dh insight
market research & consulting

Scoping Study of the Smoking Behaviour of Target Groups in Nottingham

Final report prepared for Nottingham City PCT

April 2007

t 0845 337 5035 **f** 0845 337 5045 **w** dhinsight.co.uk
Mercury House, Shipstones Business Centre, Northgate, New Basford, Nottingham NG7 7FN

dh insight
market research & consulting

Table of Contents

Table of Contents **2**
Executive Summary **3**
Methodology 3
Findings 3
Suggested Areas to Explore in the Social Marketing Campaign 5
Introduction **6**
Methodology **6**
Sample **8**
Discussion Themes **10**
Findings **11**
Starting Smoking *12*
Habit or Addiction *12*
Reasons for Smoking – Stress Relief *12*
Reasons for Smoking – 'Me Time' *12*
Reasons for Smoking – Pleasure or Craving? *13*
Smoking as a Signifier *13*
Buying Cigarettes *15*
Health *19*
Grandchildren *19*
Financial Cost *19*
Long-term Decision *20*
Personal Motivation *20*
'Children' and 'Fat' Campaigns *24*
'Hooked' Campaign *25*
African Caribbean Smokers 28
Pakistani Smokers 28
Areas to Focus on in the Social Marketing Campaign **30**

Executive Summary

dh insight was commissioned by Nottingham City PCT to conduct a scoping study to inform the development of a social marketing campaign aimed at reducing smoking in specific groups within the city. The project focused on smokers aged over forty, living in areas in Nottingham city with higher than average smoking rates and risk of admission to hospital for heart disease and diabetes.

Methodology

The aim of the scoping study was to gain in-depth psychographic and behavioural findings, therefore a purely qualitative methodology was chosen.

A total of 28 individuals took part in semi-structured sessions (individual, paired and mini groups). Of these, seven were in the process of giving up smoking or were recent non-smokers.

The sample was made up of African Caribbean (6), Pakistani (5) and White British (17) individuals. Recruitment was via New Leaf clinics, community organisations and a fieldwork agency.

Findings

- Individuals tended to have low aspirations; they were focused on the here and now, rather than the future. Many led stressful lives coping with families and limited financial resources.
- Participants had all started smoking in their teens; they had therefore smoked their entire adult lives. When they were young, smoking was socially acceptable. Now that they were older, they were expected not to smoke, but it was part of their lives.
- The main reasons given for smoking were:
    - Stress relief – this was the most commonly identified
    - A way of gaining time out for themselves – 'me time'
    - A way of marking out the day – there were certain times of the day when they always had a cigarette
    - Socialising – a drink and a cigarette go together
    - Responding to a craving
- Smokers justified their behaviour in many different ways, most notably:
    - Not believing in the medical evidence concerning the risks attached to smoking
    - Believing that cutting down the number of cigarettes they smoked meant that they were doing less damage to themselves
    - Providing numerous counter examples of 'healthy' smokers
    - Arguing that smokers provided the government with a disproportionate amount of tax income

  - Stating that there were other, worse, vices than smoking eg alcohol, gambling

- The cost of buying branded cigarettes was thought to be prohibitive. In order to get around this, many smokers bought cigarettes from unlicensed sources, whilst others smoked rolling tobacco instead of cigarettes.
- Many smokers lied to health professionals about their smoking behaviour in order to avoid being lectured; either stating that they had given up or that they had cut down.
- Smokers had a certain amount of ambivalence about smoking. They defended their right to smoke and the majority were vehemently opposed to the imminent smoking ban; but at the same time, many would not smoke in front of their children or even in their own homes.
- Smokers could be separated into three groups:
  - Those who saw it as a bad habit that they could give up if they really wanted to, but who did not have the motivation to do so.
  - Those who saw themselves as addicted to cigarettes and who saw very little positive benefit to smoking. These individuals wanted to give up, but felt that it was out of their hands because it was an addiction.
  - Those who enjoyed smoking and who saw it as an integral part of their lifestyle. These individuals had no intention or desire to give up.
- Those who were in the process of giving up smoking cited the following reasons for their decision:
  - Older people were hoping to extend their lives or their quality of life for a few years.
  - Their grandchildren did not like them smoking.
  - The financial cost of buying cigarettes.
- Advertising campaigns that focused on the effect of cigarette smoke on children had the greatest impact on smokers. Individuals often changed their smoking behaviour immediately after seeing such an advert, for example going outside the house to smoke.
- The recent 'hooked' campaign did not work for most of the smokers. Many knew that they were hooked on cigarettes, so the advert simply confirmed their belief. Women in particular thought that the imagery was too violent.
- The forthcoming smoking ban was widely felt to be another example of the government interfering in people's lives. The majority felt that the ban would not stop people from smoking. Smokers from the Pakistani community argued that the ban would have little impact on them, as they did not socialise in pubs etc.

- Media consumption varied across the groups. Television was the most commonly accessed medium. Local media such as the Evening Post and Radio Nottingham were accessed by older smokers. BME participants accessed community media such as The Voice newspaper (African Caribbean) or Asian local radio stations.
- The number of BME participants was fairly small, so it is not possible to extrapolate these findings across all Pakistani and African Caribbean smokers. However, general attitudes towards smoking did seem to be consistent across White and BME groups.
- The only real differences in the African Caribbean findings were in the use of marijuana and the positive influence of religion.
- The main differences amongst Pakistani male smokers were the importance of looking after the body (from a religious perspective) and a sense that the traditional anti-smoking messages did not relate to them as they did not socialise in pubs etc

Suggested Areas to Explore in the Social Marketing Campaign

- dh insight suggests that the campaign focuses on those who potentially want to give up smoking rather than the 'hard-core' smokers
- Key areas to explore further in the context of the social marketing campaign are:
    - Being aware of the wider social context.
    - Focusing on encouragement rather than preaching.
    - Illustrating the health benefits for older smokers and members of the Pakistani community.
    - Challenging the myth of cutting down on cigarettes.
    - Avoiding using traditional health professionals to get the message across.
    - Exploring more positive ways of handling stress.
    - Highlighting the financial benefits of giving up smoking.
    - Focusing on children as a powerful way to reach adults.
    - Thinking through ways of supporting smokers who give up.

Introduction

Nottingham City Primary Care Trust (PCT) has been awarded the tender from the local strategic partnership, One Nottingham, to run a social marketing campaign to reduce smoking in the adult (over 40 years) population living within specific target areas in the city. The steering group, on behalf of the PCT, identified five Mosaic types to target in the campaign; these types represent the largest numbers of households in the area, higher than average smoking and higher than average risk of admission to hospital for heart disease and diabetes.

dh insight was commissioned by the PCT to undertake the scoping stage of the project, ie understanding what the target groups think and feel about smoking and what would motivate them to stop.

The five Mosaic groups identified for the scoping study were:

- F37 Upper Floor Families
- F38 Tower Block Living
- F39 Dignified Dependency
- G42 Low Horizons
- G43 Ex-industrial Legacy

Group F is predominantly found within inner city Nottingham, whereas Group G is predominantly found in the outer city areas.

