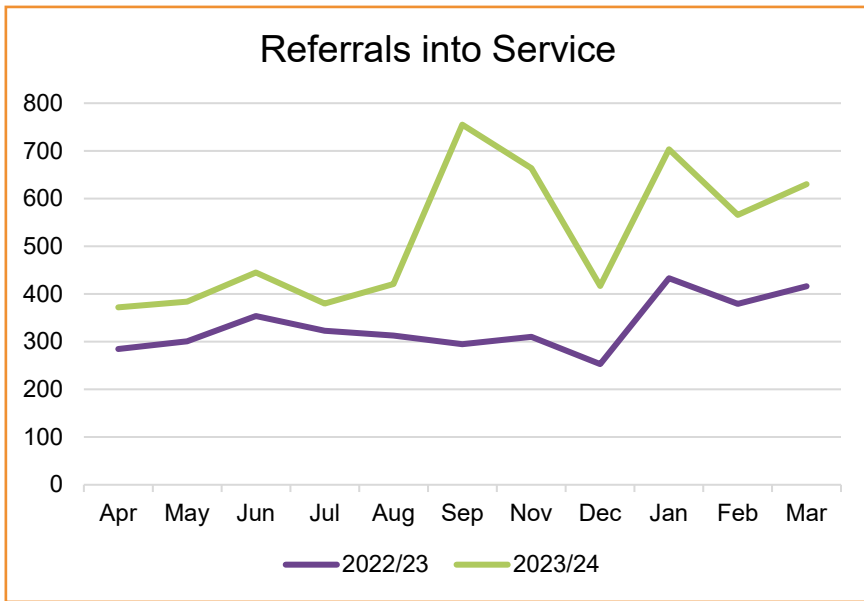
199 clients commenced the 6 weeks cut down to quit programme, with 58% (115) completing the programme and continuing with the service, setting a quit date with the aim of quitting for good.



98 clients who had accessed the cut down to quit programme, set a quit date
54 (55%) of these were successfully quit at 4 weeks.

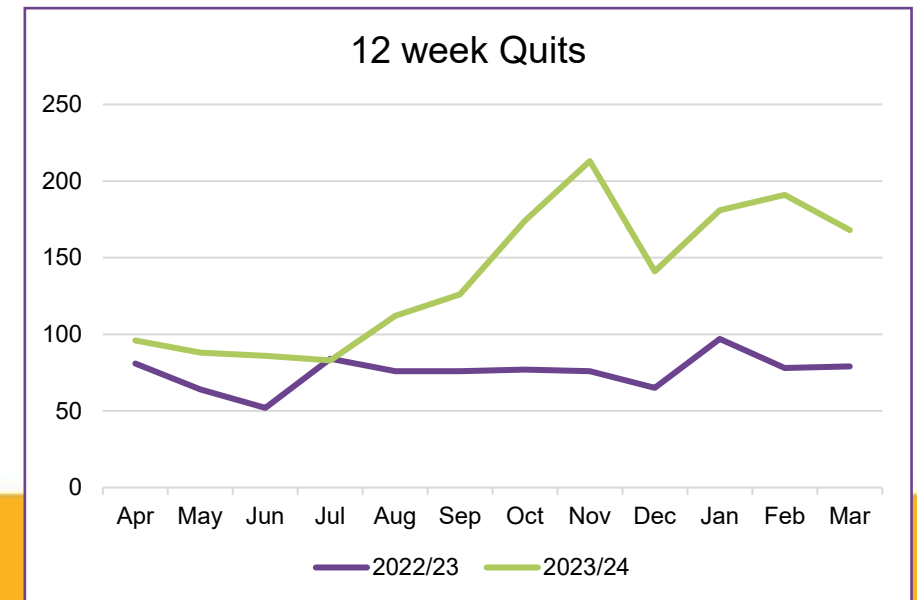
63% had remained quit at 12 weeks (34 people)

49% of those accessing CDTQ had a MH condition and over half were from IMD deciles 1-3



Based on full months to date

	22/23	23/24	Difference
Number of referrals into the Service	3933	6556	67%
Number of quit date set	2113	3068	45%
4 week quit	1242	2042	64%
12 week quit	905	1659	83%



Insight work across SY

Misperceptions exist about smoking, stress and mental health. People believe it helps them cope with these conditions, but the opposite is true. Stopping smoking is as effective as antidepressants in improving mood and overall wellbeing but this is not well understood by the public.

