healthwatch Blackpool

Smoking and Vaping

2025

Summary Report

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About Healthwatch Blackpool

Healthwatch Blackpool was established in April 2013 as part of the implementation of the Health and Social Care Act (2012). Healthwatch Blackpool is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our ultimate aim is to ensure that local people have a voice, acting on feedback and driving change.

Healthwatch Blackpool extends a heartfelt thank you to everyone who participated in our project.

We listen to local views to drive improvements in partnership with health services and government bodies.

Our approach

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Introduction & Methodology

Public Health data shows that smoking prevalence increased last year in Blackpool. Prior to this, rates were decreasing, hence the need for this report. Specific demographics relating to this increase remain unclear.

In response Healthwatch Blackpool partnered with Public Health Blackpool and NHS Smokefree Blackpool Tobacco Addiction Treatment Service (BTATs) to understand the reasons behind the rising rates. Smoking prevalence is estimated based on the results of a survey. The number of people surveyed has fallen in recent years, which means that there is more uncertainty in the estimates produced for local authorities. With this in mind, it is important to always consider the long term trend in prevalence.

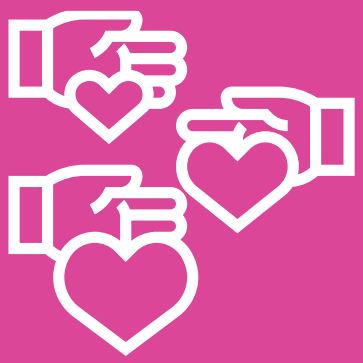
Insights were gathered from adults, children and young people who smoke or vape, including recent starters, those who had relapsed, and the wider community. The aim was to understand the behaviours of people who smoke or vape, as well assessing the effectiveness of the NHS Smokefree Blackpool Tobacco Addiction Treatment Service.

A survey was promoted in-person at community groups and online through Healthwatch Blackpool's platforms, supported by paid social media adverts. Posters with contact details, a project overview, and a QR code were distributed to stakeholders, NHS Smokefree Blackpool Tobacco Addiction Treatment Service, and community centres. It was further promoted via North PCN and the NHS Smokefree Blackpool Tobacco Addiction Treatment Service through text and email, encouraging wider participation.

Additionally, focus groups were held in community settings with both adults (25+) and young people (under 25) for semi-structured conversations with individuals who smoke or vape, offering deeper insight into personal experiences and behaviours. To enhance engagement, particularly among younger participants, interactive tools such as quizzes and activities were used in educational and youth group environments.

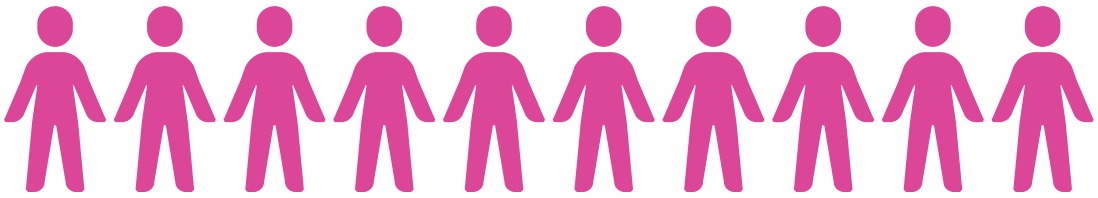
In total, 1,049 adults and 42 young people completed the survey, while 28 adults and 18 young people joined focus groups, and 9 others shared insights via social media, with a total of 1,146 participants overall.

1,146 Individuals contributed to the project



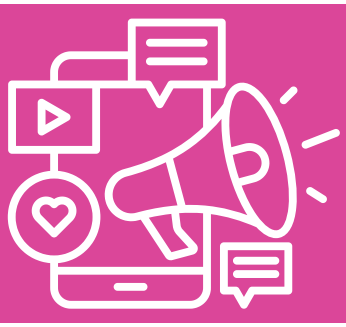
Survey respondents

1091



1049 Adult: 25 years+

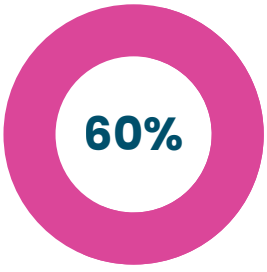
42 Young people: Under 25



9 Individuals contributed via social media

46 people attended a focus group with HWB.

