

ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT 2025

'EVERYBODY DID IT THEN'

MAKING SMOKING OBSOLETE IN WANDSWORTH:
PEOPLE AND PARTNERSHIPS



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ABBREVIATIONS

COPD	Chronic Obstructive Pulmonary Disease
DHSC	Department of Health and Social Care
GP	General Practitioner
NRT	Nicotine Replacement Therapy
NCSCT	National Centre for Smoking Cessation and Training
NICE	National Institute for Health and Care Excellence
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
LCS	Locally Commissioned Services
MoU	Memorandum of Understanding
WCDAS	Wandsworth Community Drugs and Alcohol Services





Shannon Katiyo
Director of Public Health
Wandsworth Council

This year will see the Tobacco and Vapes Bill make its way through parliament to become legislation. Smoking as a risk factor, is still the leading cause of preventable death and disease and has caused significant harm to generations. Cancer Research UK has estimated smoking will cause 300,000 cancer deaths and it is estimated to cost the NHS in England £1.9 billion annually. Around half of all life-long smokers will die prematurely, losing on average about 10 years of life.

Although rates of smoking have drastically reduced from their peak in 1974 when 51% of men, and 41% of women across Great Britain smoked, it is now time to make smoking obsolete and allow the next generation the freedom to

live longer, healthier and productive lives.

The prevalence of smoking among adults in Wandsworth has more than halved in the last decade, now estimated at around 7.8%.

The Council's smoking cessation service is at the forefront of the efforts to support people out of tobacco addiction. Although a large proportion of people have been able to quit on their own, over the years the Council's smoking cessation officers have helped thousands of people to set a quit date and many of them go on to quit successfully. The offer and support available have expanded over time to become more personalised so it can help those who need more support to quit.

There is still more to do. Around 20,000 adults still smoke in Wandsworth. The effects of smoking are not distributed evenly. We see a disproportionate impact in areas with higher relative deprivation and adults with long term mental health conditions.

Wandsworth supports the Tobacco and Vapes Bill 2024. The Annual Director of Public Health

report for 2025 listens and learns from people in the borough to help us understand what more we can do to support people who smoke to quit, and those who have never smoked, such as our children and young people, to never start.

I want to express my heartfelt gratitude to Benjamin Humphrey for his exceptional and timely leadership on the report. Thanks Ben. I also wish to thank the smoking cessation team, key stakeholders in the acknowledgements section, and all the people who took the time to share valuable insights informing the report.



Councillor Graeme Henderson
Cabinet Member for Health and
Chair of the Wandsworth Health
and Wellbeing Board

This report highlights the good progress which has been made to

reduce smoking in our borough. The council provides an excellent stop smoking service and works closely with our partners in the NHS and voluntary sector. We can be proud that since 2022, the borough has helped hundreds of residents to quit. We carry on this good work because smoking related harms continue to impact lives.

Issues in smoking are complex and are considered in this report from the perspective of starting, continuing and stopping smoking. This is achieved through conversations with residents who smoke or previously smoked. We also gain helpful insights through dialogue with the staff who provide stop smoking support locally.

This report shows that our smoking cessation services are accessible to everyone with tailored support available for people disproportionately affected. The local effort is an example of public health in practice that is helping to build a fairer, more compassionate borough community as we move towards making smoking obsolete by 2030.



The focus of this Annual Director of Public Health report is on making smoking obsolete in Wandsworth through people and partnerships.

The report shows that the number of people who smoke cigarettes is declining. Compared to England the borough has one of the lowest numbers of current smokers in the country. Yet smoking-related harms continue to impact lives. Around 20,000 people in Wandsworth continue to smoke each day¹.

Why do people in Wandsworth smoke? What are the main challenges people experience when trying to quit and what types of support are found to be most helpful?

Answers to these questions are important if the borough is to make smoking obsolete. Insights are provided through conversations with people who have used the Wandsworth Stop Smoking Service.

The findings have been grouped into five themes:

1. starting smoking
2. continuing smoking
3. impacts of smoking
4. stopping smoking
5. smoking cessation services

A chapter is dedicated to each theme. Visual word clouds and short extracts from conversations are used to highlight key findings.

The report also shows that the number of people accessing the Wandsworth stop smoking service and quitting over the last 5 years has reduced by 50%. Yet smoking among defined priority populations remains high in comparison to the general population².

The priority populations discussed in the report are:

1. smoking in pregnancy
2. routine and manual occupations
3. mental health
4. substance misuse

Conversations with staff who provide stop smoking services in the council and NHS explain some of the reasons why people in priority populations smoke. The discussions reveal the specific challenges that are faced when trying to stop smoking, and the importance of providing tailored and compassionate support to people in these groups who struggle to quit.

The report also discusses smoking cessation provision. It shows that the borough offers an evidence-based service with good outcomes. Partnerships between the council and the NHS, ensures that there are multiple pathways into the stop smoking service which can be accessed both at home and in the community.

Finally, the report considers smoking prevention and shows that more can be done. Prevention efforts should focus on young people and groups where there is less knowledge about smoking-related harms.

Wandsworth has an ambitious target to become smokefree by 2030. If this is to be achieved, the borough should ensure stop smoking services remain available and accessible to everyone, as well as increasing the support provided to priority populations. Raising awareness of the harms associated with smoking cigarettes should be continued, alongside work to prevent young people who never smoked from vaping.

Everybody did it then, but now a smoke free future is within reach. Through people and partnerships, the borough can make smoking obsolete.*

¹ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

² Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

* The report refers to 'smokefree'. This is defined as only 5% or less of the population smoking. The target is to be achieved by 2030. Unless otherwise stated, smoking in the report refers to cigarettes. Interviewees were either current or ex-smokers who had previously accessed the local stop smoking service. The Wandsworth Stop Smoking Service data referenced in the report was extracted from Quit Manager.



This report is written in the context of recent government announcements and policies including stopping the start³, the 2024 Tobacco and Vapes Bill, the Khan independent review making smoking obsolete⁴ and the Local Stop Smoking Services and Support Grant allocated to local authorities across England.

³ Department of Health and Social Care, Stopping the Start: our new plan to create a smokefree generation, 2023, <https://www.gov.uk>, Crown copyright 2025

⁴ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022



'EVERYBODY DID IT THEN'

According to a resident who used to smoke, 'everybody did it then'. Smoking has a long history. Societies across the world have been consuming tobacco for thousands of years. Through mass production, clever marketing by the tobacco industry, and nicotine, the nation was addicted⁵. By the 19th and early 20th centuries, everybody was doing it.

