



Smoking: Qualitative Insights

Primary Research Report

May 2022



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PROJECT OVERVIEW



Commissioned by ASH, this is a programme of research to gain further insight to the nation's smokers and their lives through qualitative exploratory work.

Objective is to create an evidence base which will inform the independent review commissioned by the government into smoking. The review will in turn shape the government's approach to tackling the stark health disparities associated with tobacco use. It will also help the government decide on the most impactful interventions to reduce the uptake of smoking and to support smoking cessation.

This report presents insights from primary research with a range of profiles of smokers and quitters; and Health Care Professionals

A focus on disadvantaged communities



Coastal communities

Living in social housing

Living below the poverty line

Living with common mental health issues

Young people not in education, employment or training

Pregnant smokers

Students newly smoking

BAME smokers

LGBTQ smokers

Health Care Professionals

METHOD



GROUP	Type	Primary criteria	AGE	M/F	Geog
1	Smokers	College/Uni students	18-21	Mix	North/Mids
2	Smokers	College/Uni students	18-21	Mix	South
3	Smokers	NEETs	18-21	Mix	North/Mids
4	Smokers	NEETs	18-21	Mix	South
5	Smokers	Living in social housing	35-44	Mix	Blackpool
6	Smokers	Living in social housing	45-65	Mix	Mids
7	Smokers	Depression/anxiety	22-34	Mix	Folkestone
8	Smokers	Depression/anxiety	35-44	Mix	North
9	Smokers	Depression/anxiety	46-55	Mix	Midlands
10	Smokers	Living in social housing	25-34	Mix	South
11	Smokers	Live below poverty line	Children at home	M	North/Mids
12	Smokers	Live below poverty line	Children at home	F	South
13	Smokers	Living in Social Housing or private rented housing	18-24	Mix	Blackpool
14	Smokers	Living in Social Housing or private rented housing	25-44	Mix	South Coast
15	Quitters	Quit 3-12 months ago, currently vape	25-44	Mix	North/Mids
16	Quitters	Quit 3-12 months ago, don't vape	45-65	Mix	South
17	Lapsers	Quit at least a month before lapse	25-44	Mix	North/Mids
18	Lapsers	Quit at least a month before lapse	45-65	Mix	South

Research comprised 18 focus groups and 41 depth interviews

DEPTH	Type	Geog
1-6 [6]	Pregnant smokers	Mixed
7-15 [9]	BAME smokers	Mixed
16-18 [3]	Smokers with depression / anxiety	Mixed
19-25 [7]	LGBTQ smokers	Mixed
26-41 [16]	Health Care Professionals, <i>inc GPs, Practice Nurses, MH Nurses in Primary Care; Community Pharmacists</i>	Mixed



Research comprised 18 focus groups and 41 depth interviews

We have presented the results in this report combining insight from groups 1-18 and depths 16-18, as these smokers are, to a great extent, cohesive in behaviour and attitudes. Differences and quotes are colour coded for easy reference to respondent profile

Specific sections are included within the main body of the report on the Quit Experience and Lapsing primarily taken from the groups with Quitters and Lapsed Quitters, although current smokers' opinions on their experiences of quitting and lapsing are included in the analysis

A separate section follows for Pregnant Smokers, amongst whom the discussions had a different focus

There are also separate sections for BAME and LGBTQ smokers which highlight and summarise areas where these profiles differ, otherwise where attitudes and behaviours align with smokers generally, commentary is integrated into the main body of the report

Finally, there is a section on Health Care Professionals



Insight into Smokers: Primary Research

The Context: R&M and Unemployed Smokers' Lives



It should be noted that grouping together Routine & Manual workers and those who have never worked, encompasses a **very wide range of circumstances**

Whilst some factors are of course present across profiles, there is a **wide diversity** of family and – importantly – financial situations within this broad grouping... and significant differences between, say, a family where 2 adults work in secure and decently paid jobs and, in contrast, a single mum who doesn't work, or works sporadically...

"I'm a single mum of six. And yeah, I work at Clinton's card shop, well, I did until Friday. I had childcare issues. My baby's just turned one so I need to be at home and plus [daughter] is three so... I've been relying on food banks, help through the council, discretionaries, anything. All the charities that are available, I've literally been picking up just to get by, just to help feed my children."

Social Housing, 35-44, North

"Generally, it's not [impacting us]. Like me and my missus, we both work full time jobs. The cost of living is already high, we pay a stupid amount for rent, like everyone else does, and everything just costs a lot of money. It just means that for example, where I normally like to buy my little cousin a £30 gift for his birthday, maybe he's going to get a £15 gift for his birthday. So, it's only going to affect the people in our lives you know? And ourselves maybe instead of ordering a takeaway twice a week now you just order it once a week, that sort of thing."

"I'm quite fortunate, because my partner's got a good job. He's just took another promotion. So it's kind of, it hasn't affected us [cost of living crisis]. And you think it would with me being poorly, but we're okay. For now. You know."

MH sufferer, 45-65, Midlands





Within this cross section of society, many lead **challenging, stressful** and **chaotic** lives

Many are so **financially vulnerable**, that the slightest impact on income is enough to tip them into using food banks, charities

Life is often **day-to-day, crisis-to-crisis**, and there is a noticeable absence of longer term thinking or planning amongst many

NEETS

Some have moved into adulthood during the pandemic

Work is transient

Education 'not for them'

A recognition that life is tough, but most typically remain fairly optimistic, hopeful that something will come up

Seem to want to work, but minimal career planning

"Yeah, it's pretty tough at the minute everything that's going on, you just got to kind of crack on with it. I know it will get better. So, you just got get your head down"

NEET, Mids/NE

Impacts of the pandemic: financial



Impacts of the pandemic and the current cost of living crisis are **widespread and evident**

Effects were typically **financial** and linked to **mental health and wellbeing**...and these are inextricably entwined

The degree of financial impact – as might be expected - does correlate with working status and job type and ranged from minimal to excessive, with the youngest having fewer worries

those **who were able to continue working** through the pandemic [e.g. in supermarkets, care workers] felt less impact financially [and often also on their mental health and wellbeing]

those who were working and were **furloughed**, typically felt **significant financial impact**, as they live financially so close to the wire, that a 20% reduction in income can tip them into being unable to manage

a number of **self employed workers** lost all income for a significant period – up to a year in one case

others **lost their jobs**; or lost **huge proportions of their income** if income is commission-based;

As well as loss of income, having all the family at home created more financial pressure for many; as did the cost of increased smoking [for some]

For others, there were limited – if any - financial issues: benefits remained the same; live with parents

Impacts of the pandemic: mental health



Many respondents had existing mental health issues prior to the pandemic, including many respondents outside of the sessions convened specifically with that profile. These ranged from fairly low level, 'everyday' stress through to more significant illness, where HCPs are involved

Although not universal, the **mental health impact** of the pandemic on lives **cannot be underestimated**. It **persists** for many, though some feel their mental health has improved as life has returned to 'normal'. Multiple contributing factors

financial concerns most widespread: reduced income; job losses

the **enhanced impact of difficult life events** [divorce, bereavement, serious illness] – and having to deal with them in isolation, away from family and social support networks

isolation, loneliness, boredom, feeling trapped, missing / unable to see loved ones

Middle aged in particular **caught** between the pressures of children / teens [some developing mental health issues] and being unable to see or support aged, and often ill, parents

worry about getting **Covid**

Often **several members of the family** suffering from significant MH issues e.g. anxiety, agoraphobia, germophobia; eating disorders



LGBTQ

“ Honestly it was really bad at first, financially at the moment it is getting worse. In terms of my freedom, I've got my freedom back, but it's on the edge. I feel the way the world went was really bad. Everyone's mental health just went to tits, if that makes sense. Our freedom was taken away from us, we had to use a pass to go into nightclubs, which, to me was obscene, so yeah it wasn't great.”

LGBTQ smoker, male, 29, South

Impacts of the pandemic: mental health



For some lockdown helped mental health...

"I was happy, I don't like people. I liked staying at home."

MH sufferer, southern coastal town, 22-34

"I feel like it gave everyone enough time to spend time with themselves, so I figured out a bit more about myself so I feel as if it may have helped me mentally. It made me realise I didn't have enough time to think about what was going on, I was too busy for myself [before]."

BAME smoker; mixed White / Jamaican heritage

For many, the first lockdown – with good weather – was easier than the winter one

Several comments that having the family all together was a positive – for others this brought more stress

Others experienced some other positives, often fitness related. For some the forced slow down of the pace of life has had a positive impact

"I used it as an opportunity to do things I never thought I would have time to do, making the most of a bad situation so it wasn't all that bad, looking back at it, but at the time it did feel quite hard."

BAME smoker; UK born, Black Caribbean heritage

Those who don't work, or who are full time carers for family often suffered less from lockdown as lives didn't change hugely, and finances were unaffected



Impacts of the pandemic: mental health



For some, the difficulties have been in returning to normal life

"It was getting away from everything and everyone...it was hard to go back."

NEET, South

"It was the agoraphobia, being in crowds, going back to being with so many people. I mean, it's scary about catching it, but you have to come to terms with it."

MH sufferer, 21, North East

Some who suffer with mental health issues feel reluctant to seek help; feel that GPs are overloaded with MH sufferers, and you'd only get redirected

Others feel it's for them to deal with themselves, don't necessarily see it as an issue to go to the doctor's for

Some comments that during lockdown there were no services available





Pandemic had mixed impacts on smoking behaviour

Some **increased their smoking** – through boredom, managing stress; and many have sustained these levels. Some lapsed from quitting. Brings with it increased financial pressures

The pressure of having **children at home all day** also made some smoke more – to escape, have me-time

“At the beginning I probably chain smoked because there was nothing to do was there?”

Social Housing, 45-65, Mids

Others **smoked less** – either as a cost saving measure, or because they typically smoke less at home – often because of the presence of children. For some, the pandemic, and being away from everything meant a reduction in stress – and as a result, smoking

“I used to be quite a heavy smoker until COVID. Got furloughed and can't afford 12 pounds per packet for Marlboro lights. So actually switched things...made the switch to roll ups. Yeah. And can't smoke another cigarette. Now it has to be roll ups. But it saves me, I used to spend probably £140 a week on six packets.”

MH sufferer, 35-44, North/NW

Impacts of cost of living crisis



Some are aware that there is **pain to come** with prices, but as yet are not really experiencing it

Younger smokers are often shielded from impacts as still living with parents

But many definitely recognise the rise in prices, particularly in the supermarket

Cost of fuel is the most vocalised worry – this refers to car fuel for some as well as heating homes

Some talk of saving or budgeting, but plenty are **just worrying and not planning**

To some extent, heating costs are seen as less controllable than car fuel and food costs, although evidence that some are taking care not to heat their home any more than is necessary

“It’s just everything. So I’m really worried about for instance, gas and electric. I can’t afford to feed myself properly. It’s either I eat, or I pay for my gas. Obviously, I need to eat. So I’m just going to freeze.”

LGBTQ smoker, 29, Male, South

Many **don’t have a strategy** for how they will cope; some are in denial – more likely to be men

“You know, you just get on with it. Oh, yeah. You just kind of ignore it and just carry on best you can. So, if I ever got to the point where I actually grew up a bit and needed help, I don’t know where to go.”

MH sufferer, 35-44, North/NW

Significant impact for some on **mental health**: some instances of being prescribed medication to help them be calm and deal with the additional anxiety and stress



BELOW THE POVERTY LINE

“ I’m running out of electric quite a bit now. I’m not working, I’m on Universal Credit. And it don’t last very long. So I have to keep on borrowing the money to put on the electric. And it’s going up even more.

You just think – what are you going to do? And then you’re struggling to feed yourself and things. It’s not fair is it really? ”

Living below the poverty line, Female, South



Impacts of cost of living crisis: smoking



Mixed views on if and how smoking may be impacted by increased cost of living, and some evidence that changes have already been made

Some have **switched to rollies** due to the financial impact of the pandemic. Others recognise that **quitting or cutting down** would be a good way to save money and have tried to reduce how many cigarettes they smoke per day...and some have done both

"I am hoping to cut down soon. Because the money that I spend on cigarettes could go towards gas and food, and things that I actually need. I don't need to smoke, it's more of a want."

BAME smoker; UK born, mixed White / Jamaican heritage

Rolling tobacco can save money not only because it's cheaper but also because you can eke it out, be less generous per cigarette

Several talk of **getting cigarettes no matter the state of your finances**; others fear they may have to cut down

"I was smoking 30-40 a day now I'm on 10-15 roll ups."

MH sufferer, 35-44, North/NW

However, for many, **with the extra stress and anxiety comes increased smoking**, particularly where cheaper tobacco is being sourced, legal or illicit



The Context: R&M and Unemployed Smokers' Lives

Key Points

Many have challenging, stressful, chaotic lives. Minimal long term planning, life is day-to-day

Most are financially close to the wire, some cross it

Pandemic has had extensive financial consequences and these are now being perpetuated and exacerbated by cost of living crisis

Impacts on mental health cannot be understated, persist for many and are too being increased by [renewed / increased] financial worry

Smoking behaviours have been affected in varying ways and to different degrees



Insight into Smokers: Primary Research
Attitudes to Smoking

History of smoking



Many took up smoking as teenagers. Notable that nearly all of those who **live below the poverty line** started smoking at a young age, often early teens, and some even earlier

Most talked about a desire to fit in, be social, with friends, boyfriends

Typically, even amongst younger smokers, smoking was perceived as 'cool'. Very much seen as the norm socially

Older smokers talk of how smoking was advertised at the time they started

"It was just like, a social thing. Like, I was always stopping and starting just to look cool, if that makes sense. Yeah. Obviously, when I had left school, it just carried on."

NEET, Mids / NW

"You feel like you're doing something cool. And you don't enjoy it at first, you can't even smoke. It just goes on from there really to try and try it like that, like, every so often more and more and then went on to become like a full smoker in the end."

NEET, Mids / NW

Not all had family who smoked – though many did – it was more likely to be the norm amongst their friends

Mixed behaviour amongst NEETs re telling parents

LAPSED QUITTER

“ At first it was just like joining in with everyone else, we used to smoke at school, on the way home from school. My mates used to work at a local newsagents and used to steal packets of cigarettes and we would all smoke them. And then as I got older, going out nightclubbing. I laugh now but being on dancefloor with a bottle in one hand and a cigarette in the other, I must have looked a right idiot. But those were the days and then I got more addicted and you wake up in the morning and reach for a cigarette. ”

Lapsed Quitter

Attitudes to own smoking



As seen generally with smokers, most would like to be non-smokers and most wish they had never started. They know it's 'bad for you'

Lots of evidence of the **love-hate** relationship; **the enjoyment and the guilt**

It's often something they don't think a lot about, it's just who they are, what they do...they recognise it's habitual

"Sometimes you smoke a cigarette and you don't even want one, there is no need to smoke one - it's out of boredom."

Social Housing, Mids, 45-65

Some older smokers feel embarrassed by their smoking – particularly as fewer young people smoke

Some fear not having cigarettes in the house

Others are happy smokers, but it's the minority. Often cited as the 'only vice'

I don't care. I'm happy to be a smoker. It's my only outlet. I don't go out. I don't do anything else. I'm quite happy to be a smoker."

Social Housing, Northern coastal town, 35-44



Notable lack of drive or even inclination to quit noticeable amongst all profiles, although some respondents were more positive - the less deprived?

Smoking is viewed by many as an **essential tool** for dealing with life, something that they really can't imagine coping without, and aren't interested in trying to

"It's like an old friend, isn't it? I mean, you know, it's bad for you. But it's, it's like something that becomes your friend over the years. It feels like it's one of your best friends. And when it's taken away, you know, you just kind of don't feel right. Yeah. You really miss it."

MH sufferer, 35-44, North/NW

Even amongst those with an active dislike of their smoking, there is resignation that nothing else substitutes the stress relief of a cigarette

"I am not proud that I smoke because I never thought I would, and the reasons why I smoke I'm not happy about. But at the same time nothing else works [to control stress]."

