Knowing Works®



Smoking, vaping, using tobacco

A summary of people's lived experiences

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Learn more about the JSNA in Suffolk on **https://www.healthysuffolk.org.uk/jsna**.

This independent analysis has been compiled by Knowing Works CIC. The project was commissioned by Suffolk's Public Health and Communities team to shape, influence and inform local priorities to improve the health and wellbeing of people across Suffolk.

1. Introduction & method



About Knowing Works CIC

Knowing Works CIC (formerly Healthwatch Suffolk CIC) is a large-membership social enterprise delivering insight to shape businesses, services, and decision-making across sectors.

We passionately believe that listening and responding to people's lived experiences is vital to create businesses and services that work for everyone. We bring lived expereince and compelling evidence to the fore that changes minds and brings about sustainable change.

Knowing Works CIC delivers the local Healthwatch service in Suffolk. It is a statutory service gathering people's lived experiences to shape, influence and improve better standards of local NHS and social care.



Our core purpose is to...

Collect and share lived experience to influence better standards of health and social care.



We live and breathe...

Co-production in everything possible. We are inclusive, transparent, accessible, and accountable. We believe passionately that listening and responding to lived experience is vital to create health and care services that meet people's needs.

For more information about our role, and how we are inclusive, please visit our website.

This report

Healthwatch Suffolk has been working with Suffolk's Public Health and Communities team (Public Health) to explore people's experiences of smoking, vaping or using tobacco across Suffolk.

How our findings will be used

Every local authority Public Health Team has a role to assess the health needs of the population through the Joint Strategic Needs Assessment (JSNA). It brings together reports and insight to improve the health and wellbeing of people in Suffolk.

This project has been commissioned by the Public Health and Communities team to make sure people's experiences are included in a Health Needs Assessment that forms part of the JSNA in Suffolk.

The insights from people's experiences will also help to inform the development of a local Tobacco Control Strategic Delivery Plan, future commissioning decisions regarding support to stop smoking in Suffolk, and the work of the Suffolk Health and Wellbeing Board.

Additional information about the impact of our research is included within the Healthwatch Suffolk annual report each year, and available on our

website. Visit www.healthwatchsuffolk.co.uk/ourresearch/ to find more information about this project, and details of other research projects and briefings.

Why is it important to ask people about their experiences?

In the UK, just under 13% of people aged 18 years and over (around 6.4 million people) smoked cigarettes (2022)[1]; this is the lowest proportion of current smokers since records began. Locally, 2022 data showed that Suffolk has a higher smoking prevalence in adults (14%) than the national average[2].

Whilst smoking prevalence has declined over time, the use of tobacco remains a leading cause of preventable death. It is widely known to have a considerable impact on an individual's health and wellbeing, significantly increasing the risk of people developing lung and other diseases. Thus, the use of tobacco creates avoidable demand on health services and systems.

Moreover, tobacco usage is most prevalent among people who already face poorer health outcomes and other inequalities. For example, 2021 data showed that 23.8% of adults living in England's most deprived neighbourhoods were current smokers, compared to 6.8% of those living in the least deprived neighbourhoods[3].

Although rates of smoking are continuing to decline, the same is not true of vaping. In fact, 2022 ONS survey data showed that more people aged 16 to 24 in Britain are using e-cigarettes 'daily' or 'occasionally' (from 7.7% in 2021 to 8.7% in 2022)[1], with a sharp rise among young women.

Children and young people are also increasingly using vapes. Locally, our own 'My Health, Our Future' data (2023) showed that 12% of more than 13,000 young people in secondary schools and colleges were vaping, and more than 300 said they were addicted to it[4].

It is important to note that research has shown vaping legal e-cigarettes is far less harmful than smoking[5], but this does not mean that they are risk free.

Vapes significantly reduce people's exposure to toxins that can cause cancer, and other diseases, but they are also a relatively new product. Therefore, it is considered that there is not enough research yet into their long-term use, or into the effects of vaping in people who have never smoked. This increases the importance of exploring people's experiences of vaping, and how it is affecting their lives.

In order to support Public Health, NHS and other local decision-makers to address population health and inequality, it is essential to increase understanding of people's lived experiences and attitudes toward smoking, vaping and using tobacco. That is why the Public Health and Communities team in Suffolk commissioned Healthwatch Suffolk to capture qualitative insight, inclusive of:

- What people understand about the health impacts of smoking, vaping or using other tobacco or nicotine products.
- The key reasons people use those products, and why they started.
- What might motivate people to want to stop, or why they don't want to stop.
- What advice or support people need if they want to quit.

[1]ONS. Adult smoking habits in the UK: 2022 - click to read more.

[2]Annual Population Survey: 2022 - click to read more.

[3]ONS. Deprivation and the impact on smoking prevalence, England and Wales: 2017 to 2021 - click to read more.

[4]Healthwatch Suffolk - My Health, Our Future (Phase seven) - click here to read more.

[5]Nicotine vaping in England: an evidence update including health risks and perceptions: 2022 - click here to read more.

- Whether people are aware of the support available in Suffolk to help them quit.

How people's experiences have been gathered

An online web sign-up form was created to gather people's experiences, hosted on the Healthwatch Suffolk website. It included an incentivised option for people to sign-up for a limited number of interviews with the Healthwatch Suffolk team, presented as case studies within this report (see from page 8).

Communication about the opportunity to share feedback was shared widely by Healthwatch Suffolk, the Public Health and Communities team and other local partners using (amongst other methods) social media platforms, features in mailings (e.g., the Feel Good Suffolk newsletter), and printed flyers distributed by local partners.

In total, 82 responses were gathered from a range of sources, including (but not limited to):

- Social media
- Healthwatch Suffolk newsletters or news items
- Communication from the Public Health and Communities team
- A local group, network, or organisation
- Feel Good Suffolk

Our sample of respondents was self-selecting, and we could therefore not guarantee a response from any one population group or demographic. However, with the assistance of our partners and a robust approach to communications, we are confident that news of the project was able to reach a diversity of people and communities.

It is important to note that the primary aim of the web form was to recruit, and select, eight people for inclusion as a case study in this research. The questions asked helped to ensure case studies were focused on a diversity of people, with different experiences, views and opinions to share about smoking, vaping or using tobacco.

Case study interviews have yielded a high quality of lived experience data, ensuring engaging and illustrative content for inclusion within the Suffolk JSNA. In addition, this report also includes analysis of the responses submitted to the web form (see from page 58). The responses are not representative of all people who smoke, vape or use tobacco in the county, but are likely to be a reflection of many people's views and experiences.

Contact us for more information

If you have a question about this report, please contact research@healthwatchsuffolk.co.uk, or call us free on 0800 448 8234.

2. Case studies summary



Our approach

Using data from the website sign-up form, case study participants were selected to include a diversity of people with different opinions and experiences of smoking, vaping or using tobacco.

The case studies that follow (from page 8) are not intended to provide a generalisable evidence base regarding people's experiences of smoking, vaping or using tobacco in Suffolk. Rather, they provide detailed insight into each individual's own story and reasons for smoking and/or quitting.

Case studies were not analysed using a qualitative theming approach. However, the summary below briefly explores similarities and differences between the participants' experiences.

This summary will also include references to findings drawn from 82 responses to the sign-up form (see analysis of this data from page 58). The responses submitted to the form were qualitatively coded, and summary findings are included in this section to support the narrative data from the case studies.

Our case studies in brief

Darren's story (Page 17)

Darren is male, White British and aged between 45 and 54. He had smoked for 40 years and lives with a long-term mental health condition, receiving support from services both as an inpatient and in the community.

He managed to quit smoking around two years ago after developing Chronic Obstructive Pulmonary Disease (COPD). His son 'begged' him to quit after witnessing him experience blackouts, so he switched to vaping. He perceived it as a healthier option.

Overall, Darren was very positive about vaping as a route for people to reduce the harm of smoking. He became a 'tobacco harm reduction activist', and a seller of vapes because he wanted to help others to quit. He had extensively researched policy and media coverage of vaping, and was actively engaged in developing online content related to smoking and vaping.

Darren also discussed his experience of how people living with mental health difficulties use smoking to manage their symptoms. He felt mental health services reinforced the concept of smoking as a reward, and advocated for services to promote vaping as a safer alternative source of nicotine.

> *"In a psychiatric ward, being allowed to smoke is seen as a reward. And I want to know why they are not promoting safe nicotine... People with serious mental illness live 15 or 20 years less than your average person. And a high part of that is due to smoking. Why are they not pushing, like you know, we've got a safer nicotine here?"*

Findings from the sign-up form

- The main reason given for vaping in the sign-up form appeared to be as a tool to quit smoking. overall, 58% of respondents who had quit smoking said vaping had helped them stop. Many had tried multiple methods to quit before starting to vape, and some had found it easier to quit using vaping.
- Six respondents (7% of the sample) thought vaping was a healthier alternative to smoking or had started vaping for health reasons.

Katrina's story (Page 22)

Katrina is female, White British and 63 years old. She started smoking at 16 after trying it with her boyfriend. She now smokes about 15 cigarettes a day. When she started smoking, she felt it was normalised and information about the health impacts of smoking had been scarce.

Katrina has COPD, which has a significant impact on her daily wellbeing and ability to play with her grandchildren. This had been a distressing experience for her. She had tried and struggled to quit smoking and was conflicted about how her COPD was influencing her motivation to quit.

> *"You've got the angel and the devil, you know? You've got it, and you're never going to get rid of it. What's the point? And then, you could slow it down if you stopped."*

Katrina was very negative about vaping as a tool to quit because it had exacerbated her COPD. She also did not want to change one habit for another. She had been prescribed an inhalator by the COPD nurse at her GP practice and used this as a tool to cope when she could not have a cigarette.

Katrina wanted to stop smoking, but felt she could not achieve it through willpower alone. She would like to see more support offered to people.

> *"I need utter motivation to do it, and I don't have that at the moment because I can afford to buy them; my husband doesn't mind me smoking. I don't smoke in the house and my house is a nice place to be. I don't know what would give me the incentive to give up. I think it will be the day that I can't breathe anymore. Then I'll have to give up, won't I? Unless I get help before."*

Findings from the sign-up form

- A total of 29 respondents (35%) had quit, or wanted to quit, smoking for health reasons. Their feedback included references to general health or fitness as well as experiences of developing illnesses linked to smoking (such cancer or COPD). Three wanted to quit after a family member had become ill or died from a smoking-related illness.
- Nine respondents (11%) had not been able to quit by switching to vaping. Seven were current smokers. Several respondents did not want to swap one addiction for another, whilst others did not like the flavour or 'hit' of a vape.
- Seven respondents (9%) were concerned about the potential health impact of vaping or the lack of research evidence. One current smoker did not want to use vaping as a tool to quit for this reason.

Caroline's story (Page 28)

Caroline is 64, White British and has smoked 'on and off' since she was 18. She had quit smoking around four months prior to her interview. She had been 'ashamed of smoking' and attempted to manage her smoking around her work as a hairdresser to avoid judgment from clients.

Caroline was motivated to quit smoking because she planned to climb Mount Toubkal in Morocco and felt that fitness and lifestyle goals could help other people quit. Stress or conflict had been a particular trigger for her to smoke, which she considered to have become a 'vicious cycle' of both managing and generating anxiety. She felt using smoking in this way was likely to be a copied behaviour from her mum.

Caroline had previously tried vaping to stop. She could vape more often (between clients and indoors) and it led to bad withdrawal symptoms when she wanted to stop. She ended up buying more cigarettes to 'wean' herself off vaping.

Caroline had been in recovery for alcohol addiction 14 years ago, and now supports others in recovery. She believed there needed to be a greater focus on overall wellbeing when supporting people with their addiction, rather than relying on alternatives like vaping.

> *"I work in the field of addiction... it's a Buddhist centre using the Buddhist teachings to overcome addiction. When I share at the meetings, now I share I'm in recovery from my relationship with alcohol and nicotine.... At the end of the day, it's still an addiction, isn't it? Because that's why people can't give up smoking. It's because they're addicted to it."*

Findings from the sign-up form

- Fourteen respondents to the sign-up form (17%) felt they had experienced a high level of dependency on vaping. This included using a vape more often than cigarettes, or that they felt unable to slow down their vape consumption. For three respondents, this experience was a reason for them not to give up smoking using vaping.
- Six respondents (7% of the sample) said the smell of smoke on their clothes, hair or breath, or the impact on their appearance (such as yellow teeth or fingers) was an influence on them wanting to give up.

Anonymous - R's story (Page 34)

R is male, 41 and from Romania. He has been living in the UK since 2016.

R started smoking as a teenager, influenced by his friends in Romania. At that time, there were little regulations or enforcement to prevent young people from buying cigarettes. His parents were smokers, although they disapproved of him smoking at first. Responding to this, R told his father that he would quit if his father did too (a similar experience to Amy's highlighted below).

R was presently smoking three cigarettes a day, although he smoked more heavily around the time his parents had passed away. Like many others, R smoked to cope with stress but also to manage pain from a long-term shoulder injury. He also said many of the people he supports in his professional role smoke, and this can trigger him to want to do the same.

He believed that continuing to smoke was a cheaper option than using other nicotine replacement products like gum or patches. He was sceptical about the health impacts of vaping and did not want to switch to vaping longer-term.

R thinks that he would be able to quit smoking with the right support freely and locally available. But accessing help has been difficult for him in his local area (Ipswich), and he lacks the means to travel elsewhere in the county.

> *"I've seen that the treatment that I'm taking for my shoulder is not going to have any kind of effect. And you know, to avoid any kind of further stress, I might [smoke a cigarette]. Sometimes it's helping you. It might sound a bit silly, but while you are smoking and you are in for example, in my situation, I'm in so much pain I might find out that the cigarettes or the smoking might be a quite good relief."*

Findings from the sign-up form

- Many of the responses to the sign-up form said that they had started smoking at a young age (22 respondents, or 27% of the sample). Most did not directly refer to peer or social pressure to start smoking, although four mentioned peers or family as an influence.

Tracey's story (Page 38)

Tracey is female, 38 and White British. She started smoking at age 17, influenced by the fact that she could smoke inside her workplace at the time and a housemate who was a smoker. Like others, she felt smoking was normalised when she started but now felt more ashamed of her habit because of changing public attitudes. Tracey had tried multiple methods to quit smoking without success.

Like other case studies, stress had been a trigger for her to smoke, and she felt very influenced by the support (or lack of) from those within her social circle. Like Kris (see below), she remembers trying to 'limit' herself to one pack of cigarettes when she had started smoking again after a quit attempt, but ultimately quickly returned to smoking habitually.

Tracey felt campaigns or communication to stop people smoking needed to incorporate a broader range of messages. She felt 'desensitised' to the health risks of smoking, but thought other messaging could motivate her to quit (such as the cost of smoking). Like Kris (see below), Tracey got in touch after her interview to say taking part had inspired a quit attempt.

> *"I think it comes down to willpower in the end, I've had quit attempts where I've gone months without, and then suddenly that urge comes on... I remember one of my quit attempts back when you could buy ten, and I thought, 'I'll just buy ten because I had a stressful day at work', and I thought 'I'll just smoke these tonight and then and then that'll be it'. But it isn't because... it's so easy, you can undo a lot of good work very easily... I think that's always been my story. So, it's one little thing that unravels it all."*

Findings from the sign-up form

- Eight respondents (10%) to the sign-up form referenced the cost of cigarettes as a motivation for them to quit.
- Comments about the cost of vaping were balanced. Two said they found it cheaper than smoking. Two said that they found vaping expensive.

Kris's story (Page 44)

Kris is male, 51-years-old, and is British Asian of Punjabi descent. He started smoking around the age of 15. Like others, he felt influenced by images of smoking on TV and in films, and the norms of smoking in public places like buses, planes, or on the tube.

He had been dismissive of the health risks for much of his life, expressing that they had felt a 'million miles away' in younger years. He had children in his mid-20s, and he became conscious of second-hand smoke but did not become concerned about his own health until much later. Kris had made a quit attempt for 18 months around this time, but started smoking again in the pub with friends.

Like Tracey, Kris reflected that he had tried to limit himself to one pack but ended smoking habitually again very quickly.

Kris did not want to quit using vaping. He was worried about the lack of regulation and did not want to change one habit for another. Both he and Katrina (see above) felt they were looking for a 'magic bullet' to help them to quit. He has accessed support through a GP or pharmacy a few times but had not found this support effective.

Kris felt stop smoking support needed to be more tailored to the individual, and the motivation to quit needed to come from within. He contacted Healthwatch Suffolk (HWS) after his interview to say that participating in an interview had prompted him to attempt to quit once more.

> *"It has to come from within which I think actually puts me in a stronger position because it's me making these decisions. It's not being imposed on me, which is the best place to be in for me because I think if anybody tells me to do something it tends to get my back up a bit, but when people suggest I'm a bit more receptive to it."*

Findings from the sign-up form

- Nine respondents (11% of the sample) linked their smoking behaviour to social situations. Three said they were social smokers or only smoked with friends. Others mentioned smoking at work, the pub, or after consuming alcohol.
- Eight respondents (10%) said that their friends or family had an influence on them wanting to give up smoking. Of six who had quit, four said that they did not want to smoke near their children or grandchildren. Two said their family had encouraged them to quit, but were still smoking.

Alexi's story (Page 48)

Alexi is female, 26, and moved to the UK from Poland four years ago. She was supported to take part in an interview by an interpreter and answered in a mix of Polish and English.

Alexi is a single mother with a toddler. Until her child was born, she had smoked around ten cigarettes a day. She stopped smoking whilst pregnant to protect her baby from harm. However, she soon started smoking again after her baby was born because it had helped her to cope with stress. She was presently smoking three cigarettes a day, but never in the house or around her child.

