Understanding smoking, quitting, and health inequalities

March 2025

healthwatch Kirklees

Kirklees COUNCIL

Contents

Executive Summary

This report represents the findings from our engagement with people who smoke or who have previously smoked to understand their experiences, motivations, and barriers in quitting smoking. The key findings highlight significant health inequalities:

1. **Smoking and deprivation:** A high proportion of people who smoke live in areas of deprivation and social housing.
2. **Ethnic disparities:** Due to social pressure, people from ethnically diverse backgrounds are more likely to face additional barriers to quitting.
3. **Disability and smoking:** 43% of those with a disability are people who smoke, with many using smoking as a coping mechanism for stress and mental health conditions.
4. **Gender differences:** Men are less likely to attempt quitting compared to women, who tend to make more attempts to stop smoking.
5. **Long-term health conditions:** People who smoke and have long-term conditions have the lowest confidence in quitting and the highest rates of tobacco use.
6. **Mental health:** Those with mental health conditions report higher smoking rates and lower confidence in quitting despite high motivation.
7. **Barriers to quitting:** The biggest challenges include addiction, stress, lack of willpower, cravings, and being around other people who smoke.
8. **Motivators to quit:** Health concerns and financial costs are the primary reasons people want to stop smoking.
9. **Access to support:** Many people who smoke are unaware of available services, with notable gaps in healthcare professionals signposting to support.
10. **Service improvements needed:** People who smoke want support to be available in their community, tailored support, incentives to help

them quit, improved online support, better access to free stop-smoking aids, alternatives to vapes, and non-judgmental services.

Introduction

Understanding the experiences of people who smoke and people who previously smoked helps shape effective support services.

This engagement aimed to explore who smokes, why they continue, what might help them quit, and what factors supported people who quit in successfully stopping, all with a focus on health inequalities.

The findings will inform Public Health and the system partners to shape and deliver the stop smoking service offer in Kirklees and wider stop smoking opportunities.

Methodology

The engagement was carried out using the following approaches:

- Face-to-face engagement, speaking directly to people in Kirklees (199 responses)
- Online, mainly using sponsored, targeted Facebook promotion (212 responses)
- Emails to Healthwatch partners/contacts (88 responses)
- Community Champion engagement: 5 Community Champions supported this engagement (87 responses)
- Posters in community settings (2 responses)

Engagement took place with groups experiencing higher rates of smoking in Kirklees:

- Routine/manual workers

- Social housing tenants
- LGBTQ+ people
- People with mental ill health
- Ethnically diverse people
- People with long term conditions
- People living in Batley East, Batley West, Dewsbury West, Ashbrow, Dalton, Almondbury, and Newsome (WF12, WF13, WF17, HD2, HD4 & HD5)

Data analysis focused on identifying patterns related to smoking prevalence, barriers to quitting, and motivators for stopping.

Findings

We gathered insights from **588 responses** to our survey, ensuring diverse representation across age, gender, ethnicity, disability, and socio-economic backgrounds. For a full list of demographics, please see Appendix 1.

Smoking status and demographics

- **40% of respondents currently smoke**, while an equal percentage stopped smoking more than a year ago.
- **Smoking is more common among people from deprived areas**, particularly those in social housing and routine/manual jobs.
- **Women are more likely to quit smoking than men**, with more people who previously smoked identifying as female.
- **Ethnic disparities exist**, with 35% of people who smoke come from diverse ethnic backgrounds compared to 23% of the general population.
- **Disability and smoking are closely linked**, with 43% of disabled respondents currently smoking compared to 21% overall.
- **People with mental health conditions have higher smoking rates** and lower confidence in quitting.

- **Older people who smoke are more likely to smoke more tobacco products per day than younger people**. 37% of those aged 65-79 smoke more than 20 tobacco products per day, whereas of those aged 25-34 only 8% smoke more than 20 per day.
- **Neurodiverse respondents** are more likely to smoke but show above-average motivation and confidence to quit**.**
- **Carers** smoke at higher rates due to stress, but most are motivated to quit if given the right support.

