ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT 2025

'BREATHING EASY'

MAKING SMOKING OBSOLETE IN RICHMOND: PEOPLE AND PARTNERSHIPS



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COPD Chronic Obstructive Pulmonary Disease

DHSC Department of Health and Social Care

GP General Practitioner

NRT Nicotine Replacement Therapy

NCSCT National Centre for Smoking Cessation and Training

NICE National Institute for Health and Care Excellence

ICB Integrated Care Board

ICS Integrated Care System

IMD Index of Multiple Deprivation

LCS Locally Commissioned Services

MoU Memorandum of Understanding

RCDAS Richmond Community Drugs and Alcohol Services



FOREWORDS



Shannon Katiyo Director of Public Health Richmond Council

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

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

The prevalence of smoking among adults in Richmond upon

Thames has more than halved in the last decade, now estimated at around 5.3 %.

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

There is still more to do. Around 8,000 adults still smoke in Richmond. The effects of smoking are not distributed evenly. We see a disproportionate impact on adults in areas of higher relative deprivation as well as those with long term mental health conditions.

Richmond supports the 2024
Tobacco and Vapes Bill and the
Annual Director of Public Health
report for 2025 listens and learns
from people in the borough to
help us understand what more we
can do to support people who
smoke to quit, and those who have
never smoked, including children
and young people, to never start!

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



Councillor Piers Allen

Lead Member for Adult Social Care, Health & Public Health and Chair of the Health and Wellbeing Board, London Borough of Richmond upon Thames

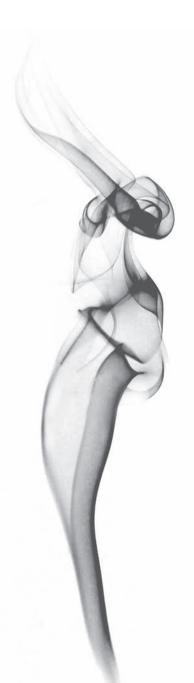
I welcome the publication of this year's Annual Director of Public Health report which addresses issues in smoking in Richmond upon Thames. The borough has made excellent progress to reduce smoking, and we now have the second lowest number of smokers in the country. The local stop smoking service has helped over 600 residents to quit since 2019 and we continue to look for new and better ways to support people who need our help.

However, smoking related harms continue to impact lives and

around 8,000 people still smoke in Richmond upon Thames. The report highlights that smoking does not affect everyone in the borough equally. Adults with a long-term mental health condition or admitted to treatment for substance misuse are far more likely to smoke compared to the general population.

Issues in smoking are complex and are considered from the perspective of starting, continuing and stopping smoking as well as the services that are available. This is achieved through conversations with residents who smoke or previously smoked and staff who provide stop smoking support locally.

These insights reinforce the importance of providing a universal service accessible to everyone with tailored support available for people disproportionately affected. The report makes clear that preventing smoking is a collective responsibility involving the council and our NHS and Education partners. The conversations also reveal the impact that family, friends and social environments can have on smoking and on people's ability to stop. I look forward to ongoing efforts being made in the borough to make smoking obsolete by 2030.



EXECUTIVE SUMMARY

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

The report shows that the number of people who smoke cigarettes is declining. Compared to England the borough has one of the lowest numbers of current smokers in the country. Yet smoking-related harms continue to impact lives. Around 8,000 people in Richmond continue to smoke each day¹.

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

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

The findings have been grouped into five themes:

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

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

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

The priority populations discussed in the report are:

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

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

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

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

related harms.

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

A smoke free future is within reach. Through people and partnerships, the borough can make smoking obsolete and help people to breathe easier*.

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



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

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

POLICY CONTEXT

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



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

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

INTRODUCTION

A SHORT HISTORY OF SMOKING

Smoking has a long history.

Societies across the world have been consuming tobacco for thousands of years. Through mass production, clever marketing by the tobacco industry, and nicotine, the nation was addicted⁵. By the 19th and early 20th centuries, everybody was doing it.

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

However, the fact remains that in 2025, people continue to smoke. It is estimated that approximately 8,000 people smoke cigarettes in the borough each day. This is despite the widespread knowledge that smoking causes harm to individuals and their families.

Why do people in Richmond smoke? What are the main challenges people experience when

trying to quit and what types of support are found to be most helpful?

