‘Got a light?’
Views from under-served communities about smoking tobacco and the Local Stop Smoking Service

Appendices

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Appendix 1 Invited Participants

Abingdon Foyer
Active Body, Healthy Mind
Akiport Café Portuguese café
Aspire Oxford, Pathways to Employment
Banbury Foyer
Banbury Polish Association
BMW
Carwash site Abingdon Road
Carillion Cleaners at Oxfordshire County Hall
Carillion Construction Staff at Oxford Station
Children in Care and Care Leavers
Clockhouse CDI at Blackbird Leys Community Centre
Contacts via Oxfordshire Clinical Commissioning Group
East Timor Oxford Association
East Timorese community Church in Blackbird Leys
EMBS College
Happy Place at West Oxfordshire Community Centre
Healthwatch Oxfordshire
Homophobia, Biphobia and Transphobia action group including some schools and youth groups. And Anti-Bullying network
JDE in Banbury (Kraft factory)
Long Term Conditions Health commissioners
Matthew Wigglesworth House
Oxford Community Co-ordinator at Oxford City Council
Oxford Older Chinese People Centre and Oxfordshire Chinese Community & Advice Centre
Oxford Polish Association
Oxford Wellbeing and Employment Support Service - OxForward run by Kennedy- Scott
Patient Participation Groups and Chairs
Patient/public Equality Reference Group
Polish School Oxford
Refresh Café
Residential Edge of Care, Move On Home
Siemens Magnet Technology
Stagecoach Bus Company
The East Timor Working Group
The Wislowe Szymborske, Polish Saturday School in Banbury
Unipart
Appendix 2: Summary of conversations and comments heard during LSSS questionnaire & face-to-face discussions

Numbers of people taking part in conversations
Vulnerable learners college = 4
Large distribution centre = 3
Supported housing for young people = 3
Supported housing for young parents = 5
3 staff from supported housing project = 3
City café with high percentage of smokers = 1
Children in Care Council = 2
Project for people in recovery = 1

Total conversations 22

Young People Summary messages
Stress and boredom were consistently given as reasons for smoking. Smoking helps coping with the day and is a way of breaking boredom, of being part of things and being able to calm down. Smoking is a way of coping with difficult life situations and was widely considered as a better way to deal with stress then getting angry or aggressive.

“rolling a cigarette, I can take my mind off it and I am concentrating on rolling the cigarette and smoking. Smoking lets me get away for a few minutes to calm down.”
“Find something to replace it that lets you calm down”
“Because I only smoke when I’m stressed out”
“Stress depression and alcohol keeps people smoking, it’s something to do”

Too young, too stressed trump health concerns
All of the participants were aware of the health risks of smoking tobacco. However, these risks were not enough to make participants want to stop smoking in the foreseeable future. Their need for stress relief was a trump card over health worries.

Freedom of choice was frequently mentioned by young people. Participants expressed the right to choose to smoke.
“I’ve stopped drinking and doing drugs all together so it would be too hard to stop smoking just yet but I’d like to”
“Most of my friends smoke, it’s not peer pressure because it’s my choice, when you see your mates smoking you feel left out”
“You take away the choice because it is stress relief”.

Being a friend and getting support from friends
Young people wanted to team up with a friend as a way of quitting. And they wanted to support their friends “If your friend is quitting and you’re smoking then that would be taunting”.
An app was well liked
The use of technology for accessing services and support was acceptable to participants. Some have used health apps before and would be comfortable with using technology to access information and support. One participant described the use of an app during her pregnancy and found that taking part in a group forum function on an app for exchange of information and peer support was rewarding and useful.
“Because you could put in how many you smoke a day and you’d see how much you’d saved in money and how much more you have to go”
“I’m on my phone 24/7 unless I’m at work and in fact I’m still on my phone”

Target young people
The young adults shared a concern of children age 8 / 9 and onwards smoking; children were starting younger and younger. There were several messages around thinking young people should be targeted “A van can travel from place to place and then can target the kids and stop them young”.

