Southampton Tobacco Dependency Needs Assessment

Report by Healthy Dialogues

January 2025

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Executive summary

Introduction

Tobacco use, including smoking and smokeless forms, can lead to dependency due to nicotine, an addictive substance. This dependency is a significant public health concern, linked to numerous preventable diseases and mental health conditions. In England in 2023, 11.6% of adults smoke,[1] contributing to 1 in 6 deaths annually.[2] Reducing or quitting tobacco use can significantly lower health risks, but quitting remains challenging without support.

The Southampton Tobacco Dependency Needs Assessment, conducted by Healthy Dialogues for the Southampton City Council's Public Health team, aims to understand the unmet needs of people who smoke in Southampton and identify barriers and enablers to quitting. This assessment will inform strategies to enhance support for tobacco dependency and improve public health outcomes.

National and local context

National and local policies, strategies, and guidance highlight the importance of creating a smokefree generation, increasing funding for stop smoking services, and ensuring support for high-risk groups. Local support in Southampton includes services like the Tobacco Dependency Team and Southampton Smokefree Solutions, providing assessments, 1:1 support, and training for smoking cessation.

Demography

The Chief Medical Officer reported in 2012 that 90% of people who smoke in the UK, started to smoke when they are 10-20 years old.[3] Southampton's population was estimated to be 266,324 in 2024,[4] with significant deprivation and diverse ethnic groups. Smoking prevalence is high at 14.2% among the general population and is higher among certain groups, which include people in routine and manual occupations, those living in council housing, and people with mental health conditions.

Methodology

The Southampton Tobacco Dependency Needs Assessment drew on multiple data sources to understand the local context of tobacco dependency including:

- **Desk-based research and data collection:** Reviewed national and local policies, guidance, and services.
- **Stakeholder engagement:** Conducted interviews and focus groups with 60 key stakeholders across Southampton.
- **Community survey:** Promoted through council newsletters, local organisations, and social media.

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[1] DHSC. (2024). Fingertips. https://fingertips.phe.org.uk/
[2] NHS England (2024). Statistics on Public Health, England 2023. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/part-2-mortality
[3] CMO Report, 2012. Chapter 8 – Life stage: Adolescence
[4] Hampshire County Council (2023). Population estimates and forecast. https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts

- **Targeted engagement:** Further engagement with high-need groups, identified through desk-based research and local knowledge, included people with mental health conditions, people from ethnic minority groups, people who are neurodivergent, pregnant people, and people experiencing homelessness. This engagement was carried out via interviews, focus groups and a poll.

Findings were mapped to the COM-B model[5], a behaviour change theory that explains our ability to change our behaviour depends on our capability, opportunity, and motivation. This model can be used to identify areas for intervention to prevent, reduce, and stop tobacco use.

Additionally, recent literature on effective approaches to tobacco dependency cessation was reviewed and mapped to the Theoretical Domains Framework[6] to guide recommendations that accompany this report. The recommendations will be considered separately by Southampton City Council, considering the latest policy and financial context.

Stakeholder insights

Professional stakeholders who contributed to this research felt positively about the support available for tobacco dependency in Southampton. Particularly the training provided and responsiveness by Southampton Smokefree Solutions. However, there is a need for better communication about available services and more accessible support options. They suggested improvements including drop-in services, mobile units, and support outside of work hours.

Community survey

The community survey received 127 responses from residents of Southampton, with over a quarter (27%) being people who currently smoke. Findings from this show that respondents considered the primary reasons for smoking to be stress and enjoyment, with addiction, stress and lack of support being key barriers to quitting. Nicotine replacement therapy (NRT) was the most common cessation aid, with nearly half (46%) of people who smoke having received help, mostly from GPs and pharmacies. Respondents emphasised the need for regular, non-judgmental support, mental health understanding, and personalised advice.

Insights from seldom heard groups

Key findings from targeted engagement with high-need groups and the stakeholders who work with people from these groups are outlined below.

People with severe or complex mental health conditions: Smoking is often a coping mechanism and stopping smoking is not seen as a priority for many. Individually tailored behavioural interventions are more effective for this group.

Ethnic minority groups: Smoking is normalised in some communities, and some expressed that they smoke to cope with difficult emotions, such as stress. There may be a language barrier that prevents some groups accessing support, while some may feel suspicious of council-funded services. Stop smoking services should be culturally tailored.

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[5] Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908- 6-42?report=reader

[6] Atkins, L., Francis, J., Islam, R., O'Connor, D., Patey, A., Ivers, N., ... & Michie, S. (2017). A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. *Implementation science*, *12*, 1-18.

Neurodiverse individuals: People who identify as neurodiverse suggested that smoking is often used as a coping mechanism, a form of stimming, or a social tool, with some struggling to quit due to routine and sensory factors. They highlighted gaps in smoking cessation support, preferring practical toolkits, peer-led education, and alternative aids, while expressing distrust of vapes and a need for tailored interventions.

Pregnant people: Pregnant people smoke due to stress, social pressure, and family influence, with stigma and cultural taboos posing barriers to quitting. Support from midwives is valued, but improved awareness, family-inclusive programmes, and tailored resources for ethnic minorities are recommended.

People experiencing homelessness: People experiencing homelessness commonly use tobacco products to cope with stress, mental health challenges, and peer pressure, with smoking often not being a priority to quit. Access to free, community-based cessation support, such as Southampton Smokefree Solutions, is valued, particularly incentives like free vaping products, but expanding regular outreach across multiple locations is recommended for continuity.

Behavioural insights literature review

Drawing on behaviour science research, effective approaches to smoking cessation include digital interventions, peer/social support, and financial incentives. Current stop smoking support in primary care and by stop smoking services is effective. Campaigns should target social norms around smoking to discourage the behaviour.

Chapter 1: Introduction

Tobacco use is a habitual use of products using the tobacco plant leaf, which can include smoking cigarettes, pipes and/or cigars, as well as smokeless tobacco in which tobacco is sniffed, sucked or chewed.[7] These products contain nicotine, which is an addictive substance, causing some individuals to become dependent on tobacco products.[8]

Tobacco dependency is linked to an increased risk of preventable diseases such as cardiovascular and respiratory diseases and many forms of cancer, and is the leading cause of preventable deaths globally, with over 8 million people dying every year from tobacco use and approximately 1.2 million deaths resulting from second-hand smoke.[9] In England, 11.6% of adults currently smoke,[10] with an estimated 1 in 6 deaths being linked to smoking every year,[11] making it a key public health issue across the country. Tobacco use can also negatively impact psychological health. For example, smoking is associated with poorer wellbeing and coping skills.[12] Furthermore, research has found that smoking may lead to the development of anxiety and depression.[13]

Positively, reducing, or completely stopping, tobacco use can reduce the risks attached. It has been found that reducing or quitting smoking may lower the risk of developing lung cancer.[14] Furthermore, smoking cessation appears to reduce the risk of cardiovascular disease,[15] and can improve respiratory function.[16] Additionally, quitting smoking can improve mental health. It has been found that smoking cessation can improve symptoms of depression,[17] as well as anxiety, stress and quality of life.[18]

Many people who use tobacco struggle to quit. In fact, it is estimated that only 3-4% of people who attempt to quit smoking by themselves succeed, although those who use stop smoking services in England are three times more successful, with 9% succeeding in

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[7] Al-Ibrahim, M. S., & Gross, J. Y. (1990). Tobacco use. *Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition*.
[8] Benowitz, N. L. (2010). Nicotine addiction. *New England Journal of Medicine*, *362*(24), 2295-2303.
[9] World Health Organization. Tobacco. https://www.who.int/health-topics/tobacco#tab=tab_1
[10] DHSC. (2024). Fingertips. https://fingertips.phe.org.uk/
[11] NHS England (2024). Statistics on Public Health, England 2023. https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/part-2-mortality
[12] Smith, A. (2019). Smoking, wellbeing and academic attainment. *Journal of Health and Medical Sciences*, *2*(3).
[13] Fluharty, M., Taylor, A. E., Grabski, M., & Munafò, M. R. (2016). The association of cigarette smoking with depression and anxiety: a systematic review. *Nicotine & Tobacco Research*, *19*(1), 3-13.
[14] Chang, J. T., Anic, G. M., Rostron, B. L., Tanwar, M., & Chang, C. M. (2021). Cigarette smoking reduction and health risks: a systematic review and meta-analysis. *Nicotine and Tobacco Research*, *23*(4), 635-642.
[15] Gallucci, G., Tartarone, A., Lerose, R., Lalinga, A. V., & Capobianco, A. M. (2020). Cardiovascular risk of smoking and benefits of smoking cessation. *Journal of thoracic disease*, *12*(7), 3866.
[16] Pezzuto, A., Ricci, A., D'Ascanio, M., Moretta, A., Tonini, G., Calabrò, N., ... & Tammaro, A. (2023). Short-term benefits of smoking cessation improve respiratory function and metabolism in smokers. *International Journal of Chronic Obstructive Pulmonary Disease*, 2861-2865.
[17] Stepankova, L., Kralikova, E., Zvolska, K., Pankova, A., Ovesna, P., Blaha, M., & Brose, L. S. (2017). Depression and smoking cessation: evidence from a smoking cessation clinic with 1-year follow-up. *Annals of Behavioral Medicine*, *51*(3), 454-463.
[18] Taylor, G. M., Lindson, N., Farley, A., Leinberger-Jabari, A., Sawyer, K., te Water Naudé, R., ... & Aveyard, P. (2021). Smoking cessation for improving mental health. *Cochrane Database of Systematic Reviews*, (3).

quitting.[19] This highlights the importance of providing appropriate stop smoking support to those attempting to quit smoking.

Southampton Tobacco Dependency Needs Assessment

Between September 2024 and January 2025, Healthy Dialogues were commissioned by the Public Health team at Southampton City Council to carry out the Tobacco Dependency Needs Assessment for Southampton.

The Tobacco Dependency Needs Assessment aims to build understanding of the unmet needs of people who smoke in Southampton and identify barriers and enablers for people to stop tobacco use and access tobacco dependency support.

This needs assessment does not describe service provision in Southampton. This will be reported separately by Southampton City Council.

[19] West, R. & Papadakis, S. (2019) Stop smoking services: increased chances of quitting. London; National Centre for Smoking Cessation and Training.

Chapter 2: Methodology

This needs assessment draws on a range of data sources, the process is for this is outlined below. The process was guided by a steering group of public health leads from Southampton City Council.

Desk-based research

National and local policies, guidance and strategies were identified and summarised in chapter 3. Furthermore, national services that provide support for tobacco dependency were mapped through desk-based research.

Data was collated from nationally accessible sources such as Office for National Statistics (ONS) Census 2021[20] and Office for Health and Disparities (OHID)[21] , and locally from the Southampton Data Observatory[22] to assess local demography and health needs, which is outlined in chapter 4.

Stakeholder insights

A stakeholder mapping exercise was conducted with the steering group to identify stakeholders with knowledge, experience and insights in smoking in Southampton. We agreed with the steering group which stakeholders to prioritise for interviews and which would enable us access to people with lived experience within Southampton Communities.

We reached a total of 60 key stakeholders across Southampton in interviews, focus groups and a qualitative survey. Through this, we explored the local picture of tobacco dependency, gained an understanding of what is working well in relation to support for tobacco dependency as well as areas where there are gaps and/or the potential for improvement.

These stakeholders represented a range of organisations, including:

- Southampton Smokefree Solutions
- Sea City Primary Care Network PCN
- Bitterne PCN
- West PCN
- North PCN
- Central PCN
- Southern Health
- Southampton Voluntary Services
- Family Nurse Partnership
- Solent Medical Services (Community Wellbeing Team)
- Homeless Healthcare Team
- Communicare
- University Hospital Southampton
- Southampton ICB
- Autism Hampshire

[20] Office for National Statistics (2024). Census. https://www.ons.gov.uk/census
[21] Office for Health Improvement and Disparities (2024). Fingertips. https://fingertips.phe.org.uk/profiles
[22] Southampton Data Observatory. https://data.southampton.gov.uk/

- Southampton Autism Support Service
- No Limits
- Breakout

Findings from this engagement have been summarised in chapter 5.

Insights from people with lived experience

In-line with the specification, we sought to engage with geographical neighbourhoods, people who use adult social care or local authority housing services, each of the protected characteristics, Autistic people, people with Attention Deficit Hyperactivity Disorder and people who are neurodiverse in any other way.

Community survey

A community survey was designed in collaboration with the steering group and was disseminated across Southampton (see Appendix A). This survey gathered the views and experiences of local people in relation to tobacco dependency and the local services providing support for tobacco dependency.

The survey was approved for publication on the 11th of December 2024. It was shared through Southampton City Council's newsletters and social media. Additionally, a range of local statutory and voluntary organisations were approached to share the survey. It closed on the 18th January 2025. A total of 127 responses were received.

Findings from this are outlined in chapter 6.

In-person engagement

We carried out further engagement with groups who had been identified by the steering group as having either high or unmet needs in relation to tobacco dependency and were considered seldom heard. In-depth insights were gathered from these groups using a range of methods, including interviews, surveys and focus groups, as outlined below.

People with mental health conditions: opportunistic interviews were carried out with 12 people at a drop-in session at St Denys Activity Group and a poll was carried out through NHS Talking Therapies, reaching 144 people.

People from ethnic minority groups: opportunistic interviews and focus group were carried out with 27 people from ethnic minority groups, including refugees and asylum seekers, at Saint Mary's Church and Southampton and Winchester Visitors Group.

People who are neurodivergent: opportunistic interviews were carried out with six stakeholders and 9 people with neurodiversity. A further two people completed our survey.

Pregnant people: opportunistic interviews were carried out with 21 pregnant and recently pregnant people at baby and children's groups at Seashell, Clovelly and Pickles Coppice Family Hubs.

People experiencing homelessness: opportunistic interviews were carried out with 12 people experiencing homelessness at Patrick House Assessment Centre & Intensive Support Hostel and the Salvation Army Breakfast Morning.

These findings are outlined in Chapters 7-11.

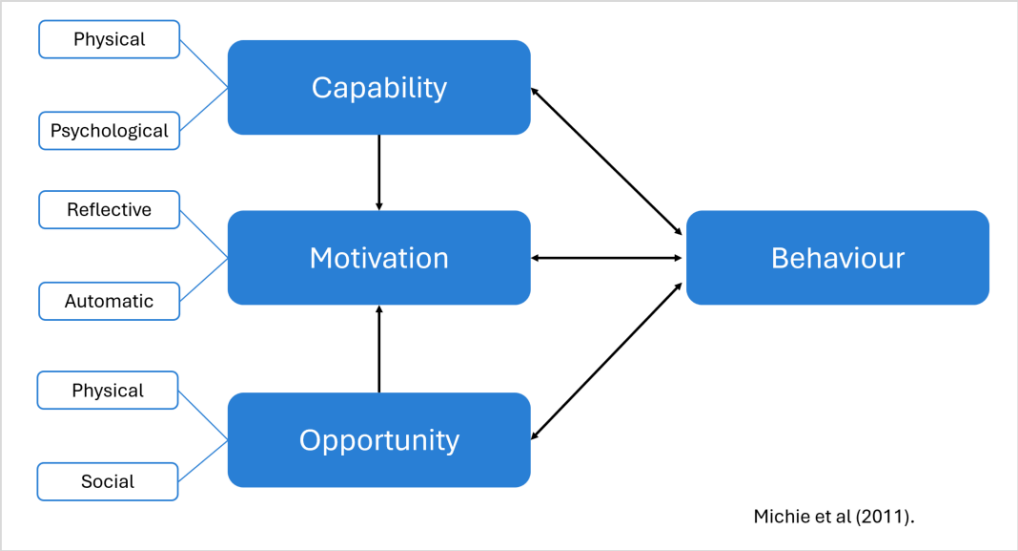
Qualitative analysis

Thematic analysis was used to analyse the findings from the stakeholder interview transcriptions, and researcher notes from the focus groups and opportunistic interviews, where recordings were not possible. A narrative summary was provided to capture the key themes and insights. Where no differences between stakeholder groups were found, they were summarised together.

Mapping to COM-B

Findings from the stakeholder and community insights were mapped to the COM-B model,[23] which explains that, for a behaviour to be carried out or changed, we need to have the capability, opportunity and motivation (figure 2.1). Using this model, we were able to identify areas to focus on for preventing, reducing and stopping tobacco use.

Figure 2.1: The COM-B model



Behavioural insights literature review

Research databases were searched to identify recent literature examining effective approaches to prevent tobacco dependency and support its cessation.

Findings from this needs assessment have been mapped to the Theoretical Domains Framework (TDF)[24], which is a framework that can be used to guide the selection of behaviour change techniques in intervention design. This is summarised in Chapter 12.

Limitations

There were several limitations to the methodology undertaken within this needs assessment:

[23] Michie, S., Van Stralen, M. M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908- 6-42?report=reader

[24] Atkins, L., Francis, J., Islam, R., O'Connor, D., Patey, A., Ivers, N., ... & Michie, S. (2017). A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. *Implementation science*, *12*, 1-18.

- There was limited time to disseminate the community survey over the Christmas period, reducing the number of responses which could be gathered.
- The limited time and professional stakeholder capacity also meant that we were not able to make contact with all the professional stakeholders we reached out to, for example all PCNs in Southampton. However, stakeholders identified by the steering group, including all PCNs were requested to participate in this research and followed up with several times.
- To ensure as many voices as possible could be included in this needs assessment, many of the interviews and focus groups were carried out opportunistically and informally, being sensitive to the needs of the groups included. This prevented us from being able to gather detailed demographic information from participants.
- Every effort was undertaken to reach people who currently or previously smoked, however due to the sensitivity of the topic, social stigma around smoking and the opportunistic nature of our engagement, we could not always verify.
- Confidentiality restrictions meant that we were not allowed to record interviews and therefore researcher notes were used.

Chapter 3: National and local context

The national and local context, including policies, strategies and guidance, around smoking and tobacco use were identified through desk-based research and have been outlined below.

Additionally, national and local support available for tobacco cessation has been identified and is outlined in the section below.