NEET, South

Coastal Town



“

It's just my mental health at the moment. It's a lonely place to be and when you get lonely it gets stressful for you and when you get stressed you just have a fag and it takes the stress away. It's just me and my baby - I moved down here on my own, I'm on my own, that's why I smoke really.

”

Blackpool, 18-24

MH SUFFERERS



“ Some days I really do hate it. Both pregnancies I gave up and another time I gave up for two years, so I can do it. And I think just where I'm constantly worried about the increase in prices and, you know, everything like that, gets on top of you, and I think 'Oh I know, I'll have a fag, that'll make me feel better.' Sort of goes hand in hand: stress and a fag. ”

MH sufferer, 22-34, southern coastal town

BAME SMOKER

“Honestly? I do enjoy it. I know its so bad. It’s like opium, it feels so good but it’s so bad for you. And I am 42 now, I’m not a spring chicken anymore. I get my lungs checked every year and I get my bloods done and I really need to look at that now. So reducing and quitting by the time I’m 50 even though I enjoy it. I feel I am a slave to the cigarette box, I am a slave to nicotine but it does help, especially now in times of anxiety and uncertainty. But a bigger picture is I’m not 15 any more.”

BAME smoker, African Indian



Attitudes and experiences to vaping reflect those seen in other research:

Most have tried: positive and negative experiences

More socially acceptable

Uncertainty amongst some as to safety

Concern that it's used more than cigarettes – always on – more addictive?

Range of flavours creates interest, but isn't for everyone

"I didn't really get on with it to be fair. On the face of things it seems as if it's similar to Shisha but I couldn't quite get the blend I was looking for. I would take a pull of it and it would taste really tobacco'y and it just makes you cough, whereas that wouldn't happen if I had a normal roll up or normal cigarette."

BAME smoker, UK born, North African heritage

Insight into Smokers: Primary Research

Attitudes to Smoking

Key Points

Most have smoked since being teenagers

Attitudes to own smoking reflect that seen generally amongst smokers: volatile, love-hate; enjoyment and guilt

Most wish they had never started

Notable lack of drive or even inclination to quit amongst many

Smoking an essential tool for dealing with life



Insight into Smokers: Primary Research
Attitudes to Quitting

Reasons to quit



Smokers with these profiles cite the same reasons as other smokers for not wanting to smoke [as opposed to wanting to quit], though there are possibly **differences in priorities**

Finance is a key factor in the desire not to smoke and often first mentioned. Alongside typically limited finances, the pandemic, and subsequent cost of living crisis has enhanced the guilt associated with expenditure on tobacco

Like other smokers, awareness of **health risks** is high but can be rationalised, justified, ignored by many – especially as it can't be seen. Even some of the youngest smokers recognise existing impacts: shortness of breath, 'little coughs' but this isn't impetus enough to quit

Health issues that do feature are often about immediate **fitness**, rather than long term health impacts, particularly amongst younger smokers

Some see smoking as **just one behaviour impacting health**, refer to not eating healthily and alcohol

Reasons to quit



Those with families feel an urge to quit for health reasons, to be there for their children

Role modelling is a key reason to quit – none want their children to smoke, and most hide it as long as possible

"I enjoy smoking. I really do. But, you know, it's gonna kill me one day. And I've got two young kids. I need to start. I need to try."

MH sufferer, 35-44, North

Reported / anticipated triggers to quitting are familiar:

- Pregnancy / starting a family
- Health scare / issues
- Tobacco price increases
- New Year's resolution
- Just wake up one morning.... Lots of comments about just being in the right mindset

"If I became pregnant, for the baby or if my parents got ill and my second hand smoke affected them negatively."

NEET, South

NEETS

“ I mean, like, that's a case of like, a lot of my family's died from like lung problems and cancers. And it's very rife for my family. And it's always due to smoking. And like, all of my grandma's brothers and sisters died from smoking and all of you know, my mam's brothers, sisters, things like that. Everyone's got issues due to that. So, it would be something that I should really try and get rid of while I can, especially with myself, I've got, like, medical issues with my heart and things like that. So not a good idea doing it. But it's just the motivation really. ”

NEET, Mids/NE

BELOW THE POVERTY LINE



“

I mean, a year ago, I suffered a couple of heart attacks in a week. And I gave up smoking for eight weeks. Well, I just slipped back into it, then. I've tried using various vapes, and they're all awful, I hate them. I've tried the patches and inhalers, and they don't seem to do anything for me. And it's just so easy to slip back into it, because my partner smokes as well. And she finds it really difficult to give up as well. So it's, it's really hard for me to give up...but I do want to get off the fags but I don't know what to try.”

Living below the poverty line, Male, North/Mids



Attitudes to quitting



Most smokers from their 30s onwards have tried to quit, or at least to cut down, but this is more likely to be once or twice rather than repeated attempts

Younger **don't feel it's a pressing priority**, but most feel they will quit when they're ready. Many haven't experienced yet the difficulty of quitting

"I am still really young so I don't notice it. Maybe in a few years time when I'm older maybe, but at the moment it's not really to do with my health it's more about the money benefit, it would be nice to have a new car."

LGBTQ smoker, Male, 29, South

Some talk about pressure to quit making them feel obstinate not to...discussions about GPs attributing everything to their smoking

Many are able to justify not quitting yet: often the idea that you have to be 'ready' – there's no point trying until you are...and they are not

"I'm just set on doing what I did before: setting that date in my head and sticking into that. And then once I get to that point, that's when I'll stop. It's just with everything, the build up of stuff and stressing out all the time. I can't quite get that set in my head."

Social Housing, Northern coastal town, 35-44

Others fear failure

"I am scared to quit, it's a routine, I don't know if I can get off it. It's easier to put it off."

NEET, South

Attitudes to quitting



Some are **defeatist**, quitting feels **impossible, too difficult...** find it hard to imagine being quit for good

"It's putting all that time and energy into focusing and trying hard to stay away from smoking, but ultimately, you go past somebody smoking... the smell of it, and I think the temptation will be a bit too much at the moment for me, I haven't got the determination"

Social Housing, northern coastal town, 35-44

Others find it hard to imagine being quit for good, and worry that you will always have the tendency, the craving

"I think that once you're a smoker, no matter how many times you quit and how long you quit for, I think if you want to smoke you are always a smoker. Someone actually said that to me a few years ago, and it's just sort of stuck in my head. So even if I was to quit for 10 years, something tragic might happen in my life in 10 years, and I'd go back to smoking."

NEET, Mids/NE

Others fear specific impacts of quitting: weight gain; drinking more

Cutting down as a route to quitting



Most – but not all – see there is a health benefit in smoking less

Many see **cutting down as an obvious route to quitting**: often learnt through failed attempts at going cold turkey. Certainly seen as more achievable. Is linked strongly to vaping

Seen as **easier on mental health** than an abrupt stop

Very easy for numbers to creep back up, need to be very **disciplined**

Harder for rollies smokers: they don't see a number of cigarettes in a box to help them limit numbers. Some talk of eking out tobacco as a similar approach – but often that is about finance rather than for the sake of reducing consumption

For some, it has to be **all or nothing** – liken it to alcohol addiction, you can't have even one cigarette

Recognition that thought is not akin to the deed

"I think to myself three times a day - I am going to quit. But there's a big difference between saying it and doing it."

Living below the poverty line, Male, North

Lapsed Quitter



“ It has worked for me [cutting down], I'm on 5 now, it has taken a long time. I enjoy the 5 I have now whereas when I was on 20 I probably loved the first couple in the morning and a couple at night but it just becomes habit and you don't enjoy every cigarette.”

Lapsed Quitter

Attitudes to quitting



You're not alone, most smokers find it hard to quit but the more times you try, the more likely you are to succeed

Research shows that smokers who try to quit at least once a year are more likely to be quit for good within a few years

Statements are both encouraging and discouraging, depending on the smoker

"You won't get so discouraged if you can't do it the first time."

NEET Mids/NE

"What's the point of trying the first time if I'm not going to be able to do it the first time?"

NEET Mids/NE

Those not ready to quit are disinterested

Others reject the idea of planning [once a year]...argument, again, about having to be in the right frame of mind

Attitudes to quitting



NEETS ...and younger smokers generally

Some, though certainly not all, have little drive or urgency to quit: it's not a priority. Some talk about actively not wanting to quit – they **enjoy** smoking

"Like, I don't actually want to quit at the moment. I feel like if you don't want to quit, you know, you're just setting yourself up to fail."

NEET Mids/NE

"I enjoy smoking. I think like, it's just I don't drink. I don't do any like, I don't do anything else. Also, smoking is sort of my go to de-stress, I suppose."

NEET Mids/NE

Some are **unworried** about their smoking at all. **Naiveté** regarding unquestioned ability to quit 'later'

"If my conditions get worse or anything like that, then obviously, I mean my life comes before a tab. So, I'll have to kick it into touch if that day does come."

NEET Mids/NE

"If I wanted to quit I think I could, but I don't think in my head, it's ever something right now that I'd want to do."

NEET Mids/NE

NEETS



“

Yeah, I mean, I've got like some health issues, so it would be a good idea. To get rid of it. I think I could probably do quite well, I used to be a much more heavy smoker. I did actually quit at some point last year. But then it sort of eased itself back in so I'm quite confident in the fact that I feel like I could do it if I wanted to, but it's getting the willpower to do it.

”

NEET, Mids/NE

Barriers to quitting – mental health



Barriers to quitting are dominated by mental health concerns: inability to cope with life's stresses; fear of falling into depression

Strong sense, particularly – but by no mean exclusively - amongst those who suffer from MH issues that life is **so difficult**, quitting would layer on *more* difficulty, *more* anxiety, *more* stress – and remove their main coping mechanism and a key pleasure

“And yes, a lot going on at the moment. It's just I can't see it happening [quitting]. I'd love to, you know, and, uh, yeah...”

MH sufferer, southern coastal town, 22-35

Many find it **difficult to believe the message that quitting can help your mental health** as for many, the perception is that it's smoking that helps them support their mental health

“People use it [smoking] because they are feeling anxious or stressed, they go out and have their five minutes and then they have had a bit of time out and they feel better, so I would say that wasn't believable for me”

Some can see the logic, or have sources [typically HCPs] they would believe the message from

“I would believe it if it was relating to long terms. Health and finances get better by not smoking so I can see that anxiety and depression might also improve.”

Lapsed Quitter

“Breaking a habit is incredibly traumatic so in the initial phase of quitting you will definitely be a bit more anxious and maybe more depressed but once you have detoxed from the nicotine it could improve.”

Social Housing, South Coast, 25-44

Coastal Town

“ I don't believe it [that quitting can improve mental health], because when I am stressed it literally chills me out. When the baby is crying all night and I go downstairs and I have a fag and I think I am at my wits end and I can't cope anymore, then I have a fag and it's like oh, that's all it feels like. ”

Blackpool, 18-24

Barriers to quitting – mental health



The worry over **social exclusion**; losing that **social prop** also stands in the way of quitting

This can be about existing friendship / worker groups, or can be regarding meeting new people, fitting into new situations or places: helping to make life more pleasurable

And I find that I socialise more with people in a smoking shelter, or when I've been in hospital for the past three years that that's the only thing that I've had a connection with other people on the outside, rather than sat in the hospital ward and everything like that. So, I think it's kind of like kept me connected with people. And it's kept me sane for all these years. So I think the social aspect of it is, for me is the one thing, that is probably keeping it going.

Social Housing, northern coastal town, 35-44

The social habits associated with smoking are hard to imagine being without

"I used to smoke when I worked in an office, purely because smokers got a break and had a chat...you had a few cigarette breaks a day, whereas if you didn't smoke you didn't really have a break. I enjoyed it when I went out with my friends and when I first started smoking you could smoke indoors, bars, nightclubs and when it was banned inside I used to enjoy going out for a smoke in the summer chatting. It was a social thing for me."

Quitter, currently vapes



Minimal experience amongst these groups of repeated attempts

Many attempts have been cold turkey – some feel this is the **only way to quit**, but that it also requires the strongest willpower...and you have to be ready...

But some experience of NRT aids, mixed opinions: good and bad experiences

"I think it's all to do with how determined you are really. And I've managed to quit before, like for a couple of weeks by using nicotine patches, because they do work. But then, like, I've gone out for a night out and my friends are smoking. And that's what started me up again."

MH sufferer, North

Others see vaping as a route to quitting or – more usually - cutting down, and some have tried with mixed success

Recognition that vaping also replaces the physical habit and routine aspects of addiction

Many feel quitting with someone else would be easier

Vaping



Attitudes and experiences reflect those seen with smokers generally. Some have tried, mixed experiences

Those living below the poverty line had all tried vaping in an attempt to save money

Seen as a route to cutting down and to quitting

Positives include **cost** [though not all agree]; can do it inside

Some believe it's better for you, though **many are still suspicious** – some believe it's just as bad as tobacco – just as addictive. Have seen negative press, some believe it's banned in US.

Worry about chemicals

"I don't know if there's enough research done into them to know that they're all right, because obviously when like tobacco came around, they thought it was all right. And everyone was smoking, but then, like, however many years down the line, they noticed it was like, you know, bad for you. So how do they know the long term effects of vaping because it could be worse in the long run. Really?"

NEET, Mids/NE

"The inside of it looks dodgy...it has a battery strapped to a bag of liquid, it looks so dodgy. That put me off."

NEET, South

"It's not normal."

Social Housing, northern coastal town, 35-44



Vaping



Some perceive it's **just as addictive**, and that actually you do it more than smoking: you don't stop like you do at the end of a cigarette, can do it in more places

Plenty have had negative experiences –

...feeling unwell, coughs, bad throats

"Doesn't do the same, doesn't feel the same...not the same sort of vibe."

NEET, South

Have to be more organised – charge the vape, remember to buy the refills

But there are success stories too, and definitely perceived as an option for cutting down on tobacco use

"I've also discovered vaping as well. So I've been able to cut down on cigarettes a bit. And I'm trying to get use of vaping and sometime its alright and sometimes I don't really manage it, but I've definitely managed to cut down by using a vape."

MH sufferer, 35-44, North



BELOW THE POVERTY LINE



“ These ones [disposable vapes] have really helped, they're really quite cheap. A lot cheaper than a pack of cigarettes anyway, you get the same, roughly the same as 20 cigs. So I have one of these, and it costs you know, a third of the price.

I started off with a tobacco flavour and it didn't really help because I just wanted to pick up a cigarette. Didn't feel any different. I've gone for more fruit flavours now which is great. Yeah, it gives me the nicotine kick and makes me want to stop picking up cigarette especially in the house. And just use the vapes. ”

Insight into Smokers: Primary Research

Attitudes to Quitting

Key Points

Cite the same reasons for not wanting to smoke as other smokers; some differences in priorities. Finance a key factor and often first mentioned

Awareness of health risks is high but can be rationalised, justified or ignored

Many able to justify not quitting – often linked to supporting mental health – this is a significant barrier to quitting

Perception that there's no point trying unless you are 'ready'; but little attempt to, or understanding of how to be 'ready'

Messaging around repeated attempts being linked to success do encourage some



Insight into Smokers: Primary Research

Experiences of Quitting: Quitters and Lapsers



Covid and lockdown had differing effects on smokers – some smoked more [see earlier section], but for several quitters, **lockdown and the anticipation and actual experience of having Covid, did trigger a quit attempt**

"I had thought about trying to cut down, but during lockdown when you were in the house constantly, that was my little saviour standing in the garden with a coffee having a cigarette, so I hadn't really thought about quitting before I got ill and then when I got ill I just couldn't - the cough was immense so there was no way I was having one while I was poorly."

Lapsed Quitter

"With Covid as well, it was a really bad time and I didn't get poorly but I just thought if I am going to stop smoking, this is the time."

Quitter who vapes

For one [successful quitter], increased levels of walking during lockdown **highlighted health impacts** that she was suffering from smoking, and prompted a quit attempt

There was also mention of **comms campaigns**, and general communications of increased risk for smokers from Covid

"I saw messages on the TV that smoking could make Covid worse and it was a wake up call, a big wake up call."

