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# **Smoking Cessation Service in The Community**

*Service User Evaluation and Decision Making to Participate in Possilpark and Surrounding Areas: Testing the Community Asset Building Approach*

*Prepared for*

Glasgow City Health and Social Care Partnership (North West Locality)

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# Summary

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## Introduction

Glasgow City Health and Social Care Partnership commissioned Traci Leven Research to conduct research with the aim of increasing learning in relation to smoking cessation within the community of Possilpark. The aims were:

- Describe the context of increased access to the smoking cessation service through the Possilpark Pharmacy Project
- Identify the role of the community assets based approaches in increasing quit attempts in the Possil cluster area.

The objectives of the research were:

1. Seek the views of smoking cessation service users on motivation and support to quit linked to the community or available community services.
2. Identify the role of the community – public and professionals in the community – in supporting decision to quit and quit attempts.
3. Identify good practice or factors which have influenced decision to quit or quit attempts through local services.
4. Seek to gain insight into whether social norms in relation to smoking are changing in Possilpark.

## Method

A total of 27 interviews were conducted with people who had used the smoking cessation service based at Possilpark Health and Care Centre. The service is a weekly drop-in clinic where adults who are motivated to stop smoking are seen on a one-to-one basis by a trained practitioner. The service runs every Tuesday between 12.00 and 4.00pm. These comprised 24 face-to-face and three telephone interviews. The average age of interviewees was 56. Most interviewees (22 out of 27) had at least one long term illness or disability. Among the most common were COPD, depression and diabetes. At the time of interview, four of the interviewees were smoking at the same level as before using the service; six were smoking less than before; 17 were smoke-free.

Interviews were recorded, transcribed and thematically analysed.

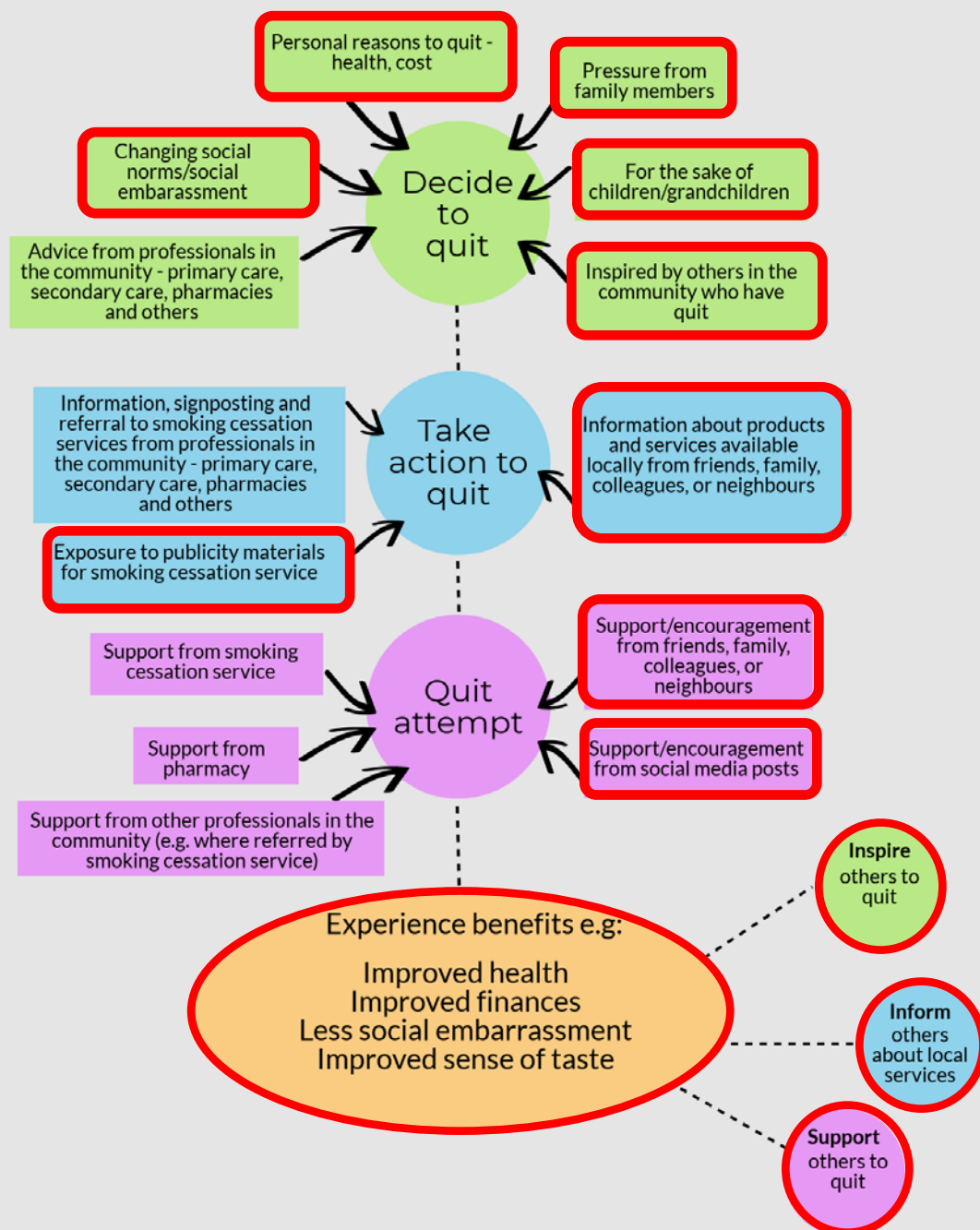
## Summary of Findings

The infographic summary on the next page shows the influences at each stage of the quit attempt journey. Community influences were evident and important motivators at each stage. Both public and professionals in the community were key in:

- influencing people's decision to quit;
- providing information to allow people to take action to quit; and
- supporting people in their quit attempt.

Those who had successfully quit became community assets who inspired others to quit, informed others about available products and services, and supported others in their quit attempts.

# Smoking Cessation in the Community



\* Denotes community influences ———

**Findings for Objective 1:** *Seek the views of smoking cessation service users on motivation and support to quit linked to the community or available community services*

Health and cost were often primary reasons for wanting to stop smoking. However, most also cited community influences, and the community or community services were often key to turning a general desire to stop smoking into an actual quit attempt.

Community motivators to quit included awareness of the smell of cigarette smoke, pressure from family members, or for the sake of children or – more commonly – grandchildren. GP referrals were common. One interviewee had been referred to the service via the out of hours GP service, and some had been signposted during a period of hospitalisation. Pharmacies often generated interest in the smoking cessation service, and one pharmacist who had herself quit smoking appeared to generate many referrals.

Some service users found out about the service from friends, colleagues, or family members, and had used it following a personal recommendation. There were also people who had been inspired to stop smoking by others in the community who had successfully quit and they drew inspiration from this and made a quit attempt themselves. In one instance, someone was inspired by a local friend's post on Facebook about their quit and this led directly to her own use of the Smoking Cessation service.

Most of those who were interviewed had gone on to talk about the service with others in their families, workplaces or communities. Some were very enthusiastic advocates of the service and actively encouraged others to use it; others mentioned it in a more understated but responsive way. Some met people they knew at Possilpark Health and Care Centre when they were waiting to use the drop-in service and then talked about the service. In some cases, these conversations led to other people using the service.

Most service users felt that word of mouth was an effective way of publicising the service and encouraging others to stop smoking and most felt motivated to talk about it. However, a few felt that they would be reluctant to encourage others to use the service.

Some said they had seen the Smoking Cessation service advertised on posters and/or leaflets in community venues (usually Possilpark Health and Care Centre) or had seen the door in the health centre where the service was based and these had prompted uptake. In one example, a poster included a photograph of the medical receptionist from a local GP practice, and this was effective in drawing attention, and prompted discussion with the receptionist.

One interviewee was a community development worker based at the local community centre. He learned about the service through a colleague who had successfully quit, and this prompted him to use the service. Although he did not have a successful quit attempt, this raised his awareness of the service and he has since told those who he supports at the centre about the service, and some have used it and successfully quit.

***Findings for Objective 2: Identify the role of the community – public and professionals in the community – in supporting decision to quit and quit attempts.***

Interviewees were very enthusiastic in their praise for the support they received from the smoking cessation service. While all acknowledged that NRT was a helpful tool in their quit attempt, the personal support from the service was felt to be highly beneficial. Key aspects of the service which were felt to be beneficial were:

- **Encouragement:** Many felt it was beneficial to their quit attempt to have their efforts rewarded with words of praise, and weekly CO readings were also an effective source of encouragement. The use of milestone certificates/stars at four, eight and twelve weeks were also motivational for some users.

- **Advice:** Many service users said that they got very helpful advice from the advisors at the Smoking Cessation service, and these were tailored to the needs of each smoker.
- **Person-Centred Advice Encompassing Other Issues:** Some faced significant issues alongside their quit attempt, including dealing with stressful family situations. They found the Smoking Cessation service very open to talking about all these issues, and in one example a referral was made to Lifelink for mental health support. Advisors also offered advice about weight management, which was an issue for some, and signposted to appropriate services.
- **Open-Door, Continued Support:** Many users greatly appreciated advisors being open to contact by telephone between weekly drop-in sessions. Furthermore, service users were grateful that the advisors made sure they knew they could continue to drop in to the service after their 12-week programme, and some continued to attend on an ad-hoc basis.
- **Social Interaction:** A few of those interviewed lived alone and were somewhat socially isolated. The weekly drop-in sessions offered some welcome social interaction and provided much needed support and encouragement in their quit attempt.
- **Immediate Access to NRT:** Some interviewees felt that a key benefit of the Smoking Cessation drop-in service was that they could access NRT and commence their quit attempt straight away. This contrasted with the pharmacy service where they would have to wait one week before NRT would be available to them.
- **One-To-One Support:** Those who used the service appreciated that advice and support was given on a one-to-one basis in a private setting.

The one local pharmacist who was particularly effective in signposting people to the service was also said to be supportive during quit attempts. When service users visited to collect prescribed NRT, she made enquiries as to how the quit attempt was going and encouraged them. By contrast, those who used other local pharmacies said there was little or nothing in the way of conversation, encouragement or support.

Most service users said that they had received some support from family or friends, but often this was somewhat low key, and not as much as may have been desired. There were, however, a wide range of experiences regarding the extent of support received. Some of those interviewed had experience of making a quit attempt with a spouse or a friend. This was felt to be very beneficial as they were able to mutually support each other.

Those who posted on Facebook received many positive comments, reinforcement and encouragement on their posts and they found this heartening and aided their quit attempt. There was also a feeling that once they had posted about their quit, this was a public commitment and made them more determined to maintain it.

In addition to NRT and the support received by the Smoking Cessation service, some found that keeping busy was key to the success of their quit attempt. Activities such as gardening and walking helped.

**Findings for Objective 3: *Identify good practice or factors which have influenced decision to quit or quit attempts through local services***

Examples of good practice by local services were:

- One pharmacist, who had herself used the smoking cessation service, being an effective advocate for the service – proactively signposting people to it, and encouraging users during their quit attempt
- The out-of-hours GP encouraged and supported a spontaneous commitment to quit on the point of diagnosis of a severe lung infection and signposted the patient to the service
- Many reported that they first became aware of the service when their GP signposted them to it. A particularly effective approach appeared to be where GPs were reluctant to (or refused to) prescribe NRT or Varenicline for a second time without the patient trying the Smoking Cessation service.
- Smokers who were hospitalised were given NRT patches and had spoken with an advisor in hospital. Discussions usually included advice about the Smoking Cessation service. Patients were discharged with a week's supply of NRT, and in some cases attended the drop-in service within the week to begin support for a quit attempt. Others attended at a subsequent time.
- The use of high profile community members as advocates for the service appears to have been successful in motivating and encouraging others to use the service.
- The location of the drop-in service within the new Possilpark Health and Care Centre appeared to be valuable, making it highly visible and accessible.
- A key benefit of the Smoking Cessation service which was valued by many of the users was that it offered open-ended support.
- The service was valuable in addressing not just the quit attempt but a variety of other issues including mental health and weight gain.

