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SMOKING AND VAPING RESEARCH IN HEREFORDSHIRE AND WORCESTERSHIRE

Executive Summary

Introduction

The public health teams at Worcestershire County Council and Herefordshire Council commissioned Data Orchard CIC to research smoking and vaping in Herefordshire and Worcestershire, to inform a needs assessment for community smoking and tobacco control services and interventions across the two counties.

This report summarises the findings of the research done April to June 2022.

Aims of research

The aim of the desk research and analysis was to collate as much relevant epidemiological and demographic data on prevalence, attitudes and behaviours related to smoking and vaping from a variety of national and local sources. This included identifying the impact of smoking (smoking-attributable hospital admissions/deaths), incidence of smoking-related disease and the prevalence of smoking in Herefordshire and Worcestershire and how this varies across and within demographics, communities, and geographies.

The aim of the public engagement was to gain insight into attitudes and behaviours related to smoking and vaping, using the following lines of enquiry:

- Smoking/vaping behaviours, frequency, and key drivers to do so
- Attitudes to smoking and vaping (society, peers, family)
- Attitudes to quitting (society, peers, family)
- Barriers towards quitting and what might help to remove these
- Any experiences in trying to quit smoking: what worked, what didn't
- Support needed to quit in detail (who/how, location, convenient times, travel)

Key findings from desk research

The prevalence rates of smoking in Herefordshire and Worcestershire are similar to national rates and are following the national downward trend. Prevalence of smoking in 15-year-olds was lower in Herefordshire (6%) compared to nationally (8%) but higher in Worcestershire (10%).

The following population groups are potential areas of focus for which Herefordshire and Worcestershire perform worse than the national average and/or worse than 50% or more of their CIPFA nearest neighbours.

Herefordshire	• Routine and manual occupations • Adults with serious mental illness • Adults with a long-term mental health condition • Pregnant women – smokers at time of delivery • Pregnant women – smokers in early pregnancy
Worcestershire	• Young people (15-year-olds) • Adults with a long-term mental health condition • Adults admitted to treatment for substance misuse – non-opiates • Pregnant women – smokers in early pregnancy

The national prevalence rate for vaping is 7%, but no prevalence rates are available for the two counties for adults. Recent local data shows that 15% of 15-year-olds in Herefordshire had tried vaping and 19% of 15-year-olds in Worcestershire.

Key findings from the public engagement

The public engagement gathered views from 400 people via an online survey and 175 people face-to-face in Herefordshire and Worcestershire about smoking, vaping, and quitting. A range of people were targeted in the face-to-face engagement - particularly those who were more likely to smoke or vape according to the prevalence rates.

Profile of respondents

The demographic profile of the respondents compared to the population show that they were more likely to be:

- female or non-binary/other
- non-heterosexual
- working age
- have a disability/long-term health condition
- be unemployed or unable to work due to health or disability
- not live in owner occupied homes (i.e. renting, staying with family or friends or in temporary accommodation)

57% of respondents described themselves as smokers, 21% as vapers, 24% as ex-smokers, 6% as non-smokers and 1% as ex-vapers.

Those who described themselves as smokers were more likely to be non-heterosexual, working age, not in employment, unable to work due to health or disability, have a disability or long-standing health condition, and be in rented accommodation compared to the overall respondent base.

Those who described themselves as vapers were more likely to be younger, female, and staying with family or friends compared to the overall respondent base.

Those who described themselves as ex-smokers were more likely to be older, not have a disability or long-term health condition, be in work, and own their own home.

Key drivers for smoking

The top three reasons given for motivating people to smoke were friends/social aspects, coping with stress, and for enjoyment. Nearly all smokers in the public engagement started smoking in their teenage years.

Motivation to quit smoking

At least half of smokers would like to quit, with a much lower proportion not wanting to stop at all. Most smokers had tried to quit but had been unsuccessful.

Top motivations for giving up smoking were concerns about their future health, smoking being too expensive and to a lesser extent, their health already being affected.

What leads to successful quitting?

Nicotine replacement, e-cigarettes/vaping, willpower, and support from friends and family were most commonly identified as having helped ex-smokers quit smoking. Activities to replace the habit were helpful to ex-smokers, and several ex-smokers mentioned that the Allen Carr method worked for them. Most people quit smoking over the age of 25 and it mostly took more than one attempt.

What would help people to quit smoking?

Accessing support from a GP, a pharmacy or online were the most frequently stated factors that would help people to quit smoking by online respondents. Most of the people engaged face-to-face gave other reasons, mainly related to willpower and a strong personal motivation and determination to break the habit.

What stops people from quitting smoking successfully?

Nicotine replacement measures and e-cigarettes not being effective were the most common reasons given by those who had been unable to quit smoking successfully. Other reasons

given were a mixture of support not being available locally or not at convenient time, ongoing stress, and not having the willpower to quit.

Key drivers for vaping

The main motivations for vaping were as an alternative to smoking, to cope with stress, and boredom. Most also vaped because it helped them to socialise, and their friends vaped too. Many mentioned that it takes a while to master the technical aspects of vaping, which can be a barrier to using e-cigarettes to help give up smoking. Some people (mostly smokers) perceived vaping to be bad for one's health.

What would help people to quit vaping?

Most vapers did not want to quit, but the most commonly mentioned factors that would help with quitting were support to change habitual behaviour, being less stressed, or if vaping was proven to be a significant health concern.

What stops people from quitting vaping?

The main reasons given for not quitting vaping were a lack of motivation to do so and that it has helped people to stop or reduce their smoking, with the next most frequently mentioned being that they were addicted to nicotine.

1. Introduction

The public health teams at Worcestershire County Council and Herefordshire Council commissioned Data Orchard CIC to collect, analyse and interpret quantitative and qualitative data regarding smoking and vaping from a cross section of the Herefordshire and Worcestershire population, to inform a needs assessment for community smoking and tobacco control services and interventions across the two counties.

Data Orchard CIC combines specialist skills in research, statistics, and data, with a passion for making the world a better place socially, economically, and environmentally. Our mission is to enable organisations to use data for better decisions and greater impact.

This report summarises the findings of the desk research and quantitative analysis conducted in April, and the public engagement conducted in May and June 2022.

2. Methodology

2.1 Desk research

The aim of the desk research and analysis was to collate as much relevant epidemiological and demographic data on prevalence, attitudes and behaviours related to smoking and vaping from a variety of national and local sources. This included identifying the impact of smoking (smoking-attributable hospital admissions/deaths), incidence of smoking-related disease and the prevalence of smoking in Herefordshire and Worcestershire and how this varies across and within demographics, communities, and geographies.

Unless otherwise stated, data was obtained from the Office for Health Improvement and Disparities public health profiles accessed in April 2022. Further information was sourced from a range of local and national datasets including the Office for National Statistics (ONS), Action on Smoking and Health (ASH), Public Health England (PHE) and Herefordshire and Worcestershire councils.

Research questions:

- What is the prevalence of smoking and vaping in Herefordshire and Worcestershire and how does this compare with other areas?
- What are the trends in smoking related hospital admissions, deaths, and uptake of smoking cessation services?
- What are the characteristics of people who smoke?

2.2 Public engagement

The aim of the public engagement was to gain insight into the attitudes and behaviours related to smoking and vaping, using the following lines of enquiry:

- Smoking/vaping behaviours, frequency, and key drivers to do so
- Attitudes to smoking and vaping (society, peers, family)
- Attitudes to quitting (society, peers, family)
- Barriers towards quitting and what might help to remove these
- Any experiences in trying to quit smoking: what worked, what didn't
- Support needed to quit in detail (who/how, location, convenient times, travel)

2.2.1 Target groups

The research aimed to engage with approximately 160 people face-to-face, either in focus groups or interviews at locations that people already frequent or groups that they may already attend. Contact was made with many local organisations who support particular groups of people, asking for help in either hosting a focus group or encouraging people to take part.

The types of people who were targeted in the qualitative research were smokers, ex-smokers and vapers who may also be:

- People with mental health problems
- People whose first language is not English
- People who are homeless or in emergency accommodation
- People who inject drugs
- Pregnant mothers and expectant fathers
- LGBTQIA+ communities
- Refugees and asylum seekers
- Young people (under 25 years)

2.2.2 Focus groups

Five focus groups were run in the two counties: in the South Wye and centre of Hereford, one in the Community larder in Ross-on-Wye and two in Worcester (the Hive, St John's youth centre). Overall, 29 participants attended the focus groups which were where the following groups of people meet:

- People seeking employment
- People receiving support for learning English
- LGBTQ+ group
- 18–25-year-old care leavers
- Those in need of food and other essential supplies

2.2.3 Interviews

146 face-to-face interviews were conducted across Herefordshire and Worcestershire at a variety of locations targeted towards the desired groups of people. These included outside pubs, vaping shops, supermarkets and near places where routine and manual workers were employed.

2.2.4 Online survey

An online survey was run for six weeks in April and May to understand broader attitudes to smoking and vaping. A prize draw of local shopping vouchers was offered to encourage responses and it was widely publicised on social media. 400 responses were obtained from participants living across Herefordshire and Worcestershire.

3. Results

3.1 Desk research

3.1.1 Smoking and vaping prevalence

In 2020, approximately 18,000 adults in Herefordshire and 53,000 adults in Worcestershire were current smokers according to Annual Population Survey (APS) national statistics. At 11.7% and 11.1% respectively, the rates in both counties were similar to the national average of 12.1% (Figure 1) and, following national trends, had declined in the preceding five years (by 2.3% in Herefordshire and 6% in Worcestershire). More recent figures from the GP Patient Survey (GPPS) in 2020-21 suggest a marginally higher prevalence of 13.1% in Herefordshire and 14.3% in Worcestershire, similar to a national average of 14.4%. The Quality and Outcomes Framework (QOF) in 2019-20, which reports prevalence in adults aged 15 and over (rather than 18 and over), gives slightly higher figures again at 15.4% for Herefordshire and 15.5% for Worcestershire, with a national average of 15.9% and declining trends over the previous five years.

Data from 2014-15 suggests that in Herefordshire, prevalence of smoking in 15-year-olds was lower than the national average and all of its top-ranked CIPFA nearest neighbours. In contrast, smoking prevalence in 15-year-olds in Worcestershire was higher than the national average and four of its five top-ranked CIPFA nearest neighbours (

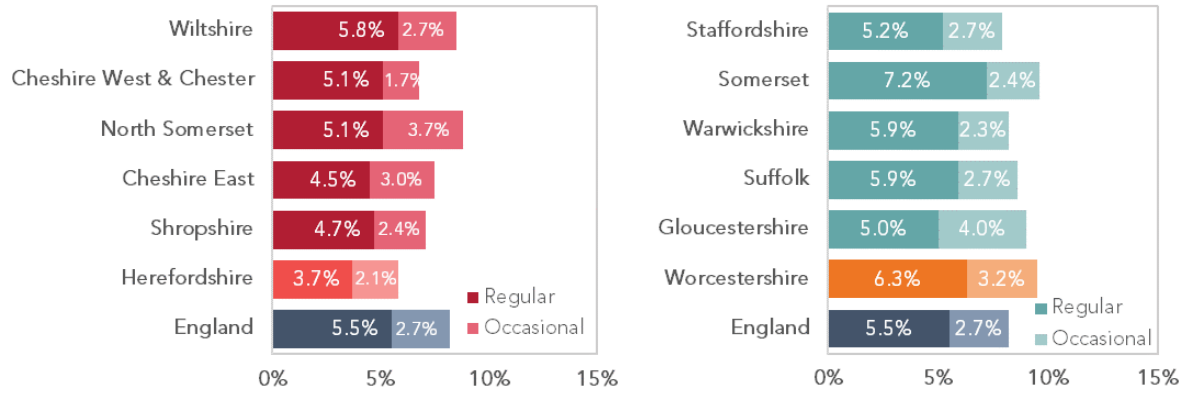


Figure 2) (PHE 2016).

Across Great Britain, 7.1% of adults used e-cigarettes in 2021, up from 5.7% in 2016 (ASH 2021). Region-specific data is not available. In 2014-15, 15.1% of 15-year-olds in Herefordshire and 18.9% in Worcestershire had tried e-cigarettes at least once, compared with a national average of 18.4% (PHE 2016); however, vaping practice and market development has changed significantly since this time.

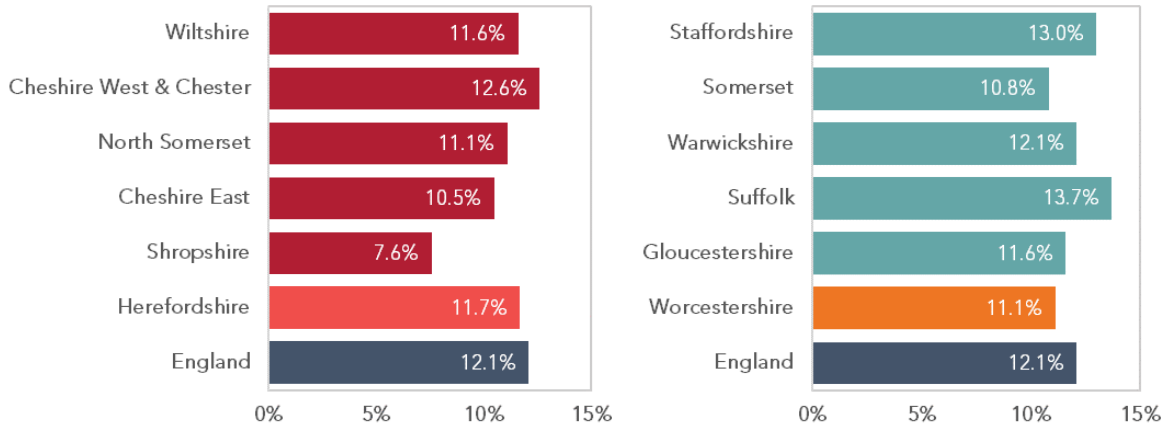


Figure 1: Smoking prevalence in adults in **(a)** England, Herefordshire, and Herefordshire's top-ranked CIPFA nearest neighbours and **(b)** adults in England, Worcestershire, and Worcestershire's top-ranked CIPFA nearest neighbours in 2020.

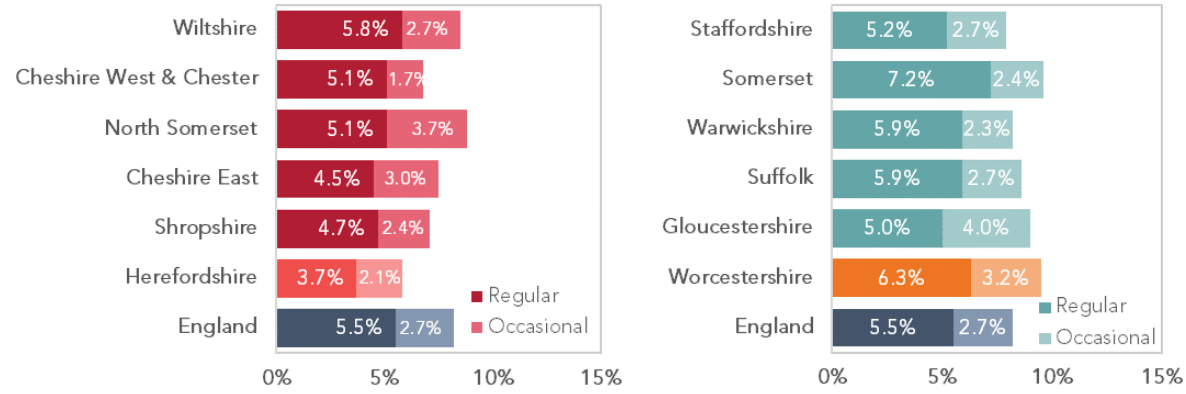


Figure 2: Smoking prevalence in 15-year-olds in **(a)** England, Herefordshire, and Herefordshire's top-ranked CIPFA nearest neighbours and **(b)** England, Worcestershire, and Worcestershire's top- ranked CIPFA nearest neighbours in 2014-15.

3.1.2 Characteristics of people who smoke

Age

Nationally, people aged 25-34 years had the highest proportion of smokers in 2019 (19%) and over 65 the lowest (7.8%). Data from the monthly UCL Smoking Toolkit Study indicates a large increase in smoking among the under-35s since the pandemic – up from 18% in 2019 to 24% in 2021 (PHE 2021).

In 2021, vaping was most prevalent among 35–44-year-olds (10.1%), followed by 45–54-year-olds (8.6%) and 25–34-year-olds (8.1%) nationally. Vaping was least common in the 18-24 and 55 and over age brackets (5% and 5.4% respectively). A youth survey in 2020 found a prevalence of 4.8% in 11–18-year-olds (McNeill et al. 2021).

