

# Views on Smoking from the people of Derby City and Derbyshire

Thoughts on messaging, smoking habits and the local stop smoking services.



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# About us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

## Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

## Our vision

We want to see consumers of health and social care services being put centre stage so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.



# Summary

Between October and December 2025, we collected the views and opinions of people who live in Derby City and Derbyshire about smoking, quitting, and their awareness and experiences of local stop smoking support services.

We gathered 167 survey responses, spoke to people at four community engagement events, and completed three semi-structured interviews.

We wanted to understand people's experiences of smoking, what motivates them to quit, and the barriers they face when trying to access stop smoking support.

The survey showed that most people who smoke would like to quit and would go to see their GP or visit the NHS website for stop smoking support information.

Awareness of Smokefree Derby and Derbyshire was very limited. People were also unaware of what the stop smoking services offered.

A common assumption was that quitting support and nicotine replacement products would cost money, or that support was not available to them if they had already been through the service.

Around half of respondents reported living with a long-term condition or disability, indicating a higher need for flexible and accessible support.

Talking with people at community events and during interviews showed similar findings to the survey. More people were likely to use the stop smoking support once they understood it was free and available to them whenever they needed it.

This shows how clear communication, effective signposting and continued community engagement can support more Derby City and Derbyshire residents to stop smoking.

We shared the survey on social media and sent it to our contacts at Derby City Council, Livewell Derby City, Derbyshire County Council and Live Life Better Derbyshire.

This work builds on from our earlier work on smoking in Derby City and Derbyshire. Previously, we have spoken to routine and manual workers and people living in social housing about their smoking habits. See our two reports below:

- [Report: Views on Smoking from those Working in Routine and Manual Job Roles](#)
- [Report: Views on smoking from people living in housing association homes](#)

The logo for 'livewell' is displayed in white lowercase letters on a solid blue rectangular background.

The free stop smoking service in Derby City is called 'Livewell.' Livewell provides a free ten week stop smoking programme with support from a stop smoking professional and free help to quit-smoking products.

The support from a professional is provided over the phone, or at regular drop-in sessions across the city.

The logo for 'Live Life BETTER DERBYSHIRE' features the words 'Live Life' in blue, 'BETTER' in green, and 'DERBYSHIRE' in purple, all in a bold, sans-serif font.

The stop smoking service across the Derbyshire county is called 'Live Life Better Derbyshire'. This service provides a free 12 week stop smoking programme with support from a stop smoking professional and free help to quit-smoking products.

The support from a professional is provided over the phone, and in-person at locations across the county.

This was a commissioned (paid for) piece of research that was funded by the Public Health teams at both Derby City Council and Derbyshire County Council.

We did this research to help evaluate stop smoking messaging with Diva Creative and to provide insight work that could be used in the future.

Diva Creative is commissioned by Derby City Council and Derbyshire County Council to create and share the stop smoking messaging.

## Key information

- Between October and December 2025, we spoke to 167 residents of Derby City and Derbyshire through an online survey
- The survey was carried out alongside three semi-structured interviews, and we engaged with people at four community events
- We used surveys, interviews, and community events to understand smoking habits, reasons to stop smoking, and barriers to accessing support



- The project was carried out to help evaluate smoking messaging, to be used by Diva Creative, and to help improve local services like Livewell Derby and Live Life Better Derbyshire
- This research used a mix of methods, including surveys and interviews, alongside existing reports and research.

The findings come from a small portion of the population. For this reason, some caution is needed when interpreting conclusions.

## Key findings

- Awareness of the stop smoking services varied considerably, with many Derby City and Derbyshire residents unaware of what support was available or that nicotine replacement therapies were free
- Some people reported concerns about feeling judged or stigmatised when accessing stop smoking support. These fears, raised in survey responses and personal conversations, may discourage people from seeking help even when they want to quit
- The motivations for stopping smoking that were linked to mental health were different from our previous findings
- In this project, many people said they wanted to quit smoking because they felt it was negatively affecting their mental health
- In earlier work, people more often described smoking as something they used to cope with stress or support their mental health
- The cost of smoking remains a strong motivation to quit. However, misconceptions about quit tools, for instance, vaping, acted as a barrier for many people
- Face-to-face engagement at community events resulted in immediate sign-ups to stop smoking support, showing the value of in-person outreach
- Life stressors such as redundancy, housing insecurity, bereavement and health decline had a clear influence on smoking habits and quit attempts
- People valued flexible support options, particularly telephone appointments, for those with mobility or health issues.

## Key suggestions

- Raise more awareness of stop smoking support. Clearly explain what local services offer and how to access them. Many people said they were unsure where to start or who to contact

- Be clear that support is free. Tell people that stop smoking support and quit-smoking products are free and explain how they can help compared to continuing to smoke. This will help challenge common misunderstandings
- Use kind, non-judgemental language. Make sure all messages show that people will be supported, not judged. Many people worried about being judged for smoking or for trying to quit more than once. This may put people off from seeking help
- Keep support flexible and easy to access. Offer phone and remote support alongside face-to-face options, especially for people with long-term conditions, disabilities or difficulty travelling
- Use trusted places to share information. Make sure clear and consistent information is available through GPs, pharmacies and the NHS website. In the survey these were the most common places people would go for information
- Continue meeting people in the community. Talking to people face-to-face helped raise awareness and allowed people to access support straight away
- Use relatable and inclusive messaging. Reflect real life pressures such as stress, mental health, work and caring responsibilities.

## Why we did this project

We gathered people's views and experiences to help improve services across Derby City and Derbyshire.

Although this work provides a snapshot of people's views, it will be used as part of wider projects across Derby City and Derbyshire.

The aim of this work was to:

- Work with a wide range of partners, including health and care providers, community groups, and voluntary organisations to make sure the process is useful and relevant for everyone
- Make use of what we already have, such as existing research, community networks, and local knowledge, so time and resources are used efficiently
- Support community-led engagement. Help people and local groups feel confident to share their views, join conversations, and help shape services
- Use people's feedback to make real changes. Share findings in clear, simple ways and make sure they are used to inform decisions across Derby City and Derbyshire.

This piece of work focused on those who live in Derby City and Derbyshire, their reasons behind smoking and if there are barriers to being able to successfully stop smoking.

The goal was to evaluate stop smoking messages funded by both Derby City Council and Derbyshire County Council led by Diva Creative.

We also wanted to get feedback on the council funded free stop smoking services and other wider services across Derby City and Derbyshire.

This research was commissioned (paid for) by Derby City Council and Derbyshire County Council.

# How did we do it?

## Working with partners and gathering the information

We used a range of methods to understand smoking habits, reasons for quitting, and awareness of stop smoking support.

An online survey helped us hear from 167 people, whilst conversations at community events allowed people to share their views in person.

We also carried out interviews to hear more detailed stories about people's experiences of smoking and quitting.

Using these different methods helped us check what we were hearing across different settings and gave us a fuller picture of what matters to local people.

## Planning and partnership working

To support this work, Healthwatch Derbyshire brought together a working group with key partners from Derby City Council, Derbyshire County Council, the Derby and Derbyshire Integrated Care Board (DDICB), and Diva Creative.

This group was created to develop a shared way to gather insight that could help improve messages about quitting smoking and make local stop smoking services better.

Working together like this not only helped shape the focus of the survey but allowed everyone to work together, share what they know and build connections across communities.

The working group helped make sure this work was clear, useful and focused on what really matters to local people.



By bringing together partners from local councils, the NHS and creative organisations, we were able to agree how best to gather information that could improve stop smoking services and support past and future messages.

Working together also helped to make sure that the questions we asked and the places we visited reflected real experiences and needs.

This shared approach means the findings can be used more easily by different organisations to make positive changes.

## Online survey

An online survey was developed to explore smoking habits, quit attempts, motivations, awareness of local support and preferred ways of finding information.

Diva Creative provided some questions for our survey to gather specific feedback to help them to evaluate smoking messaging.

The survey was shared through Healthwatch Derbyshire's networks, social media channels and partner organisations to reach residents across Derbyshire. A total of 167 responses were received.