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

ISSUES IN SMOKING

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

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

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

Stopping smoking is important because:

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

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

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

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

- ⁵ James Hardy, "Who Invented the Cigarette? A History of Tobacco Smoking and Cigarettes", History Cooperative, October 10, 2023, https://historycooperative.org/who-invented-the-cigarette/. Accessed February 27, 2025
- ⁶ James Hardy, "Who Invented the Cigarette? A History of Tobacco Smoking and Cigarettes", History Cooperative, October 10, 2023, https://historycooperative.org/whoinvented-the-cigarette/. Accessed February 27, 2025
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- ⁸ National Institute for Health and Care Excellence, What are the harms caused by smoking, 2024, https://cks.nice.org.uk, Accessed 2025
- ⁹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022
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- Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022
- ¹² Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022
- ¹³ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022



A GROWING CONCERN

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

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

There have been questions around whether vaping is a gateway to cigarette smoking in young people. Data shows that initiation of cigarette smoking was associated with ever use of e-cigarettes¹⁶.

VAPING TO STOP SMOKING

Although there is concern about

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

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

SMOKING IN RICHMOND

There are approximately 8,000 people who smoke in Richmond. As a percentage of the population, around one in nineteen adults smoke (5.3%). The borough has one of the lowest numbers of current smokers in England. From a peak of 13.5% in 2013/14, prevalence has declined since 2019/20¹⁹.

Everyone is at risk of ill-health and long-term diseases if they do not stop. Between 2019-20, there were 776 people admitted to hospital for smoking-related reasons and smoking contributed to the deaths of 333 people between 2017-19.

The potential years of life lost due to smoking related illnesses is 2,040 (2016-18)²⁰.

According to primary care GP records in August 2024, most Richmond smokers were aged 15-44 years, but there was a higher proportion of smokers aged 45-65 years than the average across South West London in this age group.

Over half of Richmond smokers in primary care are on GP long term conditions registers. Similar to South West London, 40.7% of smokers have two or more chronic health conditions. The top 4 physical health comorbidities were hypertension, diabetes, cancer and COPD.

The annual cost of smoking to society in Richmond is estimated to be £74.6million per year. This is due to factors including loss of productivity (through illness, smoking breaks and early deaths), smoking related disease and its associated costs, costs of social care, accidental fires, passive smoking and its associated ill health effects²¹

Social care needs have been highlighted as costing the council £15.9 million per year of which there is a £8.89million cost of informal care by friends and family²².

STOPPING SMOKING IN RICHMOND

Quitting smoking could add 10 more healthy years to life to every person. It is recognised that local stop smoking services provide a highly cost-effective approach to help people quit smoking.

A review of evidence in 2019 from the National Centre for Smoking Cessation and Training (NCSCT) has found smoking cessation services are three times as effective as making an unassisted quit attempt²³.

Stop smoking services in Richmond are informed by evidence-based guidelines from organisations such as the National Institute for Health and Care Excellence (NICE), which provide recommendations on smoking cessation interventions and services²⁴. These guidelines emphasise the importance of



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

¹⁵ Chartered Trading Standards Institute, Illicit vapes top list of high street threats, say Trading Standards experts, 2023, https://www.tradingstandards.uk, Accessed 2024

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

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

¹⁸ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022

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

 $^{^{20}}$ Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025

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

 $^{^{\}rm 22}$ Action on smoking and health, ASH Ready reckoner, https://ash.org.uk, Accessed online 2024

²³ National Centre for Smoking Cessation and Training, https://ncsct.co.uk, Accessed online 2024

²⁴ National Institute for Health and Care Excellence, Tobacco: preventing uptake, promoting quitting and treating dependence, https://www.nice.org.uk, Accessed online 2024

providing accessible and effective support for smokers who want to quit, including behavioural support/counselling, pharmacotherapy, and referral to specialist cessation services.

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

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

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

In addition, Richmond Council provides a stop smoking service available to residents and people who work in the borough in various community locations and on the phone. This service offers free support from specialist advisors who offer tailored support and recommend the most effective smoking cessation products including nicotine replacement therapies to help people quit smoking successfully²⁵.

A review of the Richmond council stop smoking service data shows that 1,274 people accessed the service between 2019-2023. Of this number, 670 successfully quit. This is a quit rate of 53% which is slightly better compared to England²⁶.

There were three times as many people accessing the service from the top 50% least deprived IMD deciles than the bottom 50%. The data shows that 81% of everyone

who accessed the service was aged 35 or older. However, the largest proportion of quitters were aged 50-64 (32%)

There were slightly more women (52%) than men (48%) using the service. The majority of service users were of White ethnicity (76%). However, service users who were Black, Asian and minority ethnic were slightly more likely to quit (52%) than White British (47%).

