

Deep Dive: Access to Stop Smoking Services

A look into access barriers and challenges for the
residents of Thurrock

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Who we are

Healthwatch Thurrock is the independent champion for health and social care services in Thurrock. We gather and represent the views of local residents to highlight what is working well and where improvements are needed.

Along with consultation work and gathering the voices of residents, Healthwatch Thurrock also provide an information, guidance and signposting service. Residents are invited to “speak out” via an online forum as well as through targeted surveys, conversations and face to face engagement within the community. Healthwatch Thurrock presents the voices of Thurrock to aid in identifying the need for change, considerations before commissioning and to support best practice across services. Through conversation and engagement with people using the services, Healthwatch Thurrock can make recommendations to providers based on local lived experience. We know that services improve when residents actively participate in their development. To achieve this, services should learn from real experiences and adapt to better meet local needs.



Our vision

To bring closer the day when everyone gets the care they need.



Our mission

To make sure that people's experiences help make health and care better.



Our values

- **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 voice.

About this report

In late 2024, Healthwatch Thurrock was commissioned by Public Health to conduct research and engagement on access to local stop smoking services, specifically Thurrock Healthy Lifestyle Service. The Thurrock Tobacco Control Strategy (2023-2028) highlights disparities in access to and effectiveness of stop smoking services for different groups. To address this, Public Health tasked Healthwatch Thurrock with carrying out qualitative research to better understand the needs, barriers, and challenges faced by these groups when accessing support to quit smoking.

The key groups identified in the strategy include:

- Residents of the most deprived wards (Tilbury St Chads, Tilbury Riverside & Thurrock Park, Belhus, Chadwell St Mary, West Thurrock & South Stifford, Aveley & Uplands, Grays Riverside, Ockendon)
- Routine and manual workers*
- Asian, Black, and mixed-race individuals
- People with long-term mental health conditions
- Adults with substance misuse issues
- Pregnant individuals who smoke at the time of delivery

This research aims to ensure that stop smoking services are more inclusive, effective, and accessible for all.

*When defining manual workers, we took the definition that Thurrock Council used for the Tobacco Strategy to ensure continuity. Thurrock Council define manual worker as **“individuals who perform tasks that are typically repetitive, involve physical labour, or require following set procedures or instructions.”**

Informing the report

For this report, we created a single survey designed for all the groups identified in the strategy, as well as for the wider public interested in sharing their views. We kept the survey brief and straightforward to collect quantitative data whilst also undertaking conversational engagement and case studies to capture more personalised, qualitative insights. The survey was distributed online through CVS and Healthwatch Thurrock's social media, newsletters, and websites. Additionally, posters promoting the survey were displayed in local GP practices and public spaces around Thurrock, and a physical copy was taken to various engagement events.

More about engagement...

For each targeted group, we implemented specific engagement strategies to meet our requirements and accurately represent their voices. Below is an outline of our approach for each group:

Residents in the Most Deprived Wards:

We contacted all ward councillors to ask if they would distribute the survey within their areas. Out of the ten councillors reached, one confirmed that they would share the survey with residents and encourage other councillors to do the same. We also provided GP practices in these areas with posters and organised engagement events within the designated timeframe.

Routine and Manual Workers:

Many respondents self-identified as routine workers, according to the definition used in the tobacco strategy. This group provided a more natural response throughout the engagement process.

Asian, Black, and Mixed Race Communities:

During our engagement, it became clear that individuals in these groups were more private about their tobacco use. To address this, we adopted a targeted approach by reaching out directly to known contacts within these communities to gather qualitative insights.

People with Long-Term Mental Health Conditions:

Healthwatch Thurrock engaged with members of the New Club and Diamonds group at Grays Town Park, held on Wednesdays, to collect views from individuals with long-term mental health conditions. Additionally, one of our case studies featured a resident with long-term mental health challenges. It is important to note, however, that many individuals might not identify as having long-term mental health conditions even if they were engaged in the process.

Adults with Substance Misuse:

We attempted targeted engagement by reaching out to Forward Trust, the local provider of alcohol and drug services, but did not receive a response, possibly due to the Christmas period in which the engagement took place. We also attended a support group for unpaid carers of individuals struggling with drug and alcohol addiction to understand the impact on carers.