It was during the 1950s that the link between smoking and lung cancer was made. This began to shift public opinion towards anti-smoking. In the latter half of the 20th century, health promotion used shocking images and stark statistics⁶ and since 1974, there has been a downward trend in the number of people smoking in England⁷.

However, the fact remains that in 2025, people continue to smoke. It is estimated that approximately 20,000 people smoke cigarettes in the borough each day. This is despite the widespread knowledge

that smoking causes harm to individuals and their families.

Why do people in Wandsworth smoke? What are the main challenges people experience when trying to quit and what types of support are found to be most helpful?

Answers to these questions are provided through conversations with people who have used the Wandsworth Stop Smoking Service. The findings are discussed in this report.

ISSUES IN SMOKING

People who smoke are at risk of ill health and long-term conditions such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease.

Smoking is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Not only does it affect the health of the smoker, but it also harms people breathing in second-hand smoke, including children⁸.

Smoking is also one of the biggest causes of death in the UK. Approximately 64,000 people are killed annually by smoking⁹. For each death caused by smoking, there are 20 smokers suffering from a smoking-related disease¹⁰.

Stopping smoking is important because:

- cigarettes are the one legal consumer product that will kill most users – 2 out of 3 smokers will die from smoking unless they quit
- in 2019, across England, a quarter of deaths from all cancers were connected to smoking
- smokers are 36% more likely to be admitted to hospital and need social care 10 years before they should
- smokers lose 10 years of life, or around 1 year for every 4 years of smoking after the age of 30
- The associated social care costs are estimated at £39.3 million¹¹

Smoking is associated with most

indicators of disadvantage. While smoking prevalence continues to decline nationally each year, the gap in prevalence between the most and least deprived has increased¹².

Nationally, the poor health outcomes that come with smoking are not felt equally across communities:

- around one third of adult tobacco consumption is by people with a current mental health condition, with smoking rates more than double that of the general population¹⁷
- people with mental health conditions die 10 to 20 years earlier, and the biggest factor in this is smoking¹⁸
- People in routine and manual occupations are 2.5 times more likely to smoke than people in other occupations¹⁹
- People living in social housing are 3 times as likely to be smokers than those who have a mortgage¹³.

⁵ James Hardy, "Who Invented the Cigarette? A History of Tobacco Smoking and Cigarettes", History Cooperative, October 10, 2023, <https://historycooperative.org/who-invented-the-cigarette/>. Accessed February 27, 2025

⁶ James Hardy, "Who Invented the Cigarette? A History of Tobacco Smoking and Cigarettes", History Cooperative, October 10, 2023, <https://historycooperative.org/who-invented-the-cigarette/>. Accessed February 27, 2025

⁷ Office for National Statistics (ONS), released 6 December 2022, ONS website, statistical bulletin, Adult smoking habits in the UK: 2021, <https://www.ons.gov.uk>, Accessed online 2024

⁸ National Institute for Health and Care Excellence, What are the harms caused by smoking, 2024, <https://cks.nice.org.uk>, Accessed 2025

⁹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

¹⁰ National Institute for Health and Care Excellence, What are the harms caused by smoking, 2024, <https://cks.nice.org.uk>, Accessed 2025

¹¹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

¹² Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

¹³ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022



A GROWING CONCERN

This report focuses on cigarette smoking. However, cigarettes are not the only issue. In the UK, vape, or e-cigarette usage among young people is increasing. Data shows that the proportion of young people experimenting with vaping in Great Britain had grown by 50% year on year until 2023¹⁴.

There are growing concerns around accessibility to vaping for young people. Vape containing nicotine cannot be legally sold to under 18s. Marketing aimed at this population as well as vendors selling to young people despite the age restriction are recognised as factors contributing to a significant rise in underage vape sales¹⁵.

There have been questions around whether vaping is a gateway to cigarette smoking in young people. Data shows that initiation of cigarette smoking was associated with ever use of e-cigarettes initiation¹⁶.

VAPING TO STOP SMOKING

Although there is concern about vape use among young people,

vapes are now recognised as an effective stop smoking aid, with no greater risk of adverse effects than licensed medications.¹⁷

Cigarettes contain 7,000 chemicals, mainly toxins. Using vaping as a quitting tool is about risk reduction. Vaping products are the most popular and effective aid used by people trying to quit smoking.¹⁸

SMOKING IN WANDSWORTH

There are approximately 20,000 people who smoke in Wandsworth. As a percentage of the population, around one in eight adults smoke (7.8%). The borough has one of the lowest numbers of current smokers in England. From a peak of 16.8% in 2013, prevalence has declined since 2012¹⁹.

Everyone is at risk of ill-health and long-term diseases if they do not stop. Between 2019-20, there were 1,265 people admitted to hospital for smoking-related reasons and smoking contributed to the deaths of 530 people between 2017-19. The potential years of life lost due to smoking related illnesses is

3,336 (2016-18)²⁰.

Primary care GP records in August 2024, showed most Wandsworth smokers were aged 15-44 years, and this is a higher proportion than the average across South West London. Nearly half of Wandsworth smokers registered with a GP are on GP long term conditions registers. Similar to South West London, 40.8% of smokers have two or more chronic health conditions. The top 4 physical health comorbidities were hypertension, diabetes, COPD and cancer.

The annual cost of smoking to society in Wandsworth is estimated to be £211million per year. This is due to factors including loss of productivity (through illness, smoking breaks and early deaths), smoking related disease and its associated costs, costs of social care, accidental fires and passive smoking and its association ill health effects²¹.

Social care needs have been highlighted as costing the council £2.7million per year with an additional £20.1 million being

spent on informal care by friends and family²².

About 244,010 cigarettes are consumed every day in Wandsworth. Of these roughly 206,600 are filtered, resulting in 35kg of daily waste. This represents 13 tonnes of waste annually, of which 5 tonnes is discarded as street litter that must be collected by the Council²³.

STOPPING SMOKING IN WANDSWORTH

Quitting smoking could add 10 more healthy years to life to every person. It is recognised that local stop smoking services provide a highly cost-effective approach to help people quit smoking. A review of evidence in 2019 from the National Centre for Smoking Cessation and Training (NCSCT) has found smoking cessation services are three times as effective as making an unassisted quit attempt²⁴.

Stop smoking services in Wandsworth are informed by evidence-based guidelines from organisations such as the National

¹⁴ Action on Smoking and Health. Use of e-cigarettes (vapes) among young people in Great Britain. 2024. <https://ash.org.uk>, Accessed 2024.

¹⁵ Chartered Trading Standards Institute, Illicit vapes top list of high street threats, say Trading Standards experts, <https://www.tradingstandards.uk>, Accessed 2024.

¹⁶ Conner M, Grogan S, Simms-Ellis R, Flett K, Sykes-Muskett B, Cowap L, Lawton R, Armitage CJ, Meads D, Torgerson C, West R, Siddiqi K. Do electronic cigarettes increase cigarette smoking in UK adolescents? Evidence from a 12-month prospective study. *Tob Control*. 2017 Aug 17;27(4):365–72. doi: 10.1136/tobaccocontrol-2016-053539. Epub ahead of print. PMID: 28818839; PMCID: PMC6047139.

¹⁷ Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, Theodoulou A, Nottley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. *Cochrane Database of Systematic Reviews* 2021, Issue 9. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub6. Accessed 27 February 2025.

¹⁸ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

¹⁹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

²⁰ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

²¹ Action on smoking and health, ASH Ready reckoner, <https://ash.org.uk>, Accessed online 2024

²² Action on smoking and health, ASH Ready reckoner, <https://ash.org.uk>, Accessed online 2024

²³ Wandsworth Borough Council, Joint Strategic Needs Assessment, Live Well – healthy lifestyle and behaviours, <https://www.wandsworth.gov.uk>, Accessed online 2024

²⁴ National Centre for Smoking Cessation and Training, <https://ncsct.co.uk>, Accessed online 2024



Institute for Health and Care Excellence (NICE), which provide recommendations on smoking cessation interventions and services²⁵. These guidelines emphasise the importance of providing accessible and effective support for smokers who want to quit, including behavioural support/counselling, pharmacotherapy, and referral to specialist cessation services.

In Wandsworth, supporting residents to stop smoking is a collaborative effort between and across partner organisations within the Integrated Care Systems (ICS) including:

- Integrated Care Board
- NHS Primary Care
- South West London and St George's Mental Health NHS Trust
- St George's University Hospitals NHS Foundation Trust
- Stop Smoking London and digital app
- Wandsworth Council Stop Smoking Service
- Wandsworth Community Drugs and Alcohol Service (WCDAS)

Wandsworth council provides strategic leadership across the smoking cessation system and supports partners to deliver stop smoking services through different arrangements including Locally Commissioned Services (LCS) contracts and Memorandum of Understandings (MoU).

In addition, Wandsworth council provides a stop smoking service available to residents and people who work in the borough in various community locations and on the phone. This service offers free support from specialist advisors who offer tailored support and recommend the most effective smoking cessation products including nicotine replacement therapies to help people quit smoking successfully²⁶.

A review of the Wandsworth council stop smoking service data shows that 3,851 people accessed the service between 2019-2023. Of this number 2,187 successfully quit. This is a quit rate of 57% which is slightly better compared to England²⁷. Service users were residents of all 22 wards in

Wandsworth. Slightly over half (52%) of people who accessed the service where residents in the bottom 50% IMD deciles. The data shows that 62% of everyone who accessed the service was aged 15-49. However, the largest proportion of quitters were aged 50-64 (28%).

There was an equal split between male and female service users with women (53%) slightly more likely to successfully quit than men (47%). The proportion of Black, Asian and ethnic residents who accessed the service (30%), is roughly in line with the borough population profile (32%).

A CHANGING LANDSCAPE

Nationally and locally, the demand and uptake of stop smoking services has been affected by falling prevalence, vaping, particularly among young people who never smoked cigarettes and entrenched smoking²⁸.

The effects of smoking cessation policy changes last for decades and change social norms. The most obvious has been the 2007

smoking ban in all English pubs and clubs²⁹. More recently, new policies have been announced including government plans to create the first 'smokefree generation' by ending the sale of cigarettes to those born on or after 1 January 2009³⁰.

An additional £70 million is being invested nationally each year to 'stop the start'³¹ with the aim to make smoking obsolete by 2030³². In 2024, Wandsworth council launched the Swap to Stop scheme³³. This offers adults aged over 18 who smoke, free access to vape alongside behavioural support as a mechanism to quit³⁴.

²⁵ National Institute for Health and Care Excellence, Tobacco: preventing uptake, promoting quitting and treating dependence, <https://www.nice.org.uk>, Accessed online 2024

²⁶ Wandsworth Borough Council, Stop smoking service, <https://www.wandsworth.gov.uk>, Accessed online 2024

²⁷ NHS England Digital, Statistics on NHS Stop Smoking Services in England - April 2022 to March 2023 (Q4, Annual), <https://digital.nhs.uk>, Accessed online 2024

²⁸ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

²⁹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

³⁰ Department of Health and Social Care, Stopping the Start: our new plan to create a smokefree generation, 2023, <https://www.gov.uk>, Crown copyright 2025

³¹ Department of Health and Social Care, Stopping the Start: our new plan to create a smokefree generation, 2023, <https://www.gov.uk>, Crown copyright 2025

³² Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

³³ Department of Health and Social Care, Smokers urged to swap cigarettes for vapes in world first scheme, <https://www.gov.uk>, Accessed online 2024

³⁴ Wandsworth Borough Council, Stop smoking service, <https://www.wandsworth.gov.uk>, Accessed online 2024



DECLINING TRENDS

There has been significant progress reducing smoking rates, both nationally and locally³⁵. Figure 1 compares smoking prevalence in adults aged 18 and over between 2011 and 2023.

of adults with serious mental illness and 53.1% of adults admitted to treatment for substance misuse (2019/20) smoke, versus 7.8% among the general population³⁷. The number of people using stop smoking services reporting a

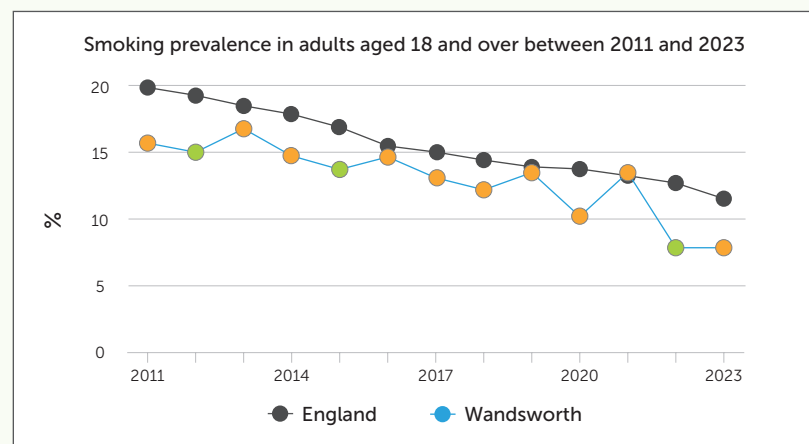


Figure 1

Behind this good news, there are groups where prevalence is higher in comparison to the general population. A third of all cigarettes smoked in England are smoked by people with a mental health condition³⁶. In Wandsworth 38.4%

successful quit attempt in England has fallen by 72%, from 380,000 people in 2010 to 105,000 in 2022³⁸. The national trend can be seen in Wandsworth. There has been a corresponding decline in the numbers of smokers setting a quit date and quitting through the Wandsworth Stop Smoking Service.

Figure 2 shows a decrease by more than 50% between 2019/20 – 2023/24 in Wandsworth.

services and successfully quitting, highlights the need to redouble local efforts to support all people

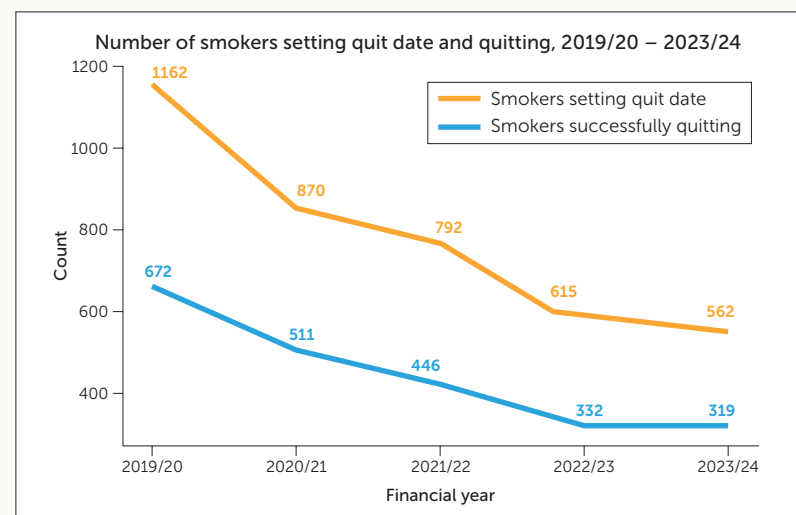


Figure 2

Quitting smoking could add 10 more healthy years to life to every person. It is predicted that unless further action is taken, smoking will cause over half a million more deaths by 2030³⁹. The identified smoking harms, smoking-related inequalities and reduction in people accessing stop smoking

who smoke and particularly priority populations.

Understanding lived experiences of people who smoke, including why people start, continue and stop will support the council and partner organisations to better meet the needs of the smoking population, continue driving down prevalence and make smoking obsolete.

³⁵ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

³⁶ The King's Fund, Clearing the Air: debating smoke-free policies in psychiatric units, 2006, <https://www.kingsfund.org.uk>, Accessed online 2024

³⁷ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

³⁸ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

³⁹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022



This report considers issues in smoking through conversations with local people who smoke using extracts and short case stories to illustrate the findings.

The report also provides insights into smoking among priority populations via dialogue with staff who provide stop smoking services including the NHS.

The priority populations considered in the report include:

- Smoking in pregnancy
- Routine and manual occupations
- Mental Health
- Substance misuse

THE APPROACH

People who have used the local stop smoking service were invited to participate in a conversation about smoking. Invitations included the purpose of the interview and where and how the findings would be shared. People were invited either by letter or verbally in person or over the phone. An incentive was offered to everyone who accepted the invitation. Over 250

people were contacted and 47 agreed to participate. This is approximately 19% of sample contacted. Of those who agreed to participate, twelve did not attend (26%). Consent was obtained via invitation acceptance and recorded at point of interview through a direct question.

Interviews were undertaken during November 2024. Each structured interview lasted approximately thirty minutes. There were seven core smoking-related questions. Prompt questions were prepared and used if needed. The self-stated demographic characteristics of interviewees were recorded.

The following interview questions were designed to elicit detailed accounts of participants' smoking habits, motivations, challenges, and cessation efforts:

1. Why did you start smoking?
2. What are the main reasons you continue/d to smoke?
3. Have you experienced any health issues that you believe are related to smoking?

4. How did/does smoking affect your daily life and interactions?
5. How did/does smoking impact your financial situation?
6. Can you share your experiences of any previous attempts to quit smoking?
7. What type of support have been most helpful when trying to quit?

All participants either smoked or were ex-smokers. Women accounted for 45% of all participants with men accounting for 55%. Participants were aged between 25 and 75+ and were from across the borough. Asian, Black and other minority groups were under represented in the sample in comparison to the borough profile.

Responses to the questions were initially recorded on excel. The data was then transcribed and subjected to thematic analysis using Python software, which involved categorising data into recurring themes and subthemes.

The findings were used to identify issues in smoking which are discussed in the following chapters:

- starting smoking
- continuing smoking
- impacts of smoking
- stopping smoking
- Stop smoking services

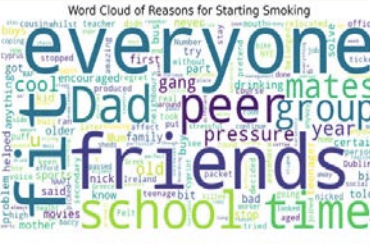
Each chapter provides a brief description of the identified themes and discusses a priority population. Visual word clouds and short extracts from conversations are used to highlight key findings.



The reasons individuals began smoking were categorized into the following themes:

Peer Pressure, Curiosity and Experimentation, Family and Parental Influence, Stress and Coping, and Desire to Appear Mature or Cool.

The word cloud below illustrates the most frequently mentioned terms and people in the dataset. Larger words indicate higher frequency in the responses.



Below are the themes, with selected examples of responses for each:

PEER PRESSURE

‘FELT LIKE I BELONGED WHEN SMOKING’

The responses provided

underscored how peer pressure influenced people to start smoking, particularly as teenagers. Many felt compelled to conform to their social group’s behaviours, driven by a strong desire to fit in and the sense of belonging that comes from participating in shared activities. Statements like “everyone else was doing it” and “felt like I belonged whilst smoking” highlight the powerful social dynamics at play.

CURIOSITY AND EXPERIMENTATION

‘WANTED TO TRY IT OUT OF CURIOSITY IN THE FIRST PLACE’

The responses illustrated how curiosity, social dynamics, and the pursuit of novel experiences drove people to experiment with smoking. One individual mentioned wanting to try smoking out of curiosity and rebellion against parental warnings. Another described being influenced by a friend and the pleasurable sensation of the first cigarette, emphasizing the role of peer

pressure and sensation seeking.

FAMILY AND PARENTAL INFLUENCE

‘MY FAMILY ALL SMOKED ANYWAY’

The responses revealed the strong influence of family and parental behaviour on smoking habits, highlighting how smoking became normalized within a family environment. Statements like “My mother never told me to stop” and “I used to nick a fag off my Mum” indicate how accessibility and permissiveness facilitate the habit. Smoking was a common practice and a part of the household culture.

STRESS AND COPING

‘MY JOB IS VERY STRESSFUL, AND IT WAS A WAY OF ME COPING AT THE TIME’

The responses highlight how individuals often turned to smoking as a coping mechanism to manage stress and difficult emotions.

One person mentioned using smoking to cope with the high-stress nature of their job as a social worker, while another described increasing their smoking during a difficult divorce and relationship challenges.

DESIRE TO APPEAR MATURE OR COOL

‘I WANTED TO LOOK COOL, FIT IN, IT WAS THE THING’

The responses highlighted how the desire to appear mature or cool influences individuals, particularly teenagers, to start smoking. Statements like “Being a kid, being cool” and “I thought I looked cool at the bus stop” show how smoking was perceived as a way to enhance social image, fit in, look older or gain social privileges.



'Well, it was the 'in' thing to do in those days. I was an apprentice joiner, and everybody did it then. It was just one of the things we all did. I suppose really, I thought I needed it. It becomes such a habit. If I didn't have a cigarette on my person, I thought I must rush out and buy some. It was always at the top of the shopping list, if I ran out of milk at say 9pm I wouldn't race down the road to buy some, but I would if I ran out of cigarettes' – Peter, resident



Peter

Priority population – routine and manual occupations

Nationally, the smoking prevalence in adults in routine and manual occupations (aged 18-64) is 19.5% (2023). This is higher than among the general population 11.6% in England⁴⁰.

For this indicator, Wandsworth (6.6%) compares better than England (19.5% (2023)). The number of people in routine and manual occupations who smoke in the borough is lower than among the general population⁴¹.

Smokers in routine and manual socio-economic groups attempt to quit smoking as frequently as those in professional and managerial roles but find it difficult to stop. This is partly due to higher nicotine dependency, starting to smoke earlier in the day, smoking more cigarettes

daily, and consuming more nicotine per cigarette than wealthier smokers⁴².

Anna says: *'Being surrounded by other smokers or in environments where smoking is common can make quitting more difficult.*

For many people, smoking acts as a crutch, especially during stressful times. It's something they've relied on for a long time, and even a serious health diagnosis doesn't necessarily take away the urge to smoke. In fact, it can sometimes make the urge stronger because smoking is their way of

coping with stress.

People often don't have other coping mechanisms, making smoking one of the few comforts they have and some smokers might not be fully aware of the support available to them' –

Anna Carvell-Hall, Stop Smoking Advisor, Wandsworth council



Anna Carvell-Hall

⁴⁰ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

⁴¹ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

⁴² ASH, Health inequalities and smoking, 2019, <https://ash.org.uk>, Accessed online 2024



The reasons individuals gave for continuing to smoke, categorized into the following themes:

Addiction and habit, stress relief and relaxation, social connection, enjoyment and cultural or family influence.



ADDICTION AND HABIT

'IT'S A HABIT, I GET UP IN THE MORNING AND HAVE A ROLL-UP WITH MY CUP OF TEA.'

Smoking is strongly tied to addiction and habitual behaviour. Phrases such as "addiction to the habit" and "it becomes such a habit" appear frequently. Habitual behaviours, such as smoking with a morning coffee or during moments of boredom, reinforce

the difficulty in quitting. Many participants highlighted the role of dependency and ingrained routines.

STRESS RELIEF AND RELAXATION

'IT WAS ALWAYS STRESS RELATED WHEN I WANTED TO SMOKE A CIGARETTE.'

Smoking is often cited as a stress relief mechanism. Respondents mention stress, anger, grief, sadness, and loneliness as triggers. For some, smoking is a way to manage emotional distress, with one respondent linking smoking to coping with grief after losing family members. Smoking is often used as a coping mechanism to manage stress, difficult emotions, or challenging circumstances.

'Started smoking when my Mum died and again sister, Dad asked me to stop before he died but I didn't. Grief, it's always been grief that made me start again' – Claudette, resident

SOCIAL CONNECTION

'PART OF YOUR LIFE, YOUR FRIENDS, AND COMPANIONS.'

Smoking was described as a social activity or a way to fit in, especially in settings where it was culturally or socially accepted. For some participants, smoking serves as a social activity or a means of maintaining connections.

ENJOYMENT

'IT GIVES YOU A GOOD SENSATION.'

Some participants highlight the perceived psychological or physical benefits, such as relaxation or a sense of control. Some smokers associate smoking with pleasure and satisfaction.

'Once the smoking ban came in, I would still go outside and have a smoke. To be honest it gave me a little break, you know, when you were around people or family. I suppose to a certain extent there might have been nicotine cravings but for me it was more of a habit' – Peter, resident

CULTURAL AND FAMILY INFLUENCE

'I WAS SURROUNDED BY SMOKING; BOTH MY PARENTS SMOKED.'

Several participants reference the influence of social norms and peer behaviour, particularly during their youth. Smoking was described as a social activity or a way to fit in, especially in settings where it was culturally or socially accepted. Family and cultural norms play a significant role in shaping smoking habits.



**Priority population –
smoking in pregnancy**

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.

Pregnant women who smoke tend to have more complications during pregnancy and labour. Prevalence of smoking in pregnancy is considerably higher in more disadvantaged

groups and in women under the age of 20 than in more affluent and older groups. There is, therefore, a major health inequality associated with smoking in pregnancy as disadvantaged groups are at a

much greater risk of complications during and after pregnancy. Children who grow up with a parent who smokes are also more likely to be smokers themselves⁴³.

In Wandsworth during 2023/24, 152 people smoked at time of delivery and nationally the figure is 7.4% of all women⁴⁴.

Chelone says: *'The reasons why pregnant people smoke are multifactorial, involving a mix of psychosocial factors, addiction, and individual circumstances. Many pregnancies are unplanned and women who smoke when pregnant are often*

younger and face significant psychosocial challenges such as poor housing, low income, loneliness, and lack of social support.

These factors can contribute to higher stress levels and fewer resources to support quitting. Individuals can be left feeling socially or psychologically unprepared and find it difficult to focus on quitting when there are more immediate concerns.

Plus, nicotine addiction is powerful and often underestimated. This is in contrast to people who are excited and positive about their pregnancy. They often have more stable lives overall and be more motivated to quit smoking and adopt a healthier behaviour.' –

Chelone Lee Wo, Consultant Midwife, Maternity Unit – St George's University Hospitals NHS Foundation Trust



Chelone Lee Wo

⁴³ Wandsworth Borough Council, Joint Strategic Needs Assessment, Live Well – healthy lifestyle and behaviours, <https://www.wandsworth.gov.uk>, Accessed online 2024

⁴⁴ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

Health issues related to smoking,
the effect on daily life and impact
on finances.



'100% YES. THIS WAS THE THING THAT MADE ME GIVE UP. I WAS DIAGNOSED WITH MILD COPD AND EMPHYSEMA.'

The responses reveal the extensive health issues associated with smoking, including respiratory problems like COPD, emphysema, asthma, and shortness of breath, as well as cardiovascular issues such as poor concentration, high cholesterol, and heart attacks. Additionally, smoking is linked to

cancer, with respondents mentioning lung cancer and other types of cancer. Oral health issues like gum disease and tooth loss are also common among smokers.

'I FIND IT HARD TO
CONCENTRATE WITHOUT A
CIGARETTE - IT ALWAYS HELPED.'

The responses reveal smoking's multifaceted impact, affecting physical health, social interactions, finances, and daily routines. Smoking is deeply ingrained in daily routines, making it challenging to quit. Socially, smoking often enhances bonds in group settings but can also lead to exclusion.



'SMOKING HAD A SIGNIFICANT FINANCIAL IMPACT, PROBABLY SPENDING £60 PER WEEK'.

The responses reveal the substantial financial burden of smoking, with individuals highlighting high costs and significant weekly expenses. Many smokers switch to cheaper alternatives like roll-ups due to these costs. Quitting smoking results in notable financial savings, with respondents reporting increased savings and the ability to allocate money to other things.

My surgeon said I must give up smoking immediately, so I did - Ricardo, resident

'Well I was a carer for my mother, until she died a couple of years ago. I'm still trying to sort out all her stuff. Smoking was just something I did. I could only afford to buy 40 a week so I used to make 2 cigarettes into 3... I never liked tobacco as such' – Mario, resident



Mario



Ricardo

Priority population – mental health

There is a strong link between mental health and smoking. People with mental health conditions are more likely to smoke and smoking rates increase with the severity of illness. People with poor mental health consume 40% of the cigarettes smoked in England⁴⁵. Two thirds of smokers with poor mental health report wanting to quit, however they face greater barriers to cessation, often smoke more and are more addicted⁴⁶.

In Wandsworth smoking prevalence in adults with a long-term mental health condition (aged 18 and over) – current

smokers (2022-23) is 22.3% versus 25.1% for England. This is almost three times higher than the prevalence of smoking among the general population (7.8%) in Wandsworth⁴⁷.

Adriana says: 'Nationally, about 25% of adults with long-term mental health conditions smoke. However, in specific settings like mental health trusts, this figure can be as high as 70%.

Smoking is often used as a coping mechanism to manage symptoms such as anxiety and hallucinations. It can provide a sense of relief or control over distressing symptoms.

Individuals with mental health conditions may experience social

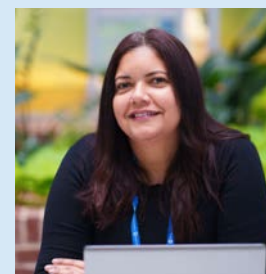
isolation, reducing their access to support systems and smoking cessation resources. This group tends to smoke more heavily and intensively, leading to higher nicotine addiction rates.

A significant portion of cigarettes sold in the UK is consumed by people with mental health problems. While general smoking prevalence has decreased due to policies like smoking bans and plain packaging, these measures have not been as effective for people with severe mental health conditions.

People with mental health conditions face several unique challenges when trying to quit

smoking. Support for quitting is often inadequate and not tailored to the specific needs of individuals with mental health conditions. This lack of personalised support can make it harder for them to quit' –

Adriana Ratier-Cruz, Health Promotion Programme Manager, South West London and St George's Mental Health NHS Trust



Adriana-Ratier Cruz



Daniella

I'm concerned for my own health and also for my baby. I have asthma so I shouldn't really smoke, I get out of breath climbing stairs and even more so now I'm pregnant. It's so expensive, it costs £25 for a pack of tobacco, or £15 for a pack of cigarettes. You can't even buy 10 anymore. It does affect me financially – Daniella, resident

⁴⁵ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

⁴⁶ ASH, Health inequalities and smoking, 2019, <https://ash.org.uk>, Accessed online 2024

⁴⁷ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

The reasons for stopping smoking were categorized into the following themes:

Addiction and Habit, Lack of Motivation, Stress and anxiety, Lack of Support, NRT usage, and Social Pressure.



ADDICTION AND HABIT

'FIRST WEEK WAS THE HARDEST, IT AFFECTS ALL THE SYSTEM IN YOUR BODY... IT AFFECTS EVERYTHING, I WAS ITCHING AND FEELING BAD'

The responses highlight the significant challenge of overcoming smoking addiction and habitual behaviour. Individuals note the difficulty of quitting in social settings and the physical discomfort of withdrawal. One respondent shared the challenge of attending places where smoking is common, while another emphasized the impact of

nicotine withdrawal, including side effects and physical discomfort.

LACK OF MOTIVATION

*'FOR PREVIOUS ATTEMPTS I
WASN'T READY. THERE WAS
NOTHING THAT TOLD ME I HAD
TO STOP'*

The responses reveal the significant challenge of finding the motivation to quit smoking. One individual shared, "Willpower alone is not enough for me. I joined a gym and have only been 3 times, and I've got to pay for a year". Another respondent noted, "For previous attempts I wasn't ready. There was nothing that told me I had to stop, I was quite young and just not ready," indicating that a lack of readiness and personal drive can hinder successful quitting attempts.

STRESS AND ANXIETY

'YES, STRESS 100%. IT'S PROBABLY ONE OF THE MAIN THINGS THAT EXACERBATES THE ISSUE'

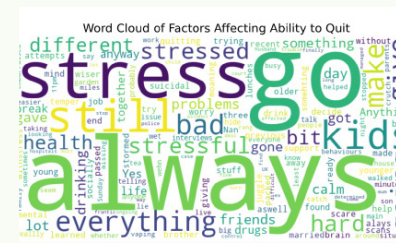
The responses show that stress and

anxiety are significant barriers to quitting smoking. One individual mentioned, "I always found it hard to think about quitting when I was stressed." Personal and family issues contribute to ongoing stress, making it harder to quit, as reflected in, "My Nan passed away and my brother has bad mental health problems, been suicidal and everything, so there's always something to worry about."

LACK OF SUPPORT

'THE FIRST TIME IT WAS REALLY HARD. I WAS SEEING THE NURSE AT MY PRACTICE, BUT MY HUSBAND STILL SMOKED AND DID NOT SUPPORT ME AT ALL'

The responses highlight the need for good support systems in the journey to quit smoking. One individual shared, "When you first quit, you get a lot of support from the smoking services. Before when I quit, you had to blow in the device and they could see you were still smoking". Another respondent noted the difficulty of quitting without support at home.



NICOTINE REPLACEMENT THERAPY (NRT) USAGE

'ONLY HAVING PATCHES PROVIDED FOR 6 WEEKS WHEN I TRIED TO QUIT LAST YEAR WAS THE BIGGEST CHALLENGE BECAUSE THEY WERE TOO EXPENSIVE TO BUY'

The responses highlight issues with NRT usage. One respondent emphasized the financial burden of NRT. Another shared, "I've tried everything going in the past. I've had the patches, the mints, the chewing gum and the inhalator. None of them really worked," indicating the difficulty in finding an effective solution. The discomfort with certain NRT products is also evident: "I don't like the chewing gum they gave me, makes me feel sick." These accounts illustrate the importance of using the best suited NRT products to quit smoking.

SOCIAL PRESSURE

'I STARTED AGAIN BECAUSE FRIENDS OFFERED ME A CIGARETTE'

The responses illustrate the significant challenge that social pressure and peer influence pose to quitting smoking. One individual shared, "I'd be in a social situation and think I'll just have one and be fine, then the next time I'd have another but before you know it, you're hooked again," highlighting how casual smoking in social settings can quickly lead to relapse.

'This time I had to stop. I think it's all in the mind if you want to give up. I was wearing the patches in the beginning but they had too much nicotine compared to roll-ups, so I tried cutting them in half. I gave up and now use an inhalator and I buy the odd vape but I hope to be off them by the time I have my surgery next month' – Ricardo, resident

Priority population – substance misuse

In Wandsworth, smoking prevalence in adults (aged 18 and over) admitted to treatment for substance misuse – all opiates, is 71.8% (2019/20). This is slightly higher than the England average (70.2%) and almost ten times higher than among the general population in the borough⁴⁸.

A national published report states that despite the high levels of smoking among people receiving treatment for substance misuse, only 4% were recorded as having been offered referrals for smoking cessation interventions⁴⁹.

Ross says, 'the relationship between smoking and other forms of addiction is complex and multifaceted. Quitting smoking while still using alcohol can be challenging because the craving for one substance may increase when the other is removed. Smoking and alcohol use can become mutually reinforcing. Both are often used to cope with stress, anxiety, or social situations, and peer influence can play a significant role in maintaining these behaviours.'

Smoking is sometimes described as a gateway to using other substances, such as cannabis. This can

lead to further substance use including the use of more harmful drugs like opioids.

Many people with substance use disorders also struggle with mental health issues like depression, anxiety, or trauma. Smoking often serves as a coping mechanism for these conditions. When people try to quit smoking while also withdrawing from alcohol or opiates, their mental health symptoms can worsen, increasing the risk of relapse. Removing one substance can exacerbate cravings and withdrawal symptoms for the others, making it harder to stay sober.

Some people view smoking as less harmful compared to their alcohol or opiate use. This

perception can reduce their motivation to quit smoking, as they prioritize quitting what they see as the more dangerous substance'. – Ross Little, Public Health Lead for alcohol and substance misuse, Wandsworth Council



Ross Little

'I always found giving up smoking relatively easy, it was the staying off it that was really hard to do. I had a couple of times of being off it for about 6 months but then started again. It wasn't any particular situation – just fancied one and gave in. It takes about 9 months of not smoking until you forget about them, after a year you're completely over it. Before that, it's always there in the background trying to pull you back in. I'd talk to myself – 'go on have one if you want one' then I'd say 'no, you don't need it'... all a bit mad really' – Lesley, resident

⁴⁸ Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk/> © Crown copyright 2025

⁴⁹ Office for Health Improvement and Disparities, Adult substance misuse treatment statistics 2022 to 2023: report, 2023, <https://www.gov.uk>, Accessed online 2024

The data is categorized into the following themes:
Support from Family and Friends,
Stop Smoking Service, NRT,
and Vaping.



FAMILY AND FRIENDS

*‘MY PARTNER AND MY CHILDREN
SUPPORTING ME HAS BEEN THE
MOST HELP’*

The responses highlight the crucial role of support from family and friends in quitting smoking. One individual shared that having their partner and children support them, even when the partner smoked, was incredibly helpful. Another noted the importance of mutual support, with a spouse also quitting smoking.

STOP SMOKING SERVICE

*‘HAVING SOMEONE THERE WHO
WAS CHECKING IN ON YOU WAS
A GREAT HELP’*

The responses show the importance of professional support services in the quitting journey. One individual mentioned the preference for face-to-face interactions. Another shared the value of having someone check in regularly, as a Stop Smoking Advisor helped set them up with vapes and provided consistent support. The weekly phone calls from the Advisor were particularly beneficial, offering the necessary boost to keep going.

NRT AND VAPING

*‘THE VAPE HAS BEEN
MOST HELPFUL... OFFERING
PEOPLE THE VAPE MIGHT
HELP MORE PEOPLE’*

The responses highlight the effectiveness of NRT products and vaping in helping individuals quit smoking. Vaping provided a sense of control and cost-effectiveness, with one respondent sharing, “Vaping has been amazing, they provided 3 months’ supply,” and another noting, “The vape has been most helpful.” However, some highlighted potential new dependencies, as one mentioned, “Vaping has made me stop smoking tobacco but now I’m addicted to that.”

‘This time there was a leaflet through the door about a stop smoking bus and free vapes, so I thought I’d give it a go. The fact that they gave me a free vape and liquid, I didn’t have to spend any money. I’ve had the patches and other nicotine replacement before and that didn’t work for me. I had the wildest dreams and the inhalator did nothing. I also had Anna on the phone every week. Even if I wasn’t able to speak to her, I always knew she was there’ – Catherine, resident

I’ve tried everything going in the past...I’ve had the patches, the mints, the chewing gum and the inhalator. None of them really worked. The vape they’ve given me; you can charge it up and I get 6 flavours – that’s worked the best. The vape has been most helpful. Offering people the vape might help more people. I’ve had friends who have been through stop smoking services in different areas and they haven’t been offered the vape. It really does help. Wandsworth have been really good in doing that’ – Daniella, resident



IMPROVING PREVENTION

Supporting people to stop smoking is not just the responsibility of local authorities. It needs to be a collaborative effort. The NHS, including primary care, should prioritise prevention. Investment

should be made to support pregnant women to quit and tackle the prevalence of smoking among people with poor mental health and substance misuse issues⁵³.

At every contact with the healthcare system, there is an opportunity for a

quick conversation with someone who smokes that could help them quit. But the opportunity is often lost, and in some places more often than others. There has been an assumption that somebody else would treat the cause and clinicians the effects. Some

healthcare professionals are not confident or sufficiently aware of the impact that a brief intervention might have, or the value of referring their patients to stop smoking services⁵⁴.

ABOUT IMPROVING PREVENTION, STAFF SAID:

"Smoking remains the leading cause of preventable death and ill health in the UK and accounts for over half a million hospital admissions per year in England. Smoking harms nearly every organ in the body and affects a person's overall health, and their ability to recover quickly from illness. At St. George's, we want the best outcomes for all our patients. Getting support to reduce or abstain from tobacco whilst in our care, gives smokers a better chance of a speedy, trouble free recovery."

Dr Richard Jennings,
Group Chief Medical Officer,
St George's, Epsom & St Helier,
University Hospitals and
Health Group

'All NHS staff need to be involved in the effort to address smoking and encouraged to discuss smoking with patients and colleagues. Smoking status should be made a regular and revisited part of patient care plans and check-ups, even if they have previously declined help' – Fred Agbah, Smoking Cessation Practitioner at St. George's University Hospitals NHS Foundation Trust

'Focusing on preventing young people from starting to smoke is crucial. Schools can play a key role by implementing evidence-based anti-smoking programs. Additionally, leveraging social media platforms like Instagram and TikTok to reach young audiences with engaging, targeted messages can be effective' – Ross Little, Public Health Lead for Alcohol and Substance Misuse, Wandsworth Council

'It should be recognised that people with mental health conditions are not a homogeneous group. Support should be tailored to address the specific social,

psychosocial, and symptom-related factors of each individual and may be required long-term and beyond typical programme durations. And seamless links should be made between community services and mental health Trusts so that smoking cessation support starts in the community and continues through any period of hospitalisation, with a smooth transition back to community care' – Adriana Ratier-Cruz, Health Promotion Programme Manager, South West London and St George's Mental Health NHS Trust

Smoking cessation services should be easily accessible, including through GP referrals and community health centres. All healthcare providers, including nurses and doctors, should receive training in NRT and smoking cessation techniques' – Anna Carvell-Hall, Stop Smoking Advisor, Wandsworth Council Stop Smoking Service

'We should do more to recognize the diverse backgrounds of patients and provide culturally sensitive interventions. For example, engaging community

leaders and using materials in multiple languages can help reach populations where smoking is culturally ingrained' – Chelone Lee Wo, Consultant Midwife in Public Health at St George's University Hospital

'We also need to make sure that patients are aware of the cessation services that are available. Information about the benefits of quitting, including financial, social and psychological, should be clear and accessible. Materials like leaflets need to be readily available so all staff can direct patients to these resources' – Fred Agbah, Smoking Cessation Practitioner at St. George's University Hospitals NHS Foundation Trust

It is really important to have empathy and take the time to understand each individual's unique situation when helping long-term smokers quit. Providing personalised support, whether through extended conversations or regular check-ins, can be crucial – , Anna Carvell-Hall, Stop Smoking Advisor, Wandsworth Council Stop Smoking Service

⁵⁰ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

⁵¹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, <https://www.gov.uk>, Crown copyright 2022

There is much to celebrate in terms of stop smoking progress. Nationally, prevalence has declined, and compared to other councils in England, Wandsworth has one of the lowest numbers of people who smoke in the country. There is access across the borough to free evidence-based stop smoking services that are available through multiple channels 24 hours a day, 365 days a year.

Recent investment of ring-fenced grant monies has bolstered already successful service provision. New policies such as stopping the start have resulted in a renewed recognition of the importance of preventing and quitting smoking. Established partnerships between local organisations including the council and NHS have been further strengthened and efforts to develop new pathways, implement new initiatives, and facilitate access to the best new NRT and medications, continue at pace.

Yet in Wandsworth, tens of thousands of people continue to smoke each day. The number of people accessing local stop smoking services since 2019 has declined by 50%. The conversations with residents provide insights into the reasons why. For starting smoking, descriptions are given of

past times when smoking was a normal part of life. The effects of the social environment and social pressure are described, as well as youthful curiosity and the desire to fit in. Stress, coping with life events and challenges and the addictive nature of nicotine are given as reasons for continuing to smoke, along with relaxation and enjoyment.

The impacts of smoking on health and wellbeing reflected in the statements include stories about loss of family members, dealing with a personal illness, the emotional strain of being diagnosed and living with a long-term condition and the drain on financial resources as the price of cigarettes has increased.

The conversations with residents show that for some people quitting is extremely challenging. People talk about multiple attempts to stop, unsupportive social and family environments, varying degrees of motivation, low resilience resulting in failed attempts as well as issues with NRT usage. Despite the stated barriers to quitting, people also spoke positively about the experience of stopping smoking and the support received. Statements refer to the effect of encouragement from family and friends and of being held

accountable for actions taken to quit. Conversations show appreciation for the smoking cessation service, particularly free access to NRT and medications and the ability to chat to a Stop Smoking Advisor. However, for some people the withdrawal of free access at 12 weeks inhibited their ability to quit. For many, vaping was key to stopping smoking, especially people who had tried to quit previously.

The report discusses issues in smoking among priority populations. Staff who provide stop smoking services state that service provision needs to be tailored and that more can be done locally to support priority groups. Staff speak of the importance of demonstrating compassion and of understanding the reasons why some people find it harder and require more time and support to quit.

Conversations show the need for collective responsibility across the healthcare workforce to improve prevention of smoking. All staff should be encouraged to regularly ask patients if they smoke, regardless of previous status and equipped to provide verbal brief advice, and signposting to stop smoking services.

Staff recognised that more could

be done to increase awareness of smoking cessation services and ensure culturally appropriate provision and resources. It was stated that assumptions that there is universal awareness of the negative effects of smoking should be challenged. Staff also spoke about the importance of smoking prevention in young people. This included the role of parents and education settings in addressing the rise of vaping and the associated risk of nicotine addiction.

Overall, the report shows that Wandsworth is on the right track towards making smoking obsolete. If Wandsworth is to achieve smokefree status by 2030, a universal stop smoking offer available to everyone needs to be maintained. At the same time, further investment to support priority populations should be made, so that nobody is left behind. To protect future generations from the harms of smoking, we need to stop the start, including vaping in young people.

Everybody did it then, but now, a smoke-free future is within reach. Through people and partnerships, the borough can make smoking obsolete.



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