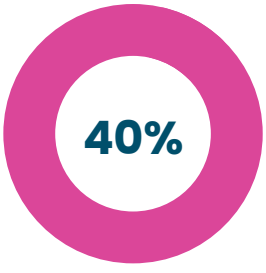
Adult Focus Groups



28 adults attended a focus group with HWB

3 adult focus groups

Youth Focus Groups



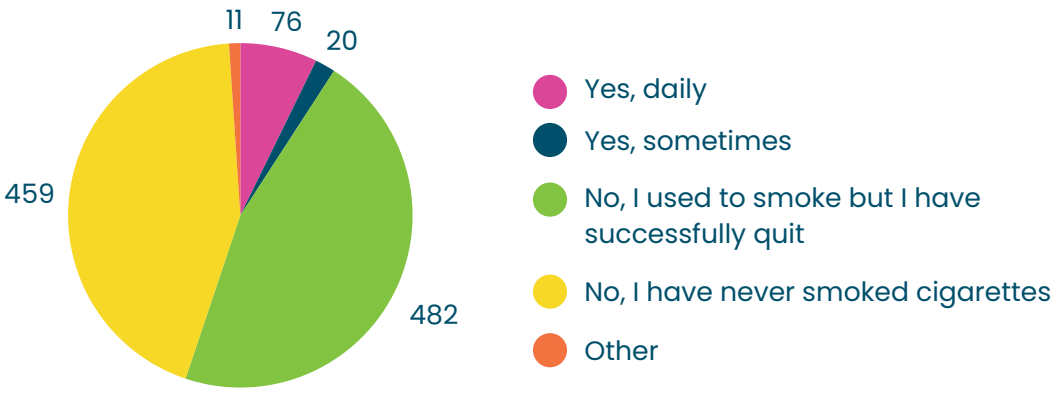
18 young people attended a focus group with HWB

4 youth focus groups

Adults

Smoking behaviours

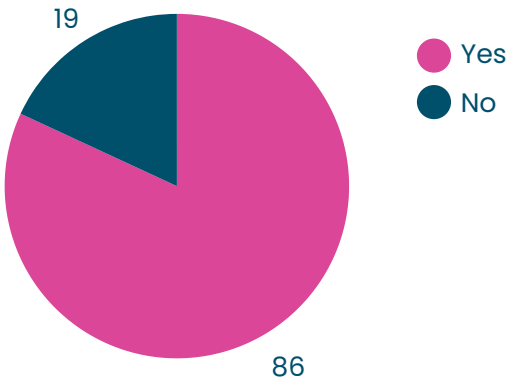
Do you currently smoke cigarettes?



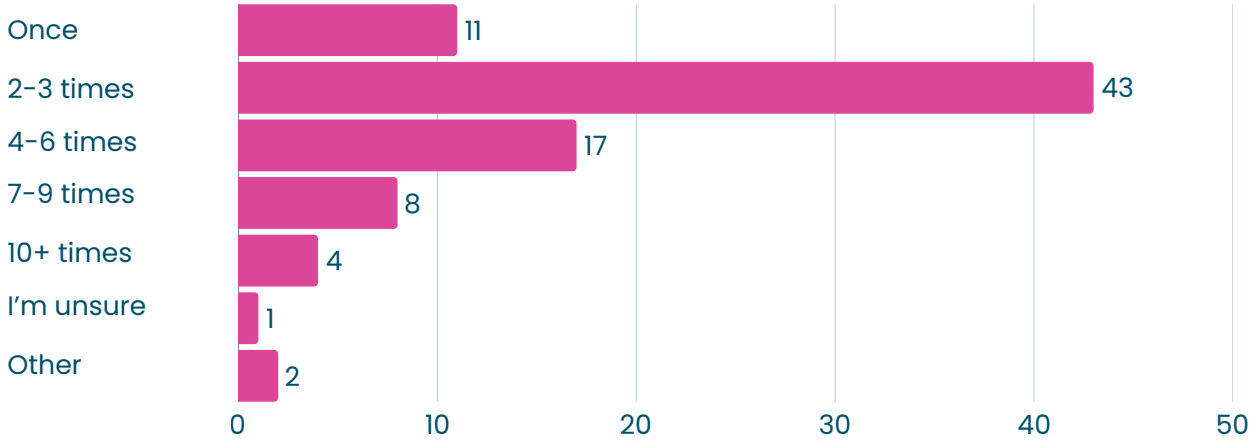
Other comments included alternative smoking or nicotine use habits, including vaping, smoking cigars or roll-ups, having quit recently or long ago, or never having smoked cigarettes.

The majority of adults who participated in surveys and focus groups shared that they had **never smoked cigarettes** or had **successfully quit smoking**, though a smaller number continued to smoke, often due to **mental health challenges**, **stress**, or **family influence**.

Have you tried to quit smoking cigarettes?



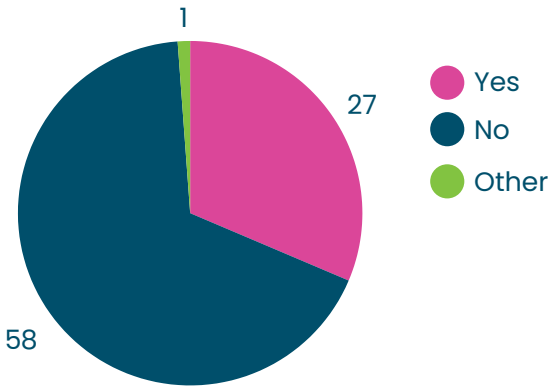
How many times have you tried to quit smoking cigarettes?



Other comments included "Tried vapes instead twice," "I only smoked for approx 4 years about 30 years ago."

The main reasons adults struggled to quit smoking included **life pressures** (family, financial, bereavement), **nicotine addiction**, **mental health challenges** (stress, anxiety, depression), **habitual routines**, **social situations**, and **withdrawal symptoms**.

Have you recently started smoking after a period of not smoking?



Other comments included "Not recently, last stopped and re-started years ago."