Pregnant People Who Smoke at the Time of Delivery:

Given the sensitive nature of this topic, we encountered barriers due to perceived judgment. To overcome this, we visited family hubs to engage with individuals who might have smoked during pregnancy, rather than those currently pregnant. This approach led to two successful conversations with pregnant individuals who had been smoking whilst actively pregnant.

**Win a £50
voucher**

HAVE YOUR SAY ON STOP SMOKING SERVICES IN THURROCK!

Are you a Thurrock resident who wants to quit smoking, or have you tried to access stop smoking support?

Let's work together to make stop-smoking services in Thurrock the best they can be!

Complete our short survey, drop us an email, give us a call, or pop in for a chat over a cuppa.



Contact us: 01375 389883 or
admin@healthwatchthurrock.org

30th January
10am - 12pm

Waves Cafe, South Essex
College, High Street,
Grays, Essex, RM17 6TF

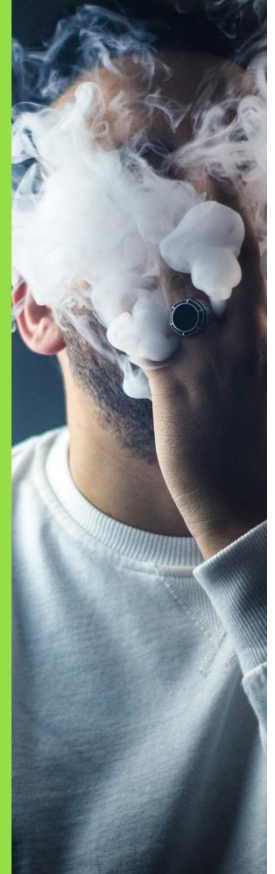
SMOKING FOCUS GROUP

Join us for a friendly chat to discuss your reasons for not wanting to give up smoking.

If you were to quit, what would you like from a stop smoking service?

We're not here to convince you; we'd love to learn more.

Let's shape the service for the future.

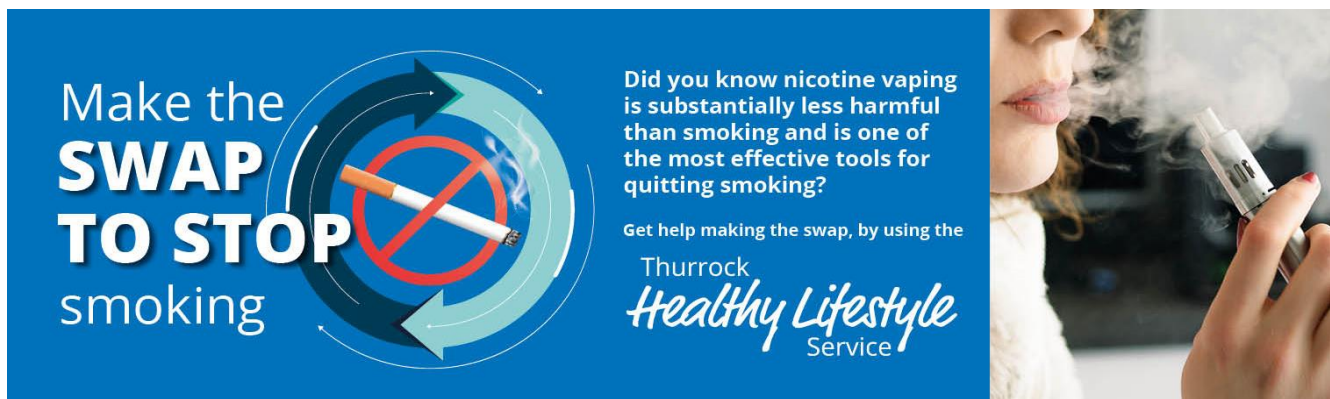


Support to Stop Smoking: Current Service provision

The primary stop smoking service in Thurrock is provided by Thurrock Healthy Lifestyle Service (THLS). The offer supports residents to quit using a variety of NRT products and weekly telephone sessions with a health improvement practitioner.

NICE guidelines cites a 35% quit rate at 4 weeks as the benchmark for an effective stop smoking service, the THLS service supports quit for 12 weeks, so we hold the Thurrock service to a higher standard than the NICE recommendations mandate*

The above was taken from the Tobacco Control Strategy 2023 - 2028. Since the publication of the strategy, THLS have expanded this offer to include the national 'Swap to Stop' initiative, launched in Thurrock in October 2024.