Methodology

The aim of the scoping study was to gain in-depth psychographic and behavioural findings, therefore a purely qualitative methodology was chosen.

The research methodology took into account that, for many of those taking part in the scoping project, this may well have been the first time that they had deliberately thought about their behaviour around smoking. Creating an appropriate and accessible research environment was therefore critical in order to gain insightful findings.

Traditional focus groups were not deemed to be an appropriate format for this project, as the majority of people are unused to talking about their own behaviour, beliefs and values within a group of strangers. When discussing behaviour that may be considered unhealthy or socially unacceptable, such as smoking, it is important to create a research environment where individuals feel secure enough to admit to certain beliefs and behaviours. There is a natural tendency for people to want to please and so part of the facilitator's role was to develop rapport with the interviewees so that they were as open and as honest as possible during the sessions.

For these reasons, dh insight deliberately took a more flexible approach to the research; conducting a mix of individual, paired and mini group sessions (of either family members or friends) as appropriate for each target audience.

The mosaic groups identified by the PCT for the scoping study were made up of what are typically known as 'hard to reach' client groups. It was anticipated that recruiting for the sessions would therefore be challenging and so a number of different approaches were tried during the life of the project.

All those who took part in the sessions were given a £20 cash incentive in recognition of the time they gave to the project.

Recruitment of White Smokers/Recent Non-smokers

The New Leaf smoking cessation service was identified as being one possible point of contact for recruiting White participants. The main reasons for this were value for money (recruitment costs would be minimal, allowing more of the budget to be spent on the actual research) and the fact that New Leaf clients would have already started to reflect on their own behaviour, providing detailed findings from this particular viewpoint. The intention was to recruit individuals from the target areas using a recruitment questionnaire that would be administered by New Leaf advisers. After visiting the New Leaf clinics, however, it became clear that this method of recruitment activity would not be appropriate. The number of clients using the service each week and the strict recruitment criteria for the scoping project (age and geographical location) meant that recruitment by this method would have taken too long.

An alternative approach was therefore taken by dh insight, with staff recruiting individuals face to face at the New Leaf drop-in clinics. This approach proved to be time intensive and yielded only minimal results. Once again, the age and geographical restrictions initially placed on recruitment meant that only very small numbers of clients actually met the criteria. A total of five people were recruited via this method; all were in the process of giving up smoking.

The initial intention had been to use snowballing techniques to access friends and/or family members who were still smoking. An interesting finding from the sessions was that individuals had very small social networks and none felt able to recommend anyone-else to take part in the research. A couple did have children who smoked, but they were either too young or did not live in the correct geographical areas.

Older people's luncheon clubs were visited as part of the recruitment process, however none included individuals who still smoked.

It was agreed that, due to the recruitment difficulties outlined above, dh insight would use a fieldwork agency to recruit the necessary number of White smokers. A total of eleven individuals were recruited this way.

Recruitment of African Caribbean and Pakistani Smokers

It was agreed with the PCT that BME participants would be accessed via community groups, as the take-up of New Leaf services by BME communities was very small.

The PCT provided dh insight with contacts at various community organisations. Although individuals were willing to help, it took a great deal of time to source enough appropriate participants. This was partly due to the strict recruitment criteria, as discussed above, and also because of a certain amount of 'research fatigue'; that is, groups being asked on a regular basis to provide individuals for research or scoping projects.

Four of the African Caribbean smokers were recruited via Amaani Tallawah in St Anns. This organisation works with members of the African Caribbean community who have mental health issues. The remaining two African Caribbean participants were recruited through personal contacts of dh insight.

All the Pakistani smokers were recruited via the Pakistan Centre.

Future Recruitment Strategy

dh insight suggests that the PCT explores the possibility of setting up a resource group and/or identifying key contacts within different communities in the city who would be willing to assist in recruiting participants for future scoping projects. Having one point of contact for each community should simplify the recruitment process.

Alternatively, the PCT could think about recruiting a community panel. Members of the panel would be from different community groups and would be incentivised to recruit individuals to take part in scoping projects, should the need arise.

dh insight would be happy to discuss the recruitment issue further with the PCT, in order to come up with practical solutions for future projects.

Sample

A total of 28 individuals took part in the scoping study. All except a couple lived within the specific areas initially identified by the PCT (ie the worst 20% of SOAs for premature CVD mortality). Ages ranged from early 40s through to 70s. The tables overleaf provide additional demographics for the sample.

Geographic Location	Number
Arboretum	1
Aspley	2
Bells Lane	1
Bilborough	1
Broxtowe	4
Clifton	3
New Basford	1
Sherwood Rise	1
Sneinton	5
St Anns	9

Identification	Number
Smoker	21
In the process of giving up/ recent non-smoker	7

Ethnicity	Number
African Caribbean	6
Pakistani	5
White British	17

Gender	Number
Male	15
Female	13

Employment Status	Number
Employed	7
Unemployed	14
Long term sick	1
Retired	5

Discussion Themes

The aim of the study was to gain in-depth psychographic behaviour from participants. A semi-structured discussion guide was written, highlighting the themes to be covered during the sessions. The intention was to create a relaxed environment, where individuals felt able to discuss their thoughts and beliefs. The sessions could therefore be described as guided conversations, using the main themes from the discussion guide.

The majority of sessions took place in individuals' homes. The exceptions to this were a couple of interviews with Pakistani men, which took place at the Pakistan Centre and a mini group that was held at the Amaani Tallawah premises in St Anns.

Findings

There were many common themes that cut across the Mosaic and ethnic groups. Any differences tended to be amongst individuals rather than groupings in their entirety. The findings have therefore been written up as a whole, with any particular differences (either because of age, social circumstance, gender or ethnicity) highlighted in the text.

The sessions included those who were in the process of giving up smoking as well as smokers. Once again, in many areas the views of the two groups were very similar and so have been written up as one. Where there were differences, especially around attitudes towards the smoking ban, these have been pointed out in the text.

Where applicable, verbatim comments from the sessions have been included to illustrate points. These quotations are written in italics.

It is important to remember that the findings refer to the individuals who took part in the scoping study, rather than to all smokers within the geographical areas targeted.

Lifestyle and Values

In line with the mosaic groupings, the majority of participants were unemployed; these were single parents, full-time carers etc. Roughly a quarter were employed and the remainder were retired. One was not working because of ill health.

During the discussions it became clear that participants were focused on the here and now rather than the future. For most, life appeared to be both a financial and an emotional struggle. The most important aspects of their lives were their children and/or grandchildren, with the extended family providing their main social network. Future aspirations tended to be limited to watching their children/grandchildren grow up. For a few, holidays were eagerly anticipated, with these ranging from a few days at Skegness through to a package holiday in the sun for those with more disposable income.

Smoking Behaviour

All the participants had started smoking in their youth; ranging from the age of eleven to nineteen. In the era they grew up in, smoking was socially acceptable; there was no understanding of the medical dangers associated with cigarettes. The cultural impact of the Players factory in Nottingham life was also highlighted. A number of participants had friends or relatives who had worked in the Players factory and so the cigarette industry had been seen as a benevolent force in the community, providing jobs and security.