Overall, Alexi felt she could give up whenever she wished to and had no plans to stop smoking. She did not feel that it was affecting her health, but felt she might stop if it did.

> *"There is nothing anyone from outside could say to make me stop. It has to come from the inside this decision. I need to feel that I really want this, and I am not interested in anyone's opinion about my smoking at the moment."*

Findings from the sign-up form

- All five women who gave an experience of smoking and maternity in the sign-up form had quit smoking while pregnant. Of these, four had started smoking again at some point after their pregnancy.
- A large proportion of the responses in the sign-up form (31 respondents / 38% of the sample) had used smoking or vaping to manage stress, emotion, or to find time for themselves (including away from their children at times).
- Four respondents said they used smoking as a tool to manage their mental health or wellbeing.

Amy's story (Page 52)

Amy is female, White British, and between 35 and 44 years old. She had started smoking at 15 with a friend. Amy's dad was a smoker and had sadly passed away from cancer a few years ago. She felt angry and remembered conversations between her and her dad when she had first learnt about the dangers of smoking in school aged five.

Amy had tried hard to quit, but experienced relapses. When she did successfully quit, it was because she did not like the smell or taste of smoking and a realisation that she often smoked because of peer pressure. She had not been 'overly dependent' and felt able to quit during Stoptober.

Amy developed a career in stop smoking services. She had helped many hundreds of people to quit and was now working on a project to support people with severe mental illness to quit smoking. Her case study explored many themes, such as smoking being used as a reward system, peer pressure, addiction, myths around managing stress and dependency on smoking and mental health.

> *"When we work with people with schizophrenia or who are living with bipolar, when the prevalence is so much higher, and the dependency is so much higher, it's very much*

that we have to walk that journey with them. We have to understand exactly what smoking means to them, and how we can break down the many myths and barriers for them, but also holistically look at what they need in their life to have improved wellbeing."

Findings from the sign-up form

- Comments about using nicotine replacement therapy as a tool to quit smoking were mixed. Ten respondents (12% of the sample) felt NRT had not worked as a method for them to quit smoking. Often, respondents had tried multiple types of NRT and found them ineffective. Three respondents said NRT (including gum, patches and lozenges) had helped them to quit smoking.
- Very few respondents had accessed a service to help them stop smoking. Just five mentioned specific services in their response.



“I started smoking when I was ten years old. I always enjoyed smoking. In the 70’s I was smoking 60 a day for a short time but the cost cut me down to 20...

“I was diagnosed with Emphysema (COPD) a few years ago, but still smoked. In June 2022, I had major surgery and was unable to smoke whilst in hospital. When I was released, I never started smoking again...

“I didn’t use any assistance to stop. It just happened. I didn’t really want to stop but after leaving hospital, I just didn’t start again.”

3. Case studies





"I was probably in denial of how much I was smoking until you look back and think... blimey."

Darren's background and experience of quitting

Darren quit smoking around two years ago. He had started smoking at age 12 and had been a smoker for four decades.

He has lived with Chronic Obstructive Pulmonary Disease (COPD) for ten years, which he believes has resulted mainly from smoking. This had a significant impact on his health, including having coughing fits and blackouts.

Around the time he quit in March 2022, Darren was attended by an ambulance following a call to 111 after his oxygen levels dropped. While the ambulance crews were there, Darren's son heard a mention of COPD, and was concerned that 'his dad might only have five years to live'. He 'begged him to quit smoking'.

About a week before this, Darren had bought a vape from a tobacconist. He said about his first experience of buying a vape.

> *"There was these vape bars on sale and I thought OK, banana ice, that sounds alright. You know I'm gonna give it a try now. I bought this and to be honest with you, I coughed my guts up when I tried it. But I kind of persevered and I suddenly went online to look further into it because I didn't really know much about vaping at all."*

"...the second time they checked in, I said... you'd be better off moving on and helping someone else, because **I know in my heart I found a way to quit."**

Darren said he had previously tried 'desperately to quit' using lozenges and patches. But with vaping, he thought, 'I'm going to stick with it'. He promised his son that he would quit smoking and had two sessions with 'NHS Smoke Free' in Ipswich.

> *"They encouraged the vaping route as well. Which is fantastic [but]... the second time they checked in, I said... you'd be better off moving on and helping someone else, because I know in my heart I found a way to quit."*

Switching from smoking to vaping made a difference for Darren when managing his COPD.

> *"I only cough when I catch a cold or something now... I never have a coughing fit like I used to, I*

"If it wasn't for disposable vapes, I wouldn't have quit, and I'd probably be a lot further down the line now..."

haven't fainted... So yes, it's definitely improved... Or my lung function hasn't got any worse since I've switched."

Darren's experience as a vape retailer and anti-smoking campaigner

Following his experience of using vaping as a tool to quit smoking, Darren felt he wanted to help other people quit smoking too.

"I'm gonna die at some point from the COPD and that is through smoking, you know, so, yes, I am against smoking and I want get people away from smoking."

He started selling vapes had has published blog posts to try and encourage other people to quit smoking. He described himself as a 'tobacco harm reduction activist' and was active on Twitter, linking with other people around the world about the harms of smoking.

Darren wanted to be known as 'the quit smoking guy'. He felt the ban on disposable vapes would impact people trying to quit.

"If it wasn't for disposable vapes, I wouldn't have quit, and I'd probably be a lot further down the line now."

"The ban on disposables like, yeah, I just find heartbreaking because... for me it was a journey of discovering what you like, what suits you."

Darren felt disposables provided people looking to quit smoking with a cheap and easy route to try vaping.

"The beauty of disposables is [that] there's so many flavours out there that you can relatively cheaply, for £4 or £5, you can try this one or you can try this one."

He contrasted this with refillable vapes, where he thought people might more easily return to smoking if they did not like the product at first.

"You go to a vape shop and you buy a [refillable] vape kit... you just put it in your drawer and forget about it and go back to smoking because you didn't get on with it or it made you cough... which it does for the first couple of weeks because it's a different way of getting nicotine."



Darren felt vaping had helped him to stop smoking...

He thought vaping should be promoted more as a way for others to stop too, especially people struggling with their mental health.



“I’m gonna die at some point from the COPD and that is through smoking, you know...

“So, yes, I am against smoking and I want to get people away from smoking.”

smoking, where I'd quote Public Health England, Cancer Research, British Lung Foundation, British Heart Foundation [who] all find that [it is] at least 95% safer."

However, his experience was that many other businesses and wholesalers were selling vapes that did not meet UK regulations. He referenced research that said that one in three vapes sold in the UK are fake, and that 'anything that isn't compliant can contain higher levels of chemicals that can be dangerous'.

Darren had made multiple reports to trading standards; however, he did not reflect on seeing changes because of these referrals.

"It felt like I was paddling upstream, so they must feel like they're really paddling upstream... I just appreciate that they must be overwhelmed with other things as well."

Darren acknowledged that there was a challenge in the UK regarding young people starting to vape. However, he felt that the information about this often lacked context that the percentage of young people smoking underage had reduced.

"The knee-jerk reaction of the press [is] that there's a vaping epidemic amongst children. Well, yeah, but we were all smoking cigarettes or rolling tobacco. Yes, vaping has gone up, but smoking has gone down. Isn't that a great thing, you know?"

Darren did also acknowledge the environmental issues caused by disposable vapes, and suggested that these could be improved by increasing the puff limit on disposable devices.

"From a waste point of view, there is a thing... They are recyclable, it takes a little bit of effort... Why not legalise a bigger puff vape, if adults are buying them? Because you are getting less waste then."

Ultimately, Darren felt that the ban on disposable vapes was likely to create a 'black market' of sellers.

"Prohibition always brings about a black market... so you've gone from something they're trying to regulate to something completely unregulated, you know... who's going to benefit from it? They're criminals, aren't they?"

Darren's experience of smoking, vaping and mental health

Darren lives with a long-term mental health difficulty. He most recently had a short stay on an inpatient ward in 2022 but has received inpatient care previously.

Based on his experience of living with a mental health condition. He had researched and written blog posts about the link between nicotine and mental health..

Before he quit, smoking had helped Darren to manage his symptoms. He felt that, at the time, he had been in denial about how much he had been smoking.

"From my point of view, nicotine helps me manage my symptoms. So, for me, it's more of a long-term thing, I think... I got to a point where I was smoking a lot. I was probably in denial of how much I was smoking until you look back and think... blimey."

He said people living with mental health difficulties often use nicotine to control their symptoms and attributed this to various factors he had researched. However, he also mentioned the importance of the social aspects of smoking and the repetition of the hand-to-mouth action.

"70% of people with serious mental health issues smoke... this is because of nicotine receptors in your brain. I've seen videos on Youtube of people with bipolar who control their symptoms by vaping... and nicotine also affects mental health drugs...but the rebuttal I get is well... 'Why not use a patch or something?'. Which, OK, great if someone can do that... but a lot of it is the hand-to-mouth movement... that is a major factor. Another thing is the social aspect, you know?"

"In a psychiatric ward, being allowed to smoke is seen as a reward...

"And I want know why they are not promoting safe nicotine... Why are they not pushing, like you know, we've got a safer nicotine here?"

He emphasised that people living with conditions such as bipolar or schizophrenia often 'control' their symptoms with nicotine. Because of this, people living with mental health difficulties may have a higher dependence on nicotine. Darren felt that more should be done to promote vaping as a safer way to consume nicotine for this group.

> *"And my experience, especially meeting people, a lot of people, with schizophrenia, they smoke and they smoke... When you talk about chain-smoking, that's all they do... But knowing what I do now, it's for the nicotine. That's all they're doing it for is the nicotine... So, I find that I find it sad that they're not making it more available, and now the ban is coming in... ban cigarettes, you know, that's how I feel."*

In his experience, being allowed to smoke was seen as a 'reward' for people on psychiatric wards. Because people with diagnosed mental health conditions experience a shorter life expectancy, Darren strongly felt that mental health services should be promoting vaping as a safer form of nicotine. He felt this difference in life expectancy was, in part, due to the side effects of anti-psychotic medication, but also the higher prevalence of smoking.

> *"In a psychiatric ward, being allowed to smoke is seen as a reward. And I want know why they are not promoting safe nicotine... People with serious mental illness live 15 or 20 years less than your average person. And a high part of that is due to smoking. Why are they not pushing, like you know, we've got a safer nicotine here?"*

Although he no longer runs his website or sells vapes, Darren continues to be involved in a local voluntary group supporting people living with mental health conditions.



"I do feel quite emotional sometimes because I hate smoking. I hate the fact that I've got COPD. I hate the fact that I can't roll around with my grandchildren.."

Katrina's background

Katrina was 63 and had been 16 when she started smoking.

> *"[Smoking was just a normal thing. You could smoke anywhere, and you saw people doing it... I had a boyfriend that smoked, and that's how I just tried it, and that was it."*

Katrina's husband was not a smoker. He 'would rather' she quit, but he does not ever 'put any pressure on her to do so'. She said he would sometimes buy her cigarettes if he was out.

Katrina and her husband were Arsenal fans and watched both the men's and women's games at the Emirates stadium as often as possible. She reported going for three or four hours without smoking at a football match, which she felt was 'odd, because I can go for long periods, but I still cannot give up'. As soon as she was able to smoke, she would have a cigarette.

Katrina was a police officer in West Suffolk until she retired around seven years ago. When she had first joined the police, she had been able to smoke in the police station. However, she said when she was working, she 'could go hours without smoking'.

> *"...I never used to work, I just had nothing at work. I don't know why perhaps being so busy just took my mind off it... I could go eight hours at work, but I couldn't in any other circumstance."*

Katrina has never smoked indoors because she does not like the smell and does not want to contribute to other people passively smoking. She did not feel the ban on smoking in public places had helped people to give up smoking because places like pubs now provided areas for people to smoke outside instead.

> *"How did that help other than taking personal choice away? That's how I looked at it."*

She did recognise that the ban on smoking indoors had improved environments for those who do not smoke.

> *"[It is] better for people who don't smoke... and rightly so, you don't want that while you are eating a meal or whatever."*

The increased cost of cigarettes had not affected how much Katrina smoked, nor had the fact her preferred premium brand of menthol cigarettes was sometimes hard to find in shops. This meant she sometimes had to go 'chasing around supermarkets' until she found one that had them in stock.

Katrina's understanding of the health impacts of smoking

When she had started smoking, there were adverts on television for cigarettes and 'it was a normal thing to do, it wasn't taboo at all'. Katrina had tried to give up many times, but she had not been


“I’ve got lots of grandchildren and I find it more difficult to keep up with them.
“I was the cool Nana who used to roll around the floor with them and, you know, play games with them and all that. I find that far more difficult [now] and that upsets me.”

"[It was] only when the COPD started to hit that I suddenly thought, 'Oh dear', I have caused irreparable damage through smoking. And that's when I really started trying to give up."

successful.

Katrina felt that she smoked 'far too much', smoking about 15 cigarettes a day. Crucially, she felt had not received any information about the health impacts of smoking when she started.

> *"Nobody told me when I first got addicted that it was an addiction... they told me 'smoke, it's cool'. It made it easy."*

She had already smoked for twenty years before the health impacts were really 'talked about'. She recalled that 'lung cancer was the big thing to start with', however, she thought 'it's not gonna happen to me'.

> *"It was like getting any other cancer... I'm at risk of getting ovarian cancer or skin cancer... so it didn't seem ultra-risky even then.... Some people do, some people don't."*

Katrina has three adult children. In addition to her own health, she reflected on the differences in attitudes to smoking around maternity between her three pregnancies. Katrina had not quit during her first or second pregnancies in the early 80s, 'because it wasn't a thing at the time'. By her third pregnancy, she had more information about the harms of smoking while pregnant, and did quit, saying that a 'huge motivation was I'm not going to harm the baby'. However, she started smoking again soon after the baby was born.

> *"Almost the day after I just started smoking again. Then it was just, again, it wasn't a massive issue about your own health."*

Katrina has lived with emphysema, a form of Chronic Obstructive Pulmonary Disorder [COPD], for ten years. She attributed her diagnosis directly to her smoking.

> *"[It was] only when the COPD started to hit that I suddenly thought, 'Oh dear', I have caused irreparable damage through smoking. And that's when I really started trying to give up."*

Her COPD meant that, if she had a cold or other illness, she struggled to breathe. The medication she took every day wore her out, and her condition also impacted her sleep because she had difficulty breathing lying down. Another consequence was that it limited her ability to play with her grandchildren.

> *"I've got lots of grandchildren and I find it more difficult to keep up with them. I was the cool Nana who used to roll around the floor with them and, you know, play games with them and all that. And I find that far more difficult and that upsets me."*

However, she also reflected that her COPD could also affect her motivation to quit smoking.

> *"I know that I can't bring it back. Even if I gave up smoking, I can't reverse it. I can slow it down, but I can't reverse it... It's like what the hell, I've got it, you know? Your brain, it tries to reason... you've got the angel and the devil, you know? You've got it, you're never going to get rid of it, what's the point? And then, you could slow it down if you stopped."*

Katrina is a carer for her dad, who also has COPD. Her dad is 86, and lives with her and her husband.

"I know that I can't bring it back. Even if I gave up smoking, I can't reverse [the COPD]. I can slow it down, but I can't reverse it... It's like what the hell, I've got it, you know? Your brain, it tries to reason...

"You've got the angel and the devil, you know? You've got it, you're never going to get rid of it, what's the point?"



> *"[Dad] smoked all his life...he can't walk 30 yards without getting out of breath... and it's caused heart problems and all sorts of things."*

Although she loves having her dad live with her, her caring responsibilities could sometimes be a source of stress. This could sometimes be a trigger for her to smoke. This could be a trigger for her to smoke, which she felt was a 'vicious circle' for managing her own COPD.

> *"When I'm feeling particularly ill and I'm having a bad day, I still have to do everything that I normally do for my dad. I find that very stressful and that makes me smoke more, and that makes my breathing worse. So, it's like a vicious circle."*

Even though her dad smoked, Katrina did not feel that this relationship had influenced her to start smoking.

> *"No... he was furious when he found out. I mean, he went nuts!... I went against the grain by starting smoking, so I don't think it did have an influence."*

Katrina's experience of trying to quit smoking

The first time Katrina tried to stop before she received a diagnosis of COPD, she had bronchitis and felt she 'physically couldn't smoke'. She continued this quit attempt for about a month and then thought 'No, I've got to have a cigarette' and started smoking again.

For her, going 'cold turkey' had not worked on this attempt. She had also tried chewing nicotine gum in the past and said that while she was chewing it, she was fine; however, wanting a cigarette was 'in her mind all the time'.

Katrina suggested her willpower was 'not great', but that if someone could give her a 'magic pill' she would 'take it in a heartbeat'. She had tried to quit many years ago using Champix, which she said gave her 'really, really bad dreams' as well as blackouts and confusion.

When vaping became popular, Katrina had tried it but had thought: 'What's the point? You're just swapping one thing for another?'.

Her view was that vaping had exacerbated her COPD.

> *"I think with COPD, putting more smoke in my lungs than I would with a cigarette seems counterproductive... Vaping just made me cough and splutter and it's just awful."*

She also questioned what the long-term health impacts of vaping might be.

> *"They're saying vaping is 95% better for you, I don't believe it... there isn't enough research*

yet. You know, we haven't had the children developing COPD as they go along because they vape. We don't know. We don't know what harm it's doing to people. So that's one of my reasons, why swap?"

Katrina had more success with using an inhalator as a tool to manage cravings for cigarettes when she is unable to smoke in public. For example, on a plane or at a football match.

'[The inhalator] does give you a nicotine hit [but] it hasn't helped me give up. It just tides me over."