Make the **SWAP TO STOP** smoking

Did you know nicotine vaping is substantially less harmful than smoking and is one of the most effective tools for quitting smoking?

Get help making the swap, by using the Thurrock *Healthy Lifestyle* Service

Swap to Stop gives adult smokers the opportunity to:

- **Swap cigarettes for a free vape kit**
- **Get support from a Stop Smoking Adviser for up to 12 weeks**

The Findings



We had 54 people respond directly to the survey.

We did encounter resistance from those who thought we were going to ask them or persuade them to stop smoking. These resulted in more conversational engagement.

Out of the 54, 78% said they had tried to stop smoking at one time. This clearly shows that there is a desire to stop smoking within Thurrock.

We went on to ask respondents if they just stopped themselves or looked for help. We found that...



19 had looked for help

13 had just stopped (gone cold turkey)

4 had tried to stop and then sought help

From this, we can gather that just under half of the respondents to the question (41) had tried to stop smoking through seeking help. Following on from this – 28 people gave us a further insight into where they had looked for help.

13 had gone to their GP

4 had bought a vape from a vape shop

3 had gone to their local chemist

Other places that were mentioned, searching online, NHS website, the library, hypnotherapy, their midwife and 1 person directly mentioned Thurrock Healthy Life Style Service.

Off the back of the above, we decided to visit a local vape shop to see if they had any further insights to those wanting to stop smoking

3. Personal stories: Conversation with local vape store manager

“Were customers interested in giving up smoking?”

- The manager and staff member both agreed that this number is relatively high on a weekly basis.
- They noted that many customers approach the shop with the goal of quitting smoking and often have little or no prior knowledge of how to use vape devices.



Guidance and support provided by the shop...

- The shop emphasised their ability to provide knowledgeable guidance to customers, especially those new to vaping.
- They mentioned assisting customers in choosing the right devices and accessories (sundries), as well as offering advice on how to effectively transition from smoking to vaping.
- Ongoing support is available for customers if needed, ensuring they feel comfortable and well-informed throughout their journey to quit smoking.

Unawareness of Local Support Services:

- The manager and staff were unaware of the Thurrock Healthy Lifestyle Service, which offers free local support for people trying to quit smoking and improve their health.

Conclusion: The vape shop provides significant support for customers looking to quit smoking and are committed to offering ongoing guidance and advice on vaping. However, they are not currently aware of additional local services like the Thurrock Healthy Lifestyle Service, which may be beneficial for their customers.

Only 31% of respondents said that they had heard of Thurrock Healthy Lifestyle Service (17 out of 54)

This percentage is relatively low compared to those who expressed a desire to quit smoking. While this doesn't imply that the current offer wouldn't be effective for them, it does highlight the need for greater visibility and advertising to ensure people are aware of the free local support available.

When asked about use of the service, only 17 people responded.

Of those, 13 stated they had heard of the service but had not used it. Each person provided a different reason for not engaging, including:

- Long wait times for a response
- Not receiving a response at all
- Lack of interest in quitting smoking
- Difficulty in making contact
- Uncertainty about how to reach the service
- Another option being more accessible to them

"I have heard of them, but I don't need to contact them as I don't want to quit"

"I found it easier to walk to my local pharmacy"

"When I reached out, it took two weeks to get a response. I sought help elsewhere"

4 said that they had heard of, and used the service.

All 4 said that they received a good service, but didn't all remain smoke free.

“It’s OK for over the phone support. Never a 1 to 1 or group face to face meeting”

“The service was good but I did start smoking again after”

“It is a good service”

We asked respondents why they hadn't attempted to quit smoking, and their reasons included:

“I don't want to quit”

“I enjoy smoking”

