



Waltham Forest

LOCAL VOICE



in your community

Attitudes to smoking in Romanian, Bulgarian and Lithuanian residents of North East London



Table of contents

Executive summary	Slides 3-4
What we have learned	Slides 5-8
Understanding behaviour change	Slides 6-16
The national picture	Slides 17-37
Our survey	Slides 38-72
Tobacco consumption patterns	Slides 40-43
Influences on smoking behaviour	Slides 44-53
The decision to give up smoking	Slides 54-55
Stop smoking journeys	Slides 56-64
Attitudes towards quitting smoking	Slides 66-69
Improving access to stop smoking	Slides 70-72

Executive summary

This report explores smoking **behaviours, attitudes, and experiences** of **Eastern European residents in the UK**, with a focus on **Bulgarian, Lithuanian, Romanian, Roma, and Moldovan** communities. A total of **138 respondents** participated, primarily in their first languages.

Fieldwork took place in North East London, with most respondents being from **Waltham Forest, Barking and Dagenham** or **Redbridge**. Due to the cross-cutting and relatively transient nature of Eastern European communities within London, data was analysed from all boroughs together. Especially as very few respondents were current or past users of stop smoking services in their respective boroughs, we have benefitted from having a larger research sample and we felt that segmentation by borough was not necessary.

Key insights:

- **High smoking prevalence:** 88% were current smokers, with only 12% reporting that they had successfully quit.
- **Low service uptake:** Although one-third of smokers expressed interest in quitting, only 26% would consider a stop-smoking service, with many believing success depends on willpower alone.
- **Social drivers:** Smoking is reinforced by peers, family, and workplace culture. Stress, loneliness, and poor mental wellbeing further reduce motivation to quit.
- **Successful quitters:** More likely to be Lithuanian, aged 18-24 or 50+, university-educated, in stable work, socially connected in the UK, and motivated by specific health concerns.
- **Barriers to quitting:** Negative self-talk, low confidence, and access to cheap or illicit cigarettes, especially during visits to home countries.

Executive summary

Implications:

To be effective, stop-smoking services must go beyond nicotine replacement and focus on:

- **Holistic support** that addresses mental health, stress, and loneliness.
- Multilingual and **culturally competent provision**, led by trusted peers.
- Flexible access that accommodates long working hours and **community locations**.
- Positive, **empowering messaging that avoids judgement** and builds self-belief.
- Targeted promotion through **social media** and **Eastern European community spaces**.

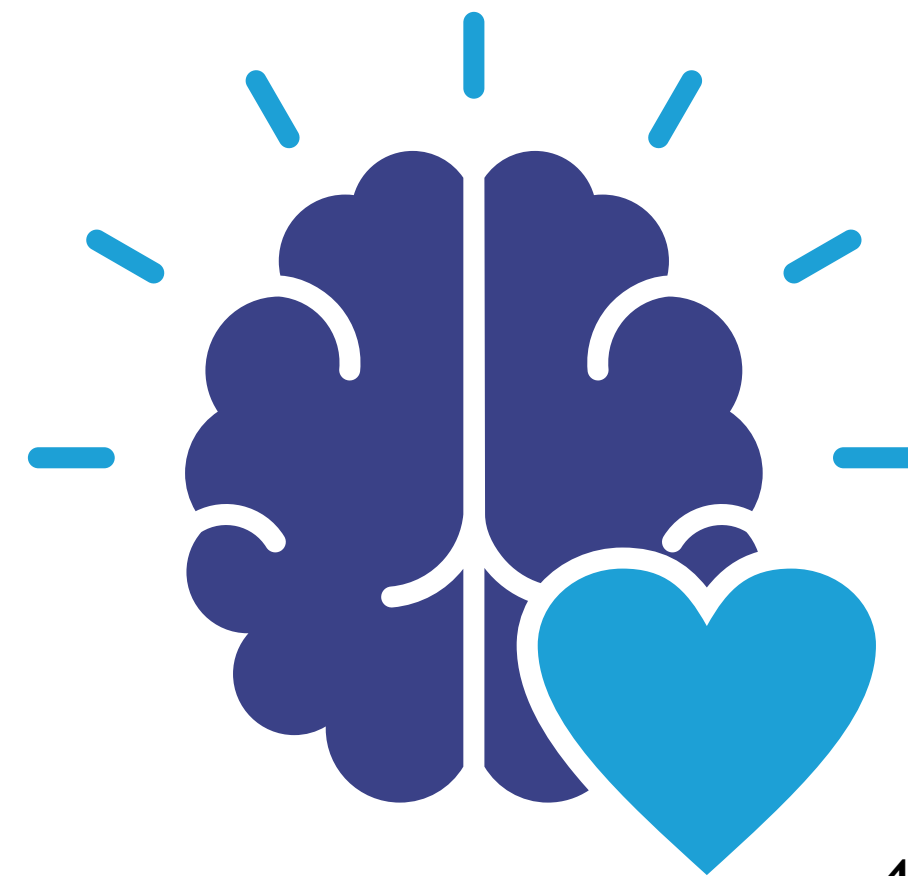
Local relevance:

Insights on Romanians and Romanian-speaking Roma are especially relevant to provision of Waltham Forest services:

- **4%** of Waltham Forest residents are from Romania.
- Romanian is **the most spoken language after English** in the borough.

Next Steps:

Success should be measured not only by reductions in smoking, but also by improvements in **mental wellbeing**, **confidence**, and **community engagement**.



What we have learned

We have engaged with **138** Eastern European respondents:
Bulgarian, Lithuanian, Romanian, Roma and Moldovan.
(All Roma and Moldovan respondents were Romanian-speaking)



88%

were current smokers

12%

had successfully given up smoking

33%

of current smokers were interested in giving up.

At least for Romanians, this suggests lower levels of interest than nationally in Romania

Only

26%

of respondents interested in quitting smoking would consider using a stop smoking service.

Many respondents were sceptical about their efficacy and believed quitting smoking as depending only on individual willpower.

What we have learned

What drives people to smoke:



Peer influence



People living with a partner who smokes are less motivated to quit and less likely to succeed if they try.



People smoke more when they are around other smokers. They are less likely to quit if they work or socialise with smokers; especially if being around smokers provides their main or only social outlet.



Poor mental well-being



People smoke more cigarettes and are less likely to quit when they experience negative feelings such as anger, sadness, worry or boredom.



They may engage in negative self-talk or feel shame around their lack of willpower; thinking about quitting smoking may lower their self-esteem.

What keeps people from quitting:



The beliefs that:



Quitting smoking depends on individual willpower only.



Willpower is something that you just have or don't have, not something that you can be supported to cultivate.



Those who don't feel confident in their ability to quit on their own, without support, believe they cannot do it at all.



Those who feel confident in their ability to quit attempt to do it with no help. They often don't succeed or start smoking again after a while.

What we have learned

People who have successfully given up smoking

Demographics:

- More likely to be Lithuanian less likely to be Romanian.
- Slightly more likely to be men.
- More likely to be aged 18 to 24 or 50+.
- More likely to have middle class characteristics:
 - University-educated;
 - Quite comfortable, but not very comfortable financially;
 - In stable work; in education or retired; not in precarious work;
 - In ABC1 (professional, managerial or clerical) occupations.

Lifestyle and circumstances:

- More likely to live with a partner; more likely for their partner and other family members in the household to be non-smokers.
- More likely to have friends who don't smoke.
- More likely to engage in social activities with friends in the UK:
 - Physical exercise as part of a group.
 - Going out to bars and pubs.
 - Visiting friends in their homes or hosting guests at home.
- More likely to have stronger ties to life in the UK:
 - Speaking English fluently
 - Registered with a UK GP.
 - Watching British TV rather than TV from their country of origin.
- Less likely to be a social media user.

Stop smoking journey:

- More likely to have made the decision because of specific rather than general health concerns (e.g a specific diagnosis).
- More likely to say that they no longer enjoyed smoking.
- More likely to feel like the decision to give up smoking was their own, not influenced by other people.
- More likely to have talked to people they knew who gave up smoking.
- More likely to have received medical help (although a majority still quit on their own).

What sets them apart?



What we have learned

People interested in quitting smoking

How do they differ from those not interested?

Demographics:

- More likely to be university-educated;
- More likely to be just getting by financially, but not struggling.

Lifestyle and circumstances:

- More likely to have friends, family or co-workers who don't smoke.
- More motivated to improve their physical and mental health in the future.

Smoking behaviour:

- Smoking overall fewer cigarettes and less frequently than those not interested in quitting.
- More likely to have tried giving up smoking before.

Generally, respondents interested in quitting smoking rated their **desire to give up smoking** higher than their **confidence that they can give up**.

Only **26%**

of respondents interested in quitting smoking would consider using a stop smoking service.

Only **9%**

of those who tried giving up smoking used a stop smoking service or any other form of professional help.



Quitting smoking: understanding behaviour change



COM-B Factor	Eastern European population	Routine & manual workers
Capability (C)	Low awareness of smoking harms and support services	Aware but motivation to smoke outweighs harm
Opportunity (O)	Limited access due to work hours & low social support	Work culture encourages smoking
Motivation (M)	Social habit, cultural norm, stress relief	Boredom, peer influence, job stress

What this means for a stop smoking service



Counselling/psychological support, prescription medication and peer support groups could be useful to those seeking to give up smoking.



On the other hand, we found that nicotine replacement products and vapes were more familiar, but less likely to be seen as useful. In particular, vapes are more likely to be used to supplement a smoking habit rather than as a pathway to stop smoking.



A holistic approach is needed to tackle the core causes of smoking:



Promote general mental well-being/ interventions to improve mental health and emotional resilience.



Combat loneliness and isolation, promote social interaction.



Improve participants' self-esteem.



In terms of messaging and campaigns, emphasise personal choice- quitting smoking as something you do for yourself rather than because you are pressured into it by others; avoid judgement and shaming.

What this means for a stop smoking service

➤ Raise awareness of stop smoking services; not just of the fact that they exist, but of what they offer and how it can be more effective than individual attempts to quit.

➤ Provide support groups in relevant community languages; train peer support group leaders from immigrant and ethnic minority communities.



➤ Promote stop smoking services using channels used by Eastern European communities (e.g social media, posters and leaflets in Eastern European shops)

➤ Take into account that many Eastern European migrants work long hours on variable schedules.

➤ Consider offering services in community locations easily accessible and already frequented by Eastern European communities (e.g near Eastern European shops).

➤ Address mental wellbeing in combination with stop smoking intervention; avoid primary or exclusive focus on nicotine replacement or switching to vapes. This could include:

➤ Interventions to improve participants' confidence and self-esteem.

➤ Interventions to prevent social isolation, combining social activities with health promotion (for example, organised sports groups).

➤ These mental wellbeing programmes could also target smokers not currently interesting in quitting, as they are likely to address the causes of smoking and of hesitancy to attempt quitting.

The good care framework

A diagram representing the 'Good Care Framework'. It features a dark teal triangle at the top with the text 'Everybody can THRIVE' in white. Below the triangle are four vertical pillars of different colors: blue, red, yellow, and purple. Each pillar has a T-shaped top and bottom. The pillars are labeled from left to right: 'Accessible' (blue), 'Competent' (red), 'Person-centred' (yellow), and 'Trustworthy' (purple).

Everybody
can THRIVE

Accessible

Competent

Person-centred

Trustworthy

The good care framework has been developed based directly on what local people have told us.

In the summer of 2023, as part of the Big Conversation project, we asked local people open-ended questions about what good health and care means to them. At community events and in focus groups we helped local people to draw out what their own vision of good care would look like, using Liberating Structures and Participative Appraisal tools.

We took what they told us and started to use qualitative data coding to identify themes, these themes eventually developed into the good care framework and our four pillars of good care, or four aspects of what makes the difference between good care and inadequate care. We also looked at the wider issues that impact good care at a society level.

The resulting framework is now being used by by NEL as a success measure.

A trustworthy stop smoking service

- Makes a convincing case about why it is better for those interested in quitting smoking than attempting to quit on their own.
- Specifically addresses the “quitting smoking is only about individual willpower” mentality in a compelling way.
- Empowers people to feel in control of their own stop smoking journey.

An accessible stop smoking service

- Provides support in relevant community languages.
 - Advertises on channels that are used by local people from Eastern European communities (for example, on social media groups dedicated to Romanians or Lithuanians in the UK; in local Eastern European shops).
- Is convenient to access in terms of location and opening times.



A competent stop smoking service

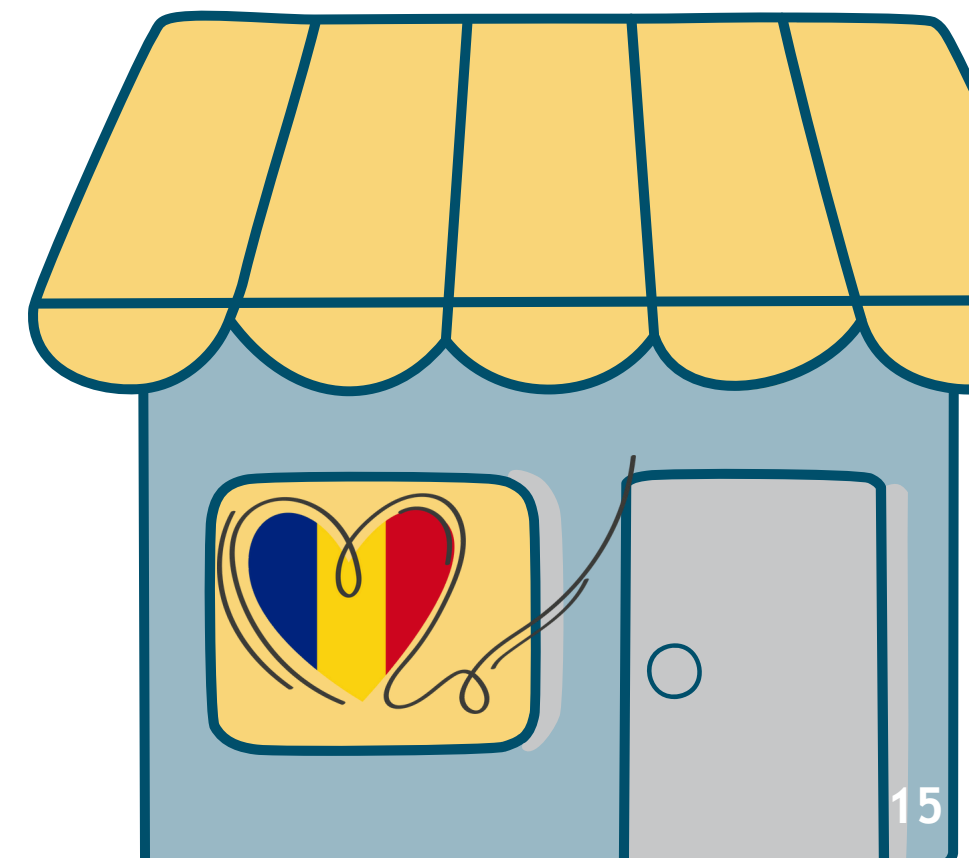
- Understands and addresses the factors influencing smoking behaviour, such as mental health/wellbeing, peer pressure and opportunity to smoke.
- Understands the specific culture of its users- for instance, Romanian, Roma, Bulgarian or Lithuanian- in the context of attitudes towards smoking; and specifically how smoking behaviour relates to the immigrant experience.
- Provides strategies and interventions whose efficiency has been scientifically proven.

A person-centred stop smoking service

- Takes into account each participant’s personal circumstances and smoking triggers (e.g poor mental health, stress, being around smokers).
- Takes a holistic approach combining stop smoking with interventions to improve mental health/ well-being, reduce stress and address loneliness/ social isolation.
- Provides a variety of stop smoking support treatments and activities that participants can choose from.

How to promote a stop smoking service

- Engage on social media, using channels frequented and trusted by Eastern European communities:
 - Facebook and WhatsApp groups dedicated to Eastern European communities in the UK, especially for Romanian speakers.
 - Partnering with vloggers and influencers on TikTok (especially for younger people and for Romanian speakers) and on YouTube (especially for Bulgarians and Lithuanians).
- Target physical relevant community spaces, such as local Eastern European shops, with leaflets, posters and outreach.