In Herefordshire, 98% of Year 6 pupils said they had never smoked before and 1% of pupils had tried vaping once or twice (Herefordshire Council 2021). In secondary schools, reported prevalence of smoking and vaping were both higher, with 85% of pupils having never smoked before and 11% having tried vaping once or twice. 4% of pupils had smoked in the last seven days and 5% of pupils vaped sometimes or more often. This trend follows through into further education (FE), with 70% of students saying they had never smoked before, and 23% of students having tried vaping once or twice. 8% of FE students had smoked in the last seven days and 7% vaped sometimes or more often.

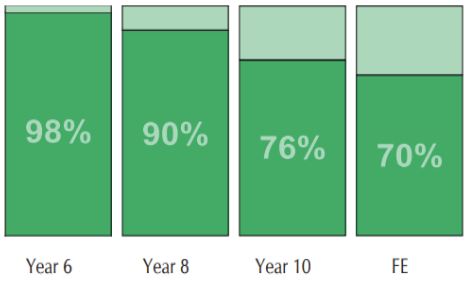


Figure 3: Proportion of students in Herefordshire who reported that they had never smoked in 2021. From Herefordshire Council Children & young people's quality of life survey 2021.

In Worcestershire, 97% of boys and 98% of girls in Year 8 reported never having smoked before (Worcestershire County Council 2021). 91% of both boys and girls in Year 8 reported never having vaped. No students answered that they had smoked in the last seven days or that they smoked at least 'occasionally', and 2% reported that they vaped at least sometimes. In Year 10, numbers reporting having never smoked before were lower, comprising 87% of boys and 85% of girls. Similarly, numbers having never vaped before were reduced to 77% of boys and 73% of girls. 3% of boys and 5% of girls in Year 10 answered that they smoked at least 'occasionally' and 7% of boys and 12% of girls reported vaping at least sometimes.

Economic status, qualifications, and employment

In England, smoking is more prevalent in the unemployed (26.4%) than in the employed (14.5%) or economically inactive (12%).

Nationally, smoking is more prevalent in those in routine and manual occupations (24.5%) than in intermediate (15.4%) or managerial and professional (9.7%) occupations. This trend is reflected in both Herefordshire and Worcestershire, but is more severe in Herefordshire, where smoking in routine and manual occupations has a prevalence of 25% (worst amongst CIPFA nearest neighbours; range 11.1-25%) compared with 18% (fourth best among CIPFA nearest neighbours; range 16.2-27.2%) in Worcestershire.

In England in 2019, smoking was more prevalent in those with no qualifications (28.3%) than in those with GCSE grades A*-C or equivalent (20%), GCE A levels or equivalent (15.6%), higher education (12.8%) or a degree or equivalent (7.3%).

In adults in England, smoking and vaping are both more common amongst those in NRS social grades C2DE (skilled working class, working class, and non-working; 15.5 and 8.1% respectively) than in those classified as ABC1 (upper middle, middle middle, and lower middle class; 10.6 and 6.3%). In contrast, smoking and vaping prevalence in 11–18-year-olds was found to be higher in grades ABC1 (7.1 and 5.3%) than C2DE (5.7 and 3.5%).

Ethnicity

In England, smoking is most prevalent in adults of mixed ethnicity (19.5%) and White ethnicity (14.4%) compared with Black (9.7%), Asian (8.3%) and Chinese (6.7%) ethnic groups.

The pattern is similar in young people, with 15-year-olds from White (9.2%) and mixed (9%) ethnic groups found to be more likely to smoke than those of Asian (2.6%), Black (2.4%) or other (2.9%) ethnicity in 2014-15 (Health & Social Care Information Centre 2015).

Gender

In both Herefordshire and Worcestershire, smoking prevalence is higher in men (14.1% and 12.3%, respectively) than in women (10.5% and 9.4%), reflecting national trends.

National data also suggests that vaping is more common in men (8.1%) than in women (6.2%) (ASH 2021).

Homelessness

Approximately 77% of people who are homeless smoke (Homeless Link 2014). Research suggests that the quantity they smoke is also very high, averaging more than 20 cigarettes per day compared to 11 cigarettes per day in the general population (Groundswell 2016, ONS 2017). In 2020-21, around 1100 households in Herefordshire and 2290 in Worcestershire were homeless or potentially homeless (Herefordshire Council 2021; Worcestershire County Council 2021).

Location & accommodation

In Herefordshire, smoking prevalence is generally lower than the national average in rural and semi-rural areas, with higher prevalence recorded in Hereford and market towns (Herefordshire Council 2017).

Compared with other measures of inequality, area deprivation (which combines factors such as income, employment, health, and education within an area) has been found to have

the greatest impact on someone's likelihood of smoking (ONS 2018). In 2016, persons living in the 10% most deprived areas of England were more than four times more likely to smoke than those living in the least deprived areas (ONS 2018). Less than 1% of the population in Herefordshire and around 5% of the population in Worcestershire live in areas that are in the 10% most deprived areas in England (Department for Communities and Local Government 2019).

People living in rented accommodation were more than three times more likely to smoke than those who weren't renting in 2016 (ONS 2018).

Mental health

In Herefordshire and Worcestershire, 40% and 37% of adults with serious mental illness were found to smoke in 2014-15 respectively, more than triple the prevalence in the general populations of each county. Although similar to the national average, Herefordshire ranks fourth worst out of 14 nearest neighbours for which this data is available.

	Smoking prevalence (%)	National smoking prevalence (%)	Difference from national	CIPFA rank (/16)	CIPFA range Smoking prevalence (%)
Herefordshire					
Adults with serious mental illness (2014-15)	40	40.5	Similar	11 (/14)	32.6 – 43.8
Adults with a long-term mental health condition (2020-21)	28.2	26.3	Similar	13	19 – 33.4
Adults with anxiety or depression (2016-17)	22.6	25.8	Similar	8	12.3 – 29.5
Worcestershire					
Adults with serious mental illness (2014-15)	37	40.5	Better	2	35.1 – 42.9
Adults with a long term mental health condition (2020-21)	26	26.3	Similar	13	19.3 – 27.9

Adults with anxiety or depression (2016-17)	22.5	25.8	Better	4	19.3 – 28.3

Mental health impacts of the COVID-19 pandemic have also influenced smoking behaviour in current smokers. A new nationwide survey of 2,000 current smokers has found that nearly half (45%) have been smoking more since the first lockdown began. Key reasons reported are due to being bored in the lockdowns (43%) or the COVID-19 pandemic making them more anxious (42%) (PHE 2021).

Pregnancy

In 2019-20, 13.9% of mothers in Herefordshire and 11% in Worcestershire were known to be smokers at the time of delivery, compared with a national average of 10.4% (NHS Digital 2021). In Herefordshire, this is an increase from 8.9% in 2015-16 (Herefordshire Council 2017).

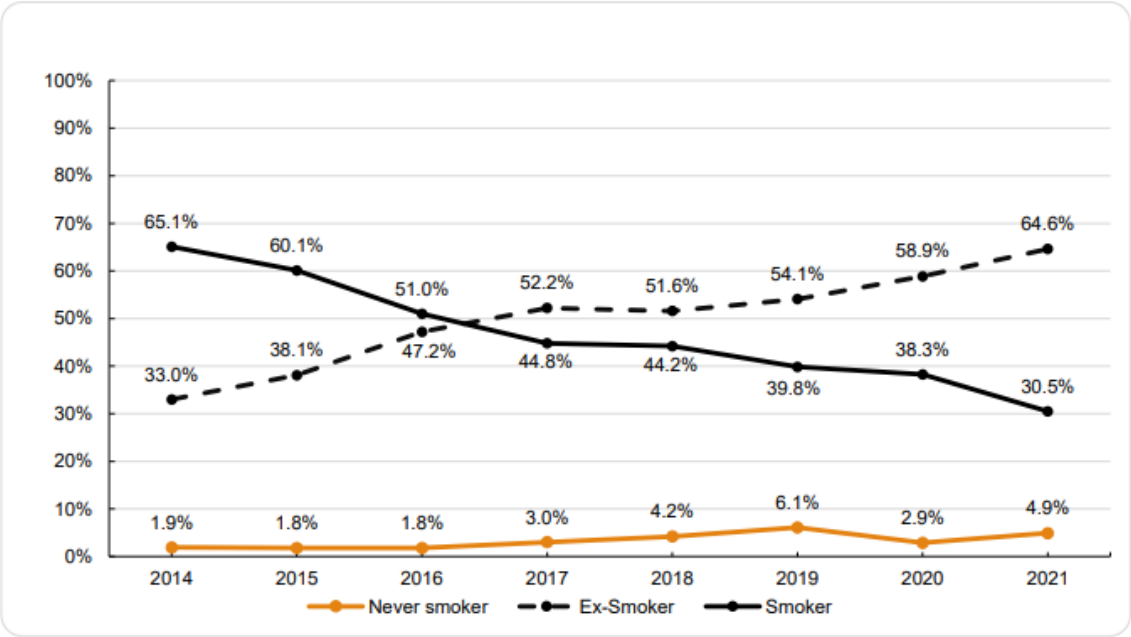
15.1% of pregnant women in Herefordshire and 14.2% in Worcestershire were found to smoke in early pregnancy in 2018-19, both significantly higher than the national average (12.8%). Herefordshire's prevalence ranks fourth worst among its CIPFA nearest neighbours (range 9-18.9%), while Worcestershire sits in the middle (range 10.9-18.1%).

Previous smoking behaviour

64.6% of current vapers are ex-smokers and 30.5% of vapers also currently smoke (ASH 2021). The main reason given by ex-smokers for vaping is to help them quit (36%) and then prevent relapse (20%). Similarly, the main reasons given by current smokers for vaping is to cut down (26%), help them quit (17%) and prevent relapse (14%).

11.9% of 11-18-year-olds in England report that they vape in order to quit smoking (McNeill et al. 2021).

Fewer than 1% of those who have never smoked are current vapers.



Unweighted base: GB adult vapers 2014, n=498; 2015, n=614; 2016, n=667; 2017, n=669; 2018, n=738; 2019, n= 854; 2020, n=787, 2021, n=826).

Figure 4: Current e-cigarette users (vapers) by smoking status. From ASH Use of e-cigarettes (vapes) among adults in Great Britain 2021.

Refugees, asylum seekers and other migrants

National figures show that overall, migrant men are more likely to smoke than UK-born men (19% vs 16%), whereas migrant women are less likely to smoke than UK-born women (10% vs 13%). Smoking is particularly prevalent in migrants from EU8 and EU2 countries, with 34% of men and 22% of women smoking (Migration Observatory 2019). In migrants from EU14 countries, smoking prevalence is 18% in men and 12% in women.

As of June 2021, an estimated 9% of the population of Herefordshire (approximately 17,000 people) and 10% of the population of Worcestershire (approximately 61,000 people) had a country of birth outside of the United Kingdom (ONS 2021).

Around half of migrants in Herefordshire are from Europe, with 24% from EU14 countries, 12% from EU8 countries and 12% from EU2 countries. In Worcestershire, 16% of migrants are from EU14 countries, 28% from EU8 countries, and 13% from EU2 countries.

60 Syrian refugees have been resettled in Herefordshire and over 100 in Worcestershire since 2016, and Herefordshire has agreed in principle to resettle a further 35 individuals from the Middle Eastern and North Africa (MENA) region (Herefordshire Council 2022). Worcestershire has also resettled 30 Afghan refugees since 2021 and agreed to welcome 200 more individuals in the coming years.

20% of male and 5% of female migrants born in the MENA region and 16% of male and 2% of female migrants born in South Asia smoke (Migration Observatory 2019).

As of December 2019, just 5 asylum seekers were living in the Herefordshire and Worcestershire CCG area (Midlands and Lancashire Commissioning Support Unit 2020).

Sexual orientation

In England, smoking is more prevalent in those of bisexual (19.8%) and gay or lesbian (19.8%) sexual orientation than in those of heterosexual or straight sexual orientation (14.6%) (ONS 2021). Based on data from 2016-2018, around 0.6% of the population in Herefordshire and 1% of the population in Worcestershire were of bisexual orientation, and 0.3% and 0.8% were of gay or lesbian sexual orientation, respectively (ONS 2020). More recent data is not available at local authority level but suggests that in the West Midlands, around 1.3% of the population are of bisexual orientation and 1.5% of gay or lesbian sexual orientation (ONS 2022).

Substance misuse

Smoking prevalence in adults admitted to treatment for substance misuse is significantly lower than the national average in Herefordshire. These figures may be inaccurate as it is captured at the point of assessment for drug and alcohol treatment (so may not be disclosed) and possibly not updated during treatment.

In Worcestershire, smoking prevalence is similar to the national average in adults admitted for treatment for opiate and alcohol misuse, but significantly worse for those treated for non-opiate misuse.

	Smoking prevalence (%)	National smoking prevalence (%)	National quintile (1st = best, 5th = worst)	CIPFA rank (/16)	CIPFA range Smoking prevalence (%)
Herefordshire					
Adults admitted to treatment for substance misuse – opiates (2019-20)	49.0	70.2	1st	2 (/14)	42.5 – 83.3
Adults admitted to treatment for substance misuse – non-opiates (2019-20)	40.9	62	1st	4 (/15)	30 – 88.9

	Smoking prevalence (%)	National smoking prevalence (%)	National quintile (1st = best, 5th = worst)	CIPFA rank (/16)	CIPFA range Smoking prevalence (%)
Adults admitted to treatment for substance misuse – alcohol (2019-20)	37.5	43.9	2nd	8	12.3 – 29.5
Worcestershire					
Adults admitted to treatment for substance misuse – opiates (2019-20)	72.6	70.2	3rd	8	50.7 – 90.9
Adults admitted to treatment for substance misuse – non-opiates (2019-20)	75.0	62	4th	11	48.9 – 85.7
Adults admitted to treatment for substance misuse – alcohol (2019-20)	40.1	43.9	3rd	2	34.4 – 58.5

3.1.3 Smoking support service usage and quit rates

In 2020-21, 27.5% of adults in Herefordshire and 28.9% of adults in Worcestershire were ex-smokers – higher than the national average of 27.1%, and more than twice as high as their percentage of current smokers.

More than half (52.7%) of adult smokers in Great Britain in 2019 said they wanted to quit, with 21.1% of current smokers intending to quit within the next three months at the time of interview (ONS 2020). Two-thirds of smokers with a mental health condition report wanting to quit, but face greater barriers to cessation, often smoke more and are more addicted (ASH 2019). National data suggests quit rates are higher amongst those in managerial and professional occupations than in intermediate or routine and manual occupations (Figure 5).

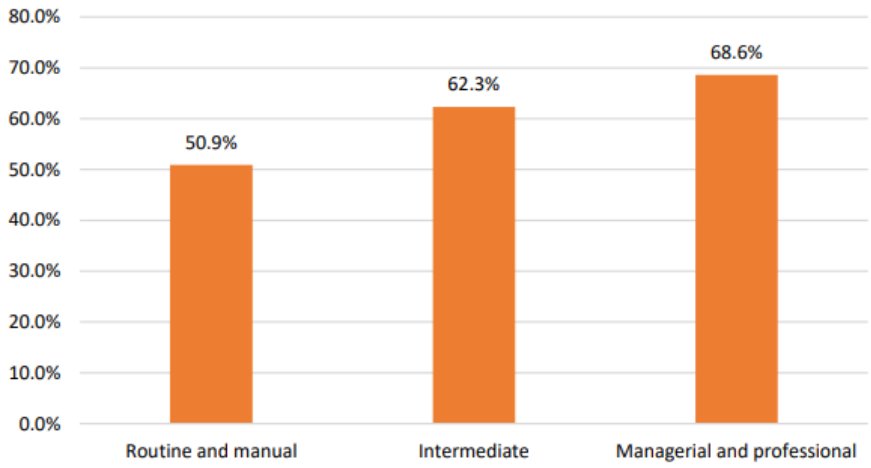


Figure 5: Percentage of cigarette smokers who quit by socio-economic classification. From ASH Health Inequalities Briefing 2019 based on data from ONS Adult smoking habits in the UK: 2016

E-cigarettes are now the most popular aid used by smokers to help them quit; in 2020, 27.2% of people used a vaping product in a quit attempt, compared with 15.5% using NRT and 4.4% using varenicline (McNeill et al. 2021). Evidence suggests that vaping is nearly twice as effective as nicotine replacement therapy in helping smokers to quit in a Stop Smoking Service setting in England (Hajek et al. 2019). In 2019, 50% of vapers agreed with the statement 'Vaping is a medicine that I use in order to address my smoking addiction' (ASH 2021). The current evidence base is clear that when conducted safely, vaping is far less harmful than smoking, although the effects of long-term e-cigarette use are yet to be fully determined (CRUK 2021).