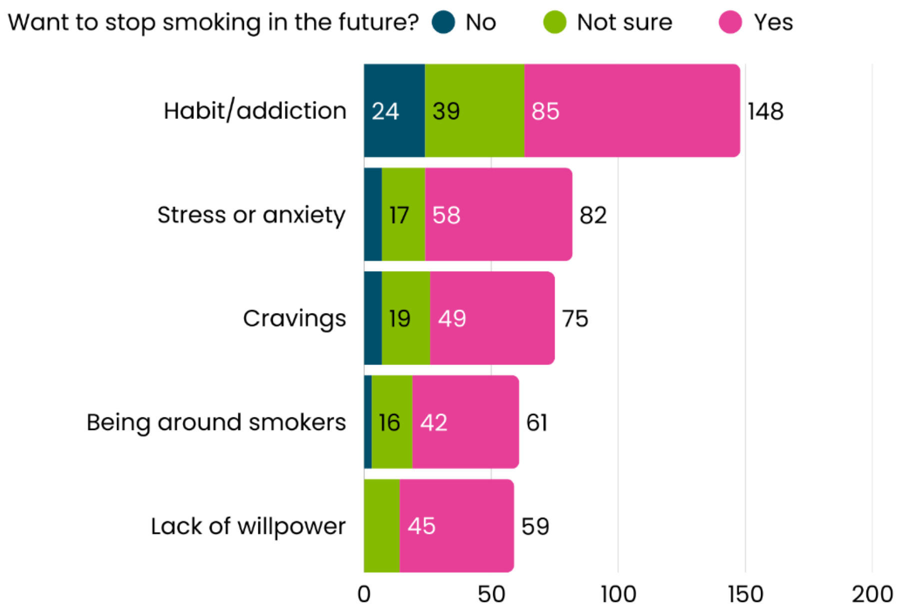
People who smoke

Barriers to quitting

People who smoke reported several obstacles preventing them from stopping:

- **Habit and addiction** (reported by 148 individuals) was the most common reason.
- **Stress and anxiety** (82 individuals) played a significant role in continued smoking.
- **Cravings** (75 individuals) made quitting difficult.
- **Being around other people who smoke** (61 individuals) increased temptation.
- **Lack of willpower** (59 individuals) was a common struggle.
- **Financial barriers** prevented access to stop-smoking aids for some.
- **Fear of weight gain and mood changes** were mentioned as concerns by a small but significant group.
- **Lack of awareness of services** meant that some people who smoke did not know where to seek help.

Top five barriers to stop smoking and if respondents want to stop smoking in the future:



“Some people smoke because they need something to do, it keeps them off other things that are also damaging for them – less judgment behind the reasons we smoke is needed. I don’t want to stop currently but I do feel I would need a clinical type of help as I have had other addictions in the past (prescription medication) and worry I would find anything else to replace this addiction.”
Male, age 35-45, HD1, Black: Black British Caribbean

“I enjoy smoking, I don’t want to stop and the pictures on the packets don’t put me off. Vapes are untested, so why are people being pushed onto those?”
Female, age 44-55, HD1, White British

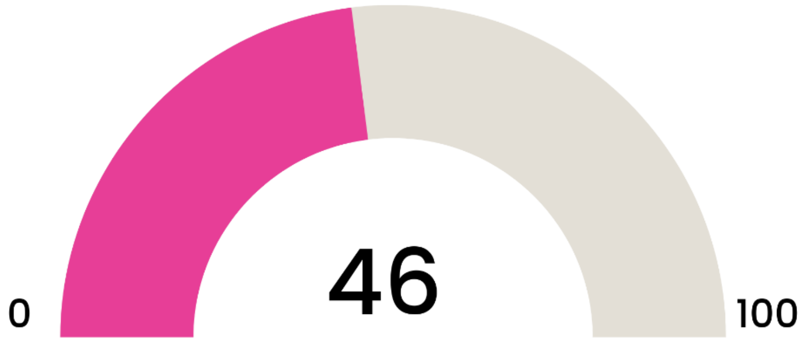
“I wouldn’t [want to stop], I only smoke 3 a day so think I could do it alone, when I’m ready. More info on vaping and if it’s a healthy alternative.”
Male, age 55-64, WF17, Arabic

Motivations to quit

The main reasons people wanted to stop smoking were:

- **Worried about health risks** (100 individuals)
- **Financial cost of smoking** (96 individuals)
- **Experiencing illness linked to smoking** (81 individuals)
- **Wanting to get fitter** (59 individuals)
- **Pressure from family or friends** (37 individuals)
- **Concerns about second-hand smoke exposure for children and family members** (34 individuals)