The survey included both closed and open-ended questions, allowing respondents to select from given options and to share their experiences in their own words. This helped us identify patterns in behaviour and attitudes while also capturing individual views.

We also offered a prize draw for the chance of winning a £50 One4all voucher. The draw was open to anyone who had filled in the survey and left their contact details.

## Community engagement events

Alongside the survey, we attended four community and workplace engagement events across Derbyshire.

These events were held in different locations, allowing us to connect with people of various ages, health circumstances, and employment backgrounds.

Healthwatch Derbyshire attended the following events:

- **Community drop-in wellbeing event** – Somercotes Parish Hall
- **Workplace wellbeing event** – Derbyshire County Council offices, Matlock.
- **Community health and wellbeing event** – William Gregg Leisure Centre, Heanor

- **Hospital-based outreach engagement** – Chesterfield Royal Hospital.

These events were attended alongside Live Life Better Derbyshire and other local services, supporting joint conversations and immediate signposting for people to stop smoking support.

Speaking to people in these locations provided valuable background to the survey findings and allowed for deeper discussions around awareness of services, reasons to quit and barriers to accessing stop smoking support.

Conversations at these events highlighted recurring themes such as concerns about cost, fear of judgment, uncertainty about how to access support, and the importance of flexible and non-judgmental service delivery.

People were able to engage with stop smoking support on the day, showing the value of face-to-face community engagement.

## Interviews

Three semi-structured interviews were carried out with Derby City and Derbyshire residents who had experience of smoking and quitting. The interviews allowed for a more in-depth look into personal journeys, including motivations, challenges, relapses and experiences of stop smoking services.

## Limitations

Not all survey questions were answered by every respondent, and some demographic questions were optional. This means that the findings may not fully represent the views or experiences of all local residents.

In addition, people who took part in the community events may have had a greater interest in health and wellbeing, which could influence the views shared.

However, using a range of methods helped us gather a wide range of experiences and strengthen the overall findings.

# Who did we hear from on the survey?

## Where people lived

In total, 167 people completed the survey. We also spoke to local residents in person at the four community and workplace events across Derbyshire, which

helped us reach people with a range of backgrounds, ages and health experiences.

Survey respondents lived across Derby City and Derbyshire. The highest number of responses came from:

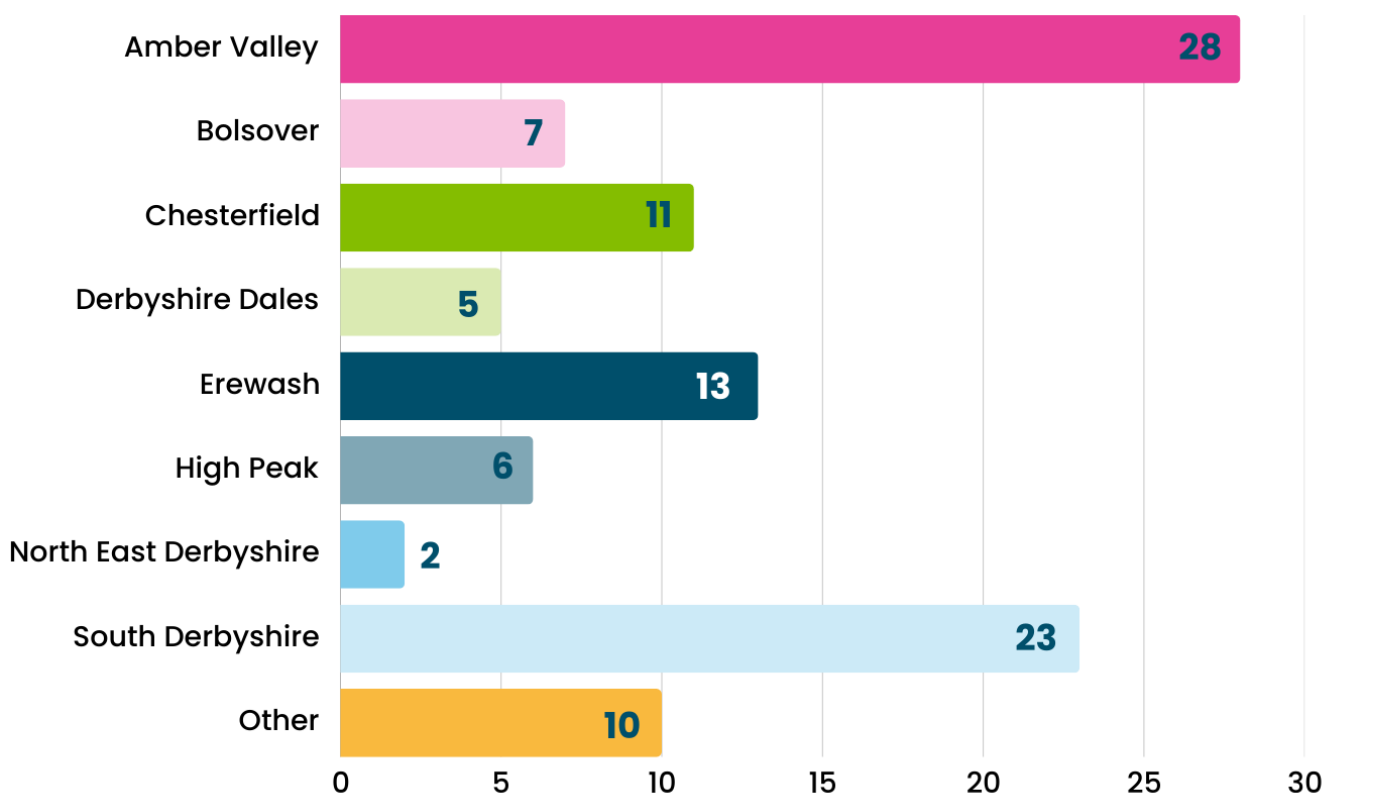
- Derby City: **62 people**
- Amber Valley: **28 people**
- South Derbyshire: **23 people**.

We also heard from residents living in Chesterfield, Bolsover, Derbyshire Dales, Erewash, High Peak and North East Derbyshire.

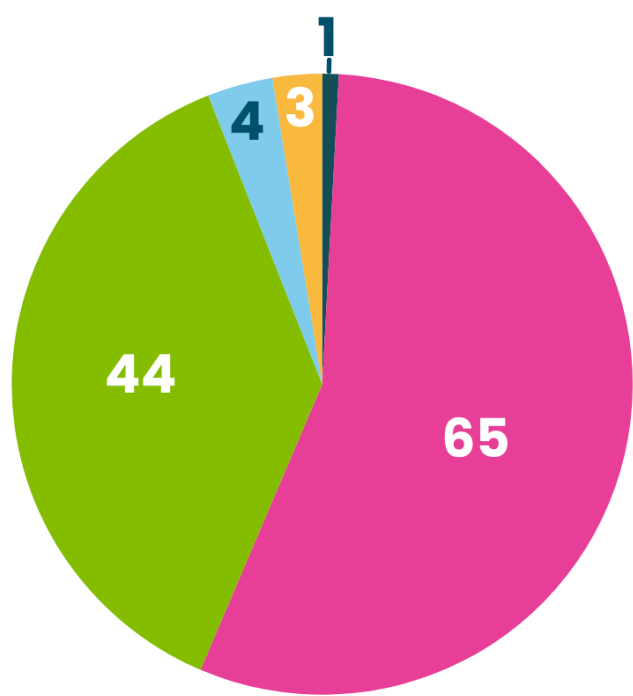
Some respondents selected ‘other’ and provided further detail about where they lived. These included places within Derbyshire, such as Alfreton, Alvaston (Derby), Draycott, Mickleover (Derby) and Wirksworth. These locations sit across Amber Valley, Derby City, Derbyshire Dales and Erewash.

Three people told us that they live outside Derbyshire, including Burton-on-Trent (Staffordshire), Sheffield (Yorkshire) and Worksop (Nottinghamshire).