A CHANGING LANDSCAPE

Nationally and locally, the demand and uptake of stop smoking services has been affected by falling prevalence, vaping, particularly among young people who never smoked cigarettes and entrenched smoking.²⁷

The effects of smoking cessation policy changes last for decades and change social norms. The most obvious has been the 2007 smoking ban in all English pubs and clubs²⁸. More recently, new policies have been announced including government plans to create the first 'smokefree generation' by ending the sale of

cigarettes to those born on or after 1 January 2009²⁹.

An additional £70 million is being invested nationally each year to 'stop the start'³⁰ with the aim to make smoking obsolete by 2030³¹.

In 2024, Richmond council launched the Swap to Stop scheme³². This offers adults aged over 18 who smoke, free access to vape alongside behavioural support as a mechanism to quit³³.



²⁵ Richmond Borough Council, Stop smoking service, https://www.richmond.gov.uk, Accessed online 2024

²⁶ NHS England Digital, Statistics on NHS Stop Smoking Services in England - April 2022 to March 2023 (Q4, Annual), https://digital.nhs.uk, Accessed online 2024

²⁷ Richmond Borough Council, Joint Strategic Needs Assessment, https://www.richmond.gov. uk, Accessed online 2024

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

²⁹ Department of Health and Social Care, Stopping the Start: our new plan to create a smokefree generation, 2023, https://www.gov.uk, Crown copyright 2025

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

³¹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022

³² Department of Health and Social Care, Smokers urged to swap cigarettes for vapes in world first scheme, 2023, https://www.gov.uk, Accessed online 2024

³³ Richmond Borough Council, Stop smoking service, https://www.richmond.gov.uk, Accessed online 2024

DECLINING TRENDS

There has been significant progress reducing smoking rates, both nationally and locally³⁴. Figure 1 compares smoking prevalence in adults aged 18 and over between 2011 and 2023.

adults with serious mental illness and 80.6% of adults admitted to treatment for substance misuse (2019/20) smoke, versus 7.8% among the general population³⁶.

The number of people using stop smoking services reporting a

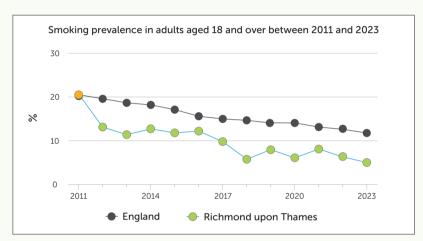


Figure 1

Behind this good news, there are groups where prevalence is higher in comparison to the general population. A third of all cigarettes smoked in England are smoked by people with a mental health condition³⁵. In Richmond, 32.8% of

successful quit attempt in England has fallen by 72%. From 380,000 people then to 105,000 now³⁷. The national trend can be seen in Richmond. There has been a corresponding decline in the numbers of smokers setting a quit date and quitting through the Richmond Stop Smoking Service.

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

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

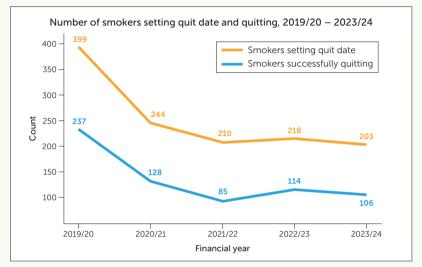


Figure 2

Quitting smoking could add 10 more healthy years to life to every person. It is predicted that unless further action is taken, smoking will cause over half a million more deaths by 2030³⁸. The identified smoking harms, smoking-related inequalities and reduction in people accessing stop smoking

who smoke and particularly priority populations.

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



³⁴ Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025

³⁵ The King's Fund, Clearing the Air: debating smoke-free policies in psychiatric units, 2006, https://www.kingsfund.og.uk, Accessed online 2024

 $^{^{36}}$ Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 202

³⁷ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022

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

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

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

The priority populations considered in the report include:

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

THE APPROACH

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

people were contacted and 47 agreed to participate. This is approximately 19% of the sample contacted. Of those who agreed to participate, twelve did not attend (26%). This report contains information relating only to people who identified as living or working in the borough. Consent was obtained via invitation acceptance and recorded at point of interview through a direct question.