How motivated people who smoke were to stop smoking, on a scale of 0-100:



“I saw a programme and they tested the age of smokers lungs and that was scary. If someone did that to me I think that would scare me into stopping.”
Male, age 45-54, HD3, Mixed/Multiple ethnic groups: Black Caribbean and White

“I have cut down the amount I smoke but still spend the same amount, it becoming more expensive will lead to me reducing then default quitting.”
Female, age 25-37, WF17, Mixed/Multiple ethnic groups: Black Caribbean and White

“Stoptober was a great way to do it. A realistic goal.”
Female, age 35-44, WF17, White British

People who smoke identified key elements that would help them quit:

- **Access to free or low-cost nicotine replacement therapy** was the most requested support.
- **One-to-one support from advisors and personalised stop-smoking plans** were also highly rated.
- **Online resources and mobile apps** were seen as helpful but not as important as direct support.
- **Evening and weekend availability** and **community-based sessions** would improve access to services.
- **Tailored support for those with mental health conditions, neurodiverse individuals, and carers** was requested.
- **More information on alternative methods like hypnotherapy and group support programs** was also suggested.

"Vouchers to help with food shop to cover the increase in food shop in the beginning stages when need snacks. Online support - as a carer I don't get out of the house easily so I don't make appointments of visits for myself unless necessary - having online support would make it more likely that a carer like myself would access support. Little incentives like badges once you reach certain stages like they do when you give blood. I recently saw poster from an NHS service giving offering Muslims who want to stop smoking during Ramadan a nicotine replacement kit - I thought it would be a good idea to also offer the same to those who celebrate lent as it may help encourage them to quit long term."

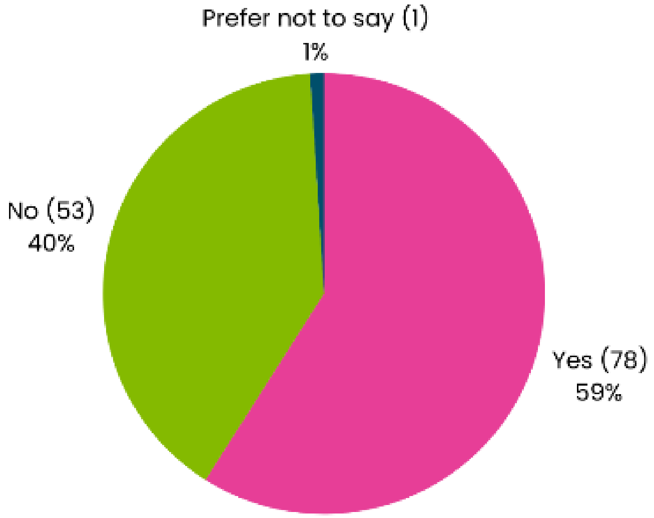
Male, age 45-54, WF14, White British

"I quit in prison because I had no option, they gave me patches and a nicotine whistle but then when I came out I had nothing and didn't know where to get it from so it was easier just to get some cigs. If I would have been given a supply of what I had before or told where to

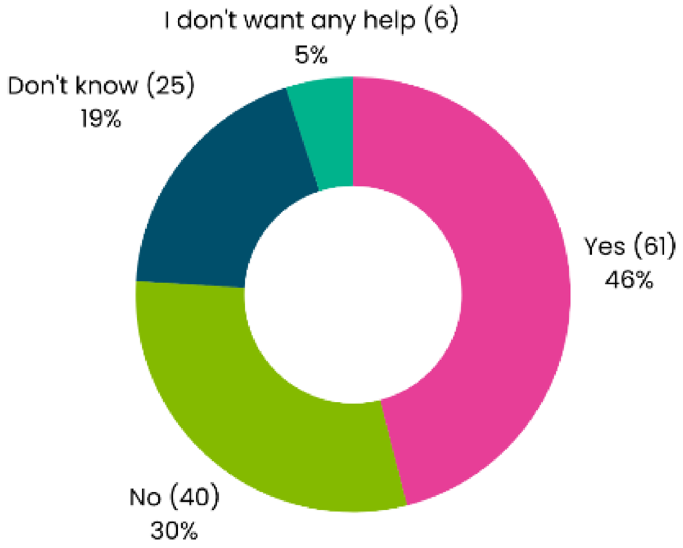
get it from I could have probably tried to keep going without but it was easier to just get my fix from cigs.”
Female, age 35–44, HD4 White British

“I think offering a variety of methods and products or drugs would be beneficial. Any advice being given is also much better coming from an ex long term smoker as opposed to someone who has never really smoked, they simply do not understand the cravings/addiction and the stress your body and mind through.”
Male, age 45–54, HD3, White British

Has a health worker ever advised you to stop smoking?