The most common reason participants gave for returning to smoking was **stress**. Many described smoking as a way to **calm their nerves**, **cope with work pressures,** or **manage life challenges**. Some mentioned stressful events such as the COVID-19 lockdown or adjusting to motherhood that led to a relapse.

"Stress and no longer being pregnant. It was a return to something "normal" whilst adjusting to motherhood."

"Stress of a job and smoking allowed me to zone out for a few mins and be on my own."

"For some reason I always resort back to smoking cigarettes. I feel it's easy to be hooked back onto them, especially during stressful times in life or a social cigarette."

"Entering lockdown and the stress of having to stay indoors."

A **significant barrier** to quitting smoking was its strong association with **stress relief** and managing **mental health challenges**. Many participants explained that smoking helped them **cope with stress**, **breakdowns**, or **ongoing mental health issues**, with some seeing it as the only source of **comfort**. The lack of tailored **mental health support** was seen as making **quitting** even **harder**.

Another **major challenge** was the difficulty of **managing nicotine addiction** itself, with participants describing **intense cravings**, **withdrawal symptoms**, and problems with **concentration** when attempting to stop. While some turned to **nicotine replacement therapies** such as **patches**, **gum**, or **vaping** to manage these cravings, many felt these aids were **ineffective**, **unpleasant**, or **outdated**.

"Mental health challenges and I have complex PTSD."

"Mental health."

"Depression."

"Sensory issues with most NRT, lack of mental health support so it's difficult to quit whilst already struggling with life, lack of support in general for autistic/ND people, obsessive-compulsive traits also make it difficult to quit without tailored support."

"Only thing that settled my nerves when having breakdowns."

"Takes the edge off from all the therapy and mental health challenges I face recently."

Many respondents expressed a **strong dislike** of smoking, often calling it "**disgusting**," "**vile**," or "**repulsive**." Many described it as a **dirty**, **outdated**, and **socially unacceptable** habit, with some stating simply "**I hate it**" or "**Yuk**," and several suggesting cigarettes should be **banned**.

"I hate it, my partner smokes and I try to get him to stop."

"I think it is a very dangerous habit, that is probably one of the hardest habits to give up."

"It is a nuisance that should no longer be accepted in modern society, the country should be smoke free completely."

"It should be banned. I lost my mother, father and brother due to smoking."

"Kills people slowly – causes cancer."

Some respondents described smoking as a **dangerous**, **addictive habit** linked to **serious health issues**, often sharing personal stories of harm. Others saw it as a **personal choice**, expressing **enjoyment**, **tolerance**, or **neutrality**, while acknowledging the challenges of quitting.

"A stupid thing to start doing, but everyone has a choice and should know the consequences."

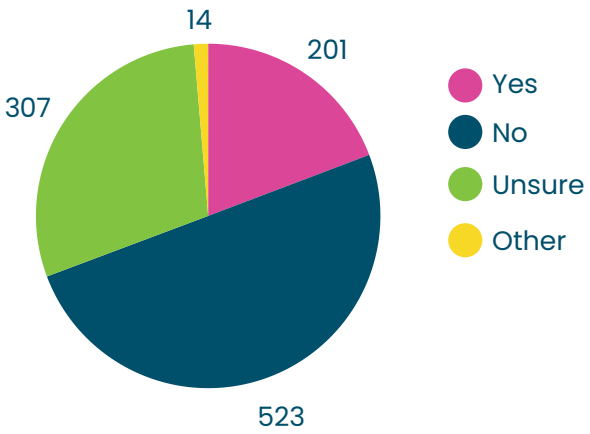
"It's a difficult habit to kick. I enjoy smoking but like to see laws put in place to prevent younger people starting to smoke."

"Smoking is fine, it's a choice and being forced to quit or banning cigs is against one's freedom."

"I'm fine about it. Keep it under control and it just helps me relieve family pressures."

"If it helps you through this crummy life, why not. I am in no position to judge."

Have you noticed more people smoking in Blackpool?



Other comments included individuals seeing more people vaping than cigarette smoking in Blackpool, with some noting increased cannabis use. Several said they couldn't comment due to rarely visiting the area or being housebound, while others mentioned smoking mainly outside venues and the impact of holidaymakers.

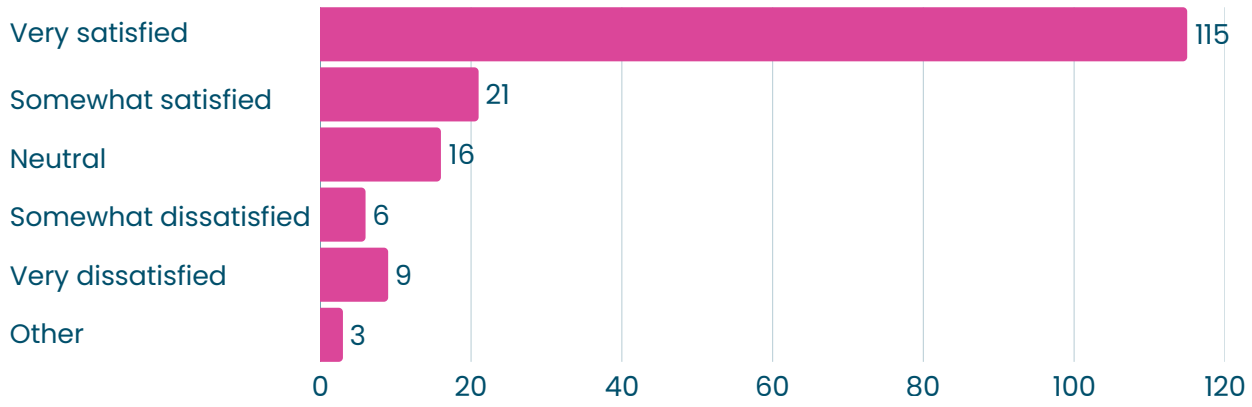
Participants generally felt that smoking rates in Blackpool had **not increased**, with **smoking** perceived as more prevalent among **older adults** and **vaping** more common among **younger people.**