Quitter who doesn't vape

QUITTER



“

Mine was Covid. I was really poorly with Covid and I didn't feel well enough to go out and have a cigarette.

And I wanted my teeth to get whitened and there is no point in doing that if you still smoke.”

Quitter who currently vapes

LAPSED QUITTER



***“ I couldn't taste or smell anything and I had a bad chest so I didn't have a cigarette.
I did a week, saved some money and then it just didn't go to plan.”***

Lapsed Quitter



Aside from Covid and pandemic-related issues, **actual triggers** to an attempt do reflect those anticipated by smokers - and it's often a coming together of events and motivators

I'm about to be 60 and I really wanted to hit that milestone and not have to be on cigarettes, it's a health thing isn't it?

Lapsed Quitter

- **Significant dates** / milestones / New Year
- A **realisation** of health / fitness impacts / HCP advice
- **Pregnancy**
- Being a **role model**/asked to quit by children and grandchildren

"It hit home, when a youngster says to you, 'Nanny please don't smoke.'"

Quitter who doesn't vape

- **Finance** – increasingly important as cost of living crisis deepens

"I wanted to pay for a holiday so I told myself that for every penny that I would have spent on cigarettes, would be for my holiday."

Lapsed Quitter



QUITTER



“I got into cycling which made me want to be healthier, but it was also the cost, trying to save some money.”

Quitter who currently vapes

Triggers to quit



For several, quitting was just **spur of the moment**. Although they can cite their personal *drivers* to quit, the moment itself was unplanned

"I didn't really think about it - I just finished my pack and decided I wasn't buying another one, there wasn't a plan behind it."

Quitter who doesn't vape

"This time I didn't put myself under pressure by saying, 'I'm not going to buy any cigarettes', or 'I'm going to stop smoking on this day', or 'Tomorrow I'm not going to smoke'. I just let myself roll with it and then it was easier for me to say, 'Right, I'm done now'."

Quitter who doesn't vape

Some were motivated by usual factors but **triggered by a close friend / family member starting a quit attempt** or seeing their success

"I did it with my sister for a bit of competition and moral support."

Lapsed Quitter



QUITTER



“I didn't plan it. I was at my mum's house and she said, 'I've stopped smoking' and I said, 'When?' and she said '10 minutes ago'. And I thought, right this is not going to last and I had cigarettes on me and I just threw them all away and now my sister has stopped smoking and my brother who was a real heavy smoker stopped smoking and we all stopped and it was just after my dad had died. And we did it all together.”

Quitter who currently vapes



The role of **willpower** and being at the **right moment**, in the **right frame of mind** is key for many quit attempts [as seen earlier in the report – many non quitters say this is why they are not making an attempt]



"I had cut down so many from when I first started that I thought it would be possible but I didn't want to. You have got to have the right mindset at the time, you have to be in that right frame of mind to be able to sit with it."

Quitter who doesn't vape

"It depends on your state of mind and you need to be in a good place in life with things going smoothly to attempt to quit."

Lapsed Quitter

"Willpower, you have to be in the right frame of mind, you have to really want to quit to be successful. Being strong enough to say no with a glass of wine in hand and the BBQ lit."

Lapsed Quitter



All who have gone through the process of quitting have found it **difficult and challenging**

For some it can be all consuming

Many spoke of the difficulty in **shedding old routines** and adopting new ones



“The first thing when I got up was I used to go out and have a fag, after I had dinner and just before I went to bed. It was just breaking that routine and finding something else to do instead.”

Quitter who vapes

“I wasn’t in a routine anymore, I would smoke at this time and that time, and I think that was the hardest not being able to smoke when I wanted to. I felt I wasn’t in a routine, I would always smoke at certain times, sit outside, have a fag and I wasn’t doing that, and I wanted to.”

Quitter who doesn’t vape



Many among those who quit expressed how a **fear of putting on weight** had deterred them from trying to quit in the past and some, even though they have been successful in quitting, say they have gained weight because they have substituted cigarettes with food



"The hardest thing for me has been substituting it with sweets, just picking at stuff, instead of picking up a cigarette you pick up something to eat so therefore I have put on some weight, so I have substituted something for something."

Quitter who doesn't vape

"I put on 7 lbs after I had been quit for 6 weeks. You have a biscuit with your coffee instead of having a cigarette."

Lapsed Quitter

"I wish I had replaced the smoking with something other than food. Maybe something to focus on like the gym or having a tin you can't break into and put in a pound for every time you wanted a cigarette, so you build a lump sum of money so you could see what you have saved by not smoking."

Lapsed Quitter

LAPSED QUITTER



“On a normal day I hate smoking, I hate the smell, I hate the taste, so I wish I could properly quit. But it stops me eating at night so that's why I won't fully stop, because otherwise I'll be raiding the cupboards at 10 o'clock.”

Lapsed Quitter



Mood swings and extra stress are also a concern both before and during quitting

"I was worried I would get stressed out, irritated, snapping and things, not knowing what to do with myself. I worried about what I would do when I wanted to chill out."

Quitter who vapes

"I was worried about getting snappy with the kids, but touch wood I think I have been alright."

Quitter who vapes

Many link **nicotine cravings** to the stress and mood, talk about feeling 'up and down'

"I found the cravings harder than I had imagined, I wanted to throttle everyone around me. Though I found it easier than I'd imagined to chuck everything away. I didn't think I would be okay getting all the lighters out of the house."

Lapsed Quitter

"The hardest part was when the vape just wasn't hitting like a cigarette and it got really noticeable and frustrating and you really want a cigarette. And the easiest part was the vape did give nicotine, so it was a weird one."

Lapsed quitter





Socialising and alcohol are both dangers when quitting

"The hardest thing for me has been when I have a drink...I associate alcohol and cigs together."

Quitter who doesn't vape

"The biggest obstacle is myself probably and my friends who I am around, they smoke and I'm straight in with them."

Lapsed Quitter

For some there is a **fear of missing out** if you don't smoke

"I feel if I was on a night out and was without a cigarette I would feel like I was missing out on something."

Lapsed Quitter

"It's the social situation - not being able to go out with a cigarette"

Lapsed Quitter

Increased alcohol intake is a worry before quitting and some worry that alcohol will replace cigarettes when it comes to dealing with stress



LAPSED QUITTER



“When I fell pregnant with my daughter I quit and I stopped. I had my son four and a half years later and I never smoked from having my daughter to having my son. It was a hen weekend, it just took one and I had been quit for over 7 years. I keep thinking it's going to be like that again, but I think because I was pregnant it made it easier to quit, but I'm not having anymore kids, so now I keep relapsing every time I try.”

Lapsed Quitter

QUITTER



“ I think when I go out for a drink - am I going to fail? But I had my little girl so I didn't have a choice, I had to stop because I was pregnant. I think I would have failed if I'd been out more, but I haven't because of two pregnancies and children and lockdowns, which helped.”

Quitter who currently vapes

Challenges of the quit experience



Each quitter has their **own personal difficult times**: a time of day, or linked to a certain moment or activity: often mornings and meal times, but not always

"My first coffee in the morning, the first two coffees I had in the morning I enjoyed those two cigarettes more than anything else, I knew that was going to be tough."

Lapsed Quitter

"When I get up in a morning I have a cigarette. Giving that up was the hardest."

Lapsed Quitter

"First thing when I got up was I used to go out and have a fag, after I had my dinner and just before I went to bed. It was just breaking that routine and finding something else to do instead, but I've done it."

Quitter who doesn't vape

"I would always smoke at certain times, sit outside, have a fag and I wasn't doing that and I wanted to. I wish I could have gone outside but I didn't want to sit and do nothing outside, and I enjoyed sitting outside because I could see the sea."

Quitter who doesn't vape

"After a meal, that is when I really fancy a cigarette, it's hard after a meal. It used to help digest things better for me but now I suck a mint to help."

Quitter who doesn't vape



The role of vaping in a quit attempt



Those who have quit and now vape, **all credit vaping as making the difference** in the attempt to quit being successful

"This is the only time I have been able to stop. I used to think I have my last cig I'm going to stop, and I would only go 2 or 3 days and buy some, but now I have my vape it never enters my head."

Quitter who vapes

"I wanted to do it for my kids. I grew up with my parents smoking which is probably why I started smoking.

They call [the vape] 'the thing' but one day I will give this up as well."

Quitter who vapes

Finding something to do with their hands proves difficult for many who have quit smoking and vaping is particularly helpful in this respect

Others have taken up a hobby to help distract, such as crocheting, knitting or the gym

"The vapes help you know what to do with your hands."

Quitter who vapes

"The vape is handy when you need one desperately."

Lapsed Quitter



The role of vaping in a quit attempt



Finding the right vape for you is important, and can be a minefield, so much choice

"I gave it a real go, and it took me a couple of weeks to find the right strength and the right device."

Quitter who vapes

Thing I found hardest was finding the right [vapes] that would work for me."

Quitter who vapes



There are still concerns about the safety of vapes

"I was worried about vaping because I had a sore throat because of heavily vaping, so my concern was whether it was actually safer than smoking."

Lapsed Quitter

"If it was 100% guaranteed that there was no contribution to ill health I would 100% be pursuing it but it is unknown and I didn't enjoy it so I wouldn't want to change to something I didn't enjoy and then it is really bad as well."

Blackpool, 18-24

QUITTER



“If you feel stressed about something, the vapes are really good but it's still not 100% the same as having a cigarette so it's fulfilling but not as fulfilling as if you were having a cigarette. But being able to vape indoors makes it a bit easier.”

Quitter who currently vapes



Many talked of **tactics and strategies** for helping them through the quit attempt, often learned from friends or family, and some evolved from the experience of other quit attempts

"I switched to tobacco [since lapsing]. I'm not very good at rolling, I have to use a machine...so that's really helped me cut down so I am taking that as a win. So now I am on roll ups I have cut down and feel I am getting there."

Lapsed Quitter

"I kept a jar of cigarette butts and when I felt like a cigarette I would open the jar and smell inside, and that helped for a while."

Lapsed Quitter

"I always had a sweet or toffee or a humbug if I wasn't vaping."

Lapsed Quitter

"Doing something with my hands, it's all about keeping my hands occupied...especially in the evening, so I taught myself to crochet, so now I am constantly using my hands to crochet or doing some form of craft so that solved that problem, but that was the hardest thing, thinking of what I could do to replace smoking."

Quitter who doesn't vape

"I went to the gym - that was helpful, breaking up the day."

Lapsed Quitter





Most feel that determination and **having the 'right mindset'** have been key to their success in quitting

"Mind over matter for me, determination, and I have a little pot I put the money in each time."

Quitter who doesn't vape

And the lack of it, is seen as fundamental in bringing failure

"I also felt proud when I quit and I was dreading the disappointment when I did light up again. So for me there was a bit of dread as well because I knew I wasn't in it wholeheartedly...So I was proud but deep down I knew it wasn't going to be for ever."

Lapsed Quitter

"I need to wait until I am in that right mindset again...the only thing that would make me stop tomorrow is ...if the kids asked me to...or if the Dr said, 'Look, you need to stop.'"

Lapsed Quitter

"It's always so easy just to have one. It's much easier to smoke than not to, it's willpower...I'm happier smoking. That period of abstinence at the beginning when it is hell on earth, to get through it, it's like really? That's what gets me back all the time."

Lapsed Quitter





All of those who have succeeded in quitting say they feel better for doing so

Benefits noticed include improved fitness; an improved sense of taste and smell; and not smelling of smoke

"Being able to breathe a lot easier after a gym class."

Quitter who doesn't vape

"Just feeling a bit better and having the praise from my family."

Quitter who doesn't vape

Some monitor **savings**

"Best bit is counting my money at the end of the month, what I've saved."

Quitter who doesn't vape

Many talk of the **sense of pride**, and respond positively to the praise of those around them

"I felt better and I felt glad when I could tell people I am not smoking any more. You feel quite proud...because it is an addiction and it is hard and I felt quite proud and chuffed with myself."

Lapsed Quitter

"Feeling proud but then the disappointment...a roller coaster."

Lapsed Quitter

LAPSED QUITTER



“After 3 or 4 days my sense of taste and smell does improve, I absolutely can tell the difference on my palate, apart from money - having more money hanging around, more cash in my wallet which is amazing. Health-wise I didn't notice a great deal, but I haven't gone long enough to go to the gym and be able to compare how I was before. But sense of taste and smell I have almost always noticed immediately.”

Lapsed Quitter



Some continue to worry, however, even when quit...about lasting health impacts and the fear of relapsing

"If it's still all in your lungs, I still reckon it's all there and you will die from cancer because of the build up in your lungs, that plays on my mind. If you have smoked for 40 years your lungs will not clear all of a sudden."

Quitter who doesn't vape

"I used the Allen Carr book which I still find helpful as it tells you not to be scared about quitting, and I do still get scared about being quit."

Quitter who vapes

There is a worry about coping without smoking

"If something bad was to happen in my life, I think would that make me turn to smoking, because I don't drink alcohol."

Quitter who doesn't vape



QUITTER



“My only regret is that I smoked for so long.”

Quitter who currently vapes

Insight into Smokers: Primary Research

Experiences of Quitting

Key Points

The pandemic triggered quit attempts both directly and indirectly

Whilst drivers to quit are known [see earlier]; specific triggers to quit are wide ranging and sometimes cannot be defined; can be a more spontaneous coming together of motivation and moment

The quit experience is universally hard and all quitters have their own personal challenges. Willpower and mindset are perceived to be key to success

Many require – and implement - specific tactics and strategies to: replace smoking; distract the mind from thinking about smoking; reaffirm willpower; cope with stress; fend off or avoid the dangers of lapsing; create new routines and habits; sustain the quit

Vaping plays a crucial role for many successful quitters; can be difficult to find the right one

Quitters soon feel better for it. Pride, fitness; not being smelly; returned senses of smell / taste are the quickest wins; though fears of relapsing remain for a long time for some



Insight into Smokers: Primary Research

Lapsing



Nearly all who have quit are confident they will be non-smokers for life

Most who have tried quitting before, many have tried multiple times, and many have equally 'failed' to quit many times

The hurdles that quitters face and the pitfalls they fear, tend to be the ones that do cause the relapse

- **Stress** – day-to-day or major event

"I did stop for a year and a half. It was a constant battle every day and I was still surrounded by people who did smoke and...I felt good at the time, but I had so much stress and things going on in my life that it was a breather for me."

Lapsed Quitter

- **Boredom**

"Lockdown happened and I caved."

Lapsed Quitter

"Boredom. 'You have that first one and that's it, you start again.'"

Lapsed Quitter





- **Mood** swings / being grumpy...linked to stress
- **Feeling ill** / feelings of nicotine withdrawal

"I get withdrawal symptoms and it makes me ill and I can't afford to be like that as a single parent."

Blackpool, 18-24

- **Social situations** with **alcohol**, including going on holiday

"As soon as I am near anyone it goes and having a drink is the worst, so I either lock myself away in a room, no friends, no booze, but realistically it won't happen."

Lapsed Quitter

"A wedding and I went outside to talk to someone and they handed me a cigarette and I took it. And then I took another one and another one..."

Lapsed Quitter

- **Weight gain** – some make a conscious decision to start again
- **Giving in to temptation** – without a specific prompt

"I have no excuse after three weeks I wanted a cigarette and had one and then another three within 20 minutes."

Lapsed Quitter



LAPSED QUITTER



*“ I was just constantly thinking
about smoking.
It follows you 24 hours a day.
Nothing else is on my mind
when I stop.”*

Lapsed Quitter



The words '**disappointed**', '**frustrated**' and '**gutted**' are commonly used to describe feelings after a failed attempt to quit

Some **lose hope** and think they will never be able to quit.

"It's much easier to smoke than not to, it's willpower."

Lapsed quitter

"Part of me thinks I will always be a smoker because I can't imagine going to a party and having a drink and never not smoking."

Lapsed quitter

Many **say they feel happier when they are smoking** – in sharp contrast to the mood when quitting

"I am happier when I am smoking, I'm just miserable when I'm not."

