

# Healthwatch Dudley

Dudley Office for Public Health

## Tobacco use

## What are people saying?



**healthwatch**  
Dudley

January 2017

Dr Rob Dalziel and Georgia Davis



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We are grateful to the Dudley Office for Public Health for their support for the project. They showed a strong desire to improve understanding of people's views and experiences of the use of tobacco products and e-cigarettes to inform the development of robust and effective tobacco control, smoking cessation and e-cigarette policies.

# Foreword



Dudley Office of Public health commissioned Healthwatch Dudley to carry out research on people's experiences and views on smoking, using other tobacco products, e-cigarettes, as well as attitudes towards tobacco control and stop smoking (or using other tobacco product) policies. This report provides information that improves understanding of people's smoking behaviours and habits. It also provides insights on what people who do not use tobacco products are thinking about the habits of smokers and others using different kinds of tobacco product or e-cigarettes.

It was interesting to discover how attitudes to the use of tobacco products varied in line with people's different backgrounds, their ages and early encounters or experiences of smoking or the use of other types of tobacco product. At the same time, the emergence of the e-cigarette and its increased use by some younger people and those trying to stop smoking has added a new dimension to discussions on changing tobacco control policies.

The findings from this research can be used to inform the discussions on how to best modify or update existing tobacco control strategies or policies for the future.

Jayne Emery  
Chief Officer  
Healthwatch Dudley



# Executive summary

Tobacco control by definition is any initiative which aims to reduce the demand for tobacco products<sup>1</sup>. It includes strategies that reduce the demand for, and supply of, tobacco in communities. Different strands of a tobacco control programme are interrelated and work together to reduce smoking rates as a whole.<sup>2</sup>

There were still around 8.6 million adult smokers in the UK, approximately 17 per cent of the population, in 2016.<sup>3</sup> At the same time, people in routine and manual employment are twice as likely to smoke compared to people in professional and managerial employment.<sup>4</sup> Professionals and managers often smoke less and are more likely to stop smoking than routine or manual workers.<sup>5</sup> E-cigarettes have also become popular in Europe following their introduction in the mid 2000's. They are designed to provide a comparable smoking experience to conventional cigarettes. The battery powered nicotine delivery device uses disposable or refillable cartridges to deliver a flavoured aerosol or vapour for inhalation.<sup>6</sup>

In 2015, figures showed there were around 61,000 smokers in the Dudley borough, which cost the local economy an estimated £76.8 billion per year due to ill health, time off work and early death.<sup>7</sup>

A questionnaire survey was designed and made available as a paper-based document for distribution to organisations and groups or individuals at events and on-line where it could be completed by smokers and non-smokers. It comprised of a mix of closed, scalar, multiple choice and open ended questions. The questions themselves were derived from information obtained from the focused literature review. A front page to the survey set out its purpose, the role of Healthwatch Dudley and matters pertaining to confidentiality and how findings would be used. In total, 68 people took part in the questionnaire survey between April and August 2015.

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<sup>1</sup> Chartered Institute of Environmental Health (2009) Essential Elements of Tobacco Control - EETSA Tobacco Control Toolkit, [http://www.cieh.org/policy/essential\\_elements\\_of\\_tobacco\\_control.html](http://www.cieh.org/policy/essential_elements_of_tobacco_control.html)

<sup>2</sup> Local Government Group (2011) Reducing health inequalities through tobacco control - a guide for councils, <http://www.idea.gov.uk/idk/aio/25455753t>

<sup>3</sup> ash UK (2016) Smoking Statistics, <http://ash.org.uk/category/information-and-resources/fact-sheets/>

<sup>4</sup> Local Government Association (2015) Tackling tobacco and nicotine dependency [http://www.local.gov.uk/publications/-/journal\\_content/56/10180/6992869/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/6992869/PUBLICATION)

<sup>5</sup> Local Government Group, Reducing Health Inequalities Through Tobacco Control - a guide for councils <http://www.idea.gov.uk/idk/aio/25455753>

<sup>6</sup> Hughes K, Bells M A, Hardcastle K A, McHale P, Bennett A, Ireland R and Pike K (2015) Associations between e-cigarette access and smoking and drinking behaviours in teenagers, BMC Public Health 15:244, <http://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-015-1618-4>

<sup>7</sup> Public Health England, Dudley Unitary Authority, Health Profile 2015, <http://www.apho.org.uk/resource/item.aspx?RID=50323>

Four focus groups were organised to obtain more detailed insights on people's experiences of using tobacco products. Focus group sessions were held at different venues in the Dudley borough and included 7 young people between 13 and 17 years of age.

Many people had started smoking or using other tobacco products early, often before the age of 16. In the main people started using tobacco products because friends did and it was often also a personal choice they had made. A significant number of people were using hand rolled cigarettes but were indicating they were mainly shop bought, although it was not uncommon for them to admit having purchased illegal tobacco products.

Apart from when they were at home people smoked or used other tobacco products most often when they were socialising with other users of tobacco products, friends and drinking in the company of others. Many people reported being in good health despite using tobacco products and a significant minority of people felt smoking or using other tobacco products had little or no impact on their health. The most common approaches used to cut down or stop using tobacco products were help obtained at the doctor's surgery, nicotine replacement (patches and gums), self-help, e-cigarettes and pharmacy services.

# Background

Tobacco control by definition is any initiative which aims to reduce the demand for tobacco products<sup>8</sup>. It includes strategies that reduce the demand for, and supply of, tobacco in communities. Different strands of a tobacco control programme are interrelated and work together to reduce smoking rates as a whole.<sup>9</sup> Smoking was deemed dangerous and harmful in the late 1950's by the Royal College of Physicians, at that time 70% of men and 40% of women smoked.<sup>10</sup>

In 1965 television advertisements of tobacco products were banned but there was an increasing amount of sports sponsorship involving the advertisement of tobacco products, which demonstrated there was a lack of widespread support for stopping tobacco advertising at that time. Although there were some steps to eradicate smoking between 1970 and into the 1990's, such as the setup of Action on Smoking and Health (ASH) and the Anti-Smokers Clinics, this was not accompanied by full government support or a successful strategy to help people to quit. It was not until the turn of the millennia that tobacco control became widespread within local government in the UK.

## *The new millennium and tobacco control*

In 2006, the Labour government introduced a ban on smoking in public houses, bars, restaurants and hotels. A poll conducted in 2012, of more than 12,000 people, found that 78 per cent of adults supported the ban.<sup>11</sup> Then in 2015, smoking in cars with children and young people under the age of eighteen was banned to try to reduce exposure to second hand smoke.<sup>12</sup> A Canadian study, for example, has found tobacco smoke in a car can produce seven times more second hand smoke than a smoky pub bar.<sup>13</sup> In addition, in the UK, the tax rate on tobacco products rises by 2 per cent above inflation each year, as

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<sup>8</sup> Chartered Institute of Environmental Health (2009) Essential Elements of Tobacco Control - EETSA Tobacco Control Toolkit, [http://www.cieh.org/policy/essential\\_elements\\_of\\_tobacco\\_control.html](http://www.cieh.org/policy/essential_elements_of_tobacco_control.html)

<sup>9</sup> Local Government Group (2011) Reducing health inequalities through tobacco control - a guide for councils, <http://www.idea.gov.uk/idk/aio/25455753t>

<sup>10</sup> Royal College of Physicians (2012) Fifty years since smoking and health progress, lessons and priorities for a smoke-free UK, Centre for Tobacco Control Studies, University of Nottingham <https://www.rcplondon.ac.uk/projects/outputs/fifty-years-smoking-and-health>

<sup>11</sup> Department of Health (2011) The Impact of Smokefree Legislation in England: Evidence Review, Bauld, L., University of Bath and UK Centre for Tobacco Control <https://www.gov.uk/government/publications/impact-of-smokefree-legislation-evidence-review-march-2011>

<sup>12</sup> Department of Health (2015) Rules about tobacco, e-cigarettes and smoking: 1 October 2015, <https://www.gov.uk/government/publications/new-rules-about-tobacco-e-cigarettes-and-smoking-1-october-2015/new-rules-about-tobacco-e-cigarettes-and-smoking-1-october-2015>

<sup>13</sup> Hitchman S C, Fong G T, Borland R and Hyland A (2010) Predictors of smoking in cars with nonsmokers: Findings from the 2007 Wave of the International Tobacco Control Four Country Survey in Nicotine and Tobacco Research, Vol.12, Issue 4, pp.374-380, <http://ntr.oxfordjournals.org/content/12/4/374.abstract>

announced in the government's 2014 Budget to try to reduce smoking rates.<sup>14</sup> In the government's 2016 Budget it was announced that the tax rate on hand rolling tobacco would rise by 5 per cent above inflation.<sup>15</sup>

In 2011, the Conservative and Liberal Democrat coalition government introduced the 'Healthy Lives Healthy People' document, which provided an overview of the ways in which tobacco control can be successful. It focused on: stopping the promotion of tobacco, making tobacco less affordable, helping tobacco users to quit and reducing exposure to second hand smoke.<sup>16</sup> In terms of stopping the promotion of tobacco there has also been widespread banning of advertising tobacco products in the media.<sup>17</sup> Since 2012 large supermarkets have not displayed tobacco products in their stores openly.<sup>18</sup> At the same time, the NHS Stop Smoking Service is available to provide advice, support and treatments for people who want to quit smoking.<sup>19</sup>

## *Tobacco use*

There were still around 8.6 million adult smokers in the UK, approximately 17 per cent of the population, in 2016.<sup>20</sup> At the same time, people in routine and manual employment are twice as likely to smoke compared to people in professional and managerial employment.<sup>21</sup> Professionals and managers often smoke less and are more likely to stop smoking than routine or manual workers (perhaps, in part, because smoking is a stronger social norm among these groups and stopping smoking can be isolating for the people involved).<sup>22</sup> The low success rate in stopping smoking for people from lower socio-economic backgrounds has also been connected with them having a stronger nicotine addiction than other smokers.<sup>23</sup>

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<sup>14</sup> HM Government, Budget 2014, <https://www.gov.uk/government/publications/budget-2014-documents>

<sup>15</sup> HM Government, Budget 2016, <https://www.gov.uk/government/publications/hand-rolling-tobacco-duty-rate>

<sup>16</sup> HM Government (2011) Healthy Lives, Healthy People: A Tobacco Control Plan For England <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

<sup>17</sup> ash UK (2008) Beyond Smoking Kills: Protecting Children Reducing Inequalities <http://ash.org.uk/information-and-resources/reports-submissions/reports/beyond-smoking-kills/>

<sup>18</sup> Royal College of Physicians (2012) Fifty years since smoking and health progress, lessons and priorities for a smoke-free UK, UK Centre for Tobacco Control Studies, University of Nottingham, <https://www.rcplondon.ac.uk/projects/outputs/fifty-years-smoking-and-health>

<sup>19</sup> Dudley Group NHS Foundation Trust, Stop Smoking Service, <http://dudleygroup.nhs.uk/services-and-wards/stop-smoking-service/>

<sup>20</sup> ash UK (2016) Smoking Statistics, <http://ash.org.uk/category/information-and-resources/fact-sheets/>

<sup>21</sup> Local Government Association (2015) Tackling tobacco and nicotine dependency [http://www.local.gov.uk/publications/-/journal\\_content/56/10180/6992869/PUBLICATION](http://www.local.gov.uk/publications/-/journal_content/56/10180/6992869/PUBLICATION)

<sup>22</sup> Local Government Group, Reducing Health Inequalities Through Tobacco Control - a guide for councils <http://www.idea.gov.uk/idk/aio/25455753>

<sup>23</sup> ash UK (2008) Beyond Smoking Kills: Protecting Children Reducing Inequalities <http://ash.org.uk/information-and-resources/reports-submissions/reports/beyond-smoking-kills/>

Pregnant women in unskilled employment are five times more likely to smoke than professionals, also teenage mothers are six times more likely to smoke than older mothers.<sup>24</sup>

Regarding children and young people, there is evidence that those who live in a smoking household are much more likely to smoke and these households tend to be concentrated amongst lower socio-economic groups.<sup>25</sup> It has been estimated children and young people living with parents or siblings who smoke are up to three times more likely to become smokers themselves than children and young people from non-smoking households.<sup>26</sup> In turn, children and young people in smoking households will often suffer from respiratory problems and asthma that cause them to take time off school.<sup>27</sup>

In the UK, figures show smoking causes up to 5,000 miscarriages and 2,500 premature births each year.<sup>28</sup> Exposure to toxins in the womb from mothers smoking can also cause other medical problems such as an ectopic pregnancy, still birth or low birth weight.<sup>29</sup> Smoking rates amongst Black, Asian and minority ethnic groups vary. The highest smoking rates are seen in the Black Caribbean (37 per cent) and Bangladeshi (36 per cent) groups. Meanwhile, smoking rates have tended to be low for women from ethnic minority groups compared to the general population, the only exceptions are Black Caribbean (22 per cent) and Irish (24 per cent) women.<sup>30</sup>

## *E-cigarette use*

E-cigarettes have become popular in Europe following their introduction in the mid 2000's. They are designed to provide a comparable smoking experience to conventional cigarettes. The battery powered nicotine delivery device use disposable or refillable cartridges to deliver a flavoured aerosol or vapour for inhalation.<sup>31</sup>

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<sup>24</sup> Fleming K, Graham H, McCaughan D, Angus K, Sinclair L and Bauld L (2016) Health professionals' perceptions of the barriers and facilitators to providing smoking cessation advice to women in pregnancy and during the post-partum period: a systematic review of qualitative research, BMC Public Health 16:290, [http://webcache.googleusercontent.com/search?q=cache:https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-2961-9&gws\\_rd=cr&ei=yWccWN7EA6PBgAbik5nIDw](http://webcache.googleusercontent.com/search?q=cache:https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-016-2961-9&gws_rd=cr&ei=yWccWN7EA6PBgAbik5nIDw)

<sup>25</sup> ash UK, (2008) Beyond Smoking Kills: Protecting Children Reducing Inequalities

<http://ash.org.uk/information-and-resources/reports-submissions/reports/beyond-smoking-kills/>

<sup>26</sup> ash UK (2015) Young People and Smoking <http://ash.org.uk/information-and-resources/fact-sheets/young-people-and-smoking/>

<sup>27</sup> ash UK (2008) Beyond Smoking Kills: Protecting Children Reducing Inequalities

<http://ash.org.uk/information-and-resources/reports-submissions/reports/beyond-smoking-kills/>

<sup>28</sup> ash UK (2013) Smoking and Reproduction, <http://ash.org.uk/information-and-resources/fact-sheets/smoking-and-reproduction/>

<sup>29</sup> ash UK (2016) Smoking and disease, <http://ash.org.uk/information-and-resources/fact-sheets/smoking-and-disease/>

<sup>30</sup> ash UK (2011) Tobacco and Ethnic Minorities, <http://ash.org.uk/information-and-resources/fact-sheets/tobacco-and-ethnic-minorities/>

<sup>31</sup> Hughes K, Bells M A, Hardcastle K A, McHale P, Bennett A, Ireland R and Pike K (2015) Associations between e-cigarette access and smoking and drinking behaviours in teenagers, BMC Public Health 15:244, <http://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-1618-4>

It was suggested smokers were using e-cigarettes to reduce rates of smoking and even quit altogether.<sup>32</sup> Whilst alternative nicotine replacement therapies, such as nicotine patches or gum, did not provide the behavioural and sensory aspects of smoking that smokers said they enjoyed - holding the cigarette in the hand and taking a puff.<sup>33</sup> However, General Product Safety Regulations guiding policy on e-cigarettes did not require that they were tested before being put on the market.<sup>34</sup>

By 2014 there was much agreement that e-cigarettes exposed users to fewer toxins than smoking tobacco products and Public Health England stated they were much less harmful than tobacco-based cigarettes.<sup>35</sup> In January 2016 the UK Medicines and Healthcare Products Regulatory Agency issued the first license for an e-cigarette classifying it as a medicine and making it possible to prescribe on the NHS. Meanwhile, a European Parliament revised Tobacco Products Directive came into force in May 2016.

The Directive required e-cigarette manufacturers to notify relevant authorities of their products, ingredients, emissions, toxicology and nicotine dose data. At the same time, an e-cigarette liquid must not contain more than 20mg per millilitre of nicotine, refill containers must not exceed 10 millilitres in volume and tanks must not exceed 2 millilitres in volume. It must be child proof, include information on possible adverse effects and mention addictiveness and toxicity. There must be no promotional element to packaging and health warnings must be displayed.<sup>36</sup>

It is estimated around 1 in 20 adults in the UK use electronic cigarettes and are, in the main, smokers or ex-smokers. Indeed, e-cigarette use among people who have never smoked is very low at around 0.2 per cent.<sup>37</sup> Meanwhile, of those smokers who try e-cigarettes, fewer than 15 per cent go on to substitute them entirely for tobacco products, which may mean they are often not a satisfactory replacement for smoking.<sup>38</sup> In turn, for younger people using e-cigarettes is still

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<sup>32</sup> Hartmen-Boyce J, McRobbie H, Bullen C, Begh R, Stead L F, and Hajek P (2016) Electronic cigarettes for smoking cessation, Cochrane Library, <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010216.pub3/full>

<sup>33</sup> Ibid.

<sup>34</sup> McNeill A, Brose L S, Calder R, Hitchman S C, Hajek P and McRobbie H (2015) E-cigarettes: an evidence update, a report commissioned by Public Health England, <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>

<sup>35</sup> Ibid.

<sup>36</sup> European Commission (2014) Revision of the Tobacco Products Directive, [http://ec.europa.eu/health/tobacco/products/revision/index\\_en.htm](http://ec.europa.eu/health/tobacco/products/revision/index_en.htm)

<sup>37</sup> McNeill A, Brose L S, Calder R, Hitchman S C, Hajek P and McRobbie H (2015) E-cigarettes: an evidence update, a report commissioned by Public Health England, <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>

<sup>38</sup> Hartmen-Boyce J, McRobbie H, Bullen C, Begh R, Stead L F, and Hajek P (2016) Electronic cigarettes for smoking cessation, Cochrane Library, <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010216.pub3/full>

rare with around 2 per cent of them using e-cigarettes each month. In turn, of these young people using e-cigarettes, just a few had never smoked before.