Smoking cessation services in Herefordshire and Worcestershire

Since early 2020, Herefordshire Council has provided a universal Stop Smoking service that offers free, expert personal support to anyone living in the county or registered with a Herefordshire GP, and that can provide NRT/medication for up to 12 weeks. This can be accessed through self-referral as well as via health professionals, including through maternity services. Prior to the COVID pandemic, there were eligibility criteria attached to the service, and anyone wishing to access stop smoking support had to be referred. The eligible groups were:

- Pregnant smoker or their partner
- Patients with a Q risk score greater than 10 as identified via an NHS Health check
- Patients awaiting an operation
- High-risk patients identified via QoF e.g. mental illness, substance misuse, cardiovascular disease, COPD, asthma, diabetes, lung cancer
- Staff from Wye Valley NHS Trust/H&W Health Trust

Worcestershire County Council offers targeted smoking cessation services to pregnant women and their household members. Pregnant smokers are identified through an opt-out pathway within the maternity booking process (all pregnant women with a CO reading over 4 at booking are referred to the service). Three smoking advisors are based within the maternity hubs at Worcester, Kidderminster and Redditch and are embedded within the locality midwifery teams. Support is provided through one-to-one appointments, where service users can obtain NRT at the point of contact. Appointments are held within both clinic and community settings to meet the needs of the service users. In June 2022, a new postnatal smoking service started delivering support to women and other members of the household with an infant under 12 months. NRT is offered at point of contact. Support is also available via Lifestyle Advisors, who can help with behaviour change in relation to a range of health and wellbeing issues including smoking but cannot offer NRT. This service can be accessed by referral from a GP.

Service usage and quit rates in Herefordshire and Worcestershire

In Herefordshire, the number of smokers setting a quit date in 2019-20 was significantly lower than the national average (1,853 vs 3,512 per 100,000 respectively). This ranks Herefordshire fourth worst amongst its CIPFA nearest neighbours (range 669-6,482 per 100,000). The number of prescriptions for nicotine replacement products was 5,129 per 100,000, significantly lower than the national average (11,781 per 100,000). 28.2% of those that set a quit date had successfully quit at their 4-week follow-up. However, the number of people accessing Stop Smoking support increased during the pandemic when the service became universally available (from 571 in 2019-20 to 790 in 2021-22), and early indications suggest that quit rates have improved (Herefordshire Council 2022). The proportions of people referred to the service for different reasons has also changed since the onset of the pandemic, with pregnant smokers increasing from around one third to around half of referrals, and the percentage of people referred due to long term conditions decreasing significantly (Figure 6). The proportions of people from areas of differing levels of deprivation has remained consistent from 2019 to 2022, averaging 46% from more deprived areas (deprivation quintiles 1 and 2), 18% from less deprived areas (Q4 and Q5) and 35% in the middle (Q3). Public Health England also state that there has been an increase in the number of people trying to quit smoking during the pandemic, with over a third of smokers attempting to quit in the three months up to June 2021.

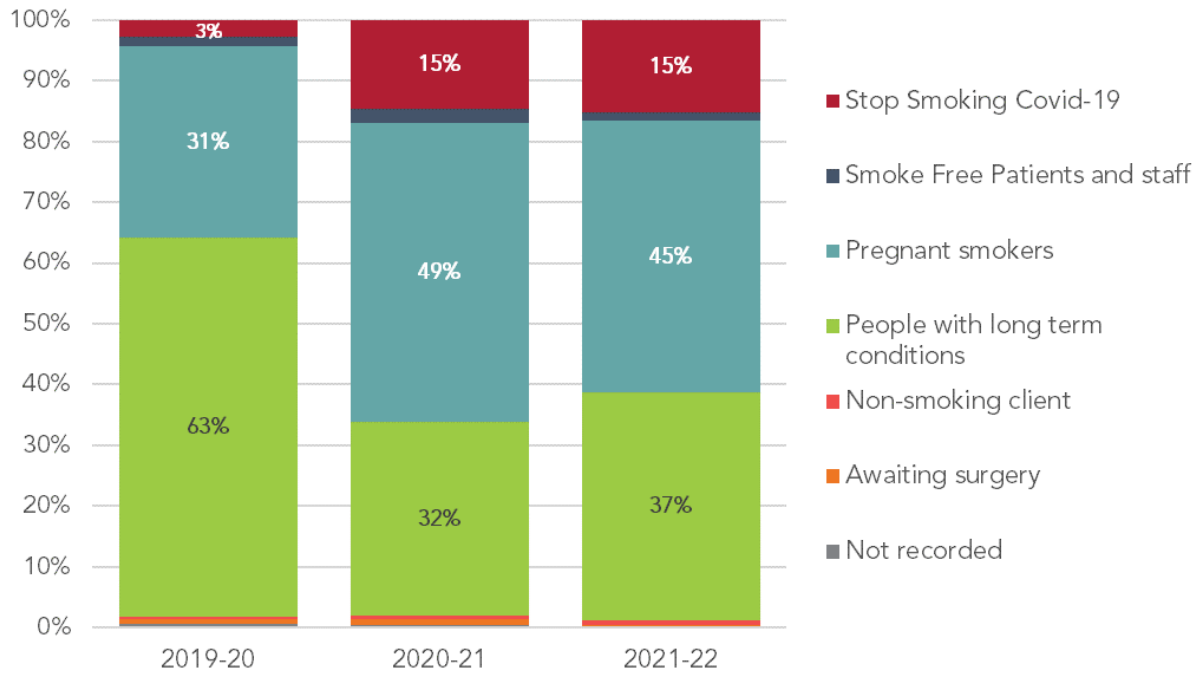


Figure 6: Percentage of clients referred to the Herefordshire Stop Smoking service by referral category. Data from Herefordshire Council 2022.

Published data from 2019-20 show that significantly fewer smokers set a quit date in Worcestershire (871 per 100,000) compared to the national average (3,512 per 100,000) and CIPFA nearest neighbours (range 503-6,557 per 100,000). However, this is due to the provision of a targeted rather than universal/population-wide Stop Smoking service. 127 people (14.6% of those that had set a quit date) had successfully quit at their 4-week follow-up.

In Worcestershire, 334 pregnant women set a quit date in 2021-22 (Worcestershire County Council 2022). Based on 5,571 maternity bookings in 2020-21 and an estimated 14% of women smoking in early pregnancy (in previous two years), the number setting a quit date represented just under half of pregnant women estimated to be smoking. 36.2% were successful in quitting smoking at 4 weeks, compared with 37.5% amongst the general population, and a further 21.2% were successful at 12 weeks. 82.3% of pregnant women setting a quit date were aged 18-34, 13.5% were aged 35-44 and 4.1% under 18. The majority were of White British (84.1%) or other White background (10.2%). A significant proportion were employed in routine and manual occupations (39.8%) or were long-term unemployed or sick/disabled and unable to work (27.5%). 65 household members of pregnant women (90.8% of whom were men) also set quit dates in 2021-22, 38.5% of whom were successful at 4 weeks and a further 16.9% at 12 weeks.

In Herefordshire, 159 pregnant women were referred to the Healthy Lifestyle Stop Smoking Service between January 2019 and February 2020. Based on 1,522 pregnancies in 2019 and an estimated rate of smoking in early pregnancy of 15% (2018-19), this represented over two-thirds of all pregnant women who smoked in Herefordshire. 28% of those referred accessed the service, but of these, 64% only attended one appointment and 36% quit on their own. 20% of those who accessed the service attended three or more appointments and only 11% successfully quit using the service (equivalent to 3% of the total number of people referred). Feedback from the service suggested that some users preferred to cut down/quit on their own and that many would prefer to be seen at home instead of having to travel for appointments.

3.1.4 Smoking-related hospital admissions and deaths

Both Herefordshire and Worcestershire have similar or lower rates of smoking-attributable hospital admissions and mortality compared with the national average, although in some cases figures are higher than the majority of their CIPFA nearest neighbours.

Smoking-related mortality in Herefordshire has fallen from 235 per 100,000 persons in 2015 to 167 per 100,000 in 2019-20 and is lower than nationally, although hospital admissions have remained stable (Herefordshire Council 2021). Similarly, smoking-related mortality in Worcestershire has fallen from 239 per 100,000 persons in 2016 to 165 per 100,000 in 2019-20. Neonatal mortality rates are significantly worse than the national average in both Herefordshire and Worcestershire.

	N per 100,000 persons	National *n* per 100,000 persons	Difference from national	CIPFA rank (/16)	CIPFA range *n* per 100,000 persons
Herefordshire					
Smoking-attributable hospital admissions (2019-20)	1,340	1,398	Similar	12	816-1672
Smoking-attributable mortality (2017-19)	167	202	Better	9	123-208
Smoking-attributable mortality from heart disease (2017-19)	29	29	Similar	15	19-30

	N per 100,000 persons	National *n* per 100,000 persons	Difference from national	CIPFA rank (/16)	CIPFA range *n* per 100,000 persons
Smoking-attributable mortality from stroke (2017-19)	9	9	Similar	8	7-10
Smoking-attributable mortality from cancer (2017-19)	69	90	Better	3	60-94
Stillbirth rate (2018-20)	290	390	Similar	5 (/15)	230-480
Neonatal mortality rate (2018-20)	480	280	Worse	15 (/15)	180-480
Worcestershire					
Smoking-attributable hospital admissions (2019-20)	1426	1398	Similar	10	949-1609
Smoking-attributable mortality (2017-19)	165	202	Better	3	159-229
Smoking-attributable mortality from heart disease (2017-19)	22	29	Better	1	22-36
Smoking-attributable mortality from stroke (2017-19)	8	9	Similar	4	8-10
Smoking-attributable mortality from cancer (2017-19)	75	90	Better	4	71-100
Potential years of life lost due to smoking related illness (2016-18)	1,046	1,313	Better	3	1021-1538
Stillbirth rate (2018-20)	410	390	Similar	16	230-410

	N per 100,000 persons	National *n* per 100,000 persons	Difference from national	CIPFA rank (/16)	CIPFA range *n* per 100,000 persons
Neonatal mortality rate (2018-20)	400	280	Worse	15	180-410

3.2 Public engagement

The results for the public engagement are not presented by county, as it is too complex to draw conclusions of results collected by three different methods and by county. There were also too few respondents per different target group to differentiate by county; and there were no differences by geography found in the responses or discussion held in the two counties.

3.2.1 Online survey respondents

The majority of the 400 respondents to the online survey described themselves as current smokers (55%) or ex-smokers (24%) (Figure 7). This is higher than the prevalence in the population.

60% identified as female, 39% male, and 1% non-binary (higher rate of females than in the population).

Most respondents identified as straight/heterosexual orientation (92%), with 4% identifying as bisexual, 2% gay or lesbian and 1% pansexual. So a higher proportion of online survey respondents identified as LGBTQ+ compared to the population.

People aged 45-64 were best represented in the survey responses (50%), followed by those aged 25-44 (33%) (Figure 8). Fewer than 5% of respondents were aged 24 and below or 75 and above. Working age respondents were over-represented in the survey compared to the population in the two counties.

Most respondents spoke English as their main language (98%), and the majority were White English/Welsh/Scottish/Northern Irish/British (93%) or Other White background (3%). This reflects the population in Herefordshire and Worcestershire.

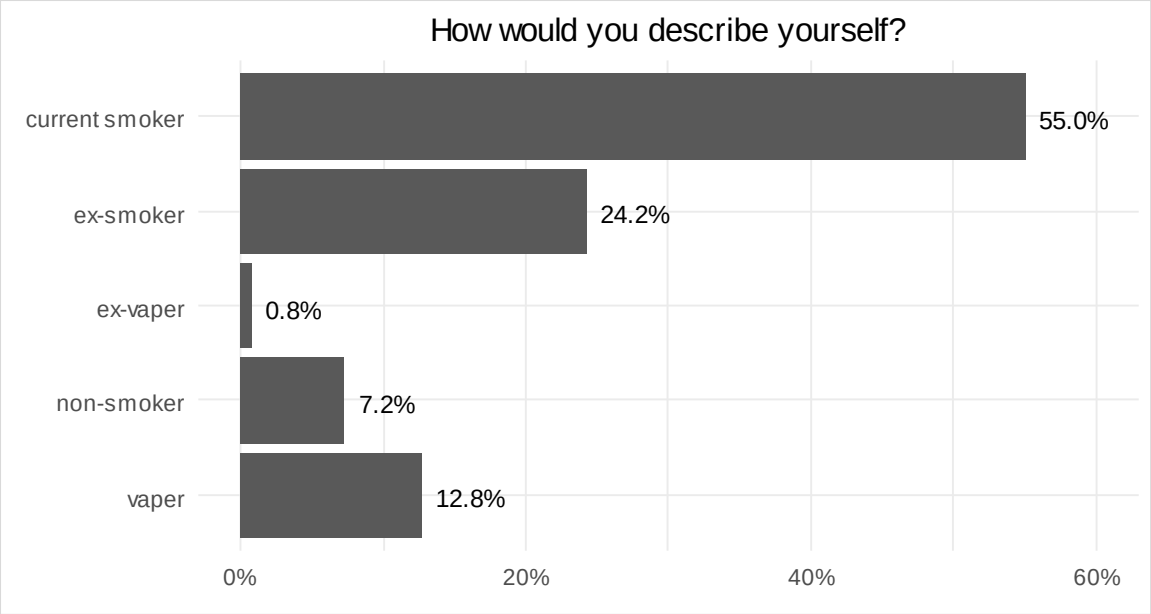


Figure 7: Responses to the online survey question 'How would you describe yourself?' (*n* = 400).

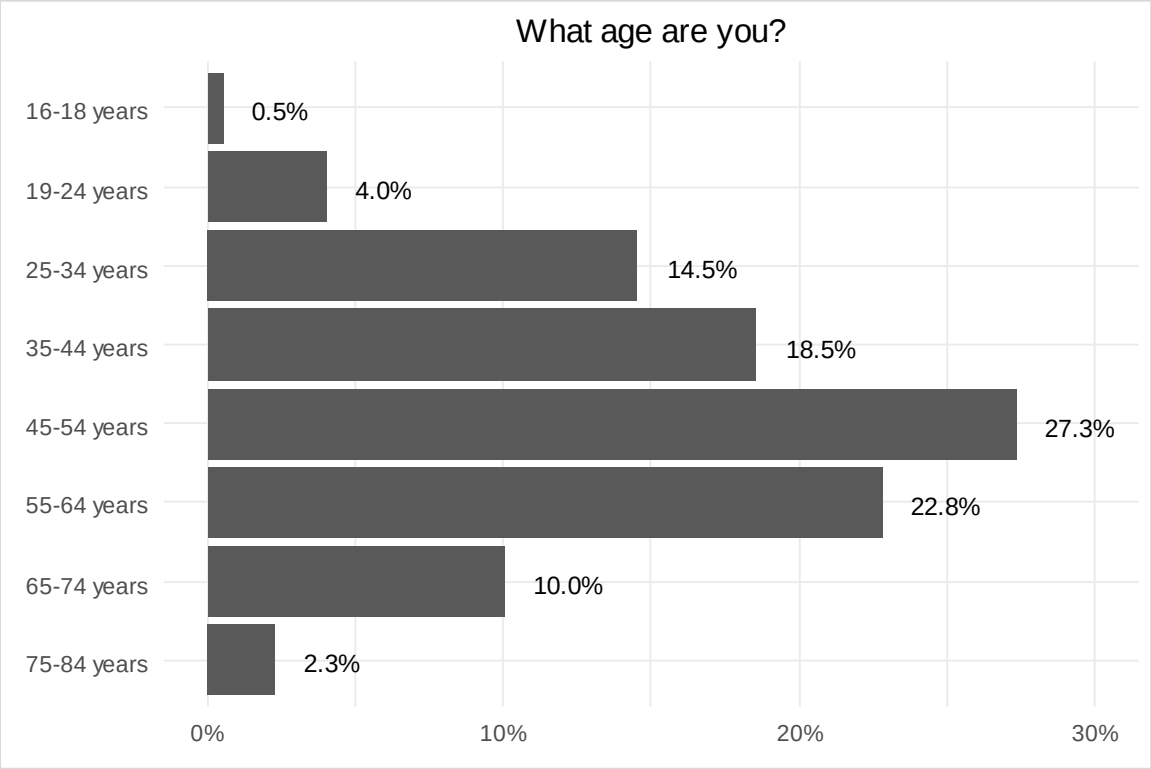


Figure 8: Responses to the online survey question 'What age are you?' (*n* = 400).

Approximately two-thirds of respondents were currently in employment (57% employees and 10% self-employed) (Figure 9). This is fairly similar to the population as a whole. The remainder of respondents were most commonly not working due to long-term ill-health or

disability (13%) or because they were retired (11%). However, these rates for not able to work or retired are lower than the rates for wider population. Almost half of respondents (47%) reported having long-standing health conditions or disability, which is higher than the wider population.