Illicit tobacco
Overall there was good awareness from participants about where they could buy illicit tobacco. However, few participants brought illicit tobacco – when they did it was because it was what they could afford. The majority felt it had a strange taste and they were not sure of the quality of the content. A few people spoke of bad experiences which was why they wouldn’t buy it.

Cannabis and tobacco link
There was a strong connection / relation between smoking joints with tobacco and smoking just tobacco.

Women and weight gain
A few (n5) felt that stopping smoking would have an impact on their weight “I’ll get as big as a house” and this was a factor in them not stopping smoking.

Vulnerable learners’ college

Male age 19 smoking for 2 years
“I notice when I am running now – I used to be able to run and now I can’t, it feels like such an effort, I can really feel the difference since I started smoking and that worries me. Smoking – it does help with stress. It’s to do with boredom; if I have a cigarette I am bored and I sit at home doing nothing. I could stop if I wanted, the ones who started at 13 / 14 years old are more addicted. My Mum says ‘they’ll do it anyway’, she smokes, she wants me to stop but she thinking ‘oh well they’ll do it anyway’. I keep thinking of smoking, I do like it. If something serious happened I’d give up. My Dad smoked 40 a day and had heart attack, that’s the tricky part that’s really made me think.”
I take it from my Mums pouch, my Grandma she knows someone who knows someone [referring to illicit tobacco]. When I go to Portugal I get supplies. I think it’s a good thing that the council spend money on the service there’s a lot of young people who are smoking. I think start at years 8 and 9 when they are 12 / 13 years old – concentrate on those years [to prevent people taking up smoking]. I get the impact, the impact on the economy, on health and the cost of that. It’s a good thing to help people to stop. You have to be mentally prepared to stop it’s not just about patches. I think it would help talking to someone who was a smoker and is now a smoking counsellor”.

**Female late teens with learning difficulties**
“I’ve tried and tried to give up, I’d love to be able to stop, I ask family and friends to help me but most of them smoke”.

**Female late teens originally from Poland**
“I want to give up alone. I don’t want to ask anyone for help. I hate the smell of it, I want to stop. When I went to my doctor, she said about it, that there is the service, which can help me to stop smoking, but I wanted to do this alone but I failed”.

**Male late teens originally from Poland, 10 a day**
“I like it, if I want to smoke I should be able to, I don’t see why I should stop. About cheap tobacco I can tell you which shop, it is in my city, for £3”.

**Supported Housing Project for young parents**
Young woman with 6 month old baby
“When I was pregnant I did the inhalers and patches – it was rubbish, the inhaler. The woman I saw was nice. She explained everything in detail and what it would be doing to her [unborn daughter]. I was a 4 then I was a 2 on the smoking chart. I’ve tried stopping but there’s stressful times here [in supported housing project]. And it is something to do when you are bored and she’s asleep. I think council housing should ban smoking in their houses; I agree with that because of the damage it does”.

Young woman with 12 week old baby, used to smoke 20 day now smokes 3 a day
“I do it for routine and habit. I’d love to stop smoking I know it’s bad for her. If I saw a picture of my lungs I think that would make me want to quit. I don’t think you can do anymore [in terms of offering support]. When I quit I eat more and I put on weight and I don’t want to do that. When I was pregnant the Dr said it would put more harm on the baby if I stopped straight away and entirely. I thought e cigarettes were worse than cigarettes. Younger smokers is getting worse; I’ve seen them getting younger and younger – like my cousin is 8 years old and he sneaks out baccy and has a roll up. I’m worried for my daughter already”.

**Young woman and man a conversation together.**
“All have cut down a lot. It wasn’t the same – the inhalers they didn’t taste nice. And the inhalers it’s not something for the fingers. I roll my own and I like that.”
You take away the choice because it is stress relief, so if you leave your child to go outside for a cigarette then social will be onto you but if you smoke in your room then that’s breaching and you shouldn’t smoke in front of your children.

More should be done in schools from year 6 going into years 7 and 8. You should scare them into not smoking with facts and figures and scary pictures. They need to know what it does to your body. Do they still talk about the body and how it works? The smoking rules here are making me want to stop. We get breached wherever we smoke. We used to smoke to smoke on the bench but then we got done for littering, so they took the bench away. We can smoke in our room but social services get onto you because you shouldn’t smoke around your children – I agree to that”.