Do you know where to get help to stop smoking?

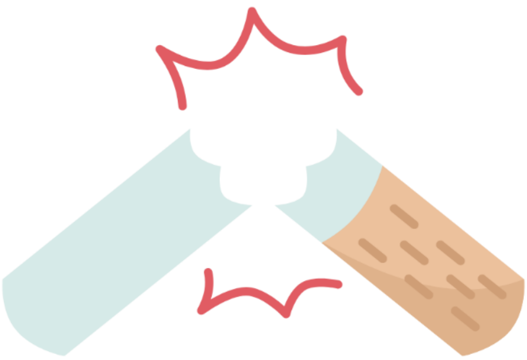


People who previously smoked

What prevented people who previously smoked from quitting sooner

Many people faced multiple challenges before they successfully quit, including:

- **Strong nicotine addiction and long-term habit formation** that made quitting particularly difficult.
- **Repeated failed attempts** due to intense withdrawal symptoms and cravings.
- **Being surrounded by other people who smoke**, which reinforced the habit.
- **Lack of access to affordable stop smoking aids**, preventing them from seeking help sooner.
- **Fear of weight gain or negative mood changes**, leading to relapses.
- **Stress and life challenges**, making smoking feel like a coping mechanism.
- **Limited availability of tailored support**, especially for those with mental health conditions and neuro-diverse needs.



"I was in a very stressful job having to meet deadlines all the time. I smoked to cope with the stress. I quit and now do voluntary work do my life is much less stressful so it was the right time for me to quit."

Female, age 45–54, WF13, Black: Caribbean and White

"When I was in rehab I quit because I had so much support but then as soon as I was out I went straight back to smoking as a way to help keep me away from other addictions – this was actually advised to me by the rehab team. Having access to daily exercise helps me to some

extent but without access to bike or exercise class such as boxing etc I find it hard to motivate myself to do something like running or walking for exercise."

Male, age 45-54, HD4, Black/Black British Caribbean

"My work banned smoke breaks as people were taking too long, there were redundancies coming & we worried the smokers would lose their jobs as we took more breaks, it was a worry but push to quit."

Male, age 45–54, WF17, Asian/Asian British: Pakistani

What helped people who previously smoked to quit

Among those who successfully quit smoking:

- **Many relied on a combination of aids**, including nicotine patches, e-cigarettes, or prescription medication.
- **Going 'cold turkey' was the most commonly cited method used,** but those who quit this way often had multiple failed attempts before success. People who were successful using this method spoke about having the right mindset and being in the right place to decide to quit at that time.
- **Support from family and friends** played a crucial role in maintaining motivation.
- **Health concerns**, particularly worsening medical conditions, were key triggers for quitting.
- **Seeing financial savings** from quitting was a strong reinforcer for many.

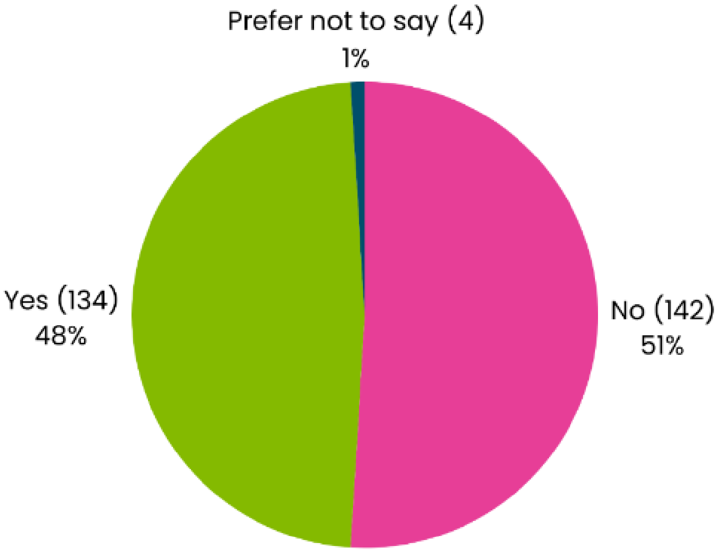
"I did it together with my partner. People who don't have someone to support them would benefit from being partnered up with a quit buddy."