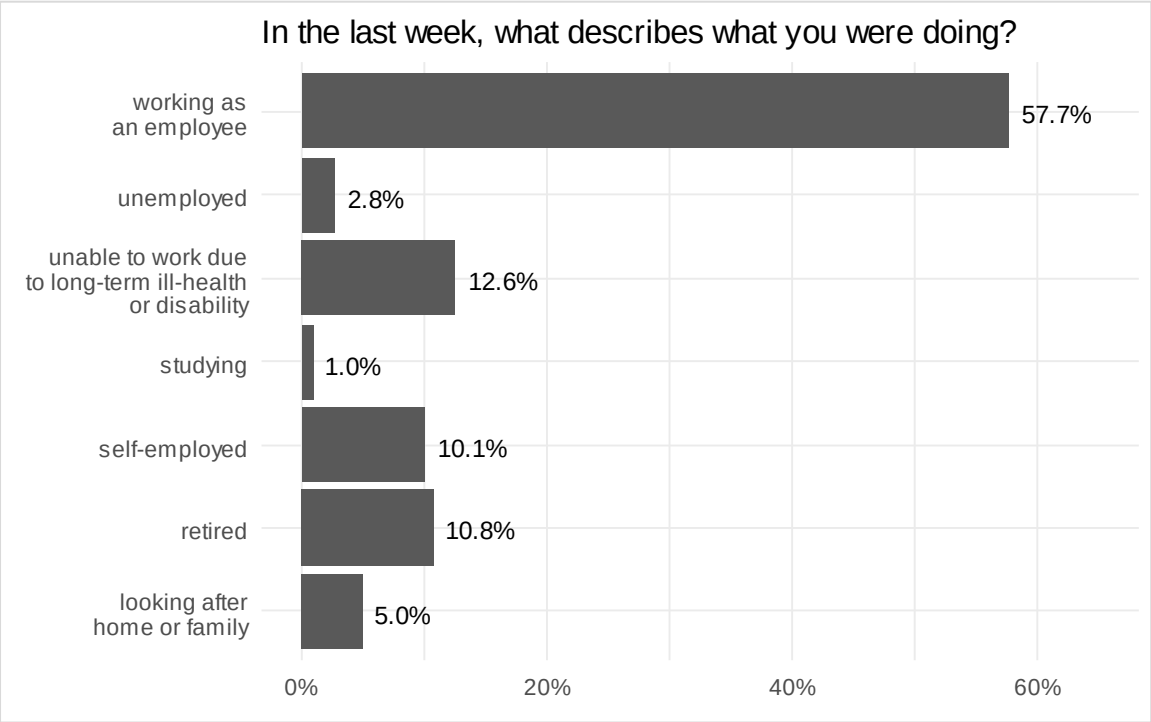


Figure 9: Responses to the online survey question 'In the last week, what describes what you were doing?' (*n* = 400).

Most were currently staying in their own home (50%) or in a rented house/flat (45%) (Figure 10). Respondents were much more likely to be renting or staying with friends or family than the wider population.

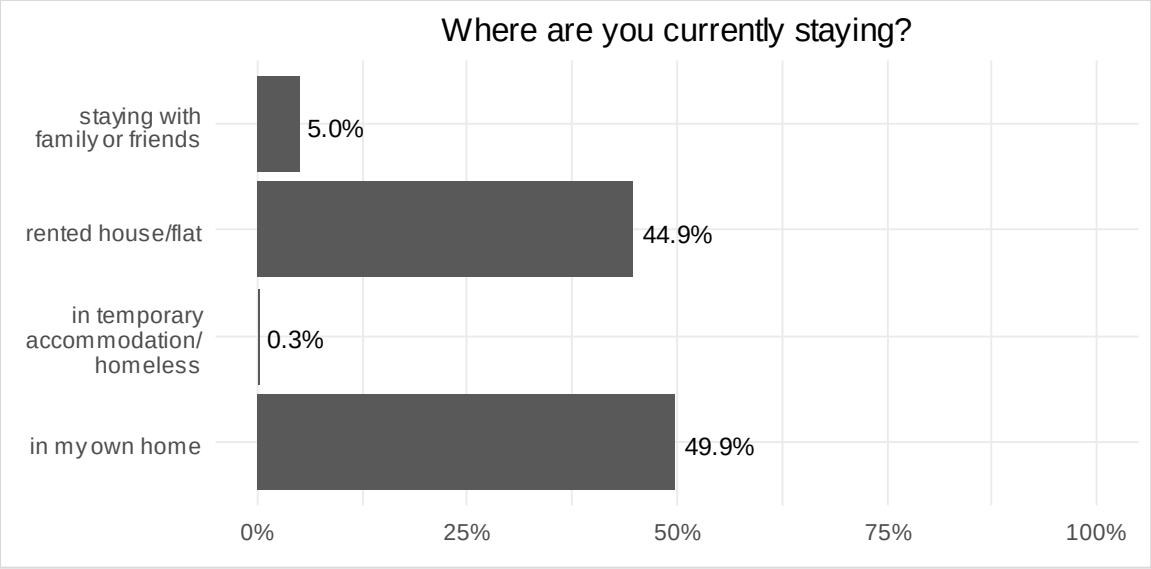


Figure 10: Responses to the online survey question 'Where are you currently staying?' (*n* = 400).

Respondents were distributed across Herefordshire and Worcestershire, with concentrations around Hereford and Leominster in Herefordshire, and Worcester, Malvern and Kidderminster in Worcestershire (Figure 11).

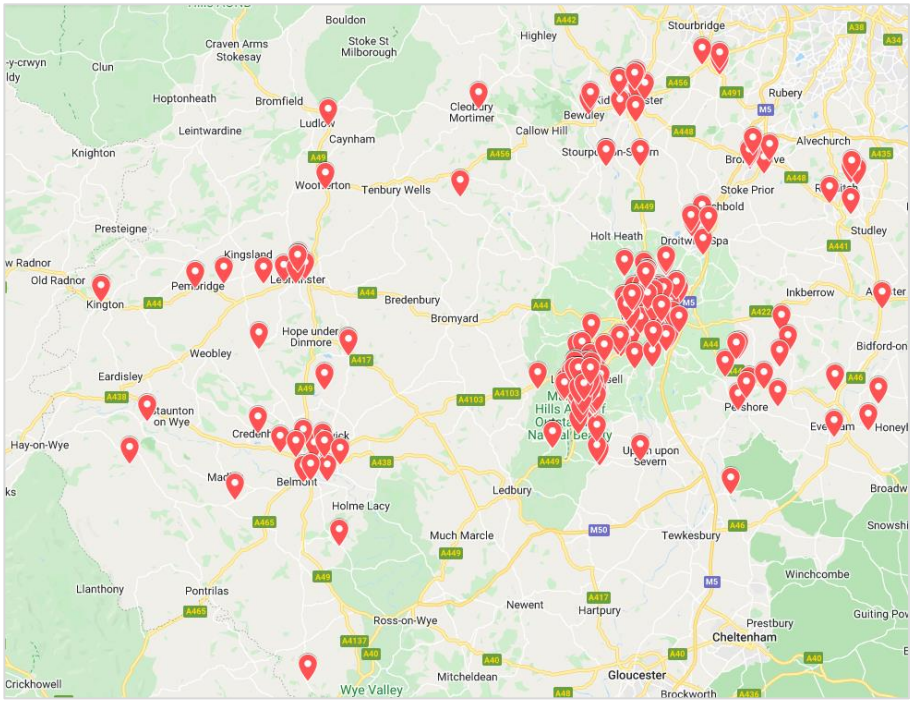


Figure 11: Map of postcodes of online survey respondents across Herefordshire and Worcestershire.

Pharmacies/chemists, supermarkets, and doctors' surgeries/medical centres were the most commonly mentioned places that people use to shop or access services (Figure 12). A

number of respondents also mentioned shopping or accessing services online. Malvern was the most frequently mentioned geographical area, with specific locations identified including Barnard's Green, Malvern Retail Park and Malvern Link. Respondents also mentioned accessing services in Worcester, Pershore, Bromsgrove and Droitwich in Worcestershire, and Leominster, Hereford, Kington and Ledbury in Herefordshire.

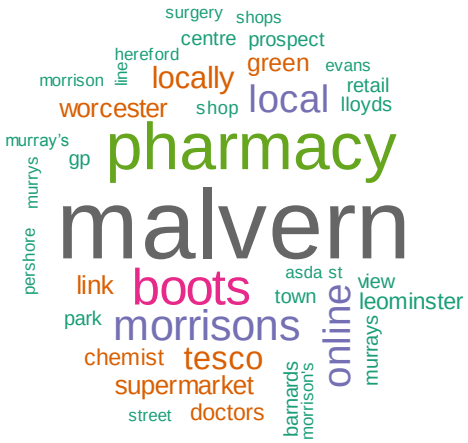


Figure 12: Word cloud of most common words used in response to the question 'Where do you usually shop or access services?' (*n* = 353). The larger the word, the more frequently it was used.

3.2.2 Interview respondents and focus group participants

64% of the 146 interview respondents identified as smokers, 43% as vapers, 25% as ex-smokers and 2% as ex-vapers, with one non-smoker. A few pregnant women were also interviewed but it was difficult to find pregnant women smoking in public.

Approximately half of the 29 focus group participants identified as current smokers; mostly roll-ups, with several pipe-smokers, and a couple that smoked marijuana too. 24% identified as vapers; 21% as ex-smokers; several identified as ex-vapers and 7% as non-smokers.

50% of those who were engaged via interviews or focus groups identified as male, 45% female and 4% as non-binary or other.

37% were aged 16-24 years; 32% aged 45-64; 24% aged 25-44; and 7% aged 65-84. This was a younger age profile compared with the wider population.

58% were in work (employee or self-employed); 12% unemployed; 12% students; 11% unable to work due to ill-health or disability; 6% retired; 1% looking after home or family. This represented a higher proportion of people who were not working compared to the population.

45% lived in rented accommodation (higher than in the population), 20% in their own home, 31% were staying with family or friends and 4% in temporary accommodation/homeless. This represented a much higher proportion who stay in rented accommodation, with family and friends or in temporary accommodation/homeless compared with the population.

46% of the interview respondents said they had a long-standing health condition or disability, much higher than in the population.

90% stated they are White British, 5% White Other and 5% other ethnicities. 90% spoke English as a first language. This represented a higher proportion of non-White British ethnicities compared with the wider population.

63% of focus group participants described themselves as heterosexual and 37% as lesbian, gay, bisexual, or pansexual. This was a much higher proportion of LGBTQ+ compared with the population.

Personal circumstances disclosed during the discussions were: previously homeless, ex-offender, heavy alcohol consumer, mental health issues, drug user, unpaid and full-time carer for family member, previously in care as a child/young person.

Interviews and focus groups were conducted in a range of locations in Herefordshire and Worcestershire as shown in the map (Figure 13: Map of home postcodes of respondents engaged via interviews or focus groups across Herefordshire and Worcestershire.). Interviews were at a variety of locations targeted towards the desired groups of people including outside pubs, vaping shops, supermarkets and near places where routine and manual workers are employed. Focus groups were located at places where particular groups of people already receive support from organisations.

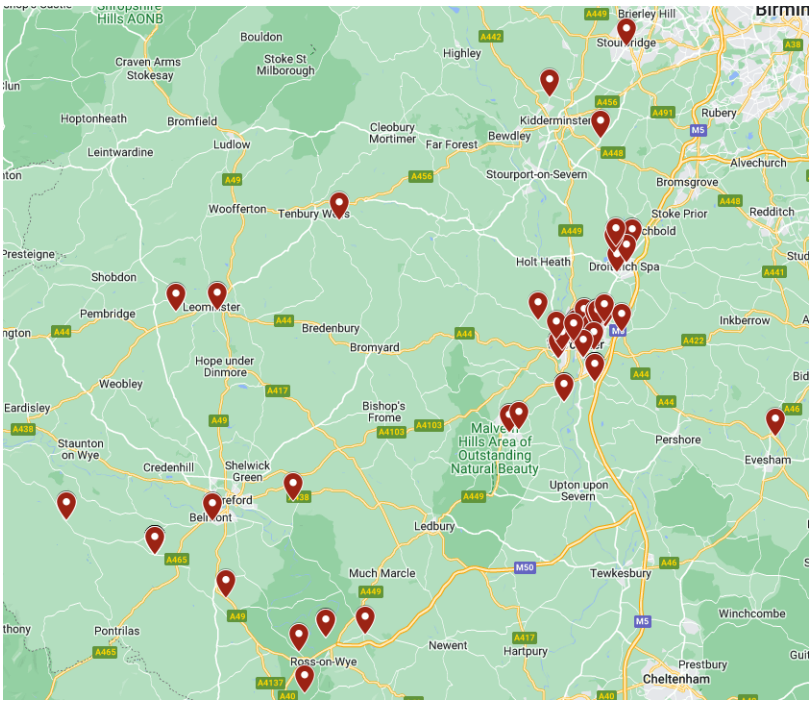


Figure 13: Map of home postcodes of respondents engaged via interviews or focus groups across Herefordshire and Worcestershire.

3.3 Smokers and attitudes to smoking

3.3.1 Profile of smokers

220 of the online survey respondents were current smokers - just over half - with a higher proportion of those interviewed and the focus group participants (65%).

58% of the online respondents who were current smokers were female, 41% were male and 1% were non-binary, similar to the overall proportion of survey respondents. The profile of smokers for those engaged face-to-face, was similar to all engaged in this way: half identified as male, just under half as female and 3% as non-binary or other.

All respondents who currently smoke were much more likely to identify as LGBTQ+ compared to ex-smokers, vapers or non-smokers.

Around half of the online respondents who were current smokers were between the ages of 45 and 64. 31% were between the ages of 25 and 44, and 5% under 25 - similar to the overall profile of all respondents. Those who were interviewed or took part in the focus groups who were current smokers had a younger age profile with a third aged 16-24 and a quarter aged 25-34, as per the overall profile of those engaged face-to-face.

Online respondents who currently smoke were more likely to have a long-standing health condition or disability (60%) than ex-smokers (33%), vapers (35%) or non-smokers (24%). A similar pattern was noted among those interviewed and focus group participants.

Of the online respondents, current smokers were more likely to be retired (14%), unable to work due to long-term ill-health or disability (19%) or be unemployed (4%) than ex-smoker, vaper, or non-smoker respondents. They were least likely to be working as an employee (46%) or self-employed (9%) and most likely to be renting (56%) or in temporary accommodation/homeless (1%). This pattern was not observed among those interviewed and in focus groups.

3.3.2 Age and motivation for smoking

Most smokers (70% of online survey participants, 87% of those interviewed, nearly all the focus group participants) were between the ages of 12 and 19 when they started smoking (Figure 14). Friends smoking, coping with stress, enjoyment and boredom were factors that were most likely to have played a part in motivating respondents to smoke based on the online surveys (Figure 15). A similar pattern emerged in the interviews except that 'helps me socialise' was mentioned by around one third of participants. Keeping weight down and helping concentrate/stay alert were least likely to have influenced smoking.

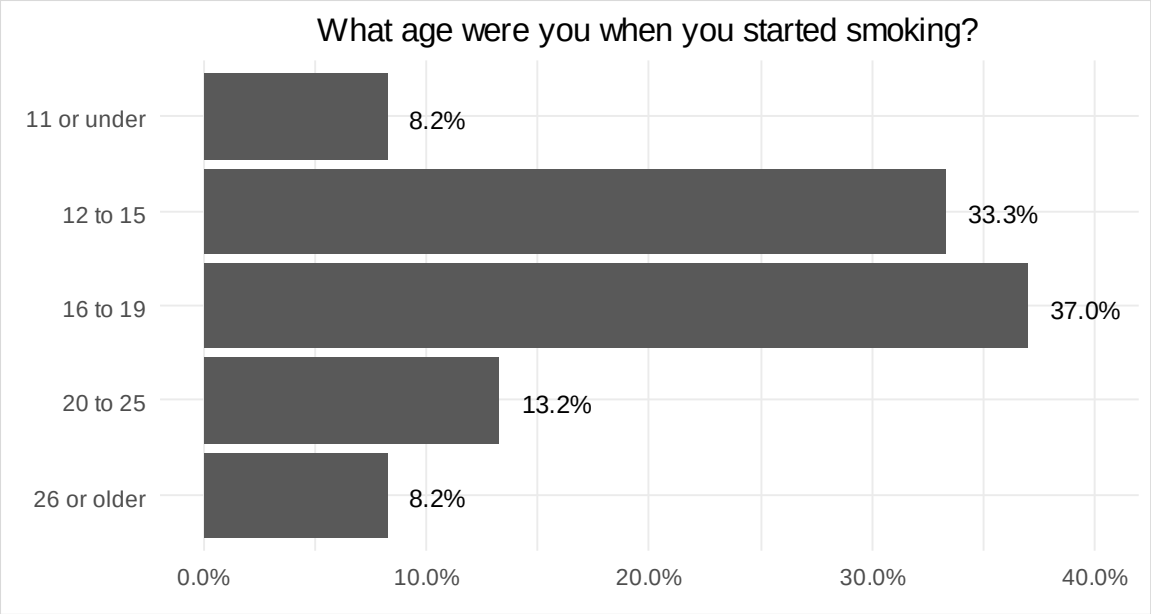


Figure 14: Responses to the online survey question 'What age were you when you started smoking?' (*n* = 220).