**Findings for Objective 4: *Seek to gain insight into whether social norms in relation to smoking are changing in Possilpark.***

Many observed a huge increase in people using e-cigarettes/vaping devices in recent years. Most felt that it was much more common to see people using e-cigarettes than traditional cigarettes.

Many expressed the view that young people in particular were much less likely to take up smoking than they did in years previously. Young people were felt to be anti-smoking. Overall, many felt that local young people were now growing up in largely smoke-free environments which was a stark contrast to previous generations in Possilpark.

There was also a general perception that older smokers were stopping smoking. Many attributed the ban on smoking in enclosed public places as one of the key reasons that smoking was declining locally. However, none of those interviews said that this was a reason for their own desire to stop. The cost of cigarettes was also cited as a key reason why smoking was declining, particularly as the cost had approached £10 per packet. Interviewees were more likely to attribute the cost of cigarettes to the general decline in smoking than to their own desire to stop.

Many spoke about a change in smokers being more aware of the effects of their tobacco smoke and a change in their habits to ensure they did not smoke near children or in other people's homes.

A common feeling was that smoking had become much less socially acceptable. Non-smokers did not expect smoking visitors to smoke in their homes, and parents were particularly vigilant of people smoking near their children. Some felt that when they were a smoker they were in a minority in their social group and felt self-conscious being a smoker. In some instances, smoking was felt to be socially divisive and some mentioned feeling something of an outcast being a smoker.

### **Perceived Benefits of Stopping Smoking**

Those who had stopped or cut down smoking reported many benefits. These were:

- **Health/fitness:** Many reported improvements to their health and/or fitness, including feeling less breathless and able to be more active.
- **Money:** Financial benefits were more commonly reported as a benefit than an incentive to stop smoking.
- **Smell:** Several interviewees commented on how pleased they were that they, their clothes, and/or their home no longer smelled of cigarette smoke.
- **Taste:** Some noticed that their sense of taste was much improved, and they enjoyed their food more.
- **Skin/hair:** Three interviewees mentioned improvement to the appearance and condition of their skin or hair as a result of stopping smoking.
- **Sleep:** One person said that his sleep patterns had improved since he stopped smoking.

Some key learning from the research which points to the influence of community dynamics and the effectiveness of an assets-based approach are:

- **Successful community partnerships** – working with partners in primary and secondary care, pharmacies, community centres etc, all of whom provide referrals to the smoking cessation service and, in some cases, support for quit attempts.
- **Word-of-mouth and social media advocacy** - with local people actively encouraging others to stop smoking or specifically recommending products and services available locally to support quit attempts, and inspiring others by example when they successfully quit.
- **Family influences** -with family members encouraging people to stop smoking and supporting quit attempts. The arrival of grandchildren in the family was a particular motivator to quit for some.
- **Changing Social Norms** - with smoking becoming noticeably less prevalent in the area, and smoking becoming less socially acceptable.

**A discussion of the key issues and implications from this research is found in Chapter 9 of this report.**

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# 1 Introduction

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## 1.1 Introduction

Smoking cessation is a public health priority. Glasgow City Health and Social Care Partnership – North West sector have introduced a new model of smoking cessation since 2014: the Possilpark Pharmacy Project. Since the introduction of this model, there has been an increase in the number of members of the community accessing the service. The Glasgow City Health and Social Care Partnership (North West Locality) hypothesised that community dynamics and the asset-based approach to health improvement may have contributed to the success of the service. Anecdotally, smoking cessation advisors were noticing that service users were encouraging others to attend the service and word-of-mouth appeared to be leading to an increase in self-referrals. However, it was recognised that research was required to explore the motivators and facilitators to quit attempts, and the role of the community in this.

Glasgow City Health and Social Care Partnership commissioned Traci Leven Research to conduct research with the aim of increasing learning in relation to smoking cessation within the community of Possilpark. The aims were:

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The objectives of the research were:

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- Identify the role of the community – public and professionals in the community – in supporting decision to quit and quit attempts.
- Identify good practice or factors which have influenced decision to quit or quit attempts through local services.
- Seek to gain insight into whether social norms in relation to smoking are changing in Possilpark.

## 1.2 Background

### Smoking Rates

Smoking cessation is a public health priority in Scotland. Legislation and policy in Scotland has sought to decrease smoking and exposure to cigarette smoke over the last 12 years. In 2006, the Smoking Health and Social Care (Scotland Act) was introduced which banned smoking in enclosed public spaces. In 2007, the minimum age for the sale or purchase of tobacco was raised from 16 to 18. In 2013, legislation came into force which banned the display of cigarettes in shops and supermarkets. Also in 2013, the Scottish Government published their strategy on tobacco *Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland*. This set a target to reduce smoking rates to 5% or less among the adult population by 2034. The Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill was passed in 2016 which made provisions for the sale and purchase of Nicotine Vapour Products and introduced statutory smoke-free perimeters around NHS hospitals. At the end of 2016, a ban on smoking in cars carrying anyone under the age of 18 was introduced.

Analysis of the last three adult health and wellbeing surveys in the NHS Greater Glasgow and Clyde (NHS GGC) area show an encouraging trend in a reduction in smoking. In the North West Sector of Glasgow, the smoking rate was one in three (33.5%) in 2008, but this fell to one in four (25%) adults in 2014. In 2014, smokers in the North West Sector were more likely than smokers elsewhere in the NHS GGC area to say they intended to stop smoking (43% of smokers in the NW intended to quit, compared to 33% of smokers across the NHS GGC area). However, in the specific area of Ruchill and Possilpark (within the North West Sector), adults were much more likely to smoke (36%), and nearly half (48%) of adults in this area said they were exposed to second hand smoke most or some of the time. One in three (35%) smokers in Ruchill and Possilpark said they intended to stop smoking. A new NHS GGC health and wellbeing survey has recently concluded, and data from this will reveal whether smoking rates have further reduced in this area.

### **An Assets Based Approach**

The Chief Medical Officer's Annual Report in 2009<sup>1</sup> initiated a focus on an assets-based approach to population health. Historically, population health had been addressed in terms of identifying problems, and providing services to address these, with the result of populations becoming passive and dependent on health and social care services. The Chief Medical Officer's report called for asset-based approaches:

*"Asset models tend to accentuate positive capability within individuals and support them to identify problems and activate their own solutions to problems which they themselves identify. They focus on promoting health generating resources that promote the self esteem and coping abilities of individuals and communities, eventually leading to less dependency on professional services. In effect, by concentrating on the strengths of individuals and communities, their sense of control over their lives is enhanced and they experience less of the chronic stress which leads to a range of health consequences".*

The Glasgow City Health Improvement Strategic Direction, first implemented in 2012, includes a key priority of building structurally and socially resilient communities (reducing poverty and growing aspiration). Part of this key priority is:

*"The shift to work with communities in an assets-based approach focused on working alongside communities to make better use of existing resources and assets, many of which are already embedded in a community rather than a 'needs'-based or 'deficit' approach which looks at the weaknesses and problematic issues within a given area. Asset-based approaches are based on the premise of 'doing with' rather than 'doing to' and supporting individuals who would not normally be involved to actively participate".*

Possilpark is one of the most deprived areas of Scotland, and compared to Glasgow as a whole has poor health and social outcomes. Recent initiatives, which have aimed to improve health in the area by improving community networks and resources include:

- The introduction of a Community Oriented Primary Care Group (Possil Connections)
- New delivery models to promote social prescribing
- A new health and care centre
- Link Workers and Community Connector programmes.

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<sup>1</sup>Health in Scotland 2009 Time for Change: Annual Report of the Chief Medical Officer <http://www.gov.scot/Publications/2010/11/12104010/2>

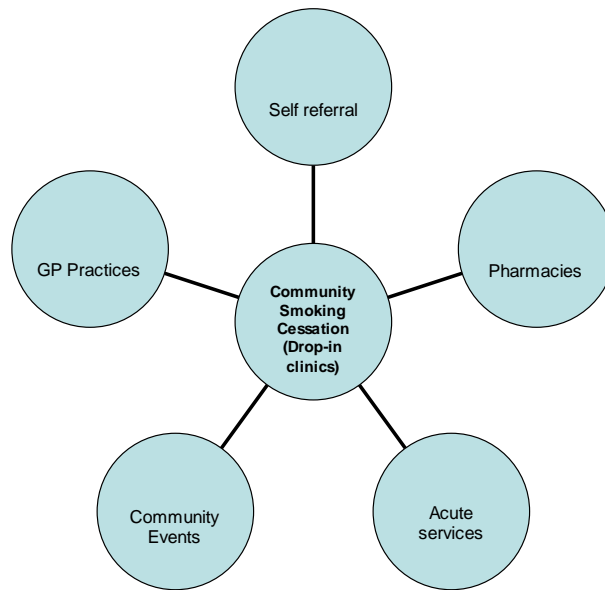
### 1.3 Smoking Cessation Services in Possilpark

Pharmacies currently provide a smoking cessation service. However, in 2014 a new Possil Pharmacy Project was introduced which enhanced the referral pathway for pharmacies in the area to community cessation services which could offer a higher level of support and this included clients who had multiple quit attempts through the pharmacy service.

The community smoking cessation service is a weekly drop-in clinic in Possilpark Health and Care Centre where adults who are motivated to stop smoking are seen on a one-to-one basis by a trained practitioner. The service runs every Tuesday between 12.00 and 4.00pm

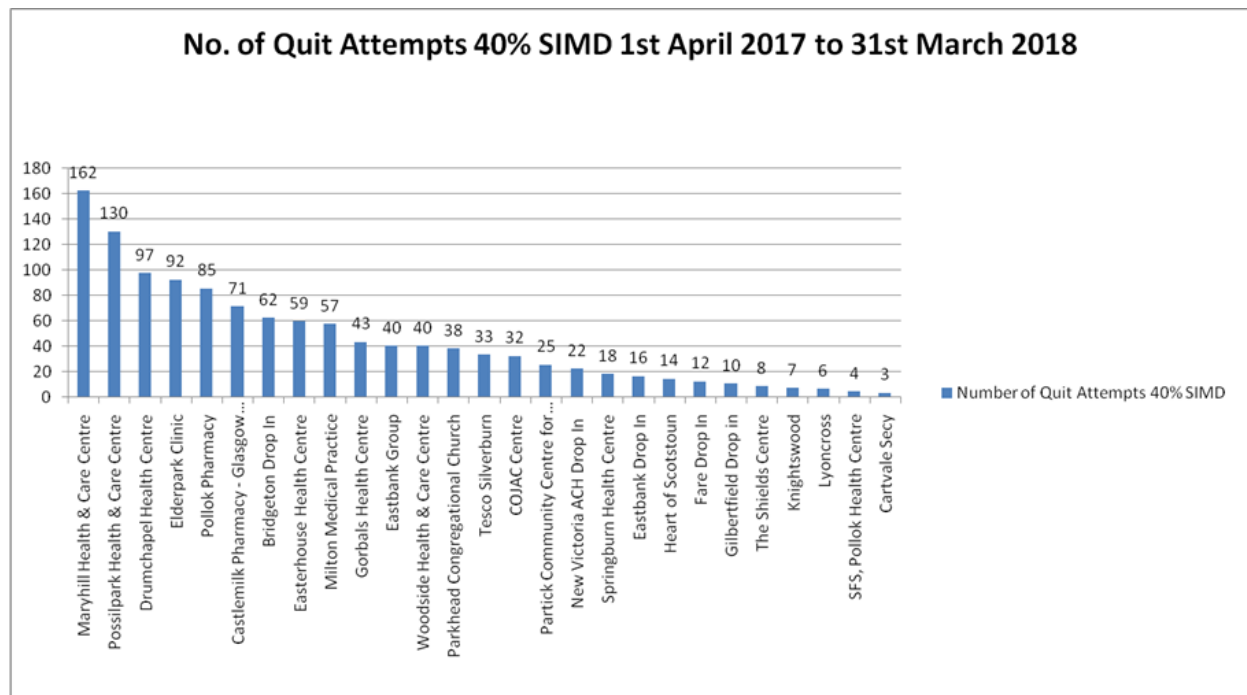
The referral routes for the drop-in smoking cessation service are shown here:

**Figure 1.1: Referral Routes to the Smoking Cessation Service**



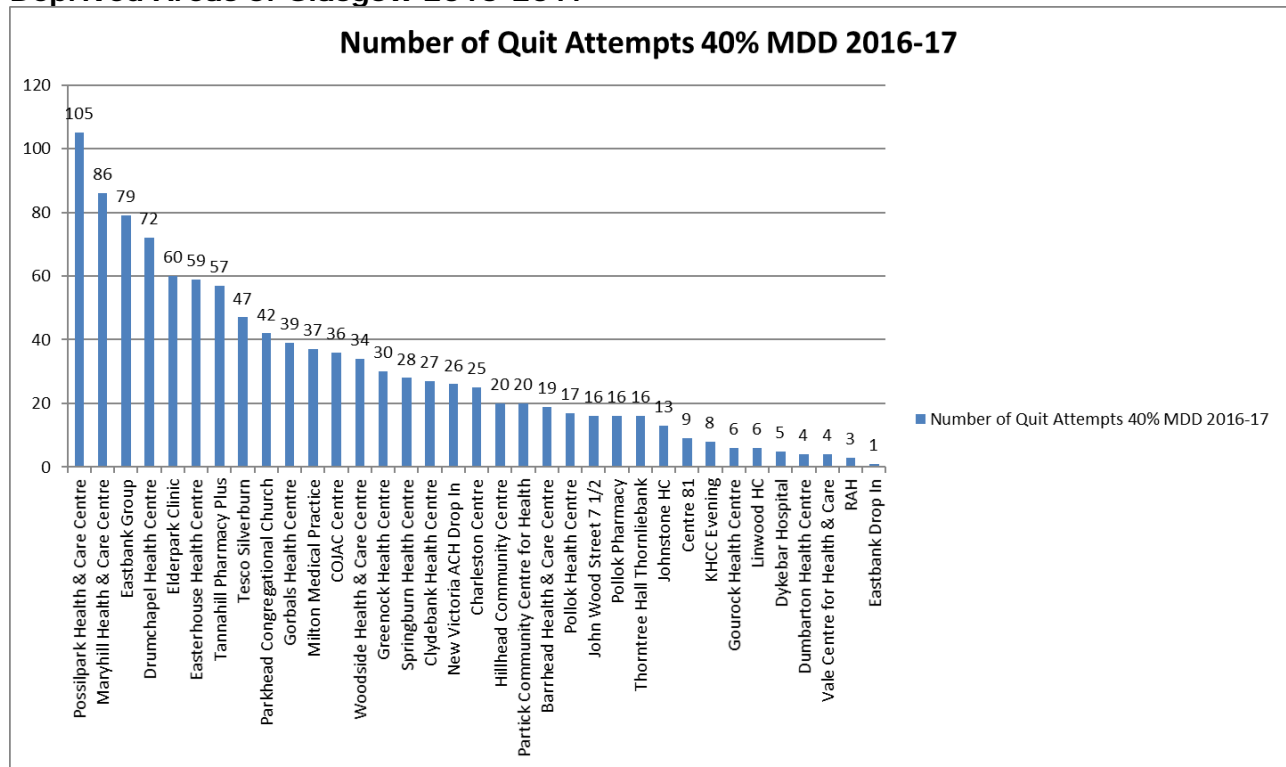
Compared to other areas of multiple deprivation in Glasgow, the smoking cessation service in Possilpark appears to have been particularly successful in attracting people to use the service. As the chart below shows, Possilpark had the second highest number of quit attempts in 2017-18.

**Figure 2.2: Number of Quit Attempts at Smoking Cessation Services in the Most Deprived Areas of Glasgow 2017-2018**

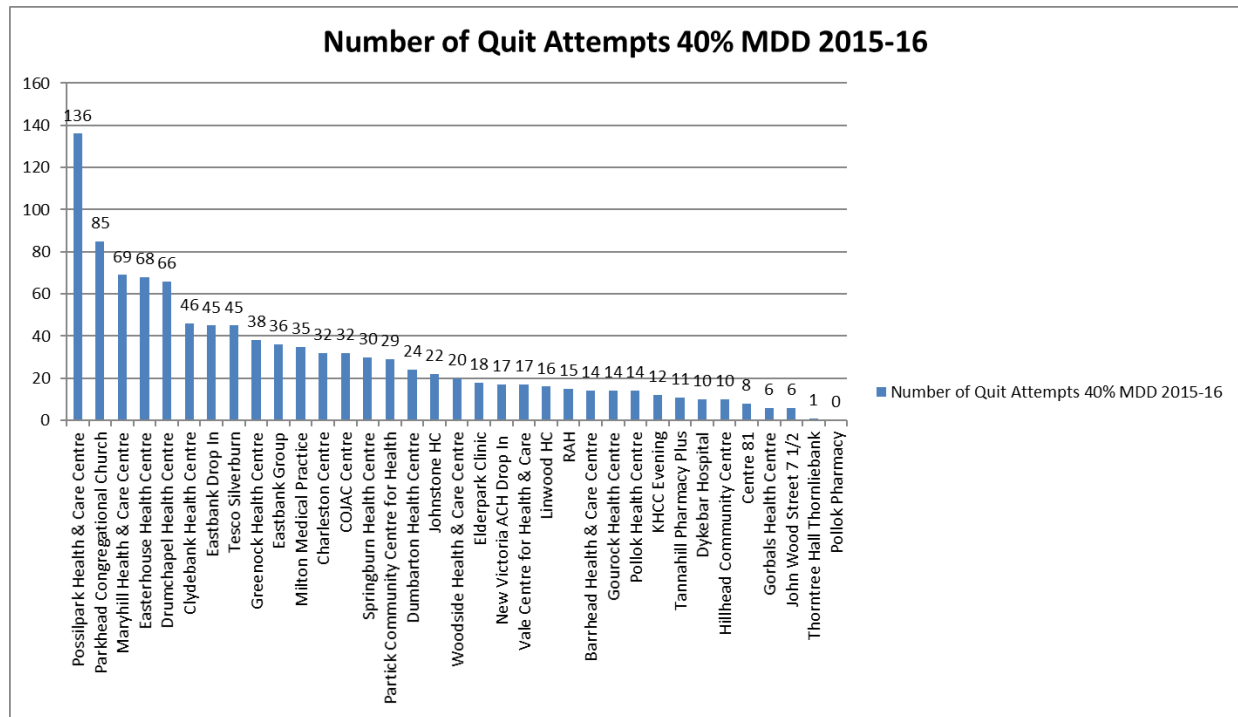


Moreover, in the two preceding years (2015/16 and 2016/17), Possilpark showed the highest number of quit attempts compared to all other areas of multiple deprivation in Glasgow, as Figures 2.3 and 2.4 show. This shows that over the last three years, Possilpark has sustained a high level of quit attempts.

**Figure 2.3: Number of Quit Attempts at Smoking Cessation Services in the Most Deprived Areas of Glasgow 2016-2017**



**Figure 2.4: Number of Quit Attempts at Smoking Cessation Services in the Most Deprived Areas of Glasgow 2015-2016**



The Glasgow City Health and Social Care Partnership (North West Locality) have produced calculations of the financial impact of smoking cessation for users of the smoking cessation service in Possilpark. This is shown on the next page.

## The Financial Saving to Stop Smoking<sup>2</sup>

In the year 2017/8 130 clients made a quit attempt to stop smoking at the Smoking Cessation Service at Possilpark Health and Care Centre. From this data we have projected the financial saving made for the individual and as a wider group, this is based on the average person smoking 20 cigarettes a day and costing £10 per pack. While 130 clients make a quit attempt there is a variation in success rates and the table below with the highlighted cells suggests indicative numbers with both the potential savings for an individual who quit and to the cohort who prolong their quit over time. The table highlights a sliding scale of success and the financial benefits to the individual and wider community makes a clear and significant financial benefit.

Duration	Individual	130 Clients	76 Clients	38 Clients	19 Clients	10 Clients
1 Day	£10	£1300	£760	£380	£190	£100
1 Week	£70	£9100	£5320	£2660	£1330	£700
4 Weeks	£280	£36400	£21280	£10640	£5320	£2800
12 Weeks	£840			£31920	£15960	£8400
6 Months	£1820				£34580	£18200
1 Year	£3640				£69160	£36400

It is worth bearing in mind these financial savings are for clients living in the 40% most deprived data zones, therefore for clients on a low income it magnifies the financial benefits.

### 1.4 This Report

This report presents the findings from the research. The next chapter details the methodology and the profile of service users interviewed. Chapters 3-7 set out the research findings. Chapter 8 presents three illustrative case studies of individual service users. The final chapter brings together the key messages from the research and draws out suggestions for future practice.

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<sup>2</sup>This section has been prepared by the Glasgow City Health and Social Care Partnership (North West Locality)

## 2 Method and Profile of Interviewees

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### 2.1 Method

An interview topic guide was developed (see Appendix) to ensure that all interviews covered the topics related to the research objectives.

Past service users of the Smoking Cessation service in Possilpark were contacted directly by the HSCP, North West Health Improvement team, to invite them to take part in an interview. They were offered either an interview at their home or at the Possilpark Health and Care Centre. Appointments were made and confirmed by letter. Interviewees were offered a £20 gift card as an incentive to participate and to thank them for their time.

Interviews took place between 17<sup>th</sup> April and 4<sup>th</sup> May 2018. A number of people cancelled or failed to attend for interview, and these were rescheduled where possible. One interviewee requested a telephone interview due to ill health, and a further two were conducted by telephone after failing to attend at appointed times at Possilpark Health and Care Centre. A total of 27 interviews were conducted, comprising:

- 7 face-to-face at the service user's home
- 17 face-to-face at Possilpark Health and Care Centre
- 3 by telephone

Interviews typically lasted around 20 minutes. These were recorded, with the interviewee's consent, and subsequently transcribed.

### 2.2 Profile of Interviewees

#### Communities

Although all interviewees had accessed the smoking cessation service at Possilpark Health Centre, just half lived in Possilpark itself, with the remainder living in neighbouring neighbourhoods. These are shown in Table 2.1.

**Table 2.1: Neighbourhood of Residence**

<b>Community</b>	<b>No of Interviews</b>
Possil	14
Parkhouse	4
Milton	2
Cowcaddens	2
Lambhill	1
Springburn	1
Maryhill	1
Cadder	1
Ruchill	1
<b>Total</b>	<b>27</b>

Interviewees comprised 14 men and 13 women. Ages ranged from 32 to 77, and the average age of interviewees was 56. The breakdown by age groups and gender is shown in Table 2.2

**Table 2.2: Age and Gender**

	<b>Men</b>	<b>Women</b>	<b>All</b>
Under 45	2	2	4
46-55	5	5	10
56-65	3	4	7
65+	4	2	6
<b>Total</b>	<b>14</b>	<b>13</b>	<b>27</b>

**Employment Status**

Of the 27 interviewees, seven were working (six full time, one part time), seven were unemployed, six were retired. Three were classified as long-term sick/disabled; two were students and two did voluntary work.

**Table 2.3: Employment Status**

<b>Employment Status</b>	<b>No of Interviews</b>
Full-time	6
Part-time	1
Student	2
Volunteer	2
Long-term sick/disabled	3
Unemployed	7
Retired	6

**Illness/Disability**

Most interviewees (22 out of 27) had at least one long term illness or disability. Among the most common were COPD, depression and diabetes.