Banbury Foyer 31.5.17
Male age 17 smoking has Asthma since he was 11 / 12 years old.
“The only reason I smoke fags is because I am bored. I smoke a lot of weed as well and when I want a joint and I don’t have any I’ll smoke a cigarette. I don’t crave fags, in certain situation I will like if something upsets me or made me angry or I’m drunk out of my mind.
I’ve got strong will power, I’d be my own motivation, I’d be like I don’t want to die and I’d get it in my head to do it. My addiction hasn’t got that bad to be a problem. At the moment I can make a pouch of baccy last a week, if I got a serious habit and it was taking too much money then I’d think about stopping.
I like the physical side of doing it – the rolling up of the cigarette, the spark of the fire.
It’s fun.
With foreign baccy; fuck that, I know it’s cheaper but it’s horrible. I’m not up for that, not for shit. Straights, foreign, dirty baccy, pouch baccy, it’s not a problem – it’s not anything for big. It’s going to kill you either way.
I’m still young I don’t want to give up. [Interviewer counts up years on fingers from 11 to 17 - 6 years?]; Mmmmmm… now that you’ve put it like that.
I don’t think the packaging makes a difference – it isn’t going to change anything.
When I go to the Asthma clinic they tell me what I already know.
Can’t you make all fags illegal? It is stupid, they are sticks of death.
I’m 18 next month and I’ll be able to buy my own – wahay! I’ve always had to ask my mate”.

Young woman with chest infection smokes 15 - 20 a day
“I mainly smoke though boredom and after food I really want one. It makes me feel sick in the morning. I know I should be cutting back. I was going to give up and I was thinking about it and I went to the precinct and filled in the forms. I’ve stopped biting my nails so I think I can stop smoking. I got my move on taking away so things got stressful. It is better to calm down with a cigarette and have smoke in my lungs than kick off on someone. It’s the lesser of two evils”.

Summary of 45 minutes conversation with young woman age 20 described herself as ‘a long term smoker and a stoner’
“It’s because you are putting stress on us young people and now you wonder why we smoke. People smoke to take away the severity of what they are going through. Some people can calm themselves, I can’t. To maintain the same levels I smoke. Smoking never judges the person or makes you feel bad. The one consistent substance is nicotine and that you can pick and choose it. When you are in the bear pit of all the shit I like to roll up all my worries into the cigarette and then burn them away.
Smoking is for poor pissed off people who can’t afford a holiday. You think not one of those things that I need or want is one of the things I can have or do. It takes away the misery of the day. You need to take yourself away from it.
Smoking is meditation with a negative side effect.
I can smoke anything but I can’t smoke an electric cigarette.
Kids going to school in a ‘normal’ family - parents don’t understand the appeal of smoking and the peer pressure. Who do you turn to – not parents!

[Interviewer: What is cool about smoking?]
Breaking the rules. Kids always try to push boundaries, especially a tasty boundary like smoking. That’s how children are – curious. They still want to try it even though everyone says don’t. Parents should teach moderation if kids have started smoking.

[Interviewer: What effect does the cost, place restrictions or advertising bans have?] Accept that people shouldn’t have to inhale others’ smoke.
Everyone is criticised for smoking legally. Always socially unacceptable now.

[Interviewer: How to get the message across?] Set up hubs – register on a tablet for support. Best to use social media. Make smoking appear ‘fashionable’ then everyone will follow!

It’s my habit – not others’ problem. Lots of people will hold their breath as they go past or keep their cigs away from other people. People are just trying to have a cig. As a smoker I try to be courteous and choose to use manners – be polite – that doesn’t cost anything. Non-smokers - people are rude and critical. Not trying to harm anyone – it’s a personal choice, my choice. I don’t think smokers should be treated as outcasts.

Anything to glamourise smoking should be banned. And what about fast food – that should have warnings on it as well. Why have one and not the other? You should ban pregnant people from smoking.
It’s got nothing to do with anybody else. Always hearing ‘take your dirty cigs somewhere else’. [‘Dirty’ cigs can also be old, damp or foreign tobacco].