## *Dudley Tobacco Control Strategy*

In 2015, figures showed there were around 61,000 smokers in the Dudley borough, which cost the local economy an estimated £76.8 Billion per year due to ill health, time off work and early death. In turn, people living in less affluent areas were more likely to smoke.<sup>39</sup> A health survey, undertaken in 2009, showed there were no significant variations in the numbers of male smokers from different ethnic groups but the numbers of female smokers was significantly lower amongst Black, Asian and minority ethnic groups.<sup>40</sup>

The Dudley Tobacco Control Strategy is based on meeting government targets on helping pregnant women to stop smoking, the promotion of smokefree homes, education for young people on the risks of taking up smoking and restricting sales of cigarettes to young people. At the same time its sets out a strong desire to be part of a programme of activities designed to reduce health inequalities, create smokefree environments, deal with the trade in illegal tobacco products and promote the availability of Stop Smoking Services for people who want help to stop smoking.

Planned future developments included adopting a life-stage approach from preconception and pregnancy, through early years, school and college, the working environment and the social environment. It is essential that the people who are using tobacco products, e-cigarettes and stop smoking services are involved in discussions and decisions about the re-design or up-dating of the Dudley Tobacco Control Strategy. The intention must be to improve awareness of tobacco harm among young people, ensure effective regulation and enforcement, provide support to help people quit and reduce harm for those who are not ready to stop in one step.

## *Healthwatch Dudley*

Healthwatch Dudley is one of 148 independent local Healthwatch organisations that make up a network operating across England under the umbrella of the national organisation Healthwatch England based in London. Local Healthwatch organisations were established in 2013 as a result of proposals set out in the Health and Social Care Act 2012. The Act sought to ensure the voice of consumers or people accessing health and social care services were involved in

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<sup>39</sup> Public Health England, Dudley Unitary Authority, Health Profile 2015, <http://www.apho.org.uk/resource/item.aspx?RID=50323>

<sup>40</sup> Dudley Public Health (2010) Dudley Health Survey 2009, Preliminary Findings, <http://www.dudley.gov.uk/search/?s=1&searchRequestDefaultslid=236&baseResultsSearchRequestId=54246600&page=4>

and had influence over the design and delivery of those services.

Healthwatch Dudley is the consumer champion for both health and social care services provided for adults and children in the Dudley borough. It listens to people's views and experiences of accessing services provided by hospitals, general practitioners and other community health services, pharmacists, dentists, opticians, social care services and care and nursing homes. It shares its research and engagement findings with organisations and individuals involved in making decisions on the design, procurement and provision of health and social care services. And has a statutory seat on the Dudley council Health and Wellbeing Board and a seat by invitation on the Dudley Clinical Commissioning Group Board.<sup>41</sup>

## *Dudley Metropolitan Borough*

Dudley Metropolitan Borough is centrally located within the Black Country. It includes the three main towns Dudley, Halesowen and Stourbridge and is divided into five townships, which are Brierley Hill (including Kingswinford), Dudley and Netherton, Sedgley, Halesowen and Stourbridge. The 2011 Census showed there were approximately 314,000 people living in the borough with most (92.5%) describing themselves as White British. Other significant ethnic groups were Pakistani, Indian, Polish, Latvian, Lithuanian and Mixed White/Black Caribbean.<sup>42</sup> There are some substantial pockets of deprivation in the borough and figures showed that around 21.7 per cent of the children in the borough or 12,500 individuals were living in poverty. At the same time, life expectancy in the most deprived areas is 9.7 years lower for men and 6.1 years lower for women than in the least deprived areas.<sup>43</sup>

## *Dudley Office for Public Health*

The Dudley Office of Public Health aims to work with local people to help them to have long, healthy and fulfilling lives. Its public health programmes (including those that focus on the Healthy Living Pharmacy, Drugs, Alcohol and Sexual Services Support, Self Care, Health Training and Winter Warmth) are designed to help create vibrant communities. The intention is to identify and try to deal with the factors that impact adversely on people's health and wellbeing at different times in their lives.<sup>44</sup>

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<sup>41</sup> Healthwatch Dudley, <http://healthwatchdudley.co.uk/>

<sup>42</sup> Office for National Statistics, Census 2011, <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-274670>

<sup>43</sup> Dudley Unitary Authority, Health Profile 2015, Public Health England, [www.apho.org.uk/resource/view.aspx?RID=171738](http://www.apho.org.uk/resource/view.aspx?RID=171738)

<sup>44</sup> Dudley Office of Public Health (2016) <http://www.dudley.gov.uk/health/office-of-public-health/>



## Research approach

A review of the academic and policy literature relating to tobacco products, their use, impacts on health and how they are controlled was undertaken. The aim was to understand the political and social context within which smoking (and other tobacco product use) behaviours and habits have developed and what steps have been taken over time to deal with the impacts of tobacco product use on people's health and wellbeing by international institutions, national and local government and other relevant organisations.

A mixed methods research approach was used to obtain people's views on the use of tobacco products with a questionnaire survey developed that provided mainly quantitative information on how people were using tobacco products or e-cigarettes and the implications for their health and wellbeing. At the same time, qualitative work included focus group sessions and case study work that comprised in-depth semi-structured interviews to obtain a more detailed view of people's individual experiences of using tobacco products.

Information was analysed using a coding and labelling technique to identify patterns and connections that would help to explain events and actions in terms of people's attitudes to the use of tobacco products and their own behaviours if they were smoking or using other tobacco products.

The successful completion of research activities was dependent on the coordinated actions of Healthwatch Dudley staff and a group of volunteers with experience of undertaking research activities.

## Questionnaire survey

A questionnaire survey was designed and made available as a paper-based document for distribution to organisations or groups or individuals at events and on-line where it could be completed by smokers and non-smokers. It comprised of a mix of closed, scalar, multiple choice and open ended questions (see Appendix 1 on page 50). The questions were derived from information obtained from a focused review of the academic and policy literature on tobacco products, their use and control. A front page to the survey set out its purpose, the role of Healthwatch Dudley and matters pertaining to respondent confidentiality and how the findings would be used.

In total, 68 people took part in a questionnaire survey that was live from April through August 2015. And 67 of them responded to a question on gender with 48 indicating they were female and 19 indicating they were male (see Table 1, below).

Male	Female	Total
19	48	67

Table 1: Gender

The ages of the people taking part in the survey ranged from 18 or under to over 75. The highest response rate was from 23 people in the 25-34 age group. Lower response rates were recorded for people in the 18 or under, 75-84 and 85 and over age groups (see Table 2, below).

18 or under	1	19-24	12
25-34	23	35-49	13
50-64	10	65-74	7
75-84	2	85 and over	0

Table 2: Age

Regarding the postcode area where people lived the largest number, 16 people, lived in the DY5 area of the Dudley borough (Brierley Hill, Bromley, Pensnett and Quarry Bank). There were 11 people from the DY1 area (Dudley town, Wrens Nest and Russell's Hall) and 9 people from the DY3 area (Gornal, Swindon, Sedgley and Himley). Other people were living in the DY2, DY8 and WV14 areas (see Appendix 2 on page 69).

A question on ethnicity gathered 68 responses with 62 people indicating they were White British (see Appendix 3, on page 69).

## *Who's doing what?*

A question asking people whether they had ever smoked cigarettes, used other tobacco products or e-cigarettes garnered 67 responses. There were 65 people who had smoked used other tobacco products or e-cigarettes and 2 people who had not used any of these products (see Table 3, below).

Yes	No	Total
65	2	67

Table 3: Usage of tobacco products or e-cigarettes

A question on the age that people started using tobacco products or e-cigarettes garnered 65 responses. Of these 59 people had started by the age of 18 (with 19 of them starting by the age 13). Interestingly, 15 people started using tobacco products or e-cigarettes at the age of 16 (see Table 4, on page 18).

Age	8	10	11	12	13	14	15	16	17	18	19	20	21	25	Total
No.	2	3	4	1	9	9	7	15	4	5	2	2	1	1	65

Table 4: Age started using tobacco products or e-cigarettes

Regarding people’s smoking behavior (that could include one or more of a series of options) there were 65 responses. The information provided shows that 62 people were or had smoked tobacco based cigarettes. There were 13 people who were or had used other tobacco products, 13 people who were or had used tobacco products and e-cigarettes and 6 people who smoked tobacco with marijuana. Only 1 person indicated they had only ever used e-cigarettes (see Table 5, below).

I smoked/smoke tobacco-based cigarettes	62
I smoked/smoke cigars	7
I smoked/smoke a tobacco pipe	4
I used/use chewing tobacco	1
I use both e-cigarettes and tobacco products	9
I have only ever used e-cigarettes and NOT tobacco products	1
I have used tobacco products but now use e-cigarettes instead	4
I have never used e-cigarettes	10
I used/use other tobacco products (i.e., snuff)	1
I smoke tobacco with marijuana	6

Table 5: The tobacco products used (including e-cigarettes)

Turning to why people started to use tobacco products or e-cigarettes (they could choose one or more of a series of options) there were 63 people who answered a question on this matter. Of these 37 people started because their friends used them, 20 people started out of personal choice, 11 people started as a result of pressure from friends and 10 people started because it made them feel more accepted.

In turn, 10 people felt it made them more grown up, 7 people started because a family member was using tobacco products or e-cigarettes, 6 people started using such products to relieve stress, anxiety or worry and 1 person started as a result of pressure from a family member. There was 1 person who felt it was glamorous to use such products, 1 person who felt it made them more confident and 3 people who were using e-cigarettes to try to cut down on or stop using tobacco products (see Figure 1, on page 19).

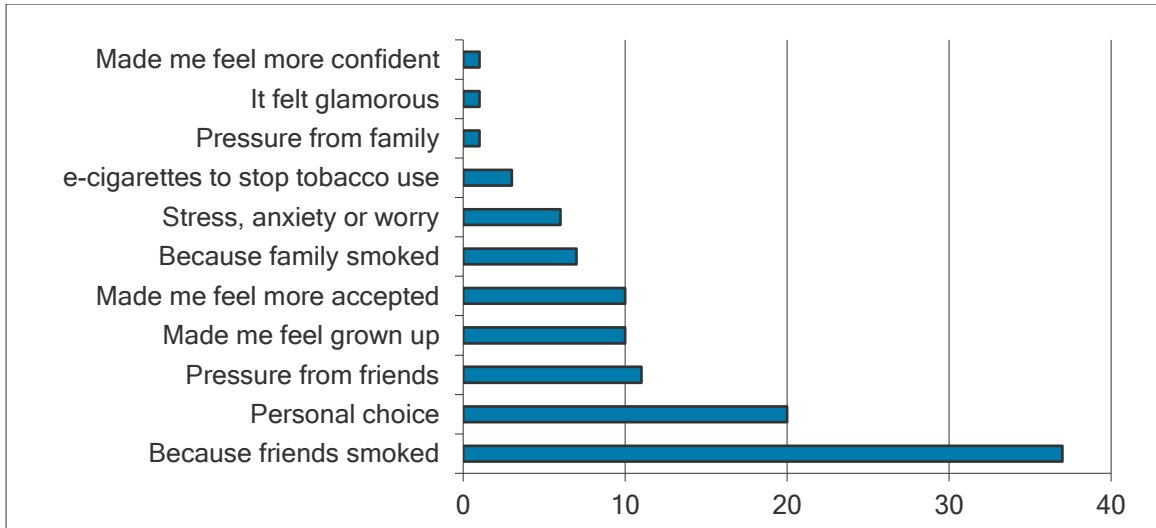


Figure 1: Why people started to use tobacco products or e-cigarettes

On the question of which people were or had been using tobacco products or had never used tobacco products but were using e-cigarettes there were 65 responses. In total, 41 people smoked cigarettes or used other tobacco products and 23 people had smoked cigarettes or used other tobacco products. There was 1 person who had not smoked cigarettes or used other tobacco products but did use e-cigarettes (see Table 6, below).

I smoke cigarettes or use other tobacco products	41
I used to smoke cigarettes or use other tobacco products	23
I have not smoked cigarettes or used other tobacco products but do use e-cigarettes	1
<b>Total</b>	<b>65</b>

Table 6: Current and past use of tobacco products or e-cigarettes

A question on tobacco products used (it was possible to tick more than one option) showed that out of 42 people providing information 32 of them smoked factory made cigarettes (see Figure 2, below).

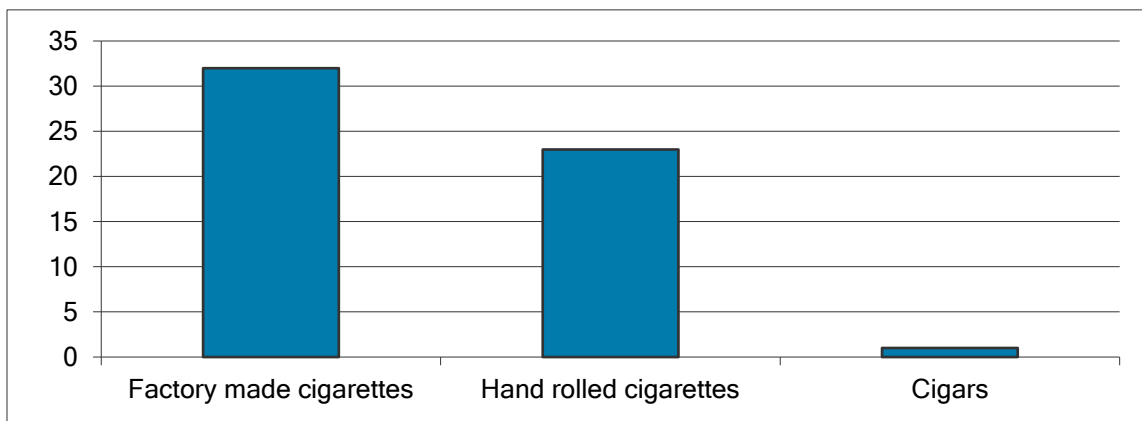


Figure 2: Usage of tobacco products

There were 23 people smoking hand rolled cigarettes and 1 person was smoking cigars.

### *Making a purchase, habits and effects*

Meanwhile, 42 people provided information in response to a question on where they get their tobacco products from (it was possible to tick one or more options). It showed that 39 people got tobacco products from a shop, 8 people got tobacco products from duty free outlets and 1 person got tobacco products at a pub or leisure venue (See Table 7, below).

Shop premises	39
Duty free	8
Pubs or leisure venues	1
Other	1

Table 7: Where people get tobacco products

There were 22 people who indicated they had not knowingly purchased illegal tobacco products and 18 people who indicated they had purchased illegal tobacco products. And 1 person indicated they did not know if they had purchased illegal tobacco products (see Table 8, below).

No	Yes	Don't know	Total
22	18	1	41

Table 8: Purchase of illegal tobacco products

Turning to the money spent on tobacco products 14 people were spending £10 or less each week and 10 people were spending between £11 and £20 each week. In turn, 7 people were spending between £21 and £30 each week and 3 people were spending between £41 and £50 each week. There were 2 people spending £51 or more each week on tobacco products (see Figure 3, below).

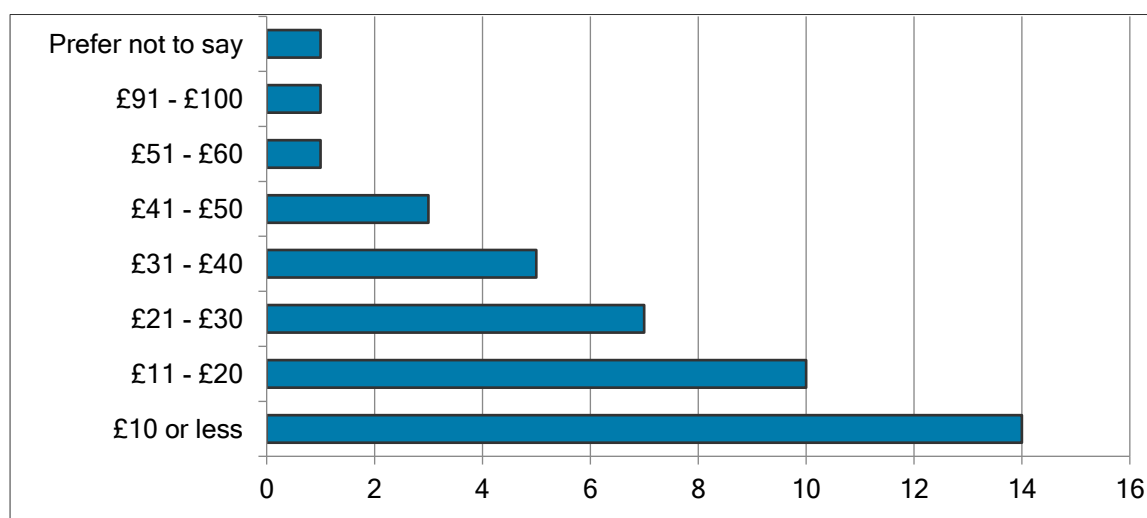


Figure 3: How much people spend on tobacco products each week

The number of cigarettes (shop bought or hand-rolled) smoked, by 41 people answering a question on the topic, varied from 4 people who smoked occasionally, 6 people who smoked between 1 and 5 cigarettes each day, 12 people who smoked between 6 and 10 cigarettes each day, 6 people who smoked between 11 and 15 cigarettes each day, 7 people who smoked between 16 and 20 cigarettes each day and 6 people who smoked 21 or more cigarettes each day (see Table 9, below).

No.	Now & then	1-5	6-10	11-15	16-20	21-25	26-30	31-35	Total
Persons	4	6	12	6	7	3	2	1	41

Table 9: Number of cigarettes smoked each day

In total, 44 people answered a question on how long after waking they first smoked or used other tobacco products. The findings showed, 10 people waited for 5 minutes or less, 7 people waited between 6 and 10 minutes, 4 people waited between 11 and 15 minutes, 3 people waited between 16 and 20 minutes and 13 people waited for more than 20 minutes (see Figure 4, below).