**Smoking Status**

Prior to using the service, most (24 out of 27) interviewees had been smoking at least 20 cigarettes per day, and 10 of these smoked 30 or more per day.

Interviewees varied considerably in the length of time since they had used the service. Some had used the service on multiple occasions, some had experienced a period of being smoke-free but had subsequently lapsed; some had subsequently had a successful quit attempt through other methods after using the service. At the time of interview, four of the interviewees were smoking at the same level as before using the service; six were smoking less than before; 17 were smoke-free.

### 3 Findings: Infographic Summary of Findings Relating to Smoking Cessation in the Community

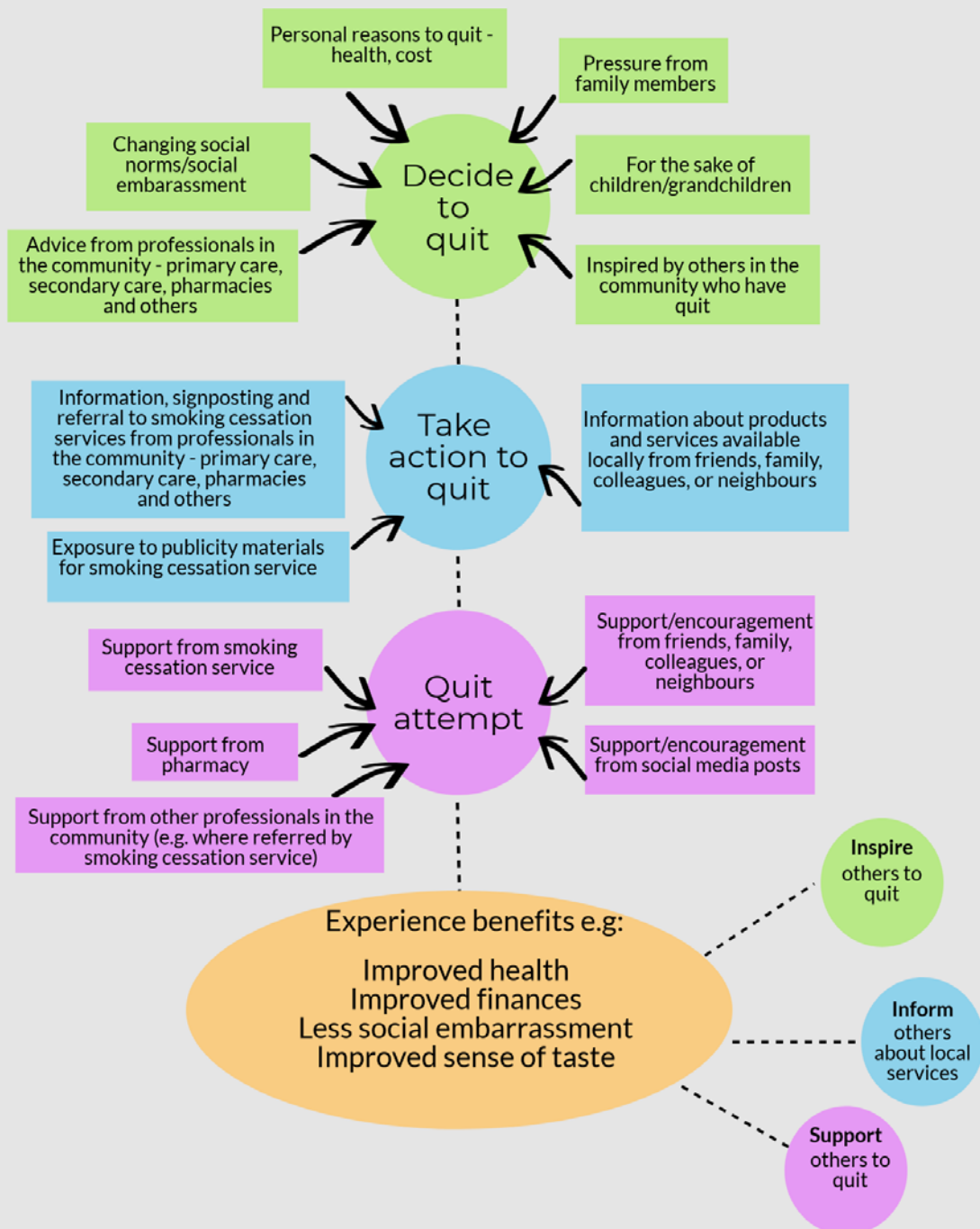
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The following chapters describe the way in which communities can influence quit attempts. The graphic on the next page summarises the main influences identified at each stage. It is clear that community influences were evident and important motivators at each stage. Both public and professionals in the community were key in:

- **Influencing people's decision to quit** -Smokers' decision to quit was often related to community influences including being inspired by others who had quit, pressure from family members or quitting for the sake of children or grandchildren. Changing social norms in the community were also observed, and led to social embarrassment around smoking. Professionals in the community also gave advice and information which often contributed to the decision to quit.
- **Providing information to allow people to take action to quit** -Both public and professionals in the community gave information about products and services available locally. This enabled people to take action and make a quit attempt.
- **Supporting people in their quit attempt** - Professionals in the community including the smoking cessation service, pharmacy and other services were key in supporting people in their quit attempt. However, support and encouragement from family, friends, colleagues and neighbours was also important. Some also had helpful support and encouragement from local friends on social media.

Those who had successfully quit became community assets who inspired others to quit, informed others about available products and services, and supported others in their quit attempts.

# Smoking Cessation in the Community



## 4 Findings: Motivators and Facilitators of The Decision to Quit

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### 4.1 Introduction

This chapter brings together the findings from the interviews which show the motivators and facilitators relating to smokers' decisions to quit, particularly in relation to the role of the community.

### 4.2 Personal Reasons for Wanting to Stop Smoking

There were two common reasons for people wanting to stop smoking which were not directly related to community factors:

#### **Health**

The most commonly cited reason for wanting to stop smoking was health, and it was usually the primary reason. In some cases, this was a general awareness of getting older and a need to stop smoking before it impacted health. More commonly, smokers already had health conditions which were caused or exacerbated by smoking. These included COPD, asthma, heart disease and hardening of arteries. Some service users' motivation to quit came from a specific diagnosis or acute episode.

#### **Cost**

The cost of cigarettes was mentioned by most service users as a reason they wanted to stop smoking, although this was usually a secondary factor to another reason. The most recent rise in the cost of cigarettes to nearly £10 a packet appeared to be a significant threshold.

### 4.3 The Role of the Community in Motivating and Facilitating Quit Attempts

While many service users cited health or financial reasons for wanting to stop smoking, most indicated that community influences were either a primary motivator or were a key to turning a general desire to stop to an actual quit attempt. These are discussed below.

#### **Smell**

Many interviewees mentioned the smell of cigarette smoke as a reason for wanting to stop smoking. This included the smell in their home, their car, their clothes and on their person. Some said they felt self-conscious about how they smelled, particularly around non-smokers.

*"I was sick of smelling of smoke. When I walked down the street and I smelled people's clothes that don't smoke, they smelled lovely. And I know fine that mine smelled like an ashtray".*

#### **Pressure from Family Members**

Most of those interviewed said that they had pressure, at least to some extent, from family members – usually younger members – to stop smoking. Only one interviewee said that this was their primary reason for their quit attempt, but many acknowledged that pressure from family played a part in their decision to quit.

*"My son and daughter-in-law hate smoking with a passion. I wouldn't say they pressured me exactly, but they don't like it and they made it quite clear that they didn't like it".*

*"My son doesn't smoke and he was the one encouraging me (to stop). He was saying it's not good for you, especially at your age, and all that".*

## **Children and Grandchildren**

A number of interviewees said that they wanted to stop smoking for the sake of their children, or – more commonly – their grandchildren. For some, the arrival (or pending arrival) of a new grandchild was the key catalyst to their decision to quit. This came either from a desire to look after their health to ensure they lived to see their grandchild grow up, or from a desire to protect the health of their grandchild by ensuring they were smoke-free in their company. In some cases this was combined with pressure from a son or daughter to stop smoking or a warning that they could not smoke near the grandchild.

## **Referrals from Primary and Secondary Care Practitioners**

One of the most common sources of referral to the Smoking Cessation service in Possilpark was through GP referral, and these came from various different GP practices. GP referrals were sometimes the result of the GP raising the issue of smoking cessation, and in other cases the patient made the enquiry as they expressed a desire to stop smoking and often sought the GP's advice or specifically asked for Nicotine Replacement Therapy (NRT) to be prescribed. Where GPs initiated the topic, this tended to be during a routine review appointment for a chronic condition or when the patient was seeking treatment.

*"I was at my GP for a review for my diabetes and we were going through the rigmarole about weight and height etc. and she said are you still a smoker, and she said why don't you think about the smoking and she introduced me to the non smoking service".*

Where patients initiated the topic, these were often requests for tablets. In one case, where the patient had already had a course of Varenicline and lapsed in their quit attempt, the GP said they would not give another prescription but referred the patient to the Smoking Cessation service where they would be supported in conjunction with the prescribed tablets.

One of the interviewees had been referred to the service via the out of hours GP service. This was the result of a visit in which a serious lung infection was diagnosed. The patient was frightened by the diagnosis and made a commitment to immediately stop smoking. The out of hours GP supported the decision and gave information about the Smoking Cessation service, which the patient then attended within 48 hours.

Some service users had had periods of hospitalisation. During these, they were given nicotine patches, information about smoking cessation services and a supply of patches on discharge. In some cases, patients returned to smoking immediately upon discharge but made a quit attempt through the service at a later stage. However, others attended the service almost straight away.

## **Pharmacy Signposting**

Of the four local pharmacies in Possilpark, one in particular appeared to effectively generate referrals to the Smoking Cessation service. This pharmacy service was led by a staff member who had personally successfully quit. Some of those interviewed said that they had spoken to this pharmacist with a view to obtaining NRT, and it had been suggested to them that they may find the service at the health centre helpful (e.g. see

Case Study 1), and others said that they had been signposted to the service after a general conversation with the pharmacist about smoking and their desire to stop.

### **Inspiration from Others in the Community**

There were also people who had been inspired to stop smoking by others in the community who had successfully quit (not necessarily through the community services) and they drew inspiration from this and made a quit attempt themselves. Most of those interviewed did not know anyone else who had used the Smoking Cessation service before using it themselves. However, there were some who knew about it via others, and had used the service following a personal recommendation.

There was one example (see Case Study 3) where someone with a history of several failed quit attempts was inspired by a local friend's post on Facebook about their quit and this led directly to her own use of the Smoking Cessation service and a successful quit attempt.

Most service users had gone on to talk about the service with others in their families, workplaces or communities. Some were very enthusiastic advocates of the service and actively encouraged others to use it; others mentioned it in a more understated but responsive way – e.g. where people noticed they were not smoking and conversations developed around how they had quit. Some said that they struck up conversations with people they knew when they encountered them at Possilpark Health and Care Centre when they were waiting to use the drop-in service, and in the course of these they explained what they were there for and how the service worked. In at least two cases, these conversations led to other people using the service.

*"I bumped into someone from my old work when I was at the health centre and I said I was going to the smoking thing. He said, oh I need to get off these fags. So I said to him about the wee service and I said try the Champix. So him and his wife went along – I think he's still off them, but his wife went back on them".*

For some, it was the particular Varenicline product, Champix, which they recommended to others rather than specifically the Smoking Cessation service. Some viewed this as the key to their successful quit attempt. Indeed, many mentioned that they had heard about Champix from others in the community and this had specifically prompted their quit attempt. Several, having learned about Champix from others, had approached their GP, the pharmacist or the smoking cessation service specifically to ask about using Champix (e.g. see Case Studies 1 and 2).

Most service users felt that word of mouth was an effective way of publicising the service and encouraging others to stop smoking and most felt motivated to talk about it.

However, a few felt that they would be reluctant to encourage others to use the service, feeling that it was not their place to tell others what to do, and that motivation to quit had to come from smokers themselves.