She felt that the inhalator was the only tool that could really help her to stop smoking. She was 'not getting smoke in her lungs', but 'purely getting a hit of nicotine, and that's what my body needs'. However, she felt she would 'need to have the willpower and everything else that goes with it'.

Katrina has regular check-ups with the COPD nurse at her GP surgery, who is also the smoking cessation nurse. They had prescribed her the inhalator. However, despite having reviews since then, there was 'never any follow-up' from her discussion with the nurse at the practice. Katrina thought that perhaps she should have followed up, 'but it was easier not to... if she's not going to bring it up, I'm not going to bring it up'.

Overall, Katrina enjoyed smoking but wished she was not a smoker. She would like there to be more support available to help people quit.

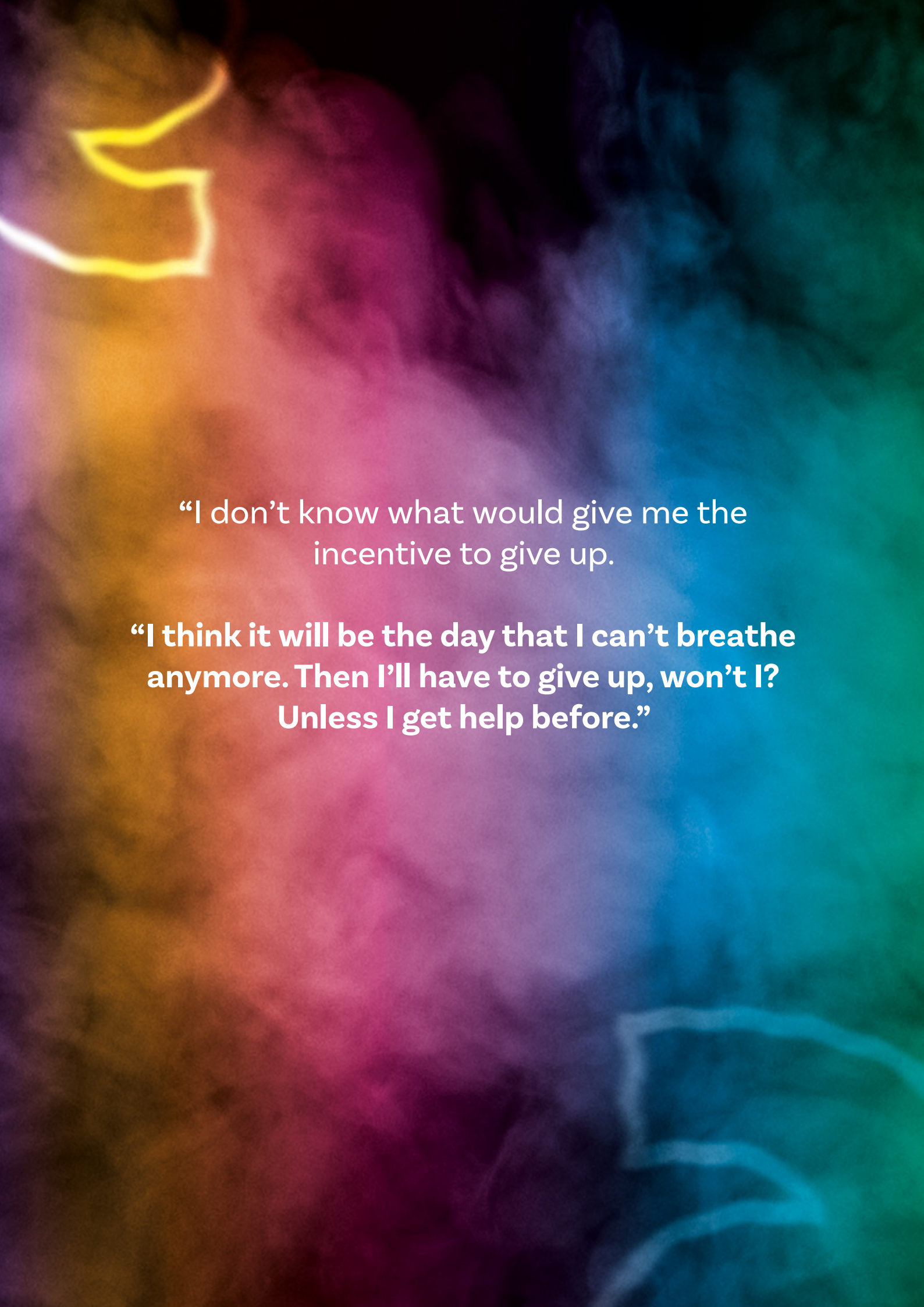
"I want to give up, I no longer want to be a smoker. But I do enjoy it. I know that I cannot give up on sheer willpower. So, I would like to see more help offered."

She did not know what form that support might take. She had looked on the internet for group support but it was 'not her thing'. She said services, or accessing support from an advisor at Feel Good Suffolk, would 'require effort' on her part. She felt it was 'easier to light a cigarette'. Ultimately, she considered that she would need to find the 'motivation' to want to quit.

"I want to give up. I no longer want to be a smoker. But I do enjoy it. I know that I cannot give up on sheer willpower. So, I would like to see more help offered."

"I need utter motivation to do it, and I don't have that at the moment because I can afford to buy them.

"My husband doesn't mind me smoking, I don't smoke in the house, and my house is a nice place to be. I don't know what would give me the incentive to give up. I think it will be the day that I can't breathe anymore. Then I'll have to give up, won't I? Unless I get help before."


“I don’t know what would give me the incentive to give up.
“I think it will be the day that I can’t breathe anymore. Then I’ll have to give up, won’t I? Unless I get help before.”



"There's so much freedom associated with giving up. If you're giving someone vaping to give up smoking, you're not giving them freedom."

Caroline's background

Caroline is 64, female, and has smoked on and off 'all her life'. She started smoking at 18 but did not quote an exact time because she had not always 'classed' herself as a smoker. She said that she had 'long, long, long periods of not smoking'. Before she had quit most recently, she smoked 'about six or seven cigarettes a day', but she said there had been no real consistency to it.

Caroline had been a non-smoker during a previous marriage. When the marriage had ended, she started using smoking again to cope with 'stresses' at the time.

> *"I got married in 1985 and he was a non-smoker. I didn't smoke at all during that time until the marriage split up."*

Caroline is a hairdresser. Therefore, she always waited until the evening to smoke so that she would not smell of smoke around her clients. At the time of her interview, in mid-February, she had smoked her last cigarette with a neighbour at Christmas.

Caroline's relationship with smoking

One of the key reasons Caroline had wanted to quit smoking was because she is planning to climb Mount Toubkal in Morocco within the year. She felt that, if she was smoking or vaping, she would 'have trouble getting up that mountain'. She felt fitness or healthy lifestyle goals could help motivate people to quit smoking.

Caroline had always been fit. She had been a walker for a long time and used to run marathons. As she had gotten older, she felt that it was 'really important to actually look after [her] health'.

Caroline had also been in recovery from alcohol addiction and had stopped using alcohol 14 years ago. She now supports other people in recovery. Because of this, she felt she had considerable 'insight into addiction':

> *"I don't see the difference between drinking, smoking, shopping, gambling, you know, it is an addiction. So when it comes to that, I'm sort of much more aware of what I was doing, and I think the awareness of what I was doing has led me to be totally abstinent from nicotine now."*

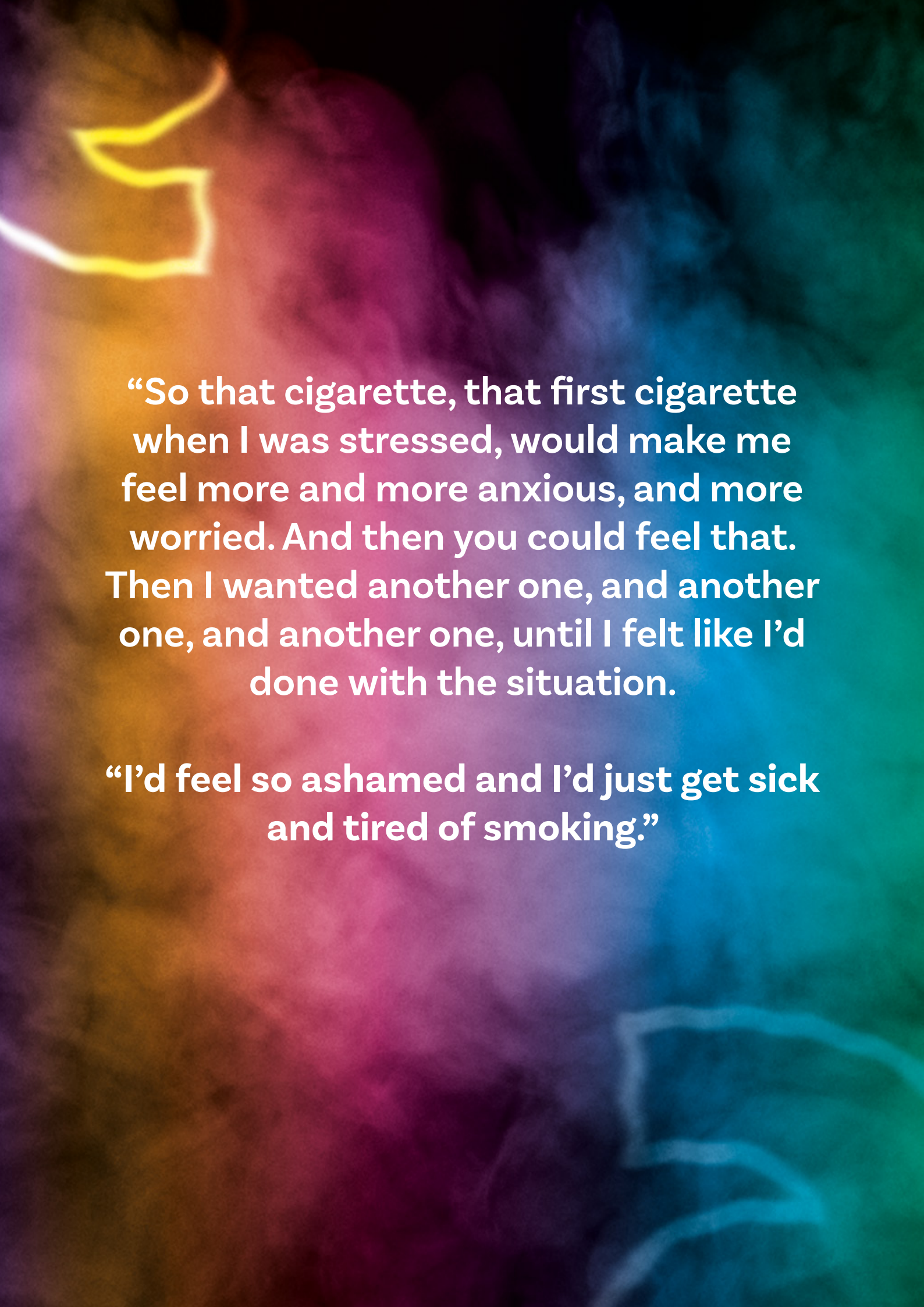
She described how she had used cigarettes as a 'coping mechanism'. However, she also felt the temporary relief from stress led to a cycle of smoking. She said a cigarette would make her feel more 'anxious and worried', leaving her to crave more cigarettes.

> *"So that cigarette, that first cigarette when I was stressed, would make me feel more and more anxious and more worried. And then you could feel that. Then I wanted another one, and another one, and another one, until I felt like I'd done with the situation. I'd feel so ashamed and I'd just get sick and tired of smoking."*



“One of the key reasons that I really wanted to stop...

“I'm climbing a mountain. I'm going up Mount Toubkal, which is a mountain in Morocco... I know for a fact if I started doing anything like vaping and smoking, I'm going to have trouble getting up that mountain.”



“So that cigarette, that first cigarette when I was stressed, would make me feel more and more anxious, and more worried. And then you could feel that. Then I wanted another one, and another one, and another one, until I felt like I’d done with the situation.

“I’d feel so ashamed and I’d just get sick and tired of smoking.”

> *"Even excitement gets you to that point as well…. I remember sort of coming off a really good Zoom meeting with a whole load of people in recovery and really, you know, feeling quite excited about how people have achieved things… **You've got excited yourself and then like, kind of go outside and have a cigarette."***

Caroline thought that this was 'a copied behaviour' from when she was a child. Her mum had been an 'on and off smoker'.

> *"You always knew there was something up because my mum would start smoking again."*

She said that stress was a 'trigger' for her smoking. If she had conflict or argued with her daughter (who is now 30), her 'first go to' had been to buy a pack of cigarettes, and 'smoke them to relieve myself of the anxiety, which then makes it worse'. She had a situation with a relationship 'two or three years ago' that made her feel 'very upset and very stressed'. It caused her to keep smoking. However, she reflected that she had sometimes also used smoking as a tool to manage positive emotions or to calm her down.

> *"Even having a good conversation like this and being quite excited about what I said still has that tendency. Like, ohh, I've really enjoyed this conversation… I'll go to the corner shop and get [cigarettes], do you know what I mean? Even excitement gets you to that point as well…. I just do remember sort of coming off of a really good Zoom meeting with a whole load of people in recovery and really, you know, feeling quite excited about how people have achieved things and you know, you've got excited yourself and then like, kind of go outside and have a cigarette."*

Caroline's experience of vaping

Caroline said she felt 'so ashamed of smoking'. It was particularly the smell of smoke that had made her feel this way. Her key reason for trying vaping was that it did not make her smell like smoking did. She reflected that her triggers for vaping were 'still very much [being] anxious about a situation', but that she was using vaping instead of smoking to calm herself down.

However, Caroline also felt that she was vaping more often than she had smoked. She explained that she could vape between clients as a mobile hairdresser because it did not leave a smell. She could also vape indoors while watching television. Being able to vape without anyone knowing meant that she could have access to nicotine 'all the time'. She briefly referenced the amount of nicotine in disposable vapes, saying that she could not get a disposable vape with a 'low dose' of nicotine. Overall, she said:

> *"I would say I was definitely a secret smoker. I wouldn't want people to know that I smoked. And of course, nobody knew that I was getting all that nicotine in me. And it became so addictive because of the fruity flavours and everything you know? And vaping seemed acceptable until there was a time where I wanted to just stop."*

She had tried a refillable vape in addition to disposables. However, she said that she struggled to use this type of device.

> *"I didn't know how those things worked, and I used to get really frustrated with them."*

Eventually, Caroline 'went back to smoking to give up vaping'. She felt that because she smoked relatively few cigarettes, she could quit 'just like

that'. However, she struggled with 'withdrawals' from vaping and commented that 'her mood swings were so bad'. In the end, she felt she had to get a packet of cigarettes to 'take the edge off it'.

It took three packets of cigarettes overall, smoking less and less each time. But Caroline felt it was 'easier going cold turkey, giving up cigarettes than it was the vaping.' Since Caroline had given up smoking in December, she said that she would 'never go back to vaping'.

When asked about the cost of smoking, Caroline felt that vaping had been more expensive for her due to the amount that she was vaping and the short battery life of disposable vapes. She 'didn't smoke so many cigarettes, so they would last for quite a long time'. She mentioned that when she smoked more heavily in the past, the 'rollies' she had used were 'a lot cheaper'. For her, this meant that quitting smoking had not made a big difference to her financially.

Based on her experience, Caroline questioned what impact taking up vaping had for people who were trying to quit. She felt it was important to give up nicotine in any form, and that the health risks of vaping were not well understood.

> *"You haven't given up nicotine. That's the key to it because we don't know how much these vapes are affecting our breathing and our lungs. The NHS are giving out vapes to get people to quit smoking. That's not really quitting, is it?... The actual drug is still in your system."*

Caroline's perspective on mindfulness, addiction and quitting smoking

Recognising her triggers, Caroline felt now that being able to 'manage' stressful situations without nicotine was important to her. She was focused on using mindfulness and spiritual practices to reduce addictive behaviours like smoking. However, she acknowledged that this could be a challenge, particularly if she was feeling low. She compared smoking to managing emotions using other addictions like alcohol, or using devices excessively.

> "I was definitely a secret smoker. I wouldn't want people to know that I smoked. And of course, nobody knew that I was getting all that nicotine in me. And it became so addictive because of the fruity flavours and everything..."

> *"I work in the field of addiction... it's a Buddhist centre using the Buddhist teachings to overcome addiction. When I share at the meetings, now I share I'm in recovery from my relationship with alcohol and nicotine. Now I'm working on... or trying to get into recovery from Internet, like scrolling like Facebook and just being drawn into this other thing because we're distracting ourselves.... At the end of the day, it's still an addiction, isn't it? Because that's why people can't give up smoking. It's because they're addicted to it."*

Caroline said applying mindfulness to giving up smoking was about using techniques like having a 'three-minute breathing space' before reacting to a situation. For example, she was worried about her daughter driving to a party in Newcastle, saying: 'I think the worst possible thing'. Using mindfulness allowed her to 'take a step back... rather than run to the corner shop to get cigarettes'.

She felt smoking was linked to her 'self-esteem', and she associated not smoking with being a 'good person'. For example, she initially did not want people at the Buddhist centre to know that she was a smoker.

> *"I'd get really worried that when I went to the Buddhist centre, everybody is good there, and they don't smoke and stuff like that. And I think this thing for me about smoking has always*

been, 'Ohh, I don't want to look as if I'm a bad person or I'm a smoker'."

Similarly, Caroline is a Nature Connection Guide and takes people on guided walks to practice mindfulness in nature. She felt that smoking or using nicotine 'doesn't align' with what she teaches other people.

"I remember... thinking, 'Oh my God, I'm going to be guiding a walk and if anybody smells smoke on me, they're going to think I'm really awful'."