Lapsed quitter

Some are **not sure they want to try again**

"I don't want to at the moment. It might be different but not today."

Lapsed quitter



LAPSED QUITTER



“ I think I will always smoke because I have tried a few times to give up and the longest I have been [quit] is 11 months.”

Lapsed Quitter

Lapsing Key Points

Causes of lapsing reflect the challenges of sustaining the quit. Can be something specific – occasion or event - but can also be about simply escaping the difficulty of the attempt

The disappointment of lapsing and the recency of the difficult quit attempt can serve to discourage smokers from further attempts – certainly immediately

The relief – and pleasure - of smoking again can underpin this reluctance to try again, at least for a while

The recognition that what made you lapse this time isn't going away can also discourage retrying



Insight into Smokers: Primary Research

Quitting: Support Services



Very few Quitters or Lapsed Quitters sought support from smoking cessation services
Nearly all have not heard of or used the App – those who had used it didn't find it helpful
Some believe that services are no longer as accessible or affordable as they were in the past

"Years ago you could go to your chemist or GP and you would be able to request a stop smoking kit, getting the patches and the gums and sprays but...you have to pay for that yourself now and I went and did originally buy a nicotine cartridge in a pen and that was brilliant but it was costing me more to get that than for fags and I know the outcome is a lot better but at the time I was earning a lot less money and I thought I literally can't afford to quit smoking so that was crazy."

Lapsed Quitter

One had tried, and failed to get support

"I rang the NHS smoking thing, didn't really get any support from them really."

Lapsed Quitter

Of those who tried NRT, very few think it helps and several commented on reacting badly to it with sickness, nightmares and itching

Some have some success stories however

"This time I did just gum and the spray - that was disgusting and the gum is horrible, but getting past the initial period they do take away the craving."

Lapsed Quitter



Attitudes to seeking help



Notable numbers have an attitude that it's all **down to the smoker personally** to quit – it's about willpower and determination, and that without those in abundance, no support in the world will make any difference. Comes back again to 'being ready'

Many say they **would go it alone first** and see support as a possible plan B

"I feel like they probably would have things to say but it's just don't have a fag, at the end of it. Just don't have one though. So I'd try and like just go in like cold turkey and just try and do it myself."

NEET, Mids/NE

"I was offered help from the GP – it was a support group alongside nicotine patches but I didn't want to try with other people even though I know they will all be there for the same reason, but just facing up to it. I would rather try on my own."

Social Housing, Blackpool, 18-24

Others recognise that it may be of help

"If the Dr gave me nicotine patches or put me on a regimen might be helpful - having some structure might be helpful."

Lapsed Quitter



Attitudes to seeking help



For most, looking for help is **not top of mind**

Some **reject out of hand**, often because they are *'not the sort of people that would do that'*.

For some, it's about not wanting to **ask for help**; others feel it would be **extra pressure**; or a **reminder** of something they are trying to ignore / forget

"I don't want someone nagging all the time - I don't need to be reminded. I don't need the added pressure"

NEET, Mids/NE

"I don't think going to the chemist and being told what to do would have helped me. It's not my nature to do what I'm told."

Lapsed Quitter

Some reject engaging with a **stranger** and feel that might be uncomfortable

Many don't reject but are **uninterested**, but often not something they have thought about much – possibly not at all

"I think the only thing that would really make me stop is if the doctor said to me, 'Look you need to stop now otherwise you are not going to be here' and then it would be 'Okay!'"

Lapsed Quitter



**BELOW THE
POVERTY
LINE**



“
“
I don't think any support groups would help me at all, there is only one person who can make me stop smoking and that's me.

I don't think I need to talk to anyone else who is going through the same thing as me...

No-one else can stop smoking for me.”
”

Living below the poverty line, Male, North/Mids



Awareness of support services



Most mention **GP** as first potential port of call, though some do have negative perceptions of GP attitudes...can be seen as condescending, nagging, blaming all ailments on smoking

'I think they do exaggerate though.'

Recently diagnosed with COPD, LGBTQ smoker, Female, 50, Midlands

Some question whether it's a good use of precious GP time to be dealing with this issue

Local **pharmacist** also seen as an option and fewer negative comments compared to GPs

Both GP and pharmacist linked to dispensing NRT and are generally seen as **credible and reliable sources** of advice and information

Several recall Quit Smoking posters advertising Stop Smoking programmes in local chemists, GP surgeries, some supermarkets. Most remember seeing something, somewhere...

Some recall of college-based services amongst NEETS

Few mention 'NHS' Stop Smoking options

General **lack of knowledge** about what various options actually entail. Talk of programmes, NRT, free vapes, counselling groups



MH Sufferer



“ About my doctors, I can go in and say I've stubbed my toe and they'll go 'How many do you smoke a day?' Yeah, nothing to do with it. Everything is automatically. 'Oh, how many did you smoke today?' You know, so, as far as my doctors are concerned, I don't actually smoke anymore. Because I smoke three a day. It's not worth it. I visit the hospital. They ask me: Do I smoke? Do I want to stop smoking? It gets right on my nerves when they are judgemental with you. ”

MH sufferer, North

Preferences for support



A minority were **open to the idea** that support would help

Some, but not all, are **interested and encouraged** by the statistic that you're three times more likely to succeed with support...increased chance of success isn't always associated with support services

Many express a preference for **remote** support: it feels more anonymous and possibly less judgemental. Comments that you can find advice and support on the **internet** generally

Greatest interest in an **app** – would like cost savings calculator; health improvements; motivational thoughts. Like the idea of tracking progress

Some liked the idea of 'something like this' [the online focus group] – general ease at being online; like peer support; sharing with someone who understands

Mixed opinions on NRT: some disappointing experiences with patches; stories of feeling unwell; others have had better experiences and feel they have helped. People swayed by anecdotal reports. Some comments on the expense when not provided free of charge – off putting when it costs more than smoking

Suspicious regarding services offered by housing providers: suspect another agenda; or a move to banning in-home smoking

"It would be my last port of call"

Social Housing, Mids, 45-65

Quitting: Support Services

Key Points

Not top of mind; much disinterest; some rejection

Main barrier is lack of desire to quit; but some actively don't want to engage

Lack of clarity as to nature and format of support; channels

Seen by some as a potential plan B is going alone doesn't work

GPs and pharmacists top of mind as credible sources when prompted. Some barriers to going to GP

Remote support appeals; interest in app

Messaging around increased rates of success do encourage some



Insight into Smokers: Primary Research
Policy Ideas

Reactions to policy ideas



Generally speaking, reaction was negative, at best disinterested, muted. However, **negativity was often because they felt it would make it harder for them to smoke...**

Raising the age of sale for cigarettes and tobacco to 21 / 25 – so retailers can't sell tobacco to anyone under 21

Most feel that young people would still be able to access cigarettes; commonplace for children to ask adults to purchase for them. Worry about where cigarettes might be sourced if it's made more difficult to buy in shops. Would need policing. Not being aligned with legal age to smoke seen as problematic

Making tobacco manufacturers pay for measures to help smokers quit and prevent young people from taking up smoking

On the face of it, a positive idea; feel angry that manufacturers exploit their addictions. However, some concern that costs would ultimately be passed onto them. Some feel it wouldn't work

Pack inserts encouraging you to try to quit with information about the benefits

Many dismiss this idea in the way they dismiss pictures on packaging. They wouldn't look. However, those that took time to think, did feel the positive messages would be a different and welcome approach



Reactions to policy ideas



Increased investment in public education campaigns on smoking aimed at adults and children (e.g. on TV, radio, social media and billboards and buses)

Mixed reaction – some feel such campaigns are essential to maintain awareness of the harms and continue to encourage quitting.

Others feel they are redundant these days: personal choice; harms are known, nothing new. Feel particularly comms like this are lost on kids...they don't listen. Where does it end? Should Burger King & McDonalds be forced to address obesity crisis?

Stopping smoking being shown in entertainment media used by young people under 18

Little opinion. Feeling that you don't see much smoking anyway

Prohibiting filters

Many didn't really understand this. Not applicable to rollies smokers. Some felt they would smoke their cigarettes anyway. One comment that it would be unpleasant and so might impact smoking

Warnings on individual cigarettes like the ones on packs such as 'Smoking Kills'

Would be ignored, like pictures on packs





Providing a free e-cigarette as an encouragement to make a quit attempt

Most positively received. Those who don't reject vaping outright feel this would be an attractive proposition for quitting. Appreciate initial outlay on a vape is significant. Some comment that they would want free refills too, for a period of time.

Some feel this may already be available [but it hasn't drawn them into a quit attempt]

Restricting the number of shops which can sell tobacco, for example banning sales from supermarkets, or from shops near schools

Limiting hours when tobacco can be sold in shops

Small minority could see that this might reduce smoking. Most feel it's unreasonable, and would only mean they would plan more. Could lead to stocking up, which can often increase volumes smoked [see this in themselves, for example, when they have volume duty free purchases]. Question where you would go to buy when not on sale in mainstream shops – worry about illicit, black market

"It will drive it under the counter."

Social Housing, Mids, 45-65

"Like no matter what time of day it is, no matter how much money you've got, you will always find a way to get a box of fags."

NEET, Mids/NE

Reactions to policy ideas



Further legislation setting out **where** you're not allowed to smoke

Provokes strongest response. Some can see that it might discourage some smoking moments, and therefore might lead to reduction in smoking or possibly giving up altogether

Most positive when discussing impact on children: positive role modelling if no smoking around play areas, on the school run

Consensus that to work, it would need to be policed properly, and would impact if fines were handed out. But some doubt this is possible

More entrenched smokers can be outraged, and see it as further demonisation and restriction of liberties. Feel it would just mean walking a bit further to have your cigarette [e.g. outside a pub, restaurant]

Some concern that this would further damage the hospitality sector who have already had a very difficult couple of years

"I think if we start going down that line, then it's just, going against everything it is to be an adult, to be a human."

Social housing, Blackpool, 35-44



Policy Ideas Key Points

Reaction muted; negative...but in some instances negativity linked to perceived increased difficulty to smoke

Firmly believe that no notice would be taken of inserts; on-cigarette messaging; but *positive* messaging more interesting

Interest in free e-cigarette to encourage quitting

Increased restrictions of where smoking is allowed provoked strongest negative reaction, indicating that this would be at worst an irritant, but potentially encouragement to reduce smoking occasions



Insight into Smokers: Primary Research
Pregnant Smokers

Impacts of the pandemic



PREGNANT WOMEN & NEW MUMS

Pregnancy during the pandemic brought for many increased challenges, stresses and anxieties to an already difficult time

Remote ante natal meetings and attending any in-person meetings alone was difficult, and often sometimes unsatisfactory

There was an added worry about actually getting Covid, both during the pregnancy, and for both mother and baby post-delivery

Some comment regarding the impact on new dads too, who were excluded from much of the typical activity during pregnancy and from the birth itself

“My partner wasn't able to come to anything....which obviously had a big impact on sort of like any connection that he was going to form before she was born. The pandemic was quite difficult on Dads of the babies, because mothers still do the same thing as they would, but the Dads are a lot less involved.”
Mum of one, currently pregnant, North

“So my mum was allowed to come, she just had to wait outside. Which obviously, the first time when I went for the scan was pretty scary. Because I had not long had a miscarriage with my ex partner at the time. So obviously, I had to do that by myself.”
Mum of two, recently delivered, North

Post delivery and once at home, there was strong sense of isolation; felt very intense

Little access to immediate support networks and wider baby-centred activities was stressful





All know it's not good to be smoking in pregnancy

Mixed opinions on how common it is: some feel it's increasingly less common: link this to more widespread understanding of health harms and general encouragement to all smokers to quit

Others feel it's not unusual

"Everybody around me. They've all had kids, and smoked all the way, and way more than what I have during pregnancies and stuff."

Mum of 2, currently pregnant, North

Some belief that low levels of smoking are fairly harmless

Smoking seen on par with drinking alcohol in pregnancy and not as bad as drug taking

"I personally don't think that one's worse than the other. I know, with the likes of alcohol and stuff, you can have foetal alcohol syndrome. And there is a lot of health risk with drinking. But I think a lot of women including myself can literally just cut out the alcohol straight away anyway, because there's not that addiction in the background of it. It's a social choice to then drink. Unless you've got issues with alcohol, I think, you can make that conscious choice to be like, right, I'm not drinking. But it's not that simple with cigarettes."



Most respondents had tried to either cut down or quit during their pregnancy [one had not]. Some managed to move to vapes; others reduced consumption

None quit smoking and vaping entirely during pregnancy – although one did quit after delivery

"I had tried to cut down through this pregnancy but it was a lot harder for us to do it. Because I was kind of stressed with the baby's Dad at the time, I was getting stressed with my firstborn, I was getting stressed with family members and stuff like that. It was a lot harder for us just to quit. It wasn't till the end of the pregnancy when I was actually in labour and then got out of hospital that I quit 'cause I just didn't want a tab anymore.... I can't do this I've got a newborn at home and I don't want that newborn to smell of fags."

Mum of two, recently delivered, North

One didn't try to quit or cut down – felt reassured by previous healthy babies and also felt it was more damaging to her mental health to try

"I tried to quit when I was pregnant with my sixth. And I just felt like the pressure was just too much, it's not worth feeling like that again"

Mum of eight, recently delivered, North





Mixed understanding and awareness of health harms of smoking during pregnancy.

"I don't really know the impact of it. The only the only obvious one that I was told was the impact could be is that the baby could be small. If I had knew more things about it, I think I would have stopped."

Mum of two, recently delivered, North

"As far as I was aware, it was just like, when you go on centiles, the baby would be smaller on the centile chart."

Mum of eight, recently delivered, North

Greatest awareness was around **oxygen deprivation**, and **underweight [small] babies**, but still some confusion as what this could mean

Associate smoking with **damaging baby's lungs**. Reference to a premature baby being deprived of oxygen and so *'developing better outside the womb'* of a smoker

A few believe that smoking towards the end of the pregnancy might be less damaging and lack understanding of development stages

I'm presuming towards the end of the pregnancy would be the better time, if there was a better time... as things will have already developed and grown. Baby's not busy growing pair of lungs inside. Yeah, they've already been developed and stuff.

Mum of one, currently pregnant, North



“*Baby can be born, you know, on the due date but could still come out, like the size of premature and stuff because it can stump them in the womb.*

It's not just the sense of 'Oh, well, we bought newborn and now we're gonna go out and buy tiny baby clothes.' It's more of a, you know, I believe there's a higher risk of like, problems in actual childbirth, the smaller they are.”

Mum of one, currently pregnant, North

PREGNANT WOMEN & NEW MUMS



Mentions of other potential health harms included

nicotine addiction

asthma / breathing problems in the newborn baby

poor development [unspecific]

miscarriage

premature delivery

stillbirth

SIDS

Knowledge tends to accumulate over pregnancies but tends to be around impacts during / on pregnancy and at time of delivery rather than longer term developmental issues

Some with less awareness feel that knowing more might have increased their motivation to cut down / quit...though they question whether they would have actually achieved it

Some commented that it was knowing [some of] the baby-related health harms that motivated their attempts

"I possibly would think more about cutting down. Just because it's like, it's a long term impact. I don't think, if I'm being totally honest, I don't think it would have stopped us because I don't think it was a choice. I wasn't able to, like, with willpower, I wasn't able to stop anyway."

Mum of eight, recently delivered, North

Smoking during pregnancy - emotions



PREGNANT WOMEN &
NEW MUMS

Some felt terrible guilt and shame. Inability to quit can create added anxieties; extra monitoring [e.g. growth scans] can also increase emotional turmoil instead of / as well as reassuring

"I couldn't think of anything else other than I felt shit for doing it. I didn't want her to pick it up - because my firstborn has asthma. So I was sitting there thinking, what if I, like cause her to have asthma? If she has any defects or anything like this, then that's me. It's down to me so I just felt rubbish and crap."