> *'My dad and my brothers all worked in the Players factory. They used to be given a ration of cigarettes every week; I think it was about 200 each. So smoking was just part of life.'* (White female recent non-smoker, Bilborough)

Starting Smoking

The overwhelming reason for starting smoking was peer pressure; wanting to fit in with their social group. For many, the actual process of starting smoking was an unpleasant one; they had not enjoyed the physical sensation of smoking, but persisted in order to fit in. A few, however, had enjoyed the 'high' that smoking initially gave them.

Habit or Addiction

When asked why participants continued to smoke as adults, the reasons given were very different. Their desire to fit in had turned into either a habit or an addiction. This is an important distinction, as individuals either viewed themselves as habitual smokers or as addicted smokers and this difference influenced the way they viewed smoking.

Those who viewed smoking as a habit tended to see it as something they could stop if they wanted but, for varying reasons, they chose to continue with. Those who viewed smoking as an addiction felt incapable of giving up, even though a number purported to want to do so. This distinction between habitual and addicted smokers appeared to cross mosaic groupings and ethnicity.

Reasons for Smoking – Stress Relief

Aside from whether or not smoking was a habit or an addiction, the main reason given for smoking was to alleviate stress. As people shared their life experiences, it became clear that many led very stressful lives; for example coping with the demands of being a single parent, caring for partners with long-term health issues, or struggling financially. A cigarette was unanimously thought to have a calming influence on the individual.

> *'For me it's a calming – my body feels I need that cigarette to function normally. So when I've had that cigarette I feel calm again. So it's no more a pleasure.'* (African Caribbean male smoker, St Anns)

> *'Sometimes when I'm stressed I light a cigarette and it eases the tension. I can feel my brain slowing down when I light a cigarette.'* (Pakistani male smoker, St Anns)

Reasons for Smoking – 'Me Time'

Linked to this was the concept of what might be termed 'me time'. Having a cigarette gave individuals an excuse to take some time out from their lives to re-group. Alternatively, a cigarette was seen as a reward for completing a task or coping with a difficult situation.

> *'I don't have time in the morning because I'm sorting out the kids – getting them ready for school etc. So it's really not until mid afternoon when I've got time to sit down and have a bit of time for me – me time – and that's when I'll probably have my first one.'* (White female smoker, Sneinton)

'I never smoked a lot – never smoked in the day, can't stand the smell of it, but something triggered it between 5 and 8 o'clock, thinking hold on a minute, this is 'my time'. Once the kids have gone back to their parents, I've cleaned up then I'll sit down and it's my time. It's just like a way of – I've always been active during the day, but come night time you stop, you cut off, and instead of having a bar of chocolate or a packet of crisps, I used to have a cigarette.' (White male recent non-smoker, Bells Lane)

Reasons for Smoking – Pleasure or Craving?

A minority of participants stated that they actively enjoyed smoking. They liked the ritual of smoking, especially if they used rolling tobacco, and enjoyed the feeling that it gave them. Others smoked as part of their social life; a cigarette was linked with relaxing and being with friends.

'It's my only real bit of pleasure. It's been a long time since I went out for a night out.' (White female smoker, Broxtowe)

For those who considered themselves to be addicted, however, actually smoking the cigarette appeared to be less pleasurable. They smoked because of their craving for nicotine rather than because they enjoyed it.

'I smoke a cigarette when my body tells me to basically. When I feel the urge. And it's a bad urge as well because if I don't have a cigarette then I start to get tense and angry and nasty. So my body's telling me, I need a cigarette – it's craving for the nicotine or the chemicals or whatever. But at least 15 times a day it's telling me – I need that cigarette. It increases if I get stressed, it may increase to 20 cigarettes and if that doesn't work it may lead to me smoking marijuana. And that's how it is with me, daily.' (African Caribbean male smoker, St Anns)

'I used to smoke when I drank tea, so I cut down on the tea. I don't enjoy cigarettes, I'm hooked on them, can't stop, I hate them. It's an addiction.' (Pakistani male smoker, St Anns)

Smoking as a Signifier

The act of smoking a cigarette marked out different aspects of the day, for example:

- The first cigarette of the day to 'get them going'
- A break in the shift at work
- A break when the children went to nursery/school/sleep
- The end of a meal or with a drink
- The end of the working day, or the end of activity for the day
- The last cigarette of the day before bed

There were certain activities that were always undertaken with a cigarette.

> *'Any time you have a drink in your hand, you'd have to have a cigarette in your hand. And I'd say after meals you get that panging for a cigarette because it's a routine, finish your dinner and have a cigarette. And like in the morning, you get up, have a cigarette and then start the day great. It's psychological, it's not real (laughter) but a lot of people don't realise that. I have to twiddle my fingers to stop me from doing it.'* (African Caribbean female recent non-smoker, Sherwood Rise)

Smoking Habits

Participants varied in their smoking habits; the majority smoked twenty cigarettes or more a day, with the remainder smoking either between ten to twenty or five to ten a day.

The perceived implications of smoking a relatively small number of cigarettes a day were interesting. Individuals believed that, because they had cut down, or had only ever smoked socially, the potential medical dangers associated with smoking did not apply to them.

Although most participants smoked a consistent number of cigarettes a day, the number could increase or decrease depending on various factors, most notably the level of stress they were under.

> *I'd go through sometimes 20 or 30 cigarettes per day, depending on how stressed I was. If the kids were really stressing me then I could chain smoke, literally chain smoke. I'd be in a rage and I was (puffing action) all the time and I was thinking it's calming me down, but it wasn't really doing it.'* (African Caribbean female recent non-smoker)

Certain social situations could also increase the number of cigarettes individuals smoked.

> *'If you go out drinking and they're all smokers, then you tend to have a cigarette and as soon as you finish one, you have another. I think alcohol makes you smoke more. The more you drink, the more you smoke. If I'm playing cards then I'll look down on the floor and there'll be three or four or five cigarette ends and that's just in an hour and I think, that's not me!'* (African Caribbean male smoker, St Anns)

Conversely, others smoked more when they were on their own, as a way of relieving the boredom.

> *'I smoke more when he's* (her husband) *on nights – because I've got nowt else to do. The kids are in bed and he's at work, so I think I'll put the tele on and have a fag.'* (White female smoker, Sneinton)

Working patterns also affected the amount of cigarettes individuals smoked. Certain jobs restricted smoking behaviour, for example working as a lorry driver or a cook meant that individuals were not allowed to smoke at work. Others were able to smoke during official breaks in the working day.

Islam impacted on Pakistani smokers' behaviour. For example one man stated that he did not smoke during the day during Ramadan, but would smoke more to compensate once the fast was over in the evening. Another did not smoke when he went on pilgrimages. For these individuals, there was a genuine reason, greater than themselves, which motivated them to give up or cut down for a certain length of time. However, once Ramadan or the pilgrimage was over, the motivation was no longer there.