*"I feel they're all adults and they know the dangers. If they want to stop smoking, they could ask me and I can tell them where to go, but I'm not pushing it onto someone else".*

### **Promotional Materials in Community Venues**

A number of interviewees said they had seen the Smoking Cessation service advertised on posters and/or leaflets in community venues (usually Possilpark Health and Care Centre) or seen the door in the health centre where the service was based. Some said that when they decided to stop smoking, they knew where to go for support because of these promotional materials, and some others said that when they were thinking about stopping smoking, the

promotional materials were the prompt to actually take action and use to the service/make a quit attempt.

*“Me and my husband had been talking about stopping. There’s the financial side, and there’s my health because I’ve got asthma and COPD. My husband picked up a leaflet in the health centre and we phoned up and then we went along”.*

One person said that she had seen a poster for the service in a pharmacy which included a photograph of the medical receptionist from her GP practice as someone who had successfully quit. She said that because it was a face she knew, it drew her attention, and she was able to ask the receptionist about it when she was at the doctors.

### **Rehabilitation Centre**

One person who was interviewed had accessed the service while at a residential rehabilitation unit. He heard about the service from other residents of the unit who were using it. The rules of the unit meant that those accessing the service had to come together in group, accompanied by a resident who was further in the programme and given the responsibility of chaperoning the group. The interviewee went on to recommend the service to others in the unit and in time became a chaperone for the group. The interviewee felt that a motivating factor for many of those attending from the residential rehabilitation unit was the opportunity to get out for a while (and not necessarily a commitment to stop smoking), and moreover he felt that attempting to stop smoking while going through intensive rehabilitation and counselling was not realistic. His quit attempt was not successful, but he felt that now he was living independently he may be better placed to stop smoking and planned to use the service in the future.

### **Community Centre Staff**

One interviewee was a community development worker based at the local community centre, and worked supporting three groups. He learned about the service through another worker who was based at the centre:

*“It was the manager of a different programme in the community centre that I work in that told me about it. She was on Champix, and I could see they were working for her. I was telling her I was fed up smoking and she said, just go round(to the drop-in service), it’s on a Tuesday 12 till 4. Well, that was on a Tuesday morning, so I just went straight round that day”.*

Although he did not have a successful quit attempt, this raised his awareness of the service and he has since told those who he supports at the centre about the service, and some have used it and successfully quit.

## **4.4 Barriers to Accessing Smoking Cessation Service**

The interviews were conducted with people who had all managed to use the Smoking Cessation service in Possilpark, so these are unlikely to demonstrate the barriers which prevent people from using it. However, the interviews did generate some information showing some of the potential barriers to people using the service.

### **Lack of Awareness of the Nature of the Service**

Few of those interviewed said that they knew what to expect when they first attended the Smoking Cessation service. Where people had been referred by their GP, they had not been given much information about the nature of the service. There was a frequently held perception that the service was a group support format, something that there was little

appetite for. Some said that they were aware the service was there, but that it was only when it was clarified to them that it was a drop-in, one-to-one support service that they became interested. It was felt that the promotional displays in the health centre did not make this clear.

*"I'd seen the sign out there in the health centre, but I didn't know how it worked. I thought it was joining a group and all that, and I don't do joining groups".*

*"The girl in the hospital told me about it, but I thought it would be like an AA meeting with people all sat in a group. But when I came it was just me and one person and it was brilliant, so I'm trying to tell that to people – it's not like a group of yous, it's just one person. I think a lot of people think it's a group thing and that's what puts people off. I don't think I'd have kept coming if it was something like that".*

### **Reluctance/Embarrassment to Return after Lapses**

Many stressed that the staff at the Smoking Cessation service were very welcoming to returning clients and took care to ensure that users could return at any point for support if they lapsed. Nonetheless, some of those interviewed said that they had felt reluctant or embarrassed to return to the service after lapsing (or lapsing for the third time). One service user who used the service three times before having a successful quit attempt explained that he was initially reluctant to use the service for a third time:

*"I wasn't going to come for a third time because I felt as though I was letting the girls down. I felt I would just be annoying them. But they were like, no, no, you're not letting anybody down, you can come here any time."*

Some said that they did not realise that they could use the service again, but only did so after asking for advice from their GP, or in one instance having received a call from Smokeline (see Case Study 2).

### **Time Commitments**

Although the interviews were all with service users who had managed to find time to attend the Smoking Cessation service, some said that they did find the time commitment difficult – to be able to devote time once a week to drop in (without knowing how long they would be waiting) and also visit the pharmacy each week to collect their NRT. Some worked shifts and some attended further/higher education which made it difficult to attend within the designated four-hour period each week, but all those interviewed usually managed to attend weekly. It was recognised that there were other services in other locations which operated at different times.

## 5 Findings: Support and Facilitators for Quit Attempts

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### 5.1 Introduction

This chapter brings together the findings relating to the factors which facilitated and supported quit attempts following the decision to quit and engagement with the Smoking Cessation service.

### 5.2 Nature of Support from the Smoking Cessation Service

Only one interviewee made any negative comments about the support received from the Smoking Cessation service. This was in relation to the length of time taken to be seen at each of her first two visits and also that the initial prescription for Varenicline was incompatible with her existing medication which resulted in being sent back from the pharmacist to the service for an alternative prescription.

All other interviewees were very enthusiastic in their praise for the support they received from the service. While all acknowledged that NRT was a helpful tool in their quit attempt, the personal support from the service was felt to be highly beneficial. Most had tried NRT before using the service, but felt that the support in conjunction with NRT offered a much better prospect for quit attempts:

*"I had tried to stop before through a pharmacist in Possil, but that wasn't very successful because all that was happening there was you were going in and you were getting your patches – you weren't really getting support. You were just going down and a girl would say to you how are you doing? Oh, that's fine, just sign there, that's you, see you next week, bye. And I was like, is that it? So obviously it wasn't successful. I wanted to find something that I could go to and get support".*

Key aspects of the service which were felt to be beneficial are described below.

#### **Encouragement**

The service was frequently and enthusiastically praised for the encouragement received during quit attempts. Many felt it was beneficial to their quit attempt to have their efforts rewarded with words of praise and a 'pat on the back' weekly, and this reinforced their determination to continue with their quit attempt. The use of milestone certificates/stars at four, eight and twelve weeks were also effective encouragement for some users.

The weekly carbon monoxide (CO) readings taken at the service were also an effective source of encouragement and many felt that it was helpful to have this evidence of the benefits of their quit, and putting a numerical value on their progress was motivational.

*"They were great – really good. They would take you in and you would blow in the machine and they would tell you how well you're doing. That was a wee boost. You felt as if you were getting a good pat on the back, that you're doing really well. The lassies were all smashing".*

## **Advice**

Many service users said that they got very helpful advice from the advisors at the Smoking Cessation service. These were tailored to the needs of each smoker, but included a range of strategies such as breaking habits and routines associated with smoking, keeping occupied, having other things in their hands, etc.

## **Person-Centred Advice Encompassing Other Issues**

Some interviewees commented on issues they were facing alongside their quit attempt. For some, these included dealing with stressful family situations and they found the advisors at the Smoking Cessation service very open to talking about all these issues.

One interviewee who was having a particularly difficult time including a health scare and a bereavement found the advisors very helpful to talk to, and they also signposted him to Lifelink for counselling which he felt was very beneficial. He felt that this support was crucial and helped him to cope with his difficulties as well as supporting his successful quit attempt.

A number of service users had problems with weight gain as they stopped smoking, and the advisors at the service were able to offer advice around this and also gave information about weight management services.

## **Open-Door, Continued Support**

An aspect of the service which many users praised and found beneficial was the advisors being open to contact by telephone between weekly drop-in sessions. Although few had made use of this, they felt it was helpful just to know that support was there if they felt they needed it between their sessions. Furthermore, although the support was nominally a twelve-week programme, service users were grateful that the advisors made sure they knew they could continue to drop in to the service after the twelve weeks, and a number made use of this. They felt it was useful to continue to go, sometimes on an ad-hoc basis and this was helpful in maintaining their quit and helped them to continue to focus on the benefits of having stopped and reinforced their commitment to stay stopped. Although remaining smoke free, some of those who had successfully quit found it helpful to continue to return to have their CO levels read in order to keep getting the positive feedback.

## **Social Interaction**

A few of those interviewed lived alone and were socially isolated. For these people, the weekly drop-in sessions offered some welcome social interaction and also provided support and encouragement in their quit attempt.

## **Immediate Access to NRT**

Some interviewees felt that a key benefit of the Smoking Cessation drop-in service was that they could access NRT and commence their quit attempt straight away. This contrasted with the pharmacy service where they would have to wait one week before NRT would be available to them. Some felt that once they had made up their mind to quit they wanted to do it straight away, and if they had had to wait a week they would have lost the impetus.

*“What’s good about coming here is you can pop in and get the prescription there and then. There’s been times I’ve gone to the pharmacy when I’ve been fed up with smoking and I want to quit, but you’ll go into the pharmacy and they’re like, come back next week. You’re like that, what’s the point? You go away and you end up smoking and you don’t go back the next week. I want to deal with it there and then”.*

There were also instances of people stopping due to hospitalisation or a sudden illness and they felt that in their situation they had to have access to NRT straight away.

### **One-To-One Support**

As discussed in the previous chapter, there were some misconceptions that the service was a group support service, which smokers generally did not want. Instead, those who used the service appreciated that advice and support was given on a one-to-one basis.

One interviewee who had previously tried to stop through the pharmacy scheme, felt that a key benefit was that advice was one-to-one and in a private setting:

*“Working with the people (at the Smoking Cessation service), I felt much more comfortable and confident. I could come in behind a closed door and face them one-to-one – instead of the chemist, where I was hanging about outside to make sure nobody was there before I went in”.*

Overall, many who had successfully quit felt that they would not have been able to stop without the support from the service:

*“Coming to the service was more helpful than anything else. I think if I’d been left to my own and didn’t have a check-up every week, I don’t suppose I’d have done it. Part of the problem before was not having someone to check up on you to see how your progress was going. So that really helped in getting through the first month. Getting the CO levels every week was good – it was something to aim for, to keep on track”.*

### **5.3 Pharmacy Support**

As noted in the previous chapter, one of the local pharmacies was effective in signposting people to the Smoking Cessation service and encouraging them to use it. Those who used this pharmacy to collect their NRT prescribed by the Smoking Cessation service reported that the pharmacy staff often made enquiries as to how the quit attempt was going and encouraged them. By contrast, those who used other local pharmacies said there was little or nothing in the way of conversation, encouragement or support when using the pharmacies.

### **5.4 Support from Family and Friends**

Most of the service users interviewed said that they had received some support from family or friends, but often this was somewhat low key, and not as much as may have been desired. There were, however, a wide range of experiences – some had no encouragement or support from elsewhere, and some had at least one good friend or family member who was particularly encouraging and supportive.

Some of those interviewed had experience of making a quit attempt with a spouse or a friend (not always their most recent attempt). This was felt to be very beneficial as they were able to mutually support each other through the quit attempt.

## 5.5 Social Media

As noted in the previous chapter, there were examples of local people sharing their smoking quit on Facebook and this proved to inspire others to make a quit attempt. However, as well as inspiring others, those who posted on Facebook received many positive comments, reinforcement and encouragement on their posts and they found this heartening and aided their quit attempt.

*"On Facebook, I'll put up like - that's me off eight weeks - or whatever, and the support that you get off everybody! I got 40 odd comments and so many likes. So that kind of gives you a wee boost as well because you get this kind of... aw, this is quite good, everybody's kind of rooting for you".*

There was also a feeling that once they had posted about their quit, this was a public commitment and made them more determined to maintain it.

## 5.6 Keeping Busy

In addition to NRT and the support received by the Smoking Cessation service, some found that keeping busy was key to the success of their quit attempt. Activities such as gardening and walking helped.