National context

Department of Health and Social Care: Stopping the start: our new plan to create a smokefree generation[25]

In October 2023, the Government released a policy paper, outlining their intentions to create a smokefree generation by:

- Preventing the uptake of smoking by making it impossible for those born on or after 1st January 2009 from legally being sold tobacco products
- Support those who already smoke to stop by providing additionally funding to the NHS and local authorities, including:
  - The provision of the Local Stop Smoking Services and Support Grant, which is a further £70 million per year for local authority-led stop smoking services and was first provided in 2024/25
  - Additional funding for national anti-smoking campaigns
  - Rolling out the 'Swap to Stop' scheme to support those who smoke to switch to vapes
  - Financial incentives for pregnant people to stop smoking
- Actions to prevent and reduce youth vaping including:
  - Reducing the attractiveness of vapes by restricting flavours, regulating packaging and point of sale displays
  - Banning disposable vapes
  - Prevention of the distribution of free vape samples to children

NHS Long-Term Plan[26]

Published in 2019, the NHS Long-Term Plan is a 10-year plan to the future of the NHS in England. For prevention and reduction of health inequalities, the NHS will:

- Offer NHS-funded tobacco treatment services to everyone admitted to hospital who smokes, adopting the Ottawa Model of Smoking Cessation[27]
- Adapt this model for pregnant people, with a new smoke-free pregnancy pathway
- Make smoking cessation support available for long-term service users of specialist mental health services and learning disability services

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[25] OHID (2023). Stopping the start: our new plan to create a smokefree generation. https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation

[26] NHS (2019). The NHS Long-Term Plan. https://www.longtermplan.nhs.uk/

[27] University of Ottawa Heart Institute (2024). Ottawa Model for Smoking Cessation. https://ottawamodel.ottawaheart.ca/

National Institute for Health and Care Excellence: Tobacco: preventing uptake, promoting quitting and treating dependence[28]

National Institute for Health and Care Excellence (NICE) guidelines provide recommendations for tobacco dependency across five areas, as outlined below.

Preventing uptake:

- Develop evidence-based local, regional and national campaigns to prevent uptake, targeted at high-risk groups
- Reduce illegal tobacco sales by providing training and guidance to retailers, identify areas where illegal tobacco sales are a problem and undertake test purchasing
- Take action in schools and other educational settings, including having a whole school smokefree policy, as well as a combination of adult and peer-led interventions in schools

Promoting quitting:

- Raising awareness about the harms of smoking and the safety and effectiveness of using medicinally licensed nicotine products to reduce or stop smoking
- Use a co-ordinated approach in communications about available stop-smoking support, including telephone helplines and tobacco control policy changes, drawing on recent evidence about the delivery of communications strategies and appropriately evaluating the approach
- Provide information and raise awareness about support for smokeless tobacco, in a culturally sensitive and accessible way

Treating tobacco dependence:

- Health and social care professionals should be taking every opportunity to ask patients about their smoking behaviours, and provide those that smoke with advice, highlighting that they should stop in a way that fits their preferences and needs
- Identify if partners of pregnant people, carers of those using acute or mental health services or anyone else who lives in the home smoke, providing information or referrals to stop-smoking support as appropriate
- Stop-smoking interventions should be available to adults who smoke, including:
  - Behavioural support (including very brief advice)
  - Medically-licensed products, including bupropion, Nicotine Replacement Therapy (NRT) and e-cigarettes
  - Allen Carr's Easyway
- Before admission into any secondary care setting, patients should be informed about their smokefree policies, offering behaviour support and stop smoking pharmacotherapies

Treating tobacco dependence in pregnant people:

- Provide carbon-monoxide testing at the first antenatal appointment and at the 36-week appointment to assess pregnant people's exposure to tobacco smoke

[28] NICE (2023). Tobacco: preventing uptake, promoting quitting and treating dependence. https://www.nice.org.uk/guidance/ng209

- Offer carbon-monoxide testing at every appointment and an opt-out referral system to stop smoking support to those with high levels of exposure to carbon monoxide and those who currently smoke or have previously smoked
- All pregnant people who have been referred for stop smoking support should be contacted to provide advice, highlighting the risks of smoking
- Vouchers can be offered to pregnant people to encourage and support them to quit

Policy, commissioning and training:

- Secondary care settings should develop a smokefree policy in collaboration with staff and service users, including support for staff and service users to stop smoking and removing designated smoking areas, which should be communicated with staff, service users and visitors
- Commissioners should prioritise at-risk groups, including pregnant people and individuals with mental health conditions
- Employers should be supported to encourage smoking cessation among staff
- Hospitals should have stop smoking support available on-site
- Stop smoking services should be monitored, with targets to treat at least 5% of those who smoke locally every year, with 35% successfully stopping smoking at 4 weeks
- All frontline staff in healthcare should be trained to deliver very brief advice and to make referrals, with further training for staff working with specific groups (e.g., people with mental health conditions)

The National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training[29] is a social enterprise dedicated to supporting effective, evidence-based tobacco control programmes and smoking cessation interventions. They provide training, assessment, and certification for NHS stop smoking service providers, as well as resources and support for local and national providers.

The NCSCT also contributes to policy development and participates in research on behavioural support for smoking cessation. Their goal is to enhance the delivery of smoking cessation services and improve public health outcomes.

National support

In line with national policies, strategies and guidelines, a range of support for tobacco dependency is available, including telephone, online and app-based support, behaviour support and NRT. Table 3.1 below outlines national support for tobacco dependency.

Some of these services are public facing universally available, while others are only available if commissioned locally and others are resources to support local service delivery.

Table 3.1: National support for tobacco dependency

Service	Description	Link
NHS Quit Smoking	NHS Quit Smoking offers a range of support to quit smoking including a mobile app, email support and a Facebook group.	https://www.nhs.uk/better-health/quit-smoking/
National Smokefree Helpline	Free helpline run by trained advisors.	

[29] https://www.ncsct.co.uk/

Swap to Stop Scheme	A national initiative encouraging individuals who smoke to swap to vapes alongside being provided with behavioural support.	
The National Centre for Smoking Cessation and Training	Provide training and best practice guidance for local stop smoking services, the NHS and the social care sector.	https://www.ncsct.co.uk/
NHS Community Pharmacy Smoking Cessation Service	NHS community pharmacies offer behavioural support for smoking cessation following discharge from hospital. There is a maximum of 12 weeks support available, including the support provided in hospital. This support includes behavioural support and NRT.	https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-community-pharmacy-smoking-cessation-service/
Allen Carr Easyway	A paid service including an online video programme, live group seminars and live 1:1 sessions to support individuals to stop smoking.	https://www.allencarr.com/

Local context

Southampton Smoking Cessation Needs Assessment: A Briefing for Public Health and Integrated Commissioning Unit, January 2020

This needs assessment identified several areas for improvement in smoking cessation services. The assessment underscored the necessity for a more targeted approach, particularly addressing groups of high needs such as pregnant people, people with mental health conditions, and residents of deprived areas. The findings highlighted the importance of personalised support and the integration of services within the community to effectively meet the specific needs of these populations.

As a result of the needs assessment Southampton moved towards a new model of delivery that included the development of a specialist stop smoking service and broader training for staff. It also included continued specialist support through pharmacy, University Hospital Southampton, maternity services, mental health/learning disability services, drug and alcohol services and primary care.

NHS Smokefree Pledge

The NHS Smokefree Pledge is a commitment from NHS organisations to support a smoke-free environment. To date, a number of Hampshire & Isle of Wight Integrated Care Board organisations have signed up to the pledge, including, Southern Health NHS Foundation Trust, University Hospital Southampton and a number of primary care networks. All Trusts have received ICB funding and are supporting inpatients to have smokefree admissions.

Southampton Health and Wellbeing Board: Health and Wellbeing Strategy 2017-2025[30]

A strategy which sets out outcomes for health and wellbeing, and how they are going to be achieved, including but not limited to:

- **People in Southampton live active, safe and independent lives and manage their own health and wellbeing:** promoting healthier lifestyles, with a focus on smoking, alcohol and substance use, physical activity and healthy weight. Ensure that information and advice are provided in a coordinated manner.
- **Inequalities in health outcomes are reduced:** reduce health inequalities through using evidence of what works and targeting advice and support to those who are most at-risk. To reduce gender inequalities in health, community-based initiatives will be employed to deliver behaviour change. Work will be undertaken with schools to improve healthy lifestyle choices.
- **Southampton is a healthy place to live and work with strong, active communities:** work with employers and employees to provide healthier workplaces and improve workplace wellbeing.
- **People in Southampton have improved health experiences as a result of high quality, integrated services:** employ a joined-up approach to integrating health and council services to improve health outcomes. Embed a prevention and early intervention approach to health and wellbeing through making every contact count.

Southampton City Council: Tobacco, Drugs and Alcohol Strategy 2023-2028[31]

Under the Local Government Declaration on Tobacco Control, Southampton City Council has a programme of commitments to reduce tobacco-related harm, including having a tobacco strategy. The local Tobacco, Drugs and Alcohol Strategy sets out a vision to:

- **Help**: by ensuring that information and services are accessible, timely, safe and effective. Health and care, as well as wider services, should routinely include discussions about tobacco, alcohol and drugs and provide a coordinated approach to ensure appropriate support is given.
- **Harm reduction:** individuals will be able to access support for tobacco dependency, alcohol and drugs, regardless of whether their goal is to be safer whilst using tobacco, reduce their smoking or stop smoking.
- **Hope:** to reduce stigma and isolation among those using tobacco, alcohol or drugs by raising the profile of those celebrating their success through treatment and recovery.
- **Health promotion and prevention:** preventing the uptake of tobacco, alcohol and drugs from childhood by highlighting their risks and promoting freedom from smoking, high-risk levels of alcohol consumption and drugs. Support will also be provided to families where there is existing tobacco, alcohol and drug use.
- **Health equality:** addressing inequalities by targeting groups who are at higher risk of tobacco, alcohol or drug use and providing accessible and culturally sensitive services, drawing on the perspectives of those with lived experience.

[30] Southampton Health and Wellbeing Board (2017). Health and Wellbeing Strategy 2017-2025. https://www.southampton.gov.uk/media/g5ipm3yf/health-and-wellbeing-strategy_tcm63-391952.pdf

[31] Southampton City Council (2023). Tobacco, Alcohol and Drugs Strategy, 2023-2028. https://www.southampton.gov.uk/media/m24dqioe/scc-tobacco-alcohol-and-drugs-strategy-2023.pdf

Local support

NICE[28] recommends that Local Authorities commission services for 5% of the estimated population who smokes. Southampton City Council mainly focusses on commissioning targeted services to reduce health inequalities. They embed tobacco dependency treatment in services where population groups in highest need already are. The Council also commissions some universal provision through pharmacies and Primary Care Networks (PCNs).

Specific support for seldom-heard groups identified in this research is presented in their chapters 7-11.

A separate report on service provision in Southampton will be provided Southampton City Council.

Summary

In 2025, tobacco dependency remains a key public health concern with a range of both national and local support available to provide tobacco cessation support.

Key points from national policies, plans and guidance around tobacco dependency include:

- Create a smokefree generation by preventing the purchasing of tobacco products by anyone born on or after 1st January 2009
- Increase funding for the NHS and local authorities to support those who smoke to stop
- Ensuring stop smoking support is offered to those admitted to hospital, pregnant people as well as long-term service users of specialist mental health services and learning disability services
- Develop evidence-based local, regional and national campaigns to prevent uptake, targeted at high-risk groups
- Increase awareness about the harms of smoking and smokeless tobacco
- Ensure communications about stop smoking support and tobacco control policies are delivered in a co-ordinated approach
- Health and social care professionals should take every opportunity to ask patients about smoking status and provide advice as appropriate, with all frontline staff being trained to deliver very brief advice and make referrals
- Ensure stop smoking interventions such as behavioural support, medically licensed products and Allen Carr's Easyway are available to adults who smoke (as outlined in the Treating Tobacco Dependency chapter of NICE guidelines, 1.12 Stop-Smoking Interventions)
- Secondary care settings should have a smokefree policy to be communicated to patients, visitors and staff

Key points from local policies, plans and guidance for tobacco dependency include:

- A targeted approach towards providing stop smoking support has been embedded within services across Southampton, including maternity, drugs and alcohol and mental health services
- The vision of the Southampton City Council: Tobacco, Drugs and Alcohol Strategy 2023-2028 includes improving help, harm reduction, hope, health promotion and prevention and health equality for stopping smoking.
- Health and care services should routinely include discussions about tobacco, alcohol and drugs, ensuring a coordinated approach to support is given
- Support should be available for tobacco dependency regardless of whether the goal is to reduce smoking or stop smoking completely
- Health and wellbeing should be promoted, with a focus on smoking and its risks
- An evidence-based approach should be taken to reducing health inequalities among those most at-risk, with advice and support targeted towards these groups
- A prevention and early intervention approach should be embedded through making every contact count

Chapter 4: Demography

The following chapter outlines the local demography of Southampton and key health needs related to tobacco dependency, drawing from nationally available data from sources such as:

- Office for National Statistics (ONS) Census 2021[20]
- Office for Health Improvement and Disparities (OHID)[21]
- Action on Smoking and Health (ASH)[32]
- Southampton Data Observatory[33]

Population size

The population of Southampton was estimated to be 266,324 people in 2024, with 81.3% of the population being aged 18-years-old or over. This is expected to grow to 284,294 by 2030, with 82.6% being aged 18 or over (Hampshire County Council Small Area Population Forecast, 2023).[34]

Deprivation

There is evidence to suggest that those from a lower socioeconomic background are more likely to use tobacco than those from higher socioeconomic backgrounds.[35] The Index of Multiple Deprivation (IMD) is a measure of relative deprivation that reflects the different aspects of deprivation experienced by individuals in a given area.

Southampton is a relatively deprived area, being ranked as the 55th most deprived local authority out of 317 local authorities in England. Furthermore, Southampton is made up of 152 lower layer super output areas (LSAOs), with 19 of these being within the 10% most deprived in England, and only 1 being within the 10% least deprived. Approximately 45% of Southampton's population (117,000 people) live in neighbourhoods within the 30% most deprived areas nationally (Ministry of Housing, Communities and Local Government, 2019).[36]

Ethnicity and language

According to the 2021 Census data, 80.7% of Southampton's population is white, which is similar to the rest of England with 81% of the population being white. The largest ethnic minority groups in Southampton are:

- Asian or Asian British (10.6%)
- Mixed ethnic groups (3.3%)

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[32] Action on Smoking and Health (2024). Tobacco and Ethnic Minorities. https://ash.org.uk/resources/view/tobacco-and-ethnic-minorities
[33] Southampton City Council (2025). Southampton Data Observatory. https://data.southampton.gov.uk/
[34] Hampshire County Council (2023). Population estimates and forecast. https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts
[35] Beard, E., Brown, J., Jackson, S. E., West, R., Kock, L., Boniface, S., & Shahab, L. (2021). Independent associations between different measures of socioeconomic position and smoking status: a cross-sectional study of adults in England. *Nicotine and Tobacco Research*, *23*(1), 107-114.
[36] Ministry of Housing, Communities and Local Government (2019). English indices of deprivation 2019. https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

- Black, Black British, Caribbean or African (3%)
- Other ethnic groups (2.3%)

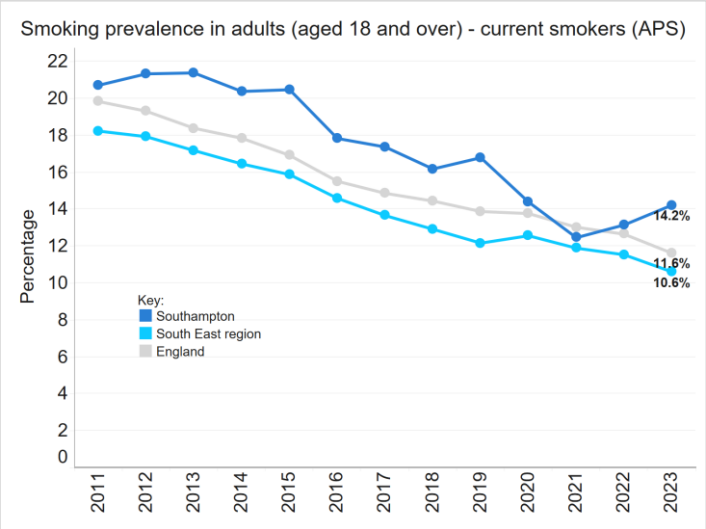
In Southampton, 84.6% consider English to be their main language. Of the people who do not consider English to be their first language, 83.4% self-report that they speak English well or very well, 14.6% report that they cannot speak English well and 2.1% report that they cannot speak English at all (2021 Census).

Nationally, in 2023, the prevalence of smoking varied between ethnic groups, with 14.9% of those from mixed, 14.6% of those from 'other' ethnic groups and 12.2% of those white ethnic groups being people who currently smoke, whilst only 6.7% of those who are Chinese, 6.6% of those from Asian ethnic groups and 5.6% of those from Black ethnic groups smoke (OHID, 2024). However, those from South Asian, Black, African and Caribbean and 'other'/mixed ethnic groups are more likely to use smokeless tobacco products and shisha than those from white ethnic groups (ASH, 2024).

Smoking and tobacco use

According to the Annual Population Survey, 14.2% of adults over the age of 18 currently smoked in 2023 (OHID, 2024). This figure is statistically similar to national figure of 11.6%. and the second highest in the region. This figure has been increasing slightly since 2021 (figure 4.1) (OHID 2025).

Figure 4.1: Smoking prevalence in adults (aged 18 and over) in Southampton, South East region and England, 2013/14-2022/23



There are groups who appear to be at a higher risk of smoking than the general population. For example, the prevalence of smoking is particularly high among individuals in routine and manual occupations. In Southampton in 2023, nearly a quarter (23.2%) of people in routine and manual occupations smoke, compared to 18.4% in the South East, and nearly a fifth (19.5%) in England (although these figures are from the Annual Population Survey where only 109 people were surveyed).

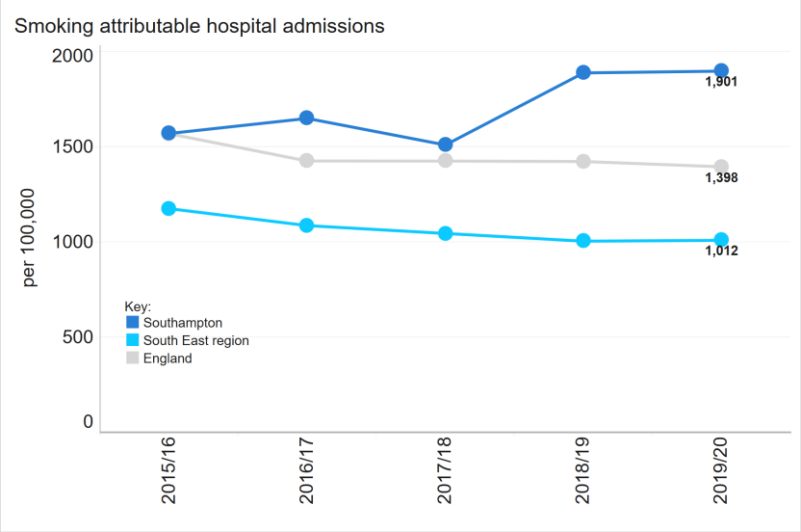
Additionally, those living in council or housing association housing were more likely to smoke than the general population in 2023, with nearly a third (31.5%) of people renting from the local authority or housing association being people who currently smoke in Southampton. This is higher than the rate for the South East, which is just over a quarter (26.3%), and for England, which is about a quarter (24.9%) (OHID, 2024).

Positively, a large proportion of people in Southampton have never smoked. In fact, nearly two thirds (64.5%) of the population in Southampton reported that they had never smoked in 2023, which is similar to the rate for the South East (62.1%) and England (63.3%). This is higher than Plymouth (54.9%) and Portsmouth (59.3%) but similar to Bristol (63.6%) (OHID, 2024).