Participants linked rising smoking rates in Blackpool to **stress**, **poor mental health**, and the **pressures** of **poverty**. **Cultural** and **generational norms** tied to **nightlife**, **tourism**, and **family habits** were also seen to **normalise smoking**. **Peer pressure** and **social identity** reinforced uptake, while **easy access** to cheap or **illegal cigarettes** made quitting **harder**. Some associated the rise with **cannabis use**, **youth vaping**, or **lack of awareness**.

NHS Smokefree Blackpool Tobacco Addiction Treatment Service

The majority of adults who used the service were **satisfied** with the support, **praising** both the resources available and highlighting staff as **friendly**, **supportive**, **approachable**, and **encouraging**, qualities that made a significant difference to their experience. **Positive feedback** also highlighted the variety of **nicotine replacement therapy** (NRT) options, which allowed individuals to find what worked best for them. However, a small number reported **challenges** with **NRT** or the **pace** of the service.

How satisfied were you with the support received from the NHS Smokefree Blackpool Tobacco Addiction Treatment Service?



Other comments included "I accessed it for my partner but it wasn't considered, unfortunately," and "No one contacted me."

"Staff were extremely encouraging without being patronising and I learned a lot from her - I used patches and then just lozenges and am now smoke-free for 310 days."

"Excellent service, wasn't made to feel bad about habit. Can't believe what I received with no prescription charge. This really helped me."

"Visited the stop smoking service and got products to help me successfully stop smoking within 2 months."

"Excellent support, they offered advice coping techniques and health information. Giving me patches which helped massively in quitting just as much as vaping. I could then come off the patches. They listened and supported me and my husband. Excellent service."

10 participants felt NRT were **ineffective**, with some individuals reporting that the products they tried **did not work**, caused **side effects**, or **lacked variety**. This left some feeling unable to find suitable options, which reduced their **confidence** in both the service and their ability to quit.

"Did have patches but adverse reaction within a couple of days."

"I had the nicotine spray prescribed by the chemist but it just didn't work by itself and I couldn't afford the patches too."

"The dinner lady vapes are really good unfortunately the choice of flavour was poor they didn't have the fruit and I started smoking."

"Patches were good but after chemo I couldn't use them because the nicotine made me feel like I was going to black out. Gum was really good, but I am allergic to the fluoride in them so had to stop."

Furthermore, 10 individuals shared **concerns** about the **support** provided by staff and the **overall pace** of the service. These comments highlight that, for a small number of people, the approach and delivery of the service did not provide the level of responsiveness or encouragement they were hoping for.

"The guy who managed me had no enthusiasm for the job. Very laid back attitude."

"The lady I initially spoke to just ranted at me about smoking and vaping, she voiced her own opinions rather than gentle facts and advice and I felt she was not someone I wanted around me whilst trying to quit, so I did not return."

"There's no actual support they don't cover coping strategies just NRT."

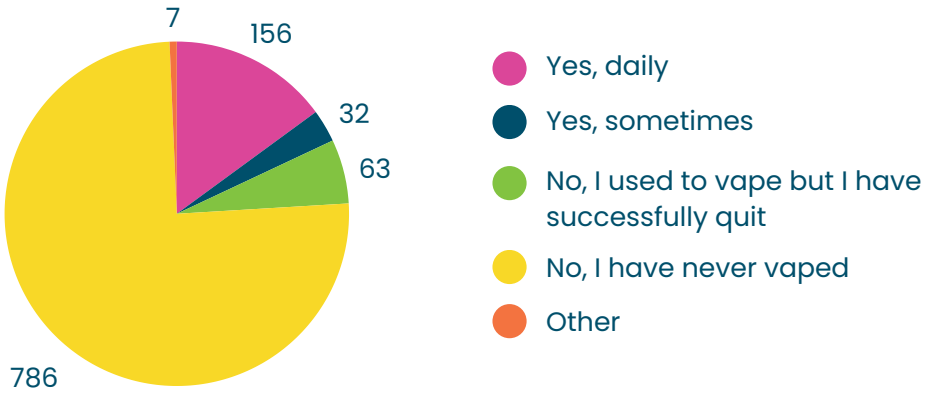
"I had a couple of calls with a Stop smoking advisor then I heard nothing from her."

"Had an app at the Family Hub on Gorton Street, I said i'm here to ask for help to stop vaping and I was told that it isn't even that bad for me and it's actually recommended for people to come off of cigs. My lung capacity was tested and I was told i'm all good but if I wanted to stop I just needed to go cold turkey. No support offered, so got over the idea of wanting to quit."