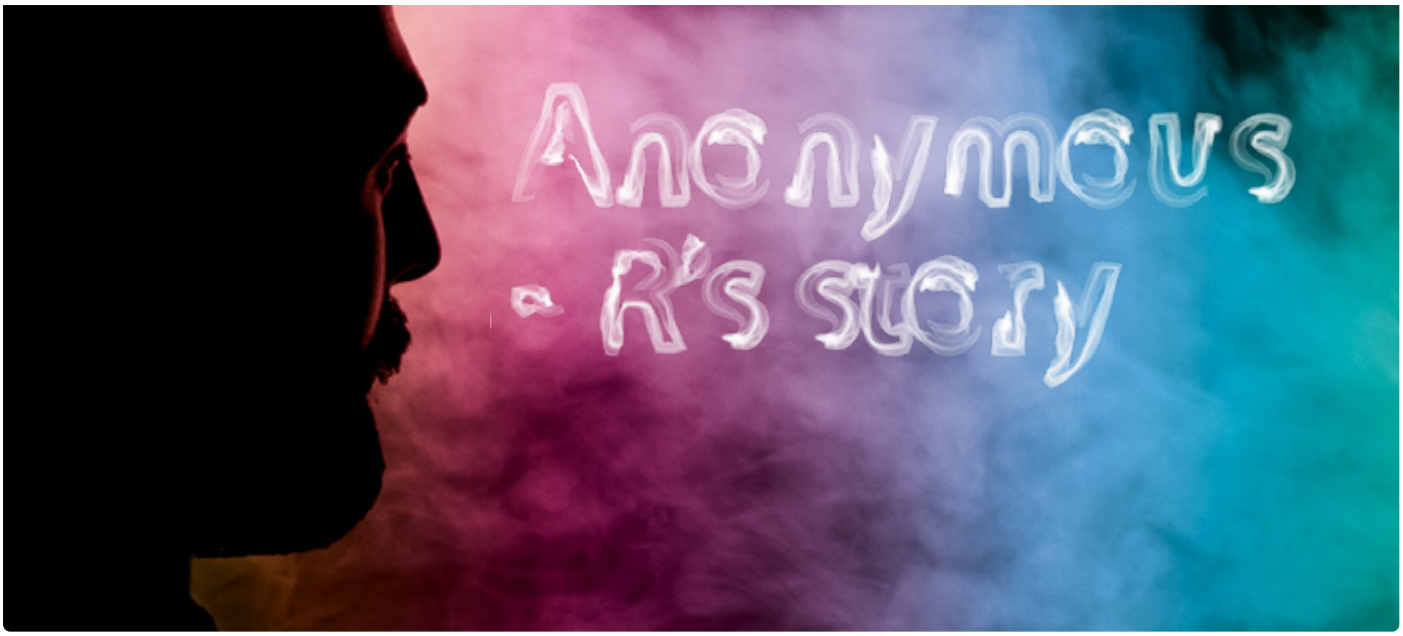
Caroline said that, from her experience, self-help recovery groups could be helpful to support people with addiction and to quit smoking. She believes addiction is related to past experiences and triggers, and that exploring these could help people to stop. When asked what she thought could help people to quit smoking, Caroline said:

"In my experience, sharing with others, so I think self-help groups, looking into the actual reason for smoking. So more of a psychological type of approach to it rather than... you know, giving people patches and nicotine therapy or anything like that, actually coming to a recovery group... Because, you know, whatever your addiction, you need to get to the root of why."

Caroline's key message was that there needed to be a focus on support for wellbeing and addiction. She felt that offering nicotine replacement therapy or vaping as an alternative, was simply substituting one thing for another.

'If you're going from smoking to vaping, you're only just sticking a sticking plaster on an addiction. And it would really be good to encourage, you know, that more of that wellbeing side of it.

"Because to be free from your addiction is freedom... There's so much freedom associated with giving up. If you're giving someone vaping to give up smoking, you're not giving them freedom. And I think that's the key to all of this. When you're gonna give up something, you need to give up the substance, not the smoking, vaping. It's still the same."



"...in my situation, I'm in so much pain that I might find out the cigarettes or the smoking might be a quite good relief."

R's background and why he started to smoke

R is 41 years old, and is Romanian. He has worked in the UK since 2016 in the care industry until he sustained a shoulder injury. He now works for a voluntary and community sector organisation.

As a child, he lived with his parents in an apartment in Romania and had friends in the surrounding apartments. His father was a smoker and his mother smoked very occasionally. When he was a teenager, he was very interested in boxing and took part in boxing competitions.

Before one competition, his coach told him he would not be allowed to participate.

> *"I think about two weeks... before the competition, I was told that I'm not part of it anymore. So, it was like quite [a] shock for me."*

When his friends in the apartment block encouraged him to share a cigarette he joined them.

> *"They see me really upset. You know that I wasn't taken into account for the performance in the competition. They say to me, 'Well, we are going outside for a cigarette. They said 'Do you want to have a smoke to just try?' because they knew that at the time that I wasn't a smoker."*

He refused at first, but they 'started laughing', saying 'You are a coward, something like that'. He shared a cigarette, and that was how smoking became a part of his life.

> *"In about a year... I was addicted to the cigarettes."*

R's father was a smoker, and for a couple of years, he smoked without his parents' knowledge. When his

R started smoking as a teenager when some friends in his apartment block noticed he was upset about being left out of a boxing competition.



"They see me really upset... 'Well, we are going outside for a cigarette. They said 'do you want to have a smoke to just try?'..."

He refused at first, but peer pressure meant he soon became addicted.

father found out, he told R that he was 'not allowed' to continue smoking.

> *"My father returned [from work] and came straight away to my room without knocking... You are not allowed, he said. And what I can remember, my single response back to him, I said if I'm not allowed, I will quit my cigarettes if you are quitting. And after that, every time he sees me basically, he asked me, 'Are you still smoking?'. I said, 'Are you?'..."*

Neither of them did stop and R said that 'less than three months later, I started to smoke in the front with my father'. Although R mostly bought his own cigarettes after he left school and worked part-time, he sometimes asked his father to 'lend' him a cigarette. About this time his mother became ill, and he became her carer. Although she knew he smoked, he never smoked in front of her.

At that time there were no regulations in Romania about smoking in public or elsewhere. Furthermore, R remembered that shops often sold cigarettes without any age checks.

> *"Children they could go to buy cigarettes at any age because their parents basically they sent them to the little to the corner shop to buy the cigarettes for them."*

In Romania now, cigarettes and vapes from machines or shops cannot be sold to anyone under the age of 18 years old.

R felt that part of the reason he had continued to smoke is that he was in constant pain from his injured shoulder. He felt that the treatment he had received for this had not been effective, but that smoking provided him with some relief. He also linked smoking to stress.

> *"I've seen that the treatment that I'm taking for my shoulder is not going to have any kind of effect. And you know, to avoid any kind of further stress, I might [smoke a cigarette]. Sometimes it's helping you. It might sound a bit silly, but while you are smoking and you are in for example, in my situation, I'm in so much pain I might find out that the cigarettes or the smoking might be a quite good relief."*

When R worked in supported living, he used to take cigarette breaks. He said it was not a problem because he was not a heavy smoker. He said that many people who he worked with in his role in a VCSFE organisation were smokers, and this also prompted him to want to smoke. Furthermore, he reflected that supporting people with their problems could sometimes be stressful, and this makes giving up smoking even more difficult.

> *"Sometimes a cigarette gives relief and a reason for taking a break."*

R's experience of trying to quit smoking

At the time of interview, R was smoking up to three cigarettes a day, but did not consider himself to be a heavy smoker. The only time in his life that he felt he had smoked heavily was when his parents had died. It had been 'a bad time' for him.

R wanted to quit smoking and felt that there should be free treatment and support available. He compared the support that smokers receive with other addictions and felt that smoking was not taken as seriously.

"Children, they could go to buy cigarettes at any age because their parents basically they sent them to the little corner shop to buy the cigarettes for them."

"...I know there are specialised clinics [for other addictions]. The same should be for smokers. It is like, you know, drug addiction. This is a drug addiction."

> *"I might be wrong, but I know there are specialised clinics where they could go for rehab as well. The same should be for smokers. It is like, you know, drug addiction. This is a drug addiction."*

R is asthmatic, and because of this was very aware of the health risks and side effects of smoking. He believes that tobacco from 30 - 40 years ago was much 'cleaner' and not comparable to products today.

R has tried to give up smoking in the past and was offered a telephone number for support. However, he said that when he contacted them, 'they mentioned that they don't have the service in Ipswich, and I have to go... I don't know where'. He felt it was pointless to offer support at places he could not access. He needed groups and clinics to be local. As he was working, he could not always take time off and had no available transport.

R also said that the cost of nicotine replacement therapy like gum, plasters or other medication could be a barrier for him. He felt buying these was much more expensive than smoking the rolled cigarettes he uses. Therefore, he continued to smoke as the cheaper option.

R had tried vaping a few times to find out what it was like.

> *"...just to see how it is, the sensation, if it's better than, you know, a proper cigarette or something like that."*

Despite having been advised by a GP to try vaping, he did not think it was a solution for him to quit smoking. R felt there had not been enough research into the chemicals vape liquid contains and the effect they have on the body in the long term. He believed that the health impacts of vaping could be worse than nicotine.

> *"What I know so far [is] the vaping might be more dangerous than the proper tobacco."*

R thinks that vaping should be regulated and illegal for sale to anyone under 18 years of age. He also commented on 'smokefree generation' policy, which he thought was a good idea.

> *"I recently heard that in the UK, they would like to implement a new regulation. For those who are not 18 yet, they are not allowed to buy any kind of tobacco or vaping or something like that. However, I've heard that they are looking to increase the age year by year."*

He thought there may be a case for developing herbal cigarettes as an alternative to nicotine because this would help people to maintain the ritual of rolling, lighting and inhaling without the harmful and addictive aspects of using tobacco. He felt that some herbs may also have a beneficial effect.

R was also concerned about passive smoking and how families and others may be affected by smoking. He felt that this could still be a threat to people's health, particularly to children, as although smoking is banned in public places, people can still smoke in their own homes and outside.

> *"We have to think about new generations... and what they might see in the family as children... but they inhale the smoke from the person near to them."*

Overall, R accepted giving up smoking would be better for his long-term health. He believed if there was more personal ongoing support, he would stand a better chance of giving up his addiction totally. He felt there should be ongoing support and an individual plan for each person, considering their history and their reasons for smoking.

> *"If I'd had the right support at the right time... I think this is the correct phrase: the right support at the right time."*



"[Pictures on packets] were shocking when they first came in... but to be honest, I don't even notice them anymore. I'm aware of the risks but I don't think about them as deeply as I should."

Tracey's background

Tracey is 38 years old, female, and White British. She smokes both pre-packaged cigarettes and rolling tobacco.

Tracey began smoking at age 17. She said the start of her smoking may have been unusual in that she did not start by 'smoking behind the bike sheds in school'. Instead, Tracey had started smoking through a combination of different influences in her life. They included living with a friend who smoked, social smoking on nights out, and being in a first job role where people were able to smoke in the office.

> *"I could just sit in the office and smoke... there were no barriers."*

Tracey felt that the norms around smoking had changed considerably since she had started. Being able to smoke inside, and at work, was very different from how smoking was perceived now:

> *"I was in an era when you still could [smoke indoors]. Now, it seems horrifying. And even as a smoker, if someone said 'would you change it back?', I would say 'no'. But at the time it was absolutely the norm."*

She also felt that there was now a greater sense of 'judgement' from other people in public spaces.

> *"It's not as socially accepted as it used to be, and I don't think that's a bad thing... I feel more ashamed if I was to have a cigarette just in public during the day. Whereas ten years ago I wouldn't have thought twice about it."*

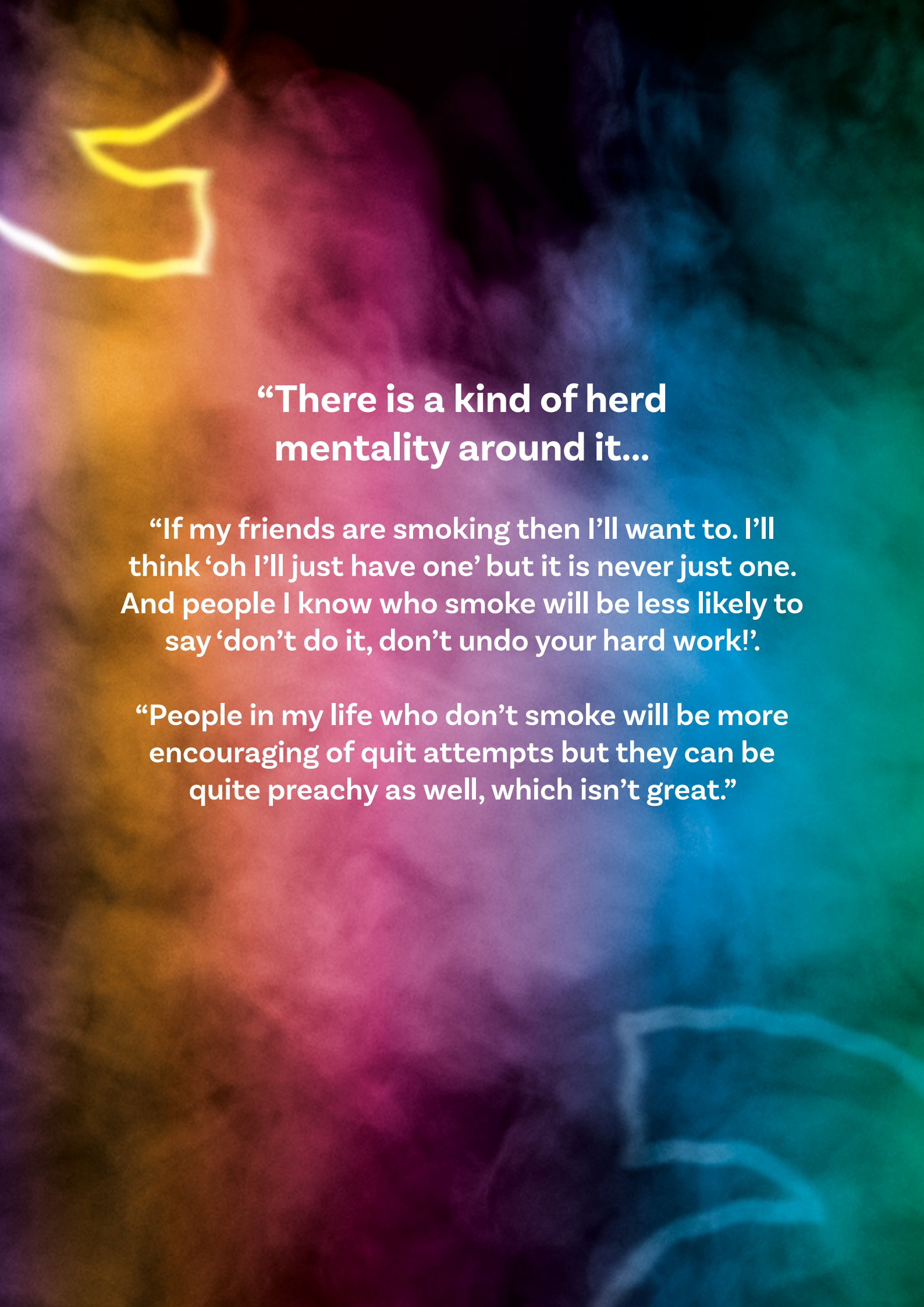
Tracey's experience of trying to quit smoking

Tracey had attempted to quit smoking several times using different methods, but she had always gone back to smoking. Some of her attempts to quit had lasted for a period of months. She said that one of her first serious attempts had been when she had her tonsils removed.

> *"The first time I ever made a serious quit attempt, I had my tonsils out. And so, it was sort of brought upon me... I'd gone over a month without having a cigarette... it would have been so painful to smoke... that was relatively easy because I wasn't very well really."*

Tracey did not remember exactly how she had started smoking again, but she remembered she had kept a packet of cigarettes before going into hospital.

> *"I don't know why I kept them... what I should have done was just throw them out... but I went to those cigarettes in the cupboard, probably thinking I'll just finish these and then you know that would be the end of it."*



“There is a kind of herd mentality around it...

“If my friends are smoking then I’ll want to. I’ll think ‘oh I’ll just have one’ but it is never just one. And people I know who smoke will be less likely to say ‘don’t do it, don’t undo your hard work!’.

“People in my life who don’t smoke will be more encouraging of quit attempts but they can be quite preachy as well, which isn’t great.”

"I don't know why I kept them... what I should have done was just throw them out... but I went to those cigarettes in the cupboard, probably thinking I'll just finish these and then...

"...you know that would be the end of it."

Overall, she felt that certain triggers, such as stress, often led her back to smoking. Furthermore, she reflected that she would often 'undo' a quit attempt by telling herself that she would limit herself to a single packet of cigarettes to deal with a particular situation. This would then lead back to her smoking habitually again.

She felt that, ultimately, her decisions to stop smoking were mostly about having the 'willpower' to be able to quit successfully.

> *"I think it comes down to willpower in the end, I've had quit attempts where I've gone months without, and then suddenly that urge comes on... I remember one of my quit attempts back when you could buy ten, and I thought, 'I'll just buy ten because I had a stressful day at work', and I thought 'I'll just smoke these tonight and then and then that'll be it'. But it isn't because... it's so easy, you can undo a lot of good work very easily... I think that's always been my story. So, it's one little thing that unravels it all."*

Tracey had also made an attempt to quit in the past using Champix, a prescription medication to help people stop smoking. She had received this through contact with Livewell Suffolk.