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

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

- 1. Why did you start smoking?
- 2. What are the main reasons you continue/d to smoke?
- 3. Have you experienced any

health issues that you believe are related to smoking?

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

All participants either smoked or were ex-smokers. There were more female respondents than males respondents and ages ranged between 25 and 75 years and older.

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

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

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

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



STARTING SMOKING

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

Peer or family influence, stress or coping, and desire to appear mature or cool.

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



SUMMARY OF THEME

'I STARTED AT 15 BECAUSE ALL OF MY FRIENDS WERE SMOKING'

The respondents highlighted three main influences on their smoking habits: peer or family influence, stress or coping mechanisms, and the desire to appear mature or cool.

Peer influence was significant,

with many starting to smoke to fit in with friends or due to social pressure. Family influence also played a role, with respondents mentioning passive smoking due to parents or starting and stopping smoking in response to family members' habits and events, such as a sibling's influence or parents' divorce.

Some participants turned to smoking to cope with stress, such as losing a job and using smoking as a stress relief mechanism. Lastly, the desire to appear mature or cool was a common reason, with respondents wanting to look cool or grown-up, often starting smoking at a young age to fit in with their peers.

'just to fit in and be grown
up. I started at boarding
school and having no mum
and Dad around I could do
as I liked. It was a bit of peer
pressure as we all started
smoking at the same time' –
Andre, resident

'You thought you were big then, walking around in your school uniform blowing smoke out of your face' – Sonia, resident

Priority population – routine and manual occupations

Nationally, the smoking prevalence in adults in routine and manual occupations (aged 18-64) is 19.5% (2023). This is higher than among the general population 11.6% in England³⁹.

Smokers in routine and manual socio-economic groups attempt to quit smoking as frequently as those in professional and managerial roles but find it difficult to stop. This is partly due to higher nicotine dependency, starting to smoke earlier in the day, smoking more cigarettes daily, and consuming more nicotine per cigarette than wealthier smokers⁴⁰.

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

For many people, smoking acts as a crutch, especially

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

People often don't have other coping mechanisms, making smoking one of the few comforts they have, and some smokers might not be fully aware of the support available to them' – Anna Carvell Hall,, Stop Smoking Advisor, Richmond Council



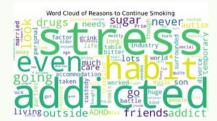
Anna Carvell-Hall



³⁹ Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025

⁴⁰ ASH, Health inequalities and smoking, 2019, https://ash.org.uk, Accessed online 2024

CONTINUING SMOKING



SUMMARY OF THEME

'THE STRESS OF MY PERSONAL LIFE WAS A HUGE FACTOR'

Respondents frequently mentioned the challenge of overcoming addiction and habitual behaviour. Examples include addictions being formed through social smoking as a young person.

Some participants highlighted the perceived psychological or physical benefits, such as relaxation or a sense of control. They mentioned smoking to cope with stress from personal life challenges, such as going through a divorce, or dealing with bereavement.

Smoking was described as affecting social interactions, both positively and negatively. Respondents noted being surrounded by smokers and using smoking to fit into social settings.

'In my 20's, most of my friends smoked and it was kind of a habit and a social thing. As I got older it was definitely a stress reliever and a boredom thing. I will be entirely honest and say that I really enjoyed smoking. I didn't really want to quit before' – Natasha, resident

'It was just my routine. When I first woke up every morning I would smoke a cigarette. It was my morning ritual every day. If I didn't have that, I felt a bit off so would need to go and get tobacco/cigarettes so I could have one and then continue my day. It was normal to me, I suppose, not too much thought went into it. It was automatic, just like brushing your teeth' – Jessel, resident

Priority population – smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother⁴¹. Pregnant women who smoke tend to have more complications during pregnancy and labour. Prevalence of smoking in pregnancy is considerably higher in more disadvantaged groups and in women under the age of 20 than in more affluent and older groups. There is, therefore, a major health inequality associated with smoking in pregnancy as disadvantaged groups are at a much greater risk of complications during and after pregnancy. Children who grow up with a parent who smokes are also more likely to be smokers themselves⁴².

In Richmond during 2023/24, 73 people smoked at time of delivery, that is 4.7% and compared to the nationally figure of 7.4%⁴³.

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

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

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

Plus, nicotine addiction is powerful and often underestimated. This is in contrast to people who are excited and positive about their pregnancy.