The more steps in the way the less likely people are to take it up, so put a lot of steps in the way, don’t just sell it in every corner shop. Make non-smoking cool and find the leader and make them non-smoking and then all the others will follow”.
**Staff at Rachel House**

Woman early 50’s, smokes 20 a week and more when socialising

“The smell, the taste, the addiction – it’s all horrible, I would rather have a cigarette than eat and I’m not lying. If I quit I’d put on weight ‘you’ll get as fat as a house’ that’s what my friends say. It releases stress big time. Young people are more stressed – I’m thinking of my own children [young adults]. My Mum died of lung cancer so it’s not like we don’t know. My son says he could be doing a lot worse, he says if you stop I’ll stop. If people just leave me alone I’d give up by myself, stop pushing and I’d do it. I’m going to be a grandma and that makes me think about it”

Woman non smoker

“Find the leader and the others will follow, get the leader to quit and others will quit too. Smoking gives them something to do and gives them a purpose. It gives them permission to sit and chat it gives them something to be in unity. Smoking is unifying”.

**Summary at City Café**

**Man age 46 smoked since 11 or 12 years old**

“When I don’t have problems I’ll stop. I try to give up a lot of times but the cigarette is stronger than me. I have smoked since I was 11 or 12. I try a lot to give up, it gives me a headache, I have stress and everything. The time is passing quickly when I am having a cigarette, having a conversation. I smoke for relax I know this isn’t a good relax.

The other guy not smoking he is thinking it smells horrible, I know that. I have to pay for help, my Dr, he gives me stamps [NRT patches] and I had to pay £40 I say no, no, no, no. It should be free, people who have the JSA would use it more if it was free.

Why the government not stop letting companies selling and letting companies make and sell the cigarettes? The government should stop them. If you not sell it, it’s that which is better for the people.

Why do people smoking? I tell you because someone else sells it. If no one sells it then no one can smoke. Because the government makes money from the tax, the Government puts the price up but people still buy so you ned to stop the selling. The government take a lot of money and that’s why they carry it on.

Why is it just cheap tobacco that is being stopped? All tobacco is bad for anybody. Why the government only stop cheap tobacco? They should stop not just cheap but the everything – all cigarettes.

**Children in Care Council members. Leaving Care young adults**

Young woman age 22 with long term medical conditions

“Cutting down and quitting. It saved a lot, a lot of money. I can’t afford them and the cheap baccy is the only baccy I get. They send patches home when you can’t get to
the appointment but by then you might have run out of last times patches. I miss a lot of appointments because of the way I am [long term health conditions]. I’d like to be able to contact them ahead of time if I know I can’t make an appointment so then there wouldn’t be a gap in having patches. If I am smoking I will cross to the other side of the street if I see a pregnant woman coming or someone with children; I never let anyone smoke near my nieces and nephews”.

Young woman early 20’s
“Smoking – it’s my luxury it is. I don’t have my nails done, I don’t do other stuff that other people do so I’m not spending money out on those things. So I don’t see why I shouldn’t smoke”

Shift workers at large distribution centre

One liners from the clocking off queue
“I can’t do the survey, I’m going for a fag”
“Do you mean tobacco or joints?”
“I’ve smoked for 40 years, I’d love to give up, I’m frightened to give up. [Interviewer What are you frightened of?] Man: I don’t know I am just frightened. I come from a family of smokers and it’s really hard to give up”
“I like it with weed in it”
“I smoke crack” [someone else in the queue says ‘you need to go to the Dr’s mate, you’ve got a problem”]
“I gave up, I gave up 18 months ago. I had the tablets and they worked, I feel absolutely brilliant”

2 friends talking:
A: I gave up, I gave up 7 years ago. I gave up because of my missus.
T: Why? What did she say?
A: She said ‘you got to give up’ and I did. It was the way she said it.
T: I need a missus like your missus.

“I ate some tablets but they didn’t work. I can give up at anytime. When I give up I sweat, I get nervous. I’m a car mechanic it makes me go crazy without a cigarette. I tried electric, it didn’t work”.