## 5.7 Difficulties Encountered

### Cravings

Most service users, whether they had a successful quit or not, found the first two weeks or so of their quit attempt challenging and they experienced cravings.

### Habits/Routines

Some found their quit attempt difficult when in familiar settings or doing activities which they previously associated with smoking. This included having smoking breaks at work, with a cup of coffee, or when out with friends.

### Being Around Other Smokers

Another challenge for some was being around other smokers. Where people lived with other smokers, this could be particularly difficult as they felt the temptation to smoke was high – even more so if the other smoker(s) in their home were not committed to supporting the quit attempt. Being out socially with friends was a challenge for some when their friends smoked. Often when people spoke about previous lapses in quit attempts they had been triggered by the temptation of having a cigarette in the company of other smokers.

### Stress

Many spoke about very traumatic and stressful events in their lives and these had often been a trigger for lapsed quit attempts in the past. Some had lapsed during or following quit attempts supported by the Smoking Cessation service when a traumatic or stressful event occurred.

### Weight Gain

Several interviewees perceived weight gain as a negative effect of stopping smoking. Some had anticipated this and was to some extent a disincentive to quit.

## 5.8 Perceived Benefits

Those who had stopped or cut down smoking reported many benefits. In approximate order of the frequency they were reported, perceived benefits were:

- **Health/fitness:** Many reported improvements to their health and/or fitness, including feeling less breathless and able to be more active.
- **Money:** Financial benefits were more commonly reported as a benefit than an incentive to stop smoking. Some of those who had stopped smoking purposely saved the money that would have spent on cigarettes, and were delighted with how much they saved. Others did not put money away, but were also delighted to have more money for spending and had been able to treat themselves and buy things they would otherwise have been unable to get. One said they had been able to buy a new car, one had taken foreign holidays, and one used cigarette money to pay for her mortgage:

*“What I was paying on cigarettes pays my mortgage every month – that’s a big, big difference. I say that to people – my mortgage gets paid from the money I’ve saved on cigarettes, so if that’s not an incentive what is?”*

- **Smell:** Several interviewees commented on how pleased they were that they, their clothes, and/or their home no longer smelled of cigarette smoke. Some commented that they were much more aware of the smell of smoke from others.
- **Taste:** Some noticed that their sense of taste was much improved and they enjoyed their food more.
- **Skin/hair:** Three interviewees mentioned improvement to the appearance and condition of their skin or hair as a result of stopping smoking.
- **Sleep:** One person said that his sleep patterns had improved since he stopped smoking.

## **6 Findings: Good Practice and Facilitators to Deciding to Quit and Quit Attempts Through Local Services**

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### **6.1 Introduction**

This chapter draws out some of the examples of good practice relating to community services which were highlighted by the findings in the previous two chapters.

### **6.2 Pharmacy Referrals and Support**

One pharmacist appeared to be a very effective advocate of the service and was very actively signposting people to Smoking Cessation service. The fact that she herself had quit made her credible to potential service users, and her positive experience appeared to motivate her to promote the service. In addition to promoting the service, this pharmacist offered encouragement and support to those using the service when she dispensed their NRT. This appears to demonstrate a very effective working partnership between this pharmacy and the Smoking Cessation service.

### **6.3 Information from Out-of-Hours Doctor**

There was one example of someone who had visited the out-of-hours doctor at Stobhill, been diagnosed with a severe lung infection and vowed to stop smoking there and then. The out-of-hours doctor was supportive and able to offer advice about where to get support. The patient went to the drop-in service at the first opportunity (two days later), having first visited the website for further information, and did not smoke again.

### **6.4 GP Referrals**

Many reported that they first became aware of the service when their GP signposted them to it. A particularly effective approach appeared to be where GPs were reluctant to (or refused to) prescribe NRT or Varenicline for a second time without the patient trying the Smoking Cessation service.

### **6.5 Hospital Ward Referrals**

Several of those interviewed had had a period of hospitalisation as a smoker, and all had been given NRT patches and spoken with an advisor in hospital. Discussions usually included advice about smoking cessation services available to them, including the drop-in service at Possilpark. Patients were discharged with a week's supply of NRT, and in some cases attended the drop-in service within the week to begin support. This afforded an excellent opportunity for a quit attempt. However, there were some who returned to smoking on discharge from hospital, but attended the service and made a quit attempt at a subsequent time.

### **6.6 Use of High Profile Community Members as Advocates**

The use of high profile community members as advocates for the service appears to have been successful in motivating and encouraging others to use the service. This included the local pharmacist (as noted in Section 5.2). The use of a photograph of a GP receptionist in publicity materials was effective in drawing attention to the materials because she was easily recognised and this also led to approaches to her to ask about the service and her quit attempt. Staff working in the local community centre also appeared to be effective advocates for the service, giving information about the service to colleagues and to those using the community centre groups, and encouraging them to go.

## **6.7 Visibility in Health Centre**

The location of the drop-in service within the new Possilpark Health and Care Centre appeared to be valuable. Many used the centre to visit GPs, dentists, physiotherapists and other services. The promotional displays as well as the door sign for the drop-in service's room made many of these health centre users aware of the service (though they did not necessarily understand how it worked). Also, because those waiting to use the drop-in service waited in the general waiting area beside the community reception, they would sometimes encounter people they knew, and conversations would develop regarding why they were there. There were examples from the interviews where such conversations generated interest in others and resulted in others using the service.

## **6.8 Open-Ended Support**

A key benefit of the Smoking Cessation service which was valued by many of the users was that it offered open-ended support. Those who had successfully quit smoking after their twelve-week programme greatly appreciated that the advisors had stressed that they were welcome to come back at any time. Some continued to regularly attend; others were simply appreciative that the offer was open to them which gave them a sense of confidence and felt they would be likely to use the service again if they were struggling with new cravings.

Many had used the smoking cessation service more than once for different quit attempts, having lapsed after an initial quit. Some stressed how welcoming and non-judgemental the advisors were when they returned to the service and this encouraged them to make multiple attempts where required.

## **6.9 Person-Centred Support**

A recurring theme in many of the interviews was the value of the service in addressing not just the quit attempt but a variety of other issues including mental health and weight gain. The service users felt valued and listened to, and they were offered specific advice for their own situations and, in some instances, were signposted to other agencies for further support. This person-centred approach appeared to be very effective in maintaining smoking cessation.

## 7 Findings: Views on Changing Social Norms Relating to Smoking in the Local Community

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### 7.1 Introduction

This chapter discusses interviewee's perceptions of changing social norms in Possilpark (or neighbouring areas) in relation to smoking. Changes in prevalence, culture and social acceptability of smoking clearly link to the assets-based approach of health improvement.

There were four people interviewed who felt that smoking was as prevalent as ever and that they continued to observe many young people smoking. However, among those interviewed, the general view was that smoking had become much less prevalent in the local area in recent years, and this was due both to young people not taking up smoking and established smokers giving up.

### 7.2 Vaping/E-Cigarettes

One of the most common responses when questioned about changing social norms in relation to smoking was the observation of the huge increase in people using e-cigarettes/vaping devices. Most felt that it was much more common to see people using e-cigarettes than traditional cigarettes. There was a perception that smokers were moving to e-cigarettes because they considered that they were less damaging to their health and also that they were more socially acceptable. Among those interviewed, however, there were few who had ever used e-cigarettes as they had a desire to quit smoking altogether, and they were also sceptical that they were as safe as many users assumed. As well as smokers moving to e-cigarettes, some pointed to young people taking up vaping because it was fashionable.

### 7.3 Young People Not Taking Up Smoking

Many expressed the view that young people in particular were much less likely to take up smoking than they did in years previously.

*"I remember when I was young you used to stand outside shops and say to people go and get us fags, but you don't get that anymore. So obviously the young ones are not interested in smoking. And you don't see young ones going down the street smoking – you might see the odd one or two, but it's very few and far between".*

It was felt that young people tended to be very vocally anti-smoking, and were disgusted by the smell of smoke. Many of those interviewed pointed to younger members of the family complaining vociferously about them smoking.

*"I think smoking's a lot less popular now, especially amongst the young ones. See all the young ones – my lassies and their pals and all that – none of them smoke and they're totally anti-smoking, which is good. They're like that, I don't want it over my clothes, I don't want it over my hair".*

It was felt that smoking was less visible to young people as cigarettes are not advertised or displayed in shops and people are banned from smoking in many places. Overall, many felt that local young people were now growing up in largely smoke-free environments which was a stark contrast to previous generations in Possilpark.

*"All the weans are clued up to it now and they moan if you're stinking, whereas we were brought up in houses where the places were full of smoke, the cars were full of smoke. We just accepted it".*

Many said that young people were more health conscious and more aware of the effects of smoking than in previous generations. Some said that young people now were affected by seeing the effects of smoking on their older relatives which discouraged them from smoking.

#### 7.4 Established Smokers Stopping

As well as a perceived decline in young people taking up smoking, there was also a general perception that older smokers were stopping smoking. An observation that was frequently made was that in the decade or so since the ban on smoking in public places was introduced, there had been a very significant decrease in the number of people smoking outside pubs:

*"I remember years ago when the ban first came in, you used to look at Saracen and you'd think there was a fight in the street because there were so many people all standing out at the corners outside the pub. You don't see anything like that now".*

Many attributed the ban on smoking in enclosed public places as one of the key reasons that smoking was declining locally. However, none of those interviews said that this was a reason for their own desire to stop.

The cost of cigarettes was also cited as a key reason why smoking was declining, particularly as the cost had approached £10 per packet. Interviewees were more likely to attribute the cost of cigarettes to the general decline in smoking than to their own desire to stop.

#### 7.5 Not Smoking around Others

The legislation which banned smoking in public places was felt by many to have changed people's attitudes towards smoking. Many spoke about a change in smokers being more aware of the effects of their tobacco smoke and a change in their habits to ensure they did not smoke near children or in other people's homes. One interviewee spoke about going abroad where people were smoking in pubs and it 'didn't feel right' and she chose to smoke outside.

#### 7.6 Social Acceptability of Smoking

A common feeling was that smoking had become much less socially acceptable. As noted above, smokers' attitudes were felt to have changed towards smoking around others, and smokers were often more aware and considerate of where they smoked. However, it was also noted that non-smokers were also much more aware of the effects of second-hand smoke and were much less likely to tolerate people smoking near them. Non-smokers did not expect smoking visitors to smoke in their homes, and parents were particularly vigilant of people smoking near their children. Several interviewees were grandparents whose children had made it clear that they could not smoke near their grandchildren, or in one case hold their grandchild if they had been smoking.

Some felt that when they were a smoker they were in a minority in their social group and felt self-conscious being a smoker:

*"There's less and less people smoking now. My friends have nearly all stopped. So you do feel the odd one out. If you were to go on a night out with the people in your work, you'd be the only one leaving the pub to go out for a cigarette, and you'd be aware that you'd be stinking of smoke because you're going back in to non-smokers".*

In some instances, smoking was felt to be socially divisive and some mentioned feeling something of an outcast being a smoker. Again, the ban on smoking in enclosed public places was felt to contribute to this because people had to leave social gatherings to smoke outside which made them stand out as smokers and put a physical distance between smokers and non-smokers. One interviewee felt that smokers were somewhat excluded or snubbed by non-smokers:

*"I always felt that being a smoker I would be someone that a non-smoker wouldn't necessarily want to associate with. If you're not doing a healthy thing then people don't look at you as if you're very healthy. But quite a few people in my workplace have given up, so you find a wee group of you that smoked, and a group that don't – and the group that smoke are probably not the best group to be in".*

## 8 Case Studies

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### 8.1 Case Study 1

Case Study 1 was a man aged 55-64 living in the Parkhouse area (next to Possilpark) who works in a voluntary capacity. He had suffered from depression and nerve damage. He had three previous quit attempts, before making a fourth quit attempt supported by the Smoking Cessation service at Possilpark Health and Care Centre in January 2018.