Chelone Lee Wo

They often have more stable lives overall and be more motivated to quit smoking and adopt a healthier behaviour.' – Chelone Lee Wo, Consultant Midwife, Maternity Unit – St George's University Hospitals NHS Foundation Trust



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

⁴² Richmond Borough Council, Joint Strategic Needs Assessment, https://www.richmond.gov.uk, Accessed online 2024

⁴³ Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ @ Crown copyright 2025

SMOKING HARMS

The impacts of smoking are categorized into the following themes:

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



SUMMARY OF ISSUES

'MY NAN HAD LUNG CANCER AND MY AUNT HAD A DREADFUL COUGH, I HAVE ALWAYS KNOWN HOW BAD SMOKING IS FOR YOU AND I AM VERY WORRIED'

The most frequently mentioned health concerns were the impact of smoking on lung health, heart health and oral health due to smoking. The effect of smoking on individuals' social interactions was also mentioned as was the impact on personal finances.

'BY THE TIME I WAS NEAR TO QUITTING, I WAS HIDING IT SO I WOULD HAVE TO MAKE SPACE IN MY DAY AND IN MY BUDGET TO BE ABLE TO SMOKE'

Priority population - mental health

There is a strong link between mental health and smoking. People with mental health conditions are more likely to smoke and smoking rates increase with the severity of illness. People with poor mental health consume 40% of the cigarettes smoked in England⁴⁴. Two thirds of smokers with poor mental health report wanting to quit, however they face greater barriers to cessation, often smoke more and are more addicted⁴⁵.

In Richmond, smoking prevalence in adults with a long-term mental health condition (aged 18 and over) – current smokers (2022-23) is 22% versus 25.1% for England. This is more than four times higher than the prevalence of smoking among the general population (5.3%) in Richmond⁴⁶.

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

Smoking is often used as a coping mechanism to manage symptoms such as anxiety and hallucinations. It can provide a sense of relief or control over distressing symptoms. Individuals with mental health conditions may experience social isolation, reducing their access to support systems and smoking cessation resources. This group tends to smoke more heavily and intensively, leading to higher nicotine addiction rates.

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

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

Support for quitting is often inadequate and not tailored to the specific needs of individuals with



Adriana-Ratier Cruz

mental health conditions.
This lack of personalised support can make it harder for them to quit' – Adriana Ratier-Cruz, Health
Promotion Programme
Manager, South West
London and St George's
Mental Health NHS Trust

'It wasn't accepted as time went by; it's not even allowed in bus stops anymore. It's quite antisocial really. It felt awkward to be smoking, even outside your own home. You have to be so careful about where you smoke nowadays, you can't just light up anywhere' – Andre, resident

'I've done my bit for myself now giving up, I can see the improvements to my health, appointments have been reduced to yearly. I know you can't reverse COPD, but I think I am slowing it down' – Stephen, resident



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

⁴⁵ ASH, Health inequalities and smoking, 2019, https://ash.org.uk, Accessed online 2024

⁴⁶ Office for Health Improvement and Disparities. Public health profiles. 2025 https://fingertips.phe.org.uk/ © Crown copyright 2025

STOPPING SMOKING

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

Impact on mental health, lack of willpower or motivation, lack of face-to-face support



SUMMARY OF THEMES

Respondents frequently mentioned the challenge of managing their mental health while trying to quit smoking. Examples include using nicotine to manage anxiety, dealing with depression and anxiety due to past trauma, and experiencing palpitations when quitting smoking.

Some participants highlighted the difficulty of maintaining willpower and motivation. They mentioned struggling to stay quit after a month or being tempted to smoke in social situations.

'I don't want to smoke again, I hate everything about' — Magdalena, resident The absence of face-to-face support was also a common challenge. Respondents noted the benefits of receiving support from the stop smoking service, the importance of regular in-person check-ins, and the limitations of relying solely on apps for support.



I think as smokers, we hate being told it's bad for you, we already know. If someone is ready, it's no different from coming off drugs, the person needs to be ready' – Hannah, resident

Priority population – substance misuse

In Richmond, smoking prevalence in adults (aged 18 and over) admitted to treatment for substance misuse – all opiates, is 84.8% (2019/20). This is higher than the England average (70.2%) and sixteen times higher than among the general population in the borough 47 .

A national published report states that despite the high levels of smoking among people receiving treatment for substance misuse, only 4% were recorded as having been offered referrals for smoking cessation interventions⁴⁸.

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

Smoking is sometimes described as a gateway to using other substances, such as cannabis. This can lead to further substance use including the use of

more harmful drugs like opioids.