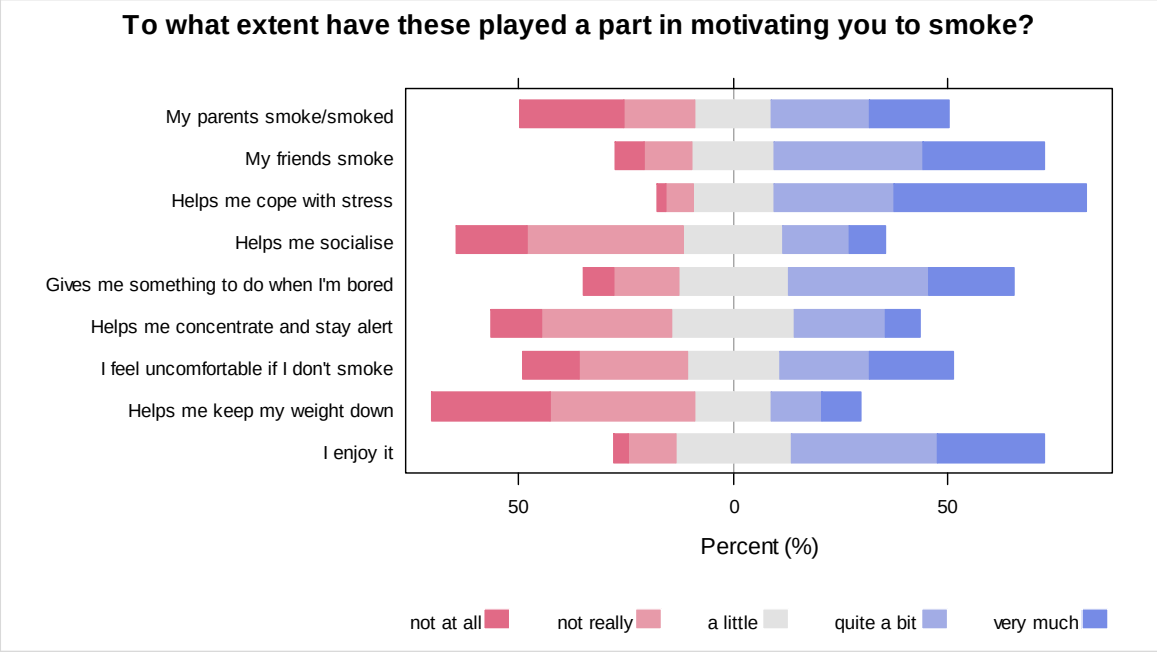


Figure 15: Responses to the online survey question 'To what extent have these played a part in motivating you to smoke?' (*n* = 220).

Participants in the focus groups and interviews were also asked what motivated them to keep smoking.

Over 80% of participants mentioned that they were influenced by having friends who smoke and/or that smoking helped them to socialise. Several participants mentioned a sense of belonging, feeling part of a tribe of fellow-minded people - a sense of belonging, that it

builds rapport, and is a great leveller regardless of where or who they're having a smoke with (work, pubs, clubs, theatre). A couple of participants mentioned that it can defuse a potentially violent situation in the streets or in prison e.g. ask for a light.

"At school it gives the feeling of 'one of us' and as you get older it helps you connect with other people."

"When I was working at X, all the smokers used to know what was going on as we used to talk outside - the non-smokers didn't know what was going on as they didn't talk so much together. Same in relationships - strong if you smoke together!"

"I work behind the bar so the only time I met the payroll manager was in the smoke shed, which was cool."

"I started my first job being much younger than my colleagues and didn't feel like I knew anything and was terrified on my first day, but could only confess that feeling to some of them in the smoke shed!"

Enjoyment of smoking was also frequently mentioned by over 80% of those interviewed or in focus groups. Most of the smokers in the focus groups mentioned the force of habit, with smoking being associated with particular situations like with a cup of tea on a break from work, with a glass of wine or beer, after a meal, in social situations, or post-coital.

"Like the ritual of roll-ups/pipes. Sometimes will do it even though I can't light up."

"Addicted to the habit not the nicotine. I smoked the same brand, ritual to find the pack of ciggies, make a cup of tea, sit in my favourite spot on the step to have a break. "

"Just habit. Not even enjoying except for the first one."

"Use tobacco for other purposes."

Over half of participants mentioned that smoking helped them to cope with stress. Some of the stressors mentioned by participants were unemployment, being a full-time/unpaid carer, abuse, debt problems, homelessness, and bereavement. Participants indicated that

smoking helped them to feel like they were escaping from that situation and having to deal with it.

"Calms me down. I received a letter about my debt recently and I went through a pouch of tobacco and a bottle of Jack Daniels, which helped for a bit."

"Helps me cope with stressful social situations - I go for a smoke if I want to get away from people and go outside."

"More accessible than a therapist. Particularly at the moment with the massive increases in the cost of living"

Several participants reported being influenced by their work environment (chef, bar staff, factory work) smoke and smoke breaks were part of working routine, where you get to know people regardless of job role and find out information.

"Hospitality sector - most people smoke on their breaks. LGBTQ+ people more likely to work in this sector too."

Several participants (particularly those in focus groups who were unemployed) mentioned that boredom and not having enough to do motivates them to smoke.

Several participants mentioned that smoking helps them to cope with low mood or mental health issues (anger, sadness, depression, anxiety).

"I'd like to stop but can't give up until I've received help for my mental health. I've been waiting for primary care for 7 years."
[participant with ADHD, autism, PTSD]

Several felt that smoking was less harmful than other addictions and/or that the way they smoked or their other lifestyle choices mitigated the risks.

"I gave up alcohol and drugs. Smoking keeps me from self-harming or worse, and helps keep me on the level. Semi-acceptable addiction compared with drugs or self-harming."

"Smoking pipes and cigars is not as harmful as smoking cigarettes as I don't inhale."

"My only vice. I don't drink alcohol."

3.4 Quitting smoking

3.4.1 Profile of ex-smokers

97 online survey respondents and 35 of those who were engaged face-to-face identified as ex-smokers. Ex-smoker respondents had a similar gender profile to all respondents, but less likely to be aged under 25.

Ex-smokers were more likely to be in work or studying compared to all respondents and to smokers. They were less likely to be unable to work due to long-term ill-health or disability or unemployed compared with to all respondents and to smokers.

Online respondents who were ex-smokers were most likely to live in their own home compared with current smokers, vapers and non-smokers.

42% of online respondents who were ex-smokers had given up smoking more than 5 years ago, 32% between 1 and 5 years ago and 26% within the last year (Figure 16). 88% of respondents gave up when they were between the ages of 25 and 64 (Figure 17). Around one-third of respondents were able to quit on their first attempt, with another third taking 2-3 attempts and the remainder taking more than 4 attempts (Figure 18).

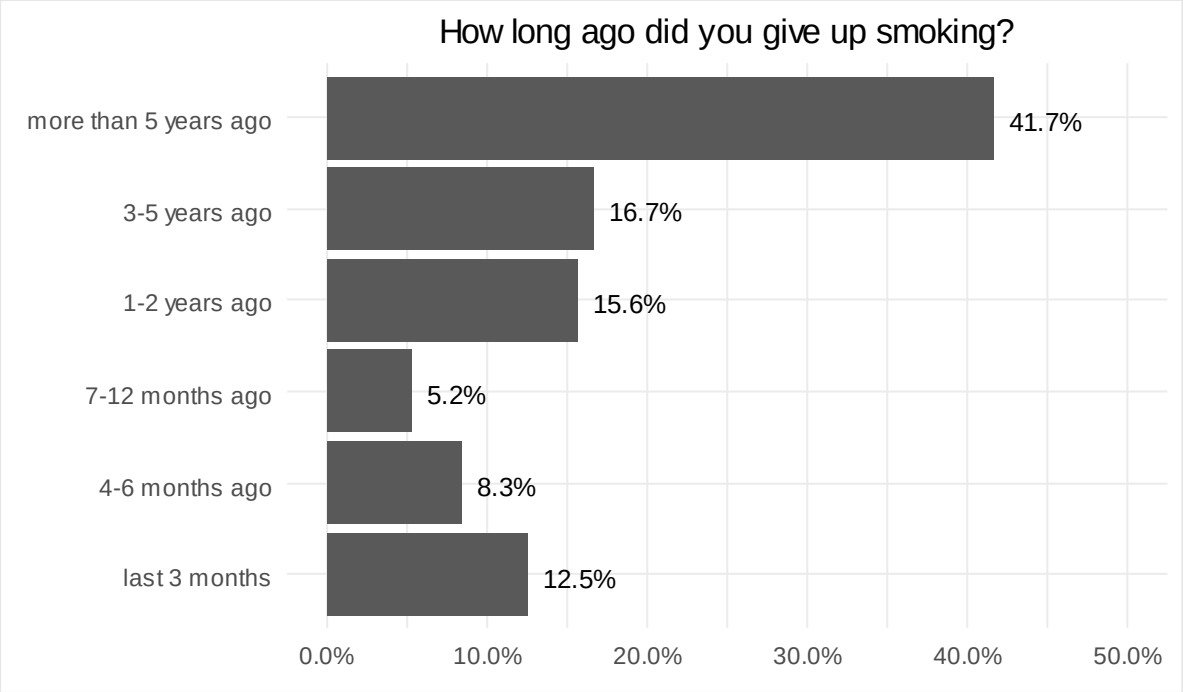


Figure 16: Responses to the online survey question 'How long ago did you give up smoking?' (*n* = 97).

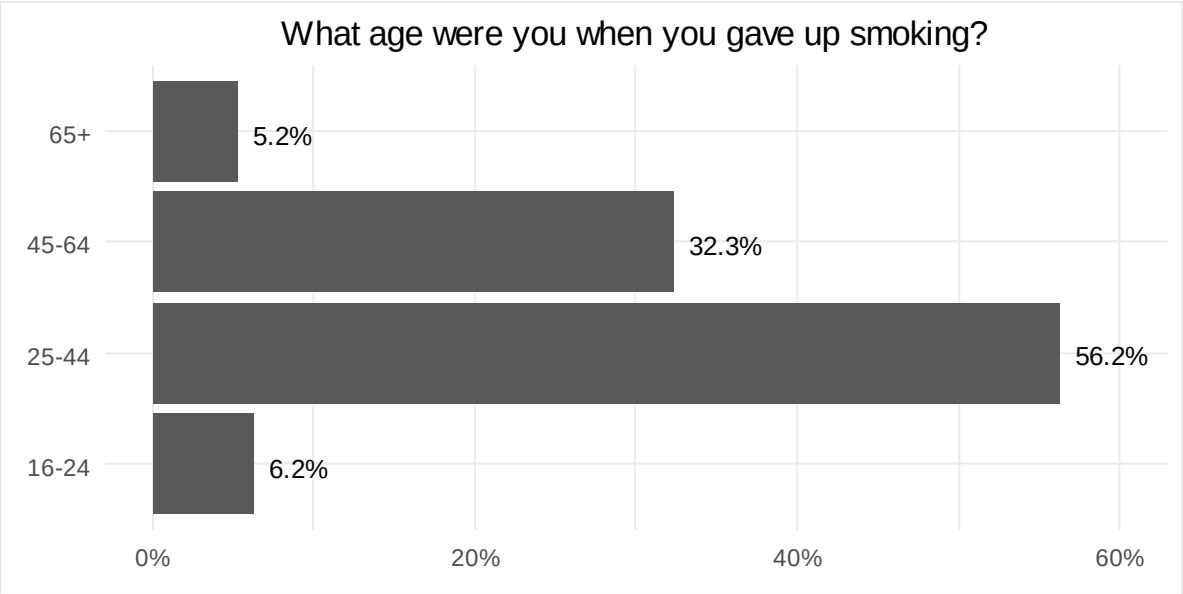


Figure 17: Responses to the online survey question 'What age were you when you gave up smoking?' (*n* = 97).

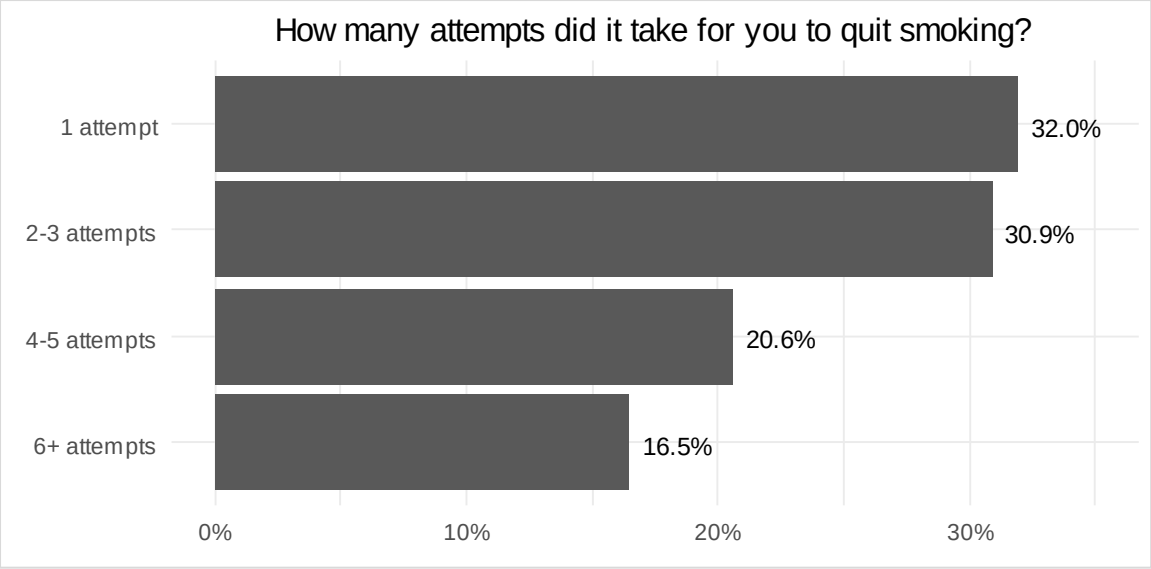


Figure 18: Responses to the online survey question 'How many attempts did it take for you to quit smoking?' (*n* = 97).

3.4.2 Attitudes and motivation to stop smoking

Just under two-thirds (61%) of current smokers responding to the online survey said that they would like to quit. 26% said 'maybe', and 13% did not want to quit. Half of those interviewed and in focus groups said they would like to try and quit smoking. a quarter were unsure and a quarter said they did not want to quit.

Including those who were currently trying, 89% of online survey respondents who were current smokers had attempted to quit at least once, with most having tried a couple of times and given up (Figure 19). Only just over half of those who were interviewed and in focus groups had tried to quit but given up trying and a third said they hadn't ever tried to quit.

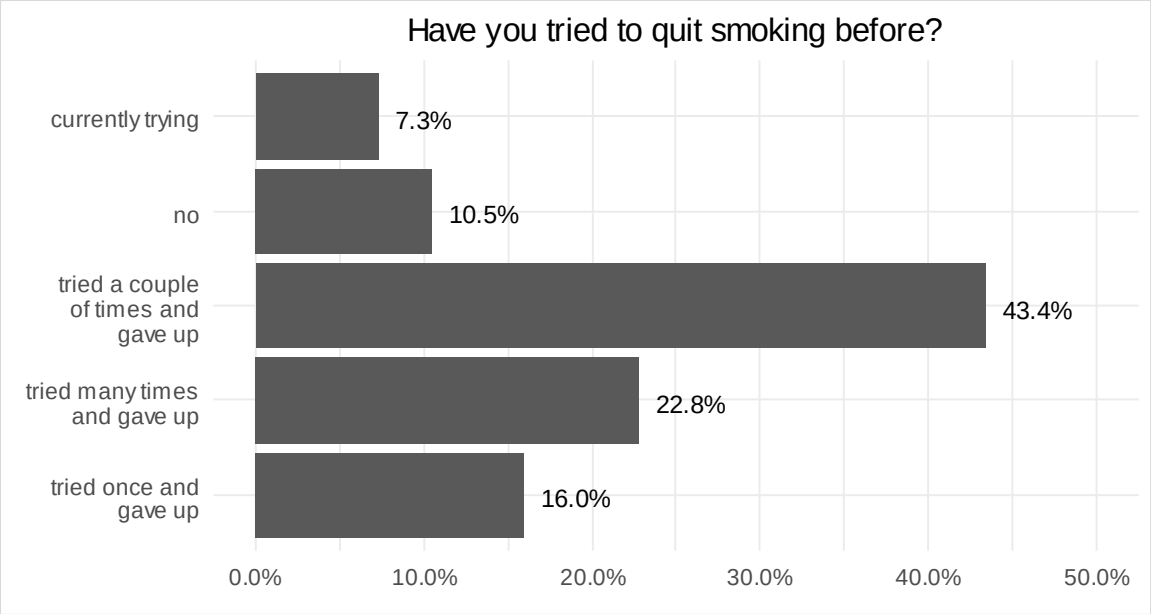


Figure 19: Responses to the online survey question 'Have you tried to quit smoking before?' (*n* = 220).