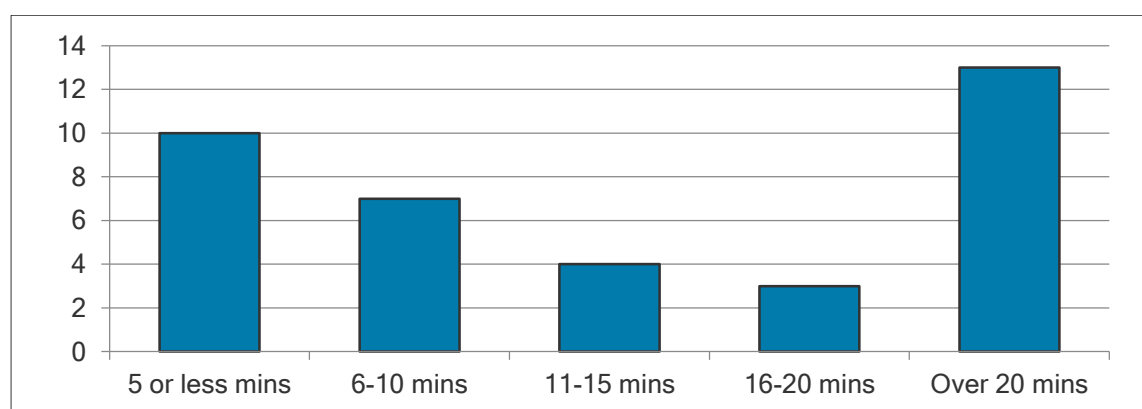


Figure 4: Time after waking and use of tobacco products

The types of sensations obtained from smoking cigarettes or using other tobacco products were described by 32 people (who could choose one or more options from a list). In total, 12 people got a nicotine high, 7 people got a buzz from the taste of tobacco, 5 people got a pleasant sensation in the throat and 3 people got a buzz from the smell of tobacco (see Figure 5, on page 22).

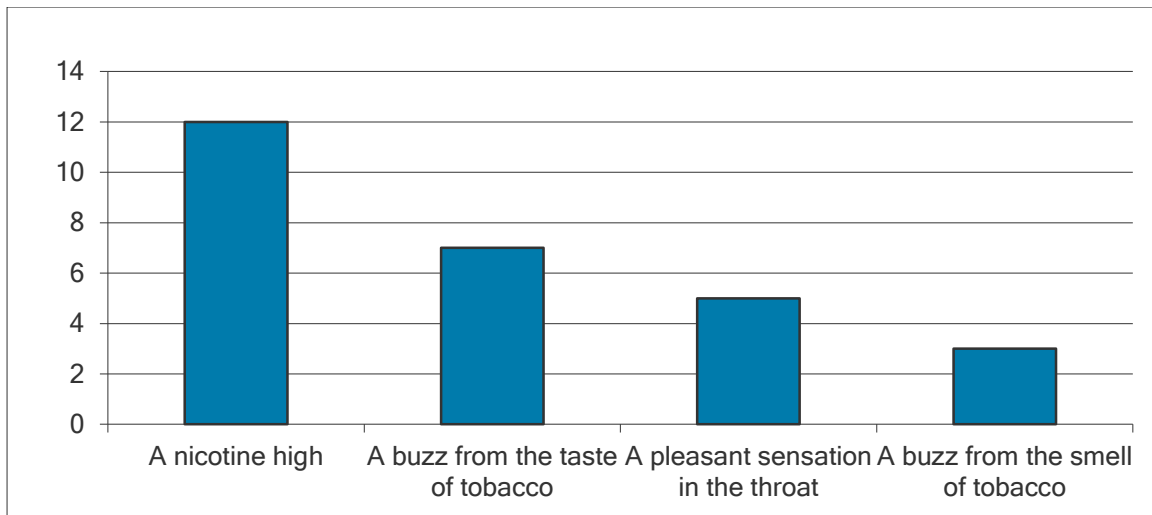


Figure 5: Tobacco product effects

Regarding the times when smokers and the users of other tobacco products tended to indulge in their habit 42 people provided an answer (choosing one or more options from a list). The findings show that for 32 people it was at home, for 26 people when they were socialising with other smokers, for 25 people when they were with friends, for 22 people when they were drinking alcohol, for 19 people when they were stressed or under pressure or bored, for 16 people when they were drinking coffee or tea, for 14 people when they needed to relax, for 11 people it was on special occasions and for 9 people it was when they were at work (see Figure 6, below).

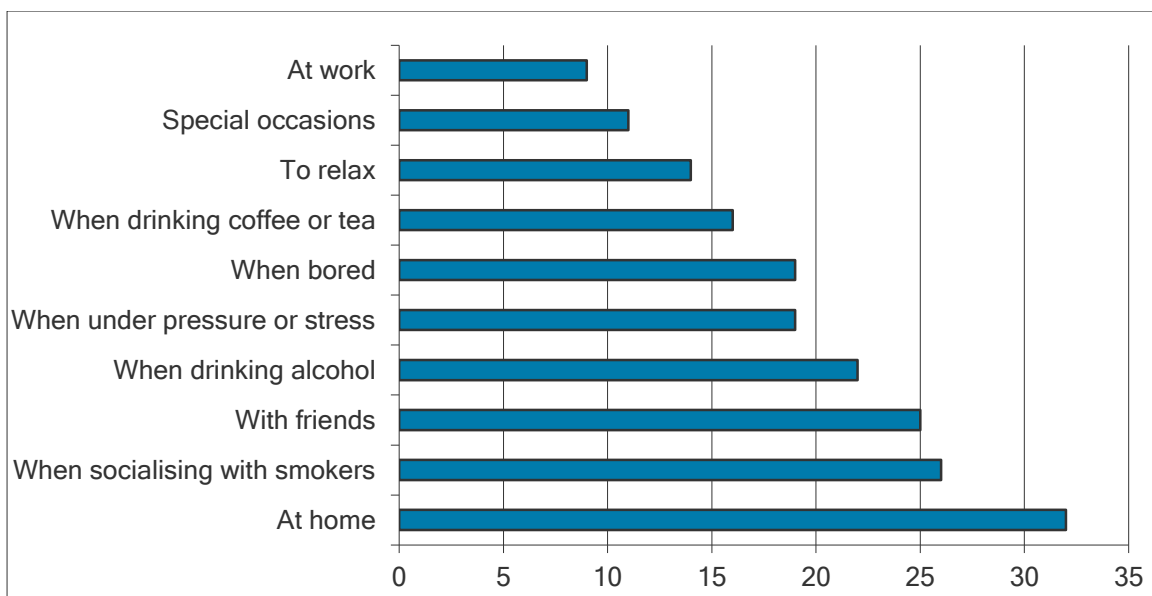


Figure 6: When tobacco products are used

## Views of family and friends, health and stopping using tobacco products

A question on the opinions of the people closest to a person who is smoking or using tobacco products was answered by 38 people who ticked a box on a scale of 1 to 6, where 1 was very accepting and 6 was very against. Of these, 18 people ticked box 5 or 6 indicating the person closest to them was quite or very against them smoking or using other tobacco products. Meanwhile, 14 people ticked box 1, indicating the person closest to them was very accepting of their smoking or using other tobacco products (see Figure 7, below).

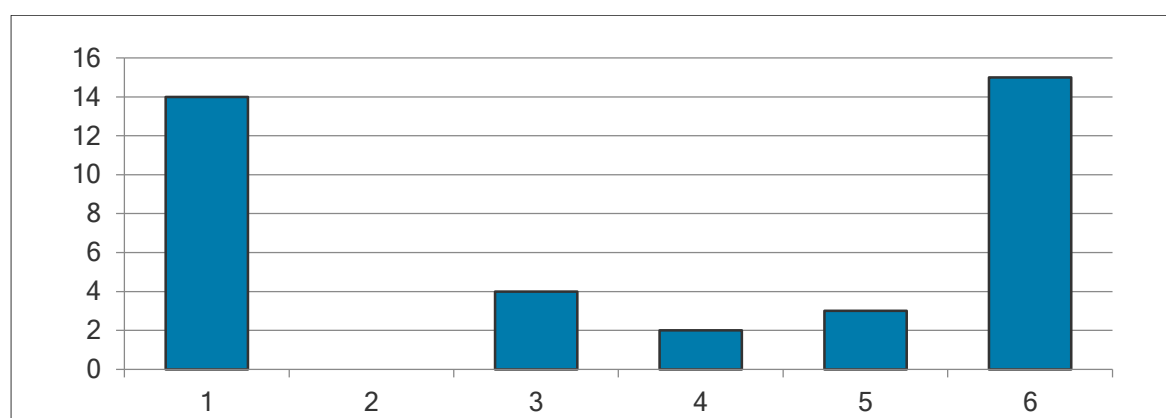


Figure 7: Feelings of the person closest to someone using a tobacco product (1 is accepting and 6 is not accepting)

A question on whether higher tobacco product prices deters people from purchasing them was answered by 41 people. There were 22 people who answered 'no they would not be deterred', 14 people who answered 'yes they would be deterred' and 5 people who answered they 'did not know if they would be deterred' (see Diagram 1, below).

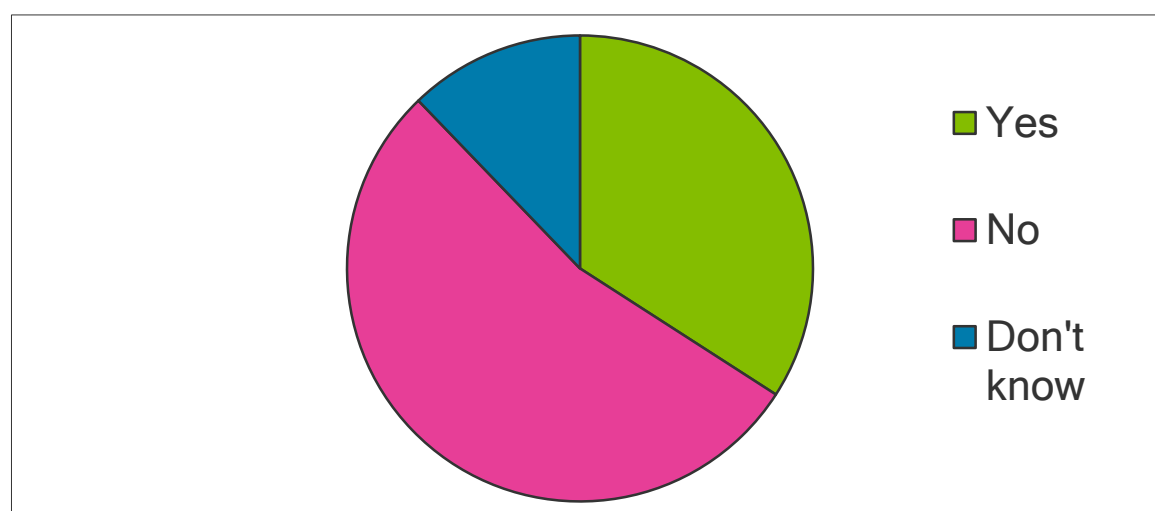


Diagram 1: Higher prices as a deterrence to the use tobacco products



When asked about views on personal health 41 people using tobacco products provided an answer on a scale of 1 to 6 where 1 is 'poor' and 6 is 'good'. In total, 23 people ticked box 5 or 6 indicating they felt their health was quite or very good and 4 people ticked box 1 or 2 indicating they felt their health was quite poor (see Figure 8, below).

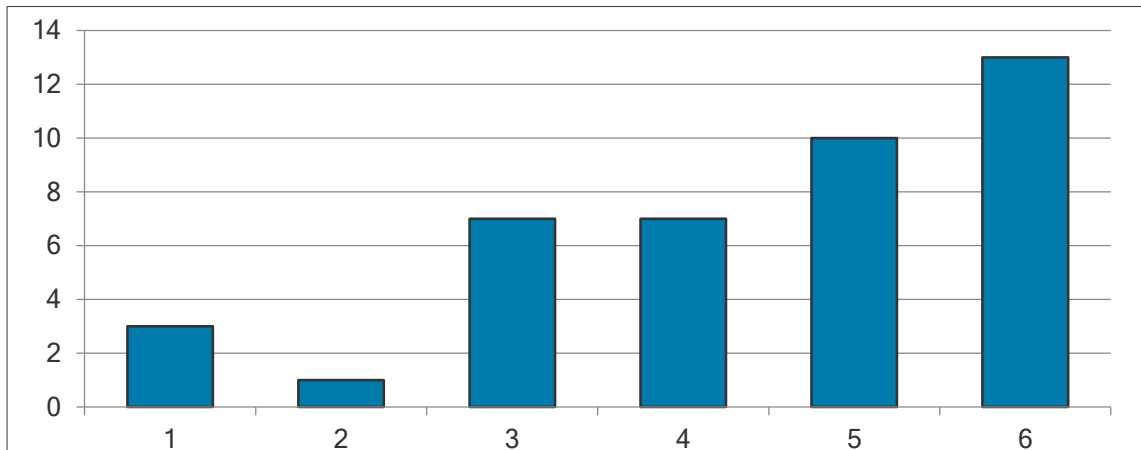


Figure 8: Health status (1 is poor and 6 is good)

A question on the extent to which it was felt smoking or using other tobacco products impacted on a person's health was answered by 42 people using a scale of 1 to 6 where 1 is not at all and 6 is a lot. The findings show 12 people ticked box 5 or 6 indicating they felt it impacted significantly on their health and 10 people ticked box 1 or 2 indicating it had little or no impact on their health (see Figure 9, below).

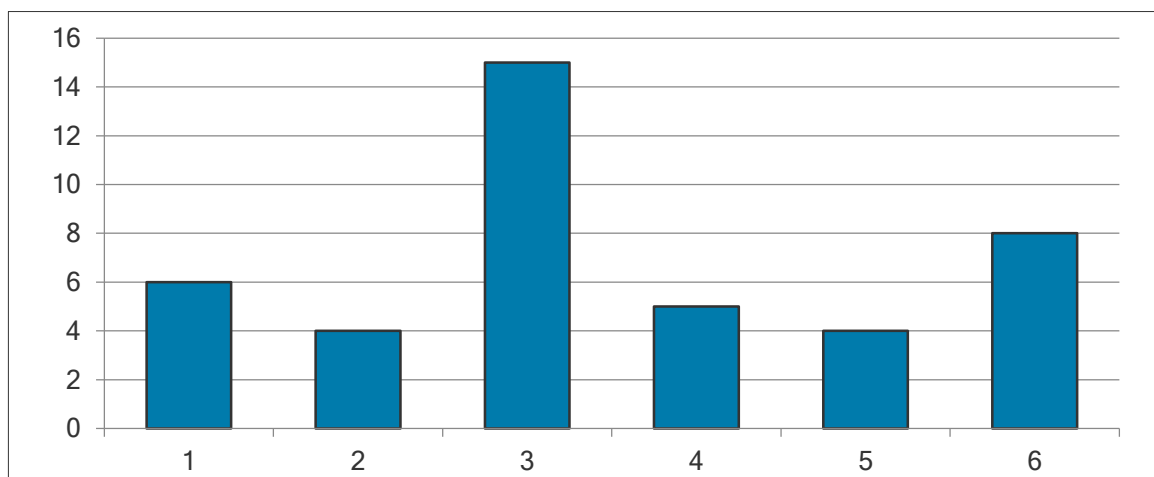


Figure 9: Impact of using tobacco products on health (1 is not at all and 6 is a lot)

In turn, 42 people answered a question on whether they had received medical advice to stop smoking or using other tobacco products. In total, 31 people answered 'yes they had received such advice' and 11 people answered 'no they had not received such advice' (see Diagram 2, on page 25).

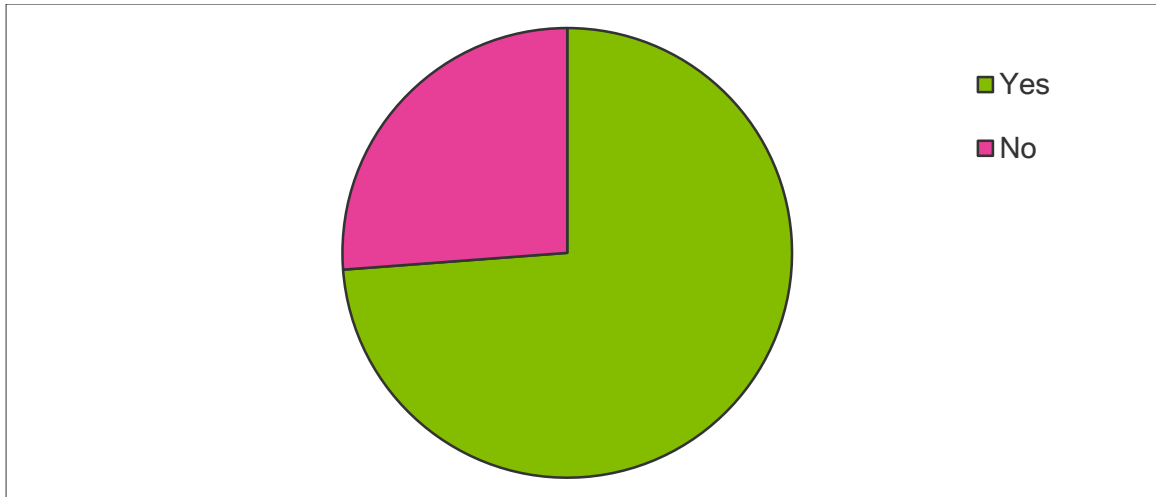


Diagram 2: Medical advice to stop using tobacco products

Information was gathered from 38 people using tobacco products regarding health conditions affecting them or which had affected them in the past. They were able to tick all of the relevant options from a list which showed there were 9 people who were or had suffered from breathing problems, 4 people who were or had suffered from lung problems (chronic obstructive pulmonary disease, emphysema or bronchitis) and 1 person who was or had suffered from heart disease and 1 person who had suffered a stroke. There were 25 people who indicated they had not been affected by any of these conditions (see Figure 10, below)

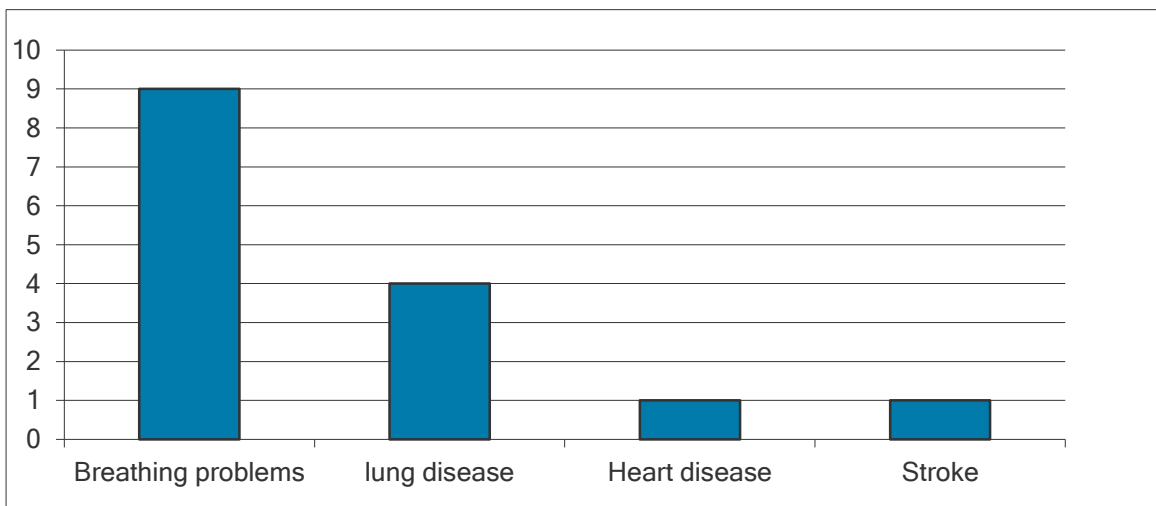


Figure 10: Tobacco product use and health conditions

A question asking people who use tobacco products whether they had been affected by any mental health problems gathered responses from 42 people. Of these 35 people answered no they had not and 6 people answered yes they had (see Table 10, on page 22).