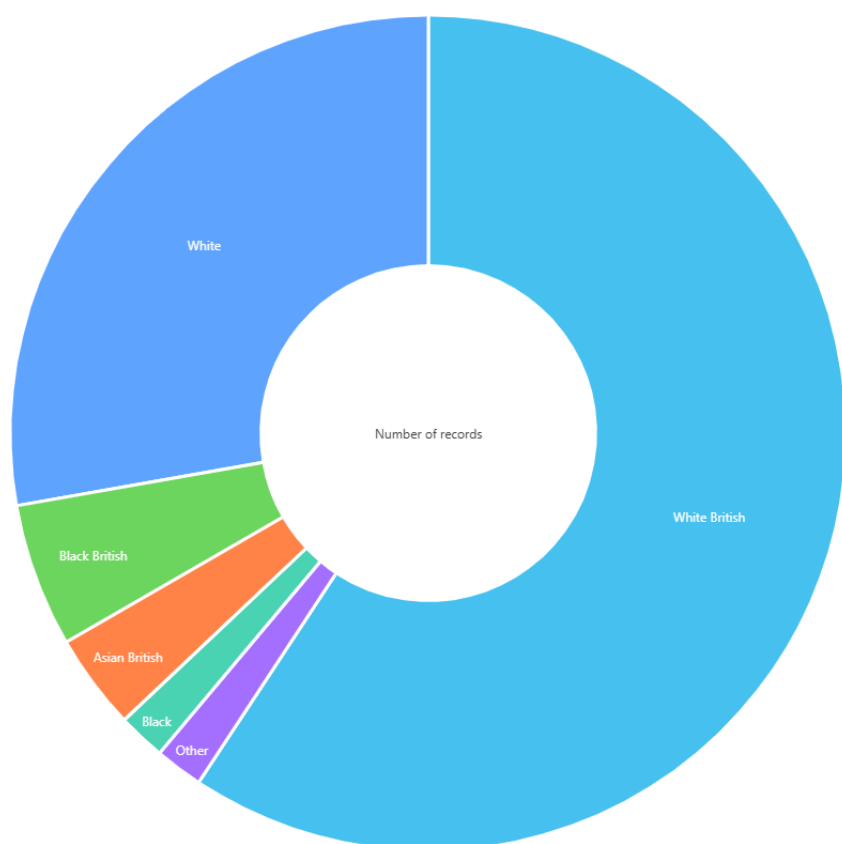
“I lack the motivation and have never made a real effort to quit”

“I like smoking, it helps me de - stress”

These responses show that, regardless of service quality, personal attitudes and motivations heavily influence the decision to continue smoking. Some view smoking as enjoyable rather than harmful, making them uninterested in quitting. Others use it for stress relief, valuing its psychological benefits over health risks. Some acknowledge a lack of motivation, recognising quitting as an option but not actively pursuing it.

This highlights the challenges of stop smoking services: not only must services be accessible, but they must also address the behavioural and psychological factors that shape a person's willingness to quit.

Who we heard from



The ethnicity we heard from the most was White British and White. We also received responses from Black British, Asian British and Black.

All of the wards we reached fell within the most deprived wards in Thurrock cited in the engagement brief, with the exception of 3 responses from Stanford le Hope.

Ward responses

- **20:** Grays Riverside
- **12:** Chadwell St Mary
- **7:** South Ockendon and Aveley
- **5:** West Thurrock
- **5:** Tilbury
- **3:** Stanford le Hope
- **5:** Purfleet



**48/56 identified
as a routine or
manual worker**

Long term mental health

We directly engaged with **4** individuals who identified as having long-term mental health conditions. However, many others we spoke with may not have recognised themselves as living with such conditions, even if they are. We reached this group through community spaces like the Clubs and Diamonds group in Grays Park and Mind's Coffee Morning on Tuesdays. These dedicated spaces made engagement much easier.

Substance misuse

We also had **3** successful conversations with individuals involved in substance misuse, but this was incidental, not in a targeted setting or way. Reaching this group was challenging due to the lack of dedicated community spaces for those who may struggle with substance misuse and the privacy concerns surrounding this community.

Pregnant people

Engagement with pregnant women or those smoking during pregnancy took place at family hubs and through one-on-one conversations with our engagement officer in Grays town centre. However, due to the sensitivity of the subject and the perceived judgment around tobacco use, this group was more difficult to reach and build trust with. We managed to gather **4** responses from this cohort.

Case Studies

To gain qualitative insight into the accessibility and effectiveness of the service for all groups, we decided to conduct a series of case studies. Each case study is presented in a unique format, capturing a variety of perspectives from the groups identified by Public Health in the strategy.

1. Personal stories: Eden



“I have no idea of what made me start smoking, I saw a group of older children smoking, so I tried it. I was only 9 years old!