Almost two-thirds of online survey respondents wanted to quit because they were worried about their future health, and nearly half already had smoking-related health issues (Figure 20). Over two thirds of those engaged face-to-face wanted to quit for their future health, One-fifth of all respondents (online and in person) wanted to give up smoking for their family's health.

"When my grandmother died of lung cancer, most people in my family stopped smoking and started vaping."

"My dad was a heavy smoker but gave up (as did I) after he had 3 heart attacks."

"Tipping point was walking up a hill with my 9 year old son going to school - I was wheezing and thought I'm done, I need to give up!"

Only a couple of participants had tried to quit due to COVID-19.

"I have been trying to give up for decades. Finally did after getting really ill from Covid and thought 'I can't breathe, so I can't have a cigarette.' No point. Felt like I was dying."

Between 60 and 65% of all respondents who wanted to quit was because smoking was too expensive. Some participants from both the online survey and interviews mentioned pressure from their partner/family. Some were put off by the smell of smoke, disliking the smell of it in their house and so were only smoking outside. One quitter said kissing her husband now tasted disgusting, so she asked him to stop smoking too, and he did.

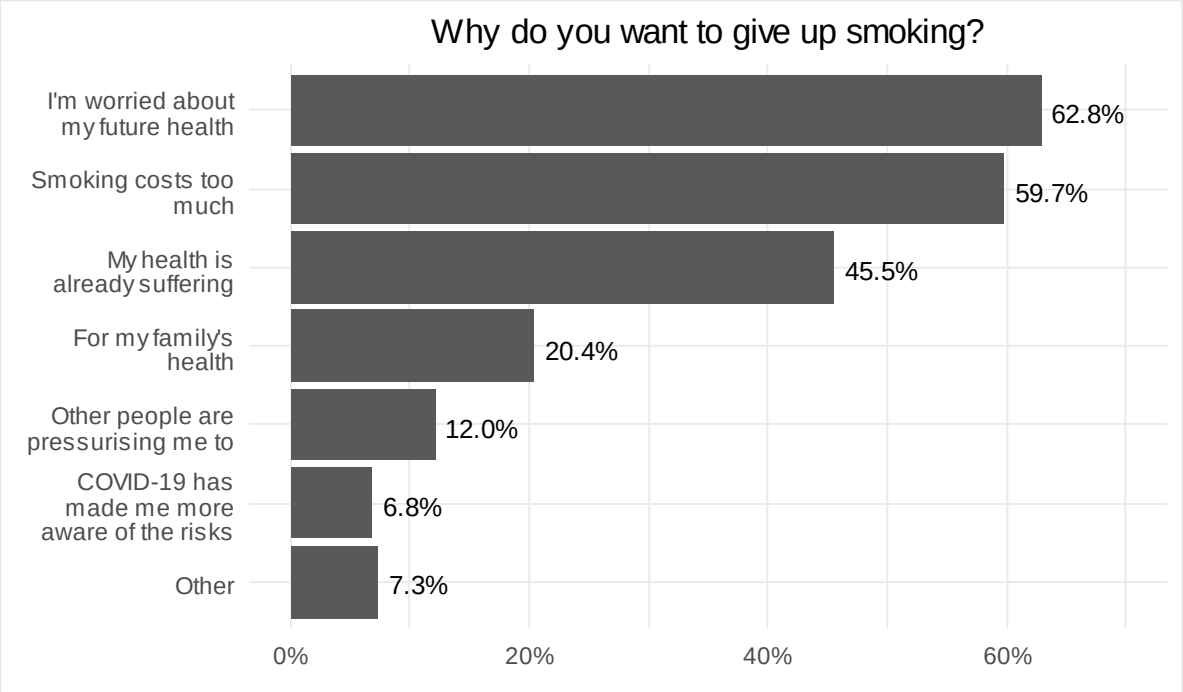


Figure 20: Responses to the online survey question 'Why do you want to give up smoking?' (*n* = 191).

A trans male participant said that he was advised not to smoke while having transition health care (testosterone and before operations). He did cut down but didn't stop smoking completely. Trans females are also apparently advised to do so. There was a discussion as to whether this was just general 'healthy lifestyle' advice or whether they would be at higher risk. This led onto a discussion about doctors and nurses having to advise people to stop smoking as a standard response - despite in some cases being smokers themselves.

3.4.3 What helped or would help people to give up smoking

A variety of factors helped online survey respondents to quit smoking. The most commonly mentioned were nicotine replacement, support from friends and family, e-cigarettes/vaping and the expense of smoking (Figure 21). About half of those interviewed or in focus groups who had quit smoking, were helped by e-cigarettes/vaping and a lower proportion by nicotine replacement.

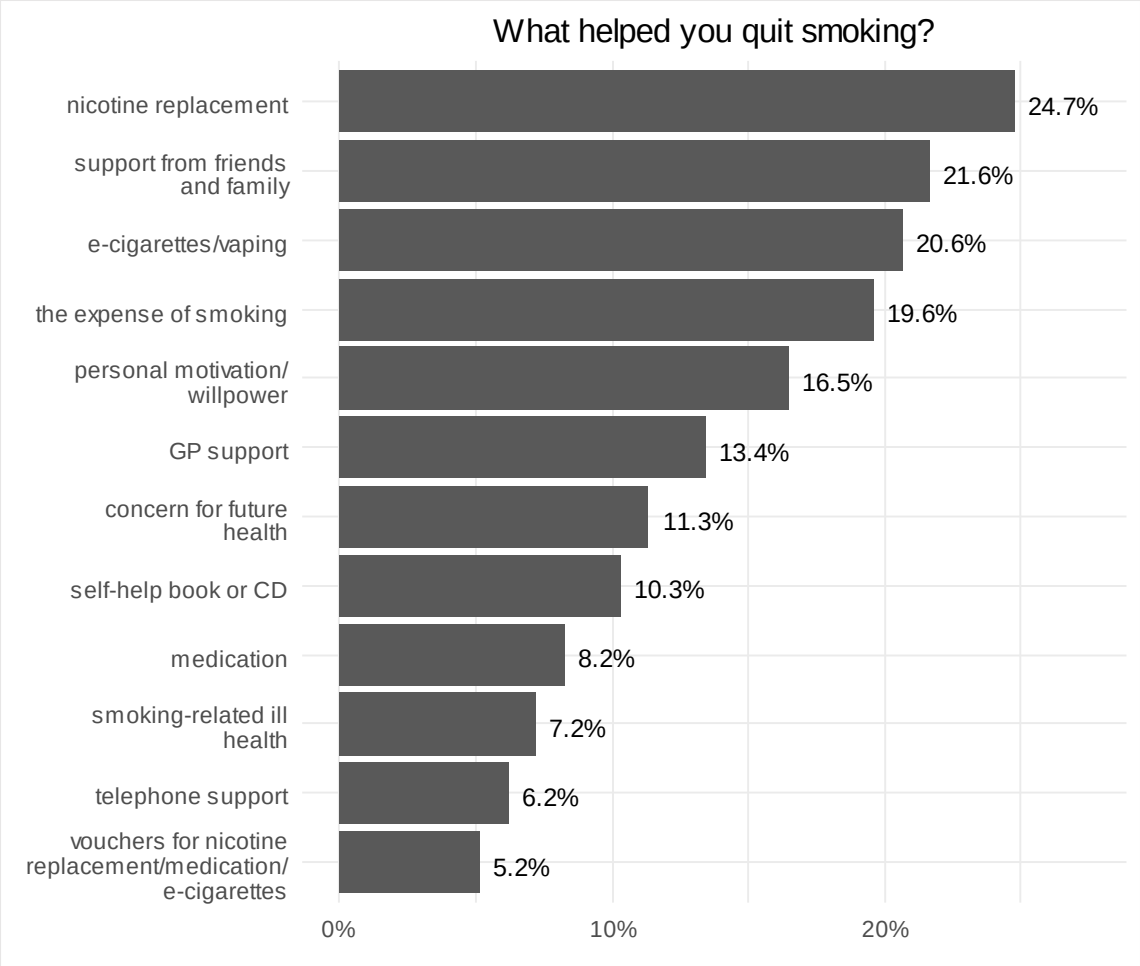


Figure 21: Responses to the online survey question 'What helped you quit smoking?' (*n* = 97).

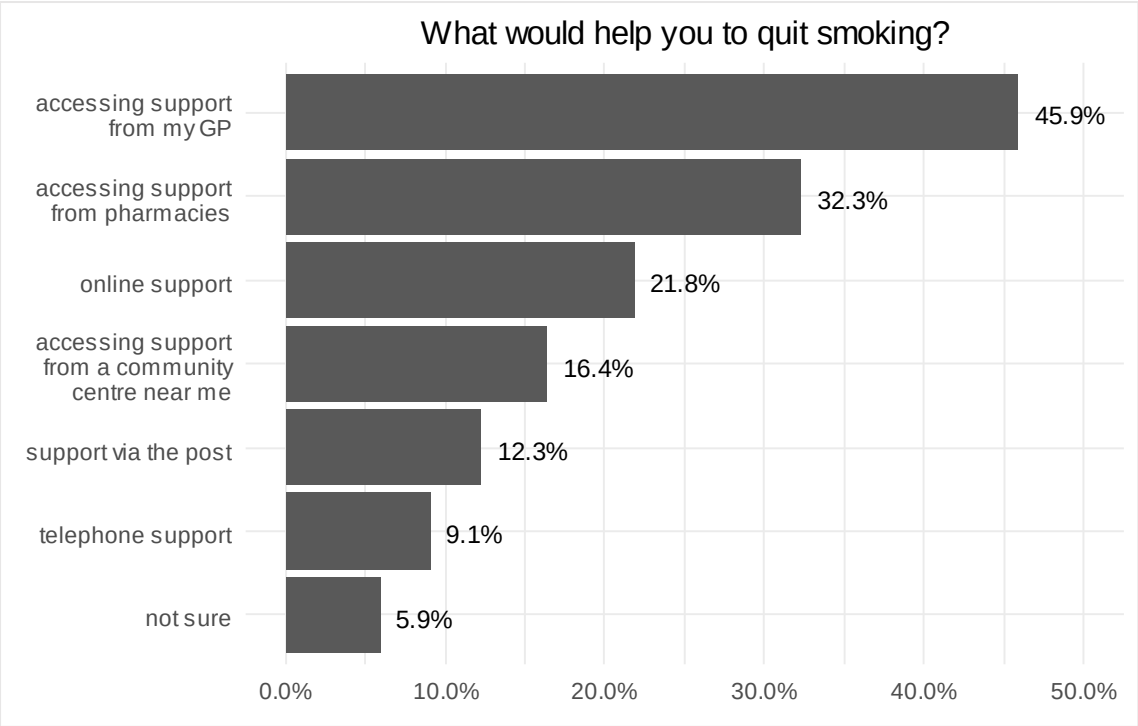


Figure 22: Responses to the online survey question 'What would help you to quit smoking?' (*n* = 220).

Online respondents (including current and ex-smokers) were most likely to say that accessing support from their GP, a pharmacy or online would help them to quit (Figure 22). Accessing support from a GP was stated by a fifth of those interviewed and only 13% said online support would help them to quit. Most interviewed or in focus groups gave other reasons - mainly willpower or wanting to quit in the first place.

"I hate smoking. And it's so expensive to stop smoking. And little help from doctors makes it so hard."

"More help is needed for this addiction, help is available for drugs and alcohol."

"Would be nice to get help from NHS."

"Can't get a GP appointment unless an emergency so unlikely to get one to help stop smoking."

"Got a letter from the GP saying they weren't going to be offering smoking cessation support even though the CCG expects it?"

"My GP thinks it's fine but not my dentist."
[pipe smoker]

One participant had been trying to quit for years but as yet not managed to do so successfully, despite *"hating the addiction and habit of it"*, having emphysema, and having had part of a lung removed. They had tried vaping, hypnotherapy, and nicotine replacement therapy. The only thing that seemed to really help was jogging – doing 'Couch to 5K' in 6 weeks – but they then got injured and couldn't jog any more.

One participant who gave up smoking due to COVID-19 during lockdown said most of her friends still smoke, which is difficult – *"I may need to find new friends"*.

Three interview participants and six online survey respondents said that the Allen Carr method helped them to quit successfully after trying other methods. Seven had read his book, and one attended an in-person workshop after her father had successfully quit using his method. All interview participants who used the Allen Carr method mentioned having a better understanding of the psychology behind why they smoked which helped them break the habit and remain ex-smokers.

When asked for any other comments about quitting smoking, a common theme amongst responses in both the online survey and interviews/focus groups was the need for strong personal motivation to quit.

“It is doable if you really want to do it. But there is an entire industry feeding off the fact that too many people don’t really want to stop.”

“It's hard and being preached to makes you less inclined to give up.”

“I have tried for about thirty years and I was okay when I quit but when a crisis happened I used to return to them as I did not have a back up plan. This time I am on my tenth month and use nicotine chewing gum and this eases the withdrawal symptoms.”

“It's up to the smoker to decide. The addiction is such that the smoker needs to want to in their own mind. They have to want to themselves pressure over costs, from peers etc will not sway them for the long term.”

"I knew the risks but continued nonetheless - even watching my mum die of lung cancer - I went straight outside and smoked. Didn't want to give in to people telling me what to do as I want to live in a liberal and non-judgmental society. Even having given up smoking, I'm not anti-smoking - I've made my peace with it and don't need it anymore."

Breaking the habit and associated activity was the key for many.

“Break the habit and association with certain activities like on a break with a cup of tea."

“It was really hard, but the hardest is the habit (not the smoking) and it is mostly in your head. Humans are creatures of habit.”

“Some people find it quite easy to quit but for others it is very difficult and this should not be underestimated by clinicians.”

“Stop smoking bootcamp - take time away from usual routine, change of scene. Like lockdown.”

A number of respondents mentioned needing more support and cheaper nicotine replacement options. There was also a mixed picture of success with nicotine replacement - it had helped a couple of people but not all. Similarly, several people have partners who are now vaping instead of smoking, but had tried vaping and did not get on with it so continued to smoke.

"My partner tried nicotine replacement medication but it was really difficult to get it between shifts and where we live."

"Champix tablets may have helped a bit to replace the buzz you get from smoking but stopped them after 3 weeks. It took 12 weeks to break the habit – using the Allen Carr book really helped. You've got to prepare yourself mentally."

"Was buying nicotine replacement patches and vaping liquid but expensive... I only smoke rolled tobacco, one small pouch a week is cheaper than replacement nicotine."

"Nicotine replacement worked for me, but my pet hate is the instructions or 'guidance' of what stage you should be at and when - off-putting. Need to find your own way. My husband and I still occasionally use them to stop the cravings, even after 2 years."

Several also mentioned the association of stress and mental health with how empowered they feel to quit smoking.

"I can quit when I want but tend to start again when stressed. When the stress eases and I feel more positive I can quit more easily."

"Because my parents smoked and my mother's severe illness is directly related to smoking, I had never had the desire to smoke - hated it. Friends wouldn't offer me one despite most of them being smokers. I wouldn't date anyone who smoked etc. During my teens my anxiety rapidly increased and I would have nightmares that I needed a cigarette and that I was desperately searching for my cigarettes. These became more regular, intense and stress inducing into my early 20's and when I was 23 I started smoking and the dreams stopped. When I quit smoking I sometimes manage for 6 months-1 year but my nightmares and general anxiety increase and I cannot cope with it because of my inability to get back to

sleep. Lack of sleep makes my depression and dissociation very bad. Mental health is key to my choice to smoke and to continue."

Other suggestions about what has helped or would help people stop smoking from interviews and focus groups included:

- Replacement activities: art, hobby, doing something to occupy the hands or mind (not television), going to the gym, jogging, crocheting, 'being busy', working with animals.
- Mindfulness, 5-finger technique and elastic band snapping.
- Meditation to reduce anxiety or give the same feeling of solitude and calm.
- Stop selling it in shops - there was some debate about whether this would be effective or not as it wouldn't stop people from getting it on the black market if they really wanted it. Pipe tobacco bought online without being asked to prove age. Participants mentioned smoking all sorts of things when they couldn't get tobacco (tea, pine needles, lawn grass, paper). *"He'd smoke the Bible he would."*
- Being supported not to smoke by workplaces e.g. previously HGV driver and never smoked in the cab. One focus group participant suggested employers provide games to play at work in breaks to break the habit of having a smoke on a break.
- Free starter kits for vaping.
- Help people build their self-esteem so they make healthier choices.

"I feel it's a very serious addiction but support is not there as it is with illegal drugs."

"More help should be available as with other addictions."

"Spend a day with someone with COPD"

"I think smoking/vaping can almost be considered a form of self-harm, as you know it's bad for you and damaging, but you keep doing it anyway. I definitely felt that the more self-esteem, happiness and care for myself I felt, the less I wanted to smoke. I also would use smoking/vaping as an appetite suppressant as I had some unhealthy ideas on how to stay thin when I was more mentally ill. Ultimately, I think people can be supported to stop smoking/vaping if they have better self-esteem and genuinely care

about their health, wellbeing, and future. Also, if they are taught healthy coping mechanisms and made to feel worthy and important!"