No	Yes	Prefer not to say	Total
35	6	1	42

Table 10: Mental Health Conditions

Meanwhile, a question on admission to hospital for an illness related to using tobacco products gathered responses from 42 people. Of these 39 people answered ‘no this had not happened to them’ and 3 people answered ‘yes this had happened to them’ (see Diagram 3, below).

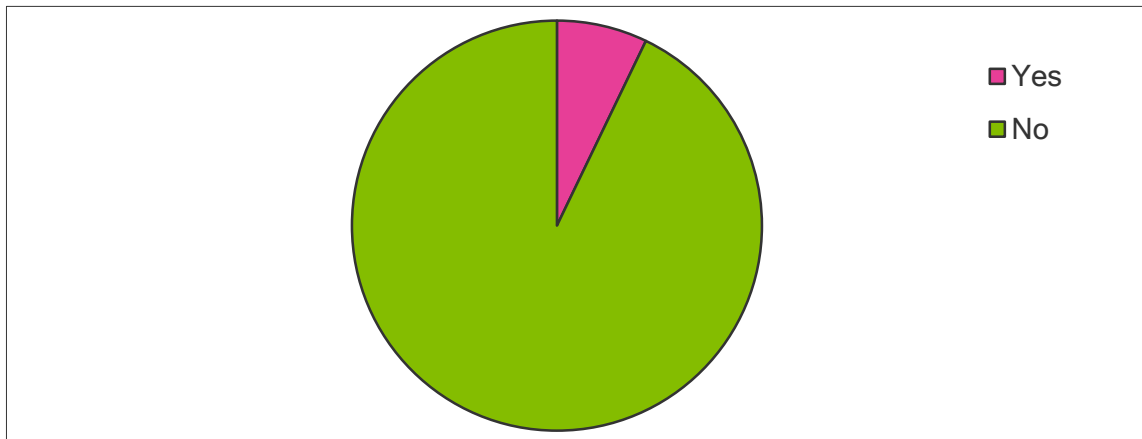


Diagram 3: Tobacco product use and being admitted to hospital

Meanwhile, 40 people answered a question on time off work related to the use of tobacco products. Nobody indicated they had taken time off work due to the effects of using tobacco products.

Views on the harmfulness of smoke from tobacco products to non-smokers was assessed using a scalar type question where 1 was ‘not at all’ and 6 was ‘a lot’. The question was answered by 42 people. Of these 21 people ticked box 5 or 6 indicating they felt tobacco smoke was quite or very harmful to non-smokers and 5 people ticked box 1 indicating they felt tobacco smoke was of little or no harm to non-smokers (see Figure 11, below).

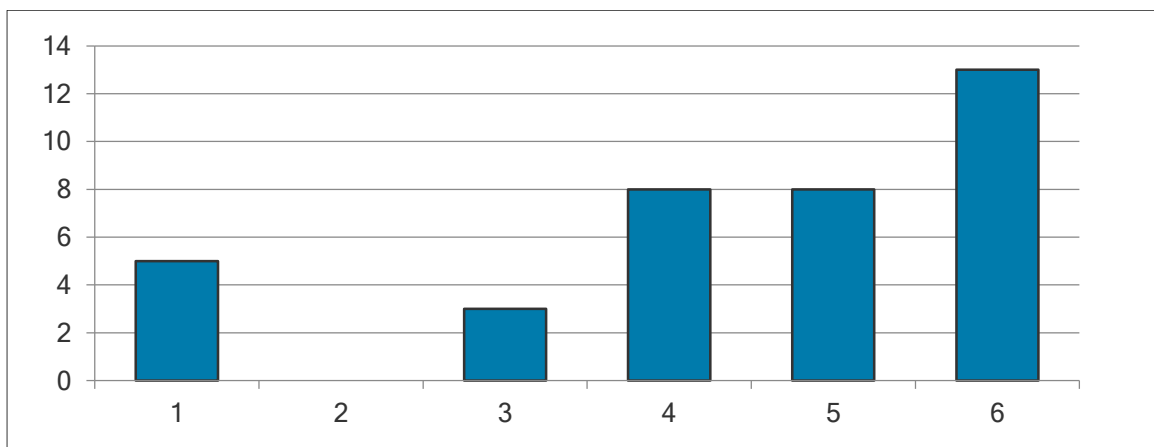


Figure 11: Tobacco smoke & harm to non-smokers (1 is not at all and 6 is a lot)

In terms of views on the use of tobacco products and lung cancer in non-smokers 42 people gave their response. Of these, 18 people did not know if there was a link, 16 people answered 'yes there was a link' and 8 people answered 'no there was not a link' (see Diagram 4, below).

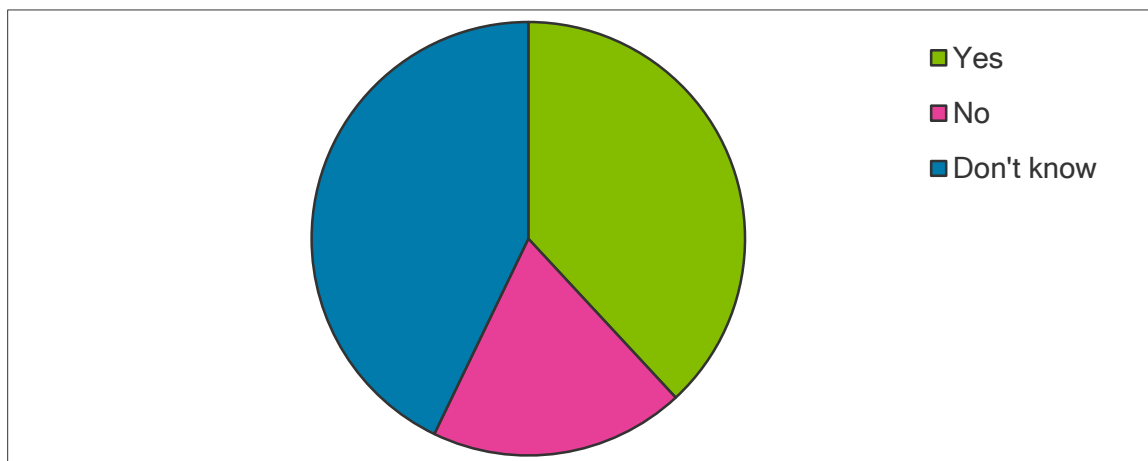


Diagram 4: Tobacco product smoke and lung cancer in non-smokers

A question on smoking tobacco products where children are present gathered responses from 42 people. There were 36 people who answered 'no they did not smoke where children were present' and 6 people who answered 'yes they did smoke where children were present' (see Diagram 5, below).

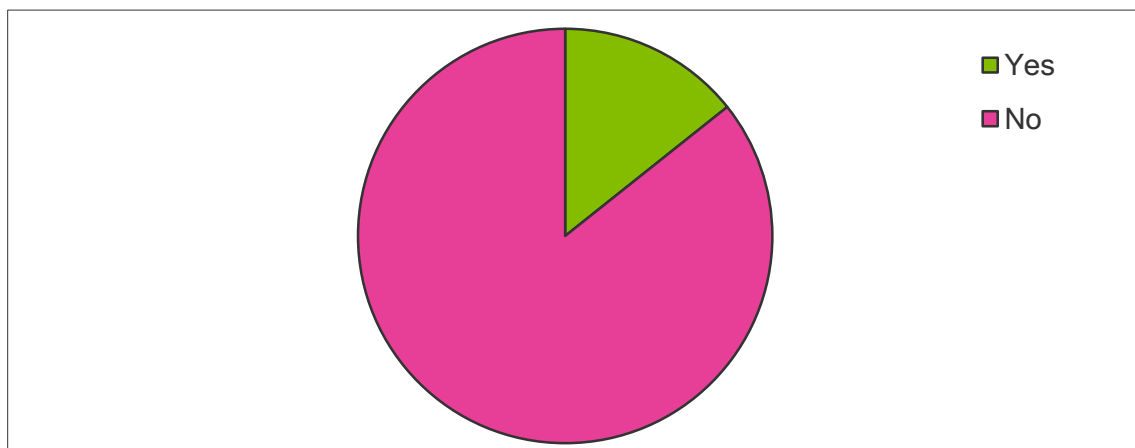


Diagram 5: People smoking where children are present

### *The law and messages on the risks of using tobacco products*

The extent to which the use of tobacco products was influenced by celebrities who used them was answered using a scalar question where 1 is 'not at all' and 6 is 'a lot'. Responses were obtained from 42 people and of these 39 people ticked box 1 indicating they were not at all influenced by celebrities (see Figure 12, on page 28).

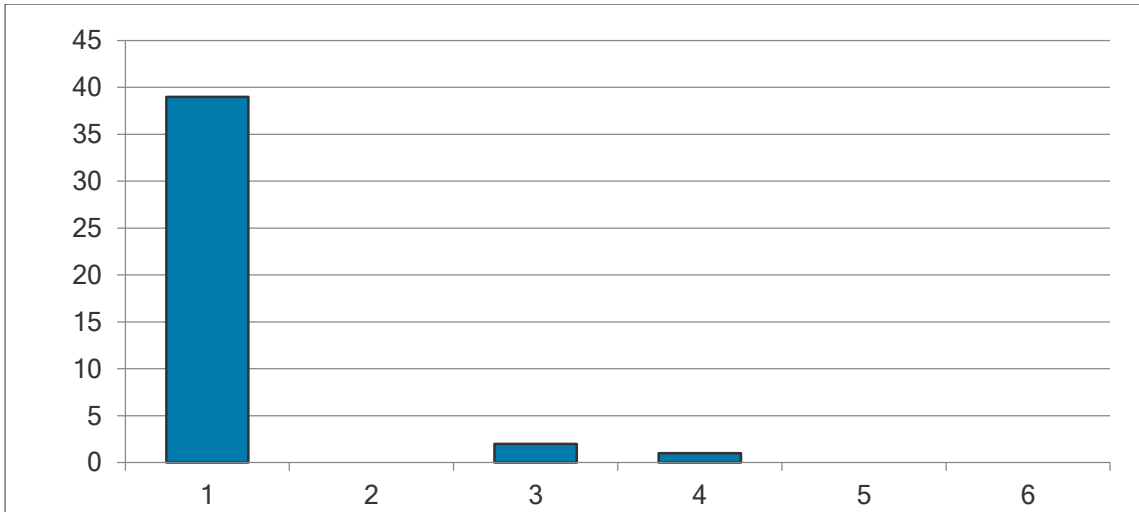


Figure 12: Influence of celebrities on the use of tobacco products (1 is ‘not at all’ and 6 is ‘a lot’)

A question on the extent to which people’s tobacco product usage was influenced by packaging was assessed using a scalar type question where 1 is ‘not at all’ and 6 is ‘a lot’. In total, 42 people completed the question and of these 38 people ticked box 1 or 2 indicating it had little or no influence over their behavior (see Figure 13, below).

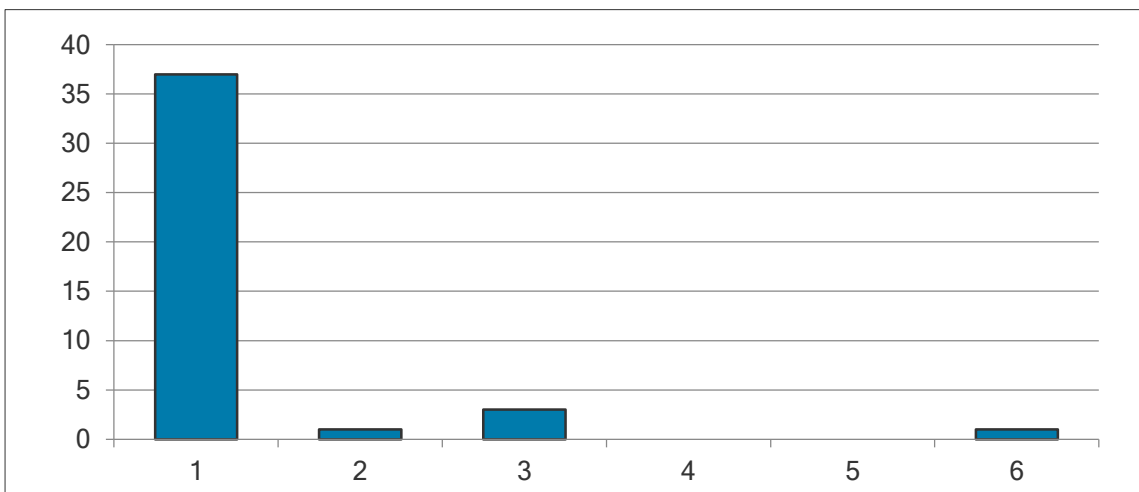


Figure 13: Impact of tobacco product packaging on purchasing behaviour (1 is ‘not at all’ and 6 is ‘a lot’)

Meanwhile, a question on whether messages on the dangers associated with the use of tobacco products and reducing usage rates elicited 42 responses on a scale of 1 to 6 where 1 is ‘not at all’ and 6 is ‘a lot’. There were 31 people who ticked box 1 or 2 indicating such messages had had little or no impact on their use of tobacco products and 6 people ticked box 5 or 6 indicating such messages had quite or a lot of impact on the way they used tobacco products (see Figure 14, on page 29).

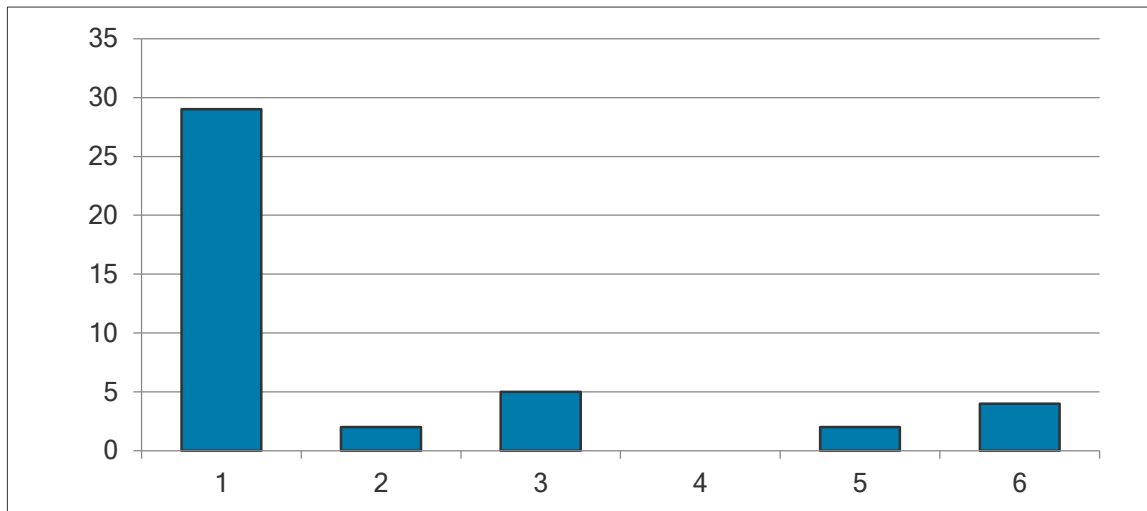


Figure 14: Impact of messages on the dangers of using tobacco products on purchasing behaviours (1 is 'not at all' and 6 is 'a lot')

A question on the importance of stopping the sale of illegal tobacco products was answered by 42 people using a scale of 1 to 6 where 1 is 'not very important' and 6 is 'very important'. There were 15 people who ticked box 1 or 2 indicating they felt it was not that important and 21 people who ticked box 5 or 6 indicating they felt it was quite or very important (see Figure 15, below).

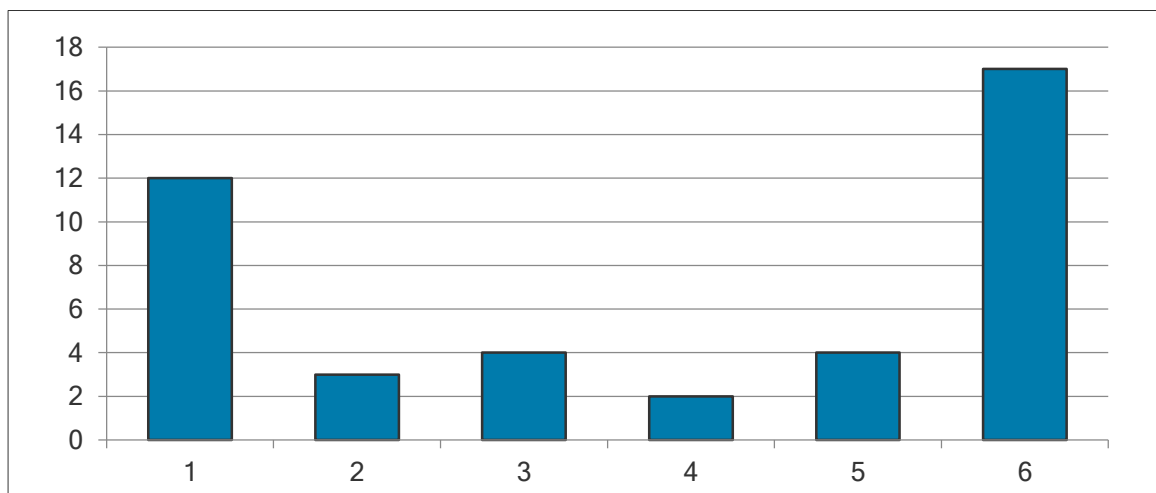


Figure 15: Importance of stopping the sale of illegal tobacco products (1 is 'not very important' and 6 is 'very important')

In turn, a question on whether it is important for retailers to comply with the law on the sale of tobacco products gathered a response from 42 people on a scale of 1 to 6 where 1 is 'not very important' and 6 is 'very important'. There were 7 people who ticked box 1 or 2 indicating they felt it was not that important and 28 people ticked box 5 or 6 indicating they felt it was quite or very important for retailers to comply with the law (see Figure 16, on page 30).