Although Champix was 'absolutely brilliant' in making her feel that she did not want to smoke, Tracey felt that the Champix affected her mental health. She experienced low mood 'for quite a long period', including after she stopped taking the tablets. She also found that if she had alcohol whilst taking Champix, she would become 'quite angry and erratic, which isn't like me at all!'.

Tracey did not remember how she had started smoking again after taking Champix, but said that she had 'heard other people that have had bad experiences as well' and 'wouldn't take it again'. She had tried using an electronic cigarette several years ago during a quit attempt, mainly when on nights out. However, she said she would not consider now switching to vaping.

> *"I see vapes as like those big things that puff out loads of air... I have tried various different more subtle things but... I'd never consider buying one of those."*

Tracey did still have an e-cigarette, but said that she did not like it because it did not give her the same 'hit' as a cigarette, even though she could see that it would be cheaper and 'better for her'. She felt that if she were to vape or use an electronic cigarette, it would be as a tool to quit rather than a 'straight swap from cigarettes to that'. However, she did feel that for people with a heavy smoking habit, making a switch to vaping was a good thing.

> *"There's people that have replaced smoking 40 – 50 cigarettes a day, like a really heavy, heavy habit, with a vape pen. They've got no intention of stopping that vaping, but they see what they have done already as a massive achievement, and I personally think it is a massive achievement... anyone who can go from smoking to vaping I think that's a positive switch."*

Tracey also talked about the social aspects of quitting and the influence that friends and family had on her attempts to stop. She noted that support from friends to quit varied depending on whether they smoked themselves. She also reflected

that other people smoking around her was a driver of her wanting to smoke in itself.

> *"There is a kind of herd mentality around it. If my friends are smoking then I'll want to, and I'll think 'oh I'll just have one' but it is never just one. And people I know who smoke will be less likely to say don't do it, don't undo your hard work! People in my life who don't smoke will be more encouraging of quit attempts, but they can be quite preachy as well, which isn't great. The social aspect of smoking is a trigger to do it, and the smoking status of people around me is an influence as well."*

Tracey gave an example of how the support from friends who did not smoke could be better than that from friends who did smoke:

> *"A lot of the people around me smoke, but there are friends in my life who don't smoke, who always provide encouragement for me whenever I've made a quit attempt. I've got one friend who... if I attempt to quit now, once I go a month, she makes me a certificate... and she's always really on it with encouraging me and things like that because she doesn't smoke."*

Having attempted to quit multiple times, Tracey said that she often felt there was a stigma or judgment around unsuccessful quit attempts. Although Tracey was 'honest and open' with people about the fact that she smoked, she said that she would often 'hide it for a little while' from friends and colleagues when she had started smoking again.

She felt that there was an 'element of shame' in having started smoking again.

> *"When you fail on those quit attempts, there's an element of shame... you know, when I've quit, it's all 'I've gone six weeks now, look at my app, my app says I've saved this much money'... So, you've then got that shame when you do start smoking again... It's easier to go 'Hey, guess what? I've stopped smoking' than it is to go 'Ohh, I'm smoking again'..."*

Tracey's motivations to quit smoking

Tracey felt that she had always been aware of the health impacts of smoking. However, she had considered her health more as she had become older.

> *"I'm aware there are increased health risks for so many factors, you've got obvious things lung cancer and things like that. And I know it puts an increased risk for all kinds of health problems... I've always been aware, but now that I am older, I think about it more seriously."*

However, Tracey felt her health would probably not be her main motivation to want to quit smoking. Instead, she said the cost of smoking was more likely to make her want to stop.

> *"If when I'm thinking more about quitting, and I would like to quit in an ideal world, it's more, it would be a financial thing. [That] would be the main steer for me because it's very expensive and it gets increasingly expensive all the time."*



"I think it comes down to willpower in the end...

"I've had quit attempts where I've gone months without, and then suddenly that urge comes on... it's so easy, you can undo a lot of good work very easily... I think that's always been my story.

"So, it's one little thing that unravels it all."

In the last year, Tracey had both cut down the amount that she was smoking and transitioned from pre-made cigarettes to rolling tobacco during the week. Ultimately, she hoped to cut down further over time and quit again. However, she reflected that the cost of smoking was still high.

> *"I wouldn't even want to think what I spend on it in a month... 50 grams of rolling tobacco will last me maybe two weeks. That's £32. Then maybe add to that a couple of... let's be honest, maybe three packs of cigarettes. So, you're talking £70 every couple of weeks. So that's what...? £140 a month. And then you think about that for a year..."*

Tracey talked about the introduction of pictures and messages on packets of cigarettes. She felt that, over time, she had become 'desensitised' to these.

> *"Obviously, when I first started smoking, it wasn't on the cigarette packets; it started with just the messages, and now there are messages and the pictures. They were shocking when they first came in, but to be honest, I don't even notice them anymore. I'm aware of the risks but I don't think about them as deeply as I should."*

Tracey felt that communication aiming to encourage people to quit smoking could make use of different messages. For example, she felt desensitised to messaging around health 'because it's so well documented', but the cost could be a greater motivator to want to stop.

> *"If there's something there that says this is a pack of cigarettes, as soon as you buy X amount of these, you could have had a holiday, or you could have had something else much more important. That's more visual for me. So, I think the messaging is not great."*

Finally, she felt that people's real stories or case studies were 'powerful', and that it was important to draw the experiences of people who were smokers to help others to quit.

> *"Co-production is important when it comes to planning interventions to help people quit smoking. You might get doctors or people in positions of more power writing these campaigns or designing initiatives who have never ever smoked. So, they don't know what it's like to smoke. They can't understand why anyone would ever pick up a cigarette in the first place... but that doesn't put them in a very good position to be writing or designing campaigns that help people to quit... I think there's definitely a gap in terms of utilising smokers or recent quitters more to help with getting people to quit."*



"If when I'm thinking more about quitting, and I would like to quit in an ideal world, it would be a financial thing. ***[That] would be the main steer for me because it's very expensive and it gets increasingly expensive all the time."***



"We're asking the right questions, but are we then making the right offers?"

Kris' Background

Kris was brought up in a working-class area of South London. He is a 51-year-old British Asian of Punjabi descent. His background is in nursing, and he has had a successful career in the health service. He now holds a senior position in health care.

Kris started experimenting with smoking when he was young, probably around the age of 11. He was influenced by his peers at the time to smoke and recalled:

> *"By the time I was fifteen, I would probably consider myself a regular smoker in the sense that I was purchasing on a sort of routine weekly coming on to daily basis. It showed the cultural expectations of my peers and being part of the 'cool kids', if you like'."*

When Kris was younger, he remembers there being more images of smoking in film and TV. He also believes that smoking then was facilitated if not encouraged:

> *"I think there were a lot of media images and sort of things like that in films and TV where smoking was quite open. So, there was almost not only a positive image portrayed of smoking it was also quite socially accepted. I can remember being a youngster smoking on the tube and public transport, with designated areas where you could go at the back of the bus and have a cigarette. On aircraft, you were always asked, 'Do you want a smoking seat or a non-smoking seat?'. So, there was almost that facilitation to allow you to continue to smoke."*

He vaguely remembers the public health stop-smoking campaigns but did not feel that he could identify with them at a young age.

> *"[Y]ou think you're invincible. Certainly, as a young bloke, I thought it was pretty much, you know, that's what happened to old people, which when you were a teenager it's just 1,000,000 miles away."*

When he bought cigarettes, it was not just buying the cigarettes it was buying an image and a brand.

> *"It was buying a brand and an image as well, and you'd have the T-shirts and they would do a lot of sports sponsorship. For me, it was the motorcycle racing... not only the sports people themselves were smokers, but the imagery on sponsorship [was] very much there. So, you maybe change brands at a young age just because the motorcyclist I followed, you know, in terms of Barry Sheen, back in the day changed his sponsorship and I followed it. It was quite an interesting set of behaviours."*

By the time he reached his 20s, Kris recalls smoking about 20 cigarettes each day. He remembers:

> *"I think I must have been about 20 or so when I can remember the price of cigarettes just tipping over. I think it went over the £2, and in my head, that was, you know, it's like 10p per cigarette. And that was just unacceptable. But rather than giving up smoking, I went on to rolling tobacco. And I've ended up sticking with rolling tobacco ever since. And the justification for that is because it's cheaper than buying a pack of cigarettes."*

He considered the health implications for the first time when he was in his mid-20s, married and expecting his first child. He said that he was aware of the impact of second-hand smoke on others but did not really consider the impact on his own wellbeing. He had made a successful quit attempt for around 18 months when he had his first child.

> *"Smoking and health really became personal for me, and it was bizarre. It wasn't so much about my own health. It was the impact of the smoking. You know, I couldn't smoke in the house because my wife was pregnant, couldn't smoke, and I wouldn't be smoking in front of the child. And I was aware of the secondary smoke impact. Was I particularly mindful of my own health and well-being? I still think in my mid-20s I had a cognitive distortion that, you know, a distorted view that, again, you're still in your 20s. It is something I'll kick down the road and I'll deal with eventually. I didn't feel I needed to deal with it there and then. But interestingly, I was able to. I did. I think I stopped on my own. For a year to 18 months, I didn't smoke."*

> *"...And then I can remember sitting there thinking I'll try to limit, and it was almost like controlled smoking for a bit, but* ***very quickly it returned properly back with vengeance."***

He started using cigarettes again when he was on a night out with friends, and this quickly led to a return of more frequent smoking.

> *"You know, it's bizarre. It's one of those things I remember. I can remember going out, having a couple of beers with friends. And because in those days you could buy tobacco out of machines in a pub, without thinking about it, I bought some... I was smoking and it wasn't until I got home and the wife said to me: 'You don't smoke'. You're like, oh, ****. Yeah. And then I can remember sitting there thinking, I'll try to limit, and it was almost like controlled smoking for a bit, but very quickly it returned properly back with a vengeance."*

> *"...not only the sports people themselves were smokers, but the imagery on sponsorship is very much there. So, you maybe change brands at a young age just because the motorcyclist I followed... changed his sponsorship and I followed it.*
>
> ***"It was quite an interesting set of behaviours."***

Kris felt that cost had never been an issue and that he was able to afford to smoke from his disposable income. He said that smoking had never caused any 'financial discomfort'.

> *"Things were covered. And I think I was in a position that it was more disposable income that I spent on it rather than essential income. I mean, the choice was more about what did I want to spend my money on. Was it going out doing something social or buying packets of tobacco. If I look back and probably thought about how much I was spending, it'll be a different matter, but I think at the time it didn't cause any financial dis-comfort for me."*

Kris's experience of trying to quit smoking

In his early 30s, Kris realised the control that tobacco had over his life and he went to visit his GP. However, the help and support they offered did not help him to successfully quit smoking.

> *"They offered me, I think, about two sessions with the GP practice nurse and it was more about, you know, giving some lifestyle pointers rather than any replacements or any nicotine sort of alternatives as such. I can remember being told about having a pack of boiled sweets in your pocket. It was more sort of anecdotal coping strategies around what you could do instead of smoking."*

In his 40s, after several attempts to give up smoking, he tried to stop smoking again.

> *"I was sort of offered to go to my local pharmacy for some smoking cessation sessions, which I found weren't sufficient. You know, I think I went to two or three of them, and I found it was more of a group chat rather than anything specific or useful."*

He said that he had leaflets 'thrust into his hand' at some medical appointments, but mainly it had been left to him to self-navigate and to find out things for himself. His last visit to a GP only resulted in an offer of patches or vaping because the GP 'didn't really know what is available'. He felt the offer was 'one size fits all', and therefore the abstinence techniques that helped him give up alcohol seem powerless around smoking.

Kris was a regular gym user. He had invested time, effort and money in using the gym to increase his health and wellbeing. However, he noted that he still went through the ritual of rolling, lighting and smoking a cigarette on the way back.

> *"I mean, I roll cigarettes and it's so it's the whole ritual of getting the pouch of tobacco, getting the papers out. It's filling the papers. It's the tactile. It's the visual. It's the dexterity thing... it's the tidy-up. There's a whole ritual around it, which is that behavioural 'imprintation' that is hard to shift."*

Kris had tried vaping but did not like it or think that it was a solution for him to quit. He was worried about the lack of regulation, especially that vapes could be bought in places like garages, pound shops, or markets, using vape liquids imported from anywhere via the internet. He recognised the irony that he was quite comfortable with smoking tobacco, which was known to be a cause of many health issues or concerns.

> *"There's the whole thing around vaping and the lack of regulation. It's almost like a harm minimisation, and I think we're only now seeing, sort of eight years down the line, some of the negative impacts. And I actually, if I want to stop, so I want to stop smoking, you know? I don't, I don't want to minimise. I just don't want to change one habit and learn a new habit and then have to deal with getting off that new habit."*

Kris was aware there are both physiological and psychological aspects to giving up. He thought he may have been looking for the 'easy magic bullet in the sense of, you know, give me a tablet and it will stop the craving'. He felt there was more support from the NHS for giving up alcohol than there was for stopping smoking, despite smoking being equally damaging to people's health, and just as hard to give up.

Now Kris was in his 50s, he had realised that he must have caused damage to his health through smoking. However, he felt there was still the

"I mean, I roll cigarettes and so it's the whole ritual of getting the pouch of tobacco, getting the papers out. It's filling the papers. It's the tactile. It's the visual. It's the dexterity thing... it's the tidy-up.

"There's a whole ritual around it, which is that behavioural 'imprintation' that is hard to shift."

possibility that some of the damage could be reduced if he could stop smoking now.

> *"It has to come from within which I think actually puts me in a stronger position because it's me making these decisions. It's not being imposed on me, which is the best place to be in for me because I think if anybody tells me to do something it tends to get my back up a bit, but when people suggest I'm a bit more receptive to it."*

He felt that, to get the right support, he needed to reflect on his situation, and be able explain his needs before asking a service 'Is this something that you can offer?'.

> *"I know that there is going to be an uncomfortable period, and if there's anything that can help during an uncomfortable period, that's great. But more importantly, what needs to run in parallel to that is the help around the thinking."*

His final thoughts were that, because of his professional roles, he likely had more self-awareness and knowledge of how to access support than many other smokers might.

Kris felt there needed to be the right support available to help people quit smoking.

> *'It's very much left to the individual. Now for somebody like me it's OK, because I think I'm probably a bit more self-aware. I know how to navigate systems and stuff like that. But for the average 'Joe Bloggs' on the street, I don't think it's enough. And I think that's the one thing we're missing in that sort of health arena is, you know, we're asking the right questions. But are we then making the right offers?"*



"There is nothing anyone from outside could say to make me stop. It has to come from my inside this decision. I need to feel that I really want this, and I am not interested in anyone's opinion about my smoking at the moment."

Alexi is a 26-year-old Polish woman who has lived in Suffolk for four years. She is a single mother with a young daughter born two years ago in Suffolk. She lives independently with her daughter and has support from her mother.

She has smoked since she was 20 years old but gave up for a short time during her pregnancy. She started smoking again soon afterwards and currently has no intention of giving up.

English was not Alexi's first language, and therefore, an interpreter was present to support her during the interview. The interpreter helped her to understand the questions and to translate her responses, which were a mixture of English and Polish.

Alexi was about 20 years old when she started smoking in Poland. She was encouraged to smoke to be the same as her friends. When she worked in a shop in Poland before she came to the UK, she was 'only allowed to smoke outside'.

At the time, in Poland, the legal age to buy cigarettes or vapes was 18. Alexi said staff in shops always had to 'check all the documents when someone who looked really young wanted to buy cigarettes.'.

Upon arriving in England, she worked in a factory while smoking roughly ten cigarettes a day. Breaks were very strictly observed, and smoking was only possible during the official breaks.