Mum of two, recently delivered, North

Others felt more at peace with it; particularly when previous smoking pregnancies have resulted in healthy babies

Some feel mental health impacts justify not quitting: it would add stress

"It's not something that I would obviously promote [smoking in pregnancy]. But I kind of balanced it upon my mental health as well. So I think when you come to quitting smoking the majority of it is mindset and willpower. And I think sometimes if you're forced that, when it's not there, you're adding extra pressure and stress to yourself anyway."

Mum of eight, recently delivered, North





**PREGNANT
WOMEN &
NEW
MUMS**

“ I'm just happy continuing really, it was more of a case of I was thinking about quitting and cutting down before pregnancy and then got pregnant and thought it was a decent excuse to cut down. But I don't know 'cause I smoked during my first pregnancy, and she's perfectly fine, happy and healthy. So I'm alright in my self as sort of, you know, well carry on how I am... I have the opinion that it's my life so I can do what I want to do.”

Mum of one, currently pregnant, North

Support for quitting in pregnancy



PREGNANT WOMEN & NEW MUMS

Most respondents had spoken with a midwife about smoking cessation [NB: this is how most were sourced]

Midwife typically discussed different forms of NRT and vaping. For some, the conversations and offer of support resulted in referral to Smoking Cessation service, some given inhalators, patches

Women typically **recognise and support midwife's role** to address smoking in pregnancy, and most felt midwives were respectful of their decisions. Mixed opinion as to whether help should be offered from within or outside maternity services

One had not had a discussion about smoking with midwife, but with Health Visitor. Felt that midwife hadn't done what she should have

"They [midwives] should encourage you to stop smoking more, and be more onto it... They never really encouraged us or pushed us to stop, when they could've done."

Mum of two, recently delivered, North

Some examples where midwives were able to address the subject, yet remain **supportive and understanding, not judgemental**. In one instance, respondent contrasted this positive experience to a previous pregnancy where relationship with midwife had been damaged by approach to quit support

Most felt nothing extra could have been done in terms of supporting them to quit





In contrast, one felt tired of conversations at every appointment, **felt judged**, exacerbated by her perception that her smoking was minimal, and not so much of a problem

"I could understand if I was sitting, taking drugs. Do you know what I mean? Like, if I was sitting puffing on 20 to 40 tabs a day. I get that 5 tabs is still 5 tabs, but its nowhere near as much as what I've seen other women smoke in their pregnancies. I just feel like I'm being constantly judged. Like I am cutting down the cigarettes. I mean, two a day, to be honest with you. I think that's absolutely nothing. To be fair."

Mum of two, North, currently pregnant

Some but not all had CO monitoring offered throughout pregnancy, though mostly at appointments [and not at home]

Women were typically interested, one felt she hadn't been a good explanation of the reason for monitoring and didn't understand

Another really appreciated it and felt it was motivational to see the numbers flashing on the reading

Mixed experiences with various NRT aids – most had tried something

Some successfully transferred to vaping; others don't like it; and some question over whether it is NHS approved during pregnancy. Idea of providing free vapes as an incentive to quit got mixed response, but on balance was seen as a positive idea

“My midwife that I've had with [baby] I've had with [previous children] as well. So she kind of knew me well. But obviously they do always ask the question when I was going for me reviews and stuff. But not my midwife, after she asked the second time because she kind of knew where we stood with it. And I respected the fact that she has to promote the fact that I have to stop smoking. But then obviously, she respected the fact that I know that mental health wise, I couldn't do that. But she did always say that the offer was always there. And she gave us the contact numbers, should I wish to try and contact somebody to help us stop.”

Mum of 8, recently delivered, North

**PREGNANT
WOMEN &
NEW
MUMS**

Pregnant Smokers

Key Points

Most feel guilt and shame

Some feel can justify smoking - often linked to mental health; others reassured by previous problem-free pregnancies

Still very mixed, patchy awareness of the specific harms to unborn baby, and much less association with harm manifesting after birth

Greatest awareness around oxygen deprivation, underweight babies

Experience of smoking through previous pregnancies and delivering healthy babies significant to attitudes

Recognition and acceptance that midwife has a role to support and encourage quitting

Evidence that positive relationships with midwives can encourage women to persevere in quit attempts



Insight into Smokers: Primary Research
Students

Students are typically, **upbeat, optimistic** about life and the future

High expectations, career ambitions

Pandemic had obvious impacts, several still have to integrate online learning into studies – the new normal, but not generally preferred

For some, lockdown had **positives**: some focused on fitness; comments on good weather, enjoying being outdoors

Others had apprenticeships or placements cancelled or postponed which was **stressful**

However, minimal discussion regarding significant mental health impacts, in stark contrast to other segments within this research

Impacts on smoking were polarised. Some who stayed at uni smoked much more through boredom. For those who went home, much depended on whether parents knew / allowed smoking at home [in which case, smoking likely increased] or didn't, in which case it was restricted or stopped

"At college, I just kind of became a thing that I would use it to deal with anxiety, or stress. And then since then, it's just kind of increased."

Student, South



Most are starting to notice the cost of living increasing which can be worrying, seeing less cheap food on the shelves

Although doesn't feel like a crisis yet, many are aware that things are likely to get worse

In particular, those that drive are feeling the price increases for fuel. This is to a certain extent ameliorated by online learning, but some are starting to question whether they need to reassess how much they use the car

Little evidence in any changes in smoking, drinking, socialising as a result of price increases. One now smokes rollies – tobacco is sourced from a neighbour and likely to be illicit

"My neighbour gives me like a 50g pouch of baccy every time I go around, if I need it, and if I do have to pay like it's only like seven pound. Which, if it's not the best stuff, it's like well probably burn your lungs quicker than anything else. But a packet of 20 from the shops coming up to like nearly 20 pound now. I can't afford that."

Student, North



Smoking seen as 'everywhere' at university: **part of the culture**, you either smoke or you vape

It's the **perfect storm**:

away from parental restrictions

increased intake of alcohol – and drinking and smoking 'go hand in hand'

lots more socialising

surrounded by it; left out if you don't do it

"As I just started going out, it just kind of became like a, I mean, kind of, rather than being inside, like a club by myself. It'd be like, go join everyone else outside. And then that kind of smoking just progressed."

Student, South

increased pressure of studying and deadlines

"At college, it just kind of became a thing that I would use it to deal with anxiety, or stress. And then since then, it's just kind of increased."

Student, South

One started specifically because it suppressed appetite

“*Going out, like going to uni, going out more. And then you're like around people that smoke more and then you kind of like feel like you're the odd one out for not smoking. And then in like some ways like, I don't know, you just like to like de stress sometimes if there's like too much work. So like you have a tab here and there. But yeah, I think it's just like a mixture of things.*”

Student, North

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Starting to smoke as a student



STUDENTS

Taking up smoking, continuing to smoke, and volume smoked, all **heavily influenced by peers**, the desire to fit in

"Well, my house just has like a communal baccy pouch that like everyone just chips in for like, we'll have like weeks where it's like your turn."

Student, North

In contrast, many talk of not smoking in front of parents, grandparents, because of disapproval and discomfort

"I refuse to like smoke in front of them [grandparents] even though my granddad used to, I just won't do it now. It's just seems wrong to me."

Student, North

"I don't really smoke around my parents not because I'm like, well, not really ashamed of it or anything, but it's just it doesn't really..."

I mean, maybe when I'm doing exams at home or something I might nip out for like a late, late night fag, but, you know, I'd say my consumption's probably less around my parents if I'm around them. But then as soon as I'm seeing friends again, they make me more comfortable to smoke."

Student, South

At uni / college, it's the norm, they don't stand out, there is no judgment. However, they can feel more noticeable – and judged – outside of the student world

"I sort of feel more pressure to stop [at home] because you'd walk down the street and people are like, well, where I live people stare at you if you smoking, which is weird. I don't get it because everybody smokes. But people are like looking at you as if to say put that out."

Student, North

Some have mixed feelings about their own smoking – as seen with other smokers

"I don't like the way I look when I'm smoking. But I just enjoy the fag too much to, like, put it down."

Student, North

"I don't like smoking now, but when I smoke, it gives me that rush like, it makes me feel that I can focus and go on with my day. So that's why I do it."

Student, South

Attitudes to vaping reflect those of other smokers: mixed experiences; suspicion over safety; appeal to kids; increased usage

Minimal exposure to or opinion of illicit tobacco – do get duty free when they can from friends and family

Most have no drive, or even desire to quit – exceptions were sport students, who recognise smoking is not appropriate to their choice of subject. However, they do see themselves as quit in the future

Like NEETs, most feel they will be able to quit when they want to. In fact, they feel more strongly this way than NEETs, possibly linked to smoking being a more recently acquired activity - they often don't see it as a habit

"I don't want to quit, but I think that's because I know I can quit."

Student, North

"I think what if I wanted to do it then I would be able to... when I'm a teacher but I think I'll have you know less time to kind of think about that anyway, but I think it'd be easy for me to quit."

Student, North

Health is an issue for the future – not now. Some focus on fitness, aesthetics, but typically few worries about smoking

"Neither here nor there [health worries]. The only the only thing I really don't like about it is the effect it's had on my teeth for a small period of time - discoloration - but I drink a lot of coffee as well so I'm attributing half of it to that... I think obviously as I as I get older it might be something I consider stopping due to health implications but at the minute I've got absolutely no will to quit whatsoever."

Student, North

““ I feel like it's kind of like, just the path that that a lot of students do, right? You just go to uni, do uni things, you go out and stuff. And then as you slowly get a bit older, kind of like slows down. So for me it's a bit like... maybe it's a bit ignorant to be like, 'Well, I kind of don't see myself getting ill from it'. And I feel like the other fact is that at least I'm doing sports.””

Student, South

““ My friend is a student nurse and like she sees like on the respiratory ward, like most of the patients have all been like longtime smokers. Obviously, like it's scary and stuff, but I don't intend on like smoking for the rest of my life.””

Student, South

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The lack of will to quit means most are disinterested in support services; unaware of them
Some feel they are not needed: they aren't addicted, they don't want to quit, it's a personal choice

"if there were gonna be around, I probably just don't notice them - they're barking up the wrong tree. We're all adults. Your university doesn't need to, like, tell you to stop smoking. It's purely just your own decision. So, like, I don't understand why they should have a campaign for you to stop smoking."

Student, North

Others feel sure support would be available at the university, should you need it
Only one respondent had any experience of support and had tried to quit [because of asthma]. Used NRTs unsuccessfully. Attitude in line with what is seen with other smokers – it's about willpower

"I was given like nicotine patches and the gum and kind of the mints and all the other things that they can give you to try and get you to stop. But I think you have to really want to quit yourself. And I think it's more like a willpower, you have to really believe that you want to stop."

Student, South

Attitudes to policy ideas reflect those held by other smokers

Students Key Points

Students are positive, upbeat about the future

Peer pressure; desire to fit in, be included; perception that it's the 'norm'; are behind take up and continuation of smoking

Notably, most are without care about their smoking

Health harms recognised as something in the distant future – and not relevant as they are convinced they will be quit

No urge or desire to quit

Generally minimal concern about ability to quit when they want to; related lack of interest in support services

A close-up photograph of a hand holding a lit cigarette, with smoke rising. The image is overlaid with a semi-transparent red filter. The hand is positioned in the lower-left quadrant of the page.

Insight into Smokers: Primary Research

BAME Smokers



Generally speaking, R&M BAME smokers are just like other R&M smokers in their recent experiences and everyday life; and their attitudes and behaviours around smoking reflect those set out earlier in the report

Smoking tobacco can be frowned upon in some cultures, but when asked, many feel their smoking is not influenced by their background

"Most people I know smoke. To be honest, I don't really class myself as British, because I grew up with no such culture surrounding me. And most of my friends are of Black heritage. No [my background doesn't influence my smoking] purely because I smoke cigarettes, whereas in the Jamaican culture, they smoke cannabis."

Some differences: an Arab smoker felt that even though it wasn't culturally acceptable to smoke, nevertheless it is the norm: *"It's an Arab thing, to smoke"*.

"I don't know if you've ever been to an Arab country, but everyone smokes... it's not like a part of culture to smoke cigarettes - it's still frowned upon. But it's just so many people do it."

UK born; North African heritage

Some indication that Ramadan is a prompt to quit or cut down

“ I dislike it [smoking] and I think anyone that likes it is a bit of a weirdo to be honest with you. Yeah, I really heavily dislike it. Firstly, it's not good for my health. Also, as I said, I mean like Ramadan, I'm a Muslim, I believe these things are not meant to be. God didn't give me my body for me to abuse it. I can give you 100 reasons why I don't like it. And I can't give you any reasons why it's beneficial. I would never give it to my son, for example, or somebody I love. I wouldn't. If my mother told me she smoked, I'd be upset. You know, I mean, so it's not it's not a good thing. ”

UK born, North African heritage

BAME



Most who smoke shisha smoke it **alongside tobacco** [one respondent only smoked shisha]

"It's like having an extra Naan bread."

African Indian, lived in Middle East

Some commented that they prefer the taste of shisha

Smoked **mostly in shisha bars** [amongst our sample] but some instances at homes of friends and family

One respondent had invested in shisha equipment when lockdown forced the shisha bars to shut

Very much a **social activity** - not necessarily linked to culture although it can be. For those for whom shisha is a less culturally driven activity, it is seen as 'trendy'

The experience is as often about **being with friends and family**, several comments re the dynamic of the shisha lounge

Social appeal enhanced when you can have food and drink alongside shisha

"We'd have a milkshake and have some snacks, and bought a pack of cards so the amount of time we spent there wasn't the amount of time we were doing the Shisha, just a nice vibe, music in the background and chance to catch up with people you haven't seen in a while."

UK born, Black Caribbean



For some, **it IS about culture** - shisha is culturally 'what is done' socially for some

Perception expressed by one [with experience of Indian and Middle eastern cultures] that shisha is seen differently in different cultures, eg in Middle East perceived as an activity for a *"slightly lower, non sophisticated class"* in contrast to India where it is *"novel, slightly upper end"*

It can be seen by some cultures as **more acceptable** than smoking tobacco.

"The culture is the big difference between Shisha and the cigarette. When you gather in the family and have a BBQ together, when there is a Shisha in the middle and have a couple of puffs, they don't see you as addicted, it's a cultural thing, Shisha is more acceptable than the cigarette."

Iranian, smokes shisha only

“It [shisha] is a very social thing. That’s one of the big attractions, but when you are on your own then the addiction of the sound and taste of it, because you get different flavours of tobaccos - that's what it actually is. I have tried to replace it with a vape, but then again it's in my opinion you can't replace it. It's irreplaceable because it's the sound and when you are socialising with other people as well, it's the sharing of it.”

Iranian, smokes shisha only

BAME



Cost an issue – compares unfavourably, especially with rolling tobacco

"It costs £15 or £20 a pipe when I was going before, and obviously you choose your flavour and you can stay there pretty much as long as you like, but then after that it's the £15 or £20 done and a packet of tobacco for £15 would last me 3 or 4 weeks."

UK born; mixed heritage

Can be developed as a very cheap habit abroad [examples given such as Middle East], but is expensive in UK if smoked out of the home

One has deliberately moved away from shisha as a cost saving initiative, but feels he is now smoking more tobacco [roll ups]

"I tended to smoke Shisha every week when I was in the Middle East because it is ridiculously cheap there, it's something like £1.50 for a Shisha whereas here it is £10 or £15 in places. And so with the Shisha maybe once a month or once every six weeks, if I do go out. It's more trendy here, it's like a trend that everyone has adopted, whereas in the Middle East you can get a Shisha delivered to your door for a £1."

African Indian, lived in Middle East

Shisha – perception of health impacts



BAME SMOKERS

Very mixed opinions on health harms compared with tobacco

Some feel that shisha is **less addictive or less harmful** than tobacco

“Shisha doesn't really bother me, but smoking is addictive.”

UK born; Mixed Black, White and Asian heritage

“Shisha is better for you than smoking, it's more natural isn't it, other than vapes?”

