Gloucestershire Smoking Behaviour Insights Research

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GCC

Introduction

- While smoking is declining in the county, data shows us that prevalence remains high in certain population groups (Fingertips, Department of Health & Social Care).
- Smoking is associated with most factors of disadvantage and life expectancy can be significantly reduced.
- The Local Stop Smoking Services and Support Grant (LSSSSG) – Government funding (2024-2029) to be used to enhance support services and increase the numbers of smokers who quit.
- Using LSSSSG funding, Gloucestershire County Council (GCC) commissioned smoking behaviour Insights research. The organisations chosen to complete the research were Claremont and GL11 Community Hub.
- Using the grant, GCC funded the Exemplar Theme Appreciative Enquiry project conducted by Kingfisher Treasure Seekers.
- The three different organisations who conducted the Insights research worked with different cohorts and used slightly different methodologies.

Research Aims

- To gain an in-depth understanding of people's views of and relationship with smoking in populations which data shows us have higher rates of smoking.
- To understand the wider context of smoking behaviours.
- To investigate the internal and external barriers and enablers to quitting.
- To investigate awareness of community tobacco dependency services.
- To make recommendations for the Tobacco Dependency Outreach Service development and promotion.

Cohorts

Claremont

- The Polish community.
- The LGBTQ+ community.
- Individuals with substance misuse challenges.
- Individuals living in supported accommodation.

GL11 Community Hub

- Smokers living in an area of social deprivation.

Kingfisher Treasure Seekers

- Individuals with mental health conditions.

Claremont

- Mixed method approach.
- Engagement with service users, and community and stakeholder organisations.

	Informal One-to-One Interviews	Formal One-to-One Interview	Focus Groups	Online Survey (LGBTQ+/ Polish)
Numbers conducted	80	1	8	2
Numbers of individuals engaged	80	1	46	32

Findings – The Polish Community

Context

- Started smoking due to social reasons.
- Continue to smoke due to others around them smoking, out of boredom, or just take a break.
- Many women quit whilst pregnant, but relapse often occurred when back to work.
- Knowledge of Nicotine Replacement Therapy is low and there is some concern around vapes.

Barriers

- Language.
- Cultural norms, social pressure.
- Navigation of the NHS and healthcare systems.
- Lack of trust in healthcare professionals.

'When I was at University… everyone smoked. After one year (I) started to smoke with them'

Findings – The Polish Community

Motivators

- Family.
- Health concerns (especially men).
- Financial benefits.

…'Polish speaking person who knows the mentality, the culture and knows the Polish community'

Service Development

- Offered in the Polish language, and cultural awareness.
- Flexible timings – evenings and weekends.
- Holistic support - 'one stop shop', including mental health and weight management.
- Trust – built through 'community bridges'.
- Incentives and rewards.
- Communication through community channels.

Findings – The LGBTQ+ Community

Context

- Social element of smoking is central – feeling part of a group.
- Those living alone/not in a relationship smoke out of boredom.
- Many ex-smokers were older as smoking was associated with being younger and going out more.

Barriers

- Mental health challenges.
- Smoking used as a coping mechanism.
- Fear of discrimination in mainstream healthcare.
- Social aspect/importance.
- Fear of relapse.
- Fear of gaining weight.

'My reason for smoking was because of friends'.

Findings – The LGBTQ+ Community

Motivators

- Health concerns.
- Social support – from peers and ex-smokers.
- Financial benefits (those working in hospitality/retail).

'Pronouns on tags or lanyards with rainbow things…so it's visible they're an ally'.

Service Development

- Visibly inclusive services and communication - LGBTQ+ personal stories/images/terms.
- Staff training.
- Building credibility and trust within the community.
- Digital options as well as face-to-face.
- Integrated mental health and weight management support.

'Showing that the service understands is crucial.'

Findings – Substance Misuse Dependency

Context

- Difficult upbringing – abuse, hardship, families who didn't understand them.
- Lack of stability in their lives.
- Started smoking when young – a 'rite of passage'.
- Smoking used to get a 'kick' between hits.
- Intersection between substance misuse and social housing residents.

'I've been smoking for 34 years.'

Barriers

- Complex & chaotic lives - homelessness, financial difficulties, health concerns.
- Mental health challenges, stress, trauma experience.
- Feeling of being abandoned by the system – lack of trust.
- Lack of motivation/it being 'the right time', needing stability.
- Digital exclusion.

Findings – Substance Misuse Dependency

Motivators

- Health concerns.
- Financial savings.
- Immediate and tangible benefits.
- Positive self-image.
- Peer support and mentors.

'I'd rather be able to take her to a park, buy her ice cream.'

Service Development

- Holistic, integrated long-term support, working at the pace of the individual.
- Face-to-face – building relationships and trust.
- Incentives and rewards.
- Straightforward, non-judgemental communications.
- Avoiding digital channels.

Findings – Supported Housing

Context

- Difficult upbringing – abuse, hardship, trauma experience.
- Started smoking when young – a ‘rite of passage’.
- Lack of stability in their lives.
- Individuals already have a lot of appointments to attend.
- Many have substance misuse challenges.

Barriers

- Complex lives – trauma, substance misuse, housing instability.
- Mental health challenges, stress, trauma experience.
- Lack of motivation/it being ‘the right time’.
- Feeling abandoned, not having trust in the system.
- Digital exclusion.

‘I just smoke out of boredom…waiting to get a job and stuff.’

Findings – Supported Housing

Motivators

- Health concerns.
- Financial savings.
- Immediate and tangible benefits.
- Positive self-image.
- Mentors.