Suggestions for **improvement** included offering a **wider range of support**, particularly for **mental health**, **weight management**, and **quitting vaping**. Participants also called for **better promotion** of existing services, more **visible advertising**, **stronger health messaging**, and **opportunities for ex-smokers** to share their **experiences**. Many felt **updated**, **accessible resources** addressing both **smoking and vaping** would **strengthen** the **overall impact** of the service.

Vaping behaviours

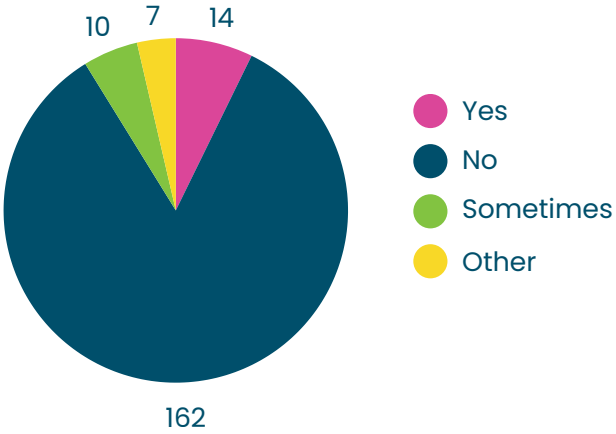
Do you currently vape?



Other comments including asthma irritation, coughing, and continued cigarette cravings. Some used inhalators, nicotine-free vapes, or vaped occasionally, while others had tried it in the past or viewed it negatively.

Most adults who vaped reported doing so **daily**, primarily to **avoid smoking cigarettes**, with many having vaped for **one to six years**, indicating its use as a **long-term alternative**.

Have you started smoking cigarettes since you started vaping?



For those who returned to cigarettes after starting vaping, the reasons were varied. **Social situations**, particularly drinking alcohol with others who smoke, were a common reason for turning to cigarettes after vaping. **Practical factors** also played a role, such as **running out of e-liquid**, **broken devices**, or finding vaping equipment too **expensive** compared to cigarettes.

Participants believed quitting vaping would be **difficult** to **stop** mainly due to **addiction**. Many described being addicted to the nicotine itself, as well as to the **habit** and **routine** of vaping. The constant **"hand to mouth"** action was seen as a **powerful behavioural cycle** that is hard to break, with vaping becoming part of **everyday life** and **ingrained** in **social** and **personal routines**.

"As I am addicted to nicotine and it is a habit, it's something to do when stressed with my hands."

"Because it's a habit and I know that I vape more then I ever use to smoke as it's more acceptable."

"Because the same as cigarettes, it's addictive. Plus I think I would replace vaping with eating."

"Because there is still the dependence of nicotine, and a stressful situation is more safe (in my opinion) to take nicotine through vaping than cigarettes. Also I know what I'm vaping as I make my own liquids."

"I am zero nicotine its the hand to mouth action i struggle with."

Individuals shared that they **did not want to stop** and **enjoyed vaping**. Others shared that vaping was used as a way to **cope with stress** and **difficult circumstances**. People described it as something that helps **calm the mind**, **reduce anxiety**, and provide **relief** during challenging situations.

"I havent got a reason to stop as yet as i do enjoy it and it is more acceptable than smoking was."

"I don't want to - also went to a stop smoking appointment to try and stop vaping when I did try and stop and the woman from the stop smoking service just said 'its not even that bad for you, why do you want to stop?'..."

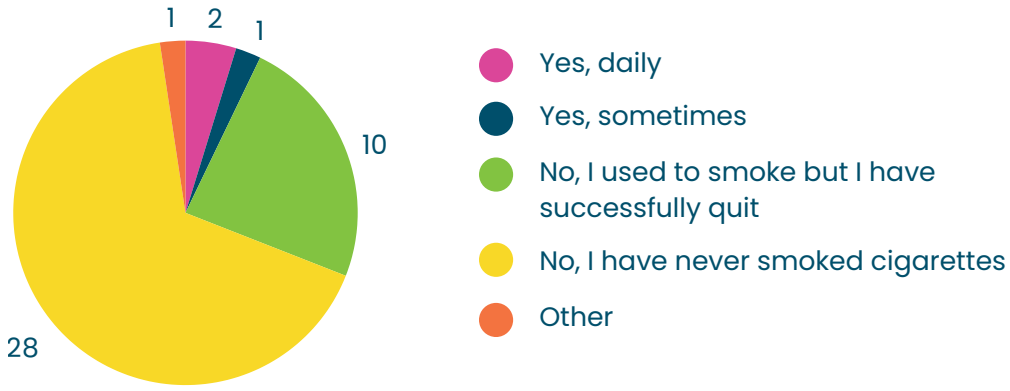
"I smoked for a long time before vaping and only stopped during pregnancies. It is part of my routine and helps me deal with chronic pain, insomnia and long days stuck at home. However, I do leave it at home when I do errands, such as school runs or shopping."

"Will depend on what's going on in my life at the time."