Female, age 80+, WF12, White British

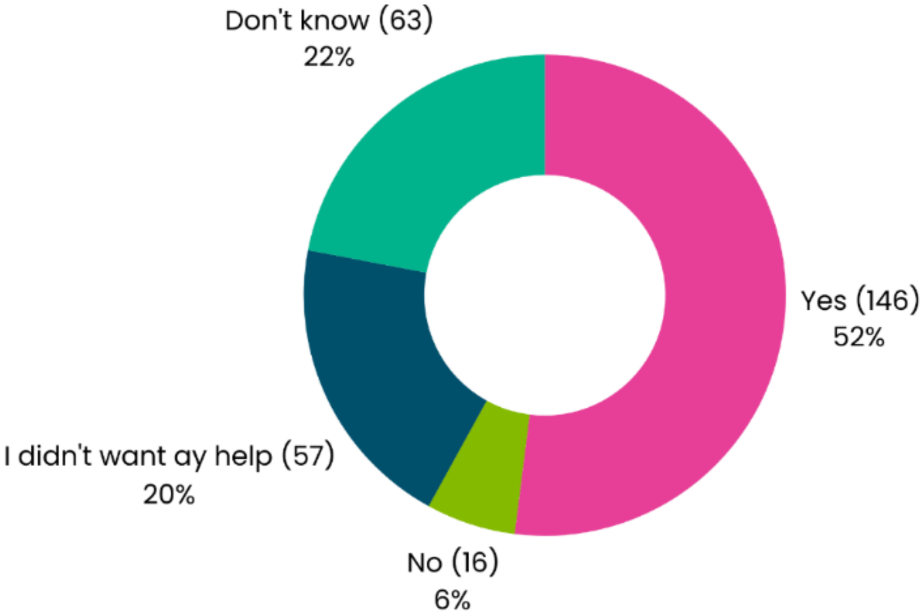
“I wasn’t successful in quitting until I was mentally ready/motivated.”
Female, age 45-54, other White background (not specified)

“The hardest thing I ever did was giving up smoking. I could never have done it without the meds and being prescribed the meds again and again until I finally succeeded.”
Female, age 55-64, HD5, White British

Has a health worker ever advised you to stop smoking?



Did you know where to get help to stop smoking?



Health inequalities

Smoking prevalence and barriers to quitting vary significantly among different population groups, highlighting key health inequalities:

- **Routine/manual workers:** 59% of respondents in routine/manual jobs are people who smoke. Many reported workplace smoking culture and stress as key barriers to quitting. 63% expressed a desire to quit, but many lacked access to tailored support.

"Buddy system maybe - would need to be well suited and matched. Something to occupy time, maybe discount to leisure activities that aren't related to food or drink as that's when I want to smoke."

Male, age 35–44, HD2, Asian/Asian British: Pakistani

- **Social housing tenants:** 26% of people who smoke live in social housing. 83% of them have been smoking for over ten years, and the majority smoke between 5-10 or more than 20 cigarettes per day. Almost half have tried to quit before, but the lack of affordable stop smoking aids was a major barrier.

"Support – in all aspects of my life – finance, housing etc this would help my stress and addiction habits."

Male, age 45-54, HD4, Black/Black British: Caribbean

- **LGBTQ+ people:** 55% of LGBTQ+ respondents were people who smoke, significantly higher than the overall population. Barriers to quitting included social environments that encourage smoking, stress, and a lack of tailored support. However, 62% indicated they wanted to quit.

"I don't know, it's depressing out there and I don't think the alternatives offered are enough to get people like me to stop."
Female, age 25–34, HD5, White British

- **People with mental ill health:** 71% of respondents with a mental health condition were people who smoke. They reported using smoking as a coping mechanism and had the lowest confidence in quitting, despite high motivation (86% wanted to stop in the future).