Southampton has a high rate of successful quit attempts from service users at services providing stop smoking support. Among people who smoke, Southampton had the third highest rate in the South East region (5,788 per 100,000) of people aged 16 and above who smoke in setting a quit date in 2022/23, with the South East rate being 3,317 per 100,000. This is significantly better than the England rate of 2,998 per 100,000 (OHID, 2024). Furthermore, the rate of people who smoke who were successful in quitting at 4 weeks in 2022/23, based on self-report, was 2,388 per 100,000 in Southampton, compared to only 1,824 per 100,000 in the South East and 1,620 per 100,000 in England (OHID, 2024). For the same measure collected using carbon monoxide testing instead of self-report, the rate was 596 per 100,000 in Southampton, compared to 440 per 100,000 in the South East. This was significantly higher than the England rate of 237 per 100,000 (OHID, 2024).

The outcomes of those who smoke in Southampton are generally poor. For example, hospital admissions related to smoking are very high in Southampton, reaching 1,901 per 100,000 in 2019/20, compared to only 1,012 per 100,000 in the South East, which was significantly worse than the England rate of 1,398 per 100,000 and is increasing over time (figure 4.2). Furthermore, in 2017-19, mortality attributed to smoking reached 260.6 per 100,000 in Southampton, compared to only 170.9 per 100,000 in the South East, and was significantly worse than the England rate of 202.2 per 100,000 (OHID, 2024). These figures are likely to partly reflect that Southampton is more deprived than the England and regional average.

Figure 4.2: Smoking attributable hospital admissions in Southampton, South East region and England, 2015/16-2019/20



This trend continues when examining mortality rates from illnesses linked to smoking. In 2021-23, the mortality rate from lung cancer was 60 per 100,000 in Southampton, considerably higher than that of the South East (40.3 per 100,000) and significantly worse than England (47.5 per 100,000). Although, this is similar to Bristol (61.4 per 100,000) and Portsmouth (61.9 per 100,000) but higher than Plymouth (56.2 per 100,000).

Over the same period, the mortality rate from oral cancer was 6.5 per 100,000 in Southampton, compared to 4.8 per 100,000 in the rest of the South East and 5.2 per 100,000 in England. This is lower than Portsmouth (8.6 per 100,000) but similar to Bristol (6.5 per 100,000) and Plymouth (6.5 per 100,000).

In 2021-23, the mortality rate from chronic obstructive pulmonary disease (COPD) was the highest in the region at 67.2 per 100,000 in Southampton. This is higher than the rate of the South East (37.8 per 100,000) and significantly higher than England (43.9 per 100,000). This is also higher than Plymouth (56.4 per 100,000) and Bristol (52.5 per 100,000) but similar to Portsmouth (66.9 per 100,000).

Other tobacco products

According to ASH in 2019, 15% of males had tried smokeless tobacco products in Great Britain, compared to 11% of females. Although, only 2% of males and 1% of females had regularly used smokeless tobacco products.

Additionally, in 2023, 14% respondents in Great Britain had tried shisha, although this increases to 16% for people who used to smoke and 27% for people who smoke.

Mental health

Smoking is particularly prevalent among those with mental health conditions. In fact, in 2022/23, nearly a quarter (24%) of people with a long-term mental health condition smoke in Southampton, which is similar to the rest of the South East (23.8%) and England (25.1%). This is also similar to the rate of Portsmouth (22.2%) but lower than that of Bristol (27%) and Plymouth (29.7%) (OHID, 2024).

Neurodiversity

People with attention-deficit/hyperactivity disorder (ADHD) are at higher risk of smoking and tobacco dependency than the general population.[37] It is estimated that between 3-4% of adults in the UK have ADHD.[38]

Whilst it is not yet clear how prevalent smoking is among autistic people,[39] this population appears to be at increased risk of developing preventable diseases such as cardiovascular disease and respiratory diseases as well as premature mortality.[40] Because of this, there is a need to focus attention on the physical health of individuals with autism. It is estimated that approximately 2,088 autistic adults in Southampton in 2023, which is expected to rise to 2,247 in 2040.[41]

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[37] van Amsterdam, J., van der Velde, B., Schulte, M., & van den Brink, W. (2018). Causal factors of increased smoking in ADHD: a systematic review. *Substance use & misuse*, *53*(3), 432-445.
[38] NICE (2024). Attention deficit hyperactivity disorder. https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/
[39] Laxton, P., Healy, S., Brewer, B., & Patterson, F. (2024). Prevalence of current smoking and association with meeting 24-h movement guidelines: Results from a national convenience sample of autistic adults. *Autism*, *28*(2), 474-483.
[40] Weir, E., Allison, C., Warrier, V., & Baron-Cohen, S. (2021). Increased prevalence of non-communicable physical health conditions among autistic adults. *Autism*, *25*(3), 681-694.
[41] Institute of Public Care (2024). Projecting Older People Population Information. https://www.poppi.org.uk/

Pregnancy

Smoking during pregnancy increases the risk of both long-term and short-term health problems for the baby, including miscarriage and stillbirth, premature birth, asthma and obesity.[42] In Southampton, 14.3% pregnant people smoked at the time of booking an appointment with a midwife in 2023/24, similar to the rest of the South East (12.3%) and England (13.6%). This is similar to Portsmouth (12.2%) but higher than Bristol (9.7%). NB: there is a warning about the quality of this data due to its collection methods

This nearly halves by the time of delivery. In Southampton, 7.9% pregnant people smoked at the time of delivery in 2023/24, which is slightly higher than the rest of the South East (6.8%) and England (7.4%). Similar to Portsmouth (8.2%) and Plymouth (8%) but higher than Bristol (7%) (OHID, 2024).

Homelessness

Smoking prevalence is estimated to be between 57-82% among people who are homeless, which is substantially higher than the general population.[43] In Southampton, 2.3 per 1000 households were in temporary accommodation in 2022/23, compared to 3 per 1000 households in the South East and is significantly better than England at 4.2 per 1000 households (OHID, 2024).

However, the number of households owed a duty under the Homeless Reduction Act is higher in Southampton at 18.6 per 1000 in 2023/24, compared to 11.3 per 1000 in the South East and is significantly worse than England at 13.4 per 1000 (OHID, 2024).

[42] Avşar, T. S., McLeod, H., & Jackson, L. (2021). Health outcomes of smoking during pregnancy and the postpartum period: an umbrella review. *BMC pregnancy and childbirth*, *21*, 1-9.
[43] Soar, K., Dawkins, L., Robson, D., & Cox, S. (2020). Smoking amongst adults experiencing homelessness: a systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit. *Journal of Smoking Cessation*, *15*(2), 94-108.

Summary

This section explored the demography of Southampton and factors related to tobacco dependency. Key points from this include:

- Southampton is ranked as the 55th most deprived local authority out of 317 local authorities in England.
- The prevalence of smoking among adults over the age of 18 was higher in Southampton (14.2%) than the South East (10.6%) and England (11.6%) in 2023 (OHID, 2024).
- In 2019/20, hospital admissions related to smoking are very high in Southampton, reaching 1,901 per 100,000, compared to only 1,012 per 100,000 in the South East and 1,398 per 100,000 in England (OHID, 2024).
- In 2017-19, mortality attributed to smoking reached 260.6 per 100,000 in Southampton, compared to only 170.9 per 100,000 in the South East and 202.2 per 100,000 in England (OHID, 2024).
- In Southampton, the number of households owed a duty under the Homeless Reduction Act is high at 17.8 per 1000 in 2022/23, compared to only 10.3 per 1000 in the South East and 12.4 per 1000 in England (OHID, 2024).
- In 2022/23, nearly a quarter (24%) of people with a long-term mental health condition in Southampton smoke, which is similar to the rest of the South East (23.8%) and England (25.1%) (OHID, 2024).
- In 2023/24, 14.3% pregnant people smoked at the time of booking an appointment with a midwife in Southampton, similar to the rest of the South East (12.3%) and England (13.6%) (OHID, 2024).

Chapter 5: Stakeholder insights

Between October 2024 and January 2025, we engaged with a total of 60 stakeholders in Southampton in interviews, surveys and focus groups, including representation from:

- Southampton Smokefree Solutions
- Sea City PCN
- Bitterne PCN
- West PCN
- North PCN
- Central PCN
- Southern Health NHS Foundation Trust
- Southampton Voluntary Services
- Family Nurse Partnership
- Solent Medical Services (Community Wellbeing Team)
- Homeless Healthcare Team
- Communicare
- University Hospital Southampton
- NHS Hampshire and Isle of Wight Integrated Care Board
- Autism Hampshire
- Southampton Autism Support Service
- No Limits
- Breakout
- Change Grow Live
- St Mary's Church
- Steps to Wellbeing (NHS Talking Therapies)
- Children and Adolescent Mental Health Service
- Solent Mind

Within this engagement, insights were gathered about the local picture of tobacco dependency, the support available locally for tobacco cessation and barriers to accessing this support. These insights were collated, with key findings from this summarised below.

Key findings

Overall, key stakeholders feel positively about the support that is available for tobacco dependency in Southampton.

Local picture of tobacco dependency

- Many stakeholders believe that smoking is popular among residents in Southampton as is seen as normalised among some groups
- Most stakeholders outlined that many people who smoke find that it becomes a "habit", which can make it difficult to quit
- Many stakeholders suggested that tobacco products are used as a coping mechanism when people are experiencing stress and other difficulties
- A few stakeholders expressed that people may find it difficult to quit smoking if they are around others who smoke, as they may be made to feel 'guilty' or 'strange' for wanting to stop

- A few stakeholders outlined that some people who smoke may have stopped smoking before but experienced relapse which they may see as failure; there is a need to reframe this (e.g., they have quit before for a period of time rather than they have failed)

Areas where support for tobacco dependency is going well

- Many stakeholders outlined that support for smoking cessation in Southampton is provided within many services, including offering Nicotine Replacement Therapy and very brief advice
- Most stakeholders feel that there is good communication between services and there is a good network where professionals can seek support from one another
- Many stakeholders appreciate that there are many opportunities available to engage with individuals across a range of services with smoking cessation support being provided at many different levels
- The training provided around smoking cessation by Southampton Smokefree Solutions to organisations across Southampton is highly regarded among all stakeholders and considered 'excellent'
- A few stakeholders outlined that many services can provide flexible support, particularly for those with learning disabilities or mental health conditions who may need reasonable adjustments to a standard 7 or 8-week programme
- Many stakeholders outlined that the provision of vapes in some services seems to have been successful in supporting many people to stop smoking

Challenges related to tobacco dependence

- Many stakeholders reported that there was not one specific service or place to contact locally for smoking cessation support, which can make it difficult to know where to signpost people to and for individuals to know where they can access support
- Some stakeholders outlined that there is high staff turnover among many services, which can make it difficult to ensure all staff have received the smoking cessation training
- One stakeholder outlined that some smoking cessation roles are short-term contracts which can prevent a continuity of support being provided to service users
- A few stakeholders find that there is a lot of information that they are required to record at the beginning of their assessments, such as asking about sexual orientation, which can make it difficult to build trust
- A few stakeholders outlined that there is inconsistency in prescribing medications for stop smoking, with different areas within Southampton having their own way to do it. Additionally, sometimes certain medicinal products are available and other times they are not but communication around this can be poor which can be confusing for those providing stop smoking support
- Some stakeholders highlighted that the triage message is a 'golden' moment for PCNs to catch people, but it is not always possible to reach people during this time
- Some stakeholders outlined that many PCNs are experiencing capacity issues, with fewer members of staff with the same volume of patients

Suggested improvements

- Many stakeholders propose that having a drop-in service, mobile units or home visits could make smoking cessation support more accessible

- Furthermore, many stakeholders suggested that having more support available outside of usual work hours (evenings and weekends) would be beneficial for those who do not or cannot take time off during work hours to access support
- Some stakeholders would appreciate up-to-date information about stop smoking tools such as NRT and vaping, and stop smoking services, being communicated in a simple and accessible format
- Additionally, it was recommended by many stakeholders within the stakeholder survey that more services and resources could be made available in a variety of languages and in an accessible format for those with learning disabilities. However, they did not clarify what languages or formats were required, or whether they were aware of the existing range of resources available.

Mapping to COM-B

In stakeholder engagements, insights emerged related to all components of the COM-B model, apart from physical capability. These findings are mapped in table 5.1 below.

Table 5.1: Stakeholder insights mapped to COM-B

COM-B	Key Findings
Capability	
Psychological capability	• Many individuals do not know where to go for support to stop smoking, whilst stakeholders do not always know where to signpost for support • The smoking cessation training provided by Southampton Smokefree Solutions to professionals to deliver stop smoking support is highly regarded across Southampton • However, with high staff turnover in many services, it can be difficult to ensure that everyone has received this training
Opportunity	
Physical opportunity	• There are lots of opportunities to access stop smoking support, with many services offering NRT and very brief advice, along with the swap to stop scheme • However, it is difficult for people to know where to access this support as there is not one central place to signpost to • Increasing access to stop smoking support through drop-in services, mobile units or home visits and outside of normal working hours may be worthwhile • Provision of resources in additional languages and accessible formats may help to reduce barriers to stop smoking support and information
Social opportunity	• Tobacco use is normalised within certain groups of people or social circles, which can make it difficult to stop as people may be made to feel ‘strange’ or ‘guilty’ by others who smoke. NB: no specific group was mentioned when asked for clarification.
Motivation	
Automatic motivation	• It can be difficult for people to stop or reduce tobacco use because it is a habit but switching to a new habit of using e-cigarettes has helped many people in Southampton • Tobacco may also be used by some as a coping mechanism
Reflective motivation	• Stopping smoking is not a priority for many with other competing complex needs • It is important to catch people at the right time when they are motivated to stop (e.g., within a few days after they receive a referral to stop smoking support) • Many people experience relapse with smoking, which can make them feel as though they have failed and reduce their motivation to try again

Summary

We engaged with a total of 60 key stakeholders in Southampton to explore their views and experiences of the local picture of tobacco dependency and the services that provide stop smoking support.

Overall, stakeholders feel positively about stop smoking support in Southampton, particularly praising the training that is provided by Southampton Smokefree Solutions. Although, it is noted that it can be difficult to ensure all staff have received this training in services with high staff turnover.

Additionally, it is thought that there is a good network within Southampton, with professionals being able to seek support from one another.

Stakeholders outlined that there is a lack of knowledge among professionals and members of the community around where to go for support as they were not aware of a central point to signpost to. Therefore, it was suggested that it may be beneficial to communicate up-to-date information to professionals providing stop smoking support about guidance and services related to tobacco dependence.

Chapter 6: Community survey

A community survey was disseminated among the local population in Southampton, exploring the reasons for tobacco use and facilitators and barriers to quitting, in line with the COM-B model.[23] Additionally, this survey explores awareness and use of local services in Southampton.

The community survey was shared across many platforms including:

- **Southampton City Council:** shared the survey through Council newsletters
- **West PCN:** shared the survey through email, website and newsletter
- **Central PCN:** shared survey with patients
- **Libraries:** paper copies of survey were disseminated in libraries in Southampton
- **Southampton Voluntary Services:** agreed to share survey through emails, So:Linked, Social Prescribers Network and Healthwatch Southampton
- **Community Facebook Groups:** it was requested that community Facebook groups share the survey, including Southampton Community Group, Southampton UK Business Advertising Page and Millbrook Southampton Community Group

Additionally, a targeted approach was undertaken to reach individuals from protected characteristics groups and high or unmet needs groups, including:

- **Mental Health:** the survey was circulated to people with mental health conditions by CAMHS, Southern Health, Solent Minds and Mental Health Network
- **People who are neurodivergent:** Autism Hampshire, Southampton Autism Support Service and Southern Health agreed to share the survey through email and with informational resources in appointment. It was requested that the survey be shared on Facebook groups such as Southampton Neurodiverse Collective and Southampton ADHD Awareness Support Group
- **LGBTQ+ groups:** Breakout Youth agreed to share the survey with young people who identify as LGBTQ+ in Southampton aged 16 and above, Beyond Reflections agreed to share survey to gender-diverse people in Southampton and the survey was circulated among community Facebook groups such as Southampton LGBTQ+ Community and UK LGBTQ+
- **Pregnant people:** Family Nurse Partnership and University Hospital Southampton agreed to share survey with pregnant people through leaflets and email, and it was requested that the survey be shared on community Facebook groups including Bumps & Babies Southampton, Southampton Mums, Southampton – What's on for under 5's, Mums in Southampton, the Southampton Parenting Forum and Southampton Newbies & Toddlers
- **People from ethnic minority groups:** survey was circulated among contacts from Southampton City Council and was requested to be shared on the Romani in Southampton Anglia group on Facebook
- **People using adult social care or living in council or housing association housing:** survey was shared in council newsletters
- **People from deprived areas:** survey was shared in family hubs and libraries across Southampton

Overall, this survey received a total of 127 responses from Southampton residents. The survey respondents were distributed across Southampton, with 27% from the West, 25% from the North & Central, and 22% from the East localities, while the remainder were unspecified. A total of 23% (n=21) of respondents were from the most deprived areas (deciles 1 and 2).

The demographic breakdown showed that 57% (n=70) were female, 41% (n=51) were male, and a small percentage preferred not to disclose their gender. When asked 'Is your gender the same as the sex you were born with?' 4% stated that they preferred not to disclose, the rest said yes. In terms of age, 55% (n=68) were of working age, 44% (n=55) were aged 65 or above, and the remainder chose not to specify.

Employment status revealed that 38% (n=48) were currently working (including full-time, part-time, and self-employed), 56% (n=69) were not working (including retired, seeking employment, unable to work, or stay-at-home parents), and 5% (n=6) preferred not to state their working status. Additionally, 16% (n=19) of respondents lived in council or housing association housing.

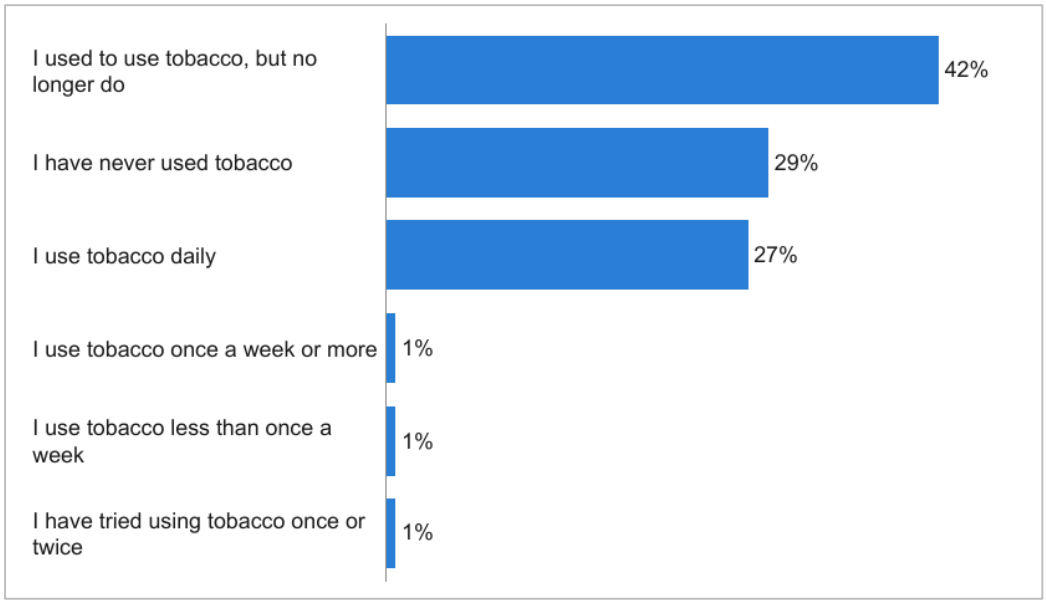
This means that survey respondents were typically as deprived (or affluent) as the city as a whole, but they were more likely to be female, older (over 65 years old), and retired. Survey respondents were about twice as likely to smoke (27%) as the estimated city average (14.2%).