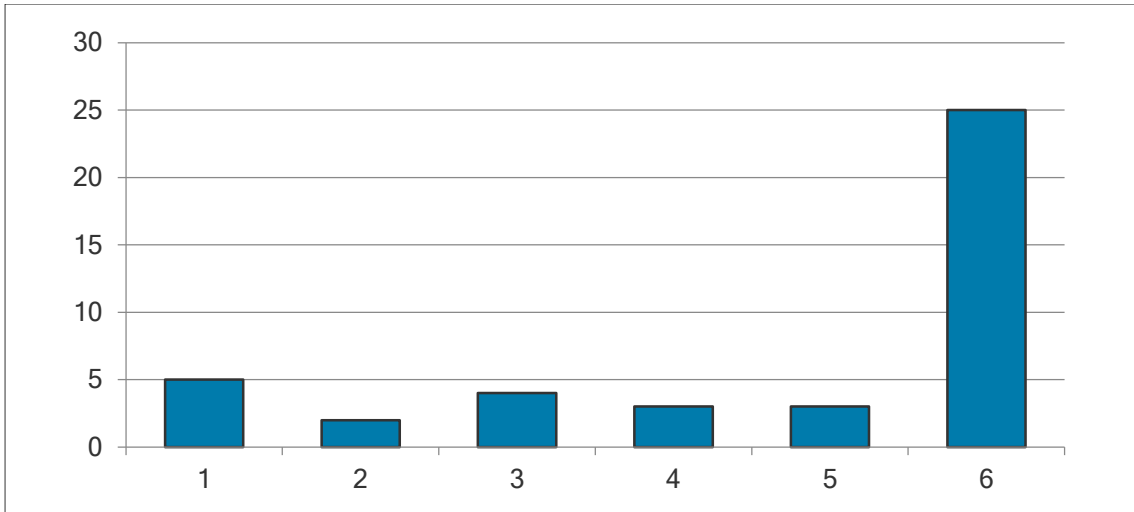


Figure 16: Importance of retailers complying with the law on the sale of tobacco products (1 is not very important and 6 is very important)

In terms of support for the ban on smoking tobacco products in public places there were responses from 40 people on a scale of 1 to 6 where 1 is 'not at all' and 6 is 'a lot'. The findings showed 19 people ticked box 1 or 2, indicating they were not at all or not very supportive of the ban and 8 people ticked box 5 or 6, indicating they were quite or very supportive of the ban (see Figure 17, below).

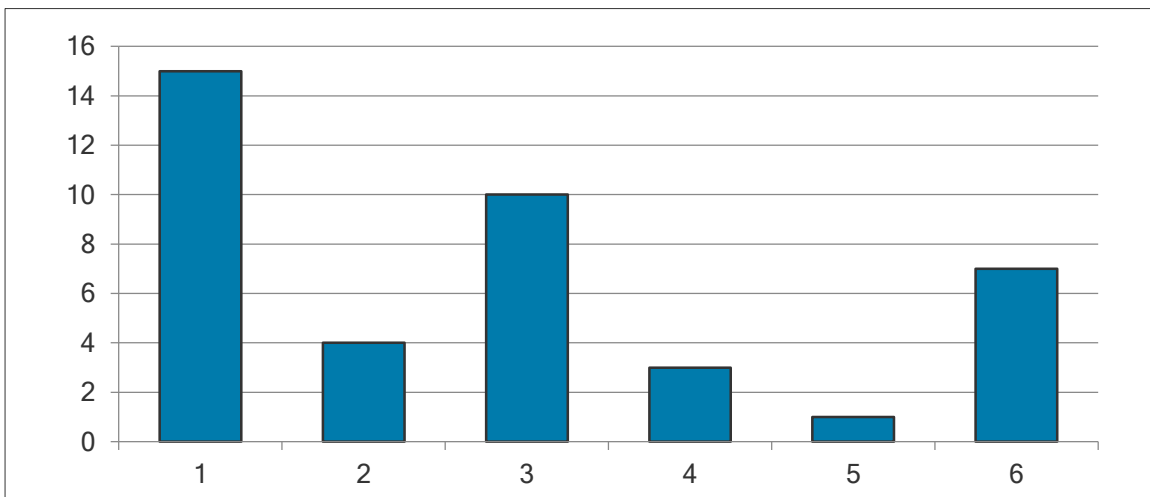


Figure 17: Support for the ban on smoking in public places (1 is 'not at all' and 6 is 'a lot')

Regarding support for the ban on smoking tobacco products in motor vehicles where children are present there were 42 people who responded on a scale of 1 to 6 where 1 is 'not at all' and 6 is 'a lot'. The findings showed 34 people ticked box 5 or 6 indicating they were quite or very supportive of the ban and 6 people ticked box 1 or 2 indicating they were not much or at all supportive of the ban (see Figure 18, on page 31).

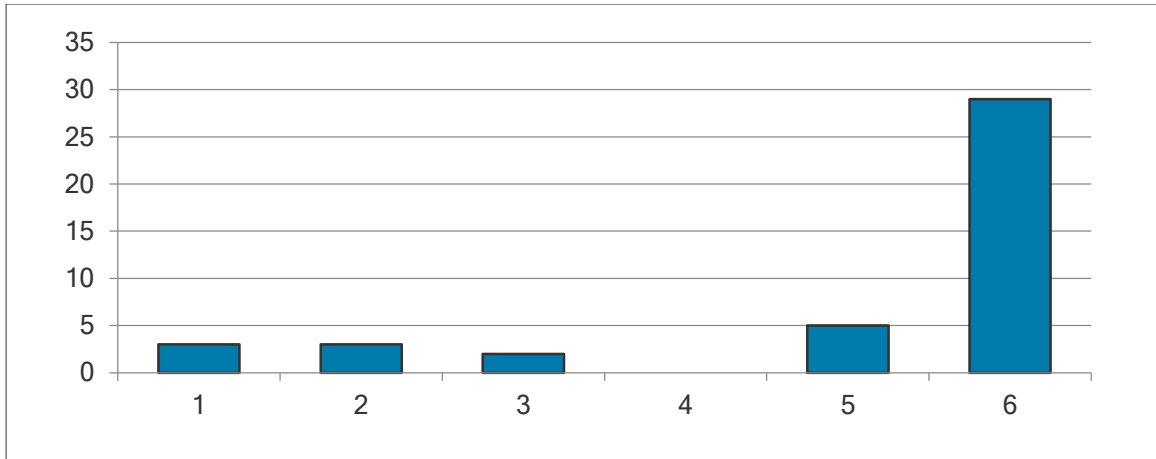


Figure 18: Support for ban on smoking tobacco products in vehicles where children are present (1 is ‘not at all’ and 6 is ‘a lot’)

### *Reducing and stopping using tobacco products*

A question on desire to stop using tobacco products garnered a response from 42 people on a scale of 1 to 6, where 1 is ‘not at all’ and 6 is ‘a lot’. In total, 14 people ticked box 1 or 2, indicating they had little or no desire to stop using tobacco products and 13 people ticked box 5 or 6, indicating a quite or very strong desire to stop using tobacco products (see Figure 19, below).

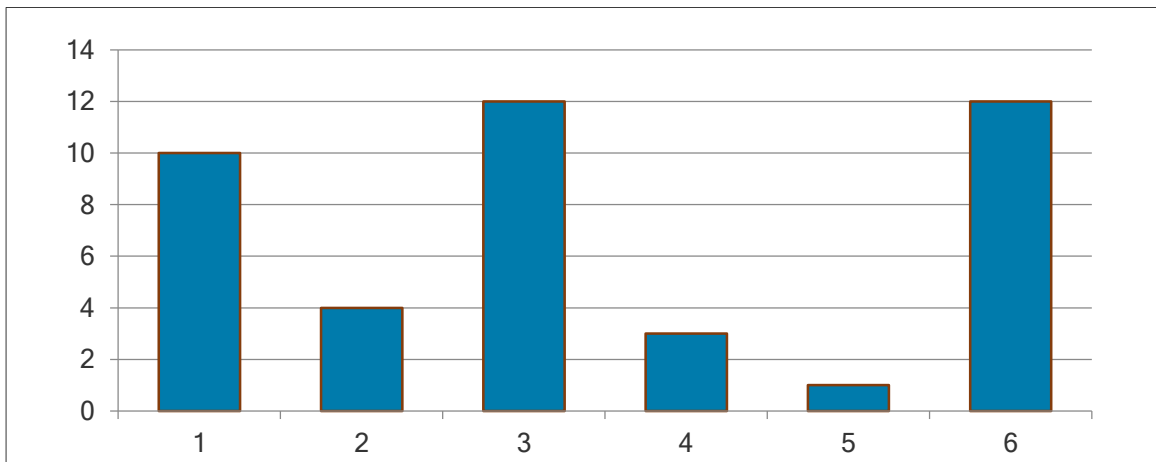


Figure 19: Desire to stop using tobacco products (1 is ‘not at all’ and 6 is ‘a lot’)

A question on what might help people with cutting down or stopping using tobacco products was answered by 41 people who were able to select one or more options from a list. There were 12 people who indicated being able to save money for other things would help, 9 people who indicated having better health would help and 8 people who indicated support from smokers who had quit would help. In turn, there were 7 people who indicated having to pay more for tobacco products would help, 5 people who indicated more support at the doctor’s surgery would help and 4 people who indicated more support at the pharmacy would help. There were 3 people who indicated more support in the



community would help and 1 person who indicated more support from family or friends would help (see Figure 20, below).

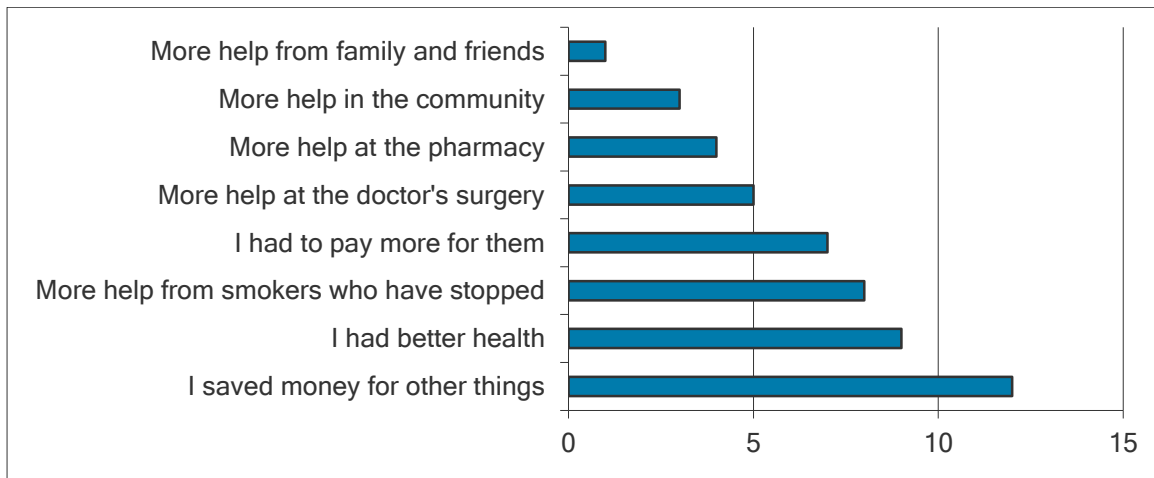


Figure 20: What would help with reducing or stopping using tobacco products

In terms of referral for help to cut down on or stop using tobacco products, where it was possible to select from a list all of the applicable options, 14 people indicated they had been referred to a doctor, 7 people indicated they had been referred to a nurse or health visitor and 3 people indicated they had been referred to a pharmacist (see Figure 21, below).

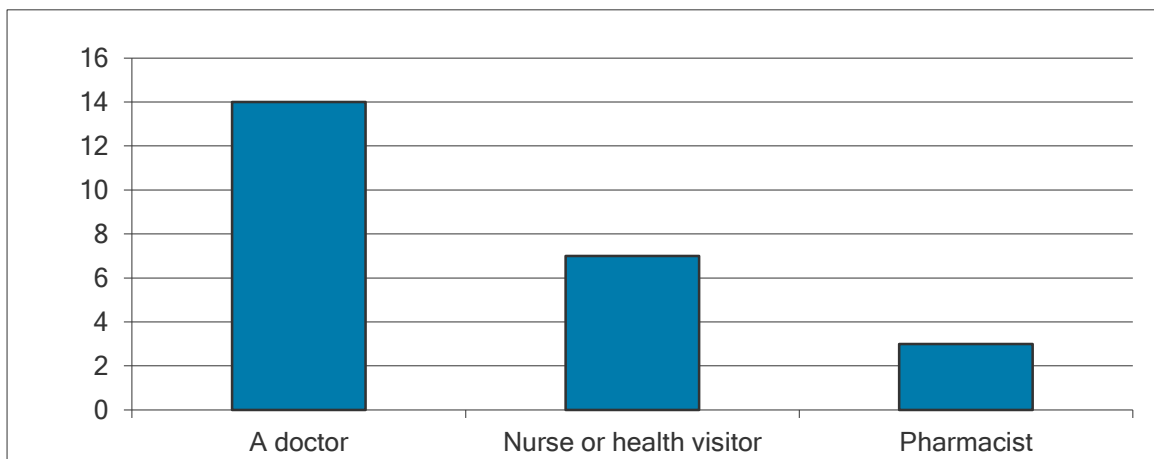


Figure 21: How referred to tobacco product cessation services

A question on the different approaches people have or would use to try cut down on or stop using tobacco products garnered responses from 55 people who were able to select from a list all of the options applicable to them. The findings showed 19 people had used and 11 people would use a doctor's surgery, 20 people had used and 6 people would use nicotine replacement, 19 people had used and 6 people would use self-help and willpower, 16 people had used and 5 people would use e-cigarettes, 10 people had used and 7 people would use a pharmacy and 8 people had used and 6 people would use nurse help.

In turn, 6 people had used and 7 people would use other pharmacy treatments (not nicotine replacement), 2 people had used and 5 people would use hypnotherapy, 4 people had used and 2 people would use friends, 5 people had used self-help literature and willpower and 1 person had used and 4 people would use a mobile phone or tablet application. There was 1 person who had used and 4 people who would use acupuncture, 5 people would use group counselling, 2 people had used and 1 person would use one-to-one counselling, 1 person had used and 1 person would use self-help using the internet and willpower, 2 people would use telephone counselling and 1 person would use family or carer support (see Figure 22, below).

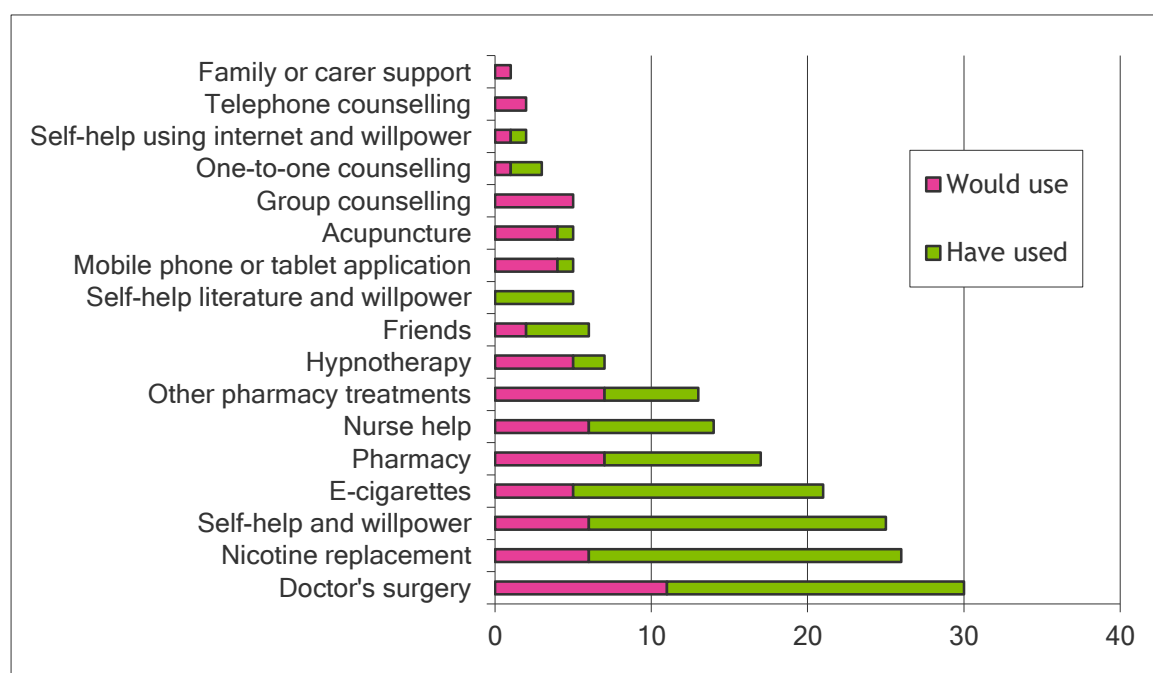


Figure 22: Approaches that people have or would use to cut down on or stop using tobacco products

A question on what caused people to continue to use tobacco products or start using them again having stopped garnered responses from 57 people who were able to select from a list all of the options applicable to them. There were 24 people who indicated it was because they enjoyed using tobacco products, 21 people indicated they lacked willpower, 15 people indicated it was because they could not cope with withdrawal symptoms and 14 people indicated it was down to stress, anxiety or worry in their lives. In addition, 10 people indicated they were influenced by pressure from a family member, 9 people cited a connection with drinking alcohol, 4 people cited it was a consequence of being in the company of others who used tobacco products and 1 person indicated they could not get access to the help they wanted to stop using tobacco products (see Figure 23, on page 34).