"The only time I quit was when I was in prison and it had a massive impact on my mental health. I use it as a tool to keep me stable. I know it's not good for my physical health but my mental health can not cope without it. There isn't enough support for mental health so I must do what works for me. It's a form of self medication."
Male, age 25-34, HD4, Black/Black British African

- **Ethnically diverse people:** 35% of people who smoke were from ethnically diverse backgrounds. They faced additional barriers to quitting, including social pressure, cultural norms, and a lack of awareness about available support services. However, they had slightly higher motivation to quit than White British/English respondents.

“I speak English well but my family smoke & smoked during my pregnancies (all over 3 years ago) & more support for passive smoking & getting them to stop would have been useful. It is rare in my culture to smoke so it felt a big thing to ask for help.”
Female, age 35-44, WF13, Asian/ Asian Pakistani

- **People with long-term conditions:** 89% of people who smoke who have a long-term condition had smoked for over ten years. They were more likely to smoke heavily (40% smoked more than 20 cigarettes per day). While 40% wanted to quit, their confidence in quitting was the lowest among all groups.

“Despite having COPD I don’t want to quit. I’ve done it since I was a child so it can’t see it making a difference to my health at this point so why would I give up something I enjoy if it won’t improve my health anyway.”
Female, age 55-64, WF12, White British

- **Neurodiverse individuals:** highlighted a need for better understanding from professionals and alternative support strategies tailored to their needs. This group of people are particularly motivated to quit by financial costs and health concerns.

“I’m autistic and like routine I find it hard to change my routine and smoking is a part of my daily routine. Stop smoking service would need to understand this to help me and people like me.”
Male, age 25-34, HD4 White British

- **Carers:** state that limited time and emotional stress are key barriers to quitting. Carers are often motivated to quit by their desire to improve their health for the sake of those they care for.

“As a carer my life is stressful and I spend most of my time and energy looking after my mum so the time I have to care or even consider my own health is limited.”
Female, age 65-79, HD9, White British

- **People living in Batley East, Batley West, Dewsbury West, Ashbrow, Dalton, Almondbury, and Newsome (WF12, WF13, WF17, HD2, HD4 & HD5):** Smoking prevalence in these areas was higher than in other parts of the district. Residents reported lower confidence in quitting and faced additional barriers such as the affordability of stop smoking aids and limited awareness of services.

“I ended up using free patches via an NHS pharmacist. I wouldn't have been able to afford these otherwise.”
Female, age 55-64, HD5, White British

Feedback about stop smoking services

Some individuals shared positive feedback regarding the stop smoking services they had accessed.

“The service was invaluable when it came to supporting my quit. The support received after my quit date meant that I made progress.”
Female, age 55–64, HD2, Mixed Black/Caribbean and White

“I never felt judged by the Wellness Service and always felt supported.”
Female, age 35–44, WF13, Mixed Black/Caribbean and White

Many individuals felt discouraged from using stop smoking services due to the strong emphasis on switching to vaping and the lack of research on its long-term effects. They also worried about replacing one nicotine addiction with another without sufficient support to quit

entirely. Some participants stressed the need for alternative stop smoking methods beyond vaping and nicotine replacement therapies, highlighting the importance of a more diverse and personalised approach. A vape-focused stop smoking offer may be deterring people from seeking support to quit fully.

"Health professionals routinely try to get me to switch to a vape but I have cut down to 2 cigarettes a day and I think switching to a vape I would use it all day long which surely has to be worse. There's not enough clear and reliable information about if vapes are a safe alternative for me to use them."
Female, age 55-64, HD4, White Polish

"I stopped smoking by vaping, but I am finding it hard to quit vaping."
Female, age 45–54, HD9, White British

"I became addicted to the gum, so maybe some guidance on how to use nicotine replacements and phase yourself off them would be useful."
(No demographic information provided)

"I find that stop smoking services just try to move you onto a vape. Being pregnant, I didn't want to do that as I feel it could be just as harmful. I did want to try hypnosis, but I couldn't afford it. I think this would be useful for people who do not want to use medication, patches, or vapes – such as pregnant women."
Female, age 35–44, WF17, White British

Conclusion

This report highlights the ongoing health inequalities associated with smoking and quitting, particularly among marginalised and vulnerable groups. It is clear that routine/manual workers, social housing tenants, LGBTQ+ people, individuals with mental ill health, ethnically diverse populations, those with long-term conditions, carers, and residents of high-prevalence smoking areas all face significant challenges in quitting.