"So much choice on stop smoking, I have no idea what to try and it's not exactly cheap to try out to find it's not right and you throw it away. Testers would be good so then know what to buy."

3.4.4 What didn't help people to quit

Nicotine replacements and e-cigarettes not being effective were the most common reasons given for being unable to quit successfully by online survey participants (Figure 23). Similarly, a quarter of those who were interviewed or in focus groups said nicotine replacement didn't work and just under a third said e-cigarettes didn't work.

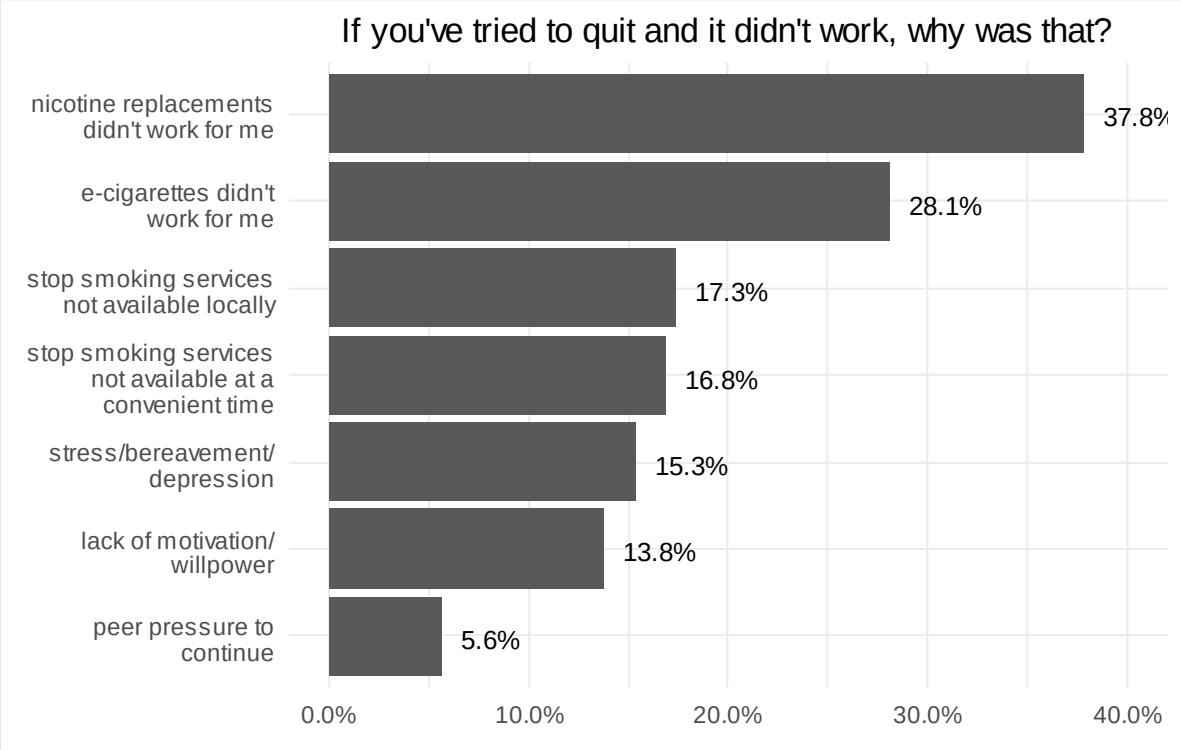


Figure 23: Responses to the online survey question 'If you tried to quit and it didn't work, why was that?' (*n* = 196).

Other reasons that people could not or did not want to quit smoking that were mentioned in focus groups included:

"*Lack of willpower and stress*"

- Enjoying it too much, particularly the social aspects; there was the perception that smokers are nicer people, more fun and more tolerant (even expressed by an ex-smoker).

"When I was working at X, all the smokers used to know what was going on as we used to talk outside - the non-smokers didn't know what was going on as they didn't talk so much together. Same in relationships - strong if you smoke together!"

"I will be boring if I stop smoking. Parties with smokers are much more fun."

"Only treat/vice - I enjoy it. I don't drink alcohol. Don't smoke at work during the day but have one with a cuppa when I get home and then after a meal. 'Mum's having her pudding now'."

- Cost did not seem to be as much of a barrier for current smokers who did not want to quit. Several mentioned that they'd promised themselves that they'd give up smoking once a packet of cigarettes reached a certain price (e.g. £2 or £5) but still didn't stop even after it reached £10 a packet.
- Health warnings on cigarette packets did not motivate people to quit.

"Just laugh at the scary pictures on the packets."

"You have to decide - horrible pictures don't help."

- People found it difficult to break the habit/routine of smoking, such as after meals, when out socially, when bored, unemployed or just having *"nothing to do with my hands"*.

"My parents didn't smoke but my boyfriend did. Going on holiday, I brought back cheap cigarettes. Gave up for 6 years but then I had a car accident. The doctor advised to smoke to cope with injuries. I used to belong to a stop smoking group (to get off work too) which didn't help. Bought books and CDs but only the one by Pat Worder and Allen Carr helped. My trigger used to be when making a phone call."

- Knowing the risks is not enough to stop people smoking. One participant said that cancer used to be perceived as terminal in the past, but now many are treatable so *"if I get cancer, I will probably survive"*. Another participant had a grandmother who smoked all her life into her 70s but died a week after stopping smoking.
- Smoking is not as socially acceptable now as when many of the participants started smoking – however, feeling judged by society isn't necessarily a barrier. It makes some people even more determined to stay a smoker, encouraged by other smokers.

"Labelling people as addicts makes them think they can't help themselves and is a good excuse for many, rather than 'you can do this if you want to'."

3.5 Vapers and attitudes to vaping

3.5.1 Profile of vapers

51 of the 400 online respondents identified as vapers. A higher proportion of respondents who were vapers were female compared with the overall distribution amongst respondents.

61 of those engaged face-to-face were vapers, who were more slightly more likely to be non-binary/other compared to the overall profile of those engaged face-to-face.

The age profile of online respondents who vaped was slightly younger (43% aged under 44) compared to all respondents (38%). The age profile of those engaged face-to-face who were vapers was much younger (just over half) compared with all those engaged face-to-face, smokers and ex-smokers.

Respondents and participants who were vapers were more likely to be in work compared with smokers. Vapers were less likely to be retired compared with smokers, ex-smokers or non-smokers. They were less likely to be unable to work due to long-term ill-health or disability than current smokers, but more likely than ex-smokers. They were less likely to have a long-term limiting illness or disability compared to the overall profile of those who were engaged.

3.5.2 Age and motivation for vaping

82% of online survey respondents started vaping when they were over 25 (Figure 24). However just under half of those interviewed and in focus groups started vaping in their late teens. Online survey respondents were most likely to have been motivated to vape as an alternative to smoking, followed by coping with stress and boredom (Figure 25). Online

respondents were least likely to have been motivated to vape because their parents or friends did. Nearly all those interviewed and in focus groups started vaping as an alternative to smoking, with most also doing so because it helps them socialise and because their friends vape. About half also vape to cope with stress and 'gives me something to do when I'm bored' but to a lesser extent than the online survey respondents - possibly because of the different age profile.

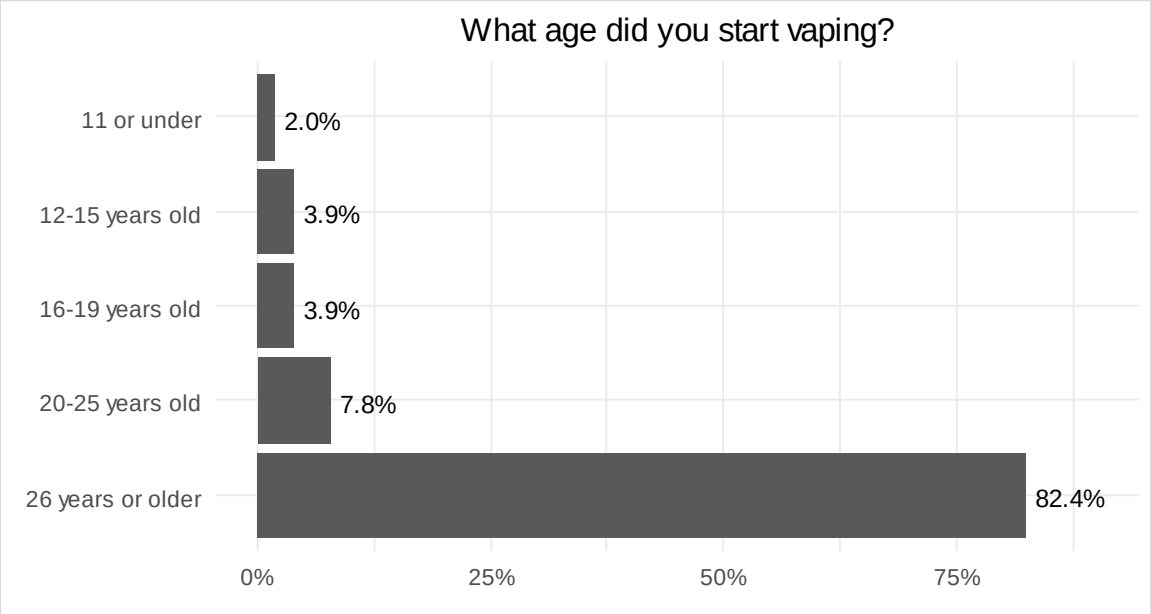


Figure 24: Responses to the online survey question 'What age did you start vaping?' (*n* = 51).

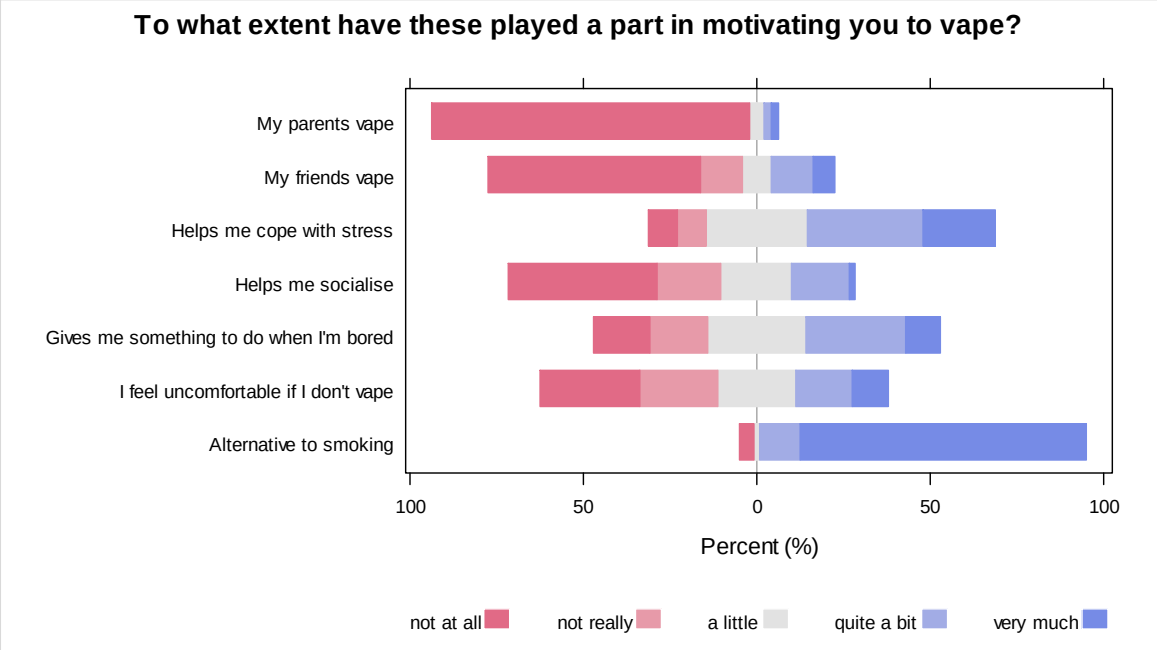


Figure 25: Responses to the online survey question 'To what extent have these played a part in motivating you to vape?' (*n* = 51).

> *"Flavours are nice and vape tricks are fun to do."*

It takes a while for people to master the technical aspects of vaping so some people persevere and others not. One participant who spent time in prison said smoking was banned so they all had to convert to vaping. Vaping equipment was then used for negotiation and trading to keep him safe, whereas cigarettes had been used previously.

> *"Tried vaping for 12 months, gave up, gave me a dry throat. Husband was a heavy smoker and gave up, has been vaping ever since."*
>
> *"I started vaping to stop me smoking but also from eating sweet things. I like the sweet flavours."*

There are some perceptions that vaping is bad for you, if not worse than smoking - popcorn or bubble lung[1] was mentioned. People also mentioned that it was cheaper to keep smoking, particularly for pipe-smokers.

> *"Vapes have all sorts of ingredients in them which are unregulated or untested - you know where you are with tobacco."*

Several people also mentioned that *"you can continually vape and inside the house rather than coming to the end of a cigarette and having a break from sucking stuff into your lungs"*. This was a source of contention with those living in the same household. It is also perceived as just replacing one habit with another - albeit less damaging.

[1] https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/does-vaping-cause-popcorn-lung

3.6 Quitting vaping

3.6.1 Profile of ex-vapers

Only 4 people identified themselves ex-vapers, two of whom were aged between 35 and 44 and two between 45 and 54 years old. Two were men and one a woman. Two had long-standing health conditions or disability. All were currently working as an employee.

They had all started vaping as a means to quitting smoking. Two respondents had quit 1-2 years ago and one had quit in the last 3 months. Two had taken 2-3 attempts to quit and one had taken just one attempt.

3.6.2 Attitudes and motivation to stop vaping

Half of current vapers said that they would like to quit, one had tried quitting vaping but were unsuccessful, and the rest did not want to quit. Many of these respondents used vaping as a way to stop themselves from smoking cigarettes and so did not want to quit as they felt vaping was a better option than smoking.

"I'm vaping as the lesser of two evils. It helps me to regulate my mood and nicotine dependence without smoking."

"A lot cheaper and a good substitute for cigarettes."

"I could not give up smoking until I found vaping."

"Helped me quit smoking after over 15 years!"

"I needed the motion of smoking but I couldn't bear the taste and smell of tobacco and burning."

"Unless there is hard evidence that vaping is worse than cigarettes it should be fine. Especially as mechanism used for people to quit smoking cigarettes. What is bad is teenagers in school using vaping when they've never even smoked. Causing a nicotine addiction so early on. More understanding of nicotine addiction needs to be spread to young people who only vape to socialise/fit in."

3.6.3 What helped or would help people to give up vaping

Respondents suggested that it would help them to quit if they had support to change habitual behaviour, if they were less stressed, or if vaping was proven to be a significant health concern (Figure 26). Around one third of respondents said that the fact that vaping helps them not to smoke is stopping them from giving up vaping, while a quarter mentioned that they were addicted to nicotine (Figure 27).

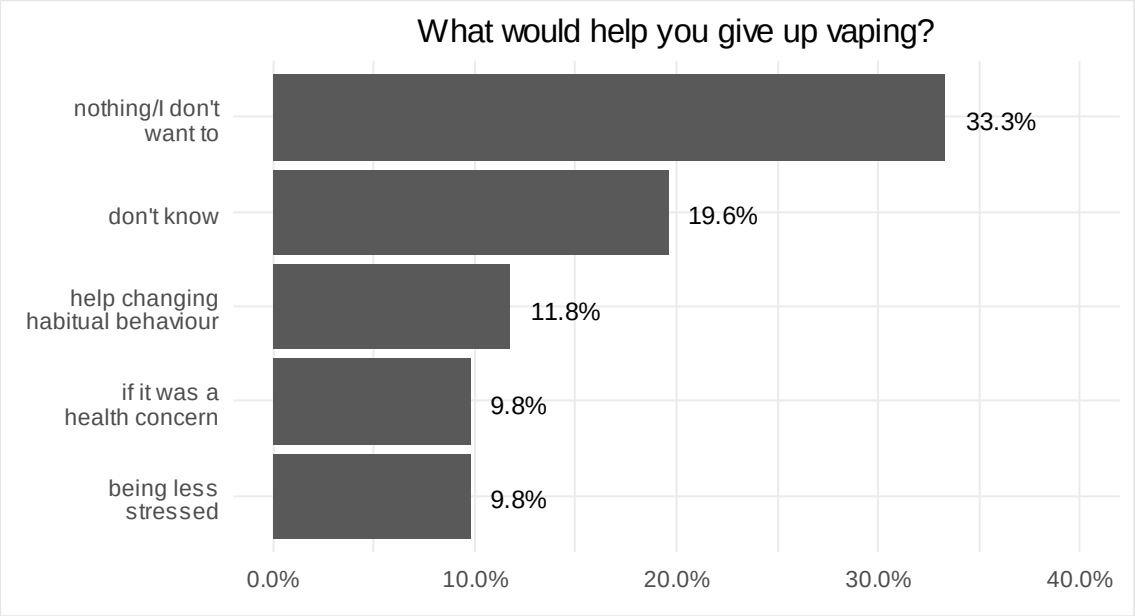


Figure 26: Responses to the online survey question 'What would help you give up vaping?' (*n* = 51).