I have smoked on and off for approximately 26 years. The first 2 years I was smoking here and there. This is when I was 11 and 12 years old. From 13 years I was buying them and smoking consistently. I would smoke a packet of 10 every day, till I was old enough to work. When I started working at 15, I then would buy a pack of 20 every day. I really enjoyed smoking for lots of years and wasn't interested in giving up.



The first time I gave up was when I was about 16. This was only because my Mum had asked me to try to quit. I used nicotine patches and nicotine gum and managed to give up for about a year.

After this year, my intake slowly increased and when I started college I was up to 40 per day. Then I stayed at that amount till I gave up again.

The next time I gave up, I was 21 years old and this was only because I learned I was pregnant. I didn't use anything to assist me in quitting. I think the excitement of being pregnant, got me through the difficult quitting period. I stayed off the cigarettes a little while after I had my son, before shortly returned to them again.

A few years later, my Mum and I both did Smoking Cessation classes through our local pharmacy and managed to be smoke free for about 2 years. I went back to it again for a while but knew that I couldn't keep it up as I didn't want my son to see me smoking. I again tried quitting, using the nicotine patches, but this didn't suffice.

This time I tried giving up cold turkey again. I always feel like patches drag out the pain and make me worse, for longer.....with the added displeasure of horrible dreams, which is what I get when using the patches. I admittedly used pistachios quietly heavily as a crutch, as it gave me something to do with my hands, took my mind off of cravings and didn't feel too unhealthy. I managed to stay off them for about 8 years this time! It was my most successful time! It's really difficult to do it without any support but feels like it's the only way for me to do it successfully.

I started a new job and my manager was a smoker. I fell into smoking again, very easily and was smoking approx. 15 per day. I tried every few months to quit but would find some reason to need to start again. I have now not been smoking for approximately 4 months and did this by going cold turkey again. I'm not saying I will never smoke again, but I most definitely don't want to currently.

The perfect stop smoking plan for me would be to have peer support on the other end of the phone for me to reach out to at a time of crisis, that could remind me of the reasons I gave up in the first place, remind me of how painful and hard it will be to quit again. The fact I keep trying to give up makes me know that I'm not meant to smoke.

Don't get me wrong. If it wasn't bad for your health then I would do it. I enjoy the social side of it, how it breaks up your day, ensures you get regular work breaks and that you always meet the most interesting people, but I want to be here for as long as possible for my kids."



2. Personal stories: Jay



How long have you been smoking?

"Christ knows... since I was 16. That's 40 years of smoking."

What made you start?

"Back then, a pack of 10 Benson & Hedges was 77p, and a box of matches was 3p. You could get change from a one-pound note. Smoking adverts were still on TV, and it was just the norm in senior school. I started as a dare, and most of my friends smoked, so it never felt like a big deal."



At 16, did it ever cross your mind that smoking might be a bad idea?

"Not at all. Everyone smoked, so I never thought about the health implications. It wasn't a bad idea; it was just a cigarette."

Do you still pick up a cigarette as care free as you did back then?

"The health and financial costs cross my mind, but it's more of an acknowledgment than a deep thought. I still pick it up care free."

Have you ever tried quitting?

"Oh, yeah. Tried everything—patches, lozenges, that little plastic inhalator thing, even vaping. Nothing worked. I was still smoking while using the patches."

Did any method feel more effective?

"Nope, not really. The support service I tried was helpful, though. The woman I spoke to was nice and supportive, checking in every couple of weeks. Maybe more regular contact would've helped, but this was during lockdown in 2021, so that probably played a part."

How did you find the service?

"Saw it advertised on the Thurrock Council Facebook page. Had to click through to find it, felt like a bit of a hunt rather than something being offered up."

If you could design the perfect stop-smoking service, what would it look like?

"First off, proper visibility—posters in community spaces like chemists, doctor's surgeries, dentists, even toilet notice boards. Social media is useful, but it has to hit the right people at the right time.

There should be an email, a contact number, and its own website. Most importantly, it needs face-to-face support—easier to understand and feel supported when you're talking to someone in person.

And it has to be personalized, not a one-size-fits-all thing. The service should go beyond just patches and vapes, maybe help with the habit itself—like giving people something to do with their hands. A fidget ring or spinner could help break that hand-to-mouth action, otherwise, you just end up eating more."