Findings of community survey

Overall findings

The majority of survey respondents (42%) indicated they either used to use tobacco but no longer do or have never used tobacco (29%). Over a quarter (27%; n=34) reported using tobacco daily (figure 6.1).

Figure 6.1: Survey respondents' reported frequency of smoking



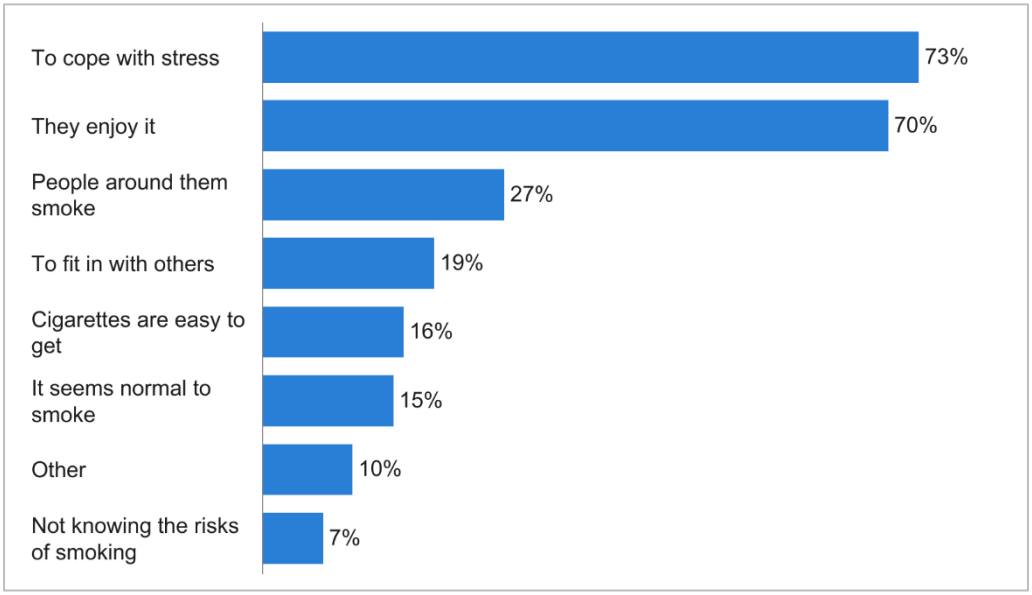
Thoughts on the reasons as to why people in Southampton smoke typically included a combination of reasons such as coping with stress, enjoyment from smoking, social norms, and to develop a sense of belonging.

The following analysis excludes those who indicate they have never used tobacco. Participants were able to select more than one response for most questions.

Both coping with stress (73%) and enjoyment (70%) were the biggest perceived reasons given for smoking. The least likely reason given was a lack of knowledge regarding the risks of smoking (7%).

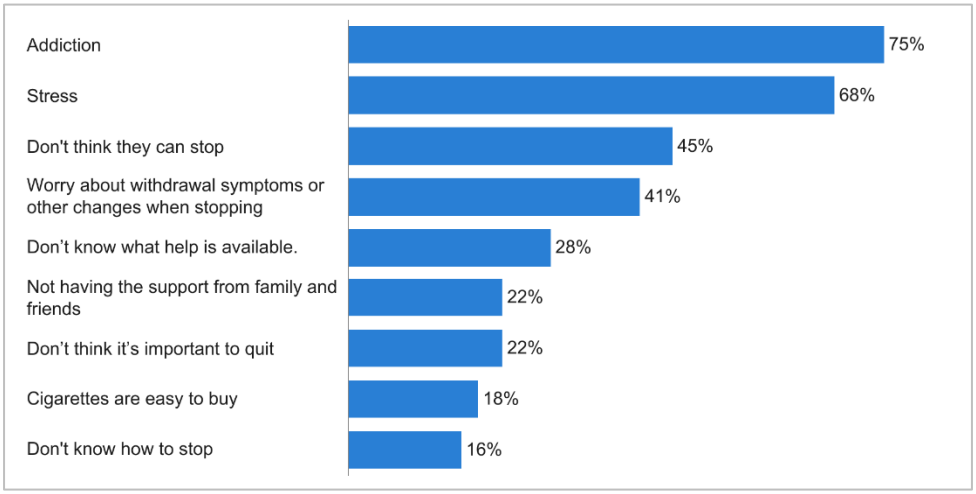
Other reasons provided included addiction, increased access to breaks during the day, mental health (figure 6.2).

Figure 6.2: Survey respondents' perceived reasons for smoking



These reasons are closely aligned with exploring what barriers can make smoking cessation harder. Acknowledging the role of nicotine, addiction was reported (75%) as the key factor that makes it harder to stop smoking. This was followed by stress (68%) and 45% of respondents they don't think they can stop (figure 6.3).

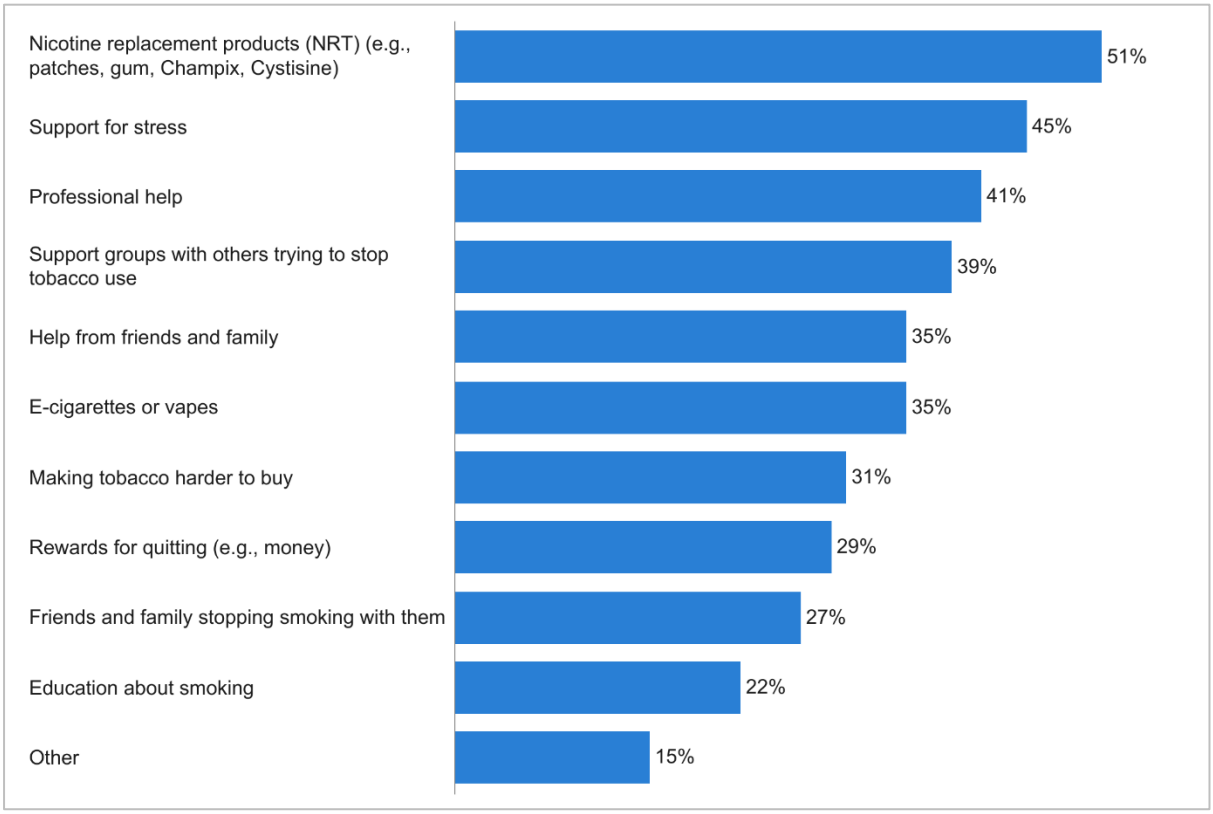
Figure 6.3: Survey respondents' perceived barriers to stopping smoking



Over half (51%) survey respondents cited NRT as being the most popular method of support, with stress (45%), support groups with others trying to quit smoking (41%) and professional help (41%) being the next most popular options for support. Interestingly, only

35% of respondents suggested e-cigarettes or vapes as being a helpful option for support to stop smoking (figure 6.4).

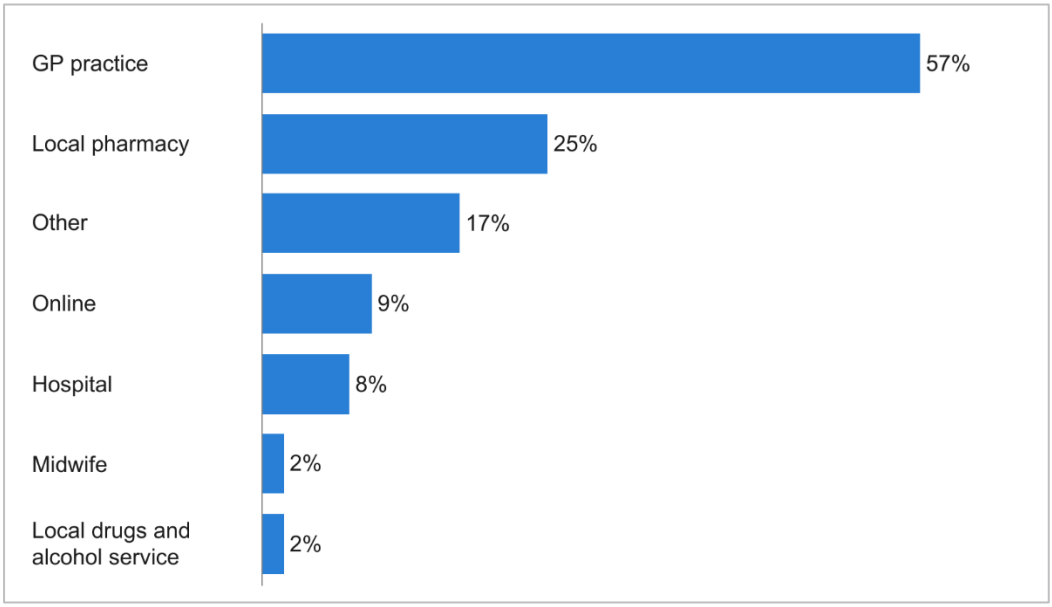
Figure 6.4: Survey respondents' perceived support options to stop smoking



Just under half of the respondents (46%) indicated that they had received support or advice to help them to stop smoking (figure 6.5).

Of the survey respondents that had received support to stop smoking, the majority had received support from a GP practice (57%), with the local pharmacy (25%) and online methods (9%) also providing sources of support (figure 6.5).

Figure 6.5: Where survey respondents have accessed stop smoking support in the past



When asking respondents what had worked well for them in terms of the support they had received to stop smoking, answers highlighted:

- The effectiveness of nicotine patches, Champix, or free products such as patches and inhalators
- Regular contact, whether through advisors, weekly sessions, or phone calls, was crucial for many, providing encouragement and accountability
- A supportive understanding of addiction and mental health, especially from skilled counsellors or smoking cessation advisors, was valuable
- Some participants appreciated structured plans, such as setting quit dates or receiving tailored advice
- Personal determination and external motivators, like health concerns, financial savings, or fear of physical consequences, played a significant role in success
- However, many faced challenges with insufficient mental health support, lack of trauma-informed approaches, or dissatisfaction with the provided aids, emphasising the need for more comprehensive, personalised support

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"Prescriptions for patches and gum + having support, via regular phone calls, from the NHS - I was very impressed with the whole setup and team. Brilliant to give up, with this help, after 55 years of smoking. I still don't think I could have done it without this fantastic support."

"The counsellor understood addiction and pooled all her knowledge plus feedback from other patients to suggest ways of getting past sticking points in quit"

"Didn't have outside help and that's why I failed to to stop smoking and my mental health was not supported either."

"The fortnightly phone calls were useful. Also Being informed, and offered on prescription, patches, inhalator etc. and other stop smoking aids."

When asked what improvements could be made to the support provided, respondents suggested:

- Better follow-up after key milestones
- More proactive and tailored approaches with a deeper understanding of addiction and individual needs, including mental health considerations, adapting to diverse needs, including autism and trauma-informed care
- Ongoing encouragement, non-judgmental communication, and practical advice for managing withdrawal and changing behaviours
- Group sessions, interactive formats, and access to additional resources such as therapy, gym passes, or vape alternatives were suggested
- Less focus on health warnings and more on strategies for quitting
- Swift access to prescriptions and extended NRT

"Ask how you've been doing, what temptations you've faced, how to overcome any smoking problems you've had. Encouragement, like 'Well done', 'keep going, you are doing well or don't stress about having that one, you can do this'.

"Majority of smokers already know its bad for them, can have multiple adverse health consequences, and costs a lot of money, therefore listening or reading this over and over again is quite frankly boring and unhelpful. Focus sessions more on strategies that could help people stop and managing withdrawal symptoms."

"More focus on the psychology behind the addiction and the reasons for the addiction."

"Offer support to help people stop vaping, once they're established on this it can be just as / more difficult to stop"

"Trauma informed approach"

When asked where they would go to access stop smoking support in the future, half (50%) would go to their GP practice, over a third (35%) would use online resources and a 28% would go to a local pharmacy (figure 6.6).

Respondents were asked if they had any further comments about smoking and the services that help people to quit, the responses reflected diverse perspectives on smoking cessation services, including:

- Many highlighted the need for tailored and accessible support, with suggestions including better assistance to quit vaping, more consistent follow-ups, and addressing the psychological aspects of addiction.

- Some respondents believe quitting depends on personal motivation and self-determination, while others emphasised the importance of group support and professional guidance.
- Criticisms were voiced about replacing one addiction with another (like vaping) and the perceived ineffectiveness of certain campaigns.
- Several respondents suggested expanding hospital-based interventions and providing a supportive community for lifestyle changes.
- Others called for less judgmental approaches, more motivation for quitting, and expanded resources for those struggling with nicotine dependency.

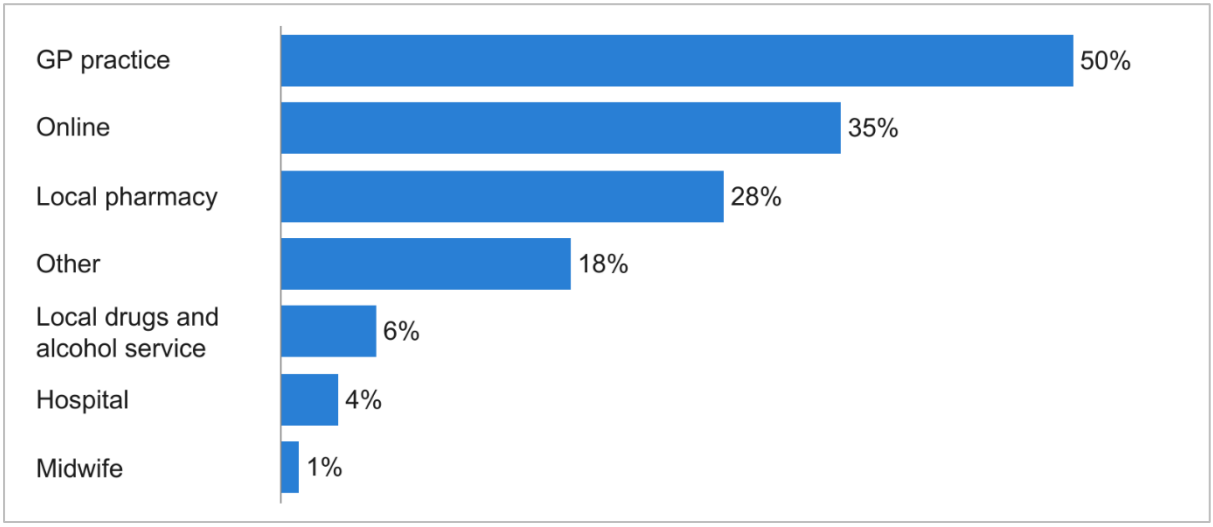
"I don't smoke but my partner does, he moved to vaping to help but is now struggling to cease vaping. While vaping is a great step to stop smoking tobacco more support to cease entirely is needed."

"I believe a person who wants to stop smoking needs the will power to do so, and if they haven't got that nothing will work."

"It would be helpful to have access to a website or something similar to get quite and see other people and professionals experience and tips"

"I smoked because I became addicted to nicotine almost immediately after I had my first cigarette. I then tried to quit for over 15 years before I finally quit for good. It can take time, and for a smoker any time away from smoking should be celebrated as a victory as it can all lay the groundwork for an eventual permanent quit. Some kind of group or community based therapy or support is essential"

Figure 6.6: Where survey respondents would access stop smoking support in the future



Differences between groups

The survey responses were explored to identify differences between groups in terms of their views on:

- Biggest reasons that people in Southampton smoke
- What makes it hard for people to stop smoking
- Support that would help people to stop smoking
- Whether they received support or advice to stop smoking

Where substantial differences were found, these are presented below.

Deprivation

The survey highlights that individuals from more deprived areas are more likely to feel that support from family and friends is essential in quitting smoking, with over half (52%) of them reporting this, compared to 39% from less deprived areas. Additionally, professional support is seen as more helpful by those in the middle deprivation deciles (42%) than those in the most deprived areas (29%).

Despite this, a higher proportion of people from the most deprived areas (57%) have received support for quitting smoking compared to those in less deprived areas (45%). The findings suggest that enhancing family support programmes, increasing access to professional help, and expanding outreach to provide equitable smoking cessation support across all levels of deprivation may be useful in supporting these communities.

Age

The majority of people in the younger age category felt that, in general, people used tobacco based products in order to cope with stress in comparison to the older age group (65 and over) who felt it was due to people enjoying it, which could reflect a more culturally accepted view of tobacco use during their earlier years, before the broader understanding of its health risks became prevalent. This contrast highlights how societal attitudes toward tobacco have evolved over time, with younger generations being more aware of its potential role in stress management and the associated health concerns.