> *"When we have a break time, we can eat and then we can go for a smoke. We had to wait for the break. You just had to fit your smoke into the break."*

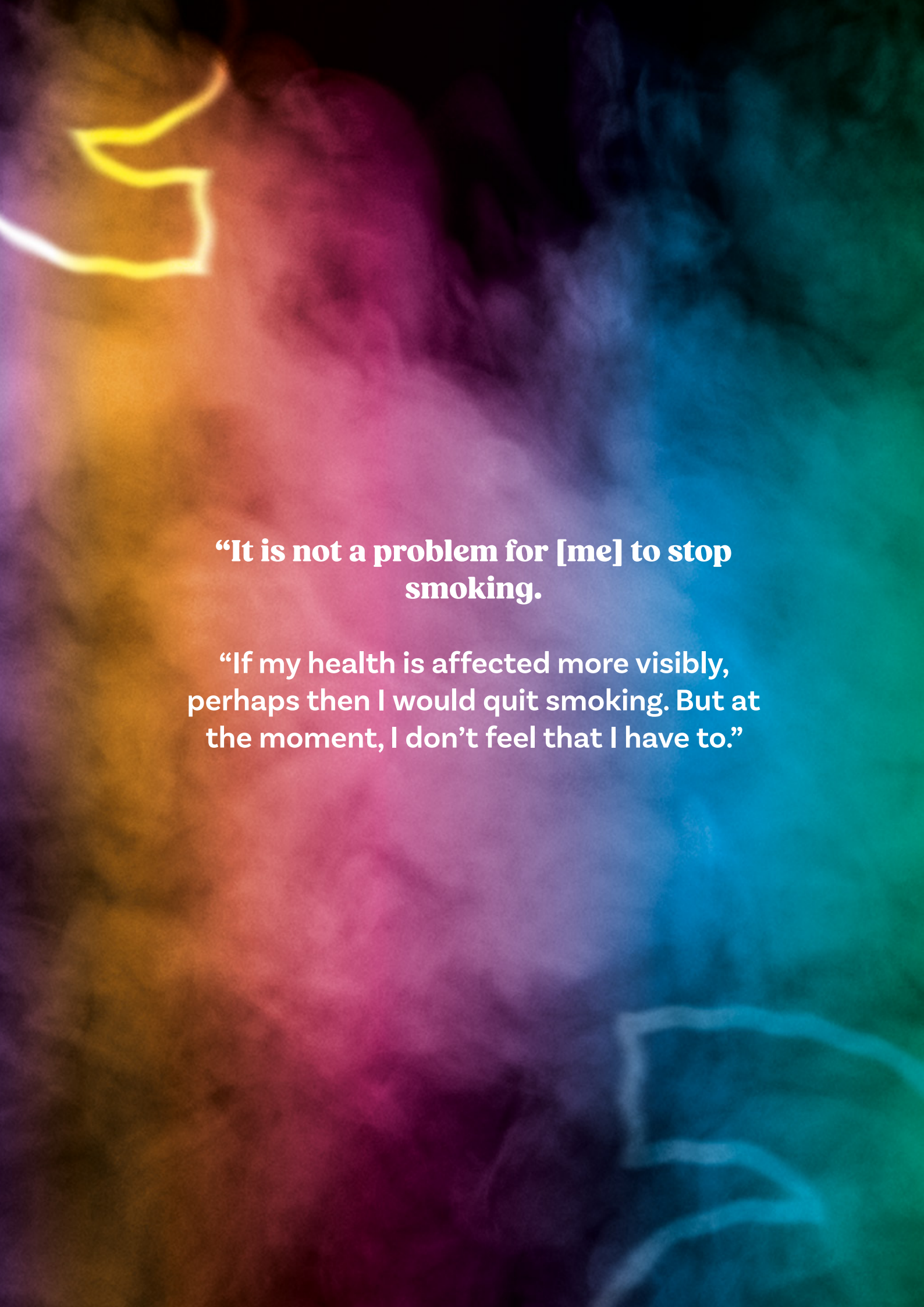
Her child is now two years old, and when Alexi became pregnant, she gave up smoking because 'I don't want to poison the baby; I thought it was something I needed to do'. A health professional did not advise her to stop, but she felt it was something she needed to do herself.

As a smoker her pregnancy was very well managed, and she received excellent care.

> *"When I was pregnant, I didn't feel that I had to smoke, but I was under good care, and they always checked me because they knew I had been a smoker before pregnancy. I even had an additional scan to make sure that the baby was growing up in the right way'."*

Alexi cannot fault the care she received and was always aware that the staff were there for her and her baby. The baby's birth was very difficult, and Alexi lost lots of blood with complications. The interpreter who supported Alexi at the interview had also been present at her daughter's birth.

> *"When something started going wrong within seconds there were four people in the room. A caring midwife took the time to come where we were waiting and reassured us that everything*


“It is not a problem for [me] to stop smoking.
“If my health is affected more visibly, perhaps then I would quit smoking. But at the moment, I don’t feel that I have to.”

would be OK. In another language, it was difficult sometimes to take it in and process what was happening, but from our point of view, the care they received 'was absolutely amazing'."

Following the birth of her baby and her return home, Alexi started smoking again. She feels that smoking is a way for her to cope with stress.

"[It is] one of the mechanisms to cope with the stress and it helps me to relax and calm down."

Alexi does not smoke in front of her little girl. She has reduced her smoking, and now smokes about three cigarettes a day. She makes sure that her cigarette smoking does not affect the wellbeing of her daughter by always smoking outside.

"I only smoke outside and the baby is sleeping in the morning and evening and during the day if Mum comes round she looks after her while I have a smoke."

Alexi has tried vaping, but she thinks it is 'even worse'. She felt restrictions on vaping were needed and that vapes should never be sold to children. She has noticed and heard lots of stories about the effects on people who were having problems after vaping.

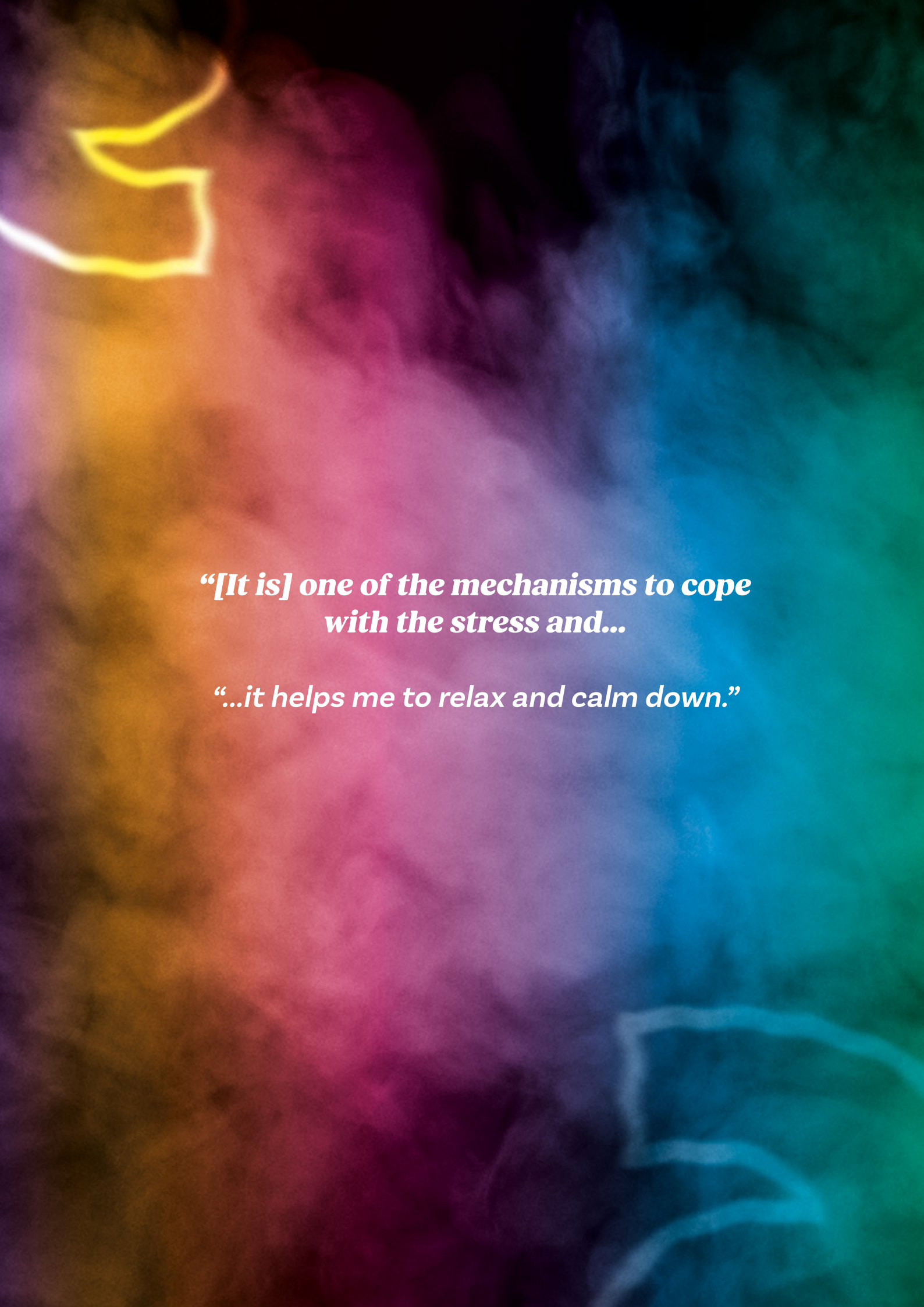
"I have tried it but although it smells nicer, I felt worse, even more than normal smoking after trying it."

When asked about whether she had thought about the health implications when she was older, she 'wasn't sure', but thought 'yes'. She considered that she was not a heavy smoker, and therefore, her smoking was not likely to affect her health in the future. She did not currently intend to give up, despite the risk.

"It is not a problem for [me] to stop smoking; if my health is affected more visibly, perhaps then I would quit smoking. But at the moment, I don't feel that I have to."

Alexi believed that she is able to give up at any time she wished to, and that she had proven this by giving up during her pregnancy. She felt that should would give up when she chooses and not when someone tells her that she should.

"There is nothing anyone from outside could say to make me stop. It has to come from my inside this decision. I need to feel that I really want this, and I am not interested in anyone's opinion about my smoking at the moment."


“[It is] one of the mechanisms to cope with the stress and...
“...it helps me to relax and calm down.”



"You don't even know that you're drawn back to it. That's addiction. It's got that huge power over you. And even though I told myself I wasn't that dependent, in that moment when I was looking for something that I so desperately needed as a crutch, I fell straight back there."

Amy's background

Amy is aged between 35 and 44 years old. She is White British and female. Amy has smoked and vaped in the past but has now quit.

Through a previous role in the voluntary and community sector in the West Midlands, she had an opportunity to train to become a stop-smoking adviser. She was then headhunted to work for a national company providing stop-smoking services across the UK. She worked on one of their first contracts and fell in love with it.

> *"Just the power of helping people was amazing. Really, really powerful."*

She now works for a healthcare provider in Norfolk, managing a stop-smoking service.

Amy started smoking at about 15 years old.

> *"I was a teenager, curious. Had a best friend that smoked, and we squirrelled off and thought it was cool to have a cigarette. I kept it from my mum and dad because my Dad used to smoke.*
>
> *"I remember coming home at five years old after learning at school all about the risks and harms of smoking. I came home and said to my dad, very literally 'smoking will kill you'. And the look on his face... He went and he broke a box of cigarettes up, threw it in the bin very ceremonially and said 'right, I'll give up smoking, but if you ever do it... I will call you a hypocrite'. So, there it was, it was set in stone. Hence why it became such an avid secret not to tell Mum and Dad.'*

When her parents discovered that she was smoking cigarettes, they disapproved. Amy's dad would pointedly ask her for cigarettes to 'draw attention to me smoking'. She believed her dad was trying to influence her to quit smoking.

Sadly, Amy's dad passed away from cancer a few years ago. She said that she felt 'angry' that although he had not smoked for many years 'he still got multiple forms of cancer'.

> *"I struggled when Dad passed away as he died of cancer, and I remember my conversation with him when I was five. So, it did affect me profoundly."*

Amy's experience of quitting smoking

Amy smoked for about 15 years, and during this time had a partner who was smoking up to 80 cigarettes a day.


“I struggled when Dad passed away as he died of cancer, and I remember my conversation with him when I was five.
“So, it did affect me profoundly.”

"You've got to be in a positive place, you've got to have those people around you that are willing to support you, cheer you on...

"There will always be someone that wants to bring you back to the dark side, and give you a cigarette because obviously it helps their conscience."

She smoked more when she was with her partner, but never smoked as much as he did. She reflected that for heavy smokers, smoking becomes part of their identity and that people have an unconscious bias about whether they can successfully quit.

> *"I think it's we have these unconscious biases about what we can achieve, and what other people that we know and love can achieve. So, I think we have to be really mindful... you've got to be in a positive place, you've got to have those people around you that are willing to support you, cheer you on... there will always be someone that wants to bring you back to the dark side, and give you a cigarette because obviously it helps their conscience."*

Amy had tried hard to give up smoking on several occasions but had experienced relapses. She believed people who have been smokers might unconsciously revert to smoking as a coping mechanism to manage difficult life events, such as the death of a loved one. She thought this behaviour might result from recalling smoking as a past response to grief or stress.

> *"You don't even know that you're drawn back to it. That's addiction. It's got that huge power over you. And even though I told myself I wasn't that dependent, in that moment when I was looking for something that I so desperately needed as a crutch, I fell straight back there. So, I think, it's all part of my story. I think it gave me more empathy for people that were struggling to quit and stay quit and abstain, especially when they went through things that really tested their mental health."*

By the time she successfully quit, Amy had identified that she did not really like smoking. She did not like the taste or the smell and smoked menthol cigarettes to mask these. She realised that smoking was not something that she enjoyed but had 'fallen into from peer pressure [and] that pressure of other people having a cigarette and me feeling left out'.

She always found that she could go for days without a cigarette. So, after the ban on smoking indoors came in, she decided that she would quit. She also said that she realised it was affecting her health.

> *"I found that I wasn't overly dependent. If someone else was smoking a cigarette, I'd want a cigarette. It sparked that thought in me, and eventually, I just heard myself wheezing and rattling. I thought, no, come on, it's beginning to catch up with me now and I knew enough was enough. One Stoptober, I just thought 'Shall I give it a go?' I found it a lot easier to quit and I went cold turkey. I did it on my own and didn't use nicotine replacement therapy or any form of vapes, which weren't around then. So yes, it was very much an easy thing for me to do."*

Based on her experience, she felt that more could be done to promote opportunities like Stoptober to people considering a quit attempt.

> *"I don't think that, as a society and in public health, we put enough store on Stoptober, and I think we should probably have another campaign. I know we've got National Stop Smoking Day in March, but it's one day, it doesn't*

really have that, doesn't pack that punch... But I think it has such a power to it and it inspires people. Hence why we have dry January and Veganuary and all the other things that spark people's interest to try behaviour change. I think, you know, we're on to something there and we need to capitalise on it more."

Amy's experience supporting others to quit

In her career as a stop-smoking advisor and professional, Amy has helped many hundreds of people to quit smoking.

She was knowledgeable about people's experiences of smoking, and the psychology of behaviour change and addiction. She talked about how, for regular smokers, smoking became a 'reward system' and a way to 'fill units of time throughout the day'. For example, people might think, 'I'll just have a cigarette, and then I'll do this job, [or] after this job.' She explained that having something to do with your hands was part of this reward system.

"It's a hand-to-mouth self-soothing action, just as we do when we suck our thumbs as a baby. So, it's something that's really ingrained."

She felt that while peer pressure can lead to people smoking, it is 'addiction that makes us carry on'. She reflected that people make excuses and believe that there are many 'pros' to smoking, for example, that smoking reduces their stress, or gives them 'me time'.

"But we can help break down those myths by explaining to people, actually, every cigarette you have, it raises your blood pressure, it actually increases stress by going in and out of that withdrawal peak and troughs."

Amy emphasised that one programme of support for stopping smoking would not be suitable for everyone. She felt most people had tried to give up smoking using other methods before they contacted a service. Some might have been 'strongly against' a particular method, such as vaping, whereas others might have thought it was 'the Holy Grail'.

On vaping, Amy was very 'pro' vaping as a useful tool for people to stop smoking. She acknowledged that it was 'less harmful, but not harmless', but felt 'that psychological idea that you're switching to something, not quitting something' was helpful. She agreed with other findings that people's dependency on vaping could be high, and explained that they are used in a different way to a traditional cigarette:

"With something like a disposable vape, they're so accessible. They're so easy to just travel with or have in your pocket. They're very tactile, I think it makes it so easy. It's almost like a pacifier, dummy kind of situation, where you're taking it to your mouth and you're using it for that, for that brief hit of nicotine... You could graze on your vape while doing most things."

Amy felt it was 'right to regulate' vaping to prevent sales to young people. She reflected that packaging, flavours, names and colours of vapes could make them appeal to young people. However, she also felt that the accessibility of disposable vapes could help people who want to stop smoking move more easily to vaping.

"I would never dog a disposable vape. I think they're too easy and they're too accessible, too colourful and exciting for youth. But they are very accessible. And they're making it much easier to quit smoking and switch to a vape. Because then you don't have to worry about changing a coil or burning a coil, or all of the more fiddly paraphernalia around vaping."

At the time of her interview, Amy was working on a project to support people living with serious mental illness to give up smoking. For this group, she felt smoking could be 'much more of an ingrained part of their coping mechanism', and levels of dependency on smoking could be much higher.

"When we work with people with schizophrenia or who are living with bipolar, when the prevalence is so much higher, and the dependency is so much higher, it's very much

that we have to walk that journey with them. We have to understand exactly what smoking means to them, and how we can break down the many myths and barriers for them, but also holistically look at what they need in their life to have improved wellbeing."

Amy described how, for people living with mental illness, programmes would require a 'much longer lead' time and 'a much more flexible approach'. This might include a focus on cutting down, rather than aiming to achieve an 'abrupt quit'.

"The first step is always the hardest. We're always really keen to understand what brought someone to come and have a conversation with us, and it has to be all around the timing for the individual. If you ask someone if they're a smoker and 'Do they want to stop?', it's a conversation killer."

Amy said that in trying to reduce smoking prevalence, there was a need to focus on 'communities of interest', such as the Gypsy, Roma and Traveller community, sex workers, people with serious mental illness and migrant communities. For these groups, she felt there was a need to 'incentivise and think outside the box.. as there are lots of barriers'.

Amy finished her interview by summarising the need to adapt support to quit smoking to individuals.

"Everyone is unique. Of course, anecdotally we've heard lots of things time and time again. But to be able to reach those people that I was speaking about that are such important communities of interest now, we all have to re-learn the things that we've learned and understand how we adapt the process to help people to quit.

"So, you know, patients time and time again, they tell everyone else just give it a go. You've got everything to gain from quitting."



“The first step is always the hardest. We’re always really keen to understand what brought someone to come and have a conversation with us, and it has to be all around the timing for the individual.

“If you ask someone if they’re a smoker and ‘Do they want to stop?’, it’s a conversation killer.”

4. Feedback form



About the web form

Healthwatch Suffolk asked respondents who applied to be interviewed to complete a short sign-up form. The sign-up form was designed to gather respondent's experiences of smoking to decide who to invite to take part interview.

To do this, the form asked two key questions:

1. Please tell us about your experience of using smoking, vaping or other tobacco products.
2. Please tell us as much as you can about stopping smoking, vaping or using tobacco.

The form also asked about the smoking, tobacco, vaping or other products respondents had used.