Children & Young People

Smoking behaviours

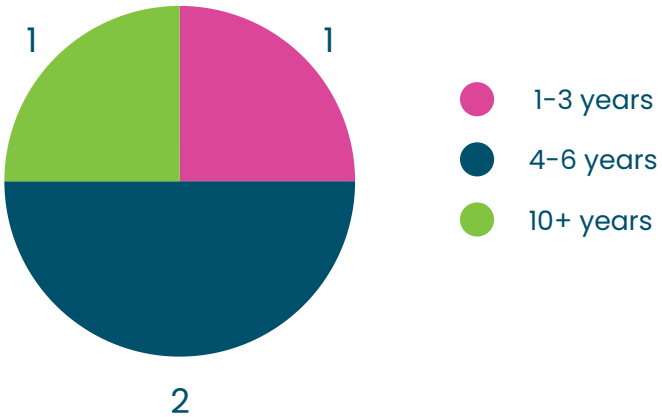
Do you currently smoke cigarettes?



Other responses include only when drinking.

Most children and young people in Blackpool reported that they had **never smoked cigarettes**, showing that smoking was uncommon among this group. A small number stated that they **currently smoke**, while **10** individuals said they **used to smoke** but have since **successfully quit**. Overall, the majority remain smoke-free.

How long have you smoked cigarettes for?



The main reasons children and young people reported for starting smoking were **stress** and **social influences**. Many cited **peer pressure**, while others used cigarettes to **cope with stress**, **depression**, or as a way to **relax**, with nicotine addiction also playing a role.

"Cope with depression, calm down."

"Smoke cigarettes from stress."

"Nicotine addiction."

"To de-stress."

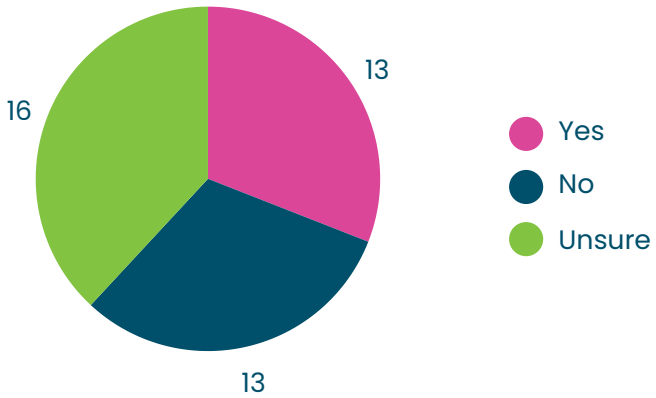
"Peer pressure."

Some individuals had shared that they have tried to quit smoking either **2-3** times or **4-6 times**. Most people who started smoking again shared that **stress** and **social occasions**, such as **nights out**, as key reasons that led them to start smoking again. Some people found quitting difficult due to **boredom** and having too much **free time**, while one person highlighted that rising cigarette prices caused **financial strain**, even leading them to borrow money to keep smoking.

"Prices keep rising for ciggies, had to borrow money from my nan for more ciggies."

"Don't know what to do when I'm chilling."

Have you noticed more people smoking in Blackpool?



Opinions among children and young people **differed** on whether smoking had **increased** in Blackpool. Most felt **unsure**, or noticed **no change**, while others thought smoking had **increased** among **adults** aged **48** to **72**. A few noted an increase in **cigarette litter**, which they associated with higher smoking rates. Reported reasons for smoking included the **local drinking culture**, **boredom**, **family habits**, **peer pressure**, **addiction**, and **wider environmental influences**, with some suggesting that **restrictions on disposable vapes** may also have contributed.

The majority of individuals shared a **strong dislike of smoking**, with many describing it as **unhealthy**, **disgusting**, and **harmful** not only to smokers but also to those around them. Respondents highlighted the **negative health impacts**, unpleasant **smell**, **litter**, and **addiction** issues. Others expressed a need for smoking to be **restricted** or **banned** due to the **damaging health effects**.

"People should not be doing it."

"Tramps."

"Completely disagree with it - smoking needs to be restricted as much as possible."

"Not a treat to puff on - disgusting flavour."

"It smells terrible."

"It's a waste of money."

"Something I would never participate in."

"Not good my dad got half a lung from smoking."

"It's a bad habit."

Some shared **mixed views** on smoking cigarettes with individuals accepting it as a **personal choice** and even expressing **enjoyment**, while others acknowledge its **negative health effects**.

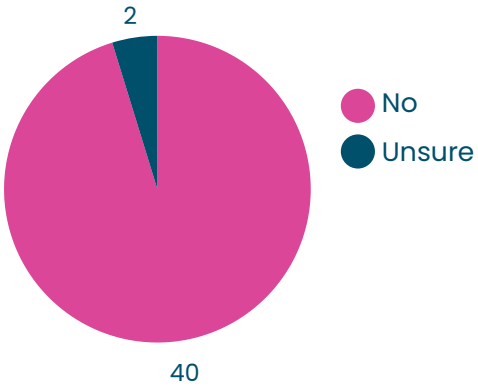
"I understand why people smoke however it is becoming less attractive to smoke (e.g. expensive, have to go outside to smoke, less socially encouraged)."

"I know the negatives and how easily addictive they are."

"I love it."

NHS Smokefree Blackpool Tobacco Addiction Treatment Service

Have you accessed the NHS Smokefree Blackpool Tobacco Addiction Treatment Service?