We recognise that people often live, work or access services across local authority boundaries, particularly in areas close to county borders. These responses were therefore included to reflect the wider experiences of people using services in or connected to Derbyshire.



# Gender



A total of 117 people answered the gender question.

Over half of respondents identified as female, with just over a third identifying as male. A small number of people identified as non-binary or preferred to describe their gender in their own words.

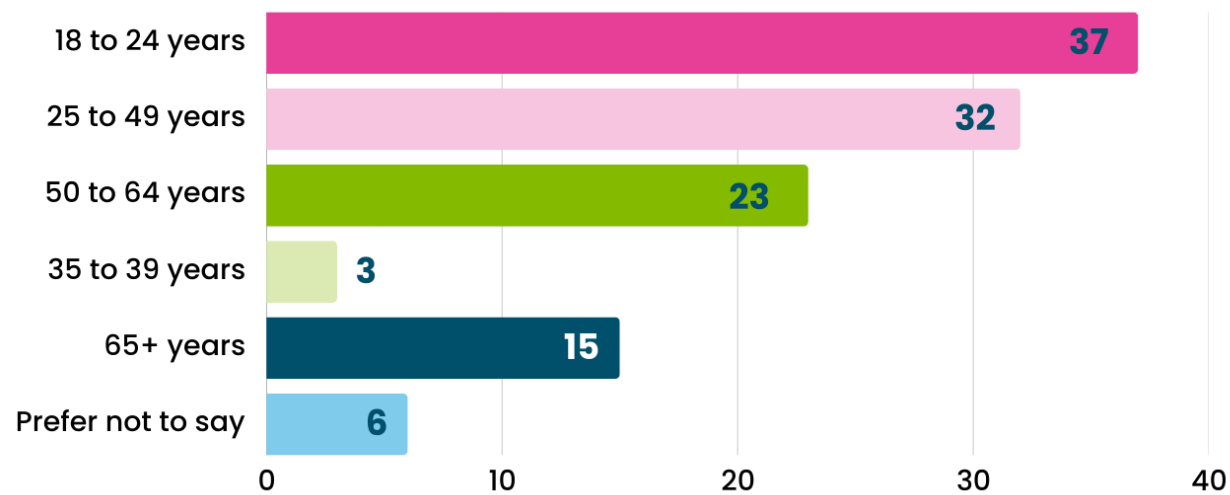
- Female
- Male
- Non-binary
- Prefer to self-describe
- Prefer not to say

# Age

A total of 116 people answered the age question. This shows that responses reached a wide range of adults.

The largest group of respondents were aged 18–24, followed by those aged 25–49 and 50–64.

This shows that the survey reached people at different life stages, including working-age adults and older adults.



## Ethnicity

A total of 113 people gave answers to their ethnicity.

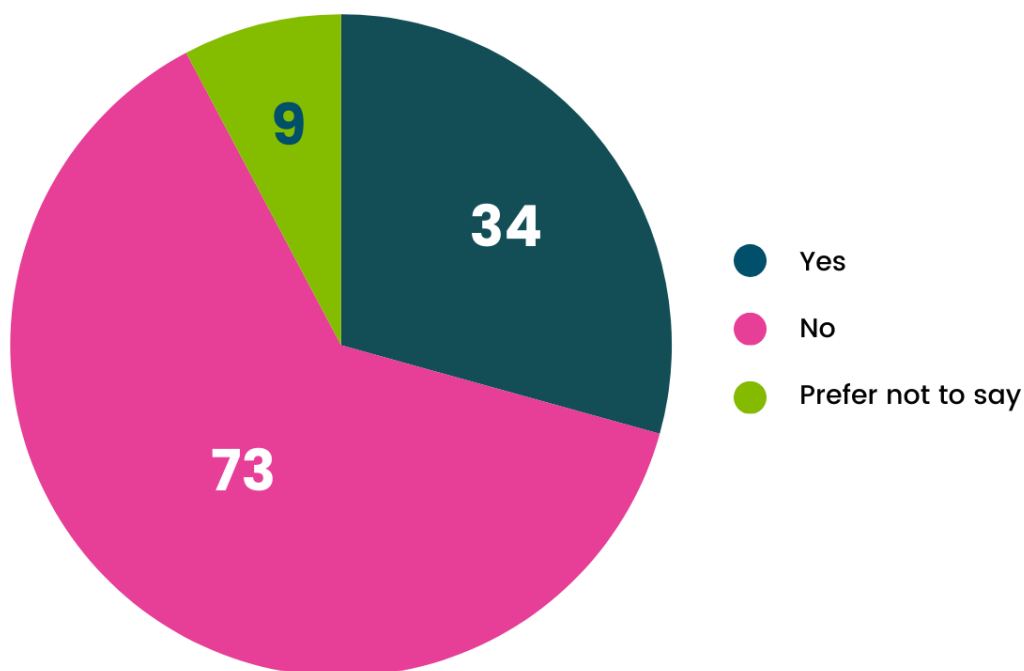
- White: British/English/Northern Irish/Scottish/Welsh: **94 people**
- White: Any other White background: **5 people**
- Black/Black British: African: **4 people**
- Black/Black British: Caribbean: **2 people**
- Mixed/Multiple ethnic groups: Black Caribbean and White: **2 people**
- Mixed/Multiple ethnic groups: Any other Mixed/Multiple background: **2 people**
- Asian/Asian British: Pakistani: **1 person**
- Asian/Asian British: Bangladeshi: **1 person**
- Arab: **1 person**
- Prefer not to say: **1 person.**

A small number of people used free-text responses, including 'American' and 'White British'. These responses have been included within the relevant categories above where appropriate.

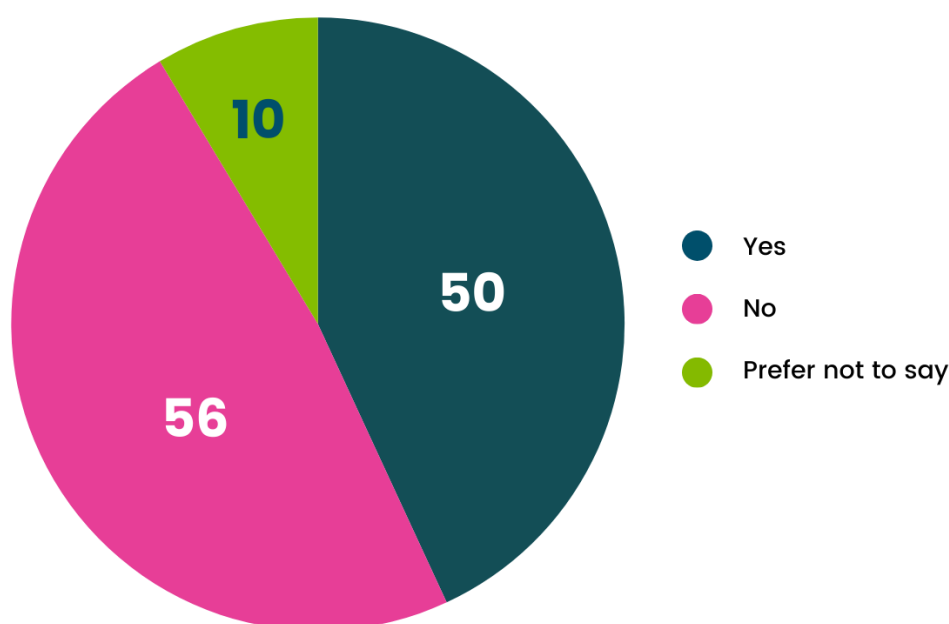
## Disability and long-term condition

We also asked the people if they consider themselves to have a disability or a long-term condition.

Out of 116 people who answered this question, 34 people (29%) said they consider themselves to have a disability.



Out of 115 people who answered this question, 50 people (43%) reported living with a long-term condition.



People living with long-term conditions may be more strongly represented in this survey because smoking is closely linked to many long-term health conditions, including respiratory, cardiovascular and mental health conditions.

Some people may be more motivated to engage with surveys or support about smoking because of concerns about their health, advice from healthcare professionals, or the impact smoking has on managing their condition.