Woman late 20’s with Mum with CPOD “I need to make her give up. All of us at home want to encourage her to give up. But people going on at her doesn’t help and that includes the Dr going on at her. In winter when it’s cold and raining she smokes less as she smokes outside – she won’t smoke in the house. When she gets bronchitis and she’s been really bed with it and then she cuts back because it hurts her. She says I’ll do it when I’m ready but that day has never come round.”
Dad has a heart condition, he stopped smoking the day he was diagnosed. And he gave up drinking. He used patches, he gave up.”

**Young Man age 19, shift worker** – started smoking 8 months ago.
“I’d slow down over a month and then I’d stop. I will choose to quit at some point. I’ve always felt I can do it in my own time. All of my family smoke other than my brothers. They give me discouragement because I am young. Smoking seems more acceptable than it actually is because nearly everyone in my family smokes. I guess that’s the way to say it. Younger ones are on the phone the whole time, an app is a lot of people’s first choice.
If anything I’d go to friends to give me support when I have that bad day and I have a chat and that would calm me down. Talking to a friend would get my head off everything. In my personal opinion the service should be about not starting in the first place. As with enough will power they can give up.
The one thing I know about smoking is that it’s not that I want a cigarette; it’s that I want a break from everything. People use it as an excuse. The atmosphere is quieter outside and it’s more relaxed outside – and that’s why I like going out for a cigarette. I’d like to see people just being able to go “come on let’s go and sit on a bench or say come on let’s have a chat”.

**Messages from shift workers at large distribution centre**

**The family link** – Collective targeted effort for whole families? Tap into the potential power of worried and willing family members. What is the best way for family to give support?

- A child is a motivation to give up – how can that motivation be used?
- Family members are willing relatives to give up and some are effective “my missus told me I had to stop”
  "The one thing that would help me to decide to quit is my children, if they asked I feel I would do it for them”
  “I’m going to be a Grandma and that makes me think about it”.
  “My daughter – that’s the one thing that makes me want to quit - but I don’t smoke around her”.

**Recovery Service Project Manager**

My experience of the LSSS were varied. The stall in Banbury just gave out pictures of health damage caused by smoking which had limited impact. They didn’t really engage with ongoing support which was what I want in my role as a recovery worker.

He wants an ongoing partnership as he felt this was needed in order to support people in their quits. The LSSS I go went to in Oxford (unspecified location) were much better in giving that one to one support through the stages of trying to quit.

**Health and Safety Manager at manufacturing factory**

“There are very few smokers now, we are down to the few hardcore. As a company we’ve felt ethically bound to create conditions for a non-smoking staff as we
manufacture diagnostic medical equipment to detect lung cancer. So we really felt we had to support the factory floor workers who were making the equipment to quit. Anecdotally, as I don’t keep a record so I can’t be sure, but I think we have been really successful, there are hardly any smokers now”.

Specific ideas from participants

- Seeing first-hand what damage smoking does:
  - computer generated images of aging process
  - a photo of my own lungs
- Being able to get NRT through dispensing machine “something like a vending machine” so you don’t have to attend a pharmacy or GP.
- Anonymous online chat group “I don’t want anyone to judge me for the way I look”.
- Prevention education done by a peer or a young smoker who was slightly older and who could better relate about the negatives of smoking.
- Prevention discussions should take place, around age of 12, if not younger, as children are starting to smoke at younger ages.
- Frame the negative aspects of smoking to young people in a relevant way rather than the traditional negative health approach was suggested. Such as:
  - “Tell them that it costs a lot. If you have little money and an empty pouch of tobacco, what will you pick, an empty baccy pouch or that new game you want?”
  - “Smoking gives you spots. If I was told that I definitely not started smoking”
  - “Tell young lads that smoking stunts your growth. That would put them off better”
  - Tell people they won’t be able to run or be as fit as they want
  - Tell people it stunts your growth – “no boy wants to be told he’s going to have a smaller willy”
- Say how much money the companies make from you; they just want to give you a habit to make more profits.