While many people who smoke are motivated to stop, the accessibility and suitability of available support services are not meeting their needs.

Financial barriers, a lack of tailored interventions, and low confidence levels in quitting among specific groups contribute to the persistence of smoking habits.

Addressing these challenges requires a change in approach that includes improved, accessible information about stop smoking services, targeted outreach in places such as workplaces, personalised stop smoking support, and better integration of stop smoking services with broader health and social care systems. It's also important to offer alternatives beyond vaping and to provide support that takes people's wider health and social needs into account. Some of these challenges and 'what can be done' are highlighted in Healthwatch England's recent blog, 'How can we better support people to stop smoking and vaping?' (January 2025).

Addressing these challenges requires a change in approach that includes targeted outreach in places such as workplaces, personalised stop smoking support, and better integration of stop smoking services with broader health and social care systems. It's also important to provide support that takes people's wider health and social needs into account.

Without a concerted effort to reduce these inequalities, smoking will continue to disproportionately impact those already experiencing poor health outcomes.

The findings in this report reinforce the need for action to ensure that stop-smoking support is inclusive, accessible, and effective for all communities.

Recommendations

To address the challenges identified, we propose the following:

1. **Improve healthcare signposting:** Train all frontline healthcare professionals to proactively discuss stop-smoking services with those they're working with, and provide them with up-to-date information about what's on offer so that they can confidently signpost to support.
2. **Expand local support services:** Increase locations of community-based stop smoking clinics, and consider outreach in places like GP surgeries, supermarkets, and workplaces.
3. **Enhance access to free aids:** Provide free nicotine replacement therapy for low-income groups. Make it clear if there is a cost implication for people quitting smoking via vaping/patches.
4. **Offer alternative therapies and non-vape options:** Consider alternatives to vaping, including behaviour therapies and alternative therapies such as hypnotherapy.
5. **Develop tailored support for vulnerable groups:** Introduce dedicated quit programs for people with mental health conditions, disabilities, long term conditions, and carers.
6. **Improve digital support:** Make online quit-smoking resources (the free NHS stop smoking app) more accessible on the Kirklees wellness webpage (Stop Smoking | Kirklees Wellness Service) and promote it on social media. Targeted social media posts in areas of high prevalence to promote the service.
7. **Incentivise quitting:** Pilot a voucher-based and/or incentive scheme for social housing tenants and routine/manual workers. Consider incentives for workplaces to sign up for stop smoking outreach sessions to be held on their premises.
8. **Flexible support options:** Expand service hours to include evenings and weekends.
9. **Holistic wellbeing support:** Provide integrated mental health, weight management, alongside stop smoking support.

10. **Support for as long as it's needed:** Continue working with people who smoke and people who quit until they feel they can manage without support. Make sure it's easy for people to reconnect with stop smoking services if they return to smoking.

By implementing these recommendations, this will help more people who smoke to quit and reduce the health inequalities associated with smoking.

Appendix 1

Demographics

- Smoking status
  - 40% currently smoke
  - 40% stopped smoking more than a year ago
  - 10% stopped smoking within the last year
  - 10% have never smoked

- Age bracket:
  - 3% 18-24 year olds
  - 10% 25-34 year olds
  - 13% 35-44 year olds
  - 17% 45-54 year olds
  - 18% 55-64 year olds
  - 14% 65-79 year olds
  - 2% aged 80+
  - 23% did not answer this question
  - Less than 1% prefer not to say

- Gender:
  - 45% women
  - 31% men
  - 23% did not answer this question
  - 1% prefer not to say

    - Less than 1% non-binary
    - Less than 1% prefer to self-describe

- Is your gender identity same as your sex recorded at birth?
    - 74% yes
    - 24% did not answer this question
    - 1% prefer not to say
    - 1% no (6 individuals)

- Which of the following best describes how you think of yourself?
    - Two thirds (66%) of respondents were heterosexual (387 individuals)
    - 21 individuals said they were gay or lesbian
    - 17 individuals said they were Bisexual
    - 15 individual preferred not to say
    - 3 individuals chose other (1 individual specified pansexual)
    - 25% of total respondents did not answer this question
    - Approximately 7% of total respondents are LGBTQ+