Living with a long-term condition or disability can influence how people experience smoking and quitting, including the need for flexible, accessible and non-judgemental support.

### **Types of long-term conditions shared**

34 people chose to disclose their long-term condition. These included:

- Cardiovascular and neurological disorders
- Cancer and long-term illness
- Digestive and chronic diseases
- Mental health conditions
- Musculoskeletal disorders
- Respiratory illnesses.

These responses highlight the wide range of health needs among people who took part.



For some, health concerns increased motivation to quit smoking, while for others, managing long-term conditions, made quitting feel more difficult or stressful.

# What did people tell us on the survey?

## Smoking status

When asking about the smoking status of the people we spoke to:

- **108 people** (65%) said they smoke, and they would like to stop smoking
- **59 people** (35%) said they smoke, and they do not want to stop smoking.

This shows that nearly half of the people we spoke to during the survey were interested in quitting.

Most people said they smoke every day. Around three quarters (75%) of people in the survey reported smoking daily, showing that for many people smoking is a regular habit rather than something they do occasionally.

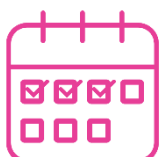
A smaller number of people said they smoke socially or less often, which shows that smoking patterns do vary, but daily smoking was the most common.



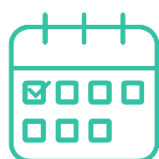
**124 people** smoked daily



**Five people** smoked four-five times per week



**Three people** smoked two-three times per week



**Five people** smoked once a week or less



**13 people** said they only ever smoked socially.

## What people chose to smoke

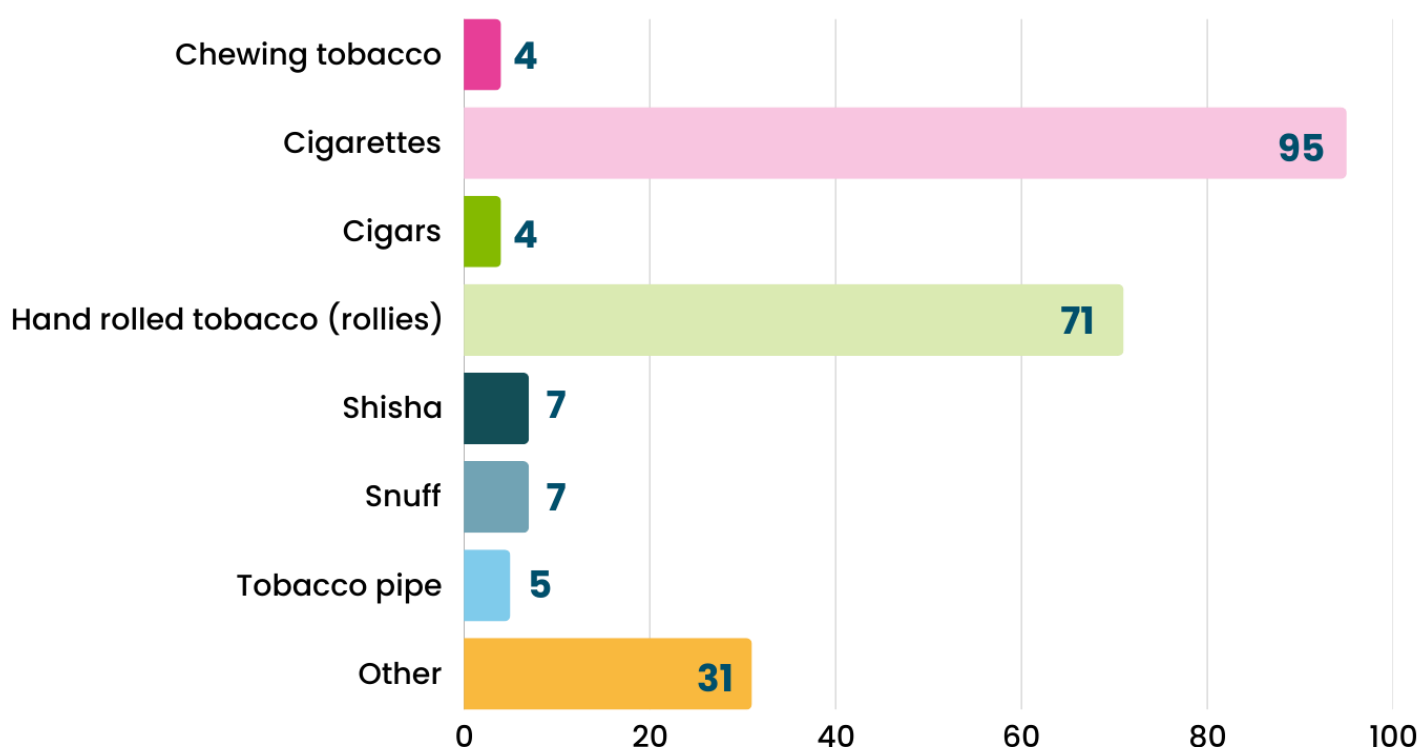
Most respondents reported using packs of cigarettes, with 57% (95 people) selecting this option. People were also able to give multiple answers if they smoke more than one type of tobacco.

A large proportion also reported using hand-rolled tobacco, with 43% (71 people) saying they smoke roll-ups, showing that many people do use more than one type of tobacco.

Interestingly, in our previous smoking reports we have seen more people use hand-rolled tobacco than cigarettes.

Smaller numbers reported using other forms of tobacco, including cigars, shisha, pipes, chewing tobacco and snuff. This shows that while cigarettes and roll-ups are the most common, there is a range of tobacco products being used.

For the other answers, many people said they were also using a vape product, which is considered a help to quit smoking product.



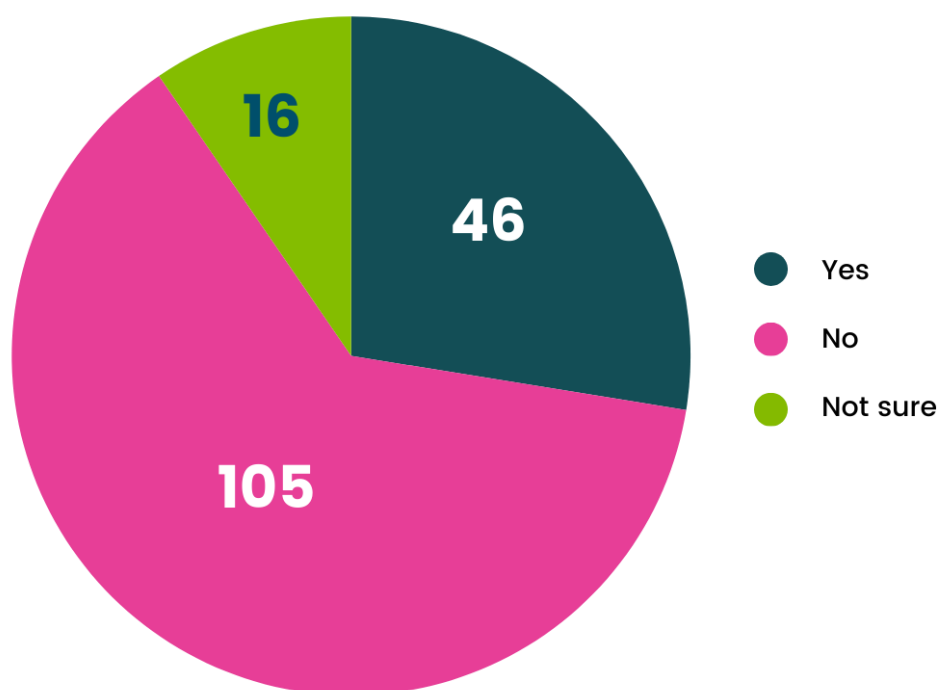
## Smokefree Derby and Derbyshire

Smokefree Derby and Derbyshire is a collaborative partnership between Derby City Council and Derbyshire County Council. They are working together towards a smokefree ambition.