Buying Cigarettes

The high cost of shop-bought cigarettes meant that most of the participants (apart from the Pakistani smokers) bought some, if not all, of their cigarettes through unlicensed sources. The 'fag house' was a staple part of daily life for many. Alternatively, individuals would ask around and find a friend or acquaintance who had recently come back from a holiday abroad and who had cigarettes to sell. Participants were aware that such imported cigarettes were often 'rougher' than branded UK makes and so the preferred option was to buy well known brands if they could afford it.

Access to cheaper cigarettes had a direct impact on the number of cigarettes people smoked each day.

> *'If I get them cheap – if somebody's been on holiday and I can get them cheap – and I get 200, they'll be gone in a week. But if I'm having to pay £5 for them, then I'm a bit more careful.'* (White female smoker, St Anns)

Another popular way to avoid paying for branded cigarettes was to switch to smoking rolling tobacco. Rolling your own cigarette was more economical for a number of reasons; it was possible to roll very thin 'prison' cigarettes, so the tobacco went further and, because it took time to roll a cigarette, individuals tended to smoke fewer of them.

> *'I like normal fags as in a packet of fags – but I smoke roll-ups because it's more economic and I smoke less.'* (White male smoker, Sneinton)

Smoking rolling tobacco was less popular amongst women, because it was deemed to be less socially acceptable; although some did do this in order to save money.

Participants were aware that they spent a large proportion of their income on cigarettes, however they were adamant that smoking took second place to their children's or family's needs. One example was a single mother who smoked rolling tobacco during the week, because it was relatively cheap. Then at the weekend, once she had done the food shopping etc, she treated herself to a packet of ten branded cigarettes. On the Monday, she was back to the rolling tobacco.

A few of the African Caribbean participants stated that they also smoked marijuana. When cigarettes failed to give them the stress relief they needed, they resorted to marijuana.

> *'I progressed up to marijuana when I was about 21; it was just a natural progression.'* (African Caribbean male smoker, St Anns)

Attitudes towards Smoking

When asked to discuss the perceived benefits of smoking, the majority of participants were loathe to make positive statements about it as an activity. This may have been partly to do with the wider context of the sessions; they were aware that the facilitator was working on behalf of the NHS, and even though assurances were given that no value judgements would be made about participants' behaviour, at an unconscious level individuals may have wanted to please. Taking this into consideration, the level of ambivalence around smoking was still perhaps surprising. Smoking was referred to as a 'nasty habit', with individuals citing a number of perceived disadvantages.

> *'I don't smoke in the house, I stand outside. (Why?) So I don't smell smoky. Everything stinks. I just don't like it. I used to clean for this woman, and she did light one up after the other, and I'm nothing like that – but the walls are brown and I used to put my marigolds on…! And it does stink! But it doesn't stop me smoking, I'll go outside and have a fag – it's daft isn't?'* (White female smoker, St Anns)

> *'It costs us a fortune in Rembrandt toothpaste! I don't like stains on my teeth!'* (*White* female smoker, St Anns)

Although the smokers vehemently defended their right to smoke, they still had their own rules as to when smoking was and was not acceptable. For example, smoking in front of children was generally shunned and, as stated previously, many chose not to smoke in their own homes because of the smell. When pressed about their reasons for not smoking in front of their children, individuals admitted that it was because they knew that smoking 'wasn't good' for children and they would prefer it if their own children did not smoke when they grew up.

> *'Since I've had my kids I've had to cut down. I have to go outside to smoke now.'* (White female smoker, Broxtowe)

However, individuals did not make the connection between the fact that, if smoke was bad for their children, it must be even worse for them. Or it may have been that their view of life was that their health was not as important as their children's. This links with the low aspirations that many participants seemed to have.

Rationalising their Behaviour

Those who were still smoking were adept at rationalising their behaviour. The main ways this occurred were:

- Choosing not to believe in medical evidence or not realising the link between smoking and certain medical conditions.

> *'My grandma chuffed like a chimney and I know she died quite young, but she died of a stroke which is a non-smoking related illness and everyone in our family, not one of them's died from a smoking related illness – I mean my dad died of a heart attack but I don't think that was from smoking.'* (White male smoker, Sneinton)

- Providing counter examples for supposed medical evidence.

'They blame smoking – everything's blamed on smoking. But I've got two healthy kids and I smoked through both my pregnancies. I went abroad a few times and they were cheap, so I smoked loads. But neither of them have got asthma or anything. I'm a healthy person, but that one off; I did have a bad cough. I'm not saying it's good for you, but…there's lots of thing that aren't good for you.' (White female smoker, St Anns)

'There's no proof that smoking causes lung cancer.' 'No there ain't.' 'I know people who've died of lung cancer and have never had a cigarette in their life.' (White female smoker, Arboretum)

'If somebody says you know if you smoke you're going to get lung cancer, you're going to suffer from thrombosis, have a heart attack and I think why should I? I know people who smoke and it hasn't happened to them. It doesn't feel real.' (Pakistani male smoker, St Anns)

- One Pakistani smoker and one African Caribbean smoker believed strongly in fate. They would die when their number was up and whether they smoked or not would have no bearing on this. It was not clear whether or not these beliefs were cultural or religious, or simply the individuals' own worldview.
- Arguing that the tax raised on cigarettes is used to fund the NHS.

'And when the government bans smoking, where do you think they are going to get their tax from?' (White female smoker, Broxtowe)

- Believing that other pollutants were more dangerous than cigarette smoke.

'But when you see what you're breathing in anyway with the cars – all the carbon monoxide and lead and everything in your lungs then cigarette smoke is the least of your worries!' (White male smoker, Sneinton)

- Arguing that everybody has a vice and that smoking was not as bad as drinking alcohol (either for the individual or the wider community).

'It's one of those vices I enjoy – I don't gamble, I only bet a pound a week – I like a drink, but I don't go out much – so my vice is me cigarettes…. And I think if you go to work then you've got to have one vice! Everyone has a vice don't they? If it's chocolate or MacDonalds or whatever…I like to have a pint as well, but if I was given the choice between the two I'd pack up drinking straight away. Cigarettes don't lead to fighting do they?' (White male smoker, Sneinton)

'Smoking is my little vice - it's a treat. I don't drink, gamble or cheat and I'm not harming anyone else, so why shouldn't I smoke? Alcohol makes you lose control of your senses and you can risk missing your prayers, but with smoking you have control. You're only going to harm yourself and not others.' (Pakistani male smoker, New Basford)

- Comparing their own smoking behaviour with that of friends or family members; ie there were always people who smoked more than they did, which made them feel better about themselves.
- Believing that cutting down the number of cigarettes was almost as good as giving up.

'I used to be quite concerned about the damage to my health when I was smoking a lot (30 a day), but now I smoke a lot less, so I'm not worried. I tell the doctor I smoke even less so as not to get any grief. I don't feel I'm at risk.' (Pakistani male smoker, St Anns)

'If I was smoking twenty a day it would have an impact on my health, but I've convinced myself that the quantity of cigarettes I smoke…up to ten a day max…that my body can cope with it. I feel that my body mechanisms can cope with it.' (Pakistani male smoker, New Basford)

- Having an addictive personality. So if it was not smoking, it would be something else; they could not help their behaviour.