Most children and young people were **unsure** or had **no experience** with the NHS Smokefree Blackpool Tobacco Addiction Treatment Service, offering little feedback on improvements. Some suggested better support could include **providing patches** or **alternatives**, educating about the short and long-term **harms of smoking**, limiting **product availability**, and recognising **addiction** as a key factor requiring mental commitment.

Respondents emphasised the importance of improving **education** and **awareness** to support smoking cessation, suggesting **clearer information** on the **harms of smoking**, **lessons in schools** with **confidential support** for young people, and more **youth-focused services**. Others highlighted the role of **social support** and **positive distractions**, such as **encouragement** from family and friends, **therapy**, and engaging in **hobbies** or **exercise**. Many called for **outright bans** on smoking products.

"Blackpool council lessons in school, confidential meetings (not tell parents)."

"Show them information about smoking to make them wanna quit/put them off."

"Support and advice on strategies to help."

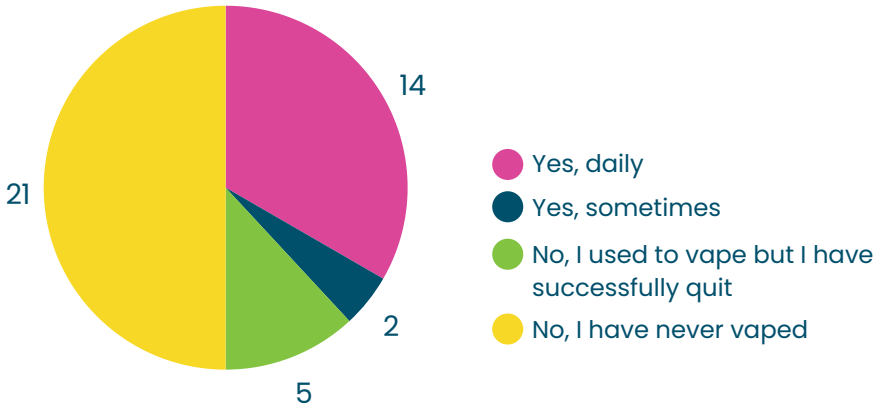
"Be more youth focused."

"Family and friends distractions."

"Ban it all."

Vaping behaviours

Do you currently vape?



While the majority had never vaped, some reported to vape daily. Many shared that they started vaping to **fit in with friends** or **social groups**, wanting to appear to "**blend in**" with others.

Some shared that they use vaping as a way to cope with **difficult emotions** or situations, such as **self-harm** or they use vaping as a **quitting aid** to stop smoking cigarettes. The primary reasons for vaping were to **manage stress**, **mental health struggles**, and **addiction**.

"Vape because of the flavour of the smoke."

"I do it cos I am allowed to and I don't want to stop."

"Peers and flavours."

"Vape because I like the flavours."

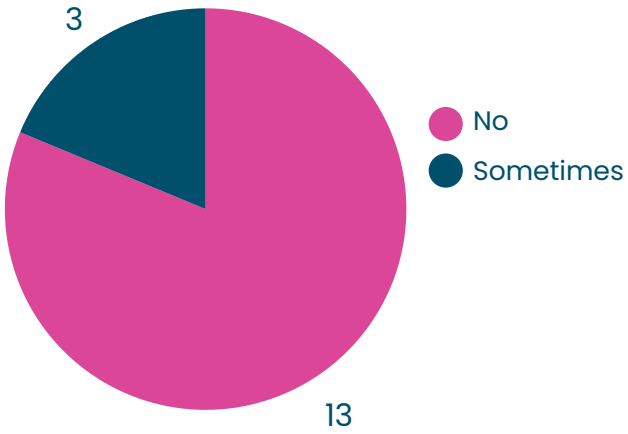
"Vaping – because we think it is better than oxygen."

"I vape sometimes so I stop hurting myself."

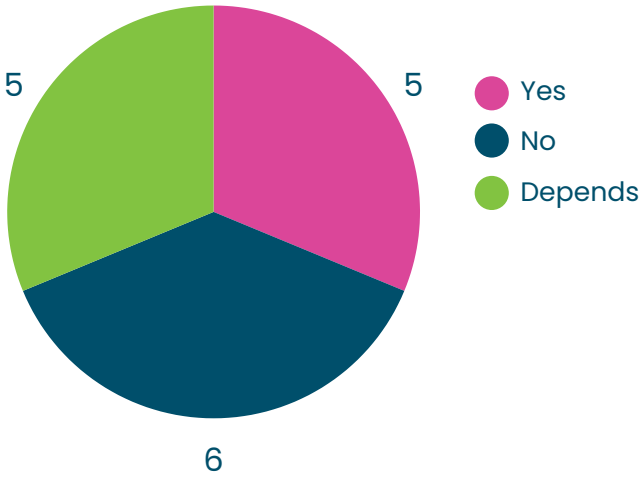
"To stop smoking cigarettes."

"To stop smoking – things that are worse."

Have you started smoking cigarettes since you started vaping?



Do you think it would be easy to stop vaping?



The majority shared that they hadn't started smoking cigarettes since they started vaping. Most people found stopping vaping difficult mainly due to constant **accessibility** and **appealing flavours**, which made it easier to use continuously. **Addiction** was a main barrier, with individuals reporting unsuccessful attempts to quit.