The stop smoking support is delivered through the local authority services Livewell in Derby City and Live Life Better Derbyshire in Derbyshire. The programme offers free, personalised support from trained advisors, including access to nicotine replacement therapy (NRT), vapes and other support tools. Support is designed to be flexible and accessible so people can get help in a way that works for them. The overall aim is to support a smoke free Derby and Derbyshire by 2030.

We asked people if they had previously heard of Smokefree Derby and Derbyshire. Most people said they had not heard of it with 63% (105 people) selecting 'No'.

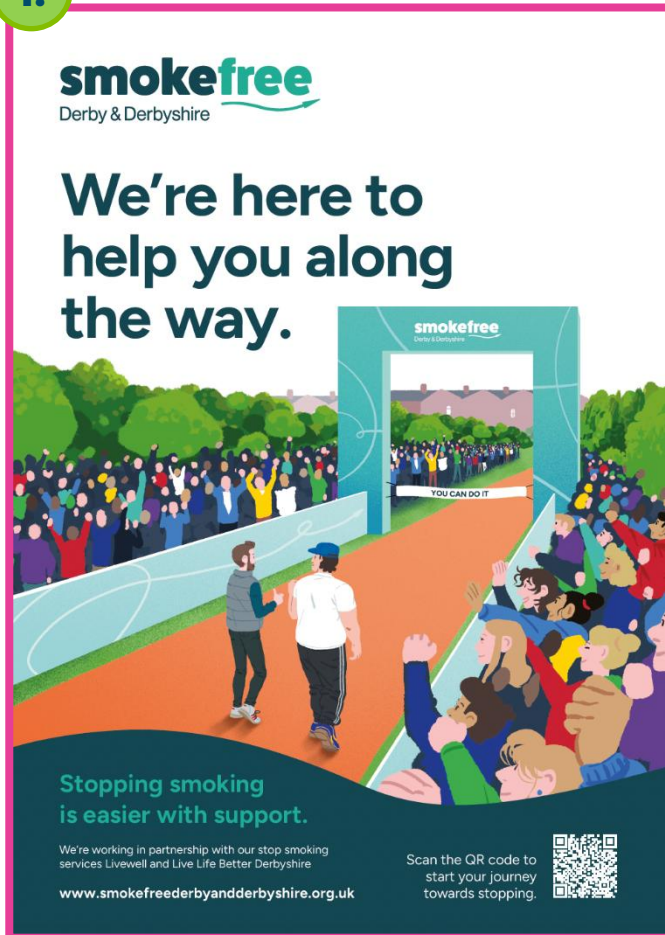
Just over a quarter, 28% (46 people), said they were aware of the programme. Of these, 10% (16 people) were not sure if they had heard about the service. This suggests that awareness of Smokefree Derby and Derbyshire remains low.



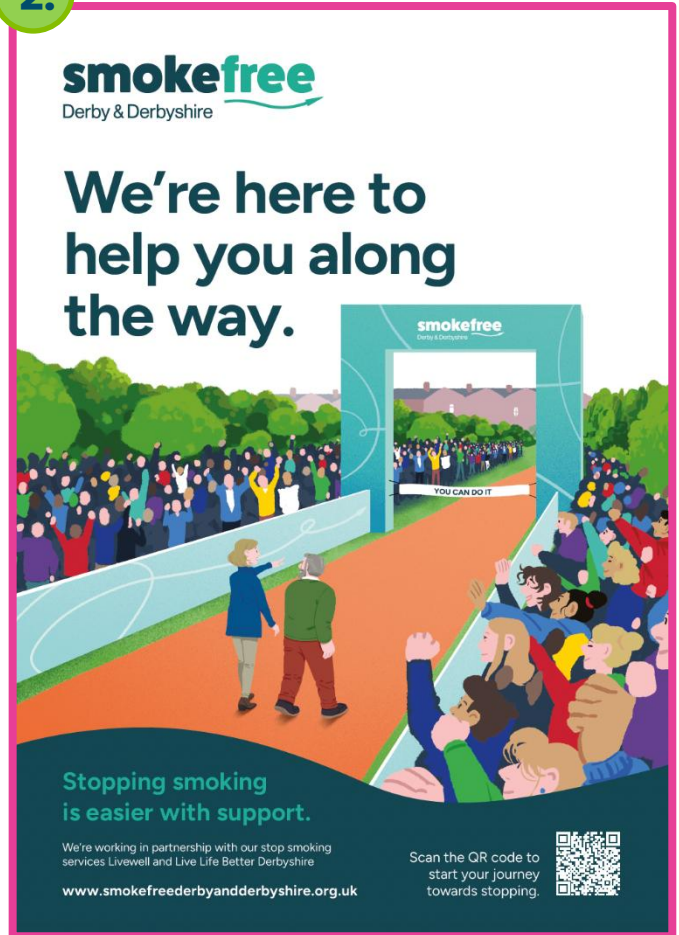
# What people thought about the Smokefree posters

We also asked people what they thought of the Smokefree Derby and Derbyshire posters.

1.



2.



Overall feedback was mixed. Many people liked the positive and supportive tone, with some describing the posters as:

“Positive and not fear-fuelled” and “Eye catching and encouraging”.

However, a common concern was that the posters did not clearly show that they were about stopping smoking. Several people said that, at first glance, the posters looked more like a sports or fitness advert, with one person saying:

“It doesn't scream stop smoking ... I'd scan past that believing it was a running club or something.”

Because of this, some felt the posters would mainly appeal to people who were already thinking about quitting, rather than reaching those who were unsure or not yet ready to quit.

Some people also felt the messaging did not fully reflect how difficult quitting can be. One person said they felt “patronised” by the idea of quitting being shown as a race, explaining that for them quitting is,

“... a gradual and constant battle”

rather than something with a clear finish line.

People suggested practical improvements to help make the posters clearer and easier to engage with. This included making the QR code and website more visible, with one person saying:

“I want to instantly see it in passing.”

Others liked the overall design but felt the message could be clearer, suggesting that:

“The text could be bigger and clearer.”

Some people also highlighted the need for clearer information and messaging that better reflects the challenges of quitting.

## Understanding how people quit smoking

We asked people where they would go for information on stopping smoking. People were able to select more than one answer. Most people said they would look for help through healthcare or trusted official sources:

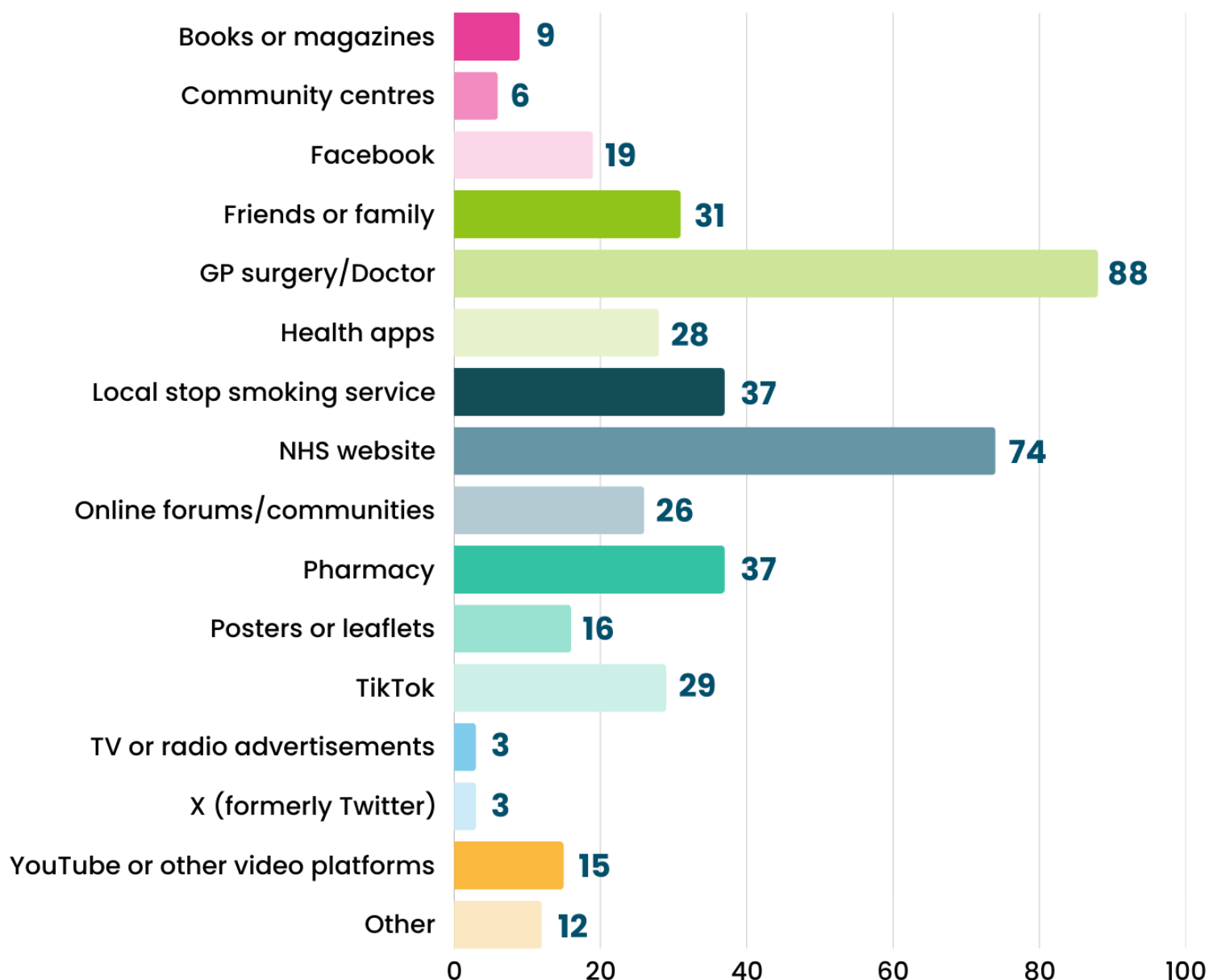
- **88 people** (53%) said they would go to their GP or doctor
- **74 people** (44%) said they would use the NHS website
- **37 people** (22%) said they would look to a local stop smoking service or a pharmacy.

More people said they would visit the NHS website to get information about quitting smoking. This shows that more people are now turning to trusted online health resources.

Alongside this, many people said they would also use online sources, such as health apps, forums and social media, as well as support from friends and family.

Fewer people said they would rely on posters, community venues or traditional media.

Overall, the findings highlight the importance of strong signposting through healthcare settings and trusted online sources.



We also asked people if they had tried to quit smoking before and why. People were able to select more than one answer:

- **112 people** (67%) said to improve their physical health
- **75 people** (45%) said to save money
- **37 people** (22%) said to improve their mental health.

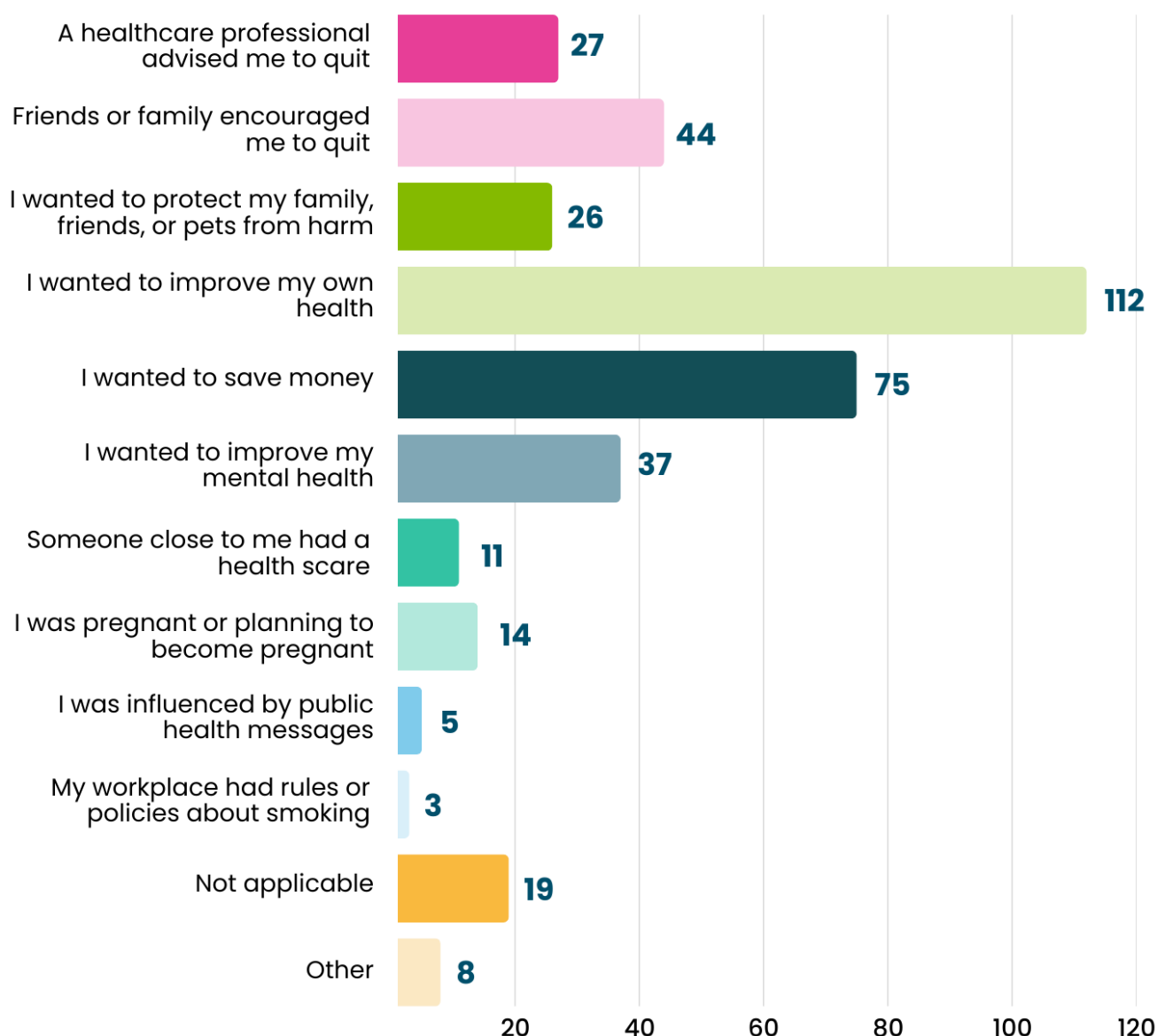


This finding is different from our previous smoking reports, that are linked in the summary of this report, and above on pages 3 & 4. People often described smoking as something they used to cope with stress or manage their mental health.

This may reflect wider changes in how mental health is discussed and understood, alongside increased awareness of how smoking can affect mood, stress and overall wellbeing over time.

For some people, smoking may no longer feel helpful and may instead be seen as adding to feelings of anxiety or low mood. Support from others also played a role:

- **44 people** (26%) said encouragement from friends or family influenced their decision
- **27 people** (16%) said advice from a healthcare professional prompted them to try quitting.



Overall, the findings show that health, cost and wellbeing remain the main reasons people try to stop smoking.

## Stop Smoking Services

We asked people if they would be interested in using a stop smoking service:



**74 people** (44%) said they would be interested in using a stop smoking service



**59 people** (35%) said they were not sure. This could suggest that people may be open to support but need more information



**32 people** (19%) said they would not be interested.

This suggests there is interest in stop smoking support, but some people may have questions or concerns before they feel ready to take part.

We also asked people if there were any barriers that would stop them from using a stop smoking service. Many people said there was nothing that would stop them from using a stop smoking service.

However, others described barriers linked to access, fear of judgement, mental health and lack of clear information.

Travel, in-person appointments and busy lives were common challenges, particularly for disabled people, carers and those in work.

One person explained that:



**"Having to travel someplace as I am housebound and disabled – travel is a hardship for me."**



Fear of judgement was also a concern for some, especially if they relapsed or returned to smoking.