He had been a smoker since the age of 13, and had been wanting to stop for 10-15 years. He was smoking around 30 cigarettes per day. Having lapsed several times before, he recognised that either stressful situations or being in social situations with other smokers could be the trigger for a lapse:

*"The first time I went back to smoking was when my wee lassie got taken into intensive care and I went outside because I was crying and there was a guy outside who gave me a fag and I took it – and before I knew it I was away down Govan Road getting a packet of fags and that was me back on it again. Other than that, it was usually when I went out for a pint and someone would say are you coming out for a fag, and I would say no, but a lot of people still pressurise you".*

The primary reason for wanting to stop was his health. Although he had not experienced any smoking-related health problems, he was aware that, *"I'm getting on a bit, so it was time to chuck it"*. Additionally, he wanted to stop for the sake of his grown-up daughters who were non-smokers and were encouraging him to stop.

*"(My daughters) were not so much nagging, but they would make wee comments – like they would get into my car and say, 'it's stinking in here, get your windows open, get it to the valet'".*

He first approached the pharmacist in Possilpark to enquire about using Champix, but was redirected to the Smoking Cessation service. The pharmacist was a subsequent source of support during the quit attempt:

*"It was the lassie in the chemist, (name) who sent me there. I asked her about going on to the Champix and she said, 'Would you not be better going to the no smoking service first and talk to them?'. So I went over and talked to (name of advisor) and she put me on the Champix. But (pharmacist) was a smoker herself and she quit. So when I went in she would come out and talk to me and ask how I was getting on. She was a good support".*

He also greatly valued the support he received at the Smoking Cessation service and felt that this had helped his successful quit attempt.

*"Definitely going there has helped rather than just going to the chemist and picking the prescription up. And it gets you out and all – sometimes you're stuck in the house and it's good to get out and talk to someone else".*

In addition to the support he received at the service, his daughters were very supportive during his quit attempt and were "over the moon" that he had stopped. At the time of interview he had been successfully stopped for around 13 weeks.

He said that he was feeling better for having stopped smoking and had noticed that he goes up and down stairs more easily. He also felt a significant financial benefit, having saved his cigarette money in tins, and accumulating more than £400.

He had spoken to a number of people and encouraged them to use the service. Most notably, he had persuaded his neighbour to use the service, and physically taken him there:

*"My neighbour had his leg amputated due to hardening of the arteries which was caused by smoking. One day I was in his house and I smelled smoke and I said, have you been smoking? And he said, aye, I had an urge and I got myself a packet of fags. I said that's daft – look at your health the now, do you want to lose your other leg! I wasn't trying to frighten him, but it was just to make him realise. He said, what do I do? and I said, come down here with me, so I took him down to the centre and I got him signed up".*

The neighbour that he took to the centre continued to use the Smoking Cessation service and at the time of interview had been stopped for two months.

He has also mentioned the service to other smokers he knows socially, but did not know whether any of them have used it.

Having been stopped for 13 weeks, he still intends to continue to drop in to the service:

*"I'm going to keep going down. That way I can blow into the wee thing, and I think that the lassies down there wouldn't mind me going down. I'll go as long as I can – I just want to carry it on".*

## 8.2 Case Study 2

Case Study 2 was a woman aged 55-64 who works full time (over three jobs) and lives in Cadder, close to Possilpark. She was smoking 20 cigarettes per day. She had tried to stop smoking five times - twice through the pharmacy, and she had used the smoking cessation service three times, with the third (successful) use beginning in January 2018.

Her primary reason for wanting to stop smoking was her health as she had problems with her chest which affected her breathing and caused a crackling noise at night. Her first attempt at stopping smoking was through the pharmacy and using patches. She then heard about Champix through local people talking on the bus:

*"A couple of people were talking on the bus going to work in the morning and they said they had tried Champix but didn't like them. But I thought, well that's something different I haven't tried and everybody takes a different reaction to all these things. So I thought I would give it a go".*

She then asked her GP about Champix and was prescribed them through the pharmacy. This was an unsuccessful quit attempt, but she then heard about the Smoking Cessation service and felt that this offered a better chance of a successful quit:

*"I heard about the drop-in service and I thought that was better because you would go and get support. Obviously, you don't get the support just going to the doctor and the pharmacy. I was thinking like if you go to Weightwatchers or Slimming World you keep going and you keep on track because you don't want to put that weight on because you don't want to get on those scales and embarrass yourself. I thought, well, that's something similar going to the smoking thing – you don't want to go and breathe into that thing and they go, aw, she's smoking again. So it's a good thing...you don't want to let them down, and you don't want to let yourself down".*

She made an initially successful quit attempt with the support of the service, but subsequently lapsed. She did not know that she could use the service again until she received a telephone call from the Smokeline service. She explained that she had already used the service but was now smoking again, and she was advised that she could use it again, and she then returned. She stopped for a second time with the support of the service, but again lapsed later. She felt that family problems and stresses were usually the trigger for returning to cigarettes. However, now knowing that she could return to the service, she only smoked cigarettes for two weeks over Christmas before returning for a third time in January.

*"I was back on the cigarettes for two weeks at Christmas, and then I went, no, I'm not doing this. I don't want to do this. I'm going back to the drop-in service in January. So I went straight down to get back off them".*

The latest quit attempt had been successful at the time of interview and she felt quite confident in maintaining this. She felt that the support and advice she received from the service was crucial to succeeding in her quit attempt:

*"It's very helpful. I can sit and talk away to (advisor) and I don't hold anything back. If I've had a bad day, she'll talk me through it. I'm putting on weight and that's worrying me, so she talks to me about it. She talks to you about everything. So you can see she's interested. And she gives me wee ideas about things I can try. I always go away feeling that I like being there and I like going back again".*

Her confidence in maintaining her quit attempt was partly grounded in the benefits she had noticed since stopping smoking. These included the appearance and condition of her skin and hair, significant improvement in her breathing, and improvement to her varicose veins. The advisor at the Smoking Cessation service encouraged her to focus on these benefits whenever she is tempted to have a cigarette.

She felt that compared to other times when she has tried to stop smoking, this time she is finding she is not tempted to smoke and she attributes this largely to having the support of the service:

*"All the women around me smoke. Before I would be like, I need to have one of them. But this time I'm not bothered because I've got my support from the clinic. Knowing I've got that has been a big, big help".*

She felt she had little support or encouragement from friends or family.

*"I noticed right away that people might congratulate you for the first week or two, and then that's it – nobody mentions it again. I go to work every morning and not one of the women will say are you still off the cigarettes, well done".*

For this reason, she particularly valued the support and encouragement she received at the Smoking Cessation service. She had mentioned the service to some people but felt overall that people had to make the choice themselves. She felt that people should be made aware of the service through advertising, but she did not feel inclined to personally encourage others to stop smoking:

*"I'm the type of person that nobody could have told me to stop smoking, so I don't feel that I've got the right to sit and preach to somebody else. People know I've done it. But there's loads of women in my work who smoke, and not one of them has said, could I join that?' or can you give me the number?."*

### 8.3 Case Study 3

Case Study 3 was a woman aged 55-64 who worked full time and lived in Possilpark. She had been smoking since she was at primary school, and had made several attempts to stop smoking before, including one with NRT patches. At the time of interview she was seven weeks into a quit attempt supported by the Smoking Cessation service and had been successful to that point.

She had several reasons for wanting to stop smoking. She was aware that she was getting older and concerned that smoking might impact on her health. She was also very aware of the smell of cigarette smoke, particularly as she worked in health care and visited people in their homes and she felt embarrassed smelling of smoke when visiting patients. However, a key impetus for her latest quit attempt was having a new grandchild and her awareness of how her smoking could impact her:

*"I had a wee granddaughter last January and I was having her for sleepovers. I was smoking in the toilet and I always smoked in my kitchen, and I thought – this is stinking and her pram's in here. It was just time for me".*

She was also aware that she was the last one in her social group to stop smoking, although she did not feel this was a motivator to quit.

Although she was already thinking about stopping smoking, the final motivation came from having a local friend on Facebook who was posting about her quit attempt.

*"I knew somebody through Facebook – somebody who's local – who had stopped smoking. I think she'd been stopped about eight weeks before me, and I'd seen her posts, things like - first week off it - and so on. Just seeing that made me want to give it a try. I was like 'There's (name) done that – I need to get myself in gear and get this done'."*

She did not know at the time that her Facebook friend was being supported by the Smoking Cessation service, and thought she may have been using the pharmacy. She enquired at her GP surgery and was told about the Smoking Cessation service. However, she did not immediately take it up because she did not know it was a drop-in service and she thought it would be unlikely that she could keep appointments due to shift working. However, a friend advised her that it was a drop-in service and she could always find a time between shifts to drop in.

When she attended the Service, she had a chat with the advisor and they decided to try Varenicline. She found that the advisor was subsequently able to provide helpful advice and reassurance about some of the side-effects and physical symptoms of both the drug and the smoking cessation. She found it particularly helpful and encouraging to get rewards like a star at four weeks, and generally getting a well done from the advisors.

In addition to the support she received at the service, she felt she was well supported by one friend who had stopped smoking 20 years previously. Her friend encouraged her and treated her to a spa break as a reward.

She said that she had had some conversations with others using the service when waiting at the pharmacist for prescriptions. She could sometimes tell by their carrying their card from the service that they were using it, and would strike up conversations about how they were doing, and how far into their quit attempt they were, etc. She suggested that these types of conversations could be helpful and that it would be helpful if there were more opportunities for those using the service to talk to each other. She said that because the waiting area for the drop-in service was the general waiting area for many other services in the health centre, it was not always easy to tell who else was waiting for the service, and therefore not easy to strike up conversations about it. She suggested a dedicated waiting room for the service may be helpful.

She posted on Facebook periodically through her quit attempt and she found that this generated many comments of support.

*"The first week I never put anything on Facebook, but the following week I saw this picture that said first week of not smoking, so I posted that – and everybody was like, oh God, are you off the fags? and how are you getting on?. On my fourth week I got a wee gold star and a wee certificate, so I posted that and everybody's like, God, are you still off it? That's good, you're doing well. Maybe I'll put something up when it's two months – I don't want to start boring everybody".*

Overall she found the quit attempt much easier than she thought, which she attributed to both the Champix medication and the support she received from the service and other sources.

She has spoken to a number of people about the service and encouraged them to use it.

*"A few people at my work have said to me how are you getting on with the ciggies, and I'm like, I'm doing really well. I'm taking the Champix and I can't believe how good it is. And they're like, I have to try it. So I say, you have to do it yourself, but if you're wanting to try it, just message me; if you want somebody to talk to, give me a wee phone. Or just go round to the health centre to the drop-in thing on a Tuesday".*

She has noticed that since stopping smoking she is not as wheezy and is able to be more active. She recently climbed a hill which she would not have been able to do when smoking. She also appreciated how neither she nor her home are smelling of smoke anymore.

## 9 Discussion and Implications

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### 9.1 Key Learning relating to Assets-Based Approaches

Some key learning from the research which points to the influence of community dynamics and the effectiveness of an assets-based approach are:

- **Successful community partnerships** – working with partners in primary and secondary care, pharmacies, community centres etc, all of whom provide referrals to the smoking cessation service and, in some cases, support for quit attempts.
- **Word-of-mouth and social media advocacy** - with local people actively encouraging others to stop smoking or specifically recommending products and services available locally to support quit attempts, and inspiring others by example when they successfully quit.
- **Family influences** -with family members encouraging people to stop smoking and supporting quit attempts. The arrival of grandchildren in the family was a particular motivator to quit for some.
- **Changing Social Norms** - with smoking becoming noticeably less prevalent in the area, and smoking becoming less socially acceptable.

The graphic in Chapter 3 showed the influences at each stage in the smoking cessation journey. Community influences (both professionals and the public in the community) are important at each stage – the decision to quit, taking action to quit, and supporting the quit. Those who have successfully quit are then key assets in inspiring, informing and supporting others in the community. These, and other key findings, are discussed below including some implications for future service delivery.