- Ethnicity:
    - 54% White British/English
    - 5% Asian British Pakistani
    - 2% Mixed/Multiple ethnic groups: Black Caribbean and White
    - 2% Black/Black British African
    - 2% Asian/Asian British Indian
    - 2% Black/Black British Caribbean
    - 1% Any other White background
    - 1% prefer not to say
    - 1% White Irish
    - Less than 1% each of all other ethnicities including mixed of different groups
    - 23% did not answer this question

- Postcode:
    - 42% from the target postcodes (WF12, WF13, WF17, HD2, HD4 and HD5)
    - 8% HD2
    - 7% WF17
    - 7% WF13
    - 7% HD4
    - 7% HD5
    - 6% WF12
    - 6% HD1
    - 6% HD3
    - 3% HD9
    - 3% HD7
    - 3% HD8
    - 3% BD19
    - 3% WF14
    - 2% WF16
    - 1% WF15
    - Less than 1% BD11
    - 2% other (BD13, HX5, LS11, LS27, MK43, S42)
    - 24% did not respond to this question

- Disability
    - 21% said yes (124 individuals)
    - 54% no
    - 2% prefer not to say
    - 23% did not answer this question

- Which of the following disabilities?
    - Of the 124 saying yes to a disability, 95 answered this question.
    - 49 individuals had a long term condition
    - 41 had a physical or mobility impairment
    - 35 had a mental health condition

- 12 had sensory impairment
- 8 had learning disability or difficulties

- Are you a carer?
  - 9% (50 individuals) were carers
  - 1% prefer not to say
  - 65% said no
  - 26% did not respond to this question

- Are you pregnant or have you given birth within the last 12 months?
  - 70% said no
  - 28% did not answer this question
  - 1% prefer not to say
  - Approximately 1% have given birth within the last 12 months (4 women)
  - Approximately 1% are currently pregnant (3 women)

- Do any of the following statements apply to you?
  - 12% said I currently work in a job that mostly involves repetitive tasks or physical/manual work
  - 9% Said I don't have people that I can rely on for support when needed (such as family, friends or colleagues)
  - 6% I consider myself neuro-diverse (e.g. autism, dyslexia, dyspraxia, Tourette's etc)
  - 6% have experienced domestic abuse (including emotional or financial)
  - 3% have been convicted of a criminal offense in the past
  - 3% live in a rural/isolated setting
  - 3% prefer not to say
  - 1% veteran/have been in the armed forces
  - 1% are currently seeking asylum or have been granted refugee status
  - Less than 1% said I am a sex worker

  - 34% none of the above
  - 33% did not respond to this question

- Where do you live?
  - 36% said I own my home (including if you have a mortgage)
  - 17% said I rent my home from the council or a housing association
  - 15% said I rent my home from a private landlord
  - 5% said I live with parents/carers
  - 1% said I am homeless (including staying in emergency accommodation)
  - 26% did not answer this question

- Which of the following best describes your current financial situation?
  - 30% are quite comfortable (I have enough money for living expenses and a little to spare to save or spend on extras or leisure)
  - 27% are just getting by (I have just enough money for living expenses and little else)
  - 10% are really struggling (I don't have enough money for living expenses and sometimes run out of money)
  - 4% are very comfortable (I have more than enough money for living expenses and a lot spare to save or spend on extras or leisure)
  - 4% prefer not to say
  - 26% did not answer this question

Response from Public Health, Kirklees

Kirklees Council Public Health commissioned Healthwatch Kirklees to gather insights from adults who currently smoke and those who are smokefree, with the aim of understanding their experiences, motivations, and the challenges they encounter when attempting to quit smoking.

The resulting report highlights significant health inequities among individuals who smoke or have previously smoked. The findings and recommendations will inform the development of targeted and tailored local stop smoking strategies, influence service priorities, and support local decision-making and commissioning related to the design and delivery of effective smoking cessation interventions.

The work taken forward, informed by the report will contribute to reducing smoking-related disparities across Kirklees, improve population health outcomes, and contribute to meeting the national ambition of achieving a Smokefree Generation.