Spontaneous positive feedback about doing the questionnaire

“I found the questionnaire good because it covered a many areas that are otherwise not thought of. The section on the smoking law isn’t something you really see or hear about at all such as illegal tobacco. I’ve been smoking now for more years then I like to think and the questionnaire really does cover such a variety of the related issues and really does make you think just a little bit more. The questions were really well thought out and they do actually make you think. It is a really well thought out questionnaire and I think that this service will help those he need it. I’ve been trying to quit for a while and I have tried many things however I’m now very much thinking about due to this so thank you”. Working professional young person.

“You’ve made me think, I’ll go off for a cigarette now but I’m thinking about a quit date”. Staff at supported housing pathway.

“I don’t mind doing this; I haven’t got anything better to do” Young person
Appendix 3: Background and context – Local Stop Smoking service – April 2017

Future commissioning
On 31st March 2018 the current contracts either end or reach a break point. Spring / Summer 2017 provides commissioners an opportunity to evaluate the current provision of LSSS’s and decide if we should:

- Keep the same LSSS model;
- Commission a new LSSS model;
- Not commission a LSSS

The Public Health Directorate want to make engagement and consultation an important part of the way it plans, manages and delivers a LSSS. Through a thorough engagement and consultation process, commissioners would like to achieve a better understanding and knowledge of:

- How residents that smoke would like to be supported in their attempt to quit (e.g. online/digital, community, clinical settings), particularly in under 25 years, in deprived areas and pregnant women. Including Polish (20%), Chinese (52%) and East Timor (60%) speakers (these are smoking rates in those countries, particularly in men).
- Where residents already go to access smoking cessation and do to stop smoking – e.g. vape/electronic cigarette providers (online, shops, stalls), buy over the counter NRT
- What residents/other stakeholders think of vaping /electronic cigarettes?
- If residents have been asked about their smoking status by a health or non-health professional in the last 12 months?
- If so, where residents given any advice? Or told where they can get help?
- If residents/other stakeholders are aware of LSSS
- If residents have accessed a LSSS in the past and a reflection of their experiences from initial appointment through to the exit from the service
- The extent of residents/other stakeholders knowledge of smoke free homes and cars, particularly with children and young people.
- The extent of residents/other stakeholders knowledge of illicit tobacco.
- Insights into where residents/other stakeholders would go to access information about health/lifestyle services that are available to them/the population the serve.

Background
LSSS were launched in Oxfordshire and across England in 2000 based on recommendations in the 1998 White Paper ‘Smoking Kills’ to contribute to the then government’s aim to reduce smoking prevalence in England.

These services were initially commissioned by Primary Care Trusts (PCT’s), in 2000, when in April 2013 the responsibility transferred to Local Authorities, and therefore Oxfordshire County Council, in April 2013 as a consequence of the Health and Social Care Act (2012).

Trends
Over the past few decades, there has been a marked decline in the number of residents who smoke tobacco both locally and nationally. However, inequalities
have remained. The success of LSSS are not the only cause of this decline.; national policies such as the smoking ban, taxation, age of sale increase, plain packaging, point of sale, contribute considerably to this overall reduction, by providing motivations to stop.

In recent years there has been a noted National decline in the number of people who access and successfully quitting using a LSSS. This had been attributed to several factors including the rapid uptake of use of electronic cigarettes (e-cigarettes).

**Prevalence**

Whilst Oxfordshire (15.5%) has an overall lower prevalence of smoking than national average (16.9%), the County has higher prevalence in target priority groups in the local population (i.e. routine and manual workers is 30.6% vs. 26.5% nationally), contributing to widening health inequalities.

**Current Provision**

The primary role of a LSSS is to deliver an evidence-based stop smoking intervention to the local population. The services are currently commissioned to deliver an abrupt cessation model, supporting a smoker who is motivated to stop to set a quit date immediately or in the very near future, after which they smoke not one puff on a cigarette. The support offered by services involves a combination of behavioural support and licensed pharmacotherapy (i.e. Nicotine Replacement Therapy such as patches) for a period up to 12 weeks.