Both age groups reported similar views on barriers to stopping smoking with the two most common reasons being reported as addiction and stress. In terms of support to stop smoking, in both groups NRT and making tobacco products harder to buy were the most popular options to help people to stop smoking.

However, there were differences between the age groups in regards to receiving support to help them stop smoking. Just over half of the people in the younger age group had received support to quit smoking compared to just over a third in the older age group. The finding indicates that younger individuals are more likely to seek or receive support to quit smoking compared to older individuals. This suggests that younger people may be more proactive in seeking help or may have greater access to smoking cessation resources. In contrast, the lower percentage of older individuals receiving support could reflect a variety of factors, such as long-standing smoking habits, less perceived need for assistance, or fewer resources tailored to their age group.

Gender

On the whole, the majority of women cited stress as being one of the main reasons for starting smoking but also a factor that makes it hard for people to stop smoking. Whereas men cited that enjoyment was one of the main reasons for starting smoking.

For both genders the majority of women cited addiction as being the main barrier to stopping smoking. In terms of support for stopping smoking differences were found, men suggested that making tobacco harder to buy would help whereas people suggested getting additional

support for stress might be more helpful, both genders agreed that nicotine replacement products would be the most helpful.

More women (58%) stated they had received support to stop smoking in comparison to men (29%), highlighting a disparity that may require targeted outreach for men.

Working situation

The majority of people in the group that were not working suggested that people enjoying smoking was the main reason for starting smoking whereas in the working group it was suggested that coping with stress was the main reason. Both groups had similar views on the factors that make it hard to stop smoking. However, there were differences in the factors suggested to help support people to stop smoking. Those in work suggested that after NRT, professional help would be next best option, whereas those not working focused more on social support either from others trying to stop tobacco use, or from friends and family.

In addition, more people in work had received support to stop smoking (54%) compared to those not in work (44%), suggesting a potential gap in accessibility or engagement for the latter group. Further data would need to be gathered but those not in work may benefit from more informal social support outreach efforts such as stopping smoking support groups.

Sexual orientation

Although numbers were small, no substantial differences were found between bisexual, gay, lesbian and heterosexual people were found in relation to views on smoking.

Housing

The majority of people in council or social housing stated that coping with stress was the main factor in both starting and maintaining smoking in comparison to those not in council or housing association housing.

In addition, differences were found in relation to methods to help support efforts to quit smoking. People in council and social housing suggested that support for stress would be the main factor in helping people to quit whereas those not in council or supported housing suggested NRT.

Lastly, nearly three quarters (74%) of people living in council and social housing who smoked had received support for quitting smoking compared to less than half (44%) of those not in council housing.

Mapping to COM-B

We explored the views and experiences of the Southampton community in line with the COM-B model. These findings are mapped in table 6.1 below.

Table 6.1: Community survey findings mapped to COM-B

COM-B	Key Findings
Capability	
Physical capability	• Addiction (75%) was the most common barrier to stopping smoking cited by respondents, highlighting the physical dependency on nicotine.
Psychological capability	• Over a third (34%) respondents indicated that a lack of knowledge regarding how to stop smoking and what support is available can be a barrier. • Nicotine replacement therapy (NRT) was identified as the most popular and effective method of support, suggesting some awareness of effective cessation

	methods. However, respondents also highlighted a need for tailored, mental health-informed support. • People appreciate structured plans and personalised support, such as setting quit dates, regular check-ins, and advice from professionals, which suggests a need for psychological capability to manage the cessation process.
Opportunity	
Physical opportunity	• There are many opportunities to access stop-smoking support in Southampton, including GP practices, pharmacies, and online resources. However, some individuals, especially those from deprived areas or those not working, find it difficult to access these services, indicating a gap in how accessible these opportunities are. • Increasing access to stop-smoking support through more informal settings, such as peer groups or outreach services, might improve opportunities for those facing barriers like time constraints or limited mobility. • The provision of support outside of working hours, through mobile units, or home visits could also improve accessibility.
Social opportunity	• Social norms play a role in smoking behaviour, with tobacco use often normalised in certain social groups, making quitting harder for some individuals. • Many respondents pointed out that social support is essential, particularly for those in deprived areas, where over half (52%) emphasised family support as critical to quitting. • Stigma or guilt associated with smoking cessation, particularly in social settings, was also an issue, as social groups may reinforce smoking habits.
Motivation	
Automatic motivation	• Smoking is often used as a coping mechanism for stress, with nearly two thirds (64%) of respondents mentioning it as a key reason for smoking. Many people find it difficult to quit due to the addictive nature of nicotine, which reinforces smoking as an automatic response. • Many participants expressed that overcoming addiction, alongside managing stress, is essential for long-term cessation.
Reflective motivation	• The survey suggests that individuals are more likely to be motivated to quit when they perceive health risks, financial savings, or other external motivators. This was reflected in the use of tailored advice and structured plans that help individuals maintain motivation through their cessation journey. • Many people reported that receiving encouragement and support at crucial stages, such as setting quit dates or after relapses, was key to sustaining their motivation to stop smoking. • Several respondents highlighted the importance of non-judgmental, compassionate communication, which helps increase motivation and confidence in the cessation process.

Summary

The survey found that most respondents (42%) either no longer use tobacco or have never used it, while 27% reported using it daily. Common reasons for smoking included stress, enjoyment, social norms, and a desire for belonging. Stress and enjoyment were the top reasons cited by 64% of respondents. Addiction was seen as the primary barrier to quitting (75%), followed by stress (60%), and lack of knowledge or support (34%).

NRT was the most common support method (52%), followed by stress management (43%) and support groups (41%). Only 29% considered e-cigarettes helpful. About 46% of people who either currently or had formerly smoked had received help, mostly from GPs (57%) and pharmacies (24%).

Respondents highlighted the importance of regular support, mental health understanding, and personalised advice for successful cessation. Suggestions for improvement included better follow-ups, more non-judgmental communication, and individualised care. Future support was expected to come primarily from GPs (52%), online resources (39%), and pharmacies (33%).
Differences in responses were noted across demographics:

- **Deprivation**: Those in more deprived areas valued family support more (52%) and were more likely to have received help (57%).
- **Age**: Younger people saw smoking as a stress response, while older people viewed it more as a source of enjoyment.
- **Gender**: Women focused more on stress as a reason for smoking and quitting, while men emphasised enjoyment. More women received support (58%) compared to men (29%).
- **Working Status**: Non-working individuals focused on social support, while working individuals preferred professional help. More working individuals had received support (54%).
- **Housing**: People in council or social housing viewed stress as the main factor in both starting and maintaining smoking, and more of them (74%) received support compared to those in private housing (44%).

Chapter 7: People with severe or complex mental health conditions

We identified several groups as having high or unmet needs in relation to tobacco dependency. The first of these groups was people with severe or complex mental health conditions. People with mental health conditions are more likely to smoke than the general population and tend to find it more difficult to quit despite having the desire to quit.[44]

In this section, we explore the national and local context related to tobacco dependency and insights gathered from key stakeholders and individuals with severe or complex mental health needs.

National and local context

In addition to the national and local context outlined in chapter 3, there are further strategies and guidelines for tobacco dependency among people with severe or complex mental health conditions, as outline below.

NHS Long-Term Plan[26]

The NHS Long-Term Plan is a 10-year plan to the future of the NHS in England. For prevention and reduction of health inequalities, the NHS will make smoking cessation support available for long-term service users of specialist mental health services and learning disability services

National Institute for Health and Care Excellence: Tobacco: preventing uptake, promoting quitting and treating dependence[28]

Provides specific recommendations for preventing and treating tobacco dependency among people with mental health conditions. This includes:

- Targeting local, regional and national campaigns at high-risk groups
- Healthcare professionals asking patients about smoking behaviours and providing advice where appropriate
- Secondary care settings should have a smokefree policy co-developed with staff and service users
- Patients should be informed about smokefree policies and offered stop smoking support before admission into a secondary care setting
- At-risk groups, including people with mental health conditions, should be prioritised by commissioners
- All frontline staff in healthcare should be trained to deliver very brief advice and to make referrals, with further training for staff working with specific groups, including people with mental health conditions

[44] Richardson, S., McNeill, A., & Brose, L. S. (2019). Smoking and quitting behaviours by mental health conditions in Great Britain (1993–2014). *Addictive behaviors*, *90*, 14-19.

Southampton City Council: Southampton Mental Health and Wellbeing Strategy[45]

The Southampton Mental Health and Wellbeing Strategy outlines the commitment to ensure that those with severe mental health conditions are enabled to improve their physical health, including tobacco dependency.

This also involves embedding Making Every Contact Count within mental health services.

Southampton City Council: Tobacco, Drugs and Alcohol Strategy 2023-2028[46]

The Tobacco, Drugs and Alcohol Strategy outlines the priority to provide support around tobacco dependency for groups with unmet needs, including those with mental health conditions and severe mental illness.

National support

Alongside national support available for smoking cessation outlined in chapter 3, there is additional support for those with mental health conditions offered in hospitals and by drug and alcohol services, as outlined in table 7.1 below.

Table 7.1: National stop smoking support for people with mental health conditions.

Service	Description	Link
NHS Standard Treatment Plan for Inpatient Tobacco Dependence in Mental Health Hospitals	Patients admitted to hospital should be assessed for smoking status and informed about smokefree policy. Those who smoke should be provided with stop smoking tools such as NRT, medication and/or e-cigarettes. They should be given automatic access to a Tobacco Dependence Advisor and a tobacco dependence treatment plan should be developed. Referral to a stop smoking service should be provided following discharge.	https://www.ncsct.co.uk/library/view/pdf/NHS-STP-MH-v4.pdf
NHS Community Pharmacy Smoking Cessation Service	NHS community pharmacies offer behavioural support for smoking cessation following discharge from hospital. There is a maximum of 12 weeks support available, including the support provided in hospital. This support includes behavioural support and NRT.	https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-community-pharmacy-smoking-cessation-service/

Stakeholder insights

We spoke to 12 people with mental health conditions as well as 19 professionals who work with people with mental health conditions to understand barriers to accessing support for tobacco dependency and approaches to overcome them. These professionals represented a range of organisations, including:

- Steps to Wellbeing (NHS Talking Therapies)
- Communicare

[45] Southampton City Council (2024). Southampton Mental Health and Wellbeing Strategy. https://www.southampton.gov.uk/council-democracy/council-and-democracy-online-documents/southampton-mental-health-and-wellbeing-strategy

[46] Southampton City Council (2023). Tobacco, Alcohol and Drugs Strategy, 2023-2028. https://www.southampton.gov.uk/media/m24dqioe/scc-tobacco-alcohol-and-drugs-strategy-2023.pdf

- Homeless Healthcare Team
- Southern Health NHS Foundation Trust
- Children and Adolescent Mental Health Service
- No Limits
- NHS Hampshire and Isle of Wight Integrated Care Board
- Solent Mind

Key findings from this include:

Why do people with mental health conditions smoke?

- Most professionals and people with lived experience discussed how smoking is a social behaviour initially, which can build up over time into more serious, habitual smoking.
- Some professionals and people with lived experience expressed that it is an activity that many enjoy and may also be something that they do when they are bored
- Some stakeholders discussed how smoking can act as a coping mechanism for those with mental health conditions because they often experience unpleasant emotions such as stress
- Some stakeholders suggested that there is a lack of motivation to stop smoking for many people with mental health conditions as they often have other more pressing concerns, such as their mental health symptoms

What are the barriers to stopping smoking?

- Stopping smoking is often not a priority for people with lived experience of mental health conditions
- Some people with lived experience discussed how they had experienced symptoms of smoking, such as breathing difficulties and low energy but did not attribute those symptoms them to their smoking
- Many people with lived experienced said that they do not know where to go for support
- One professional highlighted that people with mental health conditions may struggle to take medication for smoking cessation correctly as it needs to be taken six times a day for three days. If they are not able to follow this protocol, it may reduce their success rate in stopping smoking. They mentioned that there are apps that could be made available to support people to track their medication intake for this

What can encourage people with mental health conditions to stop smoking?

- Both professionals and people with lived experience discussed how significant life events such as having a baby or a health event may temporarily encourage people to stop smoking, but some may go back to it
- Some people with lived experience expressed that they want to stop smoking to improve their health, their breathing, sense of smell and sense of taste
- Some people with lived experience discussed how switching to e-cigarettes was helpful for stopping smoking, although preferences differ in this
- They also found that busy can help to prevent relapse
- One or two people with lived experience discussed how some services offer home visits where they can provide stop smoking support for people who cannot leave their home

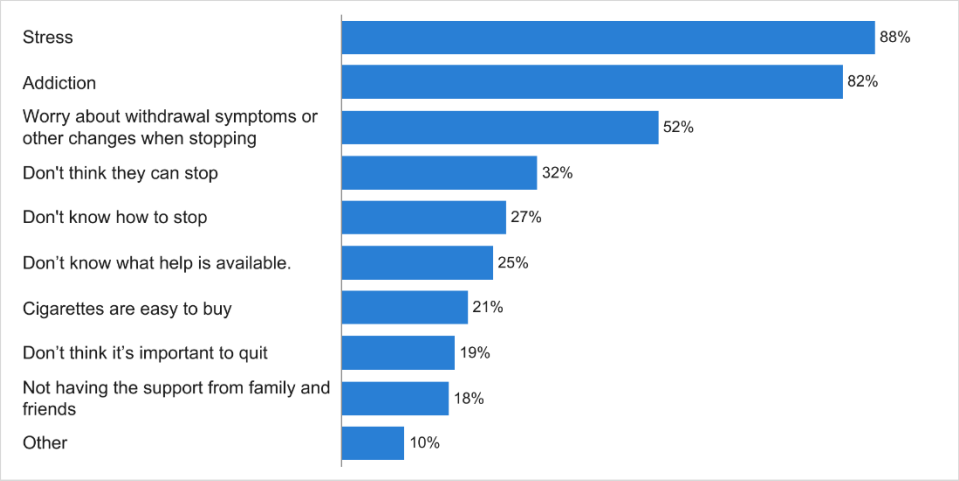
Poll

NHS Talking Therapies was identified as a priority stakeholder group by the steering group. A brief three-question poll was distributed through the NHS Talking Therapies service to 2,553 service users who had accessed the service. NHS Talking Therapies primarily provides short-term cognitive behavioural therapy for individuals with common mental health conditions, such as depression and anxiety, though it also supports those with other conditions to a lesser extent. As the poll did not inquire about respondents' mental health status, it is not possible to determine whether some participants had more severe or complex conditions when accessing the service. A total of 144 service users completed the poll. Of those responses, over a third (34%) of poll respondents used to use tobacco but no longer use it, with a third (33%) indicating they had never used tobacco and around 30% were currently using tobacco.

Only those who currently or previously smoked were included in the following analysis. Respondents were able to click more than one option for the following questions.

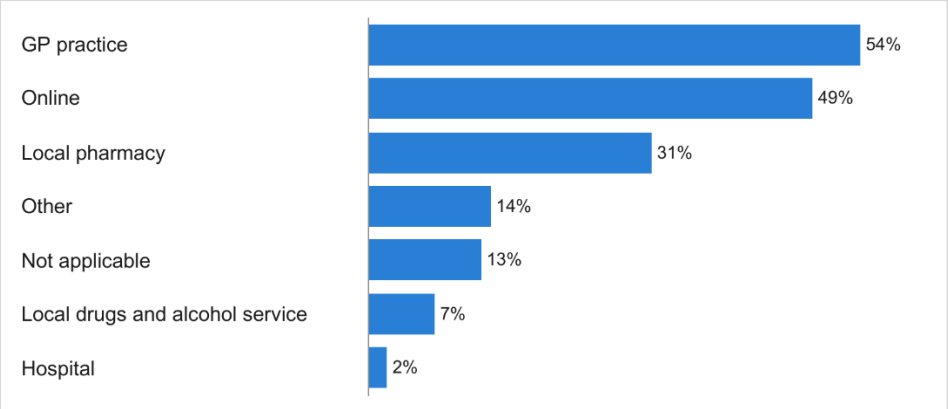
The top three factors that make it hard for people with mental health conditions to stop smoking are: stress (88%) addiction (82%), and worry about withdrawal symptoms or other changes when stopping (52%) (figure 7.1).

Figure 7.1: Poll respondents' perceived barriers to stopping smoking



If respondents wanted to access stop smoking support in the future, they would seek support from a GP practice (54%), online (49%) or from their local pharmacy (31%) (figure 7.3).

Figure 7.3: Where Poll respondents would go to receive support to stop smoking in the future



Mapping to COM-B

The findings from the insights gathered above have been mapped to all components of the COM-B model, apart from physical capability, which is presented in table 7.2 below.

Table 7.2: insights mapped to COM-B for people with severe or complex mental health conditions

COM-B	Key Findings
Capability	
Psychological capability	• People sometimes do not know where they can go to for support for tobacco dependency, although are likely to seek support from a GP surgery, online and/or a local pharmacy • People with mental health conditions may struggle to take medication used for stopping smoking correctly as it needs to be taken six times a day for three days. Taking this incorrectly can reduce the success rate in stopping smoking • There are apps that could be made available to support people to track their medication adherence for this
Opportunity	
Physical opportunity	• Tools such as e-cigarettes can help some people to stop smoking, although some do not enjoy using them • Access to stop smoking services can be provided at home for many people who cannot leave their home
Social opportunity	• Many people start smoking as a social behaviour initially, but it can build up over time into more serious smoking
Motivation	
Automatic motivation	• Smoking can become a habit for people with mental health conditions, they may smoke when they are bored and/or as a coping mechanism when experiencing unpleasant emotions
Reflective motivation	• It is an activity that they enjoy and there is a lack of motivation to stop smoking for many people with mental health conditions • Significant life events such as having a baby or a health event may temporarily encourage people to stop smoking, but some may go back to it

Literature Review

Recent literature examining effective approaches to reduce smoking among people with severe or complex mental health conditions was identified and is summarised in this section.

From the evidence-base, it appears that a one-size fits all approach may not be appropriate for supporting people with severe or complex mental health conditions. In a systematic review, it was found that tailored behavioural interventions are more effective than non-tailored interventions for supporting smoking cessation among people with serious mental health conditions.[47] A recent example of an approach to tailored stop smoking support in primary and secondary care settings in England for people with mental health conditions is a bespoke smoking cessation service[48] in which stop smoking support was provided to patients in face-to-face meetings by trained mental health practitioners in partnership with a GP. This support included information, advice and increasing motivation. This approach was found to be effective in supporting smoking cessation, suggesting that a tailored approach could be undertaken within both primary and secondary care.

These tailored interventions could draw on a range of behaviour change approaches and techniques. Effective techniques and approaches for smoking cessation interventions among those with mental health conditions include motivation-enhancing elements, stop smoking tools (e.g., NRT and medication) as well as education and skills training. [49] Furthermore, interventions featuring motivational interviewing, cognitive behavioural therapy, personalised feedback, psychoeducation, among other elements have been found to be effective.[50]

Therefore, it appears that a range of intervention options may be effective in reducing tobacco use among this population, although their use should be tailored to each patient.