'But if there was a box of chocolates, then I'd have to eat the lot – I'm just like that! I'm just a nail biter, chocolate eater, smoker!' (White female smoker, St Anns)

Relationship with Health Professionals

All the smokers had been told by health professionals of the dangers of smoking. There was a sense of resignation about this; individuals knew that every time they went to see their doctor, they would be challenged about their smoking habits. A common way of evading this kind of challenge was for smokers to routinely lie to their doctors about their smoking behaviour. Examples were given of individuals either telling their doctor that they had cut down in their smoking or even given up.

> *'At the hospital they think he's given up! But he hasn't! When we go down to the clinic the doctor will say 'how are you going on with your non-smoking?' and he'll say, I'm doing fine, it's the wife who makes me smell of smoke!'* (White female smoker, St Anns)
>
> *'I normally smoke between 20 – 30 a day but I've told the doctor I've cut down to five a day!'* (White female smoker, Broxtowe)
>
> *'The doctors always say I should give up smoking to cure whatever is wrong with me at the time. I don't want to stop smoking so I want them to say something else. I don't go to the doctor to give up smoking.'* (Pakistani male smoker, St Anns)

A number of participants had been admitted to hospital in the past. Smoking behaviour whilst in hospital differed considerably. Many did not smoke whilst they were in hospital, but then started up again as soon as they were discharged. This illustrates again that many smokers knew that they were able to give up smoking in certain circumstances, but they chose not to continue with their non-smoking once the situation changed. Others managed

to continue smoking throughout their hospital stay; being taken outside for a cigarette by friends or relatives.

Giving up Smoking – Non-smokers

Those who were in the process of giving up smoking, or who had just completed the four weeks to become an official non-smoker, discussed their reasons for quitting. The three main reasons cited were:

- Health
- Children or grandchildren
- Financial cost

Health

Health was a primary reason for giving up for the older participants. Even if participants did not completely believe the medical evidence surrounding the impact of smoking, there was awareness that smoking 'did not help matters' for older people. Individuals were hoping that, by giving up their habit, they would extend their life by a few years, or at least have fewer health problems such as coughing or shortness of breath. Comments were made that health professionals had consistently encouraged them to give up smoking.

Grandchildren

The relationship between adult and child or, more often, grandchild was also critical in terms of the decision to give up smoking. Individuals shared how their grandchildren disliked the fact that they smoked and constantly asked them to give up. These anti-smoking messages were thought to be learned by the children at their schools. The adults may have outwardly ignored their children/grandchildren's comments, but all had privately taken them to heart.

> (What's different this time?) *'My grandkids. I've got two new ones. Basically the grandkids – I've got too much to do with them. If I can gain another six years with them, then I will.'* (White male recent non-smoker, Bells Lane)

> (What made you decide to give up this time?) *'My grandchildren. As soon as I used to go for a fag and they were like, no nanny, don't do it, don't do it. Especially my little one, she used to hold on to me and say nanny don't do it! And you think, oh my God – the guilt was too much for me.'* (African Caribbean female recent non-smoker, Sherwood Rise)

Financial Cost

Financial cost was a contributory factor, with a couple of older men in particular stating that this had been one of the main triggers for them to give up smoking. This was not simply a question of being unable to afford to buy cigarettes, but almost a personal protest against the rising cost of branded cigarettes.

'If I can't have a cigarette when I want one, but have to ration them because I can't afford to buy them, then I'd soon as not smoke at all.' (White male recent non-smoker Clifton)

'I haven't bought an English fag for 15 years – always bought enough back with me to last until I went again. I always said once they ran out, I'd pack up. It was supposed to be last year, but somebody brought some fags back for me and so I smoked them. They ran out and I said right that's it, I'm packing up. I'm not paying £5 a packet. I used to pay £5 for 200.' (White male recent non-smoker Bells Lane)

Long-term Decision

When discussing the decision to give up smoking, it became clear that this had been an extended process for all the non-smokers. Individuals had been mulling over the idea of giving up smoking for a long time, up to a couple of years, before they had actually taken the final step. Comments were made that it took a change within the individual's brain before they could commit to stopping. Once this paradigm shift had taken place, it became possible, although still not easy, for them to give up. Individuals found it hard to articulate what had caused that shift, why it was that one day they woke up and decided, 'today's the day', but they knew that it had occurred.

'You wake up one morning and something clicks and you think, that's it, enough's enough.' (White male recent non-smoker, Bells Lane)

Personal Motivation

The main theme that was highlighted in each of the sessions was the need for the individual to want to give up for themselves. Although the non-smokers were aware of the anti-smoking messages that had been drip-fed to them over a long period of time by relatives and health professionals, they were adamant that the motivation for actually giving up had to come from them. They had to want to give up, rather than feeling coerced into it by external forces.

'You have to get to a point in your life when you think, you know, this is not working, this is not doing me any good. It's not doing nothing for my family; it's not heightening my life in any way. You have to get to a stage when you think, enough's enough. Just like with any addictive thing, you get to a stage in your life when enough's enough.' (African Caribbean female recent non-smoker, Sherwood Rise)

Benefits of Giving up Smoking

Participants who had recently given up smoking reflected on the impact that this had had on their lives. All had seen dramatic changes, both physically and emotionally.

'I seem more relaxed for some reason, more chilled out. It's like cutting a loaf in half; you've got to make that final split. You can't think oh shall I or shan't I? You've got to make that split; it's either all or nothing.' (White male recent non-smoker, Bells Lane)

> *'You don't smell for one! You've got a lot more energy. Your skin is clearer. Financially I don't see the difference because I struggle financially anyway. It's just a better quality of life isn't it really? It's got to be. I haven't got to be thinking where can I get the money from to buy fags or have my house smelling and the kids complaining and smoking around my grandchildren and shortening their lives – I don't have to think about that stuff anymore.'* (African Caribbean female recent non-smoker, Sherwood Rise)

For a few of the non-smokers, there was a sense of amusement that they had suddenly become vehemently anti-smoking. The act of giving up had meant that now they were behaving towards their friends in the same way that non-smokers had done to them previously. For example, not allowing friends to smoke in the house or encouraging family members to go to New Leaf. This was not true for all the non-smokers though, with a couple stating that they were not going to make their family and friends change their own behaviour just because they themselves had made the decision to give up smoking.

Giving up Smoking – Smokers

A number of the smokers had attempted to give up smoking in the past. Although their reasons were varied, the underlying theme was often health-related.

A few of the women had given up smoking each time they were pregnant, but then started again as soon as their babies were born. These women had found it relatively easy to stop smoking during their pregnancies, possibly because they had an obvious reason for the change in their behaviour. As already discussed, children were the focal point of all the participants' lives; therefore being pregnant may have been subconsciously viewed as a 'hallowed' state, where special circumstances reigned. Giving up smoking may therefore have been a mark of the importance of the pregnancy. Once the baby was born, there was no reason not to smoke; life went back to normal.