UK born; Black Caribbean

Some feel shisha is **'better for you'** because you smoke less: it's not something you carry around with you; a cigarette lasts 5 minutes; shisha only a minute or two, then you pass it on

Others think the contrary – that smoking shisha increases your intake

“And I think shisha really just takes it out of you. I think it's one of the worst ones. Based on how people use them, I'd say shisha is the worst. Because you're sitting there for like a couple of hours just constantly smoking this thing. That's probably more than like a week's worth of cigarettes.”

UK born; North African heritage

Comments around the filtering of the smoke through water, but mixed opinions as to whether this is better or worse for you...or about the same

Others feel the harms are probably the same; recognition that it can increase risk if you smoke both

Others feel it could be more harmful than smoking

“I try not to smoke Shisha because I don't want double intake but sometimes if you are out with friends and it's a social thing and a pipe gets passed around.”

African Indian



We spoke to one respondents who smoked cigarette; used shisha in the past; and uses currently snus

Uses snus to try and cut down on cigarettes and because it's accessible all day / indoors

He describes it as *pasteurised tobacco which doesn't make you need to spit*

"I've been using it to help me cut down on the cigarettes, I'll still be smoking. But I'll also use that throughout the day. So it has helped with the number of cigarettes I smoke."

UK born, North African heritage

Perceives snus is less harmful than cigarettes

"I've done a bit of research into it, and it's healthier than smoking cigarettes. I think smoking cigarettes, probably the worst way you could take tobacco."

UK born, North African heritage

Feels it satisfies the craving for tobacco, whilst breaking the cigarette habit

"It's a different feeling, obviously, you're taking it in a different way, aren't you? And you know, that motion of smoking, that just putting a cigarette up to your mouth and taking your mouth and inhaling and exhaling? I think that's also, like, a bit habitual. So strange to not be doing that. You can definitely get that same sort of tobacco taste, feeling from the snus."

UK born, North African heritage

BAME Smokers **Key Points**

Generally aligned with other smokers regarding situations, behaviour and attitudes to smoking

Although most feel their own smoking [of cigarettes] is not culturally influenced, nevertheless, indications that acceptability and behaviour differs across cultures

Shisha smoking is often social – for some completely unrelated to culture, for others definitely rooted in heritage / community

Wide range of opinions regarding how health harms and addictiveness of shisha compare to cigarettes



Insight into Smokers: Primary Research
LGBTQ Smokers



Generally speaking, R&M BAME smokers are just like other R&M smokers in their recent experiences and everyday life; and their attitudes and behaviours around smoking reflect those set out earlier in the report

Most of our respondents have **mixed circles of friends**, some gay, others not. Mixed behaviour regarding socialising 'on the scene' and not

All have been the **victim of discrimination** at some time, ranging from solitary comments to physical attacks

"I have had comments on Facebook but I've not really had issues with it. I did some filming for my work in terms of Pride, and they asked me the same question and I said in this day and age I didn't really think it was a problem anymore - not for myself, but stories I've heard from other people, it's still a bit of an issue.

When I was younger, it definitely wasn't accepted, it definitely was something you would hide and be embarrassed about whereas now it is definitely more open and spoken about."

Male, 29, South

LGBTQ

“ Even when I used to work in LGBT venues, people out on the streets tend to hurl abuse, which was just quite naive, but just preconceived what people thought. As I've got older, I think people will say that it's got better, well I don't consider it to have, I think it's just more targeted, I think isn't as passive as a little comment here and there. The last time it happened, me and my partner were both set upon by people, also my partner has been assaulted like three years ago - just because of how we come across. It probably is still the core reasoning behind my mental health, but I think as I've got older, I've grown to get used to it. You're more able to shrug it off.”

Male, 28, Midlands



Perception amongst these respondents that smoking is **not necessarily more prevalent on the gay scene than elsewhere**

Like everywhere, perception is that rates of smoking have decreased within the community over the years

Nearly all of our respondents felt that being part of the LGBTQ community **had no influence on their smoking** and that it was equally as prevalent across their spectrum of gay and straight friends

"Not at all, no [influence from LGBTQ community], I think it's just more of a social thing."

Female, 50, North

"It is difficult to say [whether the LGBTQ community smokes more than others] . I think we are all just human, we do it because we want to have fun."

Male, 28, Midlands



Perception that vaping is fashionable now

"I think a lot of that community are more vaping rather than smoking. I think they tend to follow a fashion more than anything don't they."

Male, 28, Midlands

One respondent who was more heavily involved in the gay clubbing scene in the past, did hypothesise that it's easier to smoke in those circumstances, and maybe that would lead to higher rates of smoking

"Especially because it's a lot of nightclubs, as opposed to there's not many LGBT specific cafes or restaurants. I think so [smoking is more common] because it's mainly nightclubs. Yeah, I would say a lot of the time was spent out in smoking areas."

Male, 28, Midlands



Like other smokers, are likely to **link smoking to mental health issues** [rather than LGBTQ status]
 Most respondents have, or have had MH issues – in some cases linked to being LGBTQ, but for others, unrelated

“You go through crisis points and maybe smoke a bit more, but I imagine it is the same with anybody who smokes.”

Female, 50, North

“It destresses me definitely. I have a stressful job. If I didn’t have a fag, I don’t know what else I’d do to destress. And it’s a good social tool. Obviously, when I go out with friends, that’s the first thing we still do together, have a fag... I suppose if I didn’t smoke, if I didn’t have a fag, what else would I have turned to? Would it be alcohol?”

Male, 29, South

Attitudes to quitting and seeking help are in line with other smokers

Some felt that it isn’t necessary to target services to the LGBTQ community, but one commented that **promoting services in targeted locations** would be a good idea

“It think it would be good for them to maybe have a stall or something at Pride, that sort of promotion. But I think we’re all human, and whatnot, and everyone’s the same. But I do think that it would be a massive benefit for them to have some sort of stop smoking stall at Pride, just like they would have sexual stalls or any other sorts, you see what I mean. It’s all the same sort of bracket.”

Male, 29, South

LGBTQ Smokers

Key Points

Generally aligned with other smokers regarding situations, behaviour and attitudes to smoking

Many are moving in circles where there are lots of smokers, but they are not necessarily solely from the LGBTQ community, and most don't recognise that smoking is more prevalent amongst the community

Many have been victims of discrimination, and most said they had mental health issues, although not necessarily related to LGBTQ status

A close-up photograph of a hand holding a lit cigarette, with smoke rising from the tip. The image is overlaid with a semi-transparent purple filter. The hand is positioned in the lower-left quadrant of the page.

Insight into Smokers: Primary Research
Healthcare Professionals



Depth interviews were undertaken with

- **5 x Community Pharmacists**
- **4 x Mental Health Nurses in Primary Care settings**
- **4 Practice Nurses**
- **3 GPs**

No more than one HCP came from any one practice

Respondents came from across England; from urban, suburban and rural locations, with representation from London, the North East, Yorkshire, the South West; the South East

Catchment profiles were varied, and included culturally diverse communities with significant Asian, Eastern European and African populations and high levels of transiency; some with significant student populations; traditional market towns; highly deprived areas



Mixed levels of smokers across the sample's practices: typically higher rates amongst areas with more deprived, and older patients

One Practice Nurse estimated up to 60% of the patients they see smoke

"They [smokers from lower socio-economic groups] represent for us one of the faces of our challenges around health inequalities. Many of the smokers we come across have had previous attempts at giving up smoking and have been unsuccessful as well so we know there is a real challenge in stepping up to help them."

Pharmacist, Bristol

"Lots of smokers, lots of diabetes, lots of COPD, lots of asthma. Quite a deprived area and therefore you see a lot of smokers which is hard, because you feel nobody smokes anymore but where I work it feels like everybody does."

Practice Nurse, Teesside

MH nurses feel they see even greater proportions [than in the local population] who smoke, and that MH issues and smoking often go hand in hand

"Smoking is one of the most feasible coping strategies if you also need to look after a family, hold down a job etc. Smoking is accessible, easiest thing to do as a crutch that is legal."

Mental Health Nurse, Winchester



Most feel tackling smoking is a priority and is fundamental in an individual's healthcare

"But the old adage of making every contact count, I will nearly always raise it with patients who flag up as smokers on the records."

Pharmacist, Barnsley, Yorkshire

"Whether they are smokers, passive smokers, I just think it bears relevance on every single aspect of healthcare, so for me it is a top priority."

Practice Nurse, Teesside

Some feel it's THE priority for improving the health of a smoker

"It is pretty much still up there. I think the impacts of smoking are so clear that it is still a big thing for those who are still smoking. I still think in terms of improving your health, if you are a smoker then there is not much that is going to top it really."

GP, Somerset

One or two felt it can be a box-ticking exercise, rather than a drive to support quitting

"I think it is a high priority to ask the question - tick the box - but not to actually signpost or help people quit."

Practice Nurse, Newcastle

“

I would say it ranks higher [in priority] than alcohol, because alcohol is another thing we have to ask about and I would say also with drugs as well because it is easier to ask someone if they smoke than ask if they take drugs. So it is a pretty high priority, but not as high as...so sometimes I think we are more concerned with their biometrics, like their blood pressure and their height and their weight and their blood results and sometimes important things like what do they smoke and what do they do for a living, they can fall back but I would say smoking would be at the top of those.

”

Practice Nurse, London

**Practice
Nurse**





Time is the big barrier to raising the topic of smoking, and one GP commented that if it wasn't directly relevant, that would be first element of a consultation to be dropped, if time was tight

"It depends on the condition they are coming to me about. So I should link more of it to mental health but I probably don't - I think if I am being honest, the way our work load is at the minute, particularly in the practice I am at and the way our appointment structure works, we are very much putting sticking plasters over things and trying to move them on and we don't have much by way of continuity of care - that relationship is quite difficult and I think we could be doing a lot more if we were not as run ragged to be honest and I suspect that will be a feeling that is quite similar across the GP board."

GP, Newcastle

Raising the subject of smoking is mostly decided on a patient-by-patient basis for GPs. Can be prompted by the diagnosis of a related disease e.g. COPD, heart issues – seen as a *teachable moment* – or the presence of other illnesses; or patients who need to make lifestyle changes due to other conditions such as diabetes, hypertension

"It is sort of left up to us but at the same time we all send out the message with details of the stop smoking service, so I don't think there is anything [template / protocol] but I know we are not meant to be prescribing, or at least when I last checked."

GP, Newcastle

“ We recognise it is important, it was only 2 or 3 weeks ago I did a session on motivational interviewing through our GP training and one of the topics we talked about was smoking and how to motivate people to stop smoking but in reality I do not have time in my clinic to do that so, if someone says they want to stop smoking I say ‘Great’ and point them in the right direction, I will tell them they should stop smoking.

It might be relevant if I am seeing a kid with asthma or allergies. I will say ‘Right who smokes in the house?’... or you know the lung cancer patient who still smokes, or the COPD patient who still smokes or the asthmatic who still smokes, they get a very brief...we need to think about you stopping smoking, are you at that point yet? And that is all the time I have got.”

GP, Newcastle

GP



Starting the conversation: Nurses

HEALTHCARE
PROFESSIONALS

For nurses, the question about smoking is often asked as part of a template; when a fuller set of details of a patient is required; and when managing chronic illness

Ardens template referenced by some, also QOF - can be positioned as a process to patients so they know it is a 'routine' set of questions. In some cases, it's a question that is asked annually

But smoking is addressed by most even when not required by performance measures, and also as an ongoing conversation when smoking status is already known

"We don't follow a protocol but the nurses follow the Ardens templates and I can choose to follow that if I want to. They are Arden's useful in certain situations... But the nurses have a template for each clinic so if they are doing an asthma review they will have an asthma review template, and if they are doing a COPD review they will have a COPD review template - so that brings up smoking."

GP, Newcastle

"It depends on the kind of consultation. If they are coming in for a health check then yes, there is a template and smoking is on the template but that is something we would do, say, if they were coming in for their annual health check for their COPD or their diabetes or their high blood pressure. But if they are in with something more acute so let's say often with wound care, it's not a template but I always know to ask because I know how much it will delay their healing...but we are not prompted to. And sometimes there are occasions where I think 'Oh my God I didn't ask them if they smoked!'"

Practice Nurse, London

“ *Sometimes it is on our record that they smoke, so I will say ‘Are you still smoking?’ Some patients may have moved onto an electronic cigarette so I will normally say ‘Are you still smoking?’ or ‘Do you smoke?’ and then I ask them what they smoke and then how many they smoke a day, which is sometimes difficult to quantify because you have the social smokers, you have those who roll cigarettes, those who don't identify as a smoker but they smoke tobacco with weed, so there is that as well, but that is normally how I open it.* ”

Practice Nurse, London

**Practice
Nurse**





MH nurses tread very carefully, and would not tend to broach the subject of smoking with a patient in crisis: the priority is to keep that person safe

However, smoking and quitting are nearly always addressed at some point by MH nurses, although it is not seen as part of their role to offer advice on the process of quitting – tend to refer on

“Well it really depends on the context of the conversation, I don’t follow a script with people...sometimes people will mention it to me and say ‘I would like to stop smoking but it is the only thing at the moment that keeps me calm, what alternatives are there?’ In which case I will take that a bit further... sometimes if the person has quite an unhelpful lifestyle, I might generally try to ask do you smoke, and they will say yes or no and that will be recorded. It is very individualised. I don't ask it every single time but I do try to ask about diet, lifestyle, drinking, smoking, those sorts of things.”

Mental Health Nurse, Dover

MH nurses often have a template that they follow – especially for initial consultations - though this might vary from practice to practice. Delivers a holistic assessment of the patient, including smoking. Template / process helps to ‘normalise’ conversations

Mental Health Nurse

It's a difficult one because a lot of the time it's that tricky balance between the therapeutic relationship, I am trying to gain their trust. A lot of the time they might be distrustful of services or they have had a really bad experiences. A lot of people it is really hard to get your foot in the door generally, and sometimes if they are talking about self harm and psychosis like hearing voices and you say 'Does anything help you, do you have any coping strategies?' and they will be like 'Yeah, my cigarettes'. I suppose then it's like really difficult and I'm like, just leave it. Maybe come back to it in the future but on the initial appointment...and see how unwell they are I wouldn't push it, put it that way.

Mental Health Nurse, Leeds, Yorkshire





MH nurses hold the view that MH patients do need to be treated differently to other smokers

This particularly relates to **crisis management**

Recognition that smoking is a coping mechanism so important to ensure patient is engaged with appropriate support before starting a quit attempt

"Mental health patients use cigarettes as a relaxation if they are feeling stressed or anxious, if they are feeling uptight about something - they use it. It's a very social thing for them to do in groups. It's used a lot for anxiety and to calm themselves down, so it's finding a replacement for that. They often mix things in with their cigarettes, so mixing their tobacco with cannabis and they are smoking that, so is it the tobacco or cannabis... and then it's finding ways to get them off both."

Mental Health Nurse, Newcastle

"If there is someone with mental health difficulties who is wanting to give up smoking and that is something that they have used as a coping strategy for their mental health, then I think it needs to be that we make sure that person is in a really secure situation in regards to their mental health and they are feeling well, per se or good family support or whatever, or actually that person is linked up with the right mental health services as well. Because you know if they have nothing to turn to in terms of their usual crutch then they need to be able to be supported in terms of developing healthy coping strategies that aren't going to impact on their health and life length."

Mental Health Nurse, Winchester



There are also considerations for MH Nurses regarding interaction with medication

"I am pretty sure there is something where certain smoking medications can be dangerous interacting with plasma levels of anti-psychotic drugs, so again those are used more in specialist units so there they were always told not to stop smoking. The advice from consultants was always when they take anti psychotics it is detrimental for them to stop smoking."

Mental Health Nurse, Leeds

Recognition that alongside MH issues often come other factors that might impact a quit attempt or which need to be considered when shaping the right support. These might include lack of support / isolation; reduced cognitive ability; reluctance to be with other people / agoraphobia

"With some people, particularly people who have personality disorders and quite disordered thinking really struggle with following the guidance. I also see a lot of people who have things like ADHD and they are often people who smoke and they don't stick to appointments because they have forgotten them so having a different approach... so having things on an App might be good, and for younger people as well. I don't know if there is anything but a lot of people rely on their phones for everything and I have some mindfulness Apps that I signpost people to...there are a lot of people it would be fine for but a lot of people would struggle going to the clinics if there are going to be other people there, so it is very individual so it's difficult to say."