[47] Spanakis, P., Peckham, E., Young, B., Heron, P., Bailey, D., & Gilbody, S. (2022). A systematic review of behavioural smoking cessation interventions for people with severe mental ill health—what works?. *Addiction*, *117*(6), 1526-1542.
[48] Peckham, E., Arundel, C., Bailey, D., Crosland, S., Fairhurst, C., Heron, P., ... & Gilbody, S. (2019). A bespoke smoking cessation service compared with treatment as usual for people with severe mental ill health: the SCIMITAR+ RCT. Health Technology Assessment (Winchester, England), 23(50), 1.
[49] Hawes, M. R., Roth, K. B., & Cabassa, L. J. (2021). Systematic review of psychosocial smoking cessation interventions for people with serious mental illness. *Journal of dual diagnosis*, *17*(3), 216-235.
[50] Lightfoot, K., Panagiotaki, G., & Nobes, G. (2020). Effectiveness of psychological interventions for smoking cessation in adults with mental health problems: A systematic review. *British journal of health psychology*, *25*(3), 615-638.

Summary
People with severe or complex mental health conditions are at an increased risk of smoking.

Key national and local context related to tobacco use among mental health conditions includes commitments in:

- Making smoking cessation support available to long-term service users of specialist mental health services
- Healthcare professionals discussing smoking behaviours with patients, providing advice where appropriate
- Having smokefree policies at secondary care settings which are communicated to patients, with stop smoking support being provided upon admission
- Providing support around tobacco dependency for people with complex or mental health conditions

There is targeted national and local support for people with severe or complex mental health conditions online, in hospitals and from pharmacies, as well as support from services that provide support for drugs and alcohol.

Insights gathered from key stakeholders demonstrate that smoking may start as a social behaviour but may become a habit and be used as a coping mechanism by people with severe or complex mental health needs. E-cigarettes may function as a suitable substitute when trying to stop smoking, although not everyone enjoys using them.

Recent literature demonstrates that interventions to support people with severe or complex mental health conditions should be tailored, considering a range of behavioural change approaches and techniques.

Chapter 8: Ethnic minority groups

Nationally, cigarette smoking is most prevalent among mixed and white ethnic groups.[51] However, use of other forms of tobacco, such as smokeless tobacco products and shisha, are higher among South Asian, Black, African and Caribbean and 'other'/mixed ethnic groups. [52]

The following section will explore the national and local context related to tobacco dependency among ethnic minority groups and insights gathered from key stakeholders and individuals from ethnic minority groups.

National context

In addition to the national and local context outlined in chapter 3, NICE provides specific recommendations for tobacco dependency among ethnic minority groups.

National Institute for Health and Care Excellence: Tobacco: preventing uptake, promoting quitting and treating dependence[28]

The NICE Guidelines for tobacco include recommendations for smokeless tobacco, including:

- Raise awareness of local tobacco cessation services, working in collaboration with community initiatives and information networks (e.g., culturally specific TV and radio channels)
- Attend local venues and events used by those from South Asian communities to raise awareness, provide tobacco cessation support and consult on the services provided
- Build awareness of smokeless tobacco with professionals working with children and young people

National support

Alongside national support available for smoking cessation outlined in chapter 3, support is available nationally for alternative forms of tobacco, as outlined in table 8.1 below.

In addition, several pharmacies provide stop smoking services in a wide range of languages.

Table 8.1: National support for tobacco dependency among people from ethnic minority groups

Service	Description
National Smokefree Helpline	Free helpline run by trained advisors which can also provide support for use of various forms of tobacco, including cigarettes, shisha and chewing tobacco.

[51] Office for National Statistics (2024). https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/adult-smokers/latest/
[52] Action on Smoking and Health (2024). Tobacco and Ethnic Minorities. https://ash.org.uk/resources/view/tobacco-and-ethnic-minorities

Stakeholder insights

We engaged with a total of 27 people from ethnic minority groups including refugees and asylum seekers, at drop-in sessions at St Mary's Church and Southampton and Winchester Visitors Group. We also interviewed 6 professionals who work with refugee and asylum seekers and ethnic minority groups, representing:

- Southampton Smokefree Solutions
- The CLEAR Project
- Southampton City Council
- Southampton and Winchester Visitors Group
- St Mary's Church

Key findings from this include:

How prevalent is tobacco among ethnic minority groups?

- There were mixed views on whether smoking and tobacco use was popular, with some feeling that it everyone does it while others feel that it is not something that they see often
- Many professionals and refugees and asylum seekers view alcohol and drug use as a larger problem than smoking in Southampton
- A few people from ethnic minority groups outlined that waterpipe tobacco is used at Turkish and Arabic cafes among some groups, although it was thought that only a small number of people use this

Why do some people from ethnic minority groups use tobacco?

- Many people from ethnic minority groups felt that smoking is seen as normal among some cultures and families which can increase the risk of someone starting it themselves, however, they did not clarify which cultures when asked.
- It was suggested by many people from ethnic minority groups that smoking often starts during adolescence as a way to fit in
- Many people from ethnic minority groups felt that smoking is addictive which makes it hard to stop, and it feels good when you do it, which makes it a habit
- Generally, amongst professionals and people from ethnic minority groups, smoking was considered to be a symptom of a wider issue, with many doing it to cope with difficult things that they have experienced and stressful circumstances
- It was suggested by a few professionals and people from ethnic minority groups that tobacco use may be linked to boredom and is a social activity where they can go outside and smoke with others
- Many people from ethnic minority groups suggested that tobacco is easily accessible in Southampton, including tobacco being sold illegally for cheaper than in shops

What could lead people from ethnic minority groups to stop using tobacco?

- According to a few people from ethnic minority groups, concern about the health risks has motivated some to stop smoking
- It was suggested by a few stakeholders that the expense of cigarettes may encourage some to stop smoking
- Many people from ethnic minority groups felt that efforts to reduce smoking should focus on prevention among younger people

- A few people from ethnic minority groups suggested that seeing others succeed in stopping smoking may be inspirational for people who smoke

What are the barriers to seeking support for tobacco use among ethnic minority groups?

- It was theorised by many professionals that there may be a language barrier preventing some people from accessing support
- According to a few professionals, there is often suspicion among refugee and asylum seekers around services provided by the council, which can make them reluctant to engage. It was thought that they would be more likely to seek support from others within their community
- Many people from ethnic minority groups are not aware of what support is available outside of that which is provided by GPs and pharmacists
- Many people from ethnic minority groups had tried vapes but did not enjoy using them so did not continue their use. Additionally, there were misconceptions about the safety of vapes, with many considering them to be as damaging, or more damaging, to health as cigarettes

What support could be provided to ethnic minority groups?

- Many professional and people from ethnic minority groups suggested that providing more drop-in support may be beneficial to reach those who have not yet accessed support
- Many people from ethnic minority groups suggested that holding group sessions such as peer support groups may help individuals to give up smoking
- A few people from ethnic minority groups suggested that keeping busy may help people to quit smoking, and so providing activities which allow people to keep busy may be helpful

Mapping to COM-B

The findings from the insights gathered above have been mapped to all components of the COM-B model, apart from physical capability, which is presented in table 8.2 below.

Table 8.2: insights mapped to COM-B for people from ethnic minority groups

COM-B	Key Findings
Capability	
Psychological capability	• There is a lack of awareness of services available for support to stop smoking, outside of pharmacies and GPs • There may be a language barrier preventing refugees and asylum seekers from being able to access support, however no specific groups were identified • There are misconceptions about the safety of vapes, which may discourage people who smoke from choosing to use them to stop smoking
Opportunity	
Physical opportunity	• Providing more drop-in support for stopping smoking may help to increase opportunity to access support • Having other activities available may help to keep people busy when they are trying to stop smoking • Provision of support in various languages may enable more refugees and asylum seekers to be able to access stop smoking support

Social opportunity	• Smoking is seen frequently in Southampton, and is often seen as a 'normal' behaviour • Providing group support for stopping smoking would allow people to support each other
Motivation	
Automatic motivation	• Smoking is addictive and is a habit, which makes it hard to stop • Smoking is used as a coping mechanism for stress and other difficult emotions
Reflective motivation	• Some may want to give up smoking if they are concerned about their health • The increasing costs of cigarettes may encourage individuals to stop smoking

Literature review

Recent literature examining effective approaches to reduce tobacco use among people from ethnic minority groups, including cigarettes, waterpipe tobacco and smokeless tobacco, was identified and have been summarised in this section.

Cigarette smoking

Culturally tailoring interventions (e.g., providing support from a community health worker, translating materials, addressing cultural norms or values) appear to be more effective than standard interventions.[53]

Waterpipe tobacco

To date, there is a lack of evidence demonstrating effective interventions for waterpipe tobacco use. One systematic review found that some behavioural interventions may be effective, but more high-quality research is needed to support their use.[54] Additionally, a recent study conducted in Leicester, England, found that a poster and flyer campaign were effective in increasing awareness of the risks of waterpipe tobacco, but this does not appear to be sufficient in reducing its use.[55]

However, a systematic review identified that educational interventions can be effective in reducing waterpipe use but interventions should also consider the impact of persuasion, social support and the environmental structure.[56]

Smokeless tobacco

A systematic review found that there is a lack of support globally for smokeless tobacco, however, brief advice, telephone support, mobile health (mHealth) interventions and prevention and cessation programmes in schools may be effective for supporting smokeless tobacco cessation.[57]

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[53] Leinberger-Jabari, A., Golob, M. M., Lindson, N., & Hartmann-Boyce, J. (2024). Effectiveness of culturally tailoring smoking cessation interventions for reducing or quitting combustible tobacco: A systematic review and meta-analyses. *Addiction*, *119*(4), 629-648.
[54] Jawad, M., Jawad, S., Waziry, R. K., Ballout, R. A., & Akl, E. A. (2016). Interventions for waterpipe tobacco smoking prevention and cessation: a systematic review. *Scientific reports*, *6*(1), 25872.
[55] Heena, N., Kulsum, I., & Rubina, K. (2024). Hooked on Shisha: A 5-Year Study on Oral Health Risks and Awareness Campaigns in Leicester. *Journal of Medicine, Nursing & Public Health*, *7*(3), 12-17.
[56] Bashirian, S., Barati, M., Abbasi, H., & Ezati, E. (2023). The effect of interventions to prevent and reduce hookah smoking: A systematic review. *Pneumon*, *36*(3).
[57] Nethan, S. T., Sinha, D. N., Chandan, K., & Mehrotra, R. (2018). Smokeless tobacco cessation interventions: A systematic review. *Indian Journal of Medical Research*, *148*(4), 396-410.

Summary

Cigarette smoking is most prevalent among mixed and white ethnic groups although use of other forms of tobacco, such as smokeless tobacco products and shisha, are higher among South Asian, Black, African and Caribbean and 'other'/mixed ethnic groups.

NICE guidelines outline recommendations for smokeless tobacco, including:

- Raise awareness of local tobacco cessation services
- Attend local venues and events used by those from South Asian communities to raise awareness, provide tobacco cessation support and consult on the services provided
- Build awareness of smokeless tobacco with professionals working with children and young people

Support for alternative forms of tobacco is available nationally, additionally outreach is being carried out through attendance at drop-in sessions to provide stop smoking support.

Insights gathered from key stakeholders and people from ethnic minority groups outline that smoking and tobacco use may be popular among some circles and communities, but not all. It is considered that those who smoke often see it as a 'normal' behaviour. Additionally, people who smoke may do so to cope with difficult emotions. There may be a language barrier preventing some people from ethnic minority groups from accessing support, whilst others may be suspicious of council-funded services.

The literature review revealed that interventions designed to support smoking cessation should be culturally tailored. There is little recent evidence examining interventions for alternative forms of tobacco, although it is suggested that behavioural and educational interventions may be effective.

Chapter 9: Neurodiversity

Individuals with attention-deficit/hyperactivity disorder (ADHD) are more likely to smoke than the general population.[58] However, it is not known how prevalent tobacco use is among those with autism.[59]

National context

The NHS Long-Term Plan considers approaches to reduce health inequalities, including those experienced by people with autism.

NHS Long-Term Plan[26]

The NHS Long-Term Plan outlines their commitment to reduce health inequalities, including those among people with autism and/or learning disabilities, including providing more proactive care within the community and ensuring reasonable adjustments are made in NHS services.

National support

There does not appear to be any specific tobacco dependency support for people who are neurodivergent, although they can access the support outlined in chapter 3.

Stakeholder insights

We engaged with 6 key stakeholders who work with individuals who are neurodiverse, representing organisations such as:

- Autism Hampshire
- Southern Health NHS Foundation Trust
- Southampton Autism Support Service

We also spoke with 9 Southampton residents who stated that they have neurodiversity and had 2 responses to the survey filled in by people identifying as neurodiverse.

Key findings from this engagement include:

Perspectives on smoking among people who are neurodiverse

- Many of the professionals and people who identified as neurodiverse suggested tobacco dependency is not often discussed at the point of assessment for autism, even though other lifestyle factors such as substance use are.
- Many of the professionals and people who identified as neurodiverse stated that smoking may be a hidden behaviour, as it can be a coping mechanism that people who are neurodivergent do not want to give up.

[58] van Amsterdam, J., van der Velde, B., Schulte, M., & van den Brink, W. (2018). Causal factors of increased smoking in ADHD: a systematic review. *Substance use & misuse*, *53*(3), 432-445.
[59] Laxton, P., Healy, S., Brewer, B., & Patterson, F. (2024). Prevalence of current smoking and association with meeting 24-h movement guidelines: Results from a national convenience sample of autistic adults. *Autism*, *28*(2), 474-483.

- There are often two opposing viewpoints on smoking among people identifying as neurodivergent: those who grew up in families where smoking was normal may not see it as harmful, while those exposed to messages about its dangers may strongly oppose it.
- Many people who identified as neurodiverse suggested that smoking can serve as a form of stimming for people identifying as neurodivergent , as nicotine helps to calm them down and regulate their emotions.
- One person who identified as neurodiverse mentioned that smoking helped by numbing their tastebuds and masking the other smells around them which they felt were too strong.
- Many of the professionals suggested that autistic people may struggle to quit smoking if it becomes part of their rigid routines and people with ADHD may use cannabis to manage their symptoms, potentially creating a habit of smoking.
- Some of the people who identified as neurodiverse suggested that cigarettes may also be used by people with ADHD to fidget or alleviate boredom, which makes quitting more challenging. In addition, the ritual of smoking, and the breathing technique used in smoking creates a calming, mindfulness type experience.

Peer Pressure, social norms, and role models

- It was reported by both professionals and people who identified as neurodiverse tend to start smoking at a young age, either to fit in socially with peers (masking), or because it gave them something in common with others, or because they saw family members smoke and it was a norm.
- One person who identified as neurodiverse said that they viewed idols/celebrities/role models smoking and it made them think if they were doing it and it was ok then it would be ok for them to start.

Understanding smoking risks and benefits

- A number of people identifying as neurodiverse stated that they often saw the immediate benefits of smoking, such as relaxation, but may struggle to understand the long-term risks or see them as a reason to stop smoking.

Education and support needs

- Many of the people identifying as neurodiverse noted in the survey that further education about smoking would be helpful. A practical toolkit with visual elements highlighting personal risks could be beneficial. In addition, providing tools such as breathing necklaces may help replace the habit of smoking.
- Many of the people identifying as neurodiverse also noted that they had a preference for support from peers or within community spaces (such as the Neurodiversity Connections Hub), away from perceived authority figures within, for example, healthcare where there are past negative experiences.
- A number of people who identified as neurodiverse There is a distrust of vapes due to mixed messaging, and the unknown health impact of vapes. One person also suggested tailored messaging that included success stories of those who have benefitted to switching to vapes.

Gaps in smoking cessation support

- Specific smoking cessation support for people with autism does not appear to be available in Southampton, although signposting to local stop-smoking services can be provided.
- A preference for online support was suggested by the people who identified as neurodiverse that had responded to the survey.
- Many of the people identifying as neurodiverse and professionals suggested that there were several barriers to stop smoking aids, for example, lack of follow-up support, limited prescriptions times, sensory issues with some options, worry about being addicted to a new thing. Although it was suggested that people who identified as neurodiverse might benefit from a helpline or drop-in sessions to help them stop smoking long term.

Mapping to COM-B

The insights above have been mapped to the relevant components of the COM-B model in table 9.1 below.

Table 9.1: insights mapped to COM-B for people who are neurodiverse

COM-B	Key Findings
	Opportunity
Physical opportunity	• Support for smoking cessation does not appear to be provided to people with autism in Southampton by services that support them, although signposts to local stop smoking services can be provided • A practical and visual toolkit could be developed to highlight the personal risks of smoking • Stop smoking aids can be limited in availability or cause sensory issues • The availability of a helpline or drop-in sessions may be beneficial to increase access to stop smoking support
Social opportunity	• There are often opposing viewpoints on smoking from people with autism in particular: if they grew up in a family where smoking was normal, they do not see it as harmful for them whereas growing up seeing it as dangerous makes them strongly against it • Seeing the behaviour modelled by celebrities and role models may make the behaviour seem more acceptable
	Motivation
Automatic motivation	• People with ADHD may use cannabis to manage their symptoms, which could create a habit of smoking • People with ADHD may smoke as a form of fidgeting • For people with autism, they can be rigid with their routines, which makes it difficult for them to stop smoking if it has become a habit • Providing tools such as breathing necklaces may help to replace the habit of smoking • There is distrust about vapes due to mixed messaging and taking stories literally
Reflective motivation	• Those who are neurodiverse see the immediate benefits from smoking because they feel the relaxation, but they may struggle to understand the risks because they are not immediate making it difficult for them to want to stop smoking

Literature review

Recent literature related to effective approaches to addressing tobacco dependency among people who are neurodiverse has been identified and summarised below.

ADHD

It has often been found that people with ADHD experience worsened withdrawal symptoms when attempting to quit smoking, making it difficult for them to do so successfully.[60] Furthermore, the presence of more ADHD symptoms is associated with higher levels of nicotine withdrawal symptoms.[61]

Despite this, in recent years little research has been carried out to understand effective approaches to supporting smoking cessation among those with ADHD. Although, one systematic review[60] has suggested that interventions focusing on improving the coping skills of those with ADHD, and considering the social environment around them, may be effective. Additionally, considering the use of behavioural interventions which may be used in combination with NRT or medications may be appropriate. Furthermore, it was suggested that improving symptoms of ADHD may also be beneficial in supporting smoking cessation.

Autism

Despite the risk of developing preventable diseases being higher in autistic people than the general population,[40] little is known about the prevalence of smoking among this population. Additionally, to date, there is a lack of research examining effective approaches to stopping smoking among this population.