'It's killing my chest…I can't breathe'.

Service Development

- Smoking support embedded alongside other services.
- Holistic, integrated long-term support working at the pace of the individual.
- Support offered on assisted living premises.
- Training for key workers.
- Straightforward, non-judgemental support.
- Incentives and rewards.
- Avoiding digital channels.

'If there's someone there…like someone…on your side…it helps.'

GL11 Community Hub

	One-to-One Interviews	Focus Groups	Survey
Number of Respondents/ Engaged	16	1	21

- Interviews were conducted on an adhoc basis.
- Focus groups were organised, but there was no engagement. One group organically formed as a result of 1:1 interviews with participants then coming together spontaneously to form a discussion group.

Findings

Smoking behaviours

- Most spoke about enjoying smoking.
- 22% reported never wanting to or having tried to quit.
- Reports of feeling 'tired' of talking about smoking.

Influences

- Social element – family, partner, friends also smoke.
- Mental health – smoking helps with anxiety/mood.
- Enjoyment.

Findings

Barriers

- Will power.
- Life stress – money, family worries.
- Mental health – anxiety, negative thoughts, anger.
- Partner still smoking.
- Mis-trust of vapes

'I just need to actually do it'.

'...keeps me calm'

Enablers

- Group support.
- Friends/family quitting at the same time.
- A 'pause on life' or stressful situations.

'vapes must be bad'

No-one spoke about the impact on physical health.

Recommendations

- Respondents themselves weren't able to articulate what a service should look like.
- Future exploration of support for social networks/families.
- Non-judgemental services are needed.
- Services to support smokers to understand the wider determinants of tobacco addiction.
- Peer support groups were important.
- Treat the individual holistically – support with other life challenges, not just smoking.

Appreciative Enquiry

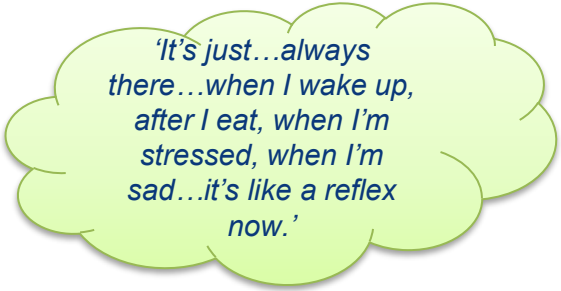
- Aim: to gain a better understanding of the lived experiences of smokers through storytelling.
- The project was conducted in line with the Gloucestershire Health and Wellbeing Partnership Exemplar Theme programme of work.
- Kingfisher Treasure Seekers conducted the research.

Appreciative Enquiry

Cohort

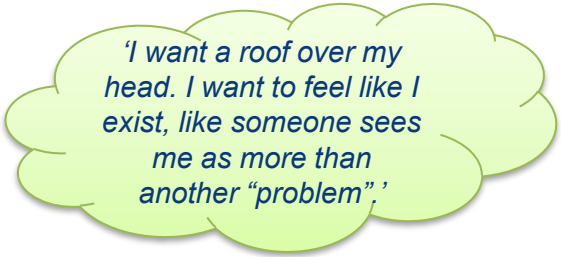
- Five interviews were conducted.
- Individuals had a long history of mental health challenges.
- Four have spent time in acute mental health settings.
- Two have a history of current or previous homelessness.

Findings



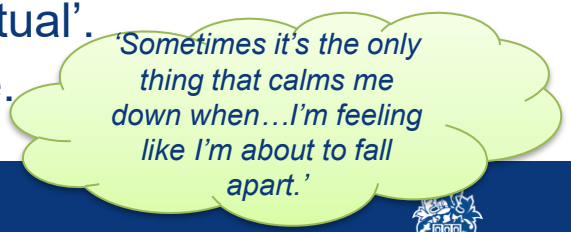
Understanding the lived environment

- Mental health instability.
- Homelessness and instability.
- Trauma and neglect.
- Social isolation.



Smoking as a coping strategy

- Emotional regulation –managing intense emotions.
- A pause or refuge – gives a 'stillness' or 'pause' in very chaotic lives.
- Social context – connection with others, a 'shared ritual'.
- Control – one of a few controllable things in their life.



Findings

'Smoking is kind of what we do when we hang out.'

Barriers

- Lack of stability – quitting can feel unrealistic, coping mechanism.
- Fear of emotional collapse – vulnerability to other health-harming behaviours.
- Social context –entrenched in peer culture.
- Distrust of services – report feeling judged and lacking trauma-based care.

Motivators

- Desire for self-care – feelings of guilt regarding health consequences.
- Trusted relationships – with a trusted professional(s).
- Hope for stability – especially after period in hospital.
- Future aspirations – desire to quit, feel better and gain control.

'I'll go without food to buy cigs sometimes – that's how much I rely on them.'

Findings

'…but a lot of GPs don't know what to do with people like me.'

Experiences with Services

- Positive encounters – respectful, non-judgemental and understanding.
- Negative encounters – feeling dismissed, not considering the wider context.
- Systemic obstacles – lack of ID, practical issues, rigid appointments.
- Desire for trauma-informed care – better understanding of trauma and mental health.

'I'd need them to meet me where I'm at…'

Service development

- Trauma-informed approach.
- Flexibility – accessible, adaptable support, without time limits.
- Build trust slowly – relationships matter.
- Provide alternatives – coping strategies, emotional support.
- Address basic needs – need to be prioritised.

'…give you a leaflet…tell you to call a number – like that's going to fix years of trauma and pain. It's not that simple.'