Do you think regular contact would help?

"Yeah, but it should be two-way. I still have the number of the person who helped me quit. The program was meant to be 12 weeks, but because of lockdown, I ended up in it for six months. Even after 12 weeks, I wasn't ready to quit completely."

Why did you want to stop smoking?

"To be honest, money. I've been on long-term sick leave for 4.5 years, and my pay dropped to £328 a month. It doesn't go far. That was one reason. The other was my mum—she passed away from COPD. She had quit smoking for 40 years, but I still wonder if it played a part."

Do you think financial incentives help people quit?

"No. You can't force someone to quit with money. It's all about willpower and mind-set. Smoking keeps me calm; money can't replace that."

What kind of support would make the biggest difference?

"Outreach workers. Someone you can meet up with for a chat, not just be a name on a database. Maybe even a buddy system—pairing people up with someone going through the same thing. Peer support could be really powerful."

It also needs to be led by the right people. Some professionals don't get it—like when ex-smokers look down on people who still smoke. The support has to come from someone who understands, not someone who feels 'above' it. Nicotine addiction isn't treated the same way as drug and alcohol addiction, but it's still an addiction. You wouldn't try to get a crack addict off a pipe without the proper training."

Final thoughts?

"At the end of the day, no one can quit unless they're ready. Even if I had the perfect service, I'd still be smoking—maybe in 24 weeks, I wouldn't be. But you need to be ready for it to work."



3. Personal stories: Toni

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Toni from Chafford Hundred has been smoking for 53 years, a habit he picked up as a teenager when he was curious and experimenting with different things. What started as a simple form of exploration soon became an integral part of his life.

Over the decades, smoking has evolved into a way for him to unwind, offering a sense of relaxation and calm in the midst of his daily routines. The ritual of lighting a cigarette and taking a moment to himself provides a feeling of comfort and stress relief. Toni grew up in Nigeria, where he was immersed in the culture and rhythms of his homeland. After coming to the UK to study, he eventually returned to Nigeria before settling in the UK for good. This blend of experiences from both Nigeria and the UK has shaped his worldview and approach to life, with smoking serving as a familiar ritual that connects him to both his past and present. Despite the health risks and the many years he's spent with this habit, Toni has no plans to quit. For him, smoking has been a constant companion, offering moments of reflection and calm as he navigates his life between two cultures.

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4. Personal stories: Samantha



To understand the experience of accessing the local top smoking service, we recruited a volunteer to track her journey. Although unfamiliar with the Thurrock Healthy Lifestyle Service, she quickly found contact details through Google. She called and received a call back within an hour, during which she discussed her smoking habits. After evaluating the available options, the service recommended a vape as a suitable method to help her quit. She chose her preferred e-liquid flavours, and the high-quality vape device was delivered within 48 hours.



The service provided regular support through weekly follow-up calls, helping Samantha stay on track and reinforcing her determination. However, as she transitioned from cigarettes to vaping, she became more reliant on the vape, using it more frequently. **This highlights a challenge with vaping:** while it substitutes cigarettes, it doesn't fully address the hand-to-mouth habit or the "hit" smokers seek, leading Samantha to continue vaping in search of that sensation. **Though vaping is less harmful than smoking, it doesn't resolve the psychological aspects of addiction.**

As Samantha's dependence on the vape grew, she experienced negative physical effects, such as feeling sick, but continued to vape in pursuit of satisfaction. While the service's support has been valuable, it's clear that vaping doesn't solve the deeper behavioural and psychological cravings tied to nicotine addiction. Samantha now feels ready to quit vaping but struggles with the hand-to-mouth habit, recognising the need for alternative strategies to replace the physical rituals of smoking.

In conclusion, while the service offers consistent and helpful guidance, Samantha's experience shows that vaping may not be a one-size-fits-all solution. It can aid in the transition away

from smoking but can also lead to new challenges, highlighting the need for a more holistic approach that addresses both the addiction and the behavioural rituals.