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

Some people view smoking as less harmful compared to their alcohol or opiate use. This perception can reduce their motivation to quit



Public Health Lead for alcohol and substance misuse, Richmond Council

smoking, as they prioritize

quitting what they see as

substance'. - Ross Little.

the more dangerous

Ross Little



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

⁴⁸ Office for Health Improvement and Disparities, Adult substance misuse treatment statistics 2022 to 2023: report, 2023, https://www.gov.uk, Accessed online 2024

SUPPORT SERVICES AND PREVENTION

The data is categorized into the following themes:

Support from family and friends, stop smoking service, NRT, and vaping.



SUMMARY OF THEMES

'I NEEDED SOMEONE TO TALK TO WHEN GETTING A CRAVING'

Family support played a significant role in helping individuals quit

smoking. Respondents noted that having supportive friends and family members who respected their decision to quit and avoided smoking around them was beneficial.

Many respondents found the support from stop smoking services crucial. They appreciated personalized assistance, such as setting a quit date, receiving nicotine replacement therapy, and having regular check-ins. The emotional support and encouragement from service providers were also highly valued.

Products like patches, gum, and lozenges were commonly cited as helpful. Respondents mentioned the effectiveness of these products

in managing cravings and the importance of having the right NRT to succeed. Some participants highlighted vaping as an effective method to quit smoking. They mentioned that the availability of various aids, including vaping and patches, provided them with multiple options to support their quitting efforts.

There are so many things to help you now, vaping, patches, you name it and it's there to help you so there's no excuse' – Sonia, resident 'I can't say it strongly enough that seeing people regularly helps as much as it does. I like that the app tells you how much money I've saved and how many days since I smoked, I am up to £7,261 saved and 826 days'— Sybil, resident

Improving prevention

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

support pregnant women to quit and tackle the prevalence of smoking among people with poor mental health and substance misuse issues⁴⁹.

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

healthcare professionals are not confident or sufficiently aware of the impact that a brief intervention might have, or the value of referring their patients to stop smoking services⁵⁰.



⁴⁹ Office for Health Improvement and Disparities, The Khan Review: making smoking obsolete, 2022, https://www.gov.uk, Crown copyright 2022

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

ABOUT IMPROVING PREVENTION, STAFF SAID:

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

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

'It should be recognised that people with mental health conditions are not a homogeneous group. Support should be tailored to address the specific social, psychosocial, and symptomrelated factors of each individual and may be required long-term and beyond typical programme durations. And seamless links should be made between community services and mental health Trusts so that smoking cessation support starts in the community and continues through any period of hospitalisation, with a smooth transition back to community care' -Adriana Ratier-Cruz, Health Promotion Programme Manager, South West London and St. George's Mental Health NHS Trust

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

'We should do more to recognize the diverse backgrounds of patients and provide culturally sensitive interventions. For example, engaging community leaders and using materials in multiple languages can help reach populations where smoking is culturally ingrained' – Chelone Lee Wo, Consultant Midwife in Public Health at St George's University Hospital

'We also need to make sure that patients are aware of the cessation services that are available.

Information about the benefits of

quitting, including financial, social and psychological, should be clear and accessible. Materials like leaflets need to be readily available so all staff can direct patients to these resources', – Fred Agbah, Smoking Cessation Practitioner at St. George's University Hospitals NHS Foundation Trust

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

FINDINGS

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

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

Yet in Richmond, thousands of people continue to smoke each day. The number of people accessing local stop smoking services since 2019 has declined by 50%. The conversations with residents provide insights into the

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

The impacts of smoking on health and wellbeing reflected in the statements include stories about loss of family members, health concerns and the drain on financial resources as the price of cigarettes has increased.

The conversations with residents show that for some people quitting is extremely challenging. People talk about the impact on their mental health, lack of willpower the difficulties of trying to quit without support.

Despite the stated barriers to quitting, people also spoke positively about the experience of stopping smoking and the support received. Statements refer to the effect of encouragement from family and friends and of being held accountable for actions taken to quit. Conversations show

appreciation for the smoking cessation service, particularly free access to NRT and medications and the ability to chat to a Stop Smoking Advisor. For many, vaping was key to stopping smoking, especially people who had tried to quit previously.

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

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

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

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

A smoke-free future is within reach. Through people and partnerships, the borough can make smoking obsolete and help people to breathe easier.



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