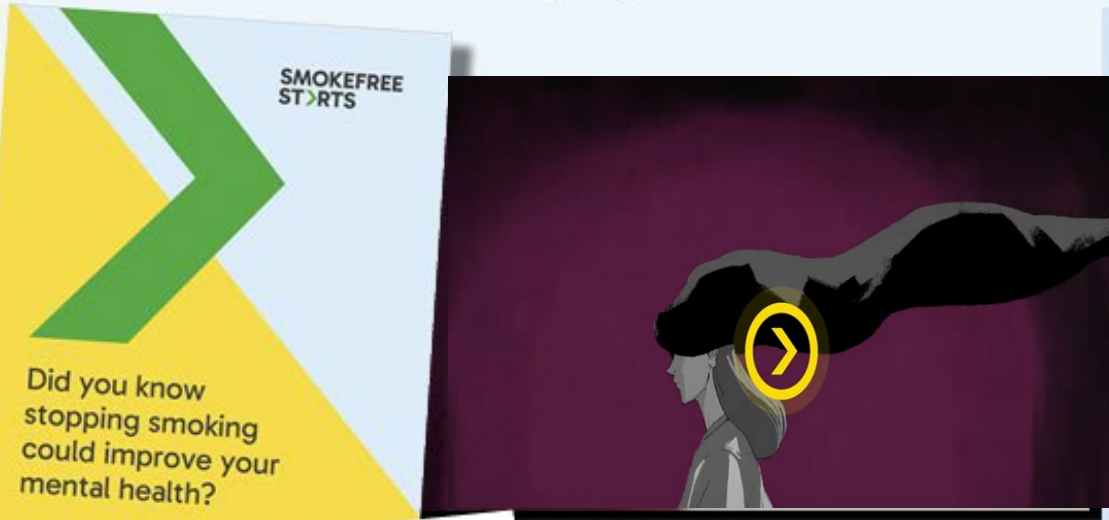
Workshop with professionals identified need to target the public and healthcare professionals.

Survey reinforced assumptions that people are unaware of the impact of smoking on mental health.

- **43% smokers in South Yorkshire believe smoking can improve stress levels.**
- **57% of smokers in South Yorkshire believe mental health conditions impact ability to quit. Overall, 80% of people taking the survey believed this.**
- **36% of smokers believed that stopping smoking would worsen mood and quality of life.**
- **46% of the respondents believe stopping smoking worsens MH conditions (important re family friends and the workforce)**

It is Time to Talk about Smoking and Mental Health Campaign, May 2024 and Nov 2024 – 8 week campaigns

Phase 1 - Highlights



Phase 2 - Highlights



Partners supported the development of the campaign

Worked with a wide range of health professionals to develop the campaign including:

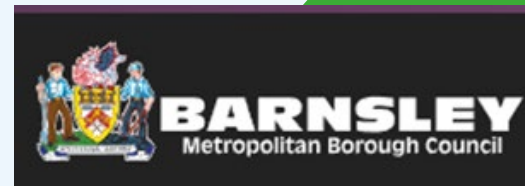
- SY Tobacco Control leads,
- People with lived experience
- SY Integrated Care Board Senior Prevention Manager, QUIT lead
- Mental health professionals (Talking Therapies, PC MH teams, MIND, VCF sector, Secondary Care MH teams, local GP's/nurses, SMI Health Check leads, Physical and Mental Health Improvement Group, Cost of living Crisis Hub workers, Welcome spaces, Housing, Substance Misuse Services),
- Prof Ann McNeal and Dr Debbie Robson KCL
- Action on Smoking and Health (ASH)
- Sheffield University



South Yorkshire
Integrated Care System



Rotherham
Metropolitan
Borough Council



ash.
action on smoking and health

Public support materials

Distributed 4000 leaflets to each area and 500 posters across the region too GP practices, health centres, dentists, pharmacies, hospitals, walk-in centres, mental health settings, VCF organisations, welcome hubs, cost of living crisis centres and stop smoking services, mental health trusts, social housing providers, substance misuse services, people doing SMI health checks.