How would we measure success for a stop smoking service

Engagement/ participation:

- No. of people outreached/ offered information about stop smoking services.
- No. of people enrolling in stop smoking programmes.
- Increased awareness of local stop smoking services and how to access them.

Attitude change:

- Increase in the number of people interested in quitting smoking.
- Increased understanding of what stop smoking services do.
- Increased understanding of why stop smoking services can be more effective than individual attempts to quit smoking.

Change in smoking behaviour:

- Quitting smoking:
 - 4-week quits
 - 12-week quits
- Reduction in smoking for those who did not quit:
 - Smoking frequency per week.
 - Number of cigarettes per day
- Continued engagement with the stop smoking service, with intent towards quitting entirely, in those who reduced their cigarette smoking.

Change in mental wellbeing and social behaviour:

- Increased participation in social/group activities not involving smoking.
- Increased participant self-esteem.
- Improved ability to deal with stress.
- General mental well-being scores.



Quitting smoking: the national picture in Romania, Bulgaria and Lithuania

Attitudes towards smoking among the Eastern European diaspora in the UK are influenced by a unique combination of attitudes towards smoking in the UK, attitudes in their countries of origin, and the immigrant experience.

- Bulgaria has higher levels of smoking than the European average, Romania slightly higher and Lithuania about average.
- In all three countries, men are more likely than women to smoke, and male smokers smoke more cigarettes than female smokers.
- In all three countries, smoking is most prevalent among Millennials and Gen X. In Lithuania, people aged under 35 are less likely to smoke, while in Romania those aged 25 to 34 are slightly more likely to smoke than those aged 35 to 64.
- In all three countries, smoking is most prevalent among those with secondary or post-secondary education, but not university; such as people with a high school diploma or those who went to trade schools. Especially among immigrants to the UK, this group is likely to be in routine and manual occupations.
- Three quarters of Romanian smokers are interested in quitting; one quarter of respondents to a Romanian poll said they attempted to quit within the last months.