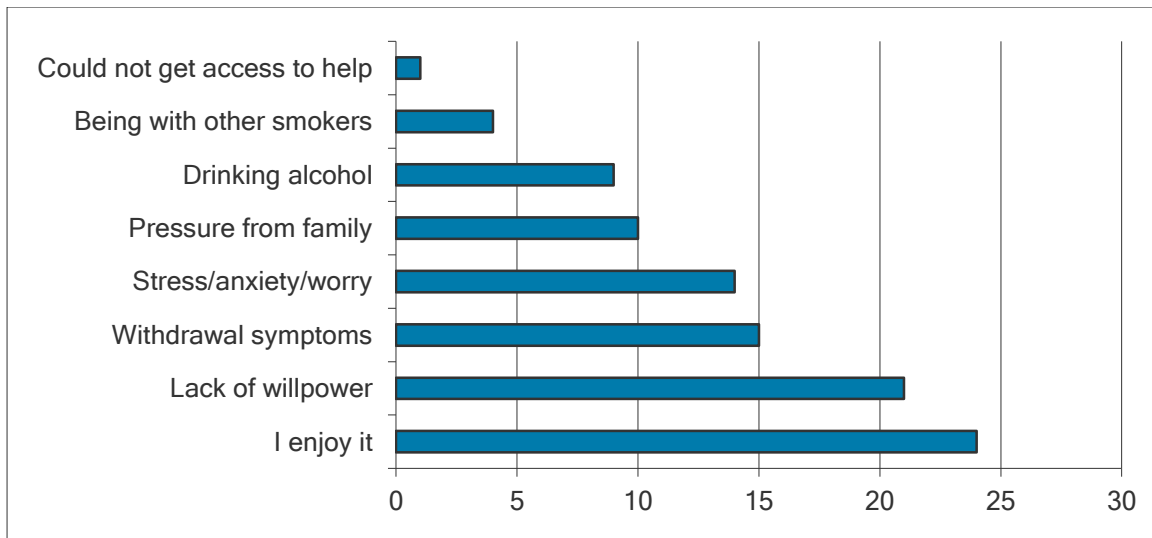


Figure 23: Reasons for continuing or starting to use tobacco products again having stopped

## Pregnancy and using tobacco products

Information obtained from answers to a question on the use of tobacco products during pregnancy gathered responses from 47 women. Of these 17 women answered ‘yes they had used tobacco products during pregnancy’ and 30 women answered ‘no they had not used tobacco products during pregnancy’ (see Diagram 6, below).

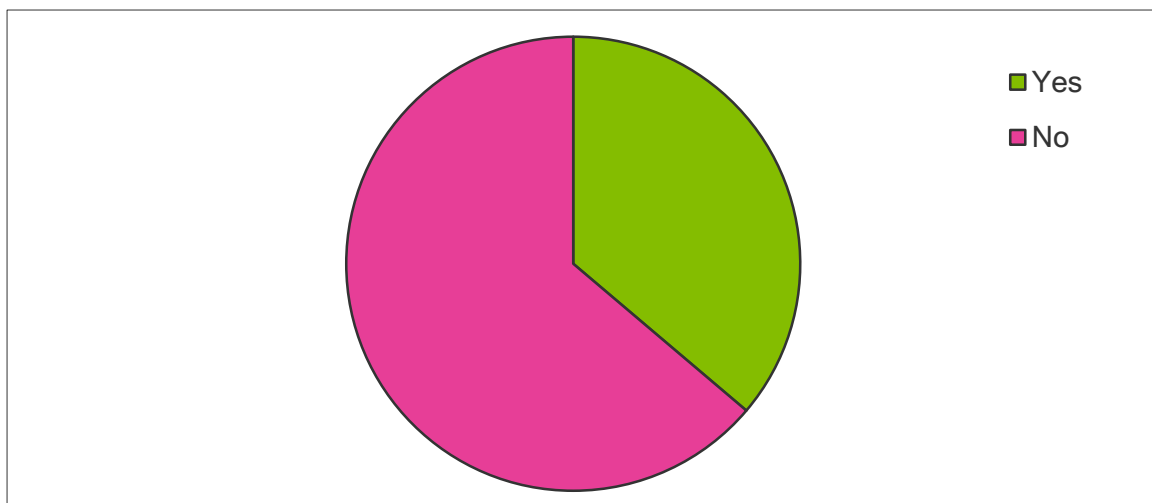


Diagram 6: Using tobacco products whilst pregnant

In turn, a question on pregnancy complications related to the use of tobacco products garnered a response from 61 women. Of these 2 women answered ‘yes they had experienced complications in pregnancy related to the use of tobacco products’ and 39 women answered ‘no they had not experienced complications in pregnancy related to the use of tobacco products’ (see Diagram 7, on page 35).

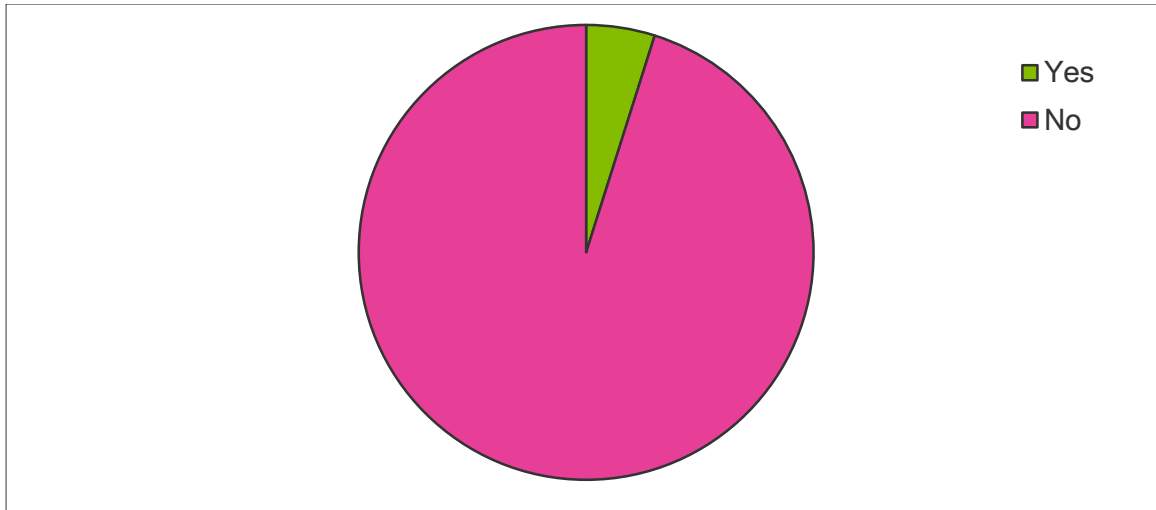


Diagram 7: Complications in pregnancy related to tobacco product use

The findings from a question on using tobacco products during pregnancy and having a low birth weight baby (weighing less than 2.5kg) which gathered responses from 42 women shows that 8 women answered 'yes they had had a low birth weight baby' and 34 women answered 'no they had not had a low birth weight baby' (see Diagram 8, below).

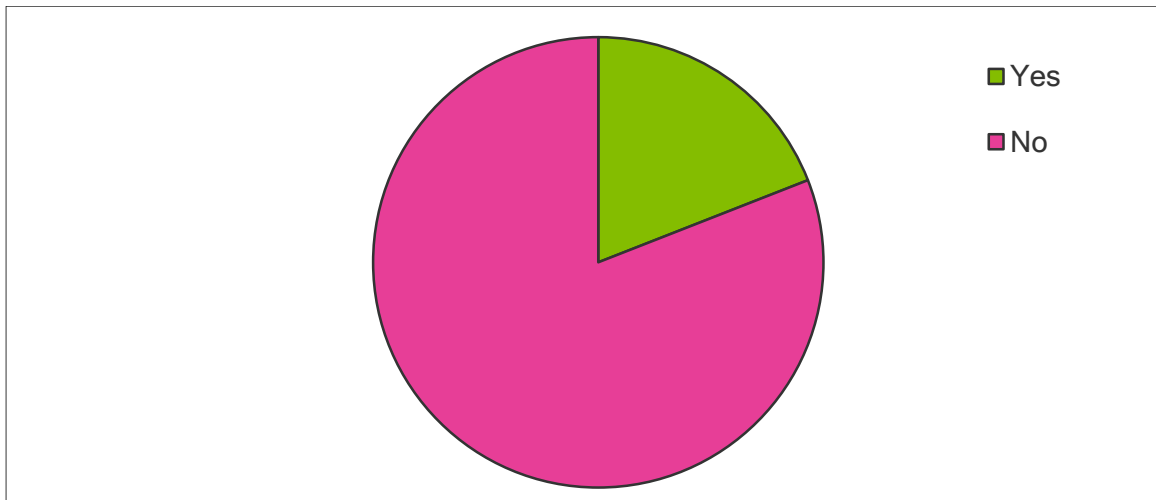


Diagram 8: Tobacco product use during pregnancy and low birth weight babies

Meanwhile, a question on participation in stop smoking (or using other tobacco product) activities during pregnancy garnered a response from 38 women. Of these 6 women answered 'yes they had participated in such activities' and 32 women answered 'no they had not participated in such activities' (see Diagram 9, on page 36).

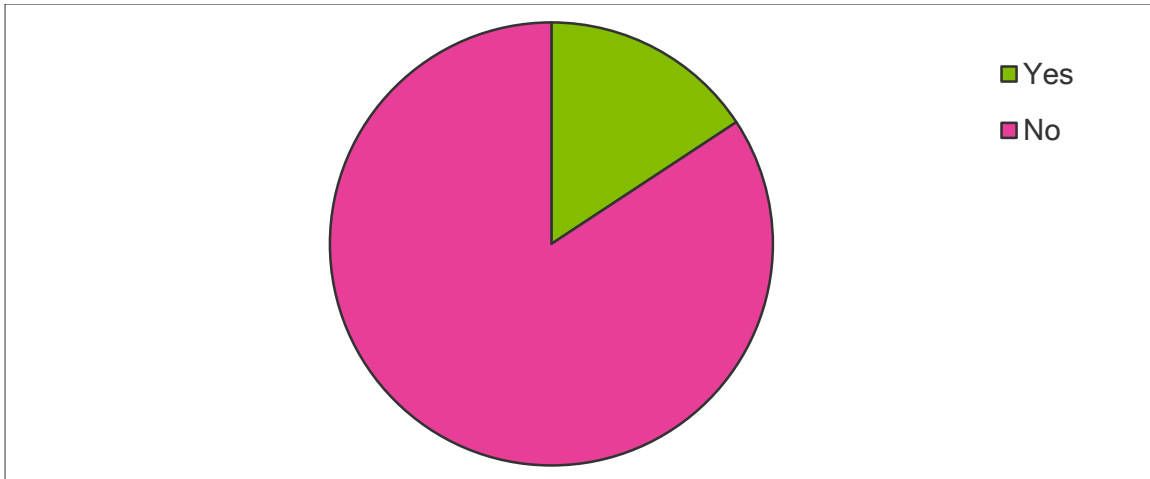


Diagram 9: Taking part in activities to stop using tobacco products whilst pregnant

## People's stories

Four focus groups were organised to obtain more detailed insights on people's experiences of using tobacco products (for details see Appendix 4, on page 70). The focus group sessions were held at different venues in the Dudley borough and included 7 young people between 13 and 17 years of age. The main findings obtained from the sessions are outlined in Table 11, below).

Doctor's surgeries can sometimes take a less personalised and helpful approach to stop smoking (or using other tobacco product) advice and support for people trying to cut down or stop using tobacco products than alternative providers of such services

High street pharmacies can sometimes provide more personalised and tailored advice and support to people who want to cut down or stop using tobacco products than can be got at the doctor's surgery

The people who had succeeded in stopping smoking (or using other tobacco products) had all used stop smoking services and often been helped by a stop smoking advisor

People often started smoking (or using other tobacco products) out of personal choice, because their friends did, or as a result of pressure from friends

People who smoked (or used other tobacco products) and had tried to give up often started using tobacco products again because of pressure from friends or stress in their lives

People might be deterred from using e-cigarettes as an alternative to smoking (or using other tobacco products) because of their cost

People were often seeking out places where they could buy cheap illegal tobacco products
People seemed to find illegal hand rolling tobacco quite attractive because of its relatively low price
People were, in the main, very much against smoking in public places where children are present or in vehicles where they are present
More than half the people surveyed and participating in focus group sessions indicated they would be deterred from using tobacco products if their cost was increased
A majority of people had had medical advice on stopping smoking (or using other tobacco products) in the main from their doctor and involving nicotine replacement therapies
People felt that ‘saving money for other things’ and ‘improved health’ were potentially strong reasons for cutting down or stopping smoking (or using other tobacco products) in addition to peer support from others who had successfully stopped smoking (or using other tobacco products)

Table 11: Focus group findings

People who smoked or used other tobacco products and had tried to give up felt high street pharmacy services were often more approachable than doctor’s surgeries for help to cut down or stop. Whilst doctor’s surgeries provided stop smoking leaflets and information about stop smoking services they were sometimes less personalised and too negative in their attitudes to smoking in ways that were unhelpful. At the same time, it was felt that doctors could not give enough of their time to properly help people who wanted to cut down on or stop using tobacco products altogether.

A number of the people surveyed or involved in focus group discussions who had stopped using tobacco products felt they could not have done so without the help of stop smoking services. More specifically, group meetings and drop-in sessions had allowed people to get together and motivate each other to get through the tough times when they were trying to stop smoking or using other tobacco products. Stop smoking advisors provided useful information on how the brain reacts to the use of tobacco products as well as the harm that using them can do to someone’s health. Indeed, it was sometimes mentioned that people were helped to give up using tobacco products by a feeling that their stop smoking advisor cared about their health.

Places where illegal tobacco products could be bought relatively cheaply seemed to be widely used. It seemed some young people were smoking menthol cigarettes or ‘clicks’ where a button at the base of the cigarette could be pressed to add a menthol flavor. Meanwhile, there were a number of individuals using flavoured e-cigarettes.

Many of the people using tobacco products complained of shortness of breath, especially when, for example, they had to run and felt this was linked to their habit. However, younger people using tobacco products seemed not to be very much worried about the possible impacts of their habit on their health. They tended to believe that any adverse impacts would only become noticeable at some distant point in the future.

People who accessed stop smoking services felt that they were helpful and they did work. Doctors' attitudes towards smoking were sometimes viewed to be too negative for people trying to reduce or stop using tobacco products. Therefore, doctors' surgeries were not always a favoured place to get advice and help on reducing or stopping using tobacco products. Meanwhile, people felt pharmacists tended to be approachable and keen to help with advice on how to reduce or stop using tobacco products.

A person centered approach with professionals and others working with people to help them to reduce or stop using tobacco products can mean the difference between stopping for good or relapsing.

## Shirley

Shirley had never smoked ... [it] had never appealed to her as it did not smell nice and was bad for you. When she was younger Shirley had friends who tried smoking but they never tried to convince her to smoke. Shirley never felt tempted to try a cigarette but had often wondered what it was like as she would like to know what all the fuss was about.

Shirley did not like the fact that she could not breathe when around the smoke [from cigarettes] ... Shirley feels she does make assumptions about people who smoke and wonders why they do it as it is carcinogenic and it narrows arteries, plus it is also very expensive.

Shirley's mother smokes two [cigarettes] a day and she is not keen on this, but if it calms her down then I suppose it helps her. She had bronchitis a few years ago and Shirley believes it was caused by smoking. Shirley has had long conversations with her mother around smoking and giving up but has decided not to mention it anymore as it gives her some pleasure at 88 [years of age]...

Shirley's son did smoke [cigarettes] but was not sure how often as he was not openly smoking. He has smoked cannabis before and Shirley was not keen on this, he is a young lad and she doesn't want him damaging his health. Shirley finds e-cigarettes ... slightly better [than tobacco based cigarettes]

and they don't smell horrible. If a member of her family started to use them she wouldn't like it as she doesn't know what is in them ...

Shirley knows that second hand smoking causes harm to other people as there is scientific evidence to prove it. It has been better since 2006 with the smoking ban in pubs as she can breathe and enjoy herself when she visits one...

## Jenny

Jenny has been smoking for a long time, she is now 88 years of age. Jenny lives in an apartment block under an extra care scheme for people aged 50 or over... She used to buy 20 Players or Senior Service cigarettes ... from a lady who sold cigarettes from her house ... and they were 12 bob a pack ... she used to ... [smoke] around 5 [cigarettes] a day.

The harms of smoking weren't [known about] ... a lot of people started smoking at age 15 ... Jenny's dad used to chain smoke and he had a bad chest because of it. If Jenny had her time again, she wouldn't take to cigarettes as she knows they aren't good for you ... On a Saturday night when there were shows, her friends would smoke and she would smoke with them ...

[Now] Jenny has ... 1 or 2 cigarettes a day and she never finishes them ... She usually has a cigarette after food and drink but wouldn't dare smoke in the street, Jenny thinks this is awful ... Jenny's husband used to buy cigarettes for her but didn't like her smoking them. She didn't smoke for most of her pregnancies ... Only her close family and friends know that she smokes and [she] used to hide it from her children as much as possible.

Jenny smokes because ... [it] relaxes her and makes her feel less stressed. Jenny doesn't want to stop smoking and believes that if there is any damage it's too late now ... Doreen, Jenny's friend, now gets ... cigarettes [for her] from the local paper shop ... a local shopkeeper used to bring cigarettes from the shop he worked at .. The shopkeeper would try to convince her to stop, he wouldn't call them cigarettes he would call them 'naughties'...

## Peter

Peter is 53 years old and smokes 7 cigars a day. He started smoking cigarettes at the age of 16 and believed he did this because his close family did it too ... In the past, Peter smoked Benson and Hedges cigarettes,



Embassy and other brands. He used to smoke on average about 15 a day. He said there was no reason as to why he carried on smoking, but it was probably because people smoked more then [when he was younger] compared to now.

Peter believes that smoking does harm the body, for example it ages you, it is bad for your lungs and it is cancerous. Peter had tried to give up twice, both times when his ex-wife was pregnant. When he went back to smoking, he felt that cigars would be a better option psychologically as these can be bought singular and not in packs ... cigars taste the same as cigarettes but they last longer ... The cost of cigars for Peter is around £50 per week

He smokes either Hamlet Miniatures or Castello Classic [and] ... feels that he is not addicted to cigars and does not have cravings for them either. However the reason he still smokes is because of habit ... after a meal ... when he is at his allotment and [during] breaks from doing work.