**Gifted
resources to
the sector**



This leaflet has been translated into the following languages and are available to download from our website in Arabic, Punjabi, Polish, Slovak, Urdu, Roma, Romani, Kurdish, Romanian and Mandarin

Overview of results across campaigns

Phase 1- Cycle Breaker Campaign May 2024

- **ITVX TV advert** – 460,340 views
- 41,817 individual users saw TV advert
- **Traditional radio** – 433,305 Impressions and 41,993 unique listeners
- **Digital radio** 166,608 and unique listeners 15,132.
- **Social Media** Facebook and Instagram £5,938,971 impressions
- **380 people visited the website** for Information – being a new brand impacted this.
- **4000 resources** distributed

Phase 2 Men's MH campaign Nov 2024

- **ITVX TV advert** 120,069 views
- 22,827 Individual users saw advert
- 1,540 users accessed the website during the campaign and visited the information pages about support

Budget for Phase 1, £60k, budget for phase 2, £30k. No radio in phase 2.

Campaign evaluation

100% of respondents expressed that the TV advert made them feel hopeful.

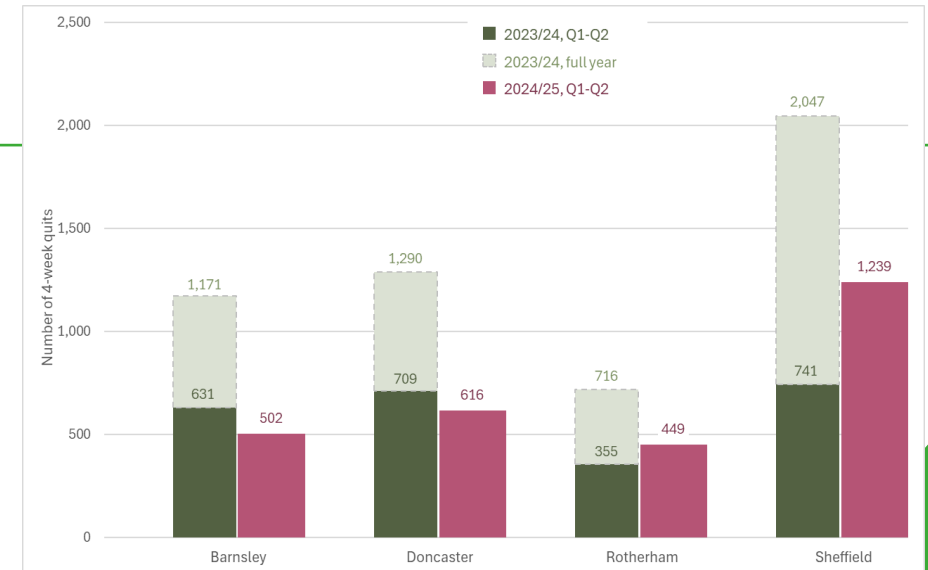
The messaging resonated emotionally, helping to challenge the perception that smoking helps to cope with stress.

50% of respondents said after seeing the advert they would be more likely or much more likely to stop smoking.

After seeing or hearing the TV/radio advert people reported that they:

- ✓ Visited the website
- ✓ Contacted a stop-smoking service
- ✓ Discussed stopping smoking with a friend or family member

(Online survey, sample size - 40)



Real Stories

815 active users on website

315 views on Isabelle & Cal's stories

50,000 minimum views on each YouTube short

8,000 impressions on Meta ads

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I find myself rushing through life much less now. I feel more in control of my life.

I can enjoy cooking a meal and taking a relaxing bath now I don't have to plan time to smoke before everything I do.

By not smoking I've been able to reflect more on my feelings which has improved my wellbeing.

Swipe to learn more.

SMOKEFREE ST:RTS

My focus isn't on smoking anymore. My focus is on enjoying doing something creative.

Swipe to learn more.

I thought smoking was helping to relieve stress but looking back it definitely contributed to it.

National Campaign Evaluation

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- 1/3 of the total sample rated the stress cycle as their favourite (total sample 1504)



Wednesday 11 June 2025 • Grosvenor House, London



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anuscript will undergo further editing. Please
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