Mental Health Nurse, Dover

“The advice shouldn't necessarily be different but the approaches, so maybe like one-to-one rather than a group or be given more time...It's more about the time given to it, explaining more about what is going to happen, what might happen, having virtual appointments if they are agoraphobic, so it's about how the approach is sold to them, giving them extra time and the accessibility of it.

So again, a lot of my patients wouldn't be getting a bus into Leeds City Centre to go to a group on smoking cessation - I guess it's about tailoring it. So maybe the advice wouldn't change and still getting NRT and behavioural support but how it's done should be different. ”

Mental Health Nurse, Leeds

**Mental
Health
Nurse**





Pharmacists are sometimes approached for help, but also take the opportunity when patients come in with coughs, or are part of the blood pressure service, or are browsing NRT options

"I see it as part of aspirations towards a healthier life style, improving quality of life and improving the length of somebody's life. So every opportunity that arises, I will take it and address it with the patient. I don't tend to press it [for the older person] as much as for someone who is younger and then I will steer the conversation. I will confirm whether they are smokers, ask how many they smoke a day and ask whether they have considered stopping smoking and tweak according to their response. It is important to give the patient options, signposting to people who can help more."

Pharmacist, Barnsley, Yorkshire

Smoking also seen as important in regard to the **New Medicine Service** provided by pharmacies, as it's linked so closely with several of the relevant diseases [COPD, hypertension etc.]. Discussions about smoking and quitting are therefore seen as significant to that service

"I would need to at least mention it and I usually ask what their thoughts are about it before I go any further. It's part of the medicine review, it would be something I would need to discuss with them so I would need to document it and make sure I have an up to date status because some records aren't up to date."

Pharmacist, Newcastle

“We would always do so [talk about smoking] in the context of our normal activities. We are a healthy living pharmacy. We not only subscribe to the tag but spend a lot of time getting ourselves very comfortable with how we present that to our patients. So most of our patients will know we will have conversations with them about smoking as part of our ongoing offer of support. What it is not, is us talking down to them, it is really offering them a tool to help, offering them support to make a change that we believe will be highly beneficial for them. We were one of the first pharmacies in our locality to adopt the healthy living framework... so we have always been very comfortable in having conversations about harm reduction, different ways of treating as well as reducing the harm from smoking itself and clear about the conversation about nicotine as against smoking, which are sometimes lumped together, so we use every opportunity to do it, a lot of our messaging is around support to reduce harm from smoking.”

Pharmacist, Bristol

Pharmacist



“*It really varies, some people would love to but just can't, other people are in the process of cutting down already which is great because they are already on the track and maybe just need a little bit of support.*

And then you have the other ones who are 'No, I enjoy it, I know it's bad for me, but I am not interested', and I know if what I am going to say will fall on deaf ears, I am going to lose that rapport with them. And so I don't go too far down that route because I need for them to be in a good place with me to have other conversations about other health concerns that we might be able to change.

If they are not in the right frame of mind to stop smoking, nothing I say will change that, I don't believe.”

Pharmacist, Newcastle

Pharmacist





Pharmacists talked about their role being as partner to their patients in the management of their health. Discussions focused on empathy, support and understanding
Also aware that the patient has a choice regarding which pharmacy they use

"It's up to me to decide about the conversation... its a very open and flexible approach. What I have learned a lot about addiction is if the person does not accept that they have a problem then you are not very often likely to be successful at that point or moment in time in taking them further on the cessation route. But I think it opens their eyes up and making sure they know there is an open door, there is help available...then the next time I speak to them I will use the opportunity to raise it again as long there has been a reasonable time frame between the two encounters."

Pharmacist, Barnsley, Yorkshire

"It's a partnership. If I'm not a partner on your journey to reducing smoking then actually I am either a taskmaster or a nuisance and you can't work with either of them. And when you come into a pharmacy you can just walk across the road, you don't have to put up with that....Don't nag them...don't bring out your own revulsion...your own frustration...they will just go across the road. And partnership builds trust because we also know it can be a very difficult journey. So the one thing you don't want to do is lose people, when what they need from you is support and encouragement with that harm reduction journey they started."

Pharmacist, Bristol

“

I want to know what their thoughts are first and if they have tried it and what was successful in the past. I try and be positive and frame things in a positive way. So, if they have tried to cut down I would try to focus on the positives of that because I think that puts them in a better frame of mind because even if they are still smoking it's better than they were.

So putting a positive spin on it definitely helps. Perhaps looking at a positive outcome, so looking at something that is important to them..the cost of cigarettes...

I often find going on the health and if they have had a recent scare, it is often not enough...most people are aware of the risks of smoking and they have had those chats numerous times and I think they just switch off unfortunately, so trying to focus on something positive.

”

Pharmacist, Newcastle

Pharmacist





Most are **comfortable** in bringing up smoking with patients.

Some occasionally use 'protocol' or form filling as reasoning for questioning, but not all and not always. Perception from some that you are doing patients a disservice if you don't ask and that care provided should not be influenced by patients' reactions

Several commented that patients **expect the topic of smoking to be raised**, and are more used these days to data being collected

Raising the issue of whether they smoke is generally considered easy, but the conversation about quitting often less so

Some are less comfortable, typically worse when dealing with longer-standing, heavier smokers who are likely to be more resistant to the quit message

Many HCPs place emphasis on stressing they are not judging or pressuring. Approach is often to lay out the reasons to quit; the options available, and then leave the decision to the patient [regardless of their initial stance re quitting]

The emphasis for most is about **understanding the patient** – where they are mentally regarding starting a quit attempt; what their personal situation is, in terms of ability to commit to an attempt; and what previous experience of quitting has been: approaches, and aids used

“ I like to find out, if I have time, about their situation and their mental health as well. Because I remember when I did the smoking cessation course, many moons ago, readiness was one of the first things you had to look at in someone. I have some people who are going through an absolute nightmare of a time, their mental health is absolutely shot...one of the biggest reasons people fail, is due to stress, so sometimes if people are in a real dire situation I say ‘You want to quit but do you FEEL you can do that at the minute?’ Because what I don't want to do is set people up to fail. I'd rather wait a few months down the line and once they are clear of the situation or we have them on the correct mental health medication and are in a better place or they are battling a number of addictions I think it is good to do one at a time rather than do everything at once.

And then finding out their motivations, is it for themselves, is it financial or for their grandkids - I think that is great preparation. If people have a reason to stop smoking...emphasising that and underlining that...looking at the goals is really key as well...and to encourage them in that.”

Practice Nurse





Reactions vary, and reflect what we know about smokers: some are not ready or interested; some need a nudge; some are receptive

"A real mixed bag, you have some people who are like 'Yeah, yeah, yeah, give me my lecture'. You have some people who are just point blank 'Absolutely not.' And you have some people who are desperate to stop and some people who have been like 'Well I have tried so many times' and they are basically just defeated."

Practice Nurse, Teesside

Comments that previous [less positive] experiences with HCPs can lead to a more difficult reaction from the patient

On the whole, whatever the reaction, it is rarely hostile, even where there is no interest

"A mixed bag but more often than not they appear defensive and I do try help by saying 'We have all got something, I'm not here to judge you, but it is important that we know this'. So that's the overarching kind of thing, being defensive and feeling that I am asking them because I am about to tell them off."

Practice Nurse, London

"I might get apathy but I think they understand I have to ask. I take a slightly softer approach and say 'Look I'm not a judgy GP and I'm not a pushy GP, you know the risks of smoking, you know how it is affecting your condition, I am going to recommend that you stop. I am going to give you the information that will recommend that you stop and that is up to you'. I try to say 'I'm not going to force it on you, you have to be an adult and you have to stand up to it'. I don't come across anger or resentment, it's more apathy."

GP, Newcastle



What is offered

HEALTHCARE
PROFESSIONALS

Every organisation that took part had a **different situation** in terms of what they could offer in-house, prescribe or refer to

In GP surgeries, what is offered to the patient depends on what is available within and outwith the practice itself. Some had in-house support services, but not many

All the GPs in the sample **advise cutting down as a route to quitting**, or where quitting isn't a perceived option for the patient. Most nurses and pharmacists agree that it is good preparation for a quit attempt, but not all

"It doesn't work. It's fine for the first two weeks but smoking cessation is about giving up not cutting down, so maybe cut down for one or two months but then give up."

Pharmacist, London

"We have really subscribed to the harm reduction approach and part of the harm reduction approach is to get people to reduce the amount they smoke...so if you can't afford a nicotine replacement product for example as you should, you can't use a patch every day or only use it as you can...in the meantime you can also try and reduce the number of cigarettes. So the message from us is always to keep pushing our patients to keep reducing the amount of cigarettes they smoke with the intention of either getting them to completely give up or switch to a safer form of nicotine but it is something we fully subscribe to."

Pharmacist, Bristol

“ One of the things we do is reinforce the fact that it is their choice, they smoke and that's fine with me. They ask 'Are you going to tell me off?' Well no, it's their choice, they don't have to listen to me but 'As your friend, as your pharmacist, I will tell you to consider it'.

I'm a reasonable person and 8 out of 10 times the patients will talk about how they want to stop and part of that is the entrapment of failure. Because if you try to do something like lose weight and can't do it - you don't hate yourself for not doing it - you just accept it. So we ask what have you tried before, what's new, what is your strategy and then you find that people have not tried harm reduction. So, 'Have you thought about this, it's less burdensome, you don't have to try to quit in six months or three months time, why don't you just reduce and work towards it, that's good enough, that's a good direction, let's see how far we get'... and that brings hope again. The strategy that is just focused on a quit date has failed the majority of smokers that are still smoking now.”

Pharmacist, Bristol

Pharmacist





Mixed provision within practices / pharmacies

Pharmacists questioned how to meet their commitment to addressing health inequalities without being commissioned to deliver smoking cessation services when smoking is so inextricably linked to deprivation generally. One felt they were expected to provide some level of service even without funding

Several felt in-practice support was the ideal, and might encourage engagement when otherwise patients might not bother

"I think if we had a smoking cessation clinic that would be good, I would be happy to be trained up in that and do it, I can't prescribe but I could do the testing and assessment and the treatment could be prescribed through another pathway...If we can offer something there and then in the practice you have more chance because if you say go and access the walk-in service they may think I'll not bother with that sort of thing, but if it was at the practice they might be more inclined to come. They know the staff."

Practice Nurse, Teesside

A number questioned the quality of local provision

Recurring comments that it's hard to manage patient care properly when there is no feedback from the external services they are referred into

A number felt being local [in-community rather than in-area?] was important

Where services have been discontinued or de-commissioned in-house, all regret that this has happened and feel that service for patients is not as good as a result

“ We have not gained much from it [decommissioning decision] and if we are focusing on health inequalities and levelling up, the data emphatically paints a picture for us of who is more likely to smoke - and we know that the person who is more likely to smoke will come from a more economically challenged background, likely to be already experiencing some amount of health inequalities - who is already also presenting a challenge with morbidities or is on the threshold of developing some morbidities as part of that picture. Not running a marathon. So it really speaks to us to say this is a phase of health inequality what is our response to it? ”

Pharmacist, Bristol

Pharmacist



“

We are one of the few London Boroughs left that has a commissioned service. So, I have worked at other pharmacies where it has been decommissioned and yet there is still some expectation for us to provide some sort of a service with no remuneration at all, so put that together with all the other services we are expected to provide without remuneration, we are working ourselves silly and not knowing where to prioritise and smoking cessation is very important.

Pharmacist, London

Pharmacist



Routes to support that were mentioned included:

- Referral to local Stop Smoking Service [Pharmacist]
- In house smoking cessation service, with NRT offered [Pharmacist]
- Pre-formatted text messages with links to NHS / Quit for Life; opportunity to book in with GP/Practice Nurse to discuss more formal support [Mental Health Nurse]
- Referral to local One You programme [MH Nurse]
- NRT offered via referral to Practice Nurse [MH Nurse]
- CO reading then referral to local service [Practice Nurse]
- Suggests using vapes [Practice Nurse]
- Referral to Health & Wellbeing Coach / Social Prescriber located in GP practices [Pharmacist]

Most talk about stressing they are 'leaving the door open' if patients don't feel ready now

Also frustration that HCPs don't get to hear about the outcomes of an external referral



One discussed whether patients should be referred or whether you disempower them to make their own decisions by doing it for them

Discussion with GPs surrounded in-practice support versus external services. In one case, whilst the creation of a county wide service has given infrastructure, it adds a link in the chain of dropping out for patients who are given a number to take away and ring, rather than seeing the in-practice nurse. Again, complaints that no feedback is ever given to the success or otherwise

Other GPs were unaware of the quality and success of local services

"I genuinely wouldn't be able to tell you."

GP, Newcastle

"I know that we have a text message that we send to people that they have to contact the service and I don't know if there are any issues with that, but I know we can't persuade, we have to refer there. I can't prescribe stop smoking meds, I have done before but not at this surgery."

GP, Newcastle

There were also mixed reports of ability to prescribe medication / NRT therapies

Some pharmacists were independent prescribers – but this doesn't seem to mean the same for all. One could prescribe but only at a cost for the patient, another can offer medication as part of the service they are commissioned to deliver. A third can't prescribe stop smoking therapies despite being an independent prescriber

Similarly, the MH Nurses didn't all have the same prescribing powers and Practice Nurses variously reported situations where GPs could and couldn't prescribe

"I think the GPs can prescribe but I'm not totally sure about that."

Mental Health Nurse, Leeds

"I can prescribe NRT and smoking meds as far as I am aware, yes but I haven't...I have just done a review of my last 50 prescriptions and there was not one NRT and I don't ever recall prescribing NRT at all. I think what we would tend to do is refer them into the local service which I think for us is through the local pharmacy."

Some comments about the inability to prescribe free NRT. This is perceived to be a barrier to quitting for some smokers, and can negate the money saving driver for quitting

"What tends to be much more difficult sometimes is for us to be able to offer them the help because we know the most effective way to reduce the harm from smoking is to switch to a replacement product but this is linked to a cost because we have no commissioned services in our area which immediately puts a tariff for the patient to access and that is a key factor in the conversation itself."

There is a great deal of uncertainty regarding advising or prescribing vaping as a quit aid. Pharmacists mentioned the fact that many products are **unlicensed and unregulated**, and several said they would caution their patients on this point.

"I think if people ask me about them I would make them aware that it is something that can be purchased over the counter or in vape shops. I would also stress the point that very often that these are unlicensed products and they are not regulated in the same way that nicotine replacement therapies such as Nicorette, Niquitin or the prescription only products such as Champix are regulated and that they would very much take it on their own head as it were if they wish to try such options.

And I would also point out the incidents where there have been vapes catching fire inadvertently when they are being charged up. I am one for making sure the patients are aware of all the licensed options - if the unlicensed options come up I am happy to have a chat with them but stressing that it is not something we openly recommend at the moment."

Pharmacist, Barnsley, Yorkshire

"There is no guidance as such, it is still an incredibly grey area so when people say they want to vape we say 'Well try it by yourself with a medical grade vape and make sure it's licensed.'"

Pharmacist, London

In addition to the issue of being unlicensed, there is a general feeling that **the evidence is not there...or there is not enough evidence available** to reassure on the safety of vaping, although some recognition that it *seems* that it is a less harmful alternative to smoking

Lack of evidence leads to reluctance – or at least caution - to prescribe or advise amongst most

“Well, I don’t think there is a lot of research to say they are safe, I’m not so sure with that really. It may be better than smoking, but I don’t think there is enough research to say that they are safe.”

Practice Nurse, Teesside

“Generally, we don’t know everything we need to know, the research right now is very limited but ultimately we believe at this stage that it is a better alternative to smoking.”