Peter would like to stop smoking ... [but] ... has ... never used stop smoking services as he doesn't feel that he needs nicotine replacement to stop. [He] ... is aware that he can access a stop smoking service at his local GP [surgery] ... [He] took part in Stoptober and did this without any issues ... [and] is now thinking of giving up for good ... [using] willpower alone. The biggest motivators to stop smoking are the cost and his health [although] he is worried about putting on weight if he stops ...

## Andrew

Andrew is 53 and started smoking at 16 years of age. He used to smoke Silk Cut Purples [then] ... went onto Silk Cut Silvers which are lower in nicotine. He started smoking Silk Cut because he liked the look of the packet ... he never wanted to go onto something like Benson and Hedges as these were too strong.

Andrew started smoking because of peer pressure from friends ... He carried on because he got addicted. Andrew is aware that smoking kills you and is a carcinogenic so this is why he stopped. It cost [him] ... about £84 a week to smoke cigarettes ... He would smoke a pack and a half a day when very stressed ... [and] as used nicotine replacement, gum and patches and Champex ... [and] has also tried hypnosis ... [which] worked short term ...

[He] ... first tried e-cigarettes in 2009, when they first came out however, they weren't very useful because they ran out quickly so [he] ... went back onto cigarettes... [He] made his mind up a little while after his grand -

daughter died that he would give up cigarettes for good.

Andrew said that he would never want to go back to cigarettes now he is on e-cigarettes [again]... [He] hates the smell of cigarettes ... [He had used] a stop smoking service in 2011 through his doctor ... He had tablets from the doctor but didn't take them because he thought they would be like Champex which he had had a bad experience with ... While ... at the stop smoking service he had to blow into a tube and the nurses said that the readings weren't very good ... the attitudes of the nurses was nice, he did find the stop smoking service useful when he wanted it but ... feels that it has to be down to the individual ... to stop smoking ...

E-cigarettes satisfy Andrew's cravings just as much as cigarettes do. He believes there has been an improvement in his health since he stopped [smoking cigarettes] and he can breathe better ... [He] ... doesn't think e-cigarettes are harmful and will continue to use them unless being told otherwise ...

## John

John started smoking when he was 8 years old and carried on smoking heavily until his mid 60's. He always worked and socialised with people who smoked and drank too which made it really difficult to give up. Smoking and drinking in the pub went hand in hand and John's reliance on tobacco has been extremely heavy throughout his adult life.

Smoking for John, in addition to his drinking, was a form of self-medication to deal with his problems and when John was in his mid 60's he had a total breakdown with alcoholism recognised as a contributory factor. During this period John ... [was] ... admitted many times to ... hospital because of damage to his circulatory system attributable, in a large part, to his smoking ... John tried to stop smoking on many occasions without success and it wasn't until he was admitted to hospital ... [and] given a very strong [nicotine replacement] patch that worked and enabled him to ... kick the habit over time ...

John has been a non-smoker for over 6 years but the smell is still a huge trigger. Smoking was harder to give up than alcohol ... John is now disgusted by the smell of smoke ... He finds it really unnerving to walk through a wall of smoke ... when entering his local hospital. [People] smoking outside the hospital makes [him] ... feel uncomfortable, [with] ... hostility shown if it is pointed out [to people] that they shouldn't be smoking there. The visual impact of people standing smoking in their pyjamas attached to a drip ... they have wheeled down with them [from the ward] is quite shocking. Even

more so is the sight of recent amputees, who have possibly lost a limb as a result of smoking cigarettes and are still carrying on smoking outside the hospital in their wheelchairs...

## Ryan

Ryan started smoking ... [and drinking] alcohol when he went to the park with friends on a weekend. He started this because his friends did it, he was 15 years old. Ryan smokes when he drinks on a Friday night, usually 2 cigarettes ...

[He] smokes shop bought cigarettes ... because he prefers cigarettes that are already rolled ... and are easier to smoke ... Ryan prefers to buy cigarettes when he goes on holiday as they are a lot cheaper than buying them in England.

He gets cravings for cigarettes but only when drinking ... [and] ... is not worried that he will get addicted ... as he doesn't like how pricey they are and doesn't like the taste of them most of the time. Most of Ryan's family smoke roll ups and vapes [a form of e-cigarette] but this doesn't make him want to smoke.

Sometimes, Ryan worries about his health when ... in the house with other people who smoke [and] ... second hand smoke ... Ryan also worries about his parent's health, who smoke, ... as he knows it can't be good for them. However he doesn't worry about the harm he causes to himself when he smokes on the weekend.

## Russells Hall Hospital

(In total there were conversations with 14 people during a day at the hospital at 3 separate locations - the main entrance, maternity and smoking shelters).

[One person commented] I started smoking at 15, I am now 45 and still smoke. I have a fag when I want it, I quite like having a cup of tea and a cigarette. I work on the ambulances, I am a High Dependency Unit care assistant. I sometimes think about cutting down but I wouldn't like to quit. I used to smoke around 15-25 [cigarettes] a day. I don't like vapes [e-cigarettes] so haven't tried them. I don't get any patients saying they don't like the smell of cigarettes and don't get any negative vibes from them about it. My wife is a nurse and she hates smoking so that makes it harder for me. I have now cut down to 10-15 a day because of this. I do feel that

stress makes me want to smoke more, and I definitely smoke more with a drink.

[Another person remarked] I've been smoking for 42 years, I started at 11 years old. I ... smoked roll-ups for about 30 years and before [that] ... normal cigarettes. I smoke around 15-20 cigarettes a day. I am a maintenance fitter within the hospital and use the staff and patient smoking area quite a lot. I work from 7am-3pm and ... come outside for a cigarette 4 to 5 times a day ... I don't get any negative comments from people at work about the fact that I smoke or the smell of smoke. I have tried stopping with [nicotine replacement] micro-tablets and I stopped for 3 years. I ... started again because I wanted one [a cigarette]. My wife moans at me a lot for smoking so that's why I want to stop. My son smokes and I don't like this as it is an addictive habit. I have never tried vapes [e-cigarettes] and ... don't find them appealing.

[Someone commented] I started smoking when I was 15, I have been smoking roll ups for 10 years because I wanted to cut down on tobacco [cigarettes]. I smoke more when I am stressed at work and I work on the [patient transport] ambulances ... I have tried to stop smoking by going cold turkey ... However, it was a general build-up of stress that made me start again. I would say I am addicted to the habit ... When looking at other areas of life, I am glad the smoking ban in pubs has happened because the smell of smoke used to get into your clothes. I have tried vapes [e-cigarettes] but they make me cough [and] because they are not tested I don't want them, I also think people get fatter with them.

[A person visiting the hospital to see their son] ... I was about 15 or 16 when I first started smoking. I started because my friends did it. I have always smoked shop bought cigarettes and I now smoke 10 a day and that is a cut down from what I smoked before. I did try and give up with Champex, this was working until a bereavement happened in my family and I started again. I do want to stop and I have an appointment with the stop smoking advisor at the doctor's [surgery]. I work in a care home and I don't get any complaints about the smell of smoke ... I work in the offices ...

[Another person commented] I was 15 when I started smoking. I smoked because my friends did. I stopped for two and a half years with no help and because of a deterioration in my health. I went for a job interview and started smoking again because of the stress. I now smoke because I like smoking. However I would know where to go if I needed help in stopping. I smoke around 10 a day at the moment. I used to smoke about 40 a day ... I have noticed that my breathing is a lot better now as I used to get out of breath really easily. The cost was also an issue. I do have an e-cigarette at

home ... it doesn't satisfy my cravings ... I work for the NHS ... I only have a cigarette on my morning break and lunch break in the out building [smoking shelter] ... I use mints and spray to get rid of the smell so patients and colleagues don't know I have been smoking... I don't know whether I am that worried about my health and smoking, my mom never smoked and had cancer.

[A nurse] ... I smoke because of stress mainly ... I have been smoking for 8 years and I smoke shop bought cigarettes. I have around 10 a day ... I don't get any complaints from patients ... I do smoke more when I drink and the reason I started smoking was because my friends did at school. I am [getting help from] ... smoking cessation [services] and sometimes they come round to me and ask questions and also offer me a prescription of nicotine replacement. If I were to give up though I would go cold turkey. I sometimes have a vape [e-cigarette] and I have [nicotine replacement] bubble-gum ...

[Male shop assistant in his mid 40s] ... [I] started smoking at around 19 to 20 years old ... because of boredom and stress at university ... [I have] tried to stop twice, onnce for six months [and] put weight on [and] tried [nicotine replacement] patches for two weeks when staying at parents house, [they are] non-smokers ... [I am] aware of what help is available [and have been to my] doctor [for help]. [I have] asthma so [the] doctor 'had a go' [and the] nurse at [the] doctor's surgery mentioned ... [nicotine replacement] lozenges which could stop the food craving. [I] bought a tobacco flavour vape [e-cigarette] ... [I] use [a] vape [e-cigarette] in the car and at home but prefer to smoke cigarettes at work ...

[Male hospital volunteer in his mid 60s] ... [I] started [smoking cigarettes] at age 16, family and friends smoked, it was the done thing. [I] smoke 20 a day ... shop bought cigarettes [and have] ... been vaping [using e-cigarettes] as well for two years. [I] don't smoke in the house as nobody else smokes [and am] proud [my] children have never smoked. [I] think smoking is bad for you [but] ... would rather have a smoking related disease than succumb to dementia. [I] use a nicotine vaper [which is] not as good as cigarettes ... [I] ... gave up smoking for two years on willpower alone, ... [was] lying on the beach in Tenerife and started smoking again, It's like a drug ... [I] enjoy smoking and don't really want to stop ...

[Nurse] I stopped for a very long time but I have started [smoking] again ... I was 15 when I first started and stopped at age 34. Between [the ages of] 34 and 44 I stopped smoking but have now started again. I have had 2 bouts of depression and never smoked through these. Really strange, my friend broke up with her boyfriend and because she was sad I started smoking. It stressed me out. Because of stress I have 10 [cigarettes] a day, but I used

when I stopped smoking I could run forever. I do want to stop and think I can stop with willpower. I have got to do it when I'm ready ... I never smoke a whole cigarette, I always smoke half, just enough to make me satisfied. [I have] menthol chewing gum and have Listerine so I don't smell when I go back into work. I would vape [use an e-cigarette] all day if I had one so I don't do it ...

[Two nurses together] [First Nurse] I started [smoking] when I was 18 [at] university. I smoke because my friends do, because I'm stressed and because I'm stupid. [Second nurse] I started when I was 12 at high school. We work on the acute ward and it is stressful, so smoking is relaxing. We are addicted to nicotine. I like coming out to the [smoking] shelters but when it's raining it's not enjoyable, but we've got to have a cigarette ... Sometimes we forget about needing a cigarette when we are at work because we are so busy. We have tried patches and the vape [e-cigarette] ... but it didn't work ... we would love to stop [smoking] and we know about the smoking cessation service at the hospital.

[Accident and Emergency Department and offices] I was 10 when I started smoking [cigarettes]. I used to smoke between 15 to 20 a day. Since my mum and dad have died I now smoke over 40 a day. I lost my mum and dad to cancer and this has affected me a lot, I am a cleaner at A&E, I have never tried to stop even after 42 years of smoking and I don't want to. It is a coping mechanism. I am on anti-depressants so I don't want to try and stop smoking because I think it would make me worse. I stopped drinking so I feel that cigarettes are a way of preventing me from starting again. I found that when I did drink, I smoked less cigarettes. I am more concerned about other people's welfare than myself.

[Female trainee paramedic] [I] was 15 when [I] started smoking ... [She] has roll-ups because her family smoke roll ups, feels that her family who smoked were a big influence on why she started ... She doesn't want to stop and she is aware of the help she can get [to stop smoking].

[Nurse] Has a cigarette with a coffee on a morning, when she is bored at home she smokes more [and] ... doesn't want to stop smoking, ... She also thinks she is addicted to caffeine, she has tried Champex and stopped [smoking] for 8 months [but they] ... had serious side effects [for example] disturbed dreams. She notices that her breathing is better when she isn't smoking, she has between 10 and 20 [cigarettes] a day. She feels that she smokes less when she drinks. Whenever she goes to the doctors' they always ask her if she wants to quit ...

[Female working in Urgent Care Centre] Started smoking [cigarettes] in her 20s, is now 55. Mum smoked occasionally when drinking, usually in the garden but [was] not addicted. Dad doesn't ... smoke. She has always liked smoking, has tried vaping pens [e-cigarettes] but they made her throat dry and sore. Not sure of health benefits of swapping from cigarettes to vaping anyway. Aware of Champex and [nicotine replacement] patches but has reactions to medication so avoids usage ... husband has [chronic obstructive pulmonary disease] COPD but still smokes [and is] aware of the impact on health and the dangers [of smoking cigarettes]. If something happened to me, I may consider stopping but ... I want to smoke.

## What people were saying

Many people had started smoking or using other tobacco products early, often before the age of 16. *'I started smoking at 15, I am [now] 45 ... I have a fag when I want it, I quite like having a cup of tea and a cigarette' ... 'I started smoking when I was 15, I have been smoking roll ups for 10 years because I wanted to cut down on tobacco [cigarettes].'* In the main people started using tobacco products because friends did and it was often also a personal choice they had made. *'[Andrew aged 53] started smoking at 16 years of age ... because of peer pressure from friends ... and carried on because he got addicted ... [he] is aware that smoking kills ... this is why he stopped ...'*

From the people taking part in this research there was not much strong evidence that using tobacco products was something that was taken up necessarily as a result of pressure from family members, or to improve self-confidence, or because it was viewed as glamorous. However, it seems likely that for some people family influence can be important. *'[Peter 53] smokes 7 cigars a day. He started smoking cigarettes at the age of 16 and believes he did this because his close family did too ...'*

A significant number of people were using hand rolled cigarettes but were indicating they were mainly shop bought, although it was not uncommon for people to admit having purchased illegal tobacco products. The largest number of people were spending £20 or less each week on tobacco products and smoking up to 10 cigarettes each day. However, a significant number of other people were spending more than £20 each week and smoking more than 20 cigarettes each day. Interestingly, for around half the people answering a question on deterring smoking indicated that higher tobacco product prices had no effect on their

purchasing of tobacco products. And most people felt the packaging of tobacco products and messages about the risks of smoking had also had little or no impact on their attitudes to using tobacco products.

People were roughly split between those waiting less than 10 minutes before lighting up after waking and those waiting for a longer time. The sensations gained from smoking or using other tobacco products most often included achieving a nicotine high. Meanwhile and apart from when they were at home, people smoked most often when they were socialising with other smokers, with friends, or when drinking alcoholic or non-alcoholic drinks in the company of others. *'[John] started smoking aged 8 ... heavily till mid 60s ... [he] always worked and socialized with people who smoked ... which made it really difficult to give up ... smoking and drinking in the pub went hand-in-hand ...'* In a number of instances people smoked when they were bored or affected by stress.

Many people reported being in good health despite using tobacco products and a significant minority of people felt smoking or using other tobacco products had little or no impact on their health. *'[Ryan in his 20s] started smoking ... when he went to the park with friends ... he was 15 ... [He] is not worried he will get addicted ... most of his family smoke ... [he] worries about his parents health ... [but] doesn't worry about the harm he causes to himself...'* However, the majority of people using tobacco products had [received] medical advice to stop using tobacco products. A number reported being affected by breathing problems or lung disease.

Interestingly, most people did not smoke in situations where children were present and around half the people answering a question on the harmful effects of smoking felt tobacco smoke was harmful for non-smokers. However, there was much less certainty about any links between smoking and lung cancer. Around half the people answering a question on restrictions on where people could smoke were strongly supportive of the ban on smoking in public places. Indeed, most people were quite or very supportive of the ban on smoking in vehicles where children are present.

There were approximately even numbers of people responding to a question on stopping using tobacco products with either little or no desire to stop or a quite or very strong desire to stop. In terms of what might help people cut down or stop the most popular responses were saving money and improved health. The most common approaches used to cut down or stop using tobacco products were help obtained at the doctor's surgery, nicotine replacement (patches and gums), self-help, e-cigarettes and pharmacy services. However, people remarked that *'GP's can sometimes take a less personalised and helpful approach ... [and] high street pharmacies sometimes provide more personal feeling [services]'* and often



'people who were successful in stopping smoking had used stop smoking services'. The common causes of people continuing or re-starting using tobacco products were that they enjoyed it, they lacked the willpower needed to stop, were not able to cope with withdrawal symptoms, or they felt it helped to relieve stress or worry in their lives.

## What's next?

1	Disseminate messages on the harms to health of smoking and using other tobacco products out to children and young people in schools and elsewhere as soon as is practicable
2	Many people using tobacco products want to stop so there is an opportunity to provide the support they need to achieve this goal
3	Find ways to target, inform and where possible help people who have little or no desire to cut down or stop using tobacco products
4	Peer and family member pressure can influence a person's decision to start using tobacco products so they must be included in thinking and plans to reduce the numbers of people using tobacco products
5	Reach out to young people in schools and elsewhere early with messages on the harms of smoking and using other tobacco products and help them to be champions against smoking and using tobacco products
6	Continue to undertake work to deal with the problem of illegal tobacco product imports and sales through education and enforcement actions
7	Pay attention to the monies people spend on tobacco products and how they could use it on other things if they cut down or stopped
8	People say improved health would be a benefit of stopping using tobacco products so promote this and help to show what the benefits to health could be
9	Some people using tobacco products view their health as being better than it actually is which means it is necessary to find ways to deal with such assumptions
10	Some people are unclear about the harms to health caused by the use of tobacco products and the links with particular illnesses like cancer which means it is necessary to find ways to better inform people of the risks to health
11	Some young people feel they will not be harmed by the use of tobacco products which means it is necessary to find ways to effectively counter such beliefs
12	It seems there is a group of people using tobacco products who indicate that their cost does not affect purchasing decisions although for many others it is likely to remain a way to reduce and discourage uptake
13	Finding ways to deal effectively with the craving for a 'nicotine high' reported by many people using tobacco products will help them to cut down or stop

14	It is important to support people trying to deal with the strong desire to use tobacco products when socialising with others who are using them or at times when there is stress or worry in their lives
15	The extension of bans on smoking in public places or situations where children or young people are present should be considered
16	Ensure the support provided to help people cut down or stop using tobacco products is person-centred, is empathetic and recognises their particular circumstances
17	Seek to improve services to help people cut down or stop using tobacco products provided by general practitioners, pharmacists, public health stop smoking services and the voluntary sector to make them more joined-up and integrated

Table 12: What's next

The success of initiatives devised to help to reduce the numbers of people starting to use tobacco products, or help those already using them to stop, will almost certainly be improved through genuinely co-productive engagement activities. Such activities will help to ensure the services and support people receive to stop using tobacco products, or preventing them from starting to use them in the first place, meet their needs in ways that are convenient for them and they are comfortable with.