The responses were analysed to provide an overview of the experiences gathered. This analysis does not aim to produce generalisable findings, but does build on the understanding key themes highlighted by the case studies.

The responses to each question were merged into a single overall comment, and then qualitatively coded for key themes. These themes were organised into five categories, presented below:

- Managing stress or emotions
- Vaping to quit smoking
- Health impact
- Social influences
- Cost
- NRT/ Stop smoking services

Demographic information is provided as self-described (regarding gender and ethnicity) for each of the comments. These vary in detail depending on the information offered by respondents. A summary of the demographics of those who completed the sign-up form is provided overleaf.

Who did we hear from?

In total, 82 people filled in the sign-up form and left a comment about their experience of smoking, vaping or using tobacco between January and February 2024 .



21 (26%) were current smokers.



43 (52%) were vaping



60 (73%) had quit smoking.

Of those who were currently smoking:

- Almost all (20) had considered quitting or tried to quit in the past.
- Five said they vape and smoke. All five had considered or attempted to quit both smoking and vaping.

Of the 60 respondents who had quit smoking:

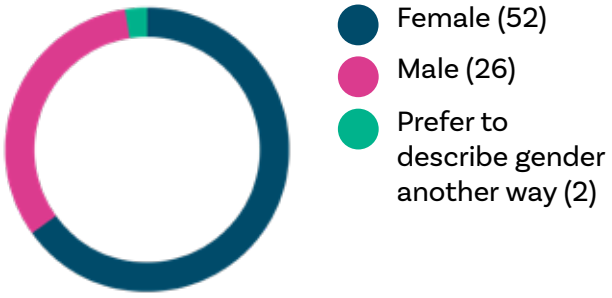
- Thirty-seven currently vape. Two had quit smoking and vaping.

Of the 43 vapers overall:

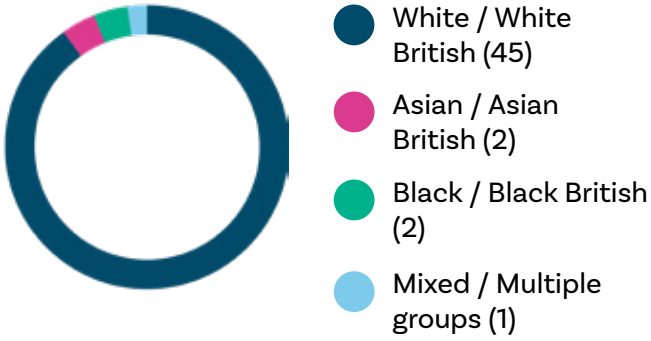
- Five vaped and smoked.
- One did not say whether they had ever smoked.

Demographics summary (Web form)

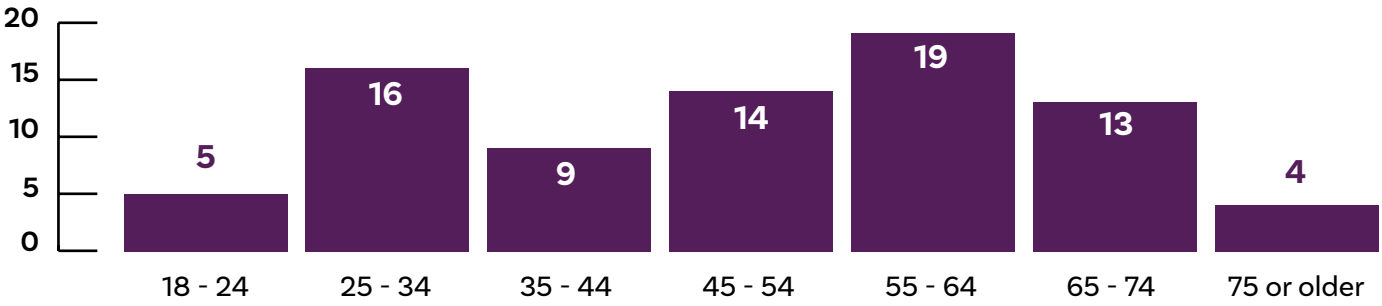
Gender



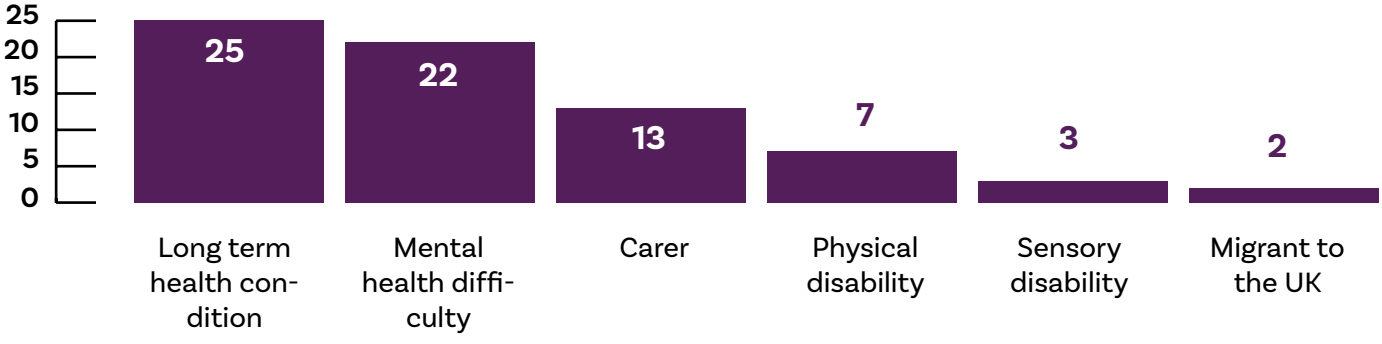
Ethnicity



Respondent age profile



Vulnerabilities



Themes in responses

Managing stress and emotions

One of the most common themes in respondent's comments in the sign-up form was that smoking or vaping helped them to manage stress or emotion.

Theme	Count	% of sample
Managing stress or emotions Thirty-one respondents said smoking or vaping was a way for them to manage emotions or stress. General comments within this theme included that respondents had used smoking or vaping to take time for themselves, that it makes them feel relaxed or calmer, or that it helped them with stress and anxiety. Four respondents mentioned using smoking to manage their mental health or wellbeing. This included with panic attacks, manic episodes, depression and generally to manage mental illness. One respondent felt vaping had helped them to manage health conditions that had caused them to become housebound.	31	38%

Quotes (Managing stress and emotion)

"I smoke around ten a day. I see it as an escape, I can walk away and have five minutes to myself whether at home or at work." (Female, 35 – 44, White British)

"Prefer to vape rather than smoke cigarettes. I've vaped for ten years and find it makes me feel calmer (obviously addicted). I do not want to give up as I would just replace this with something like eating due to having an addictive personality and vaping seems the lesser of all evils. Nor would I ever consider smoking again, I've no reason to stop." (Female, 55 – 64, long-term health condition)

"I started using a vape to give up smoking and found this very effective... I think it provides a crutch for the everyday stresses of life. I have other coping mechanisms including exercise, but I still enjoy it and the 'different' social interactions it leads to standing outside offices and pubs." (Female, 55 – 64)

"When I smoke, I have five minutes to myself relaxation/thinking time. I especially feel like it calms me down if I feel stressed or anxious (I know there is no evidence to support this whatsoever - in fact the opposite - but that's how it feels, maybe it's the taking five minutes away from the situation that does it)." (Female, 35 - 44)

"Smoking was my escape that made my go outside and calmed me down from my pressures. Allowed me to go for walks, escape indoors, and helped me calm down when I had panic attacks. Same with vaping really - it helps extremely with my anxiety, calms my breathing down when my anxiety peaks, and grounds me. I experience many manic episodes and have difficulty regulating emotions, which vaping helps ease the process, grounds me, and lets me process information and emotions. Now, I only vape because it's a useful coping mechanism. Not the fact that I'm addicted to nicotine, but it's something to

do which distracts me when I'm overstimulated and overwhelmed. It's like a grounding technique which helps enormously." (Male, 25 - 34, White British, diagnosed mental health difficulty)

"Smoking helps me deal with stress, I've been smoking from a young age. I've smoked all kinds of tobacco through the years and when I don't have tobacco, I turn to my vape to give me that little relief. I've been considering stopping but its been really hard and I've just not managed to do so." (Female, 25 -34, White British, diagnosed mental health difficulty)

"I was on a mixture of cigarettes and vape until two weeks ago. I decided to just go on to my vape and slowly cut down the nicotine content. I did this previously and quit for two years till my son got arrested and then I reached for cigarettes. I wish I hadn't as now been smoking again for six years. Desperate to complete it this time and not to go back to them when things get hard." (Female, 45 -54, White British, diagnosed mental health difficulty)

"I really feel that people who have never smoked do not understand how addictive smoking is. It is not just the nicotine, but also the whole ritual of having a vape or a smoke... it allows time out to just decompress, take a minute for yourself. I tried everything, but vaping worked for me" (Female, 45 -54, diagnosed mental health difficulty)

"Started smoking again due to the stress of being on a hospital waiting list for treatment whilst unemployed. Started vaping in 2016/17 after my father, maternal grandmother & maternal aunt all died of smoking related lung cancer...

"I currently suffer with M.E/CFS, Fibromyalgia and Depression and spend a majority of my life housebound and in pain. I also care for my wife (we care for each other really) who is Autistic and has social anxiety, Tourettes and Depression. While I'd love to be free of vaping, I'm not sure I would cope with the additional stress that comes with quitting nicotine."

"I do find vaping quite satisfying, especially when my health is letting me down. Plus, it's the only vice I have these days since I don't drink or have any social life to speak of. I think I would only quit if vaping was causing me further health issues... That isn't on the cards for me right now."

(Gender queer, 35 - 44, White, diagnosed mental health difficulty, long-term health condition, sensory/physical disability)



“I smoke around ten a day. I see it as an escape, I can walk away and have five minutes to myself whether at home or at work.

“I tried vaping but all the flavours are so sweet! Vile contraption. I quit for ten years but starting smoking again after a bad year personally.”

Experiences of vaping

Experiences of vaping were frequently included in the responses to the sign-up form. Over half of the sample were current vapers, and experiences or opinions of vaping were common, even among current smokers or those who had given up nicotine entirely.

Vaping had been a positive tool for many to help them quit. Negative comments about vaping mostly referred to high levels of dependency. Respondents frequently rooted this in factors like the social acceptability of vaping, the lack of lingering smell, and that they could be used indoors.

It was clear that some respondents felt vaping had not helped them to quit. Reasons given for not wanting to quit using vaping included that respondents did not want to switch one addiction for another, or that it did not match the experience of smoking in other forms. Others did not like the flavour or felt it did not adequately address their craving for nicotine.

Theme	Count	% of sample
Quit smoking using vaping Thirty-five said that they had successfully used vaping as a tool to quit smoking. Some said that they had found it "easier" to quit using vaping, or that they had tried using multiple methods in the past, but had not quit until they started vaping. A few emphasised that they had not started smoking again since taking up vaping. Three respondents talked about how the "hand to mouth" action of vaping had helped them to quit using a vape. Nine said that they either planned to or had quit vaping by slowly reducing the amount of nicotine in their vape, the number of puffs they took a day, or how often they bought disposable vapes.	35	43%
Vaping dependency Fourteen respondents experienced a high level of dependency related to vaping. Some had used their vape as often, or more often, than when they had smoked cigarettes, or felt unable to stop vaping regularly. Five attributed their high levels of dependency on vaping to being able to vape indoors or at home. Three respondents had not wanted to use vaping as a tool to quit smoking for this reason. One had bought cigarettes to 'wean' themselves off vaping before later quitting smoking. Another felt vaping had not helped them 'at all' as they ended up both smoking and vaping.	14	17%

Unsuccessful quit attempts using vaping Nine respondents left a negative comment about quitting smoking using vaping. These comments often overlapped with comments about high levels of dependency on vaping. Of these, seven were current smokers. Comments from these respondents included that they did not want to "swap" one addiction for another, they did not like the flavour of vapes, or that vapes did not give them the same 'hit' as a cigarette. One felt vaping had given them sinusitis.	9	11%
Other vape impacts Three comments negatively referenced either the environmental impact of disposable vapes or that vapes were marketed or sold to young people. Of these, two were current vapers, and one had quit both smoking and vaping.	3	4%

Quotes (Experiences of vaping)

"I smoke approximately 50g of rolling tobacco per week without filters. I have tried previously to stop with little success. I am considering stopping this year but do not wish to use vaping. Tried using vape but was unsuccessful as there was no end to the vape and increased my nicotine intake." (Male, 45 – 54, Asian British)

'I smoked 20 a day for nearly 30 years and although I tried to give up for my health, I actually enjoyed smoking…. By using the vape and gradually being able to reduce the nicotine strength without the harmful chemicals in tobacco I have managed a lot easier, and it has helped when I'm stressed. I used vaping as a way to give up smoking. I have tried several times in the past to quit and failed. I tried tablets, patches and many other methods and nothing worked. I made the decision to try again, and my daughter bought me a vape. That was two years ago and I haven't touched a cigarette since.' (Female, 45 -54, White British, long-term health condition)

'I have been smoking cigarettes since I was 16 years of age. I have tried unsuccessfully to give up



A total of 35 of 60 respondents said vaping helped them to quit smoking.

For some who had tried to quit smoking previously, vaping had been the only tool that had helped them to successfully stop. However, not everyone had a positive view about vaping. Some felt it had intensified behaviours associated with their addiction, whilst others did not feel it matched their experience of smoking.

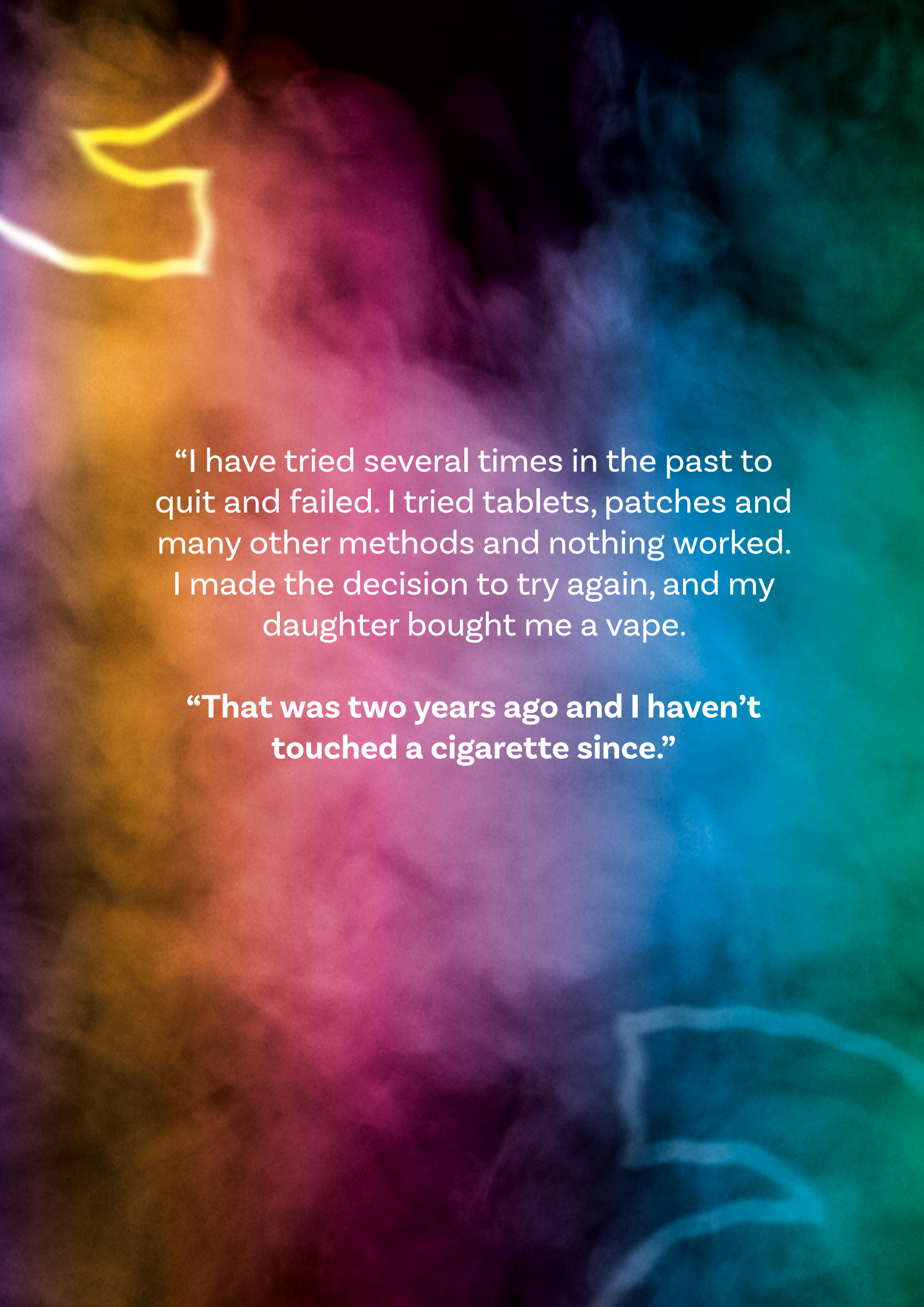
smoking many times. I would prefer not to smoke but I do enjoy cigarettes at certain times. I have tried vaping but felt that it did not give me the same hit of nicotine that my body seems to crave. I also feel that swapping cigarettes for vaping is just one addition swapped for another so I don't see the point in it.' (Female, 55 – 64, White British)

'It now appears that there is so much commercial pressure marketing vaping (similar to the energy drinks) aimed at young people and positioned near the High Schools…. We do not know the health risks on young people from vaping. The young people hold their vapes, similar to how they guard their phones." (Female, 55 – 64)

"I have now given up all products and I am completely nicotine free. But I do feel very strongly about how vaping is no better than smoking, and how addictive it is. I used cigarettes when I was upset and stressed about a situation, but always managed to give up when things had calmed down. The last time I was going through a difficult situation I decided to vape instead. As I didn't smell of smoke and vapes tasted nice. This was so misleading. I ended up vaping constantly, whereas when I used cigarettes, I went outside and didn't smoke as much as I ended up vaping. The withdrawal of giving up vaping was awful as I had got well and truly hooked on the vape, so much so I weaned myself off vaping by buying a packet of cigarettes as I wasn't going to smoke them like I vape." (Female 55 – 64)

"I began vaping after giving up smoking socially. Because a vape lasts longer than a social event I found myself reaching for it more and gradually using it habitually at home. I really enjoy vaping, it makes me feel relaxed and I like the flavours. After trying several different brands I've now been settled with one brand and flavour for around a year, I don't enjoy others anymore. I did successfully give up for a couple of months but ended up caving after a stressful day at work. I think about giving up as winter coughs make vaping less enjoyable, plus it is an extra expense I could do without. It's also so convenient to vape indoors (which I would never do with a cigarette) so it's easy to become addicted. However this constant vaping makes my addiction much more obvious to me when I'm at work as I obviously can't reach for it throughout the day. I would like to give up but I know it will be difficult. I also worry about putting on weight if I give up vaping." (Female, 25 - 34, White British, diagnosed mental health difficulty)

"Started smoking a long time ago, and I'd tried many different ways to quit. But nothing ever worked. When the disposable vapes became available I decided to give them a try, after a couple of months I gave up the rolling tobacco and was having my nicotine through the vape and was able to lower the dose from 20% to 10%. I then decided to switch to the reusable where I could cut my nicotine down to 0% taking myself off the nicotine and deal with the withdrawals by still having the hand to mouth action. I have been on zero nicotine now for three months, and soon feel ready to try and cut down on my vape, before taking it away completely. Using the vapes improved my health, stopped my coughing, stopped the yellowing of fingers and teeth and has been the best way for me to give up smoking." (Anonymous)



“I have tried several times in the past to quit and failed. I tried tablets, patches and many other methods and nothing worked. I made the decision to try again, and my daughter bought me a vape.