> (Why did you stop smoking when you were pregnant?) *'Because I don't like to see a pregnant woman with a cigarette in her mouth. I don't believe it's good for the child, and you want what's best for your kids, so I always stopped while I was actually pregnant. But then as soon as I had the baby I'd start again. I don't know why it made a difference, but it did to me! It wasn't hard, no. But when I tried after that, when I wasn't pregnant, I couldn't do it! So it's mind over matter really – it's psychological isn't it? But I couldn't fix my mind to stop smoking – it took me ages to stop.'* (African Caribbean female recent non-smoker)

Another common reason for attempting to give up smoking was because participants had developed a persistent cough. Individuals had been to their doctors and had received medication, but nothing could shift their cough. Almost as a last resort, they had given up smoking to see if that would help. In each case, the cough had gone and they had then started smoking again.

In motivational terms, the reason for giving up smoking had been for a short term gain; once they had achieved that gain, there was little incentive for them to continue with the new behaviour.

> *'Every time I have the 'flu I stop smoking but as soon as it's over I start again.'* (African Caribbean male smoker, St Anns)

A couple of interviewees had tried to give up smoking in order to appease health professionals; however it became clear during the conversations that these individuals had had little personal motivation to give up and so it was hardly surprising that their attempts had been unsuccessful.

> *'I thought alright I'll give it a go, but I wasn't really too keen in the first place to be honest – it was just to keep the midwife off my back. I haven't tried to give up since. I've no intention of giving up to be honest.'* (White male smoker, Sneinton)

Others who had tried and failed to give up blamed external environmental factors, especially the level of stress that they were under at the time. Indeed, a couple had been advised by health professionals not to attempt to give up smoking at that particular time, as it was felt that this would add too much additional stress to their lives.

> *'… I wanted to pack up* (a few years previously) *– I've got a heart problem anyway. But the surgeon told me a while ago that it would do me more harm than good to pack up because that was my release valve at night – it was my way of letting it flow out, you're not getting tight or stressed out – it's like a release valve.'* (White male recent non-smoker Bells Lane)

The most favoured way of trying to give up smoking was to use some form of nicotine replacement therapy, usually patches. One Pakistani smoker had also tried hypnotism and acupuncture, but to no avail.

Likelihood of Giving up Smoking in the Future

The smokers were fairly evenly divided between those who stated that they wanted to give up (at some point in the future) and those who had no desire to give up whatsoever.

The former group used a variety of excuses/reasons as to why now was not the right time for them to give up: for example, their lives were too stressful, it was their only real pleasure, they did not want to put on weight etc. These smokers knew that giving up would take a great deal of willpower, and they were not at that place right now.

> *'I don't like the smell of the smoke. I do want to quit but it's just something to do – it's either that or eat and I don't want to put on loads of weight!'* (White female smoker, Sneinton)

Those who believed themselves to be addicted to cigarettes tended to be the most defeatist about the idea of giving up smoking; they wanted to give up, but felt that they did not have the means to do so. This was the case even though individuals were aware of smoking cessation services such as New

Leaf and the fact that they could use nicotine patches etc as replacement therapy. These participants did not believe that they could give up smoking; they could not imagine a smoke-free existence.

> *'I don't think I'll ever pack in – I've said to the doctor I'll try, but I haven't said I'll succeed.'* (White female smoker, St Anns)

> *'I do think it's a dirty habit really but it's just trying to break the habit.'* (African Caribbean male smoker, St Anns)

Those who had no intention of giving up smoking argued that they enjoyed it and/or needed it to cope with life and would not be bullied into giving up by either the government's actions or the medical profession.

> (So can you imagine not smoking?) *'No! (responds immediately) I think if I'm in a nursing home I'll be going for a fag. I think if I get poorly – like with that breathing thing I had, I knew I had to stop – but I got better, so…. I don't know. I've no reason to stop. I can smoke at home, I can smoke outside. I can just afford it.'* (White female smoker, St Anns)

> *'I average 30 a day but there are days when I can have 40 or more. A few years ago I had a nervous breakdown and I still get bad days and that's the only thing that calms me – so I know I'm not going to give up. I know for a fact I won't give up. I've been told to by the doctor, because I have health problems – but I won't.'* (White female smoker, St Anns)

Awareness of New Leaf Smoking Cessation Service

There was a high level of awareness of the New Leaf service amongst smokers. The majority spontaneously mentioned the service by name during the course of the sessions. A couple of participants had accessed the service themselves in the past, whilst others had friends or relatives who had attended the clinics.

The main view seemed to be that New Leaf was a good resource if an individual truly wanted to give up smoking. Most of the smokers knew that they could be given nicotine replacement therapies (eg patches or gum) at New Leaf. This was an important factor, as the cost of paying for patches or gum over the counter was deemed to be excessively high and acted as a disincentive for giving up smoking.

> *'If I get some patches I have to pay as I work. But I don't think that's fair and I'm not going to pay for cigarettes and patches as I'm going to do both for a while aren't I?'* (Pakistani male smoker, St Anns)

Individuals often went on to give examples of why going to New Leaf had not worked for them. Most notably, because the nicotine patches had given them nightmares and/or rashes, or because the patches had not been strong enough to stop them from smoking. Stories were also told of people over-dosing on nicotine while they were using the patches.

> *'I went to New Leaf once and they gave me some patches, but I couldn't sleep or owt with that. It was terrible. And I gave up for four months, but I got up one morning and I thought, I want a fag, and that was it.'* (White female smoker, St Anns)

All the non-smokers had used or were currently accessing the New Leaf service. Their experiences of the clinics were very positive. The drop-in clinics in particular were praised. Individuals described the importance of being able to go to the clinic on the very day that they had made their final decision to give up smoking. Stories were told of friends or relatives who had made their decision and contacted New Leaf, only to be told that they would have to wait two or three weeks for an appointment. The moment of decision passed and individuals continued smoking.

> *'I made my mind up Monday morning, I went down Monday afternoon and I said right, that's it, I finished. If I'd had to wait, then I'd have bought another 20 or 40 fags you see.'* (White male recent non-smoker Bells Lane)

Impact of Advertising

During the sessions, interviewees were asked if they could spontaneously remember any anti-smoking campaigns. The two campaigns that were mentioned the most frequently were the adverts where the smoke comes out of the children's mouths and noses and the adverts where the cigarettes were oozing fat. The current 'hooked' campaign was not spontaneously mentioned by anyone.

'Children' and 'Fat' Campaigns

The 'children' campaign was thought to be so powerful precisely because it involved children and, for the participants', children were the most important part of life. There were different responses to the adverts; a few were angry at it, seemingly annoyed that they were being made to feel guilty for smoking; others felt ashamed for a time and even changed their smoking patterns for a few hours (going outside for a cigarette instead of staying in the house etc); others felt it did not refer to them because they never smoked in front of their children anyway.