The evidence from people's stories on their experiences of using tobacco products shows they mostly have complicated lives with numerous different home, work and social commitments and arrangements.

It would appear to be vital to take a person-centred approach to the design of services and activities to help prevent people from starting to use tobacco products or stop using them. Such an approach must recognise the difficulties people might face in accessing information about services and support and getting the help they need to cut down or stop using tobacco products.

At the same time, services and support must be integrated and joined up to provide easy and seamless access to the help that people need to stop using tobacco products. There must be collaboration between primary and secondary care organisations and the voluntary and community sectors to ensure an holistic response to the different needs of people affected by the use of tobacco products or wanting to stop using them.

At the same time, there must be clear plans on how to deal with the unexpected changes and events in people's lives that can cause stress, worry and a relapse in their behaviour and use of tobacco products.

# Appendices

## Appendix 1

### Smoking, other tobacco products and e-cigarettes - what are your experiences and views?

Dudley Office for Public Health (DOPH) has asked Healthwatch Dudley to collect the experiences and views of smokers and non-smokers on smoking cigarettes, using other tobacco products, and e-cigarettes. This questionnaire survey will provide information that improves understanding of people's behaviour and attitudes to smoking, cigarettes, using other tobacco products and e-cigarettes.

Healthwatch Dudley is the local consumer champion for health and social care matters. It has a statutory duty to reach out to people and ensure they have a strong voice. It strives to ensure their views are taken into account and acted on by organisations that have responsibility for regulating, purchasing or providing health and social care services.

Personal details provided and your answers to questions will remain confidential. You will not be identifiable in any report that is produced.

**ALL QUESTIONS ARE OPTIONAL BUT IT WOULD BE HELPFUL IF YOU COULD COMPLETE THOSE THAT ARE APPLICABLE TO YOU AND RETURN THE QUESTIONNAIRE SURVEY IN THE POSTAGE PAID ENVELOPE PROVIDED BY FRIDAY, 13 AUGUST 2015**

A report will be published on the Healthwatch Dudley website and used to inform future decisions on the contents of an updated Dudley Tobacco Control Strategy.

The questionnaire can be completed online at [www.healthwatchdudley.co.uk/surveys](http://www.healthwatchdudley.co.uk/surveys)

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# Smoking, other tobacco products and e-cigarettes - what are your experiences and views?

## Section 1: Something about you

Q1	Age	18 or under	19-24	25-34	35-49	50-64	65-74	75-84	85 or over	Prefer not to say
Q2	Gender	Male		Female		Trans		Prefer not to say		
Q3	First half of postcode									
Q4	Ethnicity									
	White British		White and Black African					Chinese		
	White Irish		White and Black Caribbean					African		
	Gypsy or Traveller		Indian					Caribbean		
	White and Asian		Pakistani					Arab		
	Mixed Other		Bangladeshi					Prefer not to say		
	Any other White background		Any other Black background					Other:		
	Any other Asian background									



**Q8** Why did you start smoking cigarettes or using other tobacco products or e-cigarettes? (tick all that apply)

Personal choice

Stress/anxiety/worry

Because friends smoked

Pressure from friends

Because family smoked

Pressure from family

Made me feel grown up

It felt glamorous

Made me feel more confident

Made me feel more accepted

e-cigarettes to stop tobacco use

Other

If other please specify


**Q9** Which of the following statements apply to you?

I smoke cigarettes or use other tobacco products

**Go to Question 10**

I used to smoke cigarettes or used tobacco products

I have NEVER smoked cigarettes or used other tobacco products but use e-cigarettes (vapour)

<b>Go to Question 40</b>
<b>Answer no further questions - END</b>

**Q10** Which of the following tobacco products do you use?

(tick all that apply)

Factory made cigarettes

Hand rolled cigarettes

Cigars

Tobacco pipe

Chewing tobacco

Other

If other please specify


--

**Q11** How do you buy cigarettes or other tobacco products?

(tick all that apply)

Duty Free

Shop premises

Online websites

Pubs or leisure venues

Other

If other please specify


--

**Q12** Have you purchased illegal cigarettes, rolling tobacco or other tobacco products?

Yes	No	Don't know

**Q13** How much do you spend on cigarettes or other tobacco products each week?

£10 or less	£11 - £20	£21 - £30	£31 - £40	£41 - £50	£51 - £60	£61 - £70	£71 - £80	£81 - £90	£91 - £100

Prefer not to say	
-------------------	--



**Q14** How many cigarettes (including hand rolled) do you smoke each day?

Non-daily/ occasional	1 to 5	6 to 10	11 to 15	16 to 20	21 to 25	26 to 30	31 to 35	36 to 40	Over 40	Prefer not to say

**Q15** How long after waking do you smoke a cigarette or use other tobacco products?

5 or less minutes	6 to 10 minutes	11 to 15 minutes	16 to 20 minutes	over 20 minutes

**Q16** Do you get any of the following sensations when smoking cigarettes or using other tobacco products? (tick all that apply)

A pleasant sensation in the throat

A buzz from the smell of tobacco

A buzz from the taste of tobacco

A nicotine high

Other

If other please specify


--

**Q17** When do you smoke cigarettes or use other tobacco products?

(tick all that apply)

At work

At home

With friends

When socialising with smokers

When under pressure/stress

When drinking coffee or tea

When drinking alcohol

Special occasions

When bored

To relax

Other

If other please specify


--

**Q18** How does the person closest to you feel about you smoking cigarettes or using other tobacco products?

(1 = very accepting to 6 = very against)

1	2	3	4	5	6

**Q19** Would higher cigarette or other tobacco product prices deter you from purchasing them?

Yes	No	Don't Know

**Q20** How is your health? (1 = poor to 6 = good)

1	2	3	4	5	6

Prefer not to say

**Q21** How do you feel smoking cigarettes or using other tobacco products has affected your health?  
(1 = not at all to 6 = a lot)

1	2	3	4	5	6

**Q22** Have you had medical advice to stop smoking or using other tobacco products?

Yes	No	Prefer not to say

**Q23** Have you been told you have or experience any of the following conditions?

(tick all that apply)

Heart disease

Stroke

Lung Disease (COPD, Bronchitis, Emphysema)

Breathing problems

None of these

Other

If other please specify

Prefer not to say


--

**Q24** Do you suffer from any mental health problems?

Yes	No	Prefer not to say

**Q25** Have you been to hospital for something related to smoking cigarettes or using other tobacco products?

Yes	No	Don't Know

**Q26** Have you had time off work caused by smoking cigarettes or using other tobacco products?

Yes	No	Don't Know	Not applicable

**Q27** How harmful do you feel is smoke from cigarettes or other tobacco products to non-smokers?  
(1 = not at all to 6 = a lot)

1	2	3	4	5	6
Don't Know					

**Q28** Do you feel smoke from cigarettes or other tobacco products cause lung cancer in non-smokers?

Yes	No	Don't Know	Not sure

**Q29** Do you smoke cigarettes or smoke other tobacco products in places where there are children present?

Yes	No

**Q30** How are you influenced by celebrities smoking cigarettes or using other tobacco products in films on television or in newspapers and magazines? (1 = not at all to 6 = a lot)

1	2	3	4	5	6

**Q31** How does the packaging of cigarettes or other tobacco products influence what you buy?  
(1 = not at all to 6 = a lot)

1	2	3	4	5	6

**Q32** Have messages on the dangers of smoking cigarettes or using other tobacco products helped you to cut down or think about stopping (1 = not at all to 6 = a lot)

1	2	3	4	5	6

**Q33** How important do you feel it is to stop the sale of illegal cigarettes or other tobacco products?  
(1 = not very important to 6 = very important)

1	2	3	4	5	6

**Q34** How important do you feel it is to ensure retailers comply with the law on the sale of cigarettes and other tobacco products?  
(1 = not very important to 6 = very important)

1	2	3	4	5	6

**Q35** How supportive are you of the ban on smoking cigarettes and other tobacco products in public places?

(1 = not at all to 6 = a lot)

1	2	3	4	5	6

**Q36** How supportive are you of the ban on smoking cigarettes and other tobacco products in motor vehicles where children are present? (1 = not at all to 6 = a lot)

1	2	3	4	5	6

**Q37** How much do you want to stop smoking cigarettes or using other tobacco products? (1 = not at all to 6 = a lot)

1	2	3	4	5	6





**Q39** Have any of the following sent you to services that would help you to stop smoking cigarettes or using other tobacco products?  
(tick all that apply)

A doctor

A chemist/pharmacist

Nurse/Health Visitor

None of the above

Other

If other please specify


--

**Q40** Have you or would you use any of the following to help stop smoking cigarettes or using other tobacco products? (tick all that apply)

Doctor's surgery services

Chemist/pharmacy services

Nurse - based help

Nicotine replacement (patches/gum/tablets/spray)

Other drug-based treatments

Have used

Would use



**Q41** If you have tried to stop or have stopped smoking cigarettes or using other tobacco products what might or has made you start again?  
(tick all that apply)

I enjoy it

Lack of willpower

Withdrawal symptoms

Stress/anxiety/worry

Pressure from family

Pressure from friends

Drinking alcohol

Being with other smokers

Could not get access to help

Not applicable

Other

If other please specify


--

**Q42** Have you smoked cigarettes or used other tobacco products whilst pregnant?

Yes	No	Not applicable

**Q43** Have you had pregnancy complications related to smoking cigarettes or using other tobacco products?

Yes	No	Don't know	Not applicable

**Q44** Have you had a low birth weight baby? (less than 2.5kg or 5.5 lb)

Yes	No	Not applicable

**Q45** Have you taken part in activities to stop smoking cigarettes or using other tobacco products whilst pregnant?

Yes	No	Not applicable

If you would like to tell us more about your views and experiences of the use of tobacco products, please provide your contact details:

Name:

Address:

Telephone:

Thank you for taking the time to complete this questionnaire survey

Please return it in the pre-paid envelope supplied by Friday, 17 April 2015

## Appendix 2

Postcode	Number of people	Postcode	Number of people
B43	2	DY5	16
B62	1	DY6	2
B63	1	DY8	6
B65	2	DY9	1
DY1	11	WS7	1
DY2	7	WV14	5
DY3	9	<b>TOTAL</b>	<b>64</b>

## Appendix 3

Ethnicity	
Answer Options	Response Count
White British	62
White Irish	1
Gypsy or Traveller	0
White and Asian	0
Mixed Other	0
Any other white background	1
Any other Asian background	0
White and black African	0
White and black Caribbean	0
Indian	0
Pakistani	1
Bangladeshi	0
Any other black background	0
Chinese	0
African	1
Caribbean	1
Arab	0
Other	1
Prefer not to say	0
<b>Total</b>	<b>68</b>

## Appendix 4

### Focus group schedule

#### PEOPLE WHO SMOKE

How old are you?

How old were you when you started smoking?

What do you smoke?

Is there anything in your opinion about the substance you smoke that makes it better from other forms of smoking?

How did you get into smoking?

Is there a reason why you smoke?

What do you think smoking does to your body?

How do you fund it/ how much does it cost you a week?

Do you smoke anything else apart from tobacco?

Do your friends/family smoke? If so, do you feel that this is a big reason as to why you smoke too?

#### IF THEY WANT TO STOP SMOKING

Do you want to stop smoking? (*IF NO GO TO NEXT SET OF QUESTIONS*)

Is there a reason for why you want to stop smoking?

Are you using e-cigs to try and stop smoking?

Have you had any help to stop smoking from services?

(If no help) Would you know where to go to stop smoking?

Is there any reason why you haven't given up yet?

Are you aware of any risks to smoking cigarettes?

What personally, do you think would be your biggest motivator to stop smoking?

#### IF THEY DON'T WANT TO STOP, WHY?

Is it a family tradition/thing to do?

Do you believe it doesn't cause harm?

Do you worry about getting ill from smoking?

#### IF THEY HAVE STOPPED SMOKING, WHAT CIRCUMSTANCES MADE THEM STOP?

What techniques did you use to stop smoking?

Did you find it hard to stop? If yes/no, why?

Did you stop smoking but start e-cigarettes?

Do you feel comfortable that you have stopped now or do you still get urges to smoke again?

Do you feel healthier now you have stopped? If so, in what way do you feel healthier?

How do you feel now when you are around other smokers?

Did you use a stop smoking service? *(IF YES GO TO SERVICES SET OF QUESTIONS)*

### **IF THEY SMOKE E-CIGS**

Do you ever have the urge to smoke cigarettes?

Do you feel that they satisfy you just as much as cigarettes did?

Have you noticed an improvement in your health since you started E-cigs?

Do you spend more or less money on e-cigs?

How much nicotine do you have in the liquid you buy?

Where do you get your e-cigarette equipment from?

### **IF THEY HAVE A CHILD**

Do you smoke around your child?

What are your opinions on the smoking ban in cars with children present?

Do you believe that second hand smoking is harmful to children?

If applicable, did the midwife say anything about stopping smoking?

Did having a child make you feel like you would like to quit smoking or did it not affect your decision to smoke?

### **HAVE YOU TRIED ANY SERVICES TO STOP SMOKING**

Which services have you used?

Did you find these services useful?

Did they help you specifically? Or did they give you help to look into it yourself?

If you have tried the services to stop and then started again, what was the reason?

Did you know about stop smoking services, stop smoking services that you could access?

If you have tried your local GP services did you find this effective?

What do you think services should do to help people stop smoking?

### **SMOKING AT WORK**

Do you get cravings for cigarettes when you are at work more so than when you are at home?

Do you worry that people may be able to smell cigarette smoke on you when you go back into work?

Would you like to stop?

Do you feel that smoking shelters are a convenient place to have a cigarette?

Do you feel that you would get less breaks at work if you didn't smoke?

How do you control cravings when you are working long hours?

### **SOCIAL/ OCCASIONAL SMOKER**

How did you get into smoking socially/occasionally?

In what situations do you smoke in? (e.g - drinking, pub, out with friends, stress, family problems).



Is there a reason why you smoke occasionally/socially and not all the time?  
How many times a week do you smoke?  
Do you smoke shop bought cigarettes or roll ups?  
If you can't have a cigarette in a social situation or when you feel like you need one, do you get cravings or an extreme need for one?  
Have you ever felt that you would like tobacco in non-social situations/situations where there is no real reason to want tobacco?  
Have you ever had a cigarette in these situations? If yes, how did you feel when you had one?  
Do you feel that you are addicted to tobacco?  
If no, are you worried that you may get addicted to tobacco?

### **NON SMOKER QUESTIONS**

Is there a reason why you never took up smoking?  
Have you tried a cigarette before? If so, why did you not take up smoking?  
Have you ever felt tempted to try a cigarette if you have never tried one before?  
Is there anything you dislike about the idea of smoking?  
Do you have any close family who smoke? What do you think of them smoking?  
What do you think of e-cigarettes?  
Do you believe that breathing in smoke from a cigarette/e-cig causes harm to you?

### **CHEWING TOBACCO QUESTIONS**

Is there a reason why you took up chewing tobacco?  
How old were you when you first tried it?  
Do you smoke as well as chew tobacco?  
Do you get a nicotine high from chewing tobacco?  
Do you feel it is less or more pricey than buying cigarettes?  
How easily accessible is it to buy nowadays compared to 20 years ago?  
Do you know many other people who chew tobacco?  
Are you aware of any health issues related to chewing tobacco? If so what are these?



# Feedback form

Finding	Actions	Responsible Person	Comments	Change stage
Disseminate messages on the harms to health of smoking and using other tobacco products out to children and young people in schools and elsewhere as soon as is practicable				
Many people using tobacco products want to stop so there is an opportunity to provide the support they need to achieve this goal				
Find ways to target, inform and where possible help people who have little or no desire to cut down or stop using tobacco products				
Peer and family member pressure can influence a person's decision to start using tobacco products so they must be included in thinking and plans to reduce the numbers of people using tobacco products				
Reach out to young people in schools and elsewhere early with messages on the harms of smoking and using other tobacco products and help them to be champions against smoking and using tobacco products				
Continue to undertake work to deal with the problem of illegal tobacco product imports and sales through education and enforcement actions				

Finding	Actions	Responsible Person	Comments	Change stage
Pay attention to the monies people spend on tobacco products and how they could use it on other things if they cut down or stopped				
People say improved health would be a benefit of stopping using tobacco products so promote this and help to show what the benefits to health could be				
Some people using tobacco products view their health as being better than it actually is which means it is necessary to find ways to deal with such assumptions				
Some people are unclear about the harms to health caused by the use of tobacco products and the links with particular illnesses like cancer, which means it is necessary to find ways to better inform people of the risks to health				
Some young people feel they will not be harmed by the use of tobacco products which means it is necessary to find ways to effectively counter such beliefs				
It seems there is a group of people using tobacco products who indicate that their cost does not affect purchasing decisions although for many others it is likely to remain a way to reduce and discourage uptake				
Finding ways to deal effectively with the craving for a 'nicotine high' reported by many people using tobacco products will help them to cut down or stop				

Finding	Actions	Responsible person	Comments	Change stage
It is important to support people trying to deal with the strong desire to use tobacco products when socialising with others who are using them or at times when there is stress or worry in their lives				
The extension of bans on smoking in public places or situations where children or young people are present should be considered				
Ensure the support provided to help people cut down or stop using tobacco products is person-centred, is empathetic and recognises their particular circumstances				
Seek to improve services to help people cut down or stop using tobacco products provided by general practitioners, pharmacists, public health stop smoking services and the voluntary sector to make them more joined-up and integrated				
Develop genuinely co-productive processes involving the public and people accessing services in their design and operation				
Empower people so that they have more control over how they access services and decisions about their health and wellbeing				
Develop a person-centred approach to the development of services				

Change stage: Red (outstanding), Amber (being progressed), Green (done)



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