People said they did not want to feel blamed or ashamed for their choices, with comments such as:



**"... feeling judged if I began smoking again."**

**"I don't want to feel shame for the life choice."**



Mental health was another barrier. Some people said anxiety, stress or previous experiences made quitting feel overwhelming, with one person saying:

“I get bad anxiety and stress when I try to quit.”

Others were unsure what support was available, whether services were free, or if help included vaping, saying they were put off by:

“Not knowing what happens [when using the service] and what help is available.”

Therefore, making sure information is clear, providing flexible access and non-judgemental support could help reduce barriers and encourage more people to use stop smoking services.

## What people told us about smoking

We asked people if there was anything else they would like to tell us about smoking.

The majority of people told us that smoking is more than a nicotine addiction. 70% of people described smoking as a way to cope with stress, manage emotions, and create routine or time for themselves, especially during busy or difficult periods in their lives.

“It gives me my own space ... to try just for a bit to escape.”

“Smoking is a coping mechanism.”

Some people said they still enjoy smoking, including the ritual and social side. However, this was often mixed with regret and concern about health and cost.

“For all its negatives, it’s pretty great still ... shame it’s so harmful.”

“Wish I’d never started.”

We know quitting smoking isn’t easy, and people also echoed this in what they told us.

Many people said they had tried several times and felt embarrassed or worried about asking for help again. Habit and routine were often seen as bigger challenges than nicotine itself.



"It's so hard to quit, I've tried lots of times."

"I really want to stop for good, but I'm embarrassed asking for help again."



People also talked about smoking as part of daily routines, such as work breaks or social time. They described that they find quitting hard because they miss the physical action of smoking, such as holding something in their hand and bringing it to their mouth, not just the nicotine itself.



"It's not just the nicotine, it's the habit."

"Having a fag on a work break feels like a treat."



Overall, people told us that smoking is both complex and extremely personal. Many people understand the risks and want to quit, but stress, habit and fear of failure can make this difficult.

This shows the need for kind, flexible and non-judgemental support.

# Community engagement events

## Introduction

Alongside the online survey and interviews, we attended a series of community and workplace events across Derbyshire. The purpose was to gather insight into people's experiences of smoking and awareness of stop smoking support.

These events provided an opportunity to speak directly with people, share information about the survey, and have informal conversations about smoking, quitting, and access to support.

We took part in four different events held in various places, such as community centres, a workplace wellness event, a leisure centre, and a hospital.

These events were often hosted together with other organisations, in particular Live Life Better Derbyshire. Working together helped us have open conversations, connect people quickly to helpful services, and get a better idea of how these services are viewed and experienced by the community.

## **Event 1 – Community drop-in wellbeing event, Somercotes Parish Hall**

This event took place at Somercotes Parish Hall and was a drop-in community wellbeing event for local residents.

Services attending included Derbyshire Fire and Rescue Service, Citizens Advice, Live Life Better Derbyshire and the local social prescribers.

People who came were a range of ages, from working-age adults and young mothers to older residents.

We were able to speak to around ten people during the event, and most people had not previously heard of the stop smoking services.

Cost was a common concern, particularly in relation to nicotine replacement products. However, many were interested once they understood that support was available and free.

Joint working with Live Life Better Derbyshire was valuable, allowing for shared conversations, and direct signposting to support.

One older woman we spoke to said she wanted to quit but felt it was not the right time for her due to ongoing stress.

## **Event 2 – Workplace wellbeing event, Derbyshire County Council offices, Matlock**

This was a workplace health and wellbeing event for Derbyshire County Council staff.

The event was organised and led by Live Life Better Derbyshire who were offering Swap to Stop support, blood pressure checks and healthy lifestyle advice.

Other services present included money advice and banking support.

Swap to Stop is a free programme that supports people to switch from smoking to vaping. It includes a vape, vape liquids, help to get started, and a follow-up call from a stop smoking advisor after four weeks.

This was a small event as it was only the second time it had been held. The attendance was mainly from young to middle-aged working adults. We were able to speak to around five council workers.

People shared mixed views about smoking, with some wanting to quit and others not currently interested in stopping smoking.

The event provided a useful opportunity to engage with a different group of people and raise awareness of the survey.

However, awareness of stop smoking services and initiatives was generally higher at this event. This is likely because both the stop smoking service and Smokefree Derby and Derbyshire are council-led initiatives. This means the views gathered here may not fully reflect the wider public.

## **Event 3 – Community health and wellbeing event, William Gregg Leisure Centre, Heanor**

This event was a community wellbeing event, similar in format to the Somercotes event.

Services present included Live Life Better Derbyshire, Amber Valley CVS, and other local support organisations. At this event people were also able to access a health MOT.

We were able to speak to another ten people, and many were keen to quit smoking. Several people signed up to the Swap to Stop offer during the event.

As with the other events, people said they were unsure where to go for help or whether support would cost them. They valued being able to speak directly to Live Life Better Derbyshire staff.

Two conversations highlighted common pressures affecting smoking behaviour:

- One man had recently been made redundant and said increased stress and having more time had led him to smoke more. He wanted to quit but was unsure where to get support
- A woman shared that she had been buying nicotine patches herself and, at times, could not afford them, which led her to smoke more.

She was surprised and relieved to learn that patches and support could be provided free of charge through the stop smoking service.

This event reflected what we heard in the survey responses around cost, accessing the stop smoking support, and the value of face-to-face engagement, particularly in helping people understand what support is available and reducing financial barriers to quitting.



## **Event 4 – Hospital-based outreach engagement, Chesterfield Royal Hospital**

This event was the first time an event of this kind had been held at the hospital with Live Life Better Derbyshire.

We were able to attend the event alongside Diva Creative, who is helping with the future messaging of this work.

We spoke to people in the outdoor smoking area. This allowed for longer and more in-depth conversations, as many people were waiting for appointments or for family members inside the hospital.

People shared a range of views. One woman said she had no intention of quitting, explaining that smoking was her only remaining vice following a decline in her health. She also believed that quitting smoking could be harmful, based on a recent family bereavement.

However, another woman shared her positive experience of using the stop smoking service. She particularly valued the flexibility of phone-based support, which worked well alongside her health needs.

Overall, this event shows the importance of flexible, accessible support particularly for people with health conditions. Additionally, to raise awareness that this support is available to them whenever/wherever they need.

# **The interviews**

## **Introduction**

To support the survey findings and community engagement work, we carried out semi-structured interviews with three people.

These three people had experience of smoking and quitting and had indicated that they were happy to speak further about their responses to the survey questions. We were able to speak to these people over the phone and via Microsoft Teams.

The purpose of the interviews was to gain a deeper understanding of people's experiences of smoking, their motivations to quit, and their experiences of stop smoking support.

The interviews also helped explore some opinions that were raised through the survey, including stress, health, access to support, and fear of judgement.

## Motivations behind smoking and thoughts on quitting

Everyone we spoke to described smoking as more than a nicotine addiction. Smoking was closely linked to stress, routine and coping, and had often been part of their lives for many years.

One person explained that smoking:

“... wasn’t just about nicotine, it was part of my routine and how I coped with stress.”

Another said:

“It had just become something I did without thinking.”

Two people spoke about how smoking had increased during periods of poor health, stress or uncertainty.

This reflected what many people told us at events and through the survey. Smoking was described as something that felt familiar and comfortable, even when people were aware of the health risks.

Despite this, everyone spoke about wanting to quit, mainly due to concerns about their health. One person described a health scare as the moment that prompted them to stop, saying:

“It took a health scare for me to really think about stopping.”



One person spoke about their health slowly getting worse and felt this was linked to smoking. Because of this, especially as they got older, they wanted to take their health more seriously and try to quit smoking.

## Using stop smoking support

All three people we spoke to had used stop smoking support, and feedback was very positive.

People valued the non-judgemental approach of the stop smoking service and described the staff they spoke to as “kind” and “supportive”. They all felt the service had provided the right support at the time they needed it.


A strong theme was the importance of flexible and accessible support. One person explained that:

 “Being able to do it over the phone really helped because I couldn’t get out easily.” 