> *'I hate the smoking advert with the smoke coming out of the kids ears – it does make me feel sick!' (Why?) 'It's just disgusting! I don't normally smoke around kids, I don't normally smoke in the house, I don't like it in the house. But when I seen it, it don't make me stop!'* (White female smoker, St Anns)

> *'I've seen a lot (of adverts) but nothing really stands out for me like that one. The rest I couldn't actually remember, but that one definitely sticks with me. Because it's with children – yeah, second hand smoke, you don't realise the implications that when you're smoking around them, they're smoking too. But the rest, I couldn't recall anymore.'* (African Caribbean female recent non-smoker, Sherwood Rise)

The 'fat' campaign again triggered strong responses from the participants. Women in particular thought it was 'disgusting' and it made them feel sick.

Although the images from these two campaigns had remained with individuals, the adverts had not prompted any of them to give up smoking. Once again, there was an element of self-protection going on. Yes, the fat was horrible, but somehow that would not happen to their arteries, they were immune.

'Hooked' Campaign

Nearly all the participants remembered the 'hooked' campaign once it was mentioned to them. The campaign's effectiveness, however, was thought to be fairly minimal. Although most individuals understood the idea of being hooked on cigarettes, the imagery did not 'work' for them. Again, women in particular felt that the image was too violent'; its shock factor was not translated into a dislike of being hooked on cigarettes. Indeed, the violent imagery gave individuals an excuse to dismiss the advert completely and not allow the message to relate to their own behaviour.

Those who believed themselves to be completely addicted to cigarettes agreed with the campaign's message; yes, they were hooked, but there was nothing they could do about it. The campaign therefore had the effect of confirming their addiction rather than challenging them to give up cigarettes.

The idea of being hooked on something seemed to be alien to the Pakistani men, and so the underlying message was lost on them.

Participants were asked what they did/how they felt when an anti-smoking advert came on the television. The responses were varied; a few automatically switched over because they did not want to watch the advert (and be made to feel guilty), others simply thought of them as adverts ie attempts to sell them something (in this case the anti-smoking message), so they could easily be ignored, and others used the commercial break as a signal to leave the room and make a cup of tea.

> *'I don't think that most people who smoke would pay any attention to them – because they just see them as advertisements. I don't think they do anything.'* (White male smoker, Sneinton)

> *'I have seen them. I think they're pretty good because they're trying to drive home a message; they're trying to drive home the long-term impact of smoking. But does it have an impact on people? I don't know, but it's not going to stop my craving – I can watch them all day long, knowing it may apply to me, but I still have that craving. If I could take a tablet to take that away, I would.'* (African Caribbean male smoker, St Anns)

> *'If you were really thinking about stopping – I mean I just turn over – but if you were really thinking about stopping, they might help. I mean like all those adverts where they've got the fish hook and all the fat coming out of the cigarette, I mean it would help some people, if they wanted to give up.'* (White female smoker, Broxtowe)

'A lot of times I come out of the room. And if the kids are around, I don't smoke for a couple of hours or I go outside around the corner where they can't see me until I've forgotten about the advert and then I start smoking again.' (African Caribbean female recent non-smoker, Sherwood Rise)

Attitudes Towards the Imminent Smoking Ban

The smoking ban was spontaneously mentioned by interviewees in nearly all the conversations. There were strong views both for and against the ban, with most of the smokers being against it and the non-smokers divided in their views.

There was a strong sense amongst participants that smokers had become virtual pariahs in society. The inexorable trend towards non-smoking environments and the imminent smoking ban led individuals to feel that they were being unfairly targeted by the government. There was considerable anger at being told what to do by those in authority. A number of participants were incensed that the government was focusing on smoking as an issue rather than on other, in their eyes more deserving, issues; for example alcohol misuse, fast food outlets and road and factory pollution. Smoking was considered an easy target, which impacted disproportionately on the working classes.

For those against the ban, the main emotion was one of anger. In their minds, a cigarette and a drink at the local pub, or the Bingo, was an integral part of working class life; to ban smoking in public places meant depriving people of their social life. Individuals did not feel that the government had a right to dictate how they lived their lives in this way. Smokers wanted to make their own decisions about where and when it was appropriate to smoke.

(What about the ban?) 'I'll be outside – well I go outside at home I know, but that's your own home isn't it?' (White female smoker, St Anns)

'You'll never stop everyone from smoking. I'll just sit in my own house and smoke. This government's trying to do the things that Hitler was trying to do in Germany – dictating to us – don't do as I do, do as I say. So I don't vote for any of them.' (White male smoker, St Anns)

'The persecution that we get for smoking and especially as it's coming up to this ban. I think smokers are becoming the new Jews of Europe – being pushed outside. It's going to be like 1920s America with underground clubs where you can go to smoke – and I think there are more important things to worry about rather than smoking. They'll ban the smokers because they say it's bad for you but you've got six MacDonalds in Nottingham…. ' (White male smoker, Sneinton)

Anecdotal examples were given of the situation in Scotland post the smoking ban, with pubs closing and livelihoods being lost. The general feeling was that the ban would not encourage people to stop smoking, it would just make them more determined to continue.

> *'I shall have a drink in one pub and then have a cigarette on my way to the next pub – an old-fashioned pub crawl!'* (White female smoker, Arboretum)

> *'When someone tells me not to do something it makes me more determined to do it. We're not living in a police state. People feel victimised.'* (Pakistani male smoker, St Anns)

African Caribbean and Pakistani smokers argued that if smoking was as bad as the government said it was, then it should be banned completely. Instead of penalising smokers by introducing a ban on smoking in public places, the government should have the courage to shut down the entire tobacco industry in this country. The men were aware that this would never happen, as the tobacco industry was too economically influential; consequently, the men felt quite cynical about the whole situation.

> *'Yeah, why doesn't the government just go to the cigarette factories and ban them from making cigarettes? I don't understand why they bring in the ban for people smoking but they won't ban the companies that make them.'* (African Caribbean male smoker, St Anns)

Most of the recent non-smokers were in favour of the smoking ban, as it would make it easier for them to resist cigarettes. In addition, since giving up smoking, people had become very sensitive to the smell of smoke; they were therefore looking forward to being able to socialise without their clothes and hair smelling of cigarette smoke. There were a couple of non-smokers, however, who still opposed the ban. In their opinion, the decision to give up smoking had been a personal one and other people should still have the right to smoke in public places should they so desire.

Media Consumption

Media consumption varied across the groups. Television was the most commonly accessed medium, with all the participants able to recall anti-smoking campaigns that had been on television. Local media such as the Evening Post and Radio Nottingham were accessed by older smokers. BME participants accessed community media such as The Voice newspaper (African Caribbean) or Asian local radio stations.

Socialising

White and African Caribbean participants were divided between those who only really socialised with their extended families in their homes and those who socialised with friends in pubs. One female smoker regularly went to the Gala Bingo with friends.

Pakistani smokers socialised with their families or with religious groups. They did not go into pubs and so felt that the smoking ban would have no impact on their social lives.

African Caribbean Smokers

Overall, the African Caribbean participants had similar views to the White participants. As the number of African Caribbean smokers taking part in the sessions was relatively low, the findings should not be viewed as being representative of the entire African Caribbean community. This is especially true given that four of the interviewees had mental health problems. These particular men's attitudes towards smoking may well have been just as much influenced by their mental health problems as by their ethnicity. For example, all of the men from Amaani Tallawah considered themselves to be addicted to cigarettes; for them, smoking was a coping strategy.