Currently in Oxfordshire these LSSS are commissioned by the Council through Contracts with 72 GP Practices, 107 Pharmacies (of which about a fifth actively deliver a service) and an outreach provider based in several community and workplace settings across Oxfordshire. Whilst the outreach provider is Contracted to deliver a % of activity towards a targeted service, in the main this is a universal offer for LSSS across the County.
Appendix 4: Local Stop Smoking Service Questionnaire

Questions about the Local Stop Smoking Service
There is a local Stop Smoking Service in Oxfordshire to help people who want to quit smoking. Please answer these questions so we know what we can do to help people who want to quit smoking.
Your answers will help us see if we need to improve the way we publicise it and how the service could be changed or improved to help you.
If you would like to complete this questionnaire online please go to:
https://consultations.oxfordshire.gov.uk/consult.ti/StopSmokingService/consultationHome

Top of Form
1. Do you know that there is a Local Stop Smoking Service?
   - Yes
   - No

2. Do you smoke?
   - Yes*
   - No
   - Don't wish to answer
   *You should answer yes if you smoke on average more than 5 in a week.
   If you answered Yes go to Question 3
   If you answered No or Don't wish to answer go to Question 4

3. Which of these statements best describes you?
   - I'd like to stop smoking now - I know how to go about it
   - I'd like to stop smoking now, but I am not ready to give up
   - I know that I would be able to stop smoking when I am ready
   - I enjoy smoking and do not see any reason to change
   - I enjoy smoking but I want to protect my health
   - Other (please say)

4. Did you used to smoke?
   - Yes
   - No
   - Don't wish to answer
   If you answered Yes then go to Question 5
   If you answered No then go to Question 21

5. Have you ever used the Stop Smoking Service?
   *For example: Did you chat to a nurse, go to your doctor, a pharmacy or an advisor in a local supermarket, or your workplace for at least 4 weeks and get free, or on prescription patches/gum, or medication to help with cravings, and tips for stopping?*
   - Yes
   - No
   If you answered Yes go to Question 6
   If you answered No go to Question 8

6. Roughly when did you use the service and can you say in a few words what you thought of it?
   - If you did not answer this question go to Question 8
   - Bad
   - OK
   - Good
7. Please rate your experience of the service in helping you to stop smoking

If you did answer this question then go to Question 12
If you did not answer this question then go to Question 8

8. If you have not used the Stop Smoking Service, have you considered using it at any stage?
   - Yes
   - No

9. Could you tell us why you have not used the local Stop Smoking Service?
   (Tick as many below as you want)
   - I used e-cigarettes
   - I do not want to quit right now
   - I did not know that it existed
   - I’m not a smoker
   - I chose to quit without any support
   - I bought my own patches or gum
   - A different reason. Please state what this was below
   - None of these
   Please write any other reasons below

10. What would make you want to use the local Stop Smoking Service?

11. What one thing would help you to decide to quit?

12. What support do you think you needed (or would have liked) in the past to stop smoking?
   For example:
   - Went to my doctor
   - Bought the patches or gum myself
   - Looked online
   - Teamed up with a friend
   - Went to an advice stall at the supermarket (or similar)
   - Other – please explain below

The following questions are about making the service better.
We would like you to think about where the service should be offered; when it should be offered; how it should be delivered and what should be offered.

13. If you were thinking about stopping in the future where would you look for support and advice?
By myself
Friends or family
Work
Community places – shops, pubs, bus stops
Pharmacy
Doctor
Online
Other (please say below)

14. How do you think the Stop Smoking Service should be available to people?
☐ Don’t need it / quit by myself
☐ Using online or phone support
☐ Phone App
☐ Stop smoking advisor to help me in person
☐ Make an appointment or drop at a clinic at a time that suits me.
☐ At my doctor’s or a local clinic
☐ It should be local to where I live
☐ At work
☐ At a mobile bus or van
☐ I don’t know
Other preferences (please say below)

15. If you visited a local Stop Smoking Service Advisor in person, what time of the day would you be prefer to visit?
☐ During the working day
☐ Working day evenings
☐ Weekend daytime
☐ Weekend evenings
☐ Anytime/no preference

16. If you were to use phone or online support (for example ‘Live Chat’), what time of the day would you use it?
☐ During the working day
☐ Working day evenings
☐ Weekend daytime
☐ Weekend evenings
☐ Anytime/no preference
☐ I wouldn’t use phone or online support