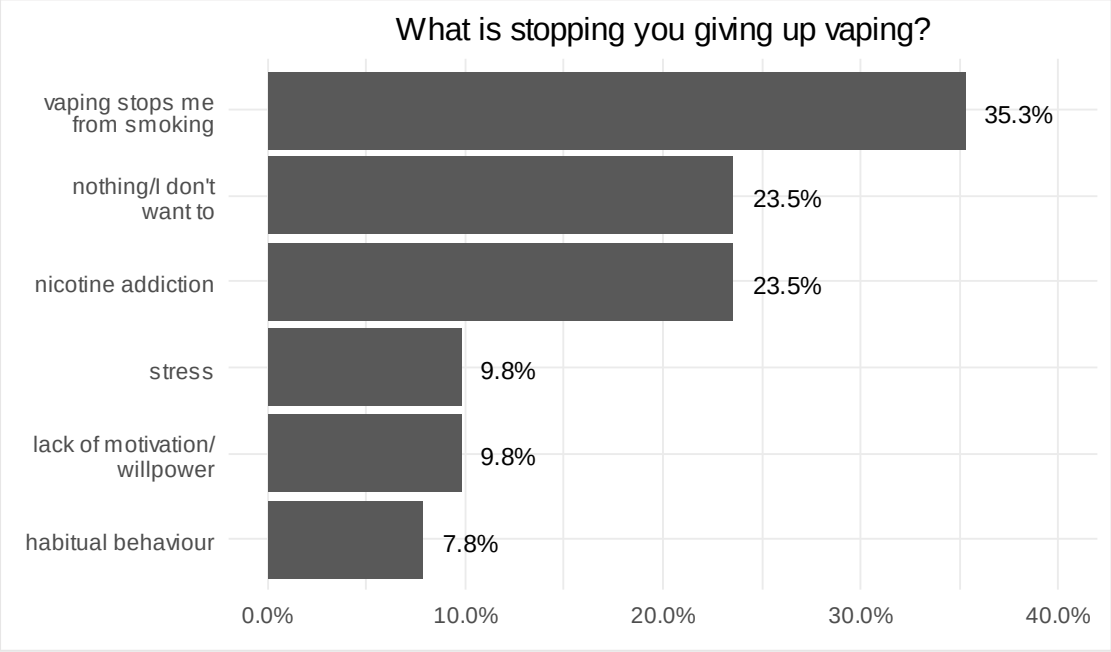


Figure 27: Responses to the online survey question 'What is stopping you giving up vaping?' (*n* = 51).

When asked what helped them to quit, respondents who identified as ex-vapers in the online survey mentioned willpower, having a heart attack, and making their own e-liquids, which enabled them to reduce the nicotine level gradually.

3.7 Non-smokers

3.7.1 Profile of non-smokers

29 online survey respondents identified as non-smokers. A higher proportion of respondents who were non-smokers were female (69%) compared with the overall distribution amongst respondents (60%).

Respondents who were non-smokers were less likely to have a long-standing health condition or disability (24%) than smokers (60%), ex-smokers (33%) or vapers (35%). 66% were currently working as an employee; 17% were self-employed; 10% were retired; and 3% were looking after their home or family. No respondents who identified as non-smokers were studying, unemployed, or unable to work due to long-term ill-health or disability.

A similar pattern was found with the 7 non-smokers who were interviewed or took part in the focus groups.

3.7.2 Motivation for not smoking

Most online survey respondents who were non-smokers stated that they didn't smoke for health reasons (66%) and/or never wanted to (59%). 14% of respondents thought they didn't smoke because they were not around people who smoke, and the same percentage because they tried it once or twice and didn't like it.

3.7.3 What would help people to give up smoking or vaping

When non-smokers were asked about helping people to quit smoking or vaping, the most mentioned response was that people have to want to do it.

"My husband was a big smoker 40 a day but gave it up 25 years ago. He had tried different things but in the end he just decided to give it up and that was that."

"They have to want to do it."

"They have to find their own reason else they won't succeed."

“Community pharmacies are a great place to be able to access at times and frequencies to suit individuals. No appointment needed, long opening hours and reliable advice from health professional.”

“I think a higher level of mentoring combined with nicotine replacement is needed. Checking in by phone/text. Perhaps a WhatsApp group for a network of people trying to quit or messenger group etc.”

“Talking to/videos of smokers /ex-smokers who now have the health conditions that are pictured on the packaging. Working in healthcare, you can see they are real, but speaking to friends who are smokers always thought the packaging was just 'scaremongering' and have the 'that won't happen to me' attitude.”

4. Key findings from public engagement

4.1 Current smokers

- Smokers are more likely to be unemployed, retired, and to have a long-standing health condition or disability (and be unable to work because of it) than ex-smokers, vapers or non-smokers.
- Smokers are more likely to be renting or in temporary accommodation/homeless or staying with friends and family than ex-smokers, vapers or non-smokers.
- Nearly all smokers started smoking during their teenage years.
- Socialising, friends, stress and enjoyment were the most frequently stated motivations to smoke.
- Of the online respondents, around 1 in 10 smokers do not want to quit and the same proportion have never tried to quit before. Of those engaged face-to-face, nearly a quarter do not want to quit and a third have never tried to quit before.
- Most smokers want to quit due to current or future health concerns and because smoking is too expensive.
- The most common reasons given for being unsuccessful in quitting are that nicotine replacements didn't work or e-cigarettes didn't work.
- Support from a GP, pharmacy or online were the most popular services that respondents felt would help them quit smoking, alongside willpower.
- Several smokers felt that smoking cessation services are not as readily available as support for drug and alcohol addictions.
- Several smokers felt that nicotine replacement, vaping liquid or other stop smoking medications were too expensive.
- Several smokers found it difficult to quit due to stress caused by their circumstances (unemployment, homelessness, debt) and/or poor mental health.

4.2 Ex-smokers

- Ex-smokers were more likely to be in work and less likely to be unemployed or unable to work due to long-term ill-health or disability compared with the overall profile of respondents. They were also more likely to live in their own home.
- Most ex-smokers had given up smoking more than 5 years ago.
- Most ex-smokers gave up smoking when they were between 25 and 64 years old
- Around one-third of ex-smokers were able to quit on their first attempt, with another third taking 2-3 attempts and the remainder taking more than 4 attempts
- Nicotine replacement, e-cigarettes/vaping, willpower, and support from friends and family were most commonly identified as having helped ex-smokers quit smoking.
- Several ex-smokers communicated the difficulty of quitting and the need for strong personal motivation to quit. Several mentioned using the Allen Carr method to successfully quit smoking.

4.3 Vapers

- Those who responded and were vapers were more likely to be women or non-binary/other compared with the overall profile of respondents.
- Vapers were more likely to have a younger age profile.
- Vapers were more likely to be in work compared with smokers, ex-smokers or non-smokers and less likely to be unemployed or unable to work due to long-term ill-health or disability.
- Vapers were less likely to have a long-term limiting illness or disability compared to the overall profile of those who were engaged.
- Using vaping as an alternative to smoking, coping with stress, and boredom, were the main factors that motivated people to vape; with most also doing so because it helps them socialise and their friends vape too.
- Approximately half of vapers wanted to quit, with around one third of respondents saying that the fact that vaping helps them not to smoke is stopping them from giving up, and just under a quarter identifying their addiction to nicotine

- Having support with changing habitual behaviour, being less stressed, and vaping being proven to be a significant health concern were identified as factors that would help people to give up vaping

4.4 Non-smokers

- In our sample, women were more likely to be non-smokers than men
- Non-smokers were less likely to have a long-standing health condition or disability than smokers, ex-smokers or vapers and none were unable to work because of a health condition
- None of the non-smokers were unemployed
- The majority of non-smokers felt that they didn't smoke for health reasons and/or never wanted to
- Several non-smokers felt that smokers had to really want to quit in order to be successful

5. Conclusions

Prevalence rates

Smoking is more prevalent in the following demographics compared with the general population average.

	Smoking	Vaping
More likely	• Men • 25-34 years of age • Highest qualifications GCSE grades A*-C or equivalent • NRS social grades C2DE (skilled working class, working class, and non-working) • Mixed ethnicity • Pregnant women • Migrant men • Bisexual, gay or lesbian sexual orientation	• Men • 25-54 years of age • NRS social grades C2DE (skilled working class, working class, and non-working)
Approximately twice as likely	• Unemployed • Routine and manual occupations • No qualifications • Long-term mental health condition • Anxiety or depression	• N/A
More than twice as likely	• Homeless • Serious mental illness • Substance misuse (opiates, non-opiates and alcohol)	• Ex-smokers • Current smokers

Potential priority groups

The following are potential areas of focus for which Herefordshire and Worcestershire perform worse than the national average and/or worse than 50% or more of their CIPFA nearest neighbours.

Herefordshire	• Routine and manual occupations • Adults with serious mental illness • Adults with a long-term mental health condition • Pregnant women – smokers at time of delivery • Pregnant women – smokers in early pregnancy
Worcestershire	• Young people (15-year-olds) • Adults with a long-term mental health condition • Adults admitted to treatment for substance misuse – non-opiates • Pregnant women – smokers in early pregnancy

Profile of respondents

The public engagement gathered views from 400 people via an online survey and 175 people face-to-face in Herefordshire and Worcestershire about smoking, vaping, and quitting. A range of people were targeted in the face-to-face engagement - particularly those who were more likely to smoke or vape according to the prevalence rates.

The demographic profile of the respondents compared to the population show that they were more likely to be:

- female or non-binary/other
- non-heterosexual
- working age
- have a disability/long-term health condition
- be unemployed or unable to work due to health or disability
- not live in owner occupied homes (i.e. renting, staying with family or friends or in temporary accommodation)

57% of respondents described themselves as smokers, 21% as vapers, 24% as ex-smokers, 6% as non-smokers and 1% as ex-vapers.

Those who described themselves as smokers were more likely to be non-heterosexual, working age, not in employment, unable to work due to health or disability, have a disability or long-standing health condition, and be in rented accommodation compared to the overall respondent base.

Those who described themselves as vapers were more likely to be younger, female, and staying with family or friends compared to the overall respondent base.

Those who described themselves as ex-smokers were more likely to be older, not have a disability or long-term health condition, be in work, and own their own home.

Key drivers for smoking

The top three reasons given for motivating people to smoke were friends/social aspects, coping with stress, and for enjoyment. Nearly all smokers in the public engagement started smoking in their teenage years.

Motivation to quit smoking

At least half of smokers would like to quit, with a much lower proportion not wanting to stop at all. Most smokers had tried to quit but had been unsuccessful.

Top motivations for giving up smoking were concerns about their future health, too expensive and to a lesser extent, their health already being affected.

What leads to successful quitting?

Nicotine replacement, e-cigarettes/vaping, willpower, and support from friends and family were most commonly identified as having helped ex-smokers quit smoking. Activities to replace the habit were helpful to ex-smokers, and several ex-smokers mentioned that the Allen Carr method worked for them. Most people quit smoking over the age of 25 and it mostly took more than one attempt.

What would help people quit smoking?

Accessing support from a GP, a pharmacy or online were the most frequently stated by online respondents. Most of the people engaged face-to-face gave other reasons, mainly related to willpower and a strong personal motivation and determination to break the habit.

What stops people quitting smoking successfully?

Nicotine replacement measures and e-cigarettes not being effective were the most common reasons given by those who had been unable to quit successfully. Other reasons given were a mixture of support not being available locally, or not at convenient time, ongoing stress and not having the willpower to quit.

Key drivers for vaping

The main motivations for vaping was as an alternative to smoking, coping with stress, and boredom,; with most also doing so because it helps them socialise and their friends vape too. Many mentioned that it takes a while to master the technical aspects of vaping which prevents some from continuing to use it to help give up smoking. Some people (usually smokers) perceive vaping to be bad for one's health.

What would help people quit vaping?

Support to change habitual behaviour, if they were less stressed, or if vaping was proven to be a significant health concern were given as reasons to quit vaping.

What stops people quitting vaping?

The main reason not to quit vaping is a lack of motivation to do so, or that it has helped people to stop or reduce their smoking, with the next most frequently mentioned being that they were addicted to nicotine.

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8. Appendix: Profile of respondents

Demographics by respondent category

Age (% of respondents)	ALL	Face-to-face	Online	Comment
16-24 years	14	37	5	Higher % with F2F
25-44 years	30	24	33	Lower % with F2F
45-64 years	45	32	50	Lower % with F2F
65-84 years	11	7	12	Lower % with F2F

Gender	ALL	Face-to-face	Online	Comments
Female	56	45	60	Lower % with F2F
Male	42	50	39	Higher % with F2F
Non-binary and other	2	4	1	Higher % with F2F

Long-standing health conditions or disability (% of respondents)	ALL	Face-to-face	Online	Comments
Yes	47	46	47	Similar
No	53	54	53	Similar

Ethnicity (%)	ALL	Face-to-face	Online	Comments
White British	93	90	93	Lower % with F2F
White Other	3	5	3	Higher % with F2F
Black, Asian, Mixed, Other	4	5	4	Higher % with F2F

Main language (%)	ALL	Face-to-face	Online	Comments
English	96	90	99	Lower % with F2F

Other	4	10	1	Higher % with F2F

Sexual orientation	ALL	Face-to-face	Online	Comments
Straight/ heterosexual	92	63	92	Lower % with F2F
Gay or lesbian	4	11	4	Higher % with F2F
Bisexual	3	19	2	Higher % with F2F
Pansexual	1	7	1	Higher % with F2F

Occupation (% of respondents)	ALL	Face-to-face	Online	Comments
Employed or self-employed	65	58	68	Lower % with F2F
Unemployed	6	12	3	Higher % with F2F
Looking after home or family	4	1	5	Lower % with F2F
Retired	9	6	11	Lower % with F2F
Studying	4	12	1	Higher % with F2F
Unable to work (health or disability)	12	11	13	Similar

Housing (% of respondents)	ALL	Face-to-face	Online	Comments
Own home (mortgage or owned outright)	42	20	50	Lower % with F2F
Rented house/ flat	45	45	45	Similar
Staying with family or friends	12	31	5	Higher % with F2F
Temporary accommodation /homeless	1	4	0	Higher % with F2F

Profile of all respondents by habit group

How would you describe yourself?	Smokers	Vapers	Ex-smokers	Ex-vapers	Non-smokers
Online survey respondents (n=400)	220	51	97	3	29

Face-to-face respondents (n=175)	109	42	42	5	5
TOTAL (575 individuals)	**329**	**121**	**139**	**8**	**34**
% of all individuals	**57%**	**21%**	**24%**	**1%**	**6%**

** Note that more than one option could be ticked*

Profile of online and interviewed respondents by habit group

Given that there were only 6 ex-vaper and 30 non-smoker respondents, it is not meaningful to present a breakdown by demographic group and by habit type here.

Age (%)	**Smokers (*n* = 313)**	**Vapers (*n* = 114)**	**Ex-smokers (*n* = 133)**
16-24 years	14	33	9
25-44 years	29	25	31
45-64 years	45	32	49
65-84 years	11	9	12

Gender (%)	**Smokers**	**Vapers**	**Ex-smokers**
Female	55	60	57
Male	44	39	42
Non-binary	1	1	1

Long-standing health conditions or disability (%)	**Smokers**	**Vapers**	**Ex-smokers**
Yes	58	42	34
No	42	58	66

Ethnicity (%)	**Smokers**	**Vapers**	**Ex-smokers**
White British	95	95	95
White Other	2	2	2

Black, Asian, Mixed, Other	3	3	4

Main language (%)	**Smokers**	**Vapers**	**Ex-smokers**
English	96	96	99
Other	4	4	1

Sexual orientation (%)	**Smokers**	**Vapers**	**Ex-smokers**
Straight/ heterosexual	89	98	98
Gay or lesbian	6	2	0
Bisexual	3	0	2
Pansexual	2	0	0

Occupation (%)	**Smokers (*n* = 313)**	**Vapers (*n* = 114)**	**Ex-smokers (*n* = 133)**
Working as an employee	48	67	67
Self-employed	8	6	10
Unemployed	6	2	2
Looking after home or family	5	2	3
Retired	12	6	7
Studying	4	9	6
Unable to work (health or disability)	17	8	5

Housing (%)	**Smokers**	**Vapers**	**Ex-smokers**
Own home (mortgage or owned outright)	31	33	65
Rented house/ flat	54	41	27
Staying with family or friends	12	25	8
Temporary accommodation /homeless	2	1	0