### 9.2 Community Partnerships

#### Partnerships with Primary and Secondary Care

The most common reason for wanting to stop smoking was health. The interviews revealed several examples of good practice with staff in both primary and secondary care settings encouraging smoking cessation and signposting to the drop-in service. These included GPs (during enquiries made by patients, following diagnosis of conditions and in the course of routine reviews for chronic conditions), out-of-hours GPs, and staff based in hospitals offering advice to in-patients. There were several instances of people immediately making a quit attempt following diagnosis or on discharge from hospital, and staff signposting to the service were significant facilitators of these quit attempts. The example of a GP insisting that the patient attended the service in conjunction with prescribed Varenicline (following a previously unsuccessful attempt with the same prescription) illustrates how some GPs valued the service and encourage attendance.

Despite primary and secondary care practitioners actively signposting people to the smoking cessation service, in many cases people felt they were not given enough information about what to expect from the service and what the format was. Many attended without initially understanding that it was a drop-in service. The format was greatly appreciated by users and appeared to be very effective. There had been an initial reluctance to attend in several cases due to a misconception that it was a group support format. It sometimes took conversations with friends, neighbours or colleagues to establish how the service worked before people were willing to try it. This itself is a key example of the importance of the influence of members of the public in the community. However, it would be helpful if staff and primary and secondary care who signpost to the

service took time to explain how the service worked. Publicity materials for the service should also make the nature of the service clearer.

### **Pharmacy Partnerships**

One local pharmacist, who had successfully quit, appeared to be a very effective advocate for the service. She not only actively encouraged people to use the service, but also offered empathetic support as people used the service and visited the pharmacy for their prescriptions. The other pharmacies did not appear to be as pro-active in signposting to the service, and users found them somewhat perfunctory in dispensing NRT rather than encouraging.

Having a member of staff in the pharmacy who had successfully quit afforded an excellent opportunity for a very effective partnership between the pharmacy service and the Smoking Cessation service at the health centre. It may be worth encouraging the other pharmacies to provide more pro-active information and signposting about the service and engage in encouraging conversation when dispensing prescriptions to service users.

### **Other Community Partnerships**

The interviews revealed that staff based at the local community centre had shared information about the service and inspired others to try it. These included colleagues and those who used the services based at the community centre. This suggests that advisors at the Smoking Cessation service should continue to capitalise on the value of those with high visibility in the community who engage with the service, and particularly encourage them to be advocates.

It is noted that there were several community organisations who none of the interviewees mentioned as having had any influence on their decision to quit or their information about the service. None of those interviewed mentioned Community Links Practitioners, or partners such as Citizens Advice Bureau, Momentum (Bridging service) or Pitstops Programme. Lifelink was mentioned as an organisation that the Smoking Cessation service referred someone to, but was not mentioned as a source of referral to the Smoking Cessation service. The interviews covered only a sample of those using the service, and it may be that some of these organisations have generated referrals or provided information about the service. However, the fact that these were not mentioned may suggest that a review of these partnerships may be beneficial, and in some cases some work to build partnerships and encourage referrals.

There was only one example among those interviewed of someone who attended while using the local residential rehabilitation centre, but the evidence from this interview is that those in rehabilitation may not be best placed to make a quit attempt. Further development of partnerships with this centre may more effectively focus on providing support at the point of leaving rehabilitation rather than during it. It is, however, recognised that people will leave to disparate locations and will not necessarily access the Possilpark Health and Care Centre.

### **9.3 Word-of-Mouth and Social Media Advocacy**

Many said that they had spoken about the service and successfully encouraged others to try it, and some said that they had heard about the service from other users. Word-of-mouth appeared to be an effective means of publicising the service. The types of word-of-mouth referrals varied. There were a few enthusiastic and evangelistic service users who went out of their way to praise the service and encourage others to use the service and to stop smoking. However, more commonly word-of-mouth publicity came from naturally evolving conversations between friends, family and colleagues about their own quit attempt. There were also examples of people meeting others in the health centre when they were waiting to use the drop-in service which led to conversations about the service and others showing an interest and then making a quit attempt themselves. While some

were already aware of the service from professionals or from community advertising, word-of-mouth was also a useful medium for people finding out how the service actually worked (i.e. as a drop-in and in a one-to-one format). There was also evidence of people simply overhearing conversations (e.g. on the bus) regarding smoking cessation and available products. The particular Varenicline product prescribed to some of the service users seemed to be spoken about a lot, and many conversations centred on this product rather than the drop-in service. However, some who subsequently heard about this product and enquired about it at the pharmacy or GP were then signposted to the service.

Social media appears to have been particularly effective for some service users. There was an example of someone who had many reasons for wanting to stop smoking, but whose final impetus for making a quit attempt was seeing a local friend post on Facebook about her own quit. Those who posted on social media about their quit attempt not only inspired others to stop, but also found that they received much praise and encouragement from others which helped to support them. The posting on social media was also seen as a commitment to the quit and a motivator to maintain it.

It would seem prudent for the Smoking Cessation service to exploit the effectiveness of word-of-mouth promotion of the service and social media engagements. Advisors could encourage service users at the end of their 12-week programme to think about others they know who may benefit from the service and speak to them about it. It should be noted that not everybody felt comfortable doing this, but those who did may consider committing to recommending the service to others. Advisors may also recommend posting on social media during quit attempts where this was available to service users. It may be particularly useful if users could tag the official page/feed of the Smoking Cessation service in their posts so that others can then visit these pages for further information about the service.

#### **9.4 Family Influences**

Many of those interviewed had been encouraged by family members to stop smoking, and family members had also often provided some level of support during quit attempts.

A number of service users reported that being a new or expectant grandparent or having young grandchildren was a key reason for wanting to stop smoking. Grandparents expressed a desire to look after their own health to ensure they lived to see their grandchildren grow up, and also that they wanted to protect the health of their grandchildren by ensuring they did not smoke near them and their home was smoke-free.

While midwifery and maternity services will encourage smoking cessation among mothers, it may be prudent to appeal to grandparents also where a new child is expected. It may be useful to develop promotional materials for the service which targets grandparents, and could be displayed in midwifery and maternity settings.

#### **9.5 Changing Social Norms**

While not a universal opinion across all those interviewed, the large majority felt that social norms had changed considerably in the local area over the last few years. While nearly all those interviewed had taken up smoking at a very early age (11-14 years being by far the most common age group for starting smoking), it was felt that young people now had a very different attitude to smoking and were often repulsed by it and not tempted to start smoking themselves. Equally, it was felt that older people who had been smoking for many years were now tending to want to stop smoking and many were making successful quit attempts. Smoking was felt by many to have become much less socially acceptable and some said they felt self-conscious as a smoker. Changes in both legislation and culture meant that smoking around others in both public and private settings were much less likely to be tolerated and smokers had become more aware and considerate with regards to this.

Even where interviewees expressed feelings of social embarrassment about smoking and commented on changes to the local culture around smoking, none of them could attribute their desire to stop smoking, even partly, to changing social norms. It may be that cultural norms had subtle or subliminal effects on smokers or added to their sense of unease about their smoking, but service users always gave other reasons for wanting to stop. They did, however, attribute the changing culture as at least one of the reasons why young people were tending to not take up smoking.

## 9.6 Other Themes for Consideration

Four themes emerging from the interviews, which may be considered in view of future service provision are:

- **Keeping busy** was seen as a key element to successful quit attempts. Periods of boredom were associated with threats to quit attempts.
- There was a desire, by some, for opportunities for **mutual support** between those using the service. While there was not an appetite for a formalised group cessation service, there was a suggestion that it would be helpful to have opportunities to chat with others who were making a quit attempt and to share experiences, tips, etc. Those who made a quit attempt together with a partner or friend felt that it was beneficial to share the experience and support one another.
- Some service users were **socially isolated** and had no forms of support outside of the drop-in service.
- Several people said that they struggled with **weight gain** during and/or following their quit.

One way in which these factors might all be addressed could be the introducing a walking group or similar in the community for those who are quitting or who are maintaining a quit. This could perhaps be run informally and led by motivated ex-service users. A community walking group would offer the opportunity for people to keep busy, meet with others going through a quit attempt (or were maintaining a successful quit attempt) and share experiences, and would also provide a focus for some physical activity to help manage weight. This would conform to the recognised importance of an assets-based approach and empowering members of the community to effect change.

## 9.7 Benefits of Stopping Smoking

Those who had stopped or cut-down smoking reported many benefits, and frequently these were unexpected or in addition to the main reasons they initially wanted to stop. Health was the most common reason for wanting to stop smoking, and among the most commonly reported benefits experienced. Money was rarely the primary motivation to quit, but was very commonly reported as a perceived benefit, with many having saved very significant amounts of money or being able to spend money on other things. The smell of cigarette smoke was a motivator to quit for some, but was a perceived benefit for many and this was very welcome and in some cases boosted self-confidence. Other benefits included an improved sense of taste and improvements to the condition of skin and hair. It may be useful to promote these benefits, including quotes from service users, in publicity materials/campaigns.

# Appendix: Interview Topic Guide

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## Topic Guide for Interviews with Smoking Cessation Service Users in Possil

### 1. Motivators for Using the Service

Open Ended Opener:

**Can you tell me what led to you using the smoking cessation service?**

Probe for details of:

**How did you hear about the smoking cessation service?**

Were you referred to the service by anyone (GP, pharmacy?)

Did you see the service advertised anywhere (where/how/what?)

Did you know anyone who had used the service/did someone recommend it? (details?)

**Why did you want to stop smoking?**

Probe for **relative importance** of reasons for quit attempt, including:

- Health (existing conditions or avoidance of future conditions)
- Financial cost
- Pressure from family/friends/community
- Advice from professionals
- Protecting others/family/children

### 2. Smoking Status/History

Before accessing the service:

- How long had you been smoking?
- How many cigarettes were you smoking per day?
- Had you made any previous attempts to stop smoking? (If yes, probe for details – when/how many times, methods used, support received)

### 3. Support to Quit

**How easy or difficult did you find your attempt to stop smoking? What made it easy or difficult?**

**What support did you receive during your attempt to stop smoking?**

PROBE for sources and types of support received from:

- Smoking cessation service
- Pharmacy
- GP staff
- Family
- Friends/neighbours/community
- Others

Which of these were the most helpful? Why/in what way?

What, if anything, would have helped you more?

## 4. Outcome of Quit Attempt

**How did you get on with your attempt to stop smoking?**

PROBE:

Length of time stopped

Experience of lapses

Changes to number of cigarettes smoked

Where positive change:

What in particular do you think helped you to stop/reduce your smoking?

How confident do you feel in maintaining your quit/reduction?

What on-going support (if any) do you have to maintain your quit/reduction?

Where no positive change:

Why do you think your quit attempt was not successful?

Do you have plans to try again? IF Yes – what would help next time?

Where change occurred (short or longer term):

How has this made you feel? PROBE – financial benefits, health benefits, self-confidence etc?

## 5. Social Norms

**Would you say that over the last few years, smoking has become more or less common in this area?**

**Would you say that over the last few years it has become more or less socially acceptable to smoke?**

**Have there been any other changes to smoking patterns in the Possilpark area?**

Why do you say that? In what way have things changed?

Do you think we are far away from a tipping point where not smoking in Possilpark is the norm?

## 6. Influence on Others

Have you spoken to others in the community about the smoking cessation service, or otherwise encouraged others to stop smoking?

IF YES – PROBE FOR DETAILS – Who spoken to? What said? Why? What prompted you to do this?

Are there others you intend to speak to about the smoking cessation service or encourage them to stop smoking? PROBE FOR DETAILS

Do you feel motivated to encourage others in the community to use the service? Why?/Why not? IF YES – How might you go about this?

How could the service be better advertised or promoted? What do you think are the best ways to encourage people to try the service?

## 7. Demographics

Check – age group, employment status, postcode (if not available from contact info), disability/long-term illness