The other two African Caribbean participants had very similar views to the White participants.

The only real differences noted were the use of marijuana and the influence of religion. Only African Caribbean smokers mentioned smoking marijuana as well as cigarettes. Religion was mentioned by two African Caribbean participants. One smoker had given up for a few years in the 80s because he *'got religion'* but later he moved away from religion and started smoking again. Another had just given up smoking and had gone back to the Church at the same time. She felt that the support of the Church community was helping her to remain strong about not smoking.

Pakistani Smokers

Correspondingly, the Pakistani participants had similar views to the White and African Caribbean participants and, as the number of Pakistani smokers taking part in the sessions was relatively low, the findings should not be viewed as being representative of the entire community.

It should also be noted that all were recruited via the Pakistan centre and so were men with religious beliefs. It was suggested by interviewees that Muslims believe the time of their death to be pre-determined; smoking would therefore not cause them to shorten their life. A common theme amongst the Pakistani men was a belief that their body was a gift from a god, a vessel, so they should not abuse it; maintaining their health was paramount. There was an acknowledgement that smoking did not contribute to physical wellbeing and interviewees did seem to experience some genuine discomfort about the disobeying their faith. dh insight highlights this as a possible area for further investigation.

As with other interviewees, the Pakistani men found ways to disassociate themselves from media representations of smoking. This was commonly achieved by highlighting differences in lifestyle for example; they did not socialise in pubs, they did not go fishing (so the hooked advert was meaningless), they did not drink or they believed that they smoked a lot less than other people.

Media campaigns also tended not to focus on the Muslim community and so this helped the men to disassociate themselves even more from the non-smoking message; the adverts did not refer to them, so could be ignored.

When originally sourcing interviewees, dh insight was informed by a Pakistani contact that it would be difficult to recruit women to the groups as they tended to be secretive about their smoking habits. This was discussed in the primary research and it would appear that there is some supporting anecdotal evidence for this:

> *'There is a lot of Asian women that smoke but they keep it hidden from their husbands and everybody. I have visitors and they go in the toilets (to smoke). Some won't smoke in front of their husbands as a respect thing, and they won't smoke in front of any family members.'* (Pakistani male smoker – shop-keeper)

Areas to Focus on in the Social Marketing Campaign

The scoping study has illustrated just how complex an issue smoking is. The sessions have yielded a rich seam of information on perceptions of smoking and smoking behaviour amongst the target groups; however there are few easy answers to the question of how to encourage people to give up smoking. The following areas have been highlighted as potentially offering entry points for the forthcoming social marketing campaign.

Different Types of Smokers

The sessions revealed that there were different types of smokers:

- Those who saw it as a bad habit that they could give up if they really wanted to, but who did not have the motivation to do so.
- Those who viewed themselves as being addicted to cigarettes and who saw very few positive benefits to smoking. These individuals wanted to give up, but felt that it was out of their hands because it was an addiction.
- Those who enjoyed smoking and who saw it as an integral part of their lifestyle. These individuals had no intention or desire to give up.

It may be beneficial for the PCT to use the current campaign to target either one or both of the first two groups, rather than the third group. Thinking about the social marking concept of 'competition', ie all the factors that compete for people's ability to adopt a desired behaviour; giving up smoking was seen as a desired behaviour for the first two groups, but not by the final group. Encouraging those 'hard-core' smokers to view smoking in a different way would be a challenging and long-term exercise.

Importance of the Social Context

Smoking was seen as an integral part of many people's lives. In order to have any chance of succeeding, the social marketing campaign needs to take into consideration the wider social context. If many people see smoking as a way to cope with the stress of their daily lives or as their one pleasure in life, then it is difficult to expect them to change their behaviour without providing alternative methods of stress relief and/or an improvement in their social context.

Encouragement not Preaching

The research has shown that the smokers from the F and G Mosaic groups already felt persecuted by both the health professions and the government. Any potential social marketing campaign therefore needs to avoid activity that could be perceived of as preaching or moralising.

Health Benefits

Although the medical risks associated with smoking are well documented, the research has shown that many people still do not believe the evidence. The challenge for the PCT is to convince smokers that they personally are not immune to the effects of smoking; even if their children were not born prematurely and their parents lived until they were ninety and smoked forty cigarettes a day, it could still happen to them.

Urban myths concerning the health problems associated with giving up smoking need to be countered, for example; giving up smoking makes you fat, giving up smoking makes you cough more than when you smoked and people who give up smoking often quickly become ill with cancer or associated diseases and die.

Focusing on the longer term health benefits of giving up smoking could be difficult, as many of the participants had a very short-term view of life. Perhaps surprisingly, this message may work better for older rather than younger smokers, especially if the message is linked to the idea of having more time and energy to spend with their grandchildren. Concentrating on health benefits may also be fruitful in working with members of the Pakistani community.

The Myth of Cutting Down

A number of smokers believed that cutting down the number of cigarettes they smoked would lessen the medical risk involved in smoking. This belief also meant that many smokers disregarded anti-smoking campaigns as they felt they were targeted at heavy smokers, rather than people like themselves. It may be worth the PCT focusing on this group of smokers in particular, in terms of re-educating them about the realities of smoking, regardless of the amount.

Health Professionals

The sessions found that many smokers lied to their doctors or health professionals concerning their smoking behaviour, because they did not want to be lectured about giving up smoking. The PCT may therefore wish to consider alternative ways of reaching smokers, rather than using traditional medical avenues such as the GP.

More Positive Ways to Handle Stress

If one of the main reasons for continuing to smoke was because smokers thought it provided them with much needed stress relief, then the PCT needs to be able to offer individuals alternative ways of coping with stress. Similarly, smokers would need to find or be offered creative alternatives to signify ‘me time’ other than smoking a cigarette.

Financial Benefits

Although finance was an issue for many of the smokers, they currently circumvented this problem by buying their cigarettes from unlicensed sources. dh insight suggests that more thought would need to be given to how the financial benefits of stopping smoking could be made appealing to smokers.

Importance of Children

Many participants appeared to value their children more than themselves. An example of this would be parents going outside to smoke rather than smoking in their own home. It is okay for them to smoke even if it does them harm, but it is not okay for them to harm their children. Therefore instead of encouraging individuals to stop smoking for their own benefit, it may be more helpful to focus on how giving up smoking would benefit their children or grandchildren.

Supporting Smokers who Give Up

All the participants knew of friends or relatives who had given up smoking, therefore the idea of giving up was not an alien one to individuals; there was a culture of giving up in their communities. It may be useful for the PCT to explore ways of tapping into this culture; perhaps using ex-smokers from these communities as part of the campaign.

Many of the smokers had previously tried to give up smoking and were well aware of how difficult this could be. It may be that their reluctance to try again was partly based on a fear of failure. The PCT needs to ensure that its campaign acknowledges how hard it can be to stop smoking as well as reassuring individuals of their support during the process.