There has been some evidence suggesting that motivational interviewing is beneficial for autistic people, although this was not tested in relation to smoking cessation.[62] A systematic review examined the use of interventions to address health outcomes for autistic adults, finding that cognitive behavioural interventions and mindfulness interventions may be beneficial for mental health in this population.[63] This suggests that there may be some acceptability for these interventions among this population, although further research would be needed to assess their effectiveness in supporting smoking cessation.

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[60] van Amsterdam, J., van der Velde, B., Schulte, M., & van den Brink, W. (2018). Causal factors of increased smoking in ADHD: a systematic review. *Substance use & misuse*, *53*(3), 432-445.
[61] Green, R., Baker, N. L., Ferguson, P. L., Hashemi, D., & Gray, K. M. (2023). ADHD symptoms and smoking outcomes in a randomized controlled trial of varenicline for adolescent and young adult tobacco cessation. *Drug and alcohol dependence*, *244*, 109798.
[62] Pagan, A. F. (2024). Motivational interviewing for young adults with autism spectrum disorder: a pilot feasibility study.
[63] Benevides, T. W., Shore, S. M., Andresen, M. L., Caplan, R., Cook, B., Gassner, D. L., ... & Wittig, K. (2020). Interventions to address health outcomes among autistic adults: A systematic review. *Autism*, *24*(6), 1345-1359.

Summary

People with attention-deficit/hyperactivity disorder are more likely to smoke than the general population but it is not known how prevalent tobacco use is among autistic people, although their risk of developing preventable diseases is higher than the general population.

The NHS Long Term Plan outlines a commitment to reduce health inequalities among people who identify as neurodiverse, including by providing more proactive care within the community.

There does not appear to be any specific support available for stopping smoking among those who are neurodiverse, although they can access support that is available to the general population.

Stakeholder insights demonstrate mixed views on whether smoking is a concern among people who are neurodivergent, although it is thought that smoking is not being discussed routinely by services supporting people who are neurodivergent. People who identify as neurodiverse who do smoke discuss starting to fit in with peers, using tobacco to manage symptoms.

There is a lack of recent evidence examining effective approaches to addressing smoking among people who identify as neurodiverse.

Chapter 10: Pregnant people

Tobacco use during pregnancy is linked to many adverse outcomes for the baby, including increased risk of lower birthweight, pre-term birth and admission to neonatal intensive care unit.[64] Additionally, it can increase the risk of miscarriage and stillbirth, as well as long-term health problems such as asthma and obesity.[65]

The following section outlines the national and local context for tobacco dependency support for pregnant people, as well as insights gathered from key stakeholders, including pregnant people.

National and local context

Alongside the national and local context outlined in chapter 3, there are several national and local guidelines and strategies addressing tobacco dependency among pregnant people.

National Institute for Health and Care Excellence: Tobacco: preventing uptake, promoting quitting and treating dependence[28]

The NICE guidance for tobacco outlines several recommendations for supporting pregnant people:

- Provide carbon monoxide testing at first antenatal appointment for all pregnant people
- For people who currently and/or have formerly smoked, as well as those with high levels of carbon monoxide (4 parts per million or above), carbon monoxide testing should be provided at all antenatal appointments
- Those who smoke, have quit within the last two weeks or have high levels of carbon monoxide, an opt-out referral should be given to stop smoking support
- All pregnant people who are referred to stop smoking support should be contacted, provided with information about the risks of smoking and benefits of stopping, and supported to address barriers to accessing stop smoking support
- When providing stop smoking support, intensive and ongoing support should be provided throughout and following pregnancy, which may include NRT and incentives, with regular testing such as carbon monoxide tests, and/or urine or saliva cotinine tests
- Support should also be provided to partners and others in the households of pregnant people
- Pregnant people with difficulty accessing stop smoking support should be involved in planning and developing these services
- Stop smoking support providers should work with other services and organisations such as family nurse partnership, substance use services and mental health services

[64] Tarasi, B., Cornuz, J., Clair, C., & Baud, D. (2022). Cigarette smoking during pregnancy and adverse perinatal outcomes: a cross-sectional study over 10 years. *BMC Public Health*, *22*(1), 2403.
[65] Avşar, T. S., McLeod, H., & Jackson, L. (2021). Health outcomes of smoking during pregnancy and the postpartum period: an umbrella review. *BMC pregnancy and childbirth*, *21*, 1-9.

NHS England: Saving Babies' Lives Care Bundle Version 3[66]

Outlines elements for best practice in reducing perinatal mortality across England, including in reducing smoking during pregnancy by:

- Providing carbon monoxide tests at first antenatal appointment, and at subsequent appointments as appropriate by appropriately trained staff
- Those with high levels of carbon monoxide (4 parts per million or above) who currently smoke, or have quit in the last 2 weeks, should be provided with an opt-out referral to a stop smoking specialist
- All relevant maternity staff should be provided with training on very brief advice

Southampton City Council: Tobacco, Drugs and Alcohol Strategy 2023-2028[67]

The local tobacco, drugs and alcohol strategy outlines key priorities for pregnant people:

- Continue incorporating stop smoking support within maternity services and other services that support pregnant people
- Consider piloting an e-cigarette scheme and incentives scheme for pregnant people

National support

Stop smoking support provided to pregnant people is provided by maternity services, as outlined in table 10.1 below.

Table 10.1: Local and national support for tobacco dependency among pregnant people

Service	Description	Link
National Smoke-free Pregnancy Incentive Scheme	Provide a maximum of £400 in Love2Shop vouchers to pregnant people during and following pregnancy if they regularly attend stop smoking appointments and have a carbon monoxide level of less than 4 parts per million. This is currently being rolled out across the country.	https://www.england.nhs.uk/ourwork/prevention/tobacco-dependency-programme/national-smoke-free-pregnancy-incentive-scheme/
NHS Long Term Plan Smoke-free Pregnancy Pathway	An adapted version of the Ottawa Model for Smoking Cessation for pregnant people and their partners, including focused sessions and treatments	https://www.longtermplan.nhs.uk/online-version/chapter-2-more-nhs-action-on-prevention-and-health-inequalities/smoking/

Stakeholder insights

We engaged with 19 pregnant or recently pregnant people at Seashell, Clovelly and Pickles Coppice Family Hubs and 7 key stakeholders who work with currently or recently pregnant people, representing organisations such as:

- Family Nurse Partnership
- University Hospital Southampton

[66] NHS England (2023). Saving Babies' Lives Version Three. https://www.england.nhs.uk/long-read/saving-babies-lives-version-3/

[67] Southampton City Council (2023). Tobacco, Alcohol and Drugs Strategy, 2023-2028. https://www.southampton.gov.uk/media/m24dqioe/scc-tobacco-alcohol-and-drugs-strategy-2023.pdf

- Southampton Smokefree Solutions
- Family Hubs Southampton

Key findings from this engagement include:

Reasons for tobacco use

- Many pregnant and recently pregnant people felt that the main reasons for people to start or continue using tobacco-based products were due to social or peer pressure from friends and family, to help with stress and anxiety, and because tobacco-based products were easy to access in the local area (in every corner shop, high street, and supermarket).
- Several pregnant people, particularly those brought up in families who smoke, find it socially acceptable to smoke and struggle to stop due to family encouragement.
- A few pregnant people who smoke during their first appointment are able to quit during pregnancy but often return to smoking after giving birth or finishing breastfeeding.

Barriers to quitting smoking

- Some pregnant people may feel stigma about their tobacco use, making it difficult for them to talk about it.
- There is a taboo around smoking for some pregnant people in ethnic minority groups. People will not openly speak about their own or family members' smoking habits to others outside of the household, making it challenging to estimate tobacco use prevalence in these groups.
- A lack of awareness exists among pregnant and recently pregnant people regarding social networks or support groups to help people quit smoking.
- It was perceived by a number of pregnant or recently pregnant that quitting smoking can result in weight gain or a decline in mental health, which leads some people to resume smoking to reverse these effects.
- Some of the professionals stated that carbon monoxide testing is provided to pregnant people, although the consistency of this varies depending on priorities within the services.

Existing smoking cessation support

- Staff members at family hubs had received stop smoking training from Southampton Smokefree Solutions and felt confident having conversations with pregnant and recently pregnant people about tobacco use.
- While they were not aware of social networks or support groups, many pregnant people and recently pregnant people, on the whole, were aware of services such as GP help, support from pharmacists and midwives, and hospital stop smoking services. Many had seen information and resources in hospitals and local healthcare services during their perinatal period.
- Some pregnant and recently pregnant people suggested that having stop smoking support provided by their midwife, with whom they build a relationship during pregnancy, can make it easier for people to open up as they feel more comfortable.

Recommendations for improved support

- Some pregnant or recently pregnant people suggested raising awareness of stopping smoking services in public spaces such as libraries, community hubs, family hubs, and on social media. Financial incentives, such as free vapes, could also encourage cessation efforts.
- Some professionals and pregnant or recently pregnant people suggested that stop smoking support could also be extended to family members of pregnant people. In addition, it was suggested that further help could be provided for topics such as weight management and mental health to support people trying to quit smoking and to address the negative side effects of quitting.
- Many of the pregnant or recently pregnant people from ethnic minority groups suggested that translators and materials in other languages would make smoking cessation services more accessible for them.
- Encourage staff to ensure carbon monoxide testing is provided routinely, in line with NICE guidelines.

Mapping to COM-B

The insights above have been mapped to the relevant components of the COM-B model in table 10.2 below.

Table 10.2: insights mapped to COM-B for pregnant people

COM-B	Key Findings
Capability	
Psychological capability	• Support could be provided for topics such as weight management and mental health, as people had tried to quit smoking but experienced weight gain or a decline in mental health, leading them to return to smoking. • Awareness should be raised about the support available for smoking cessation across Southampton in libraries, community centres and family hubs.
Opportunity	
Physical opportunity	• However, having the stop smoking support provided by their midwife, who they are able to get to know over their pregnancy, can make it easier for them to open up as they feel more comfortable. • Stop smoking support can be provided to family members of pregnant people • Translators working in smoking cessation services or multilingual resources and materials would help improve accessibility for mothers in ethnic minority group. • Tobacco products are readily available in corner shops, high streets, and supermarkets, which makes them more difficult to avoid. • Maternity services should ensure that carbon monoxide testing is consistently being routinely offered to pregnant people.

Social opportunity	• Some pregnant people may feel stigma about their tobacco use which can make it difficult for them to talk about it • Vulnerable pregnant people, particularly those brought up in families who smoke, can find that it is still seen as socially acceptable for them to smoke, and can find it difficult to stop as their family encourages them to continue • There is a taboo around smoking for some pregnant people in ethnic minority groups, as they do not openly discuss their smoking habits or those of their family with others outside the household.
Motivation	
Automatic motivation	• Tobacco-based products are easy to access in local areas (e.g., in corner shops, high streets, and supermarkets), which makes quitting more challenging.
Reflective motivation	• People suggested financial incentives, such as free vapes, to encourage smoking cessation. • Stop smoking support could also be extended to family members of pregnant people, reflecting the role of family dynamics in cessation efforts.

Literature review

Recent literature related to effective approaches to addressing tobacco dependency among pregnant people has been identified and summarised below.

One qualitative study[68] has found that pregnant women who smoke may experience stigma or judgement from others, including healthcare professionals, which can lead to them smoking in private, preventing them from accessing support. From this, it was concluded that the stigma pregnant women face should be considered in any stop smoking interventions, which should include empathetic support and be co-developed by pregnant women.

A recent systematic review and meta-analysis has found that effective interventions for smoking cessation among pregnant women include financial incentives, digital interventions (e.g., text message-based interventions) and counselling interventions (e.g., psychotherapy and motivation-based interventions).[69]

[68] Grant, A., Morgan, M., Gallagher, D., & Mannay, D. (2020). Smoking during pregnancy, stigma and secrets: Visual methods exploration in the UK. *Women and Birth*, *33*(1), 70-76.
[69] Vila-Farinas, A., Pérez-Rios, M., Montes-Martinez, A., Ruano-Ravina, A., Forray, A., Rey-Brandariz, J., ... & Varela-Lema, L. (2024). Effectiveness of smoking cessation interventions among pregnant women: An updated systematic review and meta-analysis. *Addictive Behaviors*, *148*, 107854.

Summary

Tobacco use during pregnancy can increase the risk of short-term and long-term harm to the baby.

National and local guidelines and strategies related to tobacco dependency among pregnant people outline:

- Carbon monoxide testing should be routinely provided at antenatal appointments, particularly for those who smoke and/or have previously tested high for carbon monoxide
- Pregnant people who are referred to stop smoking support should be contacted and provided with support such as advice, information and NRT, as appropriate
- Maternity staff should be trained in carbon monoxide testing and very brief advice
- Stop smoking support should be continued to be provided within maternity services and other services that support pregnant people
- E-cigarettes and incentives could be provided to pregnant people

National and local support is available to support pregnant people, including carbon monoxide testing, information and advice, incentives and NRT both inside and outside maternity services.

Insights gathered from key stakeholders and pregnant or recently pregnant people revealed that:

- Pregnant and recently pregnant people may use tobacco because they are influenced by social or peer pressure, stress, and easy access, with vulnerable people particularly struggling due to family encouragement and cultural norms.
- Barriers to quitting include stigma, lack of awareness of support networks, and challenges like weight gain or mental health decline, while recommendations focus on raising awareness, providing culturally sensitive resources, extending support to family members, and addressing holistic health concerns during cessation efforts.

Recent literature highlights the importance of ensuring that pregnant people do not feel stigmatised by those providing stop smoking support. Additionally, effective approaches and techniques may include financial incentives, digital interventions and counselling interventions for this population.

Chapter 11: People experiencing homelessness

People who are experiencing homelessness are more likely to smoke than the general population.[70] Research has shown that individuals who are homeless have a high desire to quit, but 90% of quit attempts last for less than 24 hours.[71]

We have examined the national and local context around tobacco dependency support for this population, along with key stakeholder insights, which is outlined in the following section.

National Context

Alongside the strategies and guidance outlined in chapter 3, NICE guidelines outline recommendations for people who are homeless.

National Institute for Health and Care Excellence: Integrated health and social care for people experiencing homelessness

NICE guidelines for improving access to health and social care for people who are homeless by:

- Providing services which have flexible opening times and appointments, offer drop-ins, accept self-referrals as well as one-stop shops
- Offering outreach services to people who are experiencing homelessness, including on the street as well as in hostels and/or day centres which can provide support for smoking cessation

National support

There is no specific national support for tobacco use in people who are experiencing homelessness.

Stakeholder insights

We engaged with a total of 12 people experiencing homelessness, at the Salvation Army Breakfast Morning and by attending Patrick House. Additionally, we engaged with 6 stakeholders who work with people experiencing homelessness, including representation from:

- Homeless Healthcare Team
- Southampton Smokefree Solutions
- Salvation Army
- NHS Hampshire and Isle of Wight Integrated Care Board

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[70] Soar, K., Dawkins, L., Robson, D., & Cox, S. (2020). Smoking amongst adults experiencing homelessness: a systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit. *Journal of Smoking Cessation*, *15*(2), 94-108.
[71] Dawkins, L., Ford, A., Bauld, L., Balaban, S., Tyler, A., & Cox, S. (2019). A cross sectional survey of smoking characteristics and quitting behaviour from a sample of homeless adults in Great Britain. *Addictive behaviors*, *95*, 35-40.

Key findings from this include:

Smoking prevalence and reasons for smoking

- Most of the people experiencing homelessness that shared their views used a tobacco-based product, usually a mix of cigarettes and vapes.
- The most common reasons they cited for either starting smoking or continuing to smoke, was stress at current living situation, coping with depression and other mental health conditions or the social environment (e.g. peer pressure from other residents in the shelter).

Barriers

- Some residents at the shelter suggested that when people are experiencing homelessness, giving up smoking is not a main priority, and that some enjoy it and do not see a reason to stop.
- One resident at the shelter stated that they had spent time in prison and had managed to stop smoking in this time but the easy access to tobacco products upon leaving prison meant they had resumed smoking when released.

Access to and awareness of support services

- All the people with lived experience of homelessness who engaged in this research were aware of support provided by their GP surgeries, the organisation Change Grow Live (CGL), and Southampton Smokefree Solutions.
- The support provided by Southampton Smokefree Solutions is highly valued and several residents in the shelter had sought support from the organisation to transfer from smoking tobacco to vaping. The incentive of receiving free vaping products (e.g. reusable vapes, coils and liquid) was popular amongst the residents.
- Many of the people experiencing homelessness suggested that they had found success in stopping smoking by switching to e-cigarettes, although there is a personal preference in this.

Suggestions for future support

- Many professionals and people with lived experienced felt that any support for smoking cessation needs to be free, including NRT, and offered on the ground, reaching out to people in the community.
- Some professionals suggested that as people experiencing homeless are often not placed in shelters for a long period, regular access to services such as Southampton Smokefree Solutions at regular drop-ins and across a number of locations in Southampton would mean that people could access support when moved into different housing.

Mapping to COM-B

The insights above have been mapped to the relevant components of the COM-B model in table 11.1 below.

Table 11.1: insights mapped to COM-B for people experiencing homelessness

COM-B	Key Findings
Capability	

Psychological capability	• There is a lack of awareness of services available for support to stop smoking, outside of Southampton Smokefree Solutions, CGL and GPs.
Opportunity	
Physical opportunity	• The support provided by Southampton Smokefree Solutions is highly valued and the 'swap to stop' initiative appears to be very effective with people experiencing homelessness. • Any support for smoking cessation needs to be free, including NRT, and offered on the ground, reaching out to people in the community • Many have found success in stopping smoking by switching to e-cigarettes, although there is a personal preference in this • Easy access to tobacco-based products in the local vicinity of homeless shelters means that many people find it difficult to resist purchasing products, particularly upon release from prison.
Social opportunity	• Use of tobacco-based products and vapes are highly prevalent and normalised in supported housing.
Motivation	
Automatic motivation	• Using tobacco-based products were seen as a normal way to cope with the stress of homelessness and mental health conditions.
Reflective motivation	• When people are experiencing homelessness, giving up smoking is not a main priority as they often have other more pressing problems, and many enjoy it and do not see a reason to stop.

Literature Review

Recent literature related to tobacco dependency among people experiencing homelessness has been identified and summarised below.

Smoking is valued among people experiencing homelessness as they appreciate the opportunities it provides to engage with others and quitting may be seen as a rejection of others who smoke, although training staff in hostels to provide stop smoking support may be beneficial.[43]

One systematic review did not find any smoking cessation intervention for people experiencing homelessness that was more effective than standard stop smoking support.[72]

Alternatively, electronic health (eHealth) interventions, such as text-based and mobile apps, may be effective and acceptable for use among people experiencing homelessness, although additional research is needed to explore this further.[73]

[72] Vijayaraghavan, M., Elser, H., Frazer, K., Lindson, N., & Apollonio, D. (2020). Interventions to reduce tobacco use in people experiencing homelessness. *Cochrane database of systematic reviews*, (12).
[73] Polillo, A., Gran-Ruaz, S., Sylvestre, J., & Kerman, N. (2021). The use of eHealth interventions among persons experiencing homelessness: A systematic review. *Digital health*, *7*, 2055207620987066.