“That was two years ago and I haven’t touched a cigarette since.”

Health impact

The impact of smoking and vaping on health was a key theme across both the sign-up form and the interviews. Broadly, respondents were aware of the health impacts of smoking, and nearly two-thirds wanted to quit or had quit for health reasons.

Some expressed concern about the potential health impacts of vaping, whilst others were positive about health benefits they had noted since switching to using vapes. A small number said smoking or vaping helped them to manage their weight.

Theme	Count	% of sample
Quit or wanted to quit smoking for health reasons Twenty-nine respondents said that they had already quit or wanted to quit smoking for health reasons. These ranged from generally wanting to be fitter, experiencing chest pains or breathlessness, to developing illnesses potentially linked to smoking like cancer, COPD, or cerebral haemorrhage. Some had quit while they were in hospital or recovering from potentially unrelated illnesses like tonsillitis. Three said that they wanted to quit smoking after a family member became ill or died from a smoking related illness.	29	35%
Concerns about the health impacts of vapes Seven respondents said that they were concerned about the potential long-term health impacts of vaping. Three said that they wanted to give up vaping for their 'health' generally. One respondent who smoked said that they did not trust vapes 'on a health basis'. Another, who had since given up smoking, said that they had stopped vaping after hearing about 'popcorn lung'.	7	9%
Positive about the health impact of vaping Six thought that vaping was a healthier alternative to smoking, or had moved to vaping from smoking for health reasons. All of these had successfully quit smoking. Three of these said they would not consider also giving up vaping.	6	7%
Smoking – smell, dental or hygiene Six respondents who had quit smoking said that the smell of smoke on clothes, hair or breath, or the impact on their appearance, such as yellow teeth or fingers was an influence on them wanting to give up.	6	7%

Smoking or vaping to manage weight A small number of respondents talked about smoking or vaping to control their weight. Three were female, and one did not give a gender. One said smoking helped them to lose 'three and a half stone', and another said they were 'prioritising losing weight' and did not feel they could also give up smoking. One had quit smoking, but said it had 'kept their appetite and weight down'. Finally, one said that they worried about 'putting on weight if I give up vaping'.	4	5%

Quotes (Health impact)

"I smoke around 8-12 cigarettes a day... I would like to give up but do not feel it would be beneficial to replace this with vaping, I would like to give up altogether. However, I am prioritising losing weight and increasing exercise due to a back injury, and don't feel I could do both. [I] don't feel I could give up smoking first due to weight gain from giving up." (Female, 25 - 34)

"Stopped smoking because it was affecting my lungs too much. I felt when I work out that I was getting out of breath too quickly so switched to vaping and feel better for that." (Male, 18 - 24, White British)

"I used to smoke heavily, until a cancer diagnosis, I switched to vaping just under a year ago. I am content with switching from smoking to vaping at this time, but further along I intend to give up vaping, although if I can't, I will not be too hard on myself." (Male, 55 - 64, diagnosed mental health difficulty, long-term health condition)

"I started smoking when I was ten years old, (1959) I always enjoyed smoking, in the 70's I was smoking 60 a day for a short time but the cost cut me down to 20... I was diagnosed with Emphysema (COPD) a few years ago but still smoked. In June 2022 I had major surgery and was unable to smoke whilst in hospital, when I was released, I never started smoking again... I didn't use any assistance to stop, it just happened. I didn't really want to stop but after leaving hospital, I just didn't start again." (Male, 65 - 74, long-term health condition, physical disability)

"I have smoked occasionally since I was a student, but have only become a regular smoker in the last 10 years. I consume about a packet of tobacco a week (maybe 10 roll-ups a day), though this fluctuates. I enjoy it but certainly am in no doubt about its dangers and would prefer to stop. It compartmentalises the day, and I enjoy the solitude, the break from routine I (it's gone from social smoker to antisocial smoker!). I know how bad it is for my health. I have wheezy days. I play sport (golf, cricket) and I used to cycle a lot. I'm not sure I would be able to cope with strenuous cardiovascular exercise now. That should make me give up but hasn't (yet)." (Male, 55 - 64)

Social Influences

Respondents talked about a diverse range of social influences on their smoking behaviour. Social influences like family, friends and colleagues could provide a reason to start or continue smoking, but they had also been a motivation to quit for some.

Key life events such as pregnancy have provided an opportunity to quit, however some respondents went back to smoking after their baby had been born. It is notable that over a quarter of the whole sample had started smoking before age 19.

Theme	Count	% of sample
Smoking from a young age Twenty-two respondents had started smoking when they were a teenager or even younger. The earliest a respondent had started smoking was at age ten in 1959. Most who said they had started smoking at a young age did not directly refer to social pressure or influences on them starting smoking. Two said that they were influenced by their family, and two said that they were influenced by their friends. One said that they started when they joined the Army at 18 and smoked for 25 years (they were now over 75).	22	27%
Social opportunities to smoke Nine respondents linked their smoking behaviour to social situations. Two said they were 'social smokers' and one only smoked with their 'friends and peers'. Two said smoking gave them an opportunity to leave the office with work mates for a while to smoke. Two mentioned smoking in pubs, one saying they had started smoking at the pub with friends, and another who said that they enjoyed the social interactions with other smokers outside pubs. Two respondents said they had quit smoking, but started again after drinking alcohol.	9	11%
Family and friends influence on quitting Eight respondents said their family or friends were an influence on them wanting to give up smoking. Six had quit smoking, four of whom said they did not want to smoke near their child or grandchildren. One said that their son had 'begged them to quit' after they developed COPD.	8	10%

Of the two who were still smokers, one said their family had encouraged them to quit, but that smoking gave them 'peace of mind', and another had given up while sharing a house with a non-smoker, but later started again.	8	10%
Smoking and pregnancy Five women left a comment about smoking and maternity. Of these, three had quit smoking. • One had stopped smoking when they were pregnant, but had started again when she had severe postnatal depression. She stopped smoking when her daughter was ten. • One respondent was currently pregnant with her third child and was 'hoping not to start again'. She had given up smoking when pregnant to protect her children's health and felt morning sickness had motivated her to quit. • One said she had smoked for 18 years, before moving on to vaping with help from OneLife Suffolk when she was pregnant with her daughter. Two respondents referencing maternity were current smokers. • One had given up whilst pregnant but started smoking again when her son's father left. When her son was small, she used smoking as a chance to have five minutes for herself. • One respondent had stopped smoking whilst pregnant, but had started again after her child's birth. No respondents had smoked during their pregnancy.	5	6%

Quotes (Social influences)

"A disgusting habit that I picked up when I was younger and wanted to join in with peer group." (Male, 55 - 64)

"I smoke because it gives me peace of mind, I tend to smoke anytime I am stressed, afraid, or depressed and smoke about five to eight cigarettes every day. I thought of stopping smoking because my family didn't like my smoking lifestyle and always encouraged me to stop, and in the process of stopping I have tried different processes including patches and gum to reduce my smoking." (Male, 25 - 34, Black or Black British)

"I smoke around eight to twelve cigarettes a day, I have smoked since I was around 15 and am now 34. I did give up when pregnant but circumstances around my son's father (cheating and leaving me with a small baby) led me back to smoking. I used to find when my son was smaller it was an excuse to have five minutes to myself away from him. I gave up for eight months using Champix but went on a hen party and started smoking when drinking and continued from there... I would like to give up but do not

feel it would be beneficial to replace this with vaping, I would like to give up altogether." (Female, 25 - 34)

"I used to smoke 20 [a day], first one before breakfast. It was a habit, also a treat, a break, something just for myself, also sociable - going for a cig with work mates meant leaving the office for a while. It kept my appetite low and my weight down. I started smoking when I was a teenager, it was seen as being cool and belonging. I tried to stop dozens of times, but finally did when my child was two years old and I did not want him to see me smoking. I tried gum and patches (not ladylike, got rash from the patches), finally found lozenges, used them for at least a year, gradually decreasing the dose until I forgot them."
(Female, 55 - 64, White, long-term health condition)



Nine respondents commented that social events or spending time with friends had contributed to their smoking behaviours.

"My husband smoked. I had a joint at a friend's party in mid-90's and got hooked on the nicotine from that. Smoking was more common at work and just got caught up with the cig break gang. I smoked about ten a day. I gave up when pregnant but had severe postnatal depression and started again. I hid it from most people as ashamed and did not smoke near child. I managed to stop when she was ten using willpower and patches. Husband stopped same time." (Female, 45 – 54, White British, long-term health condition)

‘I have smoked on and off since I was 12 (giving up during all three of my pregnancies and after my dad died of lung cancer, but starting again around a year or two later). I am currently pregnant with my third child and have given up for eight months so far. Hoping not to start again. I always give up when pregnant because I worry about the health of my babies. I have suffered every time with morning sickness, so it is much easier to just quit, as smoking would make this worse/cause me to be sick.

It is much more difficult trying to quit for me when not pregnant. Also, the use of alcohol would always mean I smoked more, so not being able to drink also helps me to not smoke... **Being pregnant for a third time has given me an easy way to stop again and I have never felt better.”**

Cost of smoking and vaping

Cost was a smaller theme in the responses. Other factors, like health, appeared to be a more common influence on respondents smoking behaviour. However, for some, cost was a key driver in their decision or desire to quit smoking.

Theme	Count	% of sample
Smoking cost Eight respondents said the cost of smoking had been a motivation to quit. Seven had successfully given up smoking, five of whom now vaped instead. Comments about cost were often part of a longer answer. *"[Smoking] was financial cripplingly expensive." (Female, 55 - 64, White British)* *"The amount I was spending on cigarettes and tobacco was insane." (Female, 25 - 34)* One respondent said that cost was the main motivator for them to want to quit smoking. *"If I am completely honest, my main motivation for stopping would be financial, as it is very expensive, and it's a complete waste." (Female, 35 - 44)*	8	10%
Cost of vaping All four respondents who mentioned the cost of vaping had quit smoking. One respondent had quit smoking using vaping because they 'thought it would be healthier and cheaper'. One said they would struggle to quit vaping, but they were 'not so bothered as it doesn't cost me a fortune'. Two respondents, both of whom had quit smoking, said they found vaping expensive.	4	5%

Quotes (Cost of smoking and vaping)

"[Vaping] doesn't have the same negatives as smoking did for me - it stinks, smoky home, yellow fingers etc. But it IS expensive and not really something I can afford to be honest. But for now, I shall continue to enjoy it, and if something changes, I know I can stop." (Female, 45 - 54, White British, long-term health condition)

"I began vaping and immediately stopped smoking cigarettes. Whilst I am still addicted to nicotine and vape more than I would like, I am still happy not to be smoking for the health (hopefully) and financial benefits... I tried everything to give up cigarettes and vaping helped me. I would struggle quitting vapes but I am not so bothered as it doesn't cost me a fortune and I do feel it is less impactful on my health."

(Male, 45 – 54, White British)

"I am currently on a 9000 puff vape which roughly lasts eight days. I worry about my health, and it is also expensive so that impacts on my life. I stopped smoking cigarettes as it was too expensive and it was making me cough, then I used rolling tobacco for a short time whilst trying to get onto vapes. I tried a few reusables, but it was too hard so stuck to tobacco but then tried a higher nicotine disposable and that worked. It took me about three months all in all to get to vapes." (Female, 35 – 44, White British, diagnosed mental health difficulty, long-term health condition)

"I used to smoke 30 a day but could no longer afford it so I've now been vaping for four months'."(Female, 45 – 54, White British, diagnosed mental health difficulty, long-term health condition, physical disability)

"'My clothes smelt, my hair smelt, my breath smelt, my skin was bad and the amount I was spending on cigarettes and tobacco was insane. I needed to do something about it and although I knew I wouldn't be able to quit cold turkey, I started to replace smoking with vaping. Initially I was vaping as much as I was smoking, using one disposable vape a day. But now although I'm still vaping, one vape is lasting me two to three days a time. My plan eventually is to cut it out completely." (Female, 25 - 34)



"I did not have enough money to eat and smoke, so I stopped smoking. The final straw for me was getting my bank card eaten by the ATM on my way home from uni at Christmas. My friend had to buy me some food and I felt so awful and annoyed at my life choices. I had bought a new packet of cigarettes and then threw them away that night. I had to completely change my mindset."

(Female, 45 – 54, White British)

Nicotine Replacement Therapy [NRT] and stop smoking services

Respondent's comments about nicotine replacement therapy (NRT) in the sign-up form were mostly negative. A few had found these helpful in making a successful quit attempt. There were relatively few comments about using healthcare or other services to support a quit attempt.

Theme	Count	% of sample
Unsuccessful quit attempts Ten respondents made negative comments about NRT or said that using NRT had not helped them to quit smoking. These respondents most often said NRT was not 'effective', had not worked for them, or that they had not been successful in a quit attempt using NRT. Often, respondents had tried multiple forms of NRT. Six were current smokers who said that they had been unsuccessful in quit attempts using NRT. Four had successfully quit smoking, and all were now using vapes.	10	12%
Successful quit attempts Three respondents said NRT had helped them to quit smoking, one quit using gum, one patches, and one lozenges. However, two of these also referenced not wanting to smoke around their children.	3	5%
Stop smoking services Relatively few respondents had accessed support from a healthcare or other service for support to stop smoking. One had accessed a few services over several years, but not successfully quit. Another, noted in the maternity section above, had moved to vaping whilst pregnant with support from OneLife Suffolk. One current smoker said they had 'asked for help from the smoking cessation service' but had been 'waiting for a year for a response'. One respondent was recommended a vape and medication by their GP, but found these made them unwell. One had quit using "Habit Breakers" in 1987.	5	6%

Quotes (Stop smoking support and NRT)

"I used vaping as a way to give up smoking. I have tried several times in the past to quit and failed. I tried tablets, patches and many other methods and nothing worked." (Female, 45 - 54, White British)

"I have been smoking cigarettes since I was 16 years of age. I have tried unsuccessfully to give up smoking many times.... I absolutely understand that smoking is an addiction and that it is bad for my health. I have COPD probably caused by smoking. I have used chewing gum, inhalers, medication

patches and simple will power to try to give up smoking. I have found none of these to be effective." (Female, 55 - 64, White British, long-term health condition)

"I tried to stop dozens of times, finally did when my child was two years old and I did not want him to see me smoking. I tried gum and patches (not ladylike, got rash from the patches), finally found lozenges, used them for at least a year gradually decreasing the dose until I forgot them." (Female, 55 - 64, White, long-term health condition)

"I have smoked since I was about 19 (currently 38) and despite being aware of all the health harms as well as the amount of money wasted on it, it's a habit I find hard to kick because I enjoy it so much. When I smoke, I have five minutes to myself relaxation/thinking time... I can't get on with e-cigarettes, they don't give the same 'hit' so I always end up going back to actual cigarettes... and once for a couple of months after I read a book about quitting. On those quit attempts I've used NHS apps to support me and they were helpful. I was once under Live Well Suffolk for a quit attempt and was given Champix but that affected my mental health a lot so I stopped (it worked wonders on not wanting to smoke though!)." (Female, 35 - 44)

"I have tried to give up using a vape and having medication from the GP. Unfortunately, vaping caused me to have sinusitis and the medication made me feel sick and slightly depressed." (Female, 65 - 74, White British)

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This report has been created by Knowing Works CIC to shape and influence standards of services and care, and to support delivery of the Healthwatch service in Suffolk.

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