> "A vape is accessible all the time, with cigarettes you go and have one every so often. With a vape you can smoke constantly without messing around and the flavours are nice making it more enjoyable and likeable."
>
> "Addiction."
>
> "I've tried and failed."

Recommendations

These recommendations have been developed from participant feedback and engagement, through surveys and focus groups, and are supported by the key findings and themes presented in this report.

1. Expand and enforce smoke-free and vape-free spaces

Strengthen smoke-free and vape-free policies in public areas such as hospital entrances, venue entrances, and outdoor seating areas, where non-smokers are often exposed. Stronger enforcement of these zones can protect public health, reduce exposure to second-hand smoke and vapour, and promote adherence to regulations.

2. Enhance education and awareness in schools, colleges, and youth settings

Tailor existing educational initiatives to different age groups and address emerging trends in smoking and vaping. Provide accessible learning on health, potential risks, mental health challenges, peer pressure, and nicotine addiction. Include practical strategies to resist tobacco and vaping uptake to promote healthier behaviours and reduce earlier experimentation.

3. Promote awareness on smoking and vaping across communities and families

Increase adult awareness by providing clear guidance and resources to support healthier lifestyle choices. Empower families and communities with knowledge about smoking and vaping risks so they can make informed decisions, promote positive behaviours, and support others in reducing nicotine use.

4. Improve visibility of the NHS Smokefree Blackpool Tobacco Addiction Treatment Service

Adults emphasised the need for greater visibility of the NHS Smokefree Blackpool Tobacco Addiction Treatment Service and the range of support on offer. Increase awareness of the NHS Smokefree Blackpool Tobacco Addiction Treatment Service through targeted advertisements, community outreach, partnerships with local organisations, and healthcare providers. Greater visibility encourages more people to seek support and normalises accessing help for nicotine cessation.

5. Introduce vaping cessation support within the NHS Smokefree Blackpool Tobacco Addiction Treatment Service

Individuals highlighted a strong need for vaping cessation support to be integrated within NHS Smokefree Blackpool Tobacco Addiction Treatment Services. Incorporate vaping cessation support into the service to address rising nicotine use, provide tailored guidance, resources, and professional support for individuals seeking to reduce or quit vaping.

6. Integrate mental health support into the NHS Smokefree Blackpool Tobacco Addiction Treatment Service

Include tailored mental health support within the NHS Smokefree Blackpool Tobacco Addiction Treatment Service to address smoking driven by stress, anxiety, depression, or other mental health challenges. By providing initiatives that address both nicotine dependance and mental health challenges, services can offer more personalised and effective support. These initiatives may include access to counselling, stress management strategies, and collaboration with mental health professionals, ensuring individuals receive wrap around support during their quitting journeys resulting in improved quit success rates, and overall health and wellbeing.

7. Tailor the NHS Smokefree Blackpool Tobacco Addiction Treatment Service for young people

Adapt services to meet the needs of young people, recognising that many start smoking or vaping due to mental health challenges, peer pressure, or social influences. Provide clear, age-appropriate information on the harms of smoking and the potential risks of vaping, deliver educational lessons in schools and youth settings, and offer confidential support. Integrating mental health support with cessation guidance ensures young people can access help in a safe, supportive environment, empowering them to make informed choices and reduce or quit nicotine use.

8. Reduce environmental impact of cigarette litter

Respondents expressed significant concern around cigarette butt litter and its contribution to pollution in streets, drains, and waterways. Address cigarette litter through stronger enforcement, more accessible disposal bins, public awareness, and local community clean up initiatives. These approaches can reduce environmental harm, maintain cleaner public spaces, and reinforce tobacco control efforts.

Conclusion

Adults, children, and young people shared their views on smoking and vaping in Blackpool, shaped by personal, social, and cultural influences. Most adults had never smoked or had successfully quit, though some continued due to stress, mental health, or family influence. Vaping was often used as a long-term alternative, but many worried about dependence and felt it was as harmful as smoking. The NHS Smokefree Blackpool Tobacco Addiction Treatment Service was valued, with many participants sharing positive feedback, though some suggested more tailored support, particularly for mental health, weight management, and vaping cessation. Among young people, few had smoked, but vaping was more common, often linked to stress or peer influence. Many individuals disliked smoking and wanted better education and support to reduce harm.

Overall, smoking rates appear lower, but stress, mental health, and cultural factors continue to drive both smoking and vaping. Vaping has helped some adults quit cigarettes, however it is a growing habit among children and young people. Priorities include stronger education in schools and communities, targeted campaigns, and tailored services that address both smoking and vaping alongside mental health needs. Additional measures include strengthening smoke-free policies in public spaces, enforcing restrictions to reduce youth tobacco use, and tackling environmental harms such as cigarette litter. A joined-up approach bringing together education, awareness, the NHS Smokefree Blackpool Tobacco Addiction Treatment Service, and community action could help address the challenges highlighted in this report and support Blackpool in moving toward a healthier, smoke-free future.

Contact Us

0300 32 32 100 (Option 1)

enquiries@healthwatchblackpool.co.uk

https://healthwatchblackpool.co.uk/

Empowerment Base, 333 Bispham Road, FY2 0HH

Thank You!