Practice Nurse, London

“We don’t talk about vaping and that is something that was discussed in the practice recently and I think there is a feeling that we don’t know enough about it to talk about it and it is interesting really, we have had very little information come to us about vaping - you know maybe because we are not part of the service but I don’t particularly talk about vaping.”

GP, Somerset

“I am very careful about advising on e-cigs. I normally say there is lots of research saying smoking is not good, there is not a lot of research saying e-cigs are okay because they are pretty new so we don’t know the long term effects but it is probably better than smoking but we don’t fully know.”

GP, Newcastle



There is also concern that vaping can **aggravate some existing conditions**

"Sometimes people with respiratory conditions find the vapes flare them up worse than the cigarettes...we still don't know the long term effects and we tell them 'Please don't use the vape more because you will be having more nicotine intake'...so its a grey area and it would be good to have more information on that."

Pharmacist, London

"It can give throat problems. The point is not to smoke, so swapping one habit to another - it is better to cut down."

Pharmacist, London

One pharmacist referenced the fact that the Royal Pharmaceutical Society are saying vaping is better than using tobacco or cigarettes but feels other effects counter this advice

Some will refer to more specialist advice if asked about vaping by a patient, feeling unequipped to answer themselves, and one commented that patients themselves are wary about vaping



Personal opinion and experience influence both ways

"I just tell them it's cheaper, you don't smell, it's easier, it's better for their health, they will feel better and then they can gradually wean themselves off them. That has been my personal experience. I tried numerous NRT products but kept relapsing with stress but vapes have worked."

Practice Nurse, Newcastle

"I think there is still a lot of research to be done on vaping and I think you are just replacing one with another really and it's not monitored as much. You buy them from different shops, you don't know what's actually in them, what amount of nicotine is in them and it's hard to reduce them down whereas if you have prescribed products you can reduce them down."

Practice Nurse, Newcastle





General consensus that understanding the patient and their situation can help determine the best messaging approach when discussing quitting

This could be relating to personal or family illness, financial situation: focus of conversations is mostly on health harms and saving money

"We try and explain that if they think about stopping it will reduce the risk of them getting heart disease, lung disease...or if they have COPD and they continue to smoke, try to encourage them because although it won't cure the condition, if they do stop it won't get any worse."

Practice Nurse, Teesside

Feeling that you have to be pushing at an open door – and that **there is nothing you can say or do to persuade a smoker who isn't ready**

One mentioned TV ads seem to drive more patients to ask about quitting

As seen, cutting down is a well used message to those more reluctant to quit



Very mixed picture of what is available locally to support quitters, and to what extent HCPs know what is out there

One local authority has decommissioned services so they are only available if you can pay for them

At the other end of the scale, some respondents are located in areas where there is a wealth of provision through a range of channels

Others work on hearsay and don't know a lot about what is available

"I don't often hear positive things about the stop smoking service. I have heard stories from patients about the staff at stop smoking services being rude and abrupt and a lot of people are quite hesitant to do stuff in groups, they don't want to do stuff in groups."

Practice Nurse, Teesside

One pharmacist would like to be commissioned to provide a service but isn't – they refer through to local GP where there is an in-house adviser

Comments on a recent move in one area to giving vouchers to go to a pharmacist for quit aids and removing prescribing from GPs. Practice Nurse felt it didn't work well, and that people do better by attending clinics and actually seeing someone

Apart from initial education, training received is typically linked to the commissioning of smoking services, so where a practice or pharmacy has been commissioned, training comes with it for the relevant staff – but not necessarily for those not directly involved with delivering the service

Those who have worked in secondary care are possibly more likely to have received training there

None of the Practice Nurses we spoke to had received any relevant training within the past 10 years, and some had never had any. None had received any training re vaping; one didn't know what VBA was

Some GPs had received some training but it is patchy, and none about vaping.

One MH Nurse received regular training - others had had none

Pharmacists have received training from pharma companies on their products, and where/when their pharmacy was commissioned to deliver services

Most would turn to local Smoking Cessation services if they needed advice, or simply refer the patient to them



Working from home and remote consultations have been the norm for many, and several feel they are less satisfactory and effective than in-person consultations in terms of picking up non verbal cues, and developing relationships

"It's nice now - there were no face to face in GPs surgeries which for mental health is very difficult, unless somebody is completely housebound. Some people with mental health problems react a lot better if you are with them and giving eye contact, so for me it was frustrating, and it still is a little bit frustrating because we have to wear masks in the surgery. But I am pleased now that we are seeing people face to face because that is a lot safer particularly where people are self harming and where people are trying to hide something."

Mental Health Nurse, Teesside

"I think the fact that many of us worked from home, including myself, for nearly two years, had a major impact. I think when you are addressing issues like smoking cessation, online consultations and telephone consultations can never replicate the effects that a face to face consultation can have when it comes to smoking cessation and substance dependence. A telephone conversation can't pick up the visual cues and other non verbal clues and communication signals that a face to face consultation can pick up, so that has been a real limiting factor."

Pharmacist, Barnsley, Yorkshire

It was also isolating for staff who could not interact with each other, even if at their place of work



Others feel there is a place for remote consultations, and that there are benefits to having them, in terms of speed/number of consultations that can be fitted in; convenience for the patient; accessibility...especially for younger and more e-savvy patients

"It was quite exhausting, making sure you had done the proper assessment over the phone, documented everything, because if you don't have the patient in front of you they could be telling you something different to what you would see face to face. But we got used to that way of working and as the doors opened I think a lot of patients preferred it and it was more convenient if they were at work: 'Oh I don't have to come in.' We still do some triage because it frees up some appointments and there is a shortage of GPs and nurses so you have to use appointments in the best way you can."

Practice Nurse, Newcastle

Comments that the pandemic has been a positive catalyst to new ways of working, particularly in regard to the use of technology

Pharmacists feel that the role of the community pharmacy in delivering consultations and other services has become more visible and accepted

"In terms of consultations because the pharmacy has a more visible role in the delivery of holistic health, outside of just medicines and supply, one of the things you do find is that people are much more open in the conversation and they will tell it to me straight, which they only used to reserve for GPs."

Pharmacist, Bristol

Mental Health Nurse

“ think with the students, especially with the younger population, there would be loads of DNAs in the surgery and actually the virtual world is more accessible to them.... there are a lot less not attending now. The feedback is that they can go and stay with friends and still have their appointment, it's accessible to them, they no longer have to travel into the surgery and they can make their appointments.

So, it is a mixed bag really. I think now - hybrid is a lot better, so if a patient really needs it, if they are in crisis if we really need to sit down face to face with somebody to assess them we would, that priority wouldn't change... I think sometimes the perception is patients aren't being seen but that is not the case, we do see them now a lot more in surgeries. But actually, they are saying we prefer phone calls and videos because... we don't have to leave work, we don't have to travel over or pay for a bus or parking, so that's a main positive. And the productivity is a lot more ... we see so many more people. We can reach a lot more people and waiting lists are coming down a lot more.”

Mental Health Nurse, Leeds



“ Yes, it has reduced face to face consultations which could be perceived as negative. However, I think there are positives to be seen in that, in general practice overall, face to face was abused and overused and people would come in whenever they could, especially certain groups of patients come in almost as part of their regular weekly routine, which has benefits but again it's about prioritising how time is used when we are already in an incredibly pressured environment which doesn't have enough resource.

So going to things like telephone triage before a face to face has cut down unnecessary visits. Some people who wouldn't have reached out have, because a phone call is more manageable than coming in.”

Mental Health Nurse, Winchester

**Mental
Health
Nurse**



“ I think it helped us to access different ways to deliver healthcare that wouldn't have happened three years ago. I know there is a lot of controversy about telephone consultations versus face to face but you know what, whether the patients want to acknowledge it or not, there is a lot of health care that can be delivered remotely that does not require a face to face appointment and I'm not sure why they are politicising it. If I do a telephone consultation I can do twice as many, so I can do 3 or 4 telephone consultations in the time I do a face to face. I think the use of technology like text messaging is a hugely important thing for passing on health information, so I use text messaging about anything, blood cholesterol, blood pressure they all get a link to NHS Living Well. ”

GP, Newcastle

GP





The way of working enforced by the pandemic took its toll on some

“Two years post Covid it hit me in January, personally I had a bit of a melt down and I think I had just been on fire fighting auto-pilot mode for the last two years...speaking to the GPs everyone is just burnt out. We take a lot of grief from people, we are never open, they can't get an appointment, no-one understood what we were trying to deal with on a day-to-day basis. It's really hard to meet patients' expectations, but we do our best and I actually started smoking during the pandemic, I was so stressed, to get out the clinic and have a cigarette. I used to smoke at University, I didn't smoke for ages and then just started again and I stopped last November, October because I was actually triggering my asthma and I thought enough is enough. And I stopped just like that, and I feel really stupid, but it is what it is.”

Pharmacist, London

Some are still feeling increased pressure from waiting lists and the expectation to work harder

“I think there has been massive consequences, a lot of collateral damage really. I am quite angry with how it has been handled in terms of patient contact. Now we as nurses saw patients throughout albeit it at the beginning it was dressings that had to be done or urgent smears or urgent bloods, so it was things that were urgent that we saw. But then pretty much after that we went back to seeing patients. But my issue is with GPs. What the consequences has been, GPs are still not seeing patients properly therefore when we see patients, it's so much more complicated with what we are trying to deal with, the fact that they have not really been seen for two years and then we are being told by the GPs to work faster, they are shortening our appointments and telling us to just tick the boxes, just get people in and out. So I personally find it incredibly difficult and I am very frustrated.”

Practice Nurse, Teesside

“ I think for me as a bit of an ancient GP, it is not really what I signed up for, and some days I just think I am just like a call handler and I see hardly anybody. What's been general practice for me is that interaction and ongoing interaction and you know you are trained to pick up...If you are talking to someone on the phone, you sort of know in relation to stopping smoking whether the people are motivated to do that, there is something about knowing that which you pick up the clues from them face to face and not necessarily on the phone. I am also realising that I am a bit now becoming that old fashioned GP who likes seeing patients rather than... there are positives and things that you can do but it is not general practice to me, really. ”

GP, Somerset

GP





Some discussions about whether remote consultations have specifically impacted the way smoking is addressed, with some feeling that it has...negatively

"I think working on the phone with patients has probably impacted how I address the issue of smoking with patients. I suppose I feel I am more likely to talk about it face to face than I do on the phone, I don't know - I have no evidence for that but it feels like that. What you are addressing on the phone...and I think follow up things on the phone can work quite well, it's just that initial focus on it - I know there are a lot of stop smoking quit lines and maybe there is evidence that it is successful - I don't know. It feels having a face to face at some point helps."

GP, Somerset

Some commented on services that had to be suspended during Covid. In one practice, they had to withdraw a lung check service, and as yet it has not been reinstated. This often caught COPD cases early

"We weren't seeing the patients regularly for COPD and that sort of thing and I feel that people are coming back with more problems now...people were shielding - those with severe COPD, so where you were seeing them really regular and doing spirometry checks and all of that sort of thing, it wasn't getting done because they weren't attending the surgery, the services were minimal, so it does have an impact."

Mental Health Nurse, Teesside

Undiagnosed illnesses, especially cancer, were also seen as an impact of Covid



Patients were also affected, with evidence that some have been reluctant or fearful about attending essential in-person consultations and reviews

"A lot of patients I was speaking to a year ago were very isolated and very scared so if you invited them into the practice to have their bloods monitored, which is important for a lot of their medicines, I can't review them properly if I don't know where their levels are at and if there are any ill effects of medicines and a lot of people were scared to come out and get their reviews."

Pharmacist, Newcastle

Some perceive general increase in health anxiety, and an associated increase in smoking

"There are a lot of people we see who are very anxious, there is a lot of health anxiety, understandably since Covid, so I think there is a challenge generally not just with smoking. People are booking in for blood tests and getting referrals and there is a thing about weight, people being at home and gaining weight, so I think across the board with physical health people are a bit more anxious and then there are people who are really isolated and smoking is their coping strategy, they smoke at home, that is what they do and there is no way that they would stop."

Mental Health Nurse, Leeds

"The incidences of anxiety have risen and for people who were smoking already are definitely smoking more and actually somebody said that to me just last week...they had started smoking again when they had been abstinent for about 6 years so I think it has probably made it worse for a lot of people."


Mental Health Nurse, Dover



Perceptions of the impact the pandemic has had on smoking amongst patients reflect what is seen amongst smokers themselves

Some patients have increased their smoking due to stress, anxiety, boredom

Others have made a concerted attempt to stop because of the fear of Covid, or because lockdown brought a focus on fitness



"I think people will often smoke more when they are stressed, distressed, unhappy whatever and we have seen an explosion of mental health issues in all ages in a way and so by default a lot of them are smoking more than they were before and because they are isolated and lonely and because they haven't been able to do the things they normally do, they smoke more. I mean that's a generalisation but I think that's the case."

GP, Somerset

"At the beginning of the pandemic there was a big surge of people trying to give up smoking...when it was new and emerging and one of the points was that you are more at risk from this if you are a smoker. And we saw people coming in - people wanted to give up smoking because they thought 'Oh this is going to kill me if I don't'. And of course, we then know as lockdown wore on more people with their mental health and the strain and the pressures had their own impact as well and more people then went back to smoking."

Pharmacist, Bristol



Although some perceive that it's early days and the worst is yet to come, some are already seeing and hearing the impacts of increased cost of living

One pharmacist commented that the price of a pack of NRT product is more than a pack of cigarettes, and that puts another barrier in the way of a quit attempt

Another is hearing patients say more often that cost is the reason they want to quit. One pharmacist asks how much patients smoke and then calculates the annual cost for them

Perception that more are smoking rollies in an attempt to save money

Others are already seeing the impact of financial stress on mental health

"Definitely impacting people's mental health in a negative way. Lots of people are really, really struggling managing heating or eating. Some people - I have seen a couple of people recently who are going without so their children have food. And some people, a lady I see smokes and she smokes now instead of eating because she needs to keep that addiction going. We have signposted her to community support - we have something called the Big Local which supports people with food and there is something called Dover Pantry which people can sign up to if they are on benefits, but yeah it is hugely impacting people in a negative way."

There is a feeling amongst some, that smokers will always find money for their cigarettes –
something we have heard smokers themselves say

Mental Health Nurse, Dover


"I think with this population the addiction comes first, food would probably come second."

Practice Nurse, London

Insight into Smokers: Primary Research

Health Care Professionals

Key Points



Smoking is seen by most HCPs as a priority and a fundamental in the drive to improve health and reduce inequalities; but barriers to ideal provision of care include time pressures; lack of specific smoking cessation expertise amongst individuals; fragmented service provision; lack of funding

Most are confident in raising the topic of smoking and communicating key health harms messages. Patients tend to expect and accept such conversations

Many express frustration at the absence of feedback from referrals

GPs are severely limited by time and may rely on conversations about smoking happening through the practice nurse, especially where patients are attending other in-practice clinics. They can be quite vague about the local external provision available


Practice nurses have smoking conversations as a regular process through various clinics, often using a template, but they too are pressed for time and relevant training is limited

MH patients are seen to require slightly different management, with a primary focus on safety when in crisis; and then a tailored and flexible approach to quit support

Insight into Smokers: Primary Research

Health Care Professionals

Key Points



Some Pharmacists are experiencing a new positioning in the minds of their communities, with a greater visibility of their services beyond medicines and supply; and for some, a greater sense of, and opportunity for working in partnership with patients and providing more holistic care

Attitudes to vaping as a route to quitting are cautious and many state feel the need for more evidence to its safety

Many favour a cutting down message as a preparation for quitting, and where patients are not ready to commit to a quit

Overall, the landscape of service provision is fragmented and HCPs are familiar with it in their local areas to varying degrees. Several who currently don't, would like to be able to offer in-house provision and see this as the optimum model. Ultra-local is also seen as an ideal

The pandemic has brought with it changes for good and bad. Many continue to feel the stresses of increased waiting lists and the impacts of delayed diagnosis and treatment

Some are already seeing the impacts of the cost of living crisis and many fear the worst is yet to come

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