Smoking- at all

EU27



18%

Lithuania



18%

Romania



19%

Bulgaria



28%

Smoking- >20

EU27



6%

Lithuania



5%

Romania



5%

Bulgaria



13%

Smoking- at all



Men

Women

EU27

22%

15%

Lithuania

29%

9%

Romania

31%

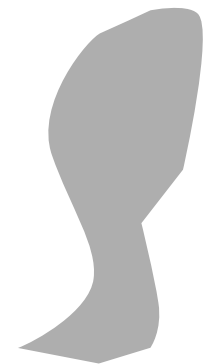
7%

Bulgaria

38%

21%

Smoking- >20 cigs



Men

Women

EU27

8%

3%

Lithuania

10%

1%

Romania

10%

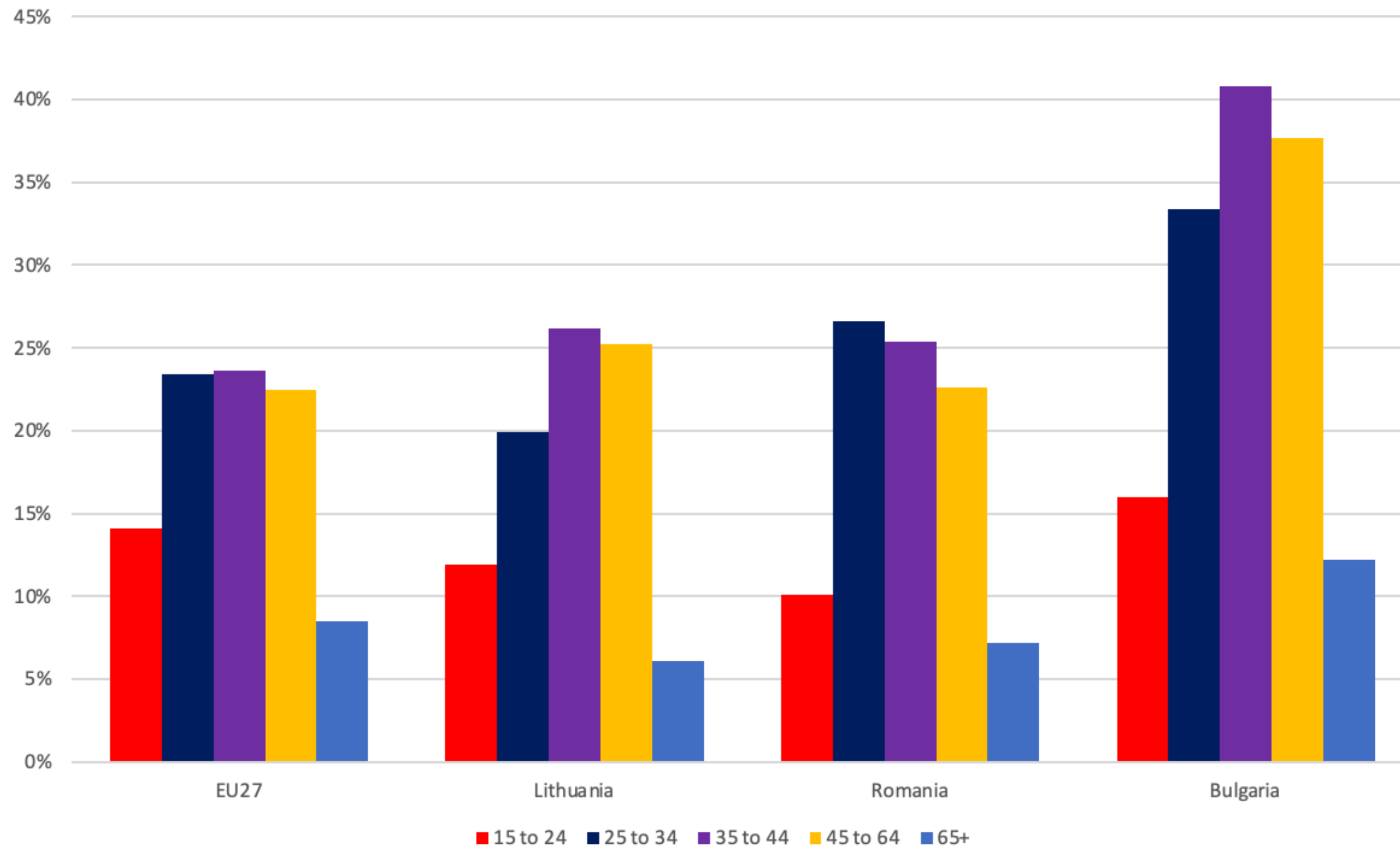
1%

Bulgaria

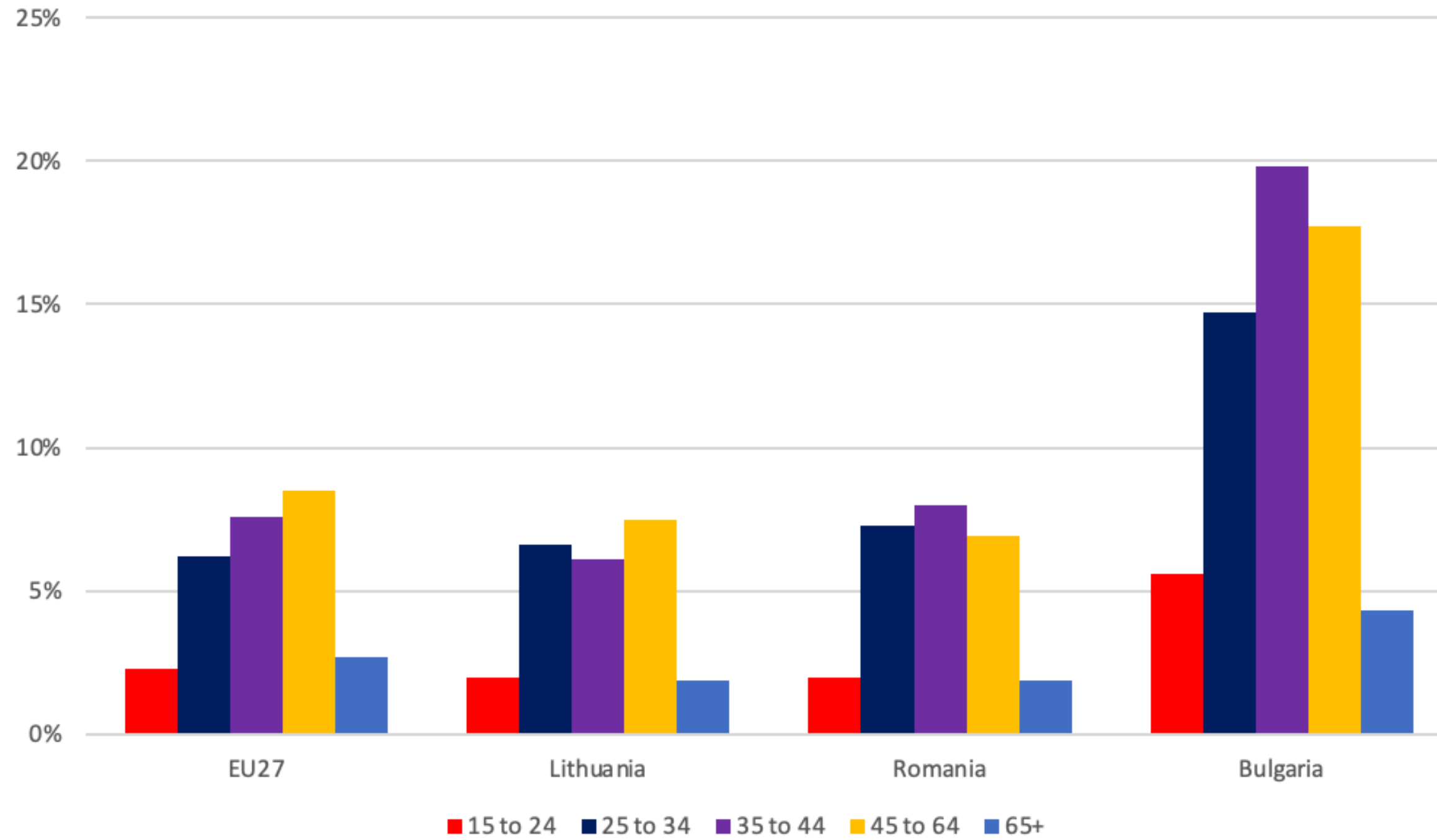
21%

6%

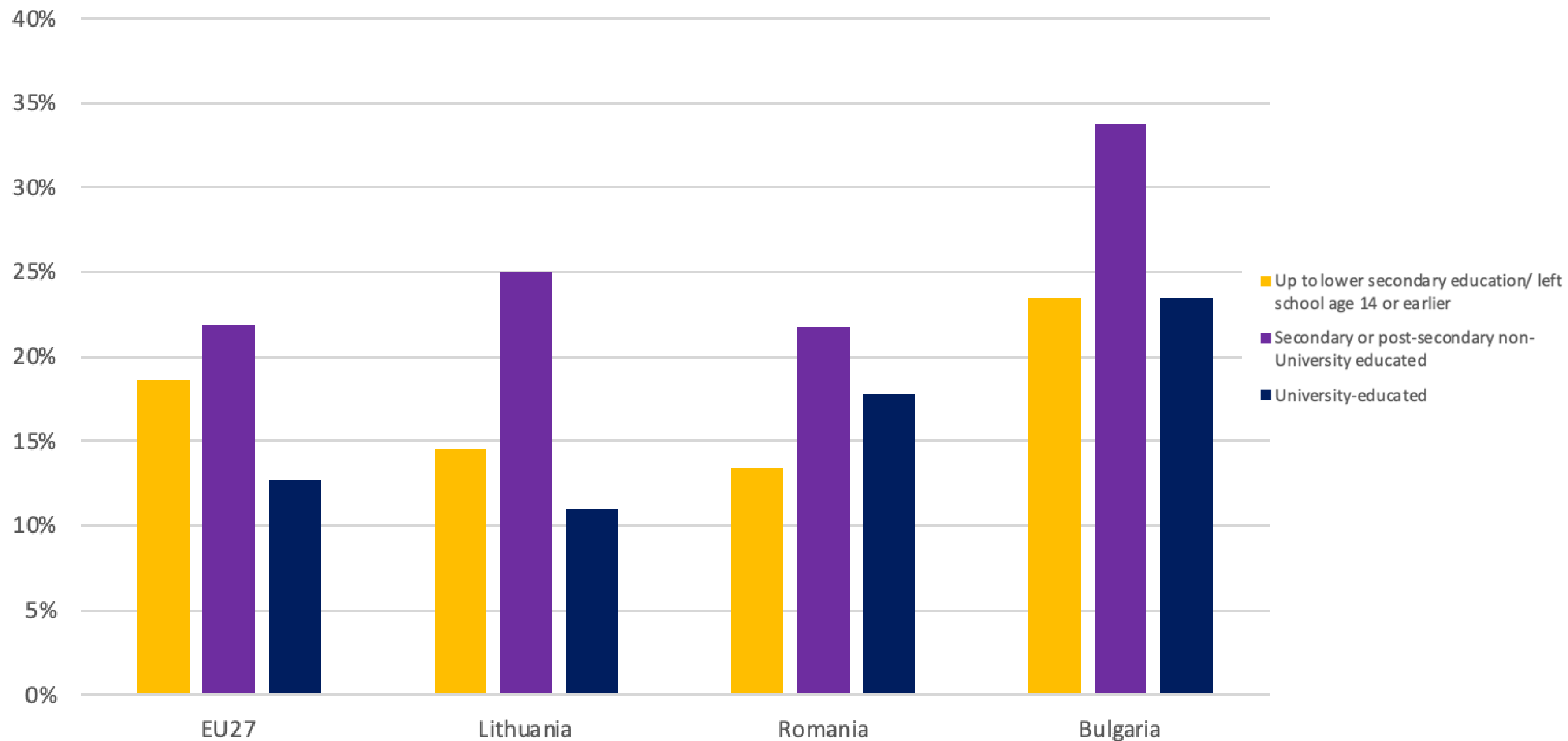
Smoking- at all



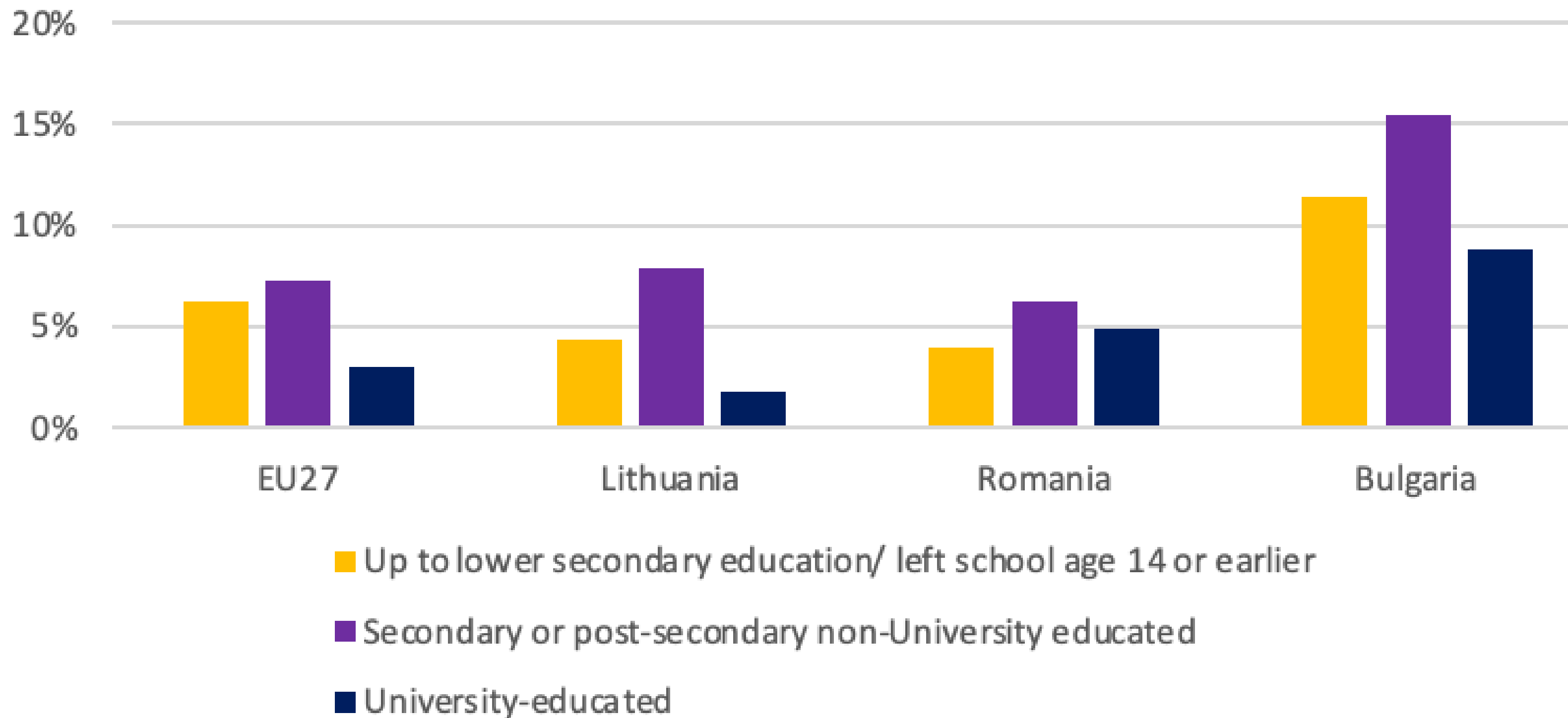
Smoking- >20 cigs



Smoking- at all



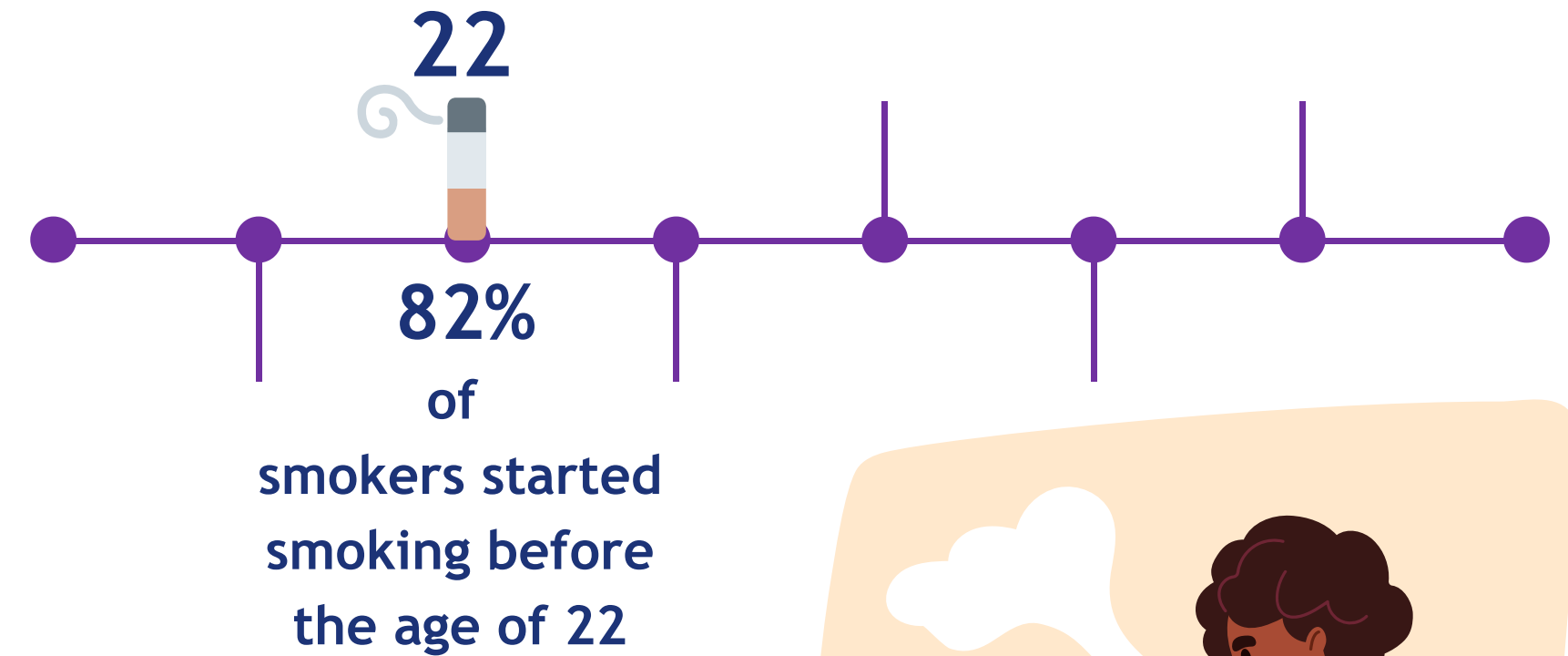
Smoking- >20 cigs





52%

of smokers have their first cigarette within 30 minutes of waking up



12/41

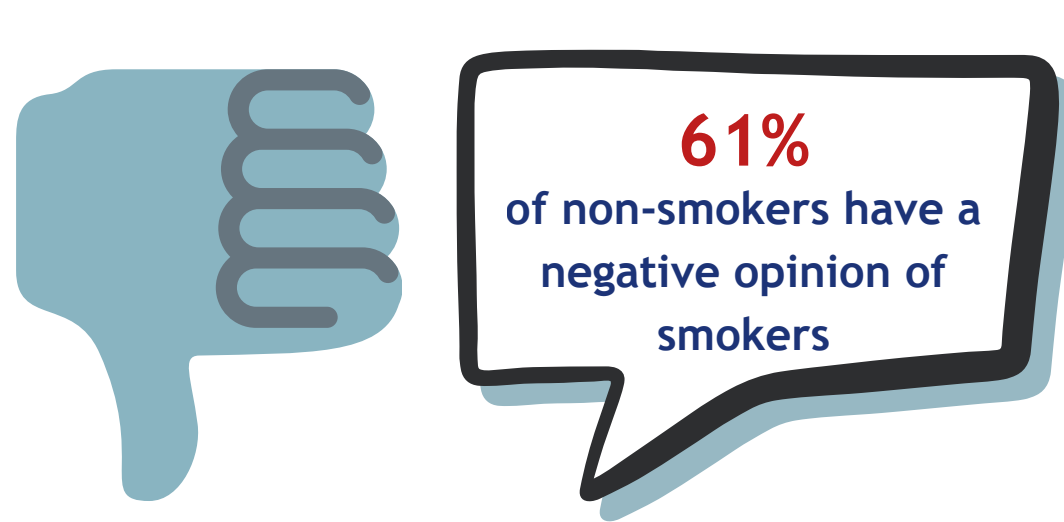
counties in Romania do not have a stop smoking service.*

People with lower levels of education, from urban areas and men were more likely to have started smoking before the age of 15



Source - IRES poll conducted in 2016.

*source - <https://stopfumat.eu/>

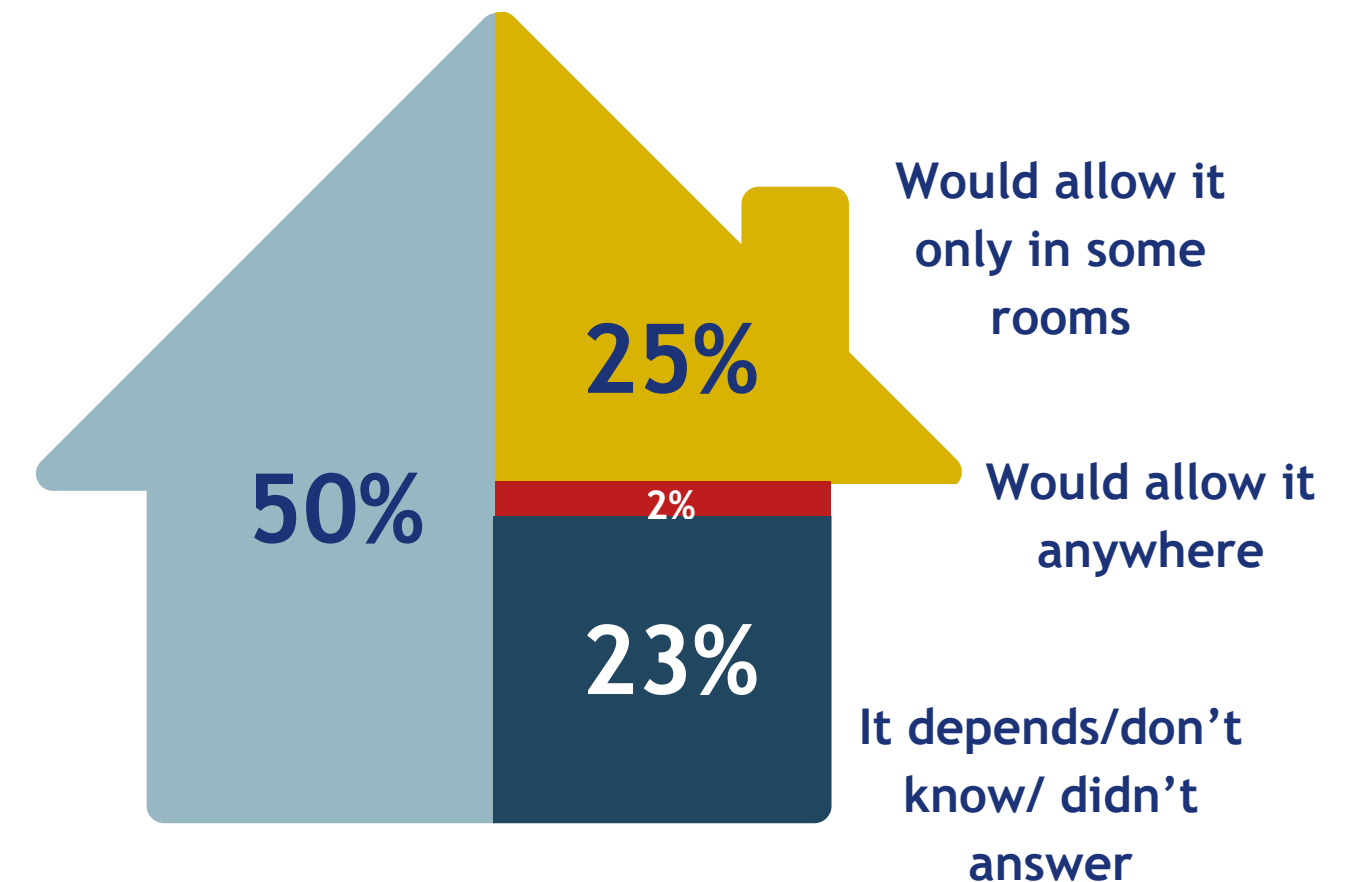


People with lower levels of education,
aged 65+ and from rural areas have the
most negative attitudes towards smoking

8 out of 10
non-smokers
dislike being
around smokers
while they smoke



Romanians
wouldn't allow
smoking inside
their house at all



Motivations for smoking:

Cultural smoking

Smoking is deeply embedded in the culture of both communities, especially for those aged 40+ who lived part of their lives in Poland or Romania.

There is also a culture in some families where it was normal for parents to smoke in front of their children.

Social rewards & peer pressure

Smoking is often a social activity, especially among men in the Romanian community, where it is associated with socialising over drinks/ coffee or discussing politics.

Somebody actually said, because there was an open question (in my survey), 'well, I started smoking so I can make friends with people'.

Stress management

Smoking is used as a coping mechanism for stress, particularly for those adjusting to life in the UK.

I think living in England can be quite a stressful experience - it's a completely different country (to Poland), with a completely different lifestyle.

Triggers for relapse

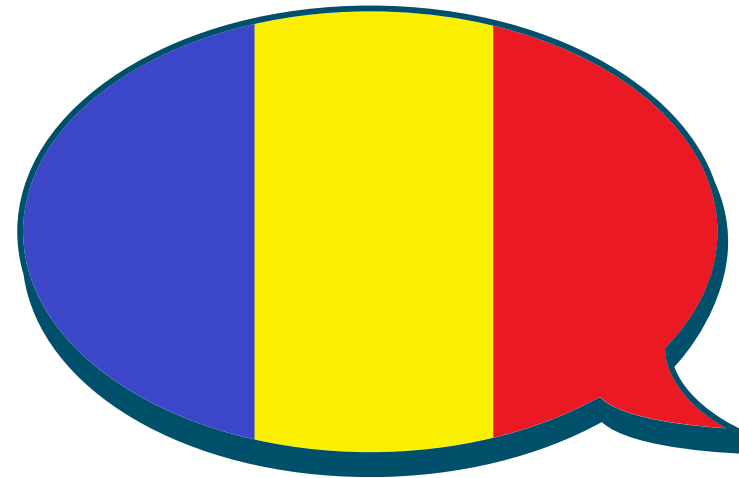
Relapse is common during holidays when individuals return to Poland or Romania and are exposed to environments where smoking is normalised.

Because they quit in the UK, and then they go back to Poland for holiday, they are exposed to that environment in which they haven't quit.

Barriers to quitting:

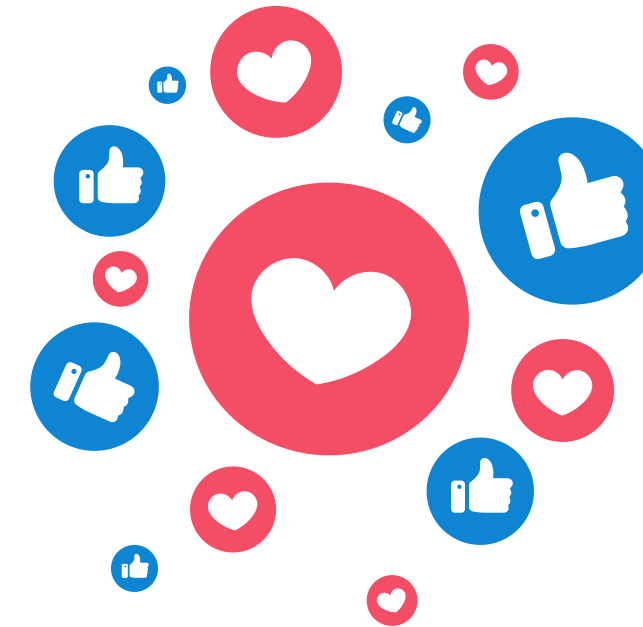
- In the Romanian community, men receive little to no support from their peers to quit smoking, and quitting may be **perceived as a sign of weakness**.
- **Access to cheap cigarettes**, either through illegal sources or by bringing them back from holidays, is a significant barrier to quitting.
- A **health diagnosis is often a stronger motivator** to quit than the general fear of health risks. This is particularly true in the Romanian community.
- There is a **general lack of awareness** or understanding of stop smoking services in both communities. However, respondents felt that people would use these services if they knew about them.

Communication preferences:



In-language communications

There is a strong preference for in-language communications, stop smoking services, and translated materials in both communities.



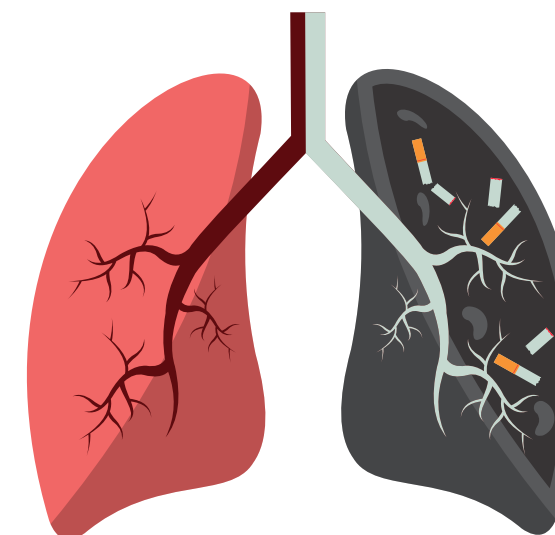
Social media platforms

Facebook is the most used social media platform across all age groups, followed by Instagram for younger audiences.



Messengers

Trusted voices such as healthcare professionals (HCPs), community leaders, influencers, and case studies are effective in delivering messages. Influential HCPs are particularly impactful.



Health messaging

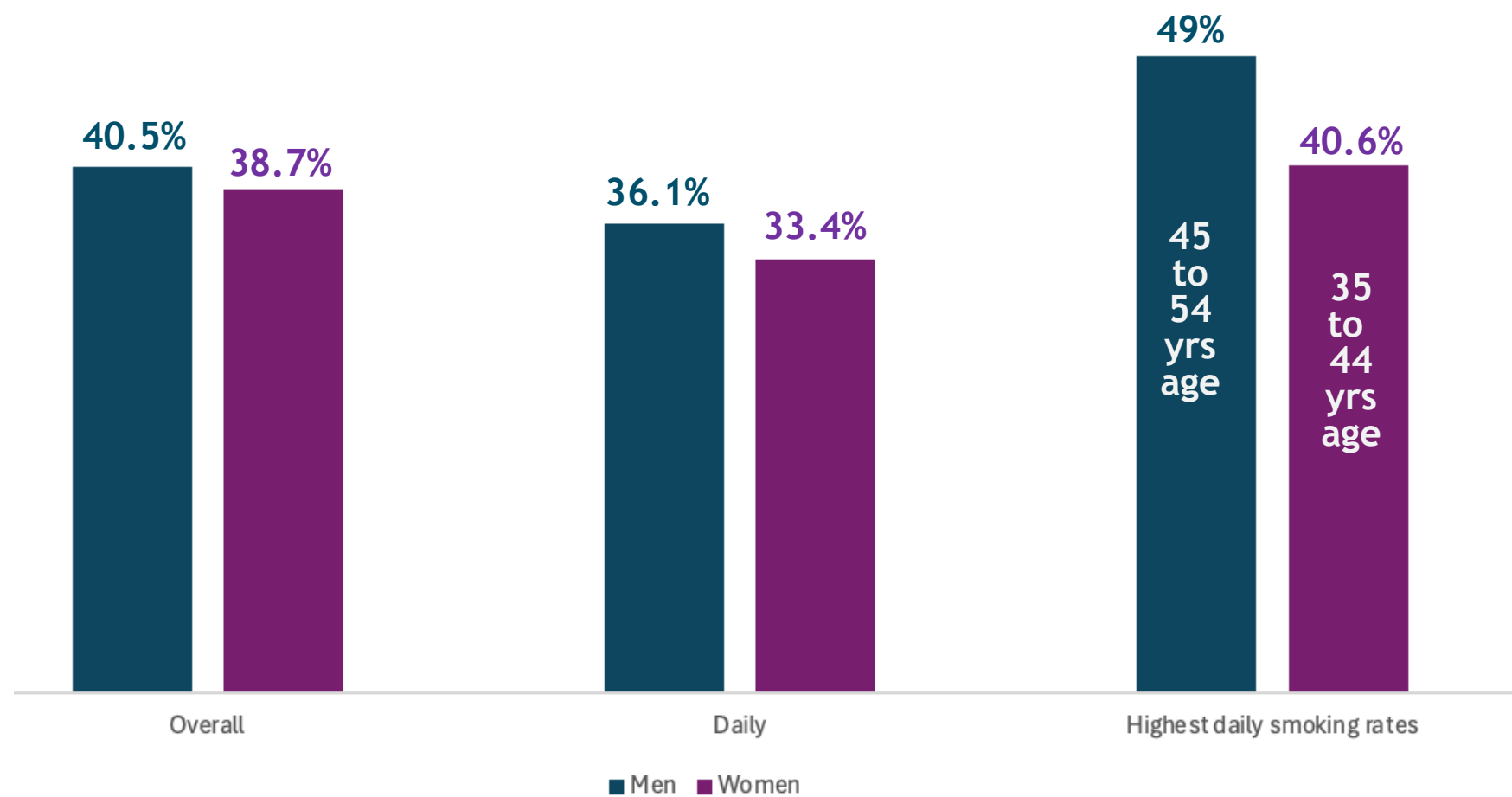
Polish Community: Framing messages around the health benefits of quitting smoking is more effective.

Romanian Community: A direct approach focusing on the health harms of smoking resonates better.

Prevalence:

39.4%

of adults use tobacco

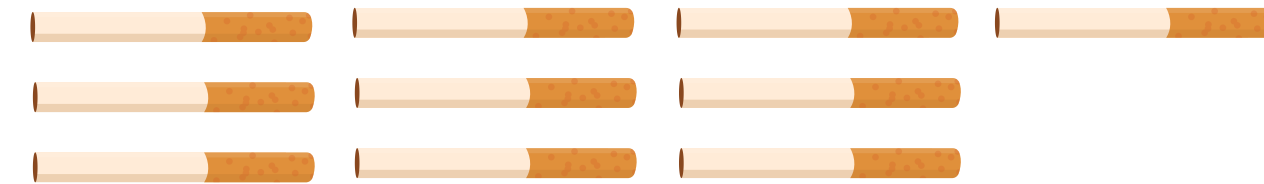


Consumption:

Cigarettes/day:

47.5%

smoke ≤ 10 cigarettes



40%
smoke a pack
(20 cigarettes)



7.8%
smoke >1 pack
(mostly men)



Youth smoking:

Initiation: **40%**
first tried
cigarettes at
14-15 years



Current
smokers:



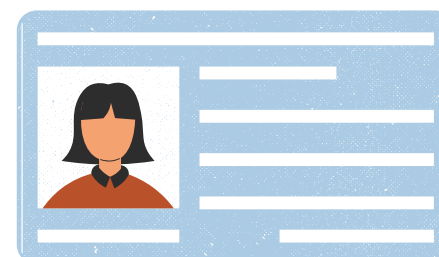
1 in 6 students

Access:

80% buy from shops/kiosks
(girls more often)



53.8% were **not** refused
despite underage
status



Nicotine dependence:

Severe dependence
(first cigarette within 5 min. of waking up)

19.2%

Men

11.7%

Women

Moderate dependence
(first cigarette within 6-30 mins)

40.2%

Men

43.5%

Women

Youth addiction (15 - 19yrs)
(immediately after waking up)

20%

Boys

46.7%

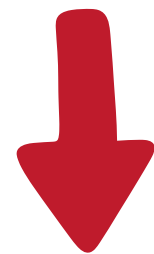
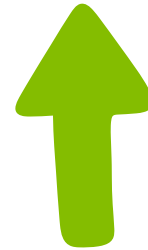
Girls

Youth perceptions and attitude:

Youth believe smoking:



increases
social
interaction



negatively
impacts
finances



negatively
impacts
health



most ex-smokers quit
without formal
quitting services

Motivations to quit

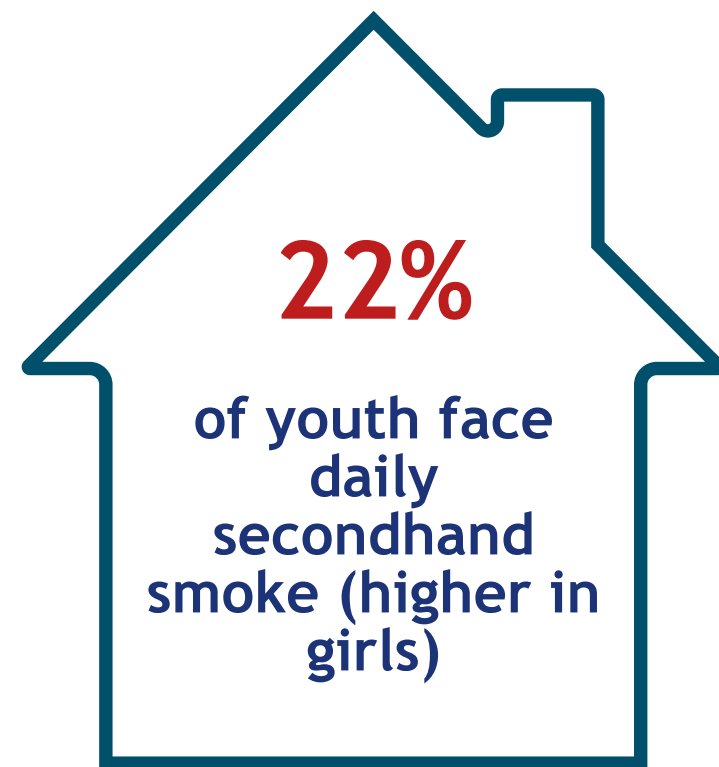


health is
number one
reason to quit



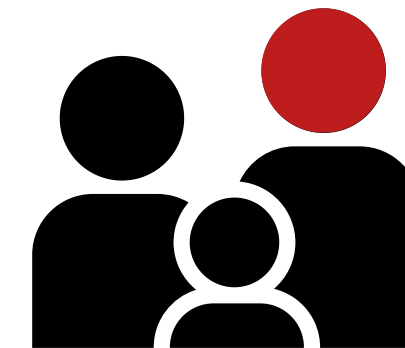
followed by
money

Second hand smoke:



62.9%

live with 1 smoking
parent



25%

have both parents
smoking



7.7%

children aged

**1 to 6
years**

exposed to smoke in
the home for 1 - 2 hrs
a day

7.8%
smoked during
pregnancy
(avg. 3
cig/day)



Public opinions:

67.1%

back smoking
bans in public
places



91.7%

are "fully
informed" of
smoking risks



28%

associate healthy
lifestyle with not
smoking.

Quitting smoking:

Desire to quit:

26.1%

of smokers

Resistance

41.3%

refuse to quit

Motivation

78.4%

cite health
problems

11.3%

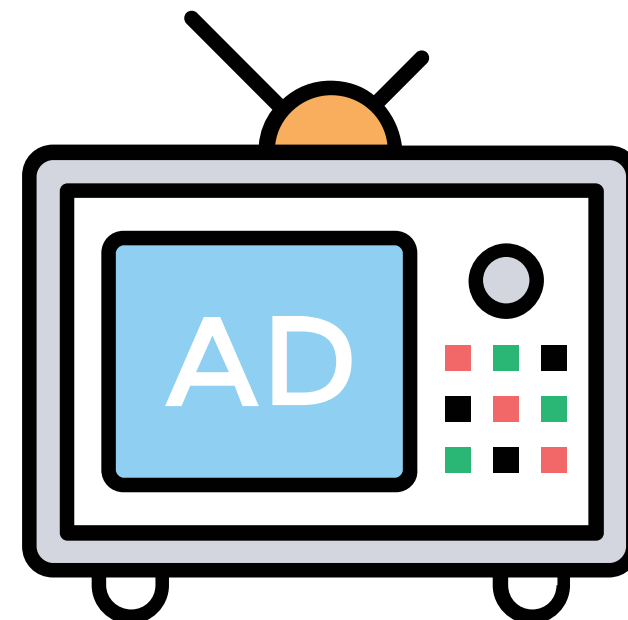
lack motivation



Youth voices

63.7%

youth do not agree that children and adolescents should see advertisements of tobacco products



57.9%

support stricter tobacco control policies

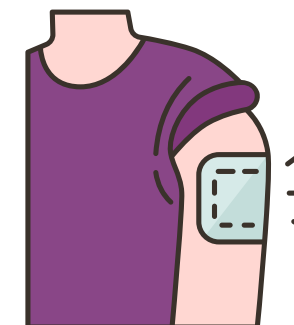
Stop smoking access



Some clinics/primary care facilities offer help

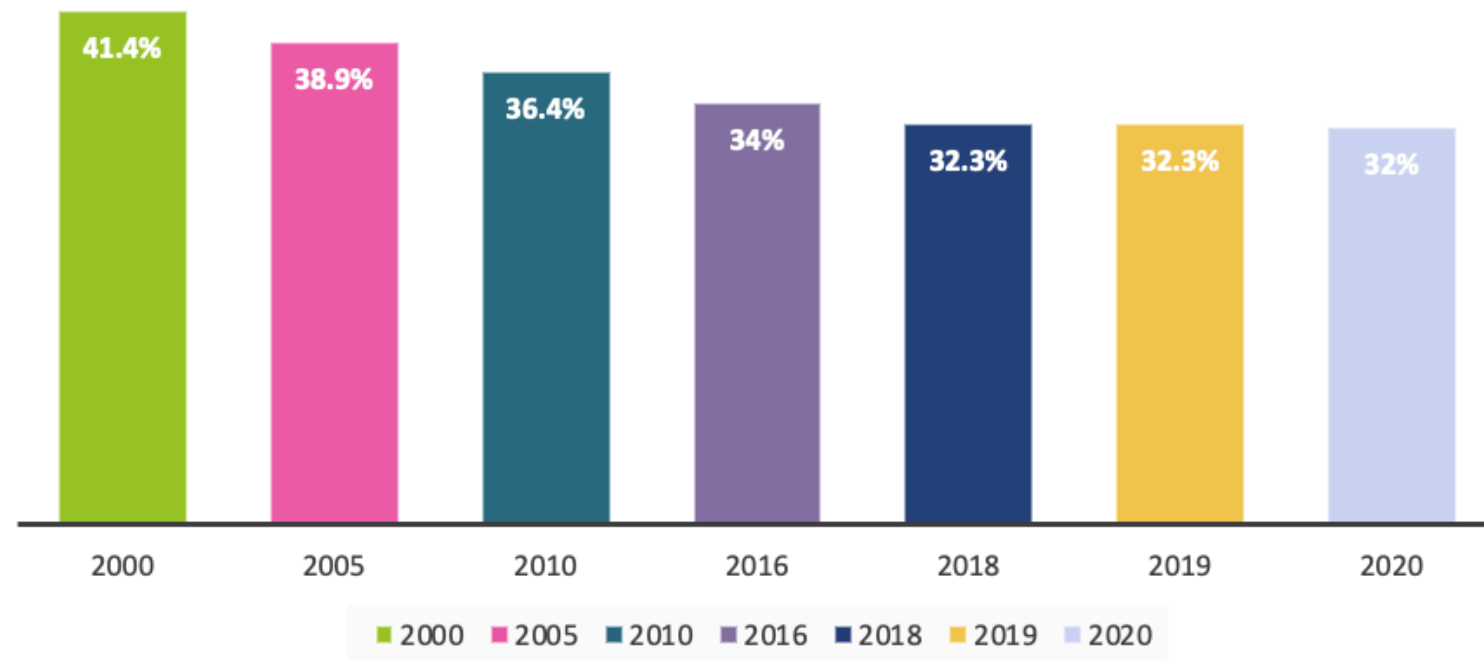


National quit-line is toll-free but underutilised



Available over-the-counter without government subsidies

Total adult smoking
through the years



1.9%

of GDP per capita
smokers spend on
tobacco



Men

Women

Total adult

37%

14.8%

Daily smokers

39%

17%

Tobacco-related
death

15%

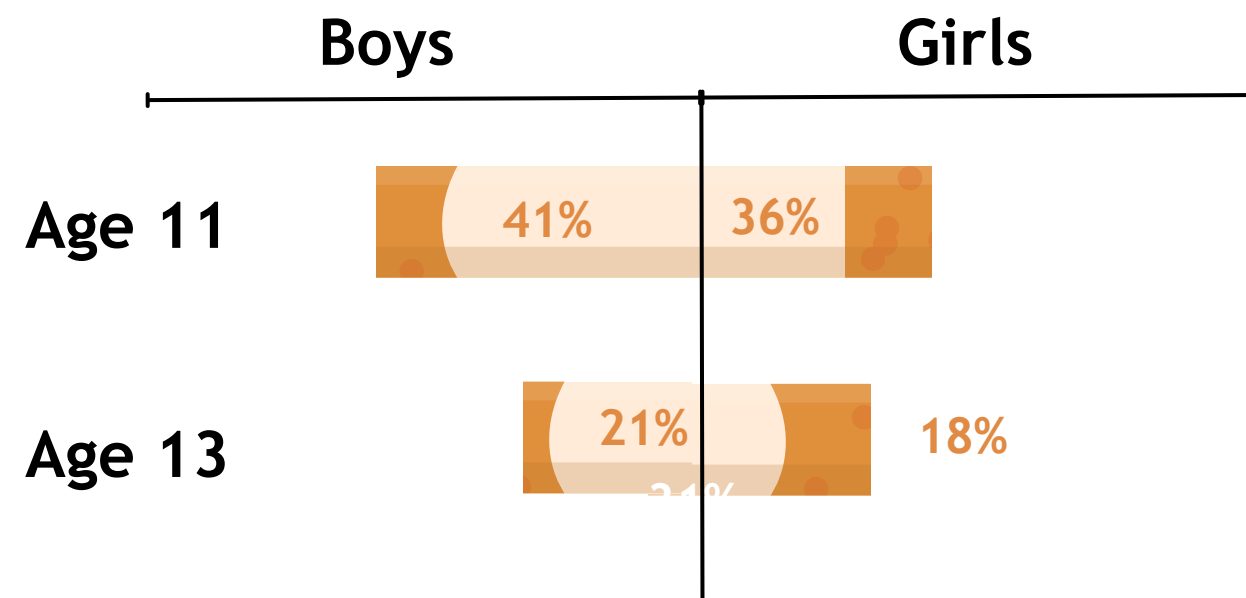
2%

Youth smoking:

Minors (under 15) E-cigarettes

60%

tried at least
once



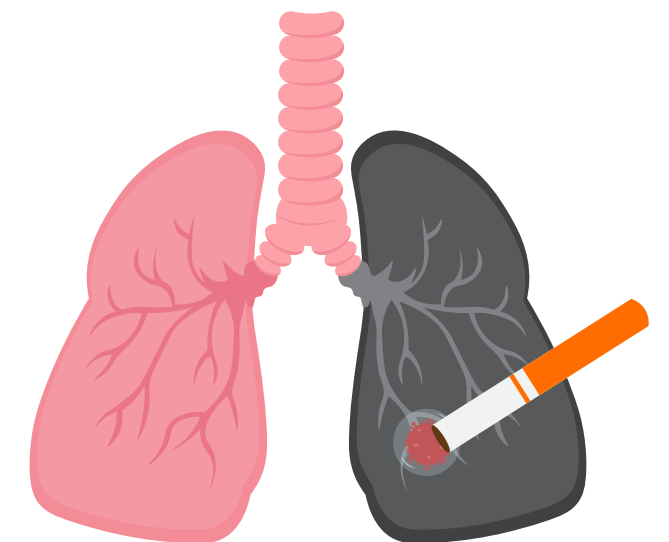
Traditional smoking

8.3%

of total 15 to 19 year
olds smoke cigarettes

2nd

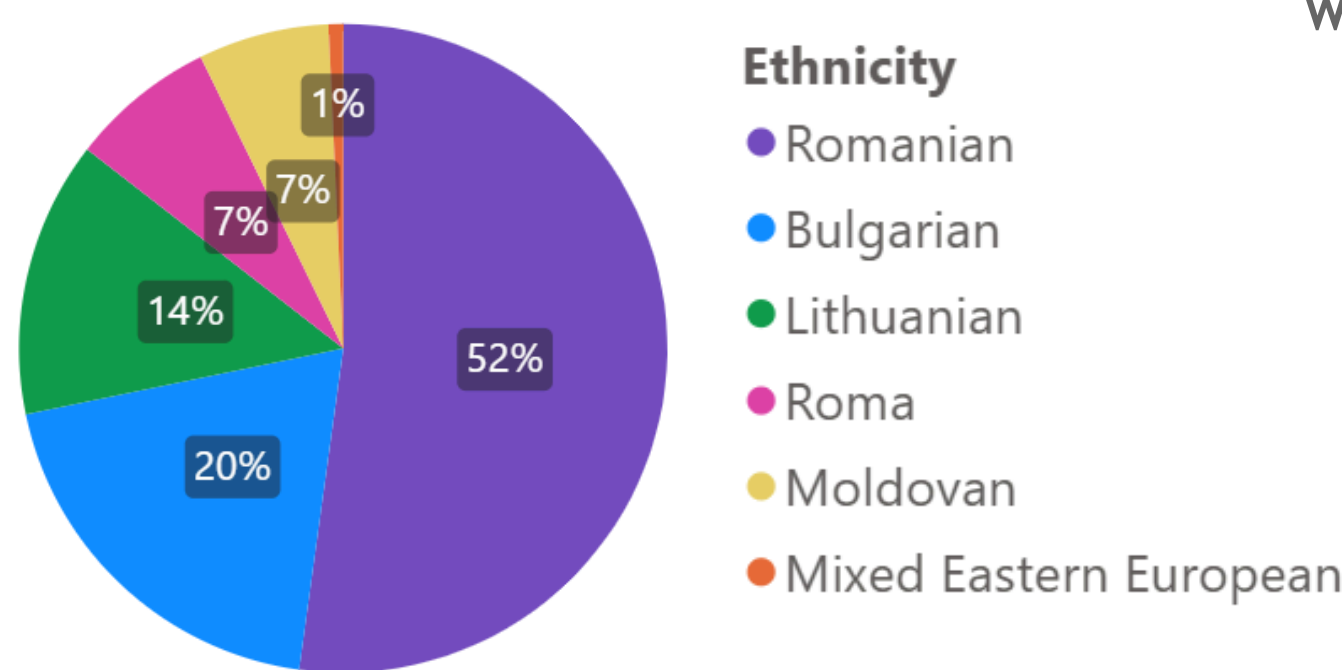
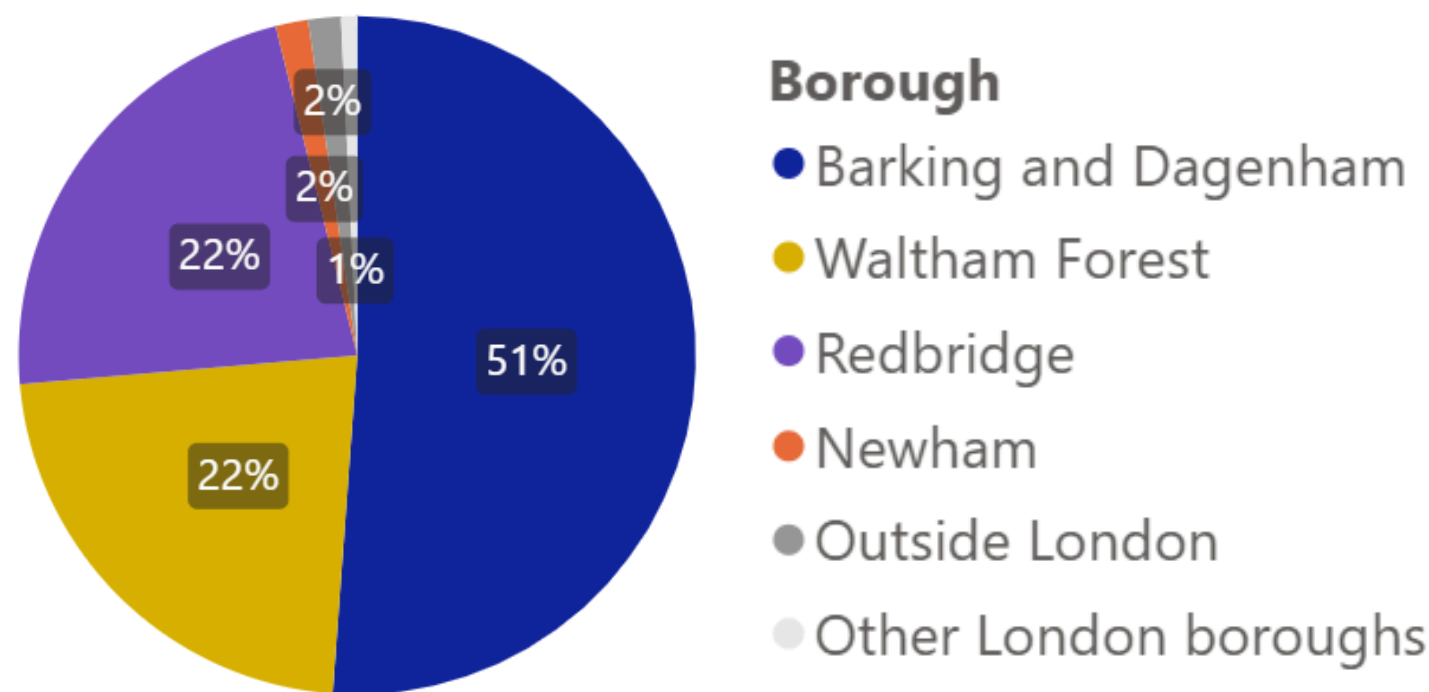
highest group to smoke
in Lithuania is teenage
boys



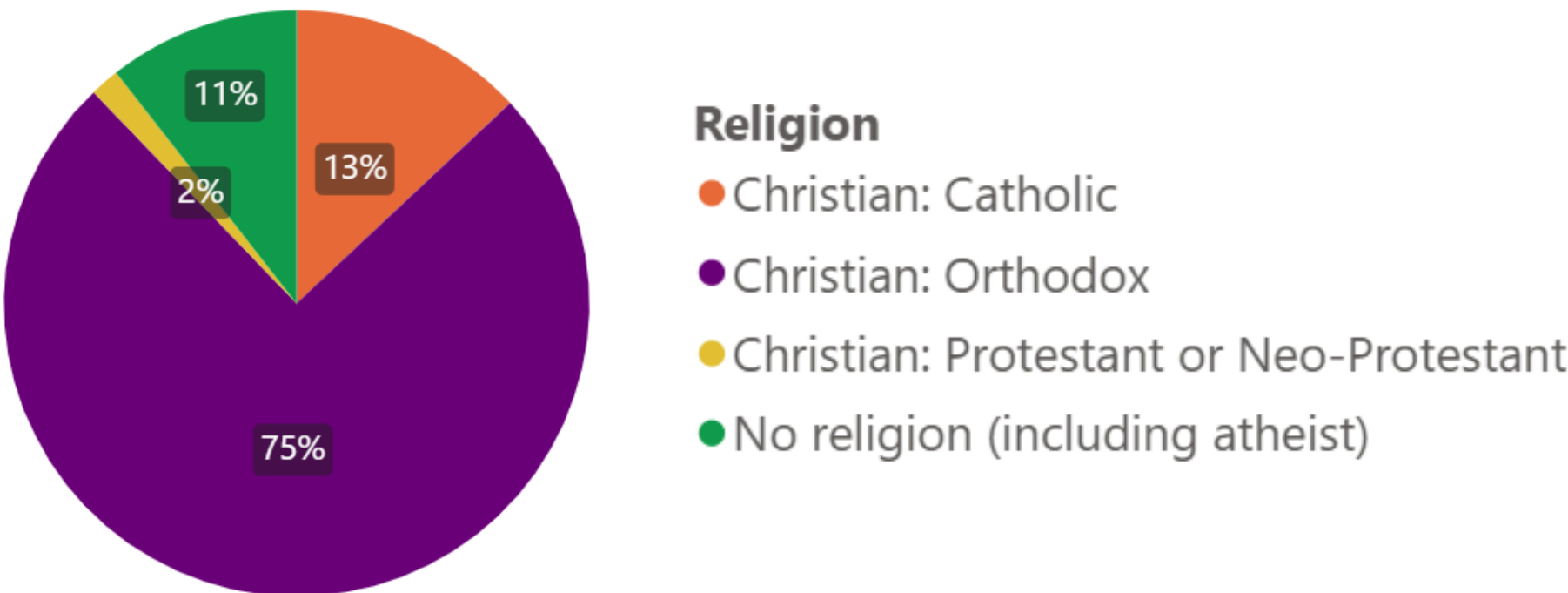
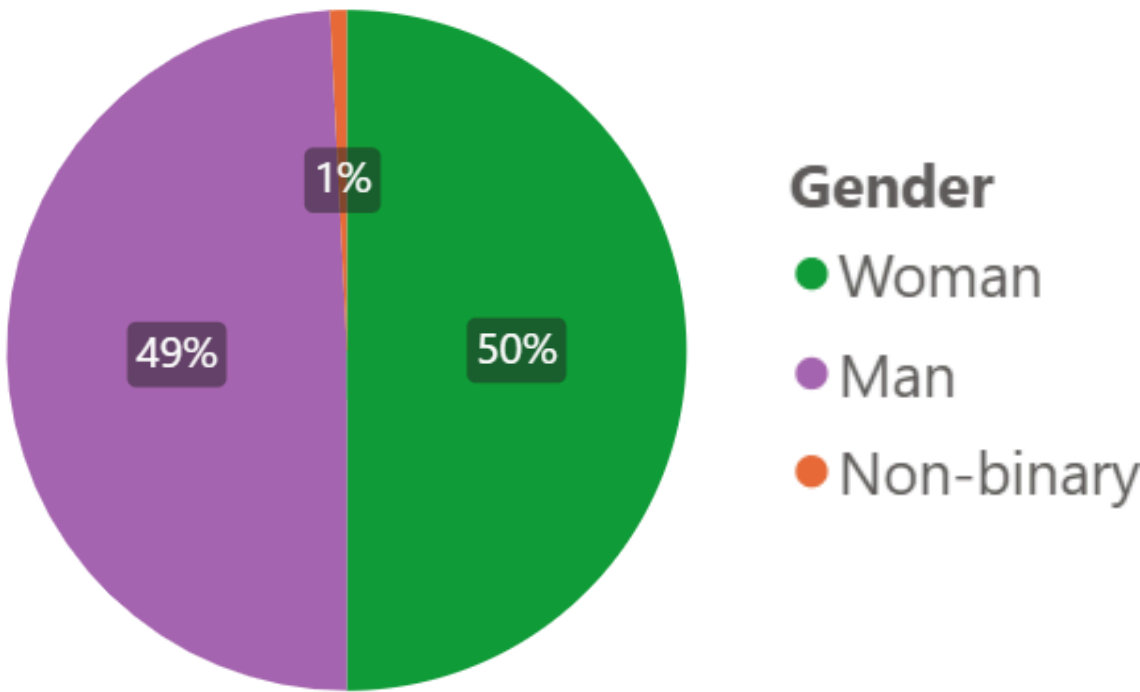
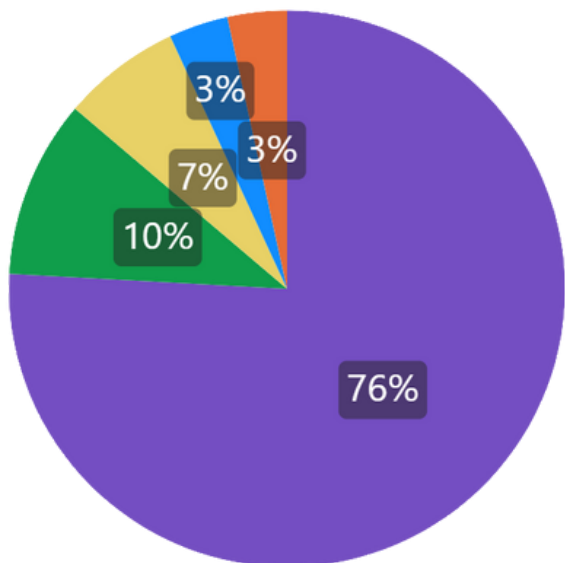
Our survey

We have engaged with **138** Eastern European respondents
Engagement was carried out primarily in respondents' first languages.

29 respondents were Waltham Forest residents.

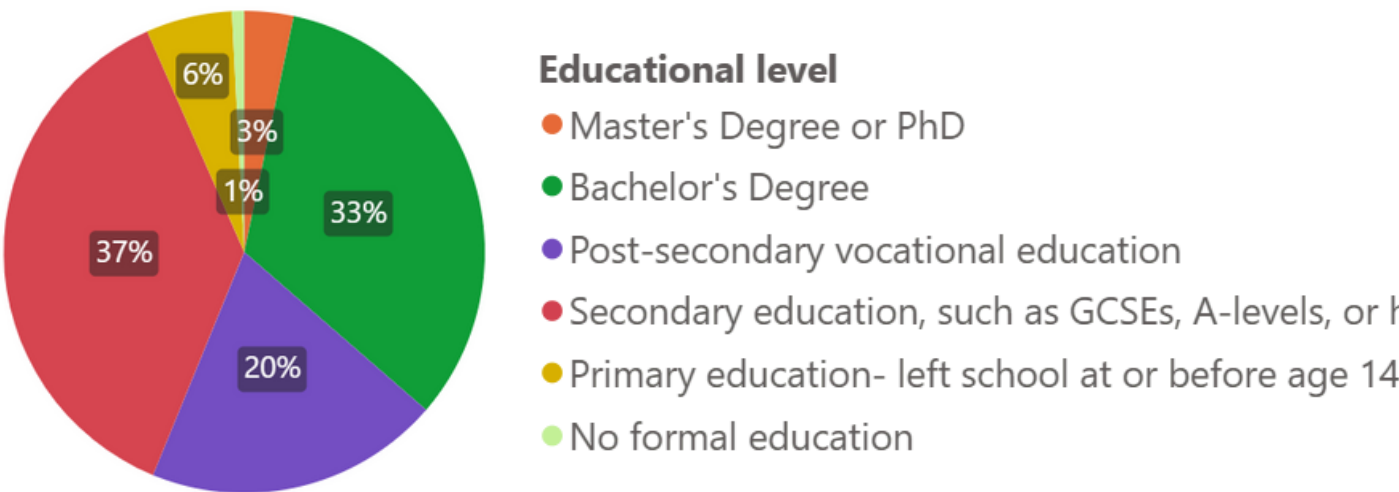
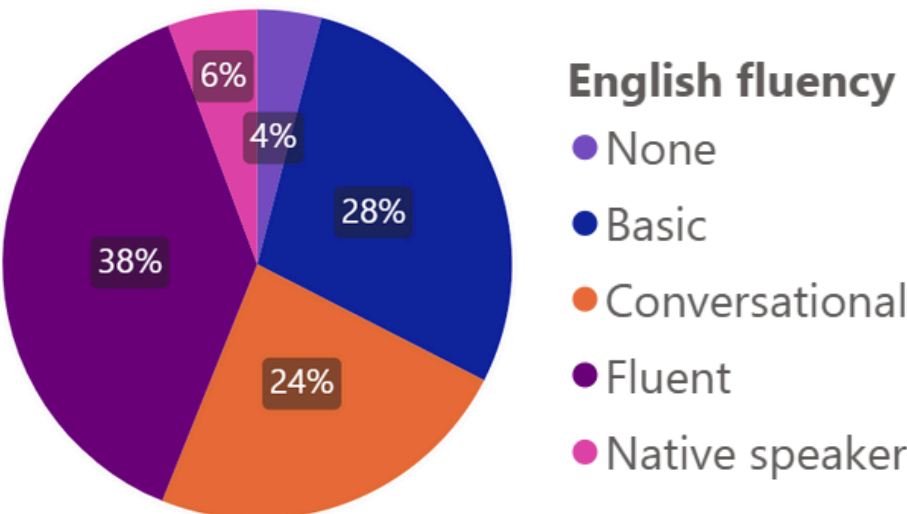


Waltham Forest respondents:

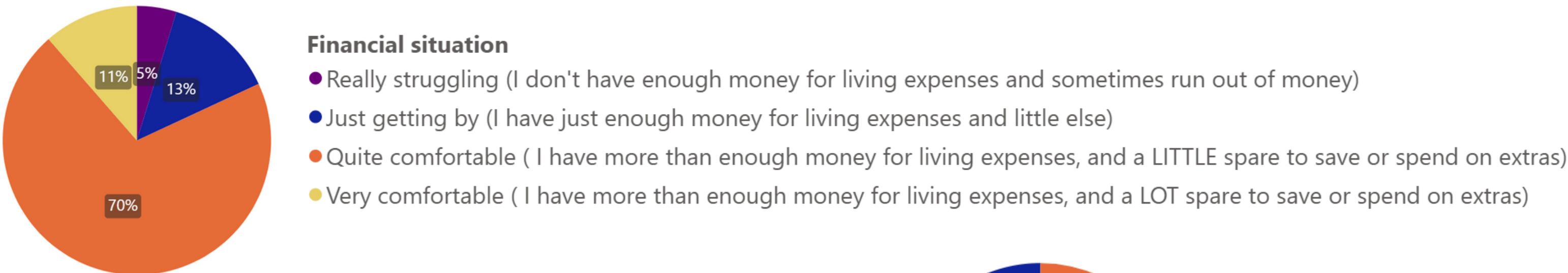


Our survey

We have engaged with **138** Eastern European respondents

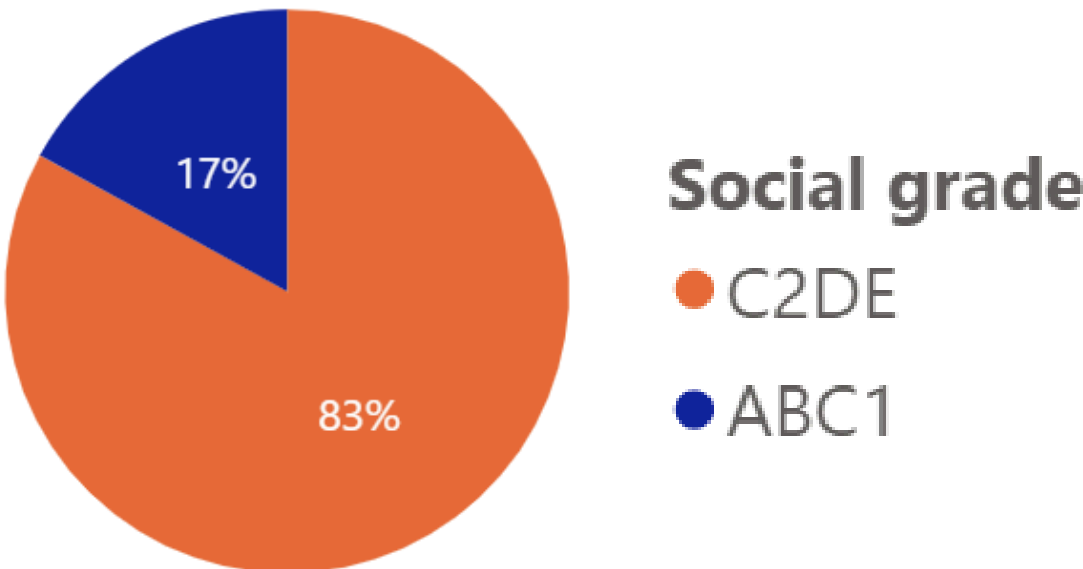


11%
were
digitally
excluded

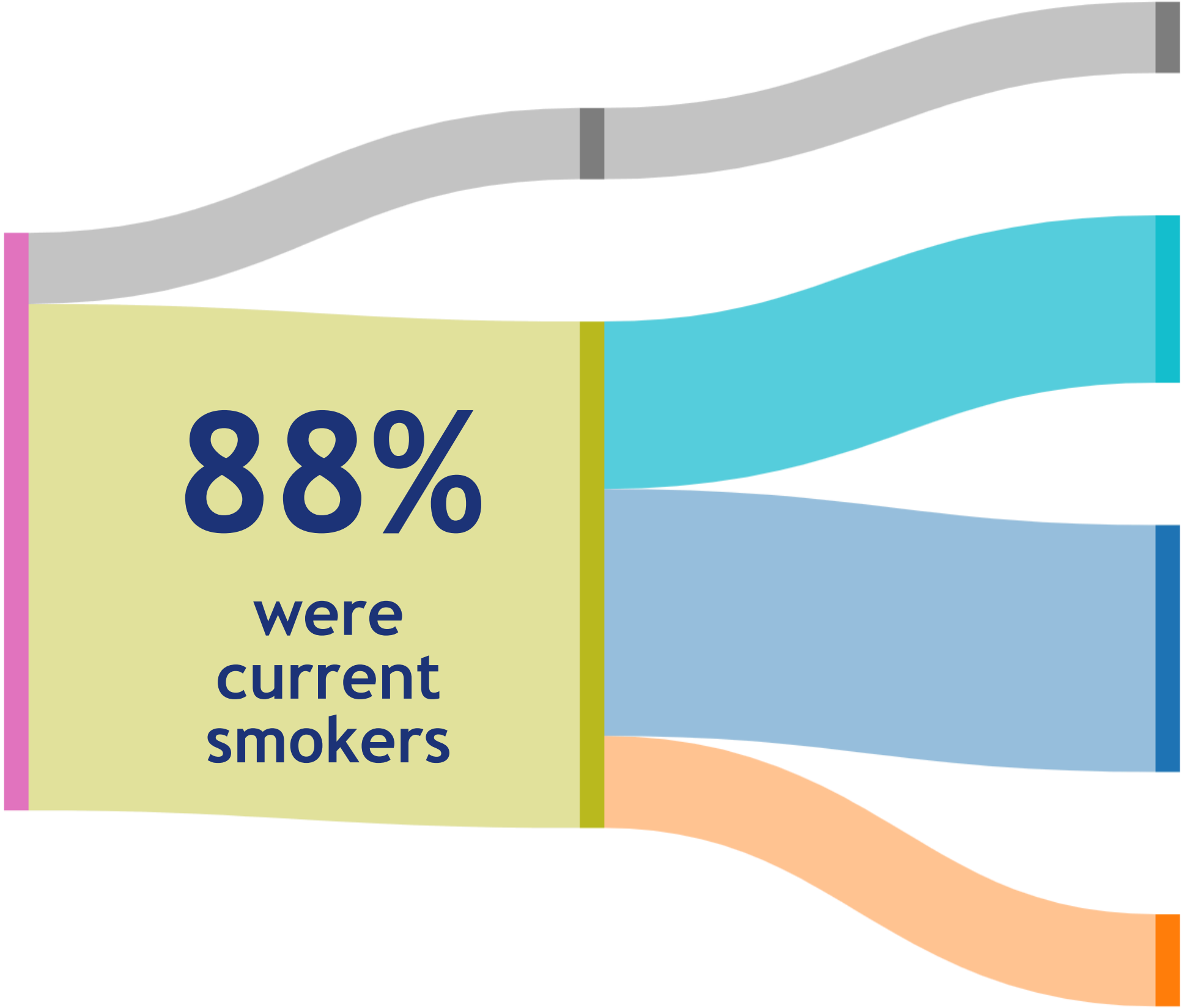


77%
were in
work

32%
of those in work were
in precarious work



Our survey



12%
had successfully
given up smoking

33%
of current
smokers were
interested in
giving up

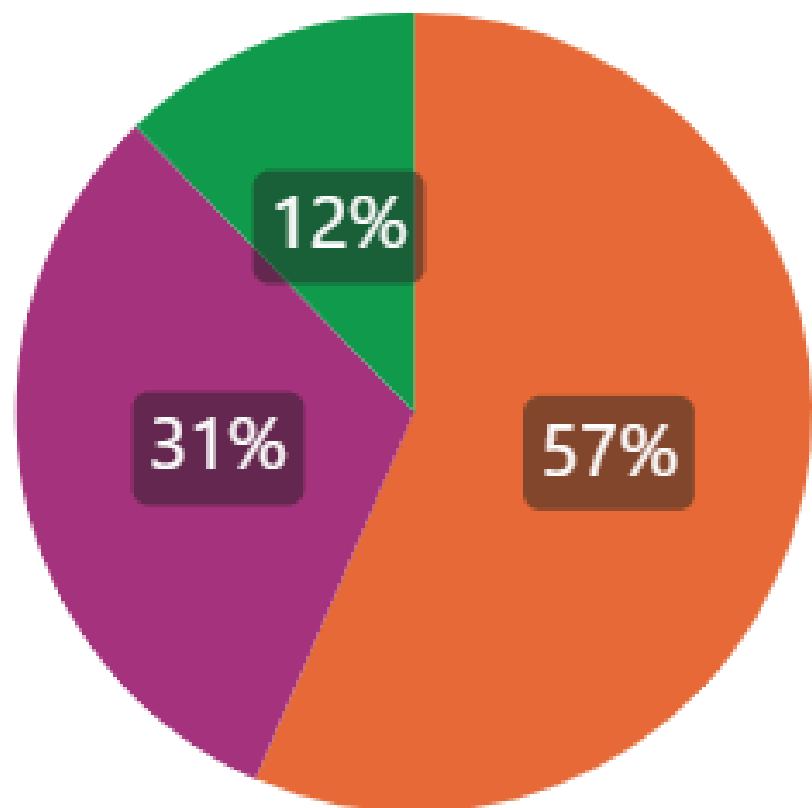
49%
of current
smokers were
not interested

18%
were not sure or
did not disclose
their stance

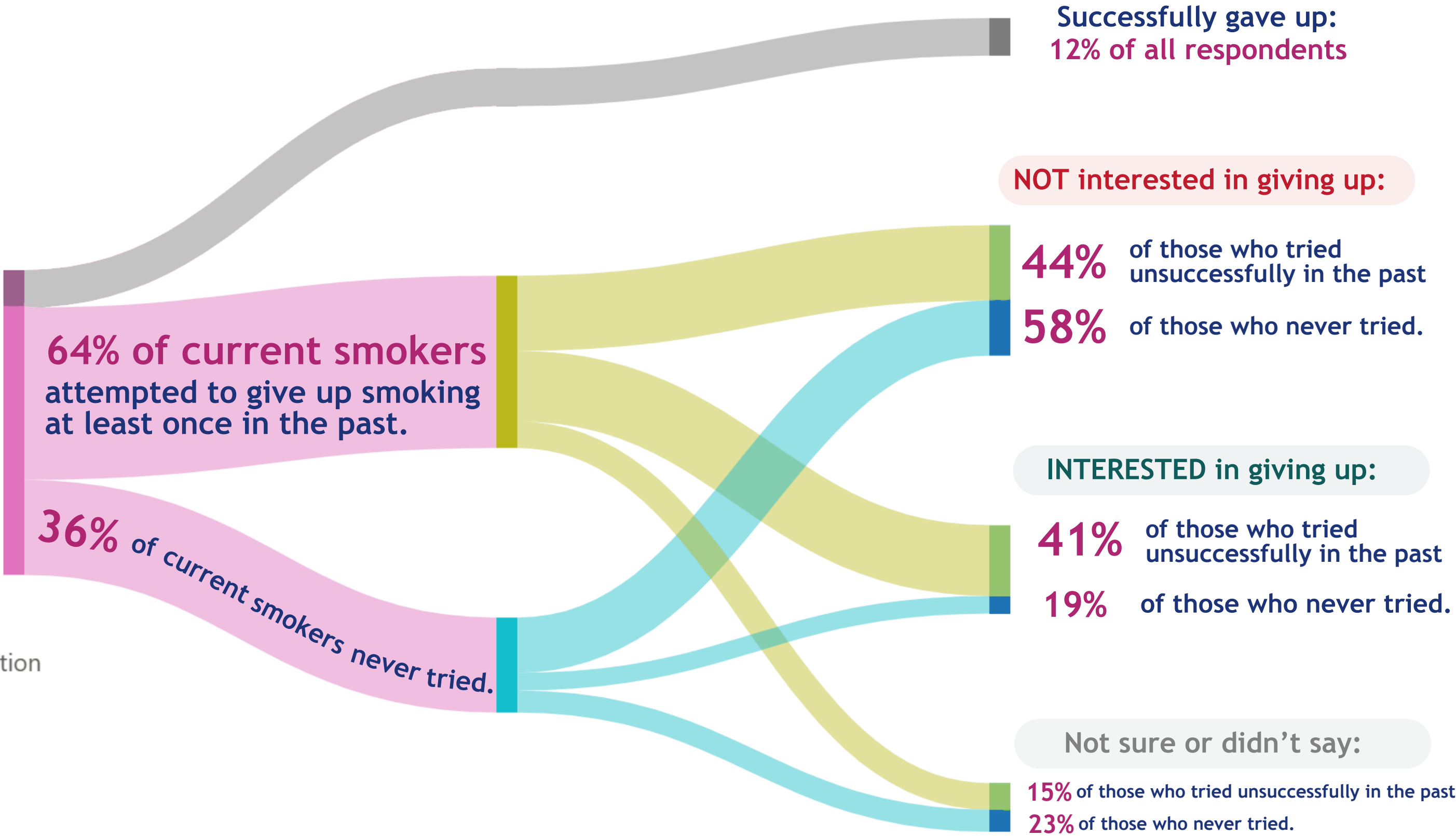


Our survey

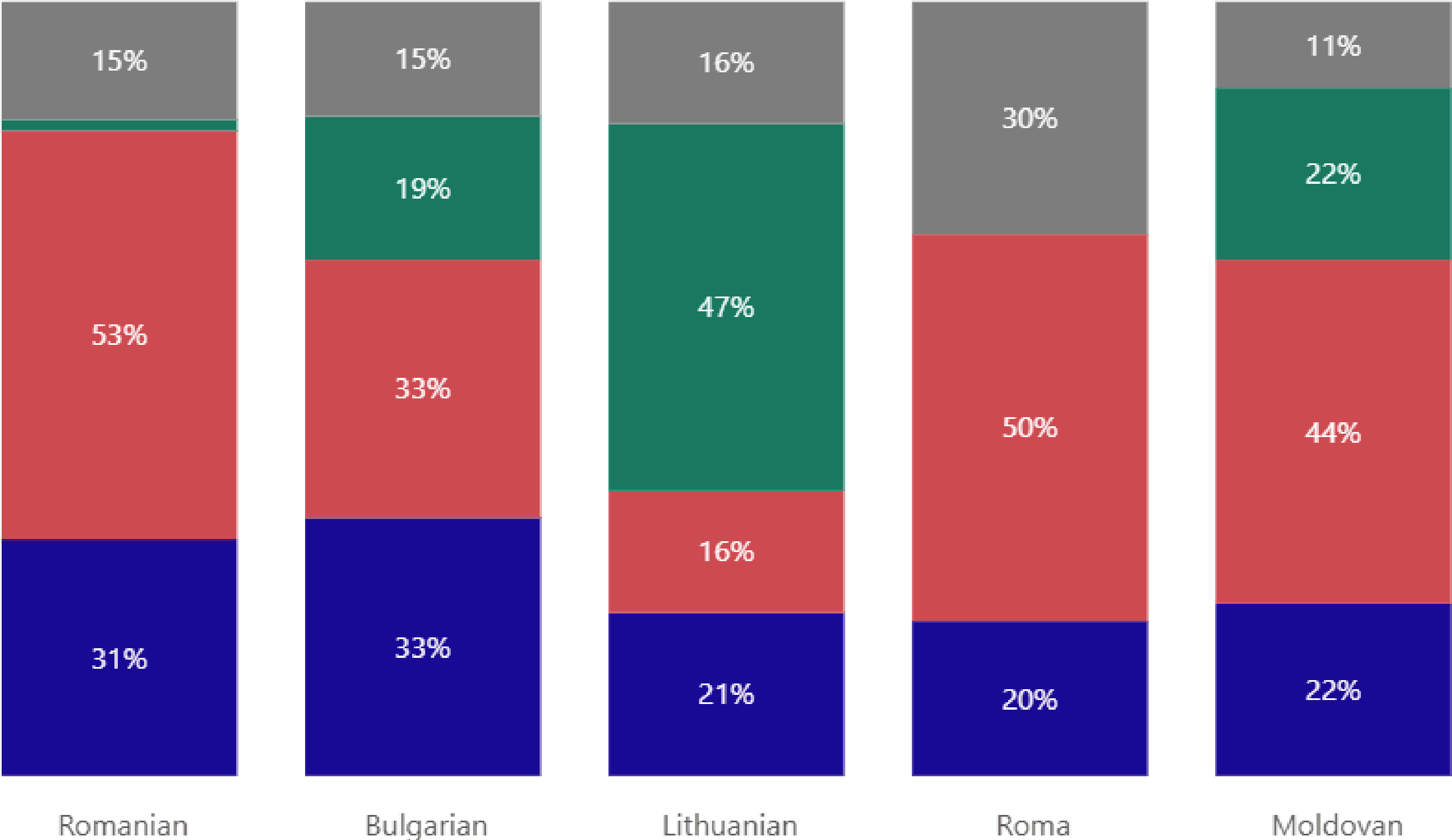
All respondents:



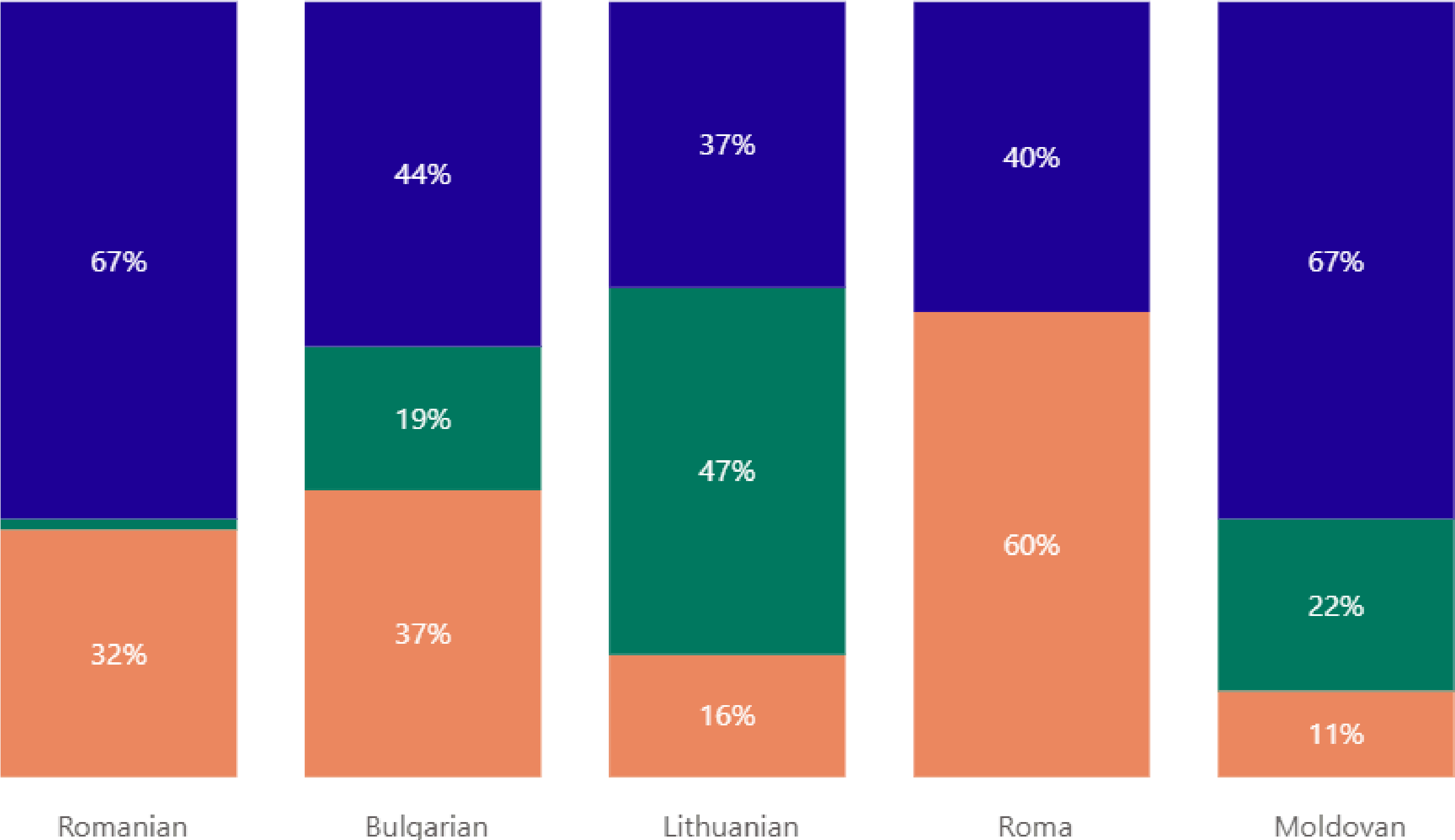
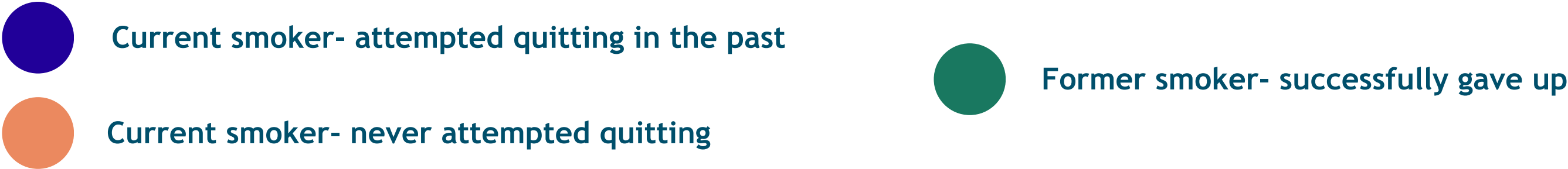
- Unsuccessfully attempted smoking cessation
- Never attempted smoking cessation
- Successfully gave up smoking



Our survey



Our survey



Our survey

		Former smoker Successfully gave up	Current smoker Tried giving up	Current smoker Interested in quitting	Current smoker Not interested in quitting			
Demographics	➤	More likely to be Lithuanian less likely to be Romanian.	➤	More likely to be Romanian.	➤	Less likely to be Romanian.	➤	More likely to be Romanian.
	➤	Slightly more likely to be men.	➤	Slightly more likely to be women.	➤	Slightly more likely to be men.	➤	Slightly more likely to be women.
	➤	More likely to be aged 18 to 24 or 50+.	➤	More likely to be aged 25 to 34.	➤	More likely to be aged 35+.	➤	More likely to be aged under 35.
	➤	More likely to be university-educated.	➤	Slightly more likely to be university-educated. Less likely to have left school at or before age 14.	➤	More likely to be university- educated.	➤	Less likely to be university- educated
	➤	More likely to be quite comfortable financially, but not very comfortable, in professional, managerial or clerical occupations.	➤	Slightly more likely to be in work; slightly more likely to be in precarious or gig-economy jobs; slightly more likely to be in professional, managerial or clerical occupations.	➤	More likely to be just getting by financially, but not struggling.	➤	More likely to be in part-time or precarious work. More likely to be financially struggling.
	➤	More likely to be in education or retired; slightly more likely to be in full-time or stable work.						
Lifestyle and circumstances	➤	More likely to engage in group physical exercise.	➤	More likely to engage in physical exercise on their own.	➤	More likely to engage in physical exercise on their own.	➤	Less likely to engage in physical exercise.
	➤	More likely to go out to bars or pubs; to visit friends in their homes or to receive guests at home. Less likely to keep in touch with friends and family in their home country.	➤	Less likely to go out to bars or pubs.	➤	More likely to attend local community groups or cultural events.	➤	Less likely to go out to bars, pubs, restaurants or cafes; less likely to visit friends in their homes or to receive guests at home.
	➤	More likely to live with a partner; less likely to live in a multigenerational household.	➤	Less likely to live with a partner.	➤	Slightly more likely to live with housemates.	➤	More likely to live alone
	➤	More likely to be registered with a GP.						
	➤	Less likely to use social media.						
	➤	More likely to watch British TV; less likely to watch TV from their own country.						

44

Our survey

Consumption patterns

Frequency of smoking (current smokers)

121 respondents



● At least daily/ multiple times a day ● Most days, but not every day ● A few times a week ● A few times a month ● Very rarely/ only on special occasions

Cigarettes per day (current smokers- smoking daily or most days)

105 respondents



● Less than five ● Between five and ten/ half a pack or less ● Between ten and twenty/ half a pack to one pack ● Between 21 and 40/ one to two packs ● More than 40/ two packs

- **Romanian** and **Roma** respondents were more likely to smoke daily.
Lithuanians were more likely to only smoke occasionally.
- **Bulgarians** who smoked daily or most days smoked more per day than other ethnicities.
Nearly three quarters of Bulgarians who smoked daily or most days smoked 10 cigarettes/day or more.

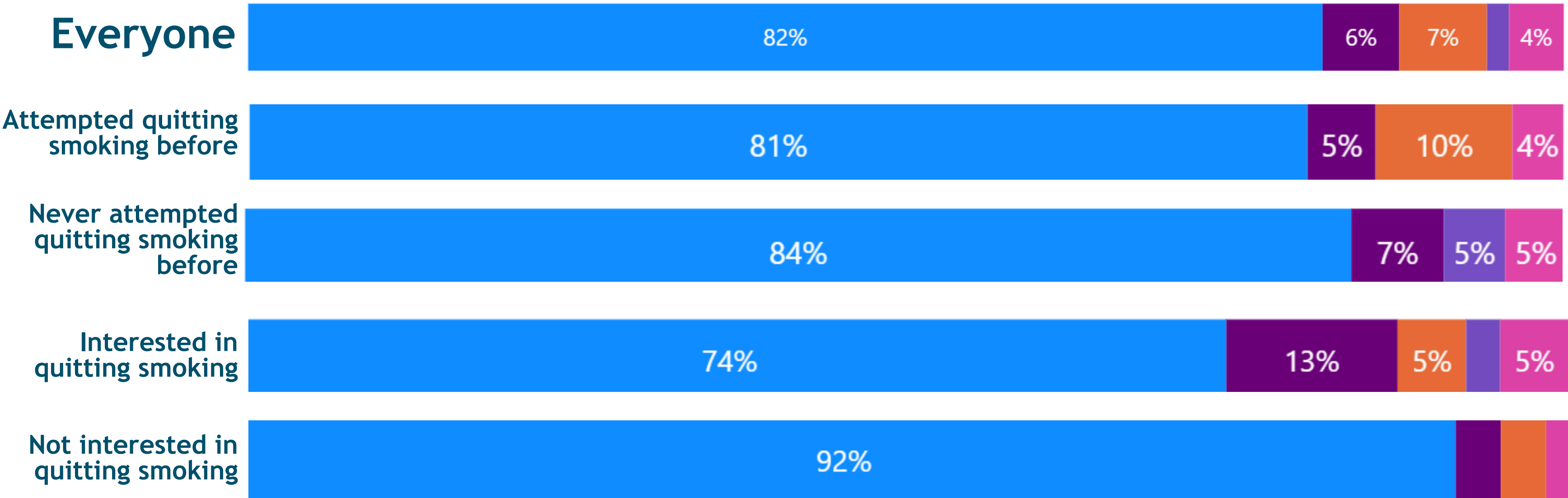
Most likely to
smoke every day:

- Aged 35 or over
- Men
- In C2DE (manual and routine) occupations
- Lower levels of education and lower English fluency

Consumption patterns

Frequency of smoking (current smokers)

121 respondents



● At least daily/ multiple times a day ● Most days, but not every day ● A few times a week ● A few times a month ● Very rarely/ only on special occasions

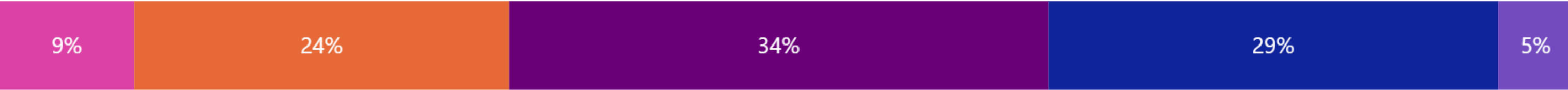
Our survey

Consumption patterns

Cigarettes per day (current smokers- smoking daily or most days)

105 respondents

Everyone



Attempted quitting smoking before



Never attempted quitting smoking before



Interested in quitting smoking



Not interested in quitting smoking

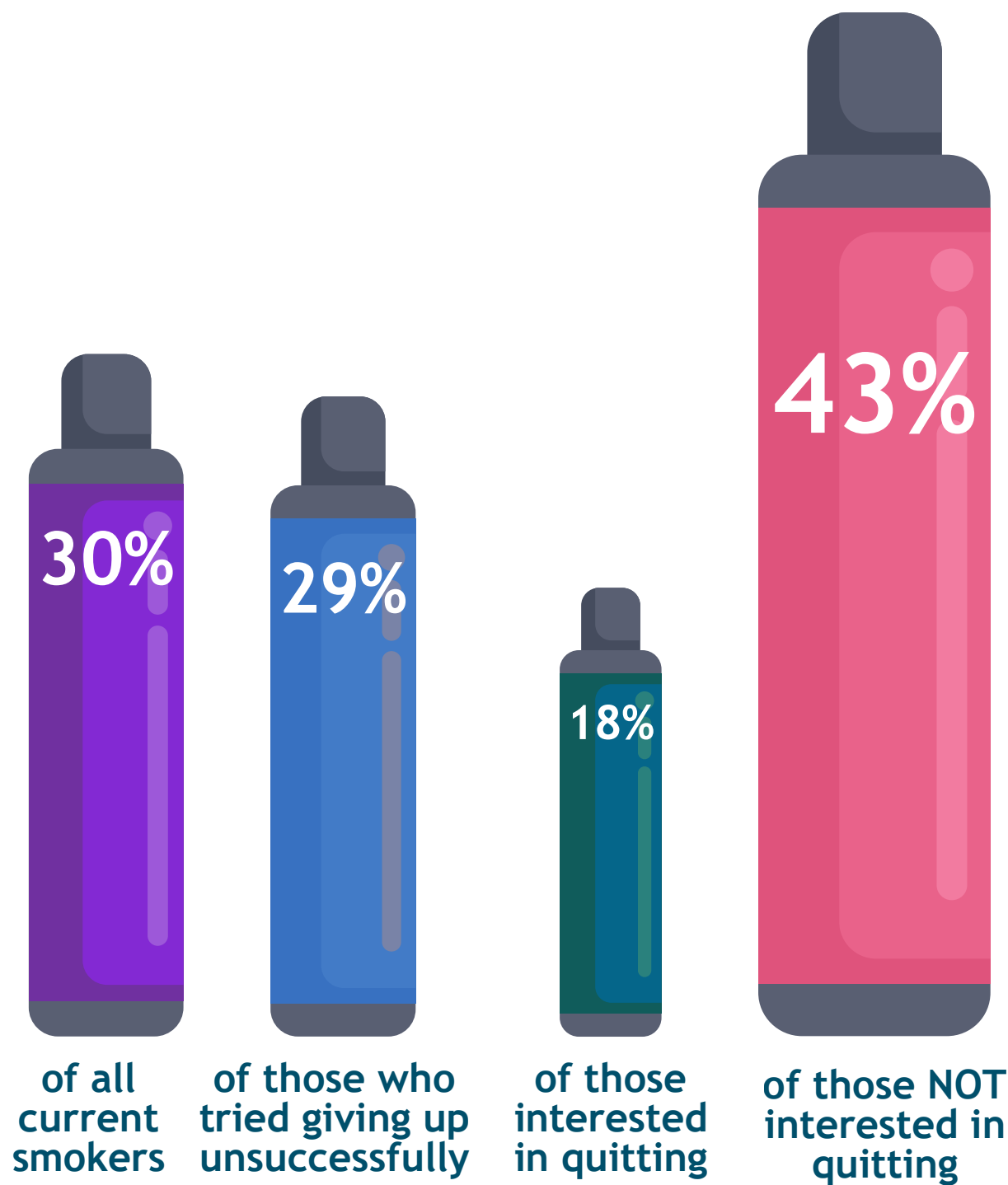


● Less than five ● Between five and ten/ half a pack or less ● Between ten and twenty/ half a pack to one pack ● Between 21 and 40/ one to two packs ● More than 40/ two packs

Our survey

Consumption patterns

41 vape users



used a vape at least once in the last month.



7%

of current cigarette smokers used tobacco products other than cigarettes or vapes.

None of those who gave up smoking did.

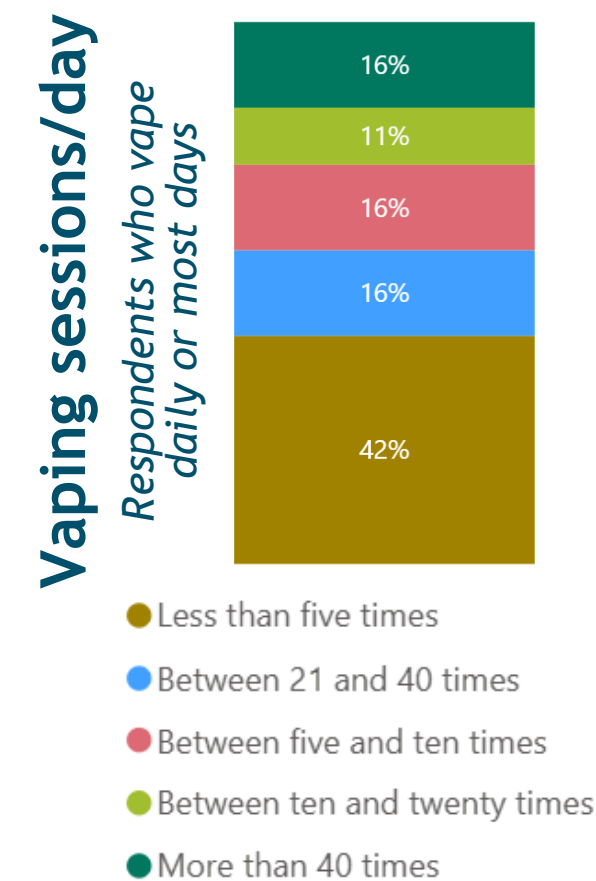
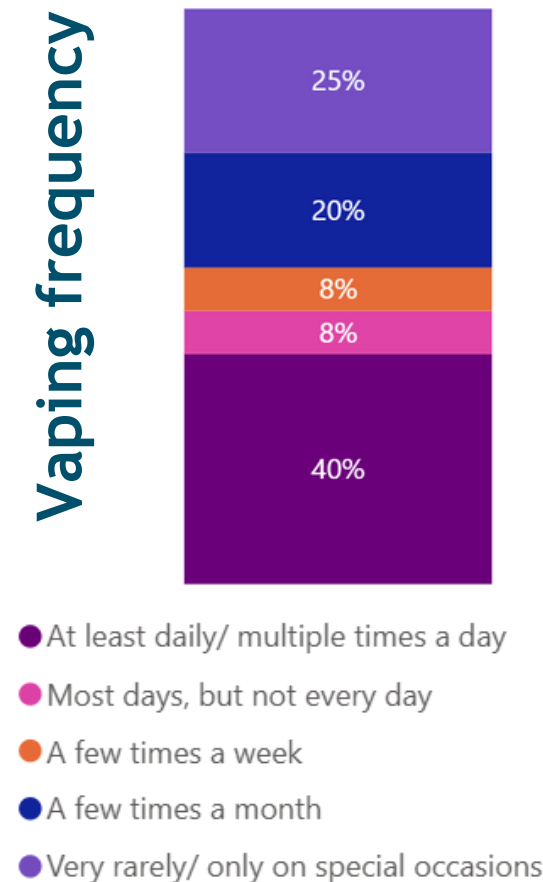
None

of those who gave up smoking were current vape users.

None of them used vapes as part of their stop smoking journey.

Consumption patterns

- 
- ➔ All respondents who vaped smoked cigarettes **daily or most days**.
 - ➔ Those who smoked **between 10 and 40 cigarettes/day** were more likely to vape than those who smoked less than 10 cigarettes/day.
 - ➔ **Romanians** and **Lithuanians** were more likely to vape than Bulgarians.
 - ➔ Respondents **aged under 35** were more likely to vape.
 - ➔ **Women** were more likely to vape than men.



Our survey

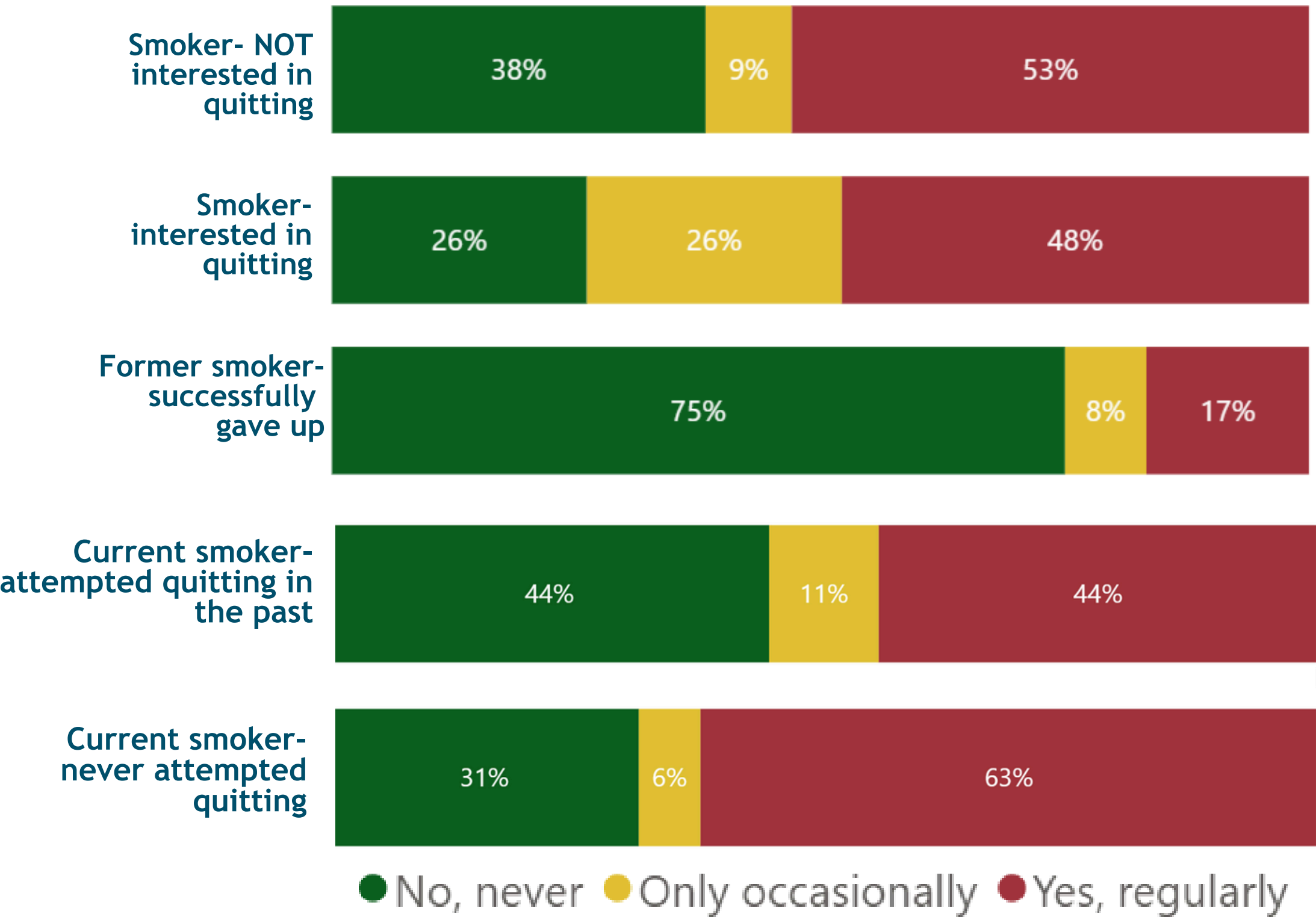
Influences on smoking behaviour

79 respondents living with a partner

- ➡ Living with a partner who smokes was associated with lower likelihoods to successfully give up smoking; and lower likelihoods to have ever attempted.
- ➡ This effect was **stronger for men** than for women.
- ➡ **Women** overall were more likely than men to live with a partner who smokes.



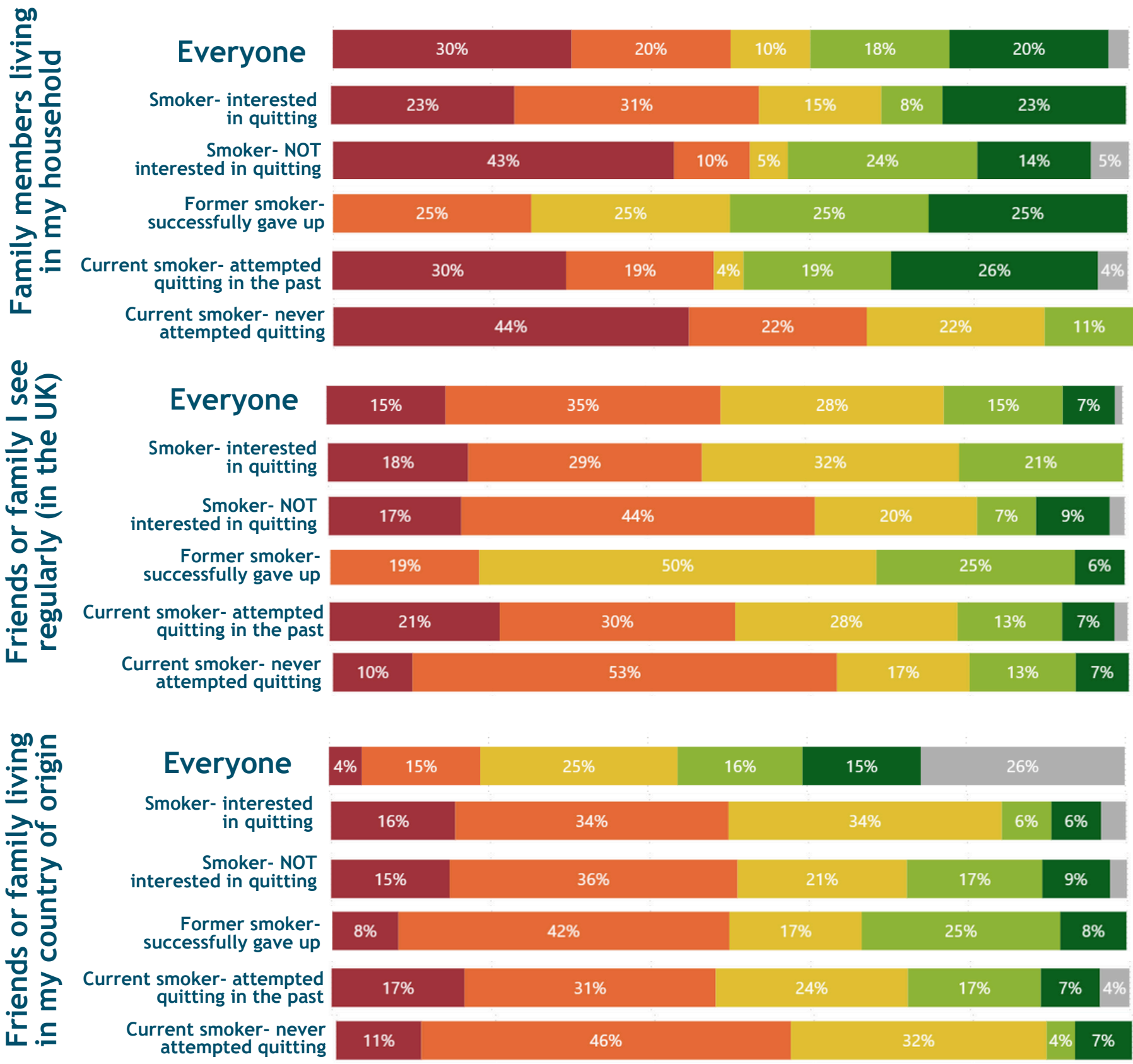
Does your partner smoke cigarettes?