Another person said they would not have been able to quit without help, stating:

 “I wouldn’t have been able to quit on my own.” 

Another person described how using a vape as a quit tool helped them stop smoking:

 “Using a vape helped me stop smoking when nothing else had worked.” 

This person had used a vape and was able to stay off cigarettes for six months.

However, after hearing and reading about the potential health dangers of vaping, and experiencing some health issues of their own, they decided to go back to smoking cigarettes, because they felt they understood the risks better.

Some of the respondents throughout this work reported a fear of using vapes as a quit tool. They said it [vaping] felt more like an “unknown risk” as opposed to the familiarity of smoking where people felt more aware of the risks they were taking.


This is echoed in [Action on Smoking and Health’s report on the Use of vapes among adults in Great Britain](#). This report shows there are growing beliefs that vaping is as harmful or more harmful than smoking.

## Barriers and challenges

One person we spoke to highlighted that barriers to quitting smoking are often emotional, practical and linked to long-standing habits, rather than a lack of motivation to quit.

Stress and anxiety were described as key challenges. They explained that work-related stress had reinforced their smoking habit over many years, particularly as smoking became part of regular breaks and daily routines.

They reflected that smoking was often:

 “Out of habit rather than need.” 

They said that when cigarettes were not available, they did not always miss them, describing it as, “Out of sight, out of mind”.

Fear of failure was another strong barrier. One person described stopping smoking several times for periods of six to nine months but returning to smoking

due to life events such as bereavement or stress. They explained that after relapsing:



“I felt like a failure and didn’t want to go back to the service.”



This delayed them seeking support again.

This fear and perceived idea of being judged for smoking was something we also heard in our surveys and out at the community at events.

People often described a general fear of being judged for smoking or for slipping back into old habits. However, no one had reported being judged by the stop smoking service when they used it.

This sense of judgement was also something we observed when speaking to people in the community. Some people appeared cautious about discussing smoking due to concerns about being “told off” or made to feel ashamed.

We also noticed some people had misconceptions about the service as they felt unsure whether they could use the service more than once.

Practical barriers also played a significant role. Everyone we spoke to in the interviews told us about difficulties attending in-person appointments, particularly alongside managing work, health conditions or having reduced mobility.

One person said that although they attended weekly in-person sessions at first, switching to telephone support made it much easier to continue. Without this flexibility, they felt they may not have stayed engaged with the service.

The interviews also highlighted gaps in support for people who switch to vaping.

One person explained that while vaping helped them stop smoking due to cost and health concerns, they now felt that, “There is no help to quit vaping” and described feeling uncertain about the health messages around vaping compared to smoking.

They said that conflicting media coverage made it harder to feel confident about next steps, and that clearer, supportive advice would help prevent people returning to smoking

Overall, the interviews supported what we heard in the survey and at events. They showed that smoking is often linked to stress, habits, health and daily life.

People were more likely to stay engaged when support felt kind, flexible and easy to access.

Although only a small number of interviews were completed, they gave valuable insight into people's real experiences and showed why stop smoking support needs to recognise relapse, mental health and different quitting journeys.

# Conclusion

This project brought together survey responses, community engagement and interviews to build a clear picture of smoking and quitting across Derby City and Derbyshire.

It shows that many people want to stop smoking, but are often unsure where to go, what support is available, or whether it will cost them money.

People told us that smoking is rarely just a habit. It is often linked to stress, mental health, routine and wider life pressures, such as work, health issues or caring responsibilities.

These factors can make quitting feel difficult, or overwhelming, even when people are motivated to stop.

Across the survey, events and interviews, lack of awareness and unclear information were common barriers.

Many people did not know how to access stop smoking support or believed they needed to visit a GP first. Others were unsure whether support could be accessed more than once or came at a personal cost to them.

Once people understood that support was free, flexible and non-judgemental, they were far more open to engaging. Even at events some people were then keen to sign up straight away.

Fear of judgement was also something that came up often for people.

Some people worried about being blamed for smoking or for returning to smoking after a quit attempt. This fear can prevent people from seeking help.

People told us they value kind, understanding support that recognises quitting as a journey rather than a single attempt.

Overall, this work shows that stop smoking support in Derby City and Derbyshire is valued, but that clearer communication, flexible access and reassurance about non-judgemental support could help more people engage.

By strengthening both service delivery and public messaging, there is a real opportunity to support more people to take steps towards quitting smoking and improving their health.

# What has happened so far?

## Where is the feedback going?

The feedback from this report has been shared with the Public Health teams at Derby City Council, Derbyshire County Council, and the NHS Derby & Derbyshire Integrated Care Board (DDICB).

The information from this report will help influence the targeted messaging for Diva Creative.

We also asked people during our survey if they would like to receive support from a local stop smoking service, to which 54 people said they would.

We were able to provide the information to refer these people into their local stop smoking service. This is another benefit of this work as it allows us to connect the people with the correct services.

Live Life Better Derbyshire said:



“The findings from the latest Healthwatch report have been valuable in sharpening our understanding of people’s views of smoking, quitting and their knowledge and experience of the local stop smoking support available.

“The insights offer clear actions that will directly inform how we communicate and engage with potential service users and help ensure that our service adapts so we can support more people to stop smoking tobacco.”



We will also be sharing this report with the free local stop smoking services, Livewell and Live Life Better Derbyshire.

We'll continue to direct anyone who wants to stop smoking to the free local stop smoking services.

Healthwatch Derbyshire will continue building connections with services in Derbyshire to create a strong joined-up network.



# Recommendations

## Communications and public messaging

- **Make messages clear and immediate**

Ensure all smoking messages clearly show they are about stopping smoking, that free local support is available, and where people can go next.

Messages should be easy to understand immediately.



- **Explain what support looks like**

Clearly set out what the stop smoking service offers, including one-to-one support, free quit-smoking products, and the ability to return to the service more than once.

- **Reduce fear of judgement**

Use reassuring language that shows the service is kind, supportive and non-judgemental.

- Normalise relapse and avoid messaging that suggests quitting is quick or easy for everyone.

- **Use relatable and inclusive messaging**

Reflect real life pressures such as stress, mental health, work and caring responsibilities.

- **Improve clarity around vaping support**

Provide clear, consistent advice for people who use vaping to quit smoking.

Highlight the benefits of vaping compared to smoking and how it can be used as a quit tool.

## Stop smoking service improvements

- **Maintain and promote flexible access**

Continue to offer phone and remote support alongside in-person options.

Clearly promote this flexibility to people who may struggle with travel, health or time constraints.



- **Support multiple quit attempts**

Make it clear that people can return to the service without judgement if they relapse, and that repeated attempts are expected and supported.

- **Strengthen support around mental health and stress**

Recognise the link between smoking, stress and mental health by building this into conversations and support plans, with clear signposting to wider services where needed.

## Working better together as a community

- **Continue community-based engagement**

Face-to-face engagement alongside services such as Live Life Better Derbyshire helps build trust and reduce misconceptions.

Continuing this approach can help reach people who may not actively seek support.



- **Use trusted routes consistently**

Align messaging and signposting across GPs, pharmacies, NHS websites and community settings to reduce confusion and build confidence in accessing support.

## Thank you

Healthwatch Derbyshire would like to thank all the people who took part in this survey. We would also like to thank Diva Creative for their help in co-producing the survey and their feedback.

Additionally, a grateful 'thank you' goes to:

- Live Life Better Derbyshire for hosting us at their events and for sharing our message and survey throughout the community
- Public Health teams at Derby City Council and Derbyshire County Council, and the DDICB
- Chesterfield Royal Hospital for hosting us at events with Live Life Better Derbyshire
- Amber Valley CVS for hosting us at events with Live Life Better Derbyshire

- All of those who shared the survey with their staff and colleagues.

# Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all people within Derby City and Derbyshire but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of people's views as shared with Healthwatch staff.

They are the genuine thoughts, feelings, and issues people shared with Healthwatch Derbyshire.

The data should be used in conjunction with, and to complement, other sources of data that are available.

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