A summary: Needs in relation to support to stop smoking and the barriers and challenges in service access

Our research and engagement with the identified groups have provided valuable insights into the specific needs and challenges individuals face when seeking support to quit smoking. A key finding is that the local stop smoking service (Thurrock Healthy Lifestyle Service) is not widely visible in public spaces and their online presence can be hard to find (it is located on the council website and *hidden on many GP websites). The current website also is heavily focused on the swap to stop initiative, when THLS also offer lozenges, NRT patches, inhalators and access to pharmacotherapy.

From the data we can see that this has acted as barrier to people accessing the help they need and want. This lack of awareness **highlights the critical need for a more robust and supported approach to comms and marketing for the service to ensure Thurrock Healthy Lifestyle Service can reach those wanting to access it.** People can only access support if they know it exists, and without increased visibility, many individuals remain unaware of the resources available to them.

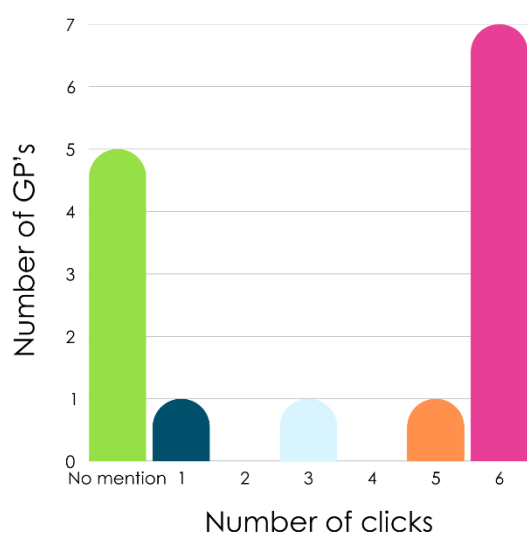
To address this, **community and outreach workers are essential.** These professionals are in the best position to build connections within communities, especially with groups that are more insular or hesitant to engage with formal services such as adults with substance misuse and pregnant people. Establishing and maintaining trust within these communities is vital, and outreach workers play a pivotal role in fostering that trust. By working directly with individuals, they can create a more personable and supportive environment that encourages people to seek and accept help for smoking cessation.

Furthermore, the findings suggest that traditional incentives (i.e. financial as some other national programmes do) alone are not

sufficient to motivate individuals to quit smoking. Those who shared their smoking journeys with us consistently agreed that the reasons for smoking—such as stress management, coping with emotional challenges, and the physical habit of hand-to-mouth action—must be addressed directly. A more effective approach would involve a **holistic solution that takes into account not just the physical addiction to nicotine but also the emotional triggers that lead people to smoke in the first place.**

One potential solution is the incorporation of peer or group support. Many individuals find strength and motivation through shared experiences, and group support could create a sense of community that empowers smokers to quit together. **Additionally, tools to help manage the physical aspects of smoking, such as fidget spinners or rings,** could provide individuals with a practical way to break the hand-to-mouth habit, which is often a significant barrier in the quitting process.

In conclusion, while the current stop smoking service offers valuable support, it is clear that a multifaceted approach is needed to overcome the barriers faced by those seeking to quit. By improving the visibility of the service, empowering community outreach workers, and addressing the emotional and behavioural aspects of smoking, we can offer a more comprehensive and effective solution. A holistic approach that considers both the physical and psychological elements of smoking addiction will ultimately increase the likelihood of success for those trying to quit.



****To further highlight this point, we reviewed all of the GP websites for practices in Thurrock. We counted how many clicks on the website it took to find information about Thurrock Healthy Lifestyle Service. The majority of the websites took 6 clicks to find the information.***

Recommendations

- 1. More comms and marketing support:** The data shows us a need for a more robust and supported approach to comms and marketing for the service to ensure Thurrock Healthy Lifestyle Service can reach those wanting to access it.
- 2. The employment of community and outreach workers:** Professionals placed within the community would be best placed to build trusted relations with groups that are more insular or hesitant to engage.
- 3. A holistic service approach:** This approach would allow for the service to additionally explore the emotional triggers that lead people to smoke in the first place. The employment of community outreach workers would also naturally enhance this recommendation.
- 4. The option for service users to partake in peer support:** Many individuals expressed that their journey to being smoke free would be enhanced with the support of those experiencing the same hurdles.
- 5. Tools to manage physical aspects:** It was noted by many respondents that there is a need to help the hand to mouth action of smoking as well as nicotine which could be bridged with tools such as fidget spinners and rings.



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