Summary

The prevalence of smoking is thought to be particularly high among people experiencing homelessness.

NICE guidelines highlight the need for services to be flexible for support people experiencing homelessness to access them, including having flexible opening times and appointments as well as offering drop-ins and outreach services for smoking cessation support.

Local support is being offered in line with NICE guidelines, with outreach being carried out in hostels as well as drop-in sessions with a specialist GP surgery.

Insights gathered from key stakeholders and people experiencing homelessness highlight the following:

- People experiencing homelessness cited stress, mental health challenges, and social influences as key reasons for smoking, while quitting is often a low priority due to enjoyment and easy access to tobacco after structured environments like prison.
- Valued support services like Southampton Smokefree Solutions, which offer free vaping products, are effective, and future efforts should focus on free, community-based cessation support with regular drop-ins across multiple locations to ensure accessibility despite housing instability.

Recent literature suggests that smoking is a social behaviour among people experiencing homelessness, making it difficult to stop. Training staff in hostels to provide stop smoking support may help to reduce smoking among this population. Additionally, standard stop smoking support appears to be effective for this population.

Chapter 12: Behavioural insights literature review

This literature review builds on the findings from stakeholder and community engagement, which have been mapped to the COM-B model in previous chapters. By aligning these insights with the TDF[24] we identify the most evidence-based behaviour change techniques for supporting smoking cessation in Southampton.

To achieve this, we conducted a comprehensive literature review using the TDF to guide the selection of behaviour change techniques. We searched four databases:

- Google Scholar
- PubMed
- MEDLINE
- PsychInfo

Key findings from this are outlined in table 12.1 below, mapped to the TDF.

Table 12.1: Literature review mapped to the TDF

COM-B Component	Theoretical Domains Framework	Literature
Psychological capability	Knowledge	Digital education for healthcare professionals in delivering smoking cessation support appears to be as effective as traditional face-to-face training for increasing their knowledge,[74] suggesting that this may be a useful way of providing smoking cessation training. There is some evidence to suggest that people who smoke do not access stop smoking services because they have a lack of knowledge about these services and what support they offer, suggesting that clear information about these services is needed.[75]
	Skills	Blended training, using a combination of digital and traditional training methods, has been found to be effective in increasing skill in delivering smoking cessation support among healthcare professionals.[74] Therefore, it may be beneficial to combine current training provision with digital elements to ensure professionals across Southampton are trained in delivering stop smoking support.
	Behavioural regulation	Self-monitoring the outcomes of a behaviour through recording the behaviour and action planning have been identified as promising behaviour change techniques within smoking cessation interventions.[76]

[74] Semwal, M., Whiting, P., Bajpai, R., Bajpai, S., Kyaw, B. M., & Tudor Car, L. (2019). Digital education for health professions on smoking cessation management: Systematic review by the Digital Health Education Collaboration. *Journal of Medical Internet Research*, *21*(3), e13000.
[75] Kwah, K. L., Fulton, E. A., & Brown, K. E. (2019). Accessing national health service stop smoking services in the UK: a COM-B analysis of barriers and facilitators perceived by smokers, ex-smokers and stop smoking advisors. *Public health*, *171*, 123-130.
[76] Shoesmith, E., Huddlestone, L., Lorencatto, F., Shahab, L., Gilbody, S., & Ratschen, E. (2021). Supporting smoking cessation and preventing relapse following a stay in a smoke-free setting: a meta-analysis and investigation of effective behaviour change techniques. *Addiction*, *116*(11), 2978-2994.

COM-B Component	Theoretical Domains Framework	Literature
		The use of self-monitoring is often seen in mHealth apps designed to support individuals to stop smoking in the form of logging diaries, which have been found to increase self-efficacy in quitting, although is not necessarily associated with higher rates of success.[77]
Physical opportunity	Environmental context and resources	Stop smoking support provided in the UK in primary care and by stop smoking services appears to be effective in supporting individuals, particularly those from low socioeconomic backgrounds, to stop smoking.[78] This suggests that the support provided is helping individuals to stop smoking, Additionally, written self-help materials which provide information on how to quit smoking appear to be somewhat effective in supporting individuals to stop smoking when other support is not available.[79] Therefore, providing access to self-help materials to those who do not or cannot engage with services may be beneficial.
Social opportunity	Social influences	Social support was found to be associated with long-term success in smoking cessation in a workplace intervention,[80] suggesting that interventions for smoking cessation could consider including social support as a behaviour change technique. Anti-smoking mass media campaigns which suggest that smoking is disapproved of by society are linked to increased smoking cessation.[81] Therefore, messages to discourage smoking could focus on tackling the social norms around smoking.
Automatic motivation	Reinforcement	There is evidence to suggest that financial rewards and incentives are associated with long-term success in smoking cessation.[82] Therefore, the inclusion of financial incentives could be considered in smoking cessation interventions. Additionally, reinforcement has been included in some apps for stopping smoking in the form of achievements and badges,[83] suggesting that rewards for smoking cessation do not necessarily need to be financial.

[77] Weth, N. (2021). *Gamification elements in smoking cessation mobile apps and their effects on the self-efficacy and motivation to quit of smokers* (Doctoral dissertation, Imperial College London).
[78] Smith, C. E., Hill, S. E., & Amos, A. (2020). Impact of specialist and primary care stop smoking support on socio-economic inequalities in cessation in the United Kingdom: a systematic review and national equity analysis. *Addiction*, *115*(1), 34-46.
[79] Livingstone-Banks, J., Ordóñez-Mena, J. M., & Hartmann-Boyce, J. (2019). Print-based self-help interventions for smoking cessation. *Cochrane Database of Systematic Reviews*, (1).
[80] Van den Brand, F. A., Nagtzaam, P., Nagelhout, G. E., Winkens, B., & van Schayck, C. P. (2019). The association of peer smoking behavior and social support with quit success in employees who participated in a smoking cessation intervention at the workplace. *International journal of environmental research and public health*, *16*(16), 2831.
[81] Dono, J., Miller, C., Ettridge, K., & Wilson, C. (2020). The role of social norms in the relationship between anti-smoking advertising campaigns and smoking cessation: a scoping review. *Health education research*, *35*(3), 179-194.
[82] Notley, C., Gentry, S., Livingstone-Banks, J., Bauld, L., Perera, R., & Hartmann-Boyce, J. (2019). Incentives for smoking cessation. *Cochrane Database of Systematic Reviews*, (7).
[83] Rajani, N. B., Weth, D., Mastellos, N., & Filippidis, F. T. (2019). Use of gamification strategies and tactics in mobile applications for smoking cessation: a review of the UK mobile app market. *BMJ open*, *9*(6), e027883.

COM-B Component	Theoretical Domains Framework	Literature
	Emotion	There is some evidence to suggest that smoking is used as a coping mechanism for stress.[84] Despite this, mindfulness interventions, acceptance and commitment therapy and yoga interventions, which are often employed to help people manage stress, did not appear to be linked to increased success in smoking cessation.[85] This indicates that addressing feelings of stress may not be effective in supporting smoking cessation.
Reflective motivation	Motivation and goals	Goal setting and action planning have been identified as promising behaviour change techniques within smoking cessation interventions.[76] Additionally, goal setting has been found to be perceived as a useful and easy to use feature in stop smoking apps.[86] Goal setting and action planning are widely used behaviour change techniques already included within the NHS Quit Smoking app.

Summary

A literature review was carried out examining recent literature around effective approaches to smoking cessation addressing the challenges identified in Southampton, mapped to the TDF.[24]

The current stop smoking support provided in primary care and by stop smoking services appears to be effective.

Recent literature regarding effective approaches to stopping smoking has largely centred around digital interventions such as mobile apps and digital training. Digital apps have used established behaviour change techniques such as self-monitoring, incentives and goal setting, which are already employed in the NHS Quit Smoking app. Furthermore, digital or blended training for healthcare professionals may be as effective as traditional training.

There may also be opportunities to include social support and/or financial incentives in interventions to stop smoking cessation.

Campaigns aiming to discourage smoking should consider targeting the perception of social norms around smoking.

[84] Syed, I. U. (2020). Clearing the smoke screen: Smoking, alcohol consumption, and stress management techniques among canadian long-term care workers. *International journal of environmental research and public health*, *17*(17), 6027.
[85] Jackson, S., Brown, J., Norris, E., Livingstone-Banks, J., Hayes, E., & Lindson, N. (2022). Mindfulness for smoking cessation. *Cochrane Database of Systematic Reviews*, (4).
[86] Rajani, N. B., Mastellos, N., & Filippidis, F. T. (2021). Impact of gamification on the self-efficacy and motivation to quit of smokers: observational study of two gamified smoking cessation mobile apps. *JMIR Serious Games*, *9*(2), e27290.

Chapter 13: Conclusions

Most recent data, in 2023, shows that 14.2% of adults over the age of 18 in Southampton currently smoke (OHID, 2024), a figure statistically similar to the national average of 11.6%. Positively, Southampton ranks third highest in the South East of England for successful quit rates among individuals accessing stop smoking support services. Additionally, there is ample support available both nationally and locally to assist people in Southampton in quitting smoking, provided in line with national and local policies, strategies, and guidance.

Local stakeholders highlight the strong network of professionals offering stop smoking support across Southampton, with excellent training provided. However, challenges arise in organisations with high staff turnover, making it difficult to ensure all staff receive the necessary training. Opportunities exist to further increase awareness of existing stop smoking support, particularly among high-needs groups.

A community survey found that most respondents either no longer use tobacco or have never used it, while over a quarter (27%) use it daily. The primary reasons for smoking were stress and enjoyment, with addiction being the key barrier to quitting, followed by stress and lack of support. Nicotine replacement therapy (NRT) was the most common cessation aid, with nearly half (46%) of smokers having received help, mostly from GPs and pharmacies. Respondents emphasised the need for regular, non-judgmental support, mental health understanding, and personalised advice. Demographic differences showed that individuals from more deprived areas and those in council housing were more likely to value family support and receive help, while younger individuals saw smoking as a stress response, and women were more focused on stress as a barrier to quitting. Tailored, accessible support based on age, gender, deprivation, and housing status was identified as crucial for effective smoking cessation.

Several groups were identified as being seldom heard with high or unmet needs in relation to tobacco dependence, with further exploration being undertaken to better understand their needs. Key findings include:

- **People with severe or complex mental health conditions**: Smoking may be used as a coping mechanism, and stopping smoking is often not a priority. Individually tailored behavioural interventions are more effective for this group.
- **Ethnic minority groups:** Some people from ethnic minority groups may smoke to cope with difficult emotions. There may be a language barrier that prevents some groups accessing support, while some may feel suspicious of council-funded services. Stop smoking services should be culturally tailored.
- **Neurodiverse individuals**: People who identify as neurodiverse suggested that smoking is often used as a coping mechanism, a form of stimming, or a social tool, with some struggling to quit due to routine and sensory factors. They highlighted gaps in smoking cessation support, preferring practical toolkits, peer-led education, and alternative aids, while expressing distrust of vapes and a need for tailored interventions.
- **Pregnant people**: Pregnant people may smoke due to stress, social pressure, and family influence, with barriers to quitting including stigma. Consistency of support from midwives is valued, but improved awareness, family-inclusive programmes, and tailored resources for ethnic minorities are recommended.

- **People experiencing homelessness**: People experiencing homelessness commonly use tobacco products to cope with stress, mental health challenges, and peer pressure, with smoking often not being a priority to quit. Cessation support provided in hostels, such as that from Southampton Smokefree Solutions, is valued, but expanding across multiple locations is recommended for continuity.

Meeting the needs of groups with high or unmet needs and increasing the accessibility and visibility of stop smoking services is important for reducing tobacco dependency in Southampton. By providing tailored, comprehensive, and easily accessible support, Southampton City Council can strengthen its efforts to improve public health outcomes for its residents.

Appendix A – Community Survey

Southampton Stop Smoking Survey

Please take 10 minutes to complete our survey. The survey is about your views and experiences of smoking and stop smoking support.

If you have any questions or would like more information, please contact the Healthy Dialogues team at insights@healthydialogues.co.uk.

This survey is provided by Healthy Dialogues for Southampton City Council. It will be open until the 18th January 2025.

Healthy Dialogues will hold the data that you provide for our report until 1st March 2025. You will not be identified in any reporting of this data and you can contact us at insights@healthydialogues.co.uk to delete your response at any time.

* This form will record your name, please fill your name.

Stopping smoking

Please answer the following questions about your views and experiences of local tobacco dependency:

1. **How often do you smoke or use tobacco products (e.g., all types of tobacco including cigarettes, shisha, chewing tobacco, etc. but not vaping)?** Please select only one option

- ◯ I have never used tobacco
- ◯ I used to use tobacco, but no longer do
- ◯ I have tried using tobacco once or twice
- ◯ I use tobacco less than once a week
- ◯ I use tobacco once a week or more
- ◯ I use tobacco daily
- ◯ Other

2. **Which of the following do you think are the biggest reasons that people in Southampton smoke?** Please select all that apply

- [ ] They enjoy it
- [ ] To fit in with others
- [ ] Not knowing the risks of smoking
- [ ] To cope with stress
- [ ] Cigarettes are easy to get
- [ ] It seems normal to smoke
- [ ] People around them smoke
- [ ] Other

3. **What makes it hard for people to stop smoking?** Please select all that apply:

- [ ] Addiction
- [ ] Don't know how to stop
- [ ] Not having the support from family and friends
- [ ] Cigarettes are easy to buy
- [ ] Stress
- [ ] Don't think it's important to quit
- [ ] Don't think they can stop
- [ ] Don't know what help is available.
- [ ] Worry about withdrawal symptoms or other changes when stopping

4. **Are there other reasons that might make it difficult for people to stop smoking that aren't listed in Question 3? Please describe.**

5. **What support would help people to stop smoking?** Please select all that apply

- [ ] Nicotine replacement products (NRT) (e.g., patches, gum, Champix, Cystisine)
- [ ] E-cigarettes or vapes
- [ ] Support groups with others trying to stop tobacco use
- [ ] Help from friends and family
- [ ] Friends and family stopping smoking with them
- [ ] Education about smoking
- [ ] Rewards for quitting (e.g., money)
- [ ] Making tobacco harder to buy
- [ ] Professional help
- [ ] Support for stress
- [ ] Other

6. **Are there other ways to help people quit smoking that are not listed above?** Please describe.

Stop Smoking Services

Please answer the following questions about your awareness and use of local stop smoking services:

7. **Have you ever recieved support or advice to stop smoking?** Please select one option only

- ◯ Yes
- ◯ No
- ◯ I don't know
- ◯ Not applicable/I have never used tobacco

8. **Where did you received this support?** Please select all that apply

- ☐ Online
- ☐ Local pharmacy
- ☐ GP practice
- ☐ Hospital
- ☐ Local drugs and alcohol service
- ☐ Midwife
- ☐ Other

9. **What worked well with the support you received?** Please type your answer in the box below

10. **How could the support you received be improved?** Please type your answer in the box below

11. **If you wanted support to stop smoking in the future, where would you go?** Please select all that apply

- [ ] Online
- [ ] Local pharmacy
- [ ] GP practice
- [ ] Hospital
- [ ] Local drugs and alcohol service
- [ ] Midwife
- [ ] Other

12. **Do you have any other comments about smoking and the services that help people quit?**

Equalities Monitoring

Please help us by answering the questions below to make sure this survey reflects all parts of the Southampton community. Your answers will only be used for this survey and won't be shared with anyone else.

13. **What is your age group?** (please select only one option)

- ◯ Under 18 years
- ◯ 18-24 years
- ◯ 25-34 years
- ◯ 35-44 years
- ◯ 45-54 years
- ◯ 55-64 years
- ◯ 65-74 years
- ◯ 75-84 years
- ◯ 85+ years
- ◯ Prefer not to say

14. **What is your postcode?** (This is used for analysis only, to help us make recommendations for local services. It will not be used to contact or identify you).

15. **What is the sex you were born with?** (please select only one option)

- ◯ Male
- ◯ Female
- ◯ Prefer not to say
- ◯ Other

16. **Is your gender the same as the sex you were born with?** (please select only one option)

- ◯ Man
- ◯ Woman
- ◯ Prefer not to say

17. **How would you describe your ethnicity?** (please select only one option)

- ◯ White English, Scottish, Welsh, Northern Irish or British
- ◯ White Irish
- ◯ White Gypsy or Irish Traveller
- ◯ White Roma
- ◯ Any other White background
- ◯ White or White British and Asian or Asian British
- ◯ White or White British and Black African or Black African British
- ◯ White or White British and Black Caribbean or Black Caribbean British
- ◯ Black British
- ◯ Black African or African British
- ◯ Black Caribbean or Caribbean British
- ◯ Any other Black/African/ Caribbean Black background
- ◯ Asian British
- ◯ Asian or Bangladeshi or Bangladeshi British
- ◯ Asian Chinese or Chinese British
- ◯ Asian Indian or Indian British
- ◯ Asian Pakistani or Pakistani British
- ◯ Any other Asian background
- ◯ Arab
- ◯ Arab British
- ◯ Prefer not to say
- ◯ Not known

18. **What is your religion or belief?** (please select only one option)

- ◯ No religion (including atheist)
- ◯ Buddhist
- ◯ Christian
- ◯ Hindu
- ◯ Jewish
- ◯ Muslim
- ◯ Sikh
- ◯ Prefer not to say

19. **What is your working situation?** (please select only one option)

- ◯ Work full-time
- ◯ Work part-time
- ◯ Self-employed
- ◯ Contract or temporary
- ◯ Student
- ◯ Seeking employment opportunities
- ◯ Stay at home parent
- ◯ Retired
- ◯ Unable to work
- ◯ Prefer not to say

20. **How would you describe your sexual orientation?** (please select only one option)

- ◯ Bisexual
- ◯ Gay or Lesbian
- ◯ Heterosexual/Straight
- ◯ Prefer not to say

21. **Do you have any physical or mental health conditions that affect your day-to-day activities?** (please select only one option)

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

22. **Are you currently?** (please select only one option)

- ◯ Co-habiting or living with a partner
- ◯ Married or in a civil partnership
- ◯ Separated, divorced or civil partnership dissolved
- ◯ Widowed or a surviving partner from a civil partnership
- ◯ Single
- ◯ Prefer not to say

23. **Are you currently pregnant or have you been pregnant in the last year?** (please select only one option)

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

24. **Are you breastfeeding? (please select only one option)**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

25. **Do you have any caring responsibilities for a child or another adult?**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

26. **Do you or someone you care for receive support with daily activities?**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

27. **Do you live in council or housing association housing?**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

Thank you once again for taking the time to complete our survey.

For more information about local stop smoking support, visit the Southampton City Council website here: https://www.southampton.gov.uk/health/tobacco-alcohol-and-drugs/stopping-smoking/

If you would like more information about the Tobacco Dependency Needs Assessment, or have any questions, you can contact Healthy Dialogues at insights@healthydialogues.co.uk