17. What do you think of using a phone app to quit smoking? Would you use it?
18. In the past 12 months has anybody talked to you about your smoking?
- Yes
- No
- Don't Know / Can't Remember

19. Were you told where you can get help?
- Yes
- No
- Can't Remember
Where were you told to go to get help?

20. Were they a health professional or someone else? (if someone else, who?)

Questions about tobacco use
21. Do you agree with the Council paying for a service to help people to stop smoking?
- Yes
- No
- Don’t Know

22. What do you think about ‘cheap tobacco’ / smuggled / illicit tobacco?

23. Do you think cheap tobacco is a problem and/or helps people carry on smoking?
- Yes
- No
- Don’t Know

24. If you couldn't buy cheap tobacco would you stop smoking?
- Yes
- No
- Maybe
- Don't know

25. Would you like to see more done to stop people selling illegal/cheap tobacco?
- Yes
- No
- Don’t Know

What do you know about smoking and the law?
Do you know if....... 
26. It is against the law to smoke in cars carrying children? (under 18 years old)
- Yes
- No
- Don't Know

27. It is against the law to smoke inside pubs and restaurants?
- Yes
- No
- Don't Know

28. It is against the law to smoke in homes with children present?
- Yes
- No
- Don't Know

29. Dropping a cigarette butt can result in an £80 in a fine if caught?
- Yes
- No
- Don't Know
Thank you. Your replies help decide the future of the Local Stop Smoking Service. If you would like to find out what happens next and have the chance of winning a £50 shopping voucher, please leave your name, email address and/or phone number below.

This form can be returned by email to: adrian.chant@oxfordshire.gov.uk

Name:

Email:

Phone:

Or by post to:
Local Stop Smoking Service
FREEPOST
OXFORDSHIRE COUNTY COUNCIL
Appendix 5: Sample Invitation Letter

IN\N\VI\TATION: YOUNG PEOPLE’S VIEWS

Introduction

Oxfordshire County Council currently has the responsibility to commission local stop smoking services. This service aims to provide all smokers of tobacco that live or work in Oxfordshire access to nicotine replacement, advice and support. This service is available through outreach clinics offered in various locations around the County, and through GPs and Pharmacies. The service supported nearly 2,000 people to quit smoking in the past year.

Evidence has shown that you are up to four times more likely to quit with help from a local stop smoking service. However, in the last few years, there has been a significant decline in accessing this service. We are really keen to hear from those where smoking rates are still high compared to other parts of the County; young people are one of these groups.

We are starting to review the current arrangements and want to find out what young people think about what is available to help people to stop smoking, this includes the current local stop smoking service.

Views are important

We are really keen to hear feedback and views on the service from young people who smoke; we are approaching Oxfordshire colleges as a route to engaging with this group of people.

We hope to gather views and contributions from young people (if they wish to take part) by answering a questionnaire. Feedback will shape the service to best support what people need in helping them to quit smoking. We only want to listen to their views and won’t be wagging a finger or pushing them to quit.

Invitation

We would be really grateful if you would let us conduct a questionnaire with people who are students at the college by finding out ways they may have stopped or tried to stop smoking in the past, perhaps through using the local stop smoking services we commission.

All views are important to the design of the future local stop smoking services across Oxfordshire.

1 A quit means quitting for 4 weeks or more
Thank you
It will take less than 10 minutes for people to answer these questions. We can come at a time that is convenient. All those taking part will receive a £5 high street voucher and be entered into a £50 prize draw.

All information collected will be completely anonymous and no information will be personally identifiable.

When
We would like to arrange to visit this month if this would be possible please? Do let us know the most appropriate time that can be set up and we will be in contact to discuss in more detail.

Further information and contact details
If you would like further information on the stop smoking service review, please contact Stephen Pinel, Health Improvement Principal.
Email: stephen.pinel@oxfordshire.gov.uk

Now is a great moment to listen to young people, because what they have to say will influence what we do next. Thank you in advance for your assistance. My colleagues Adrian and Zoe from the Engagement Team will be in touch over the comings days.

Stephen Pinel
Health Improvement Principal

Adrian Chant
Engagement Team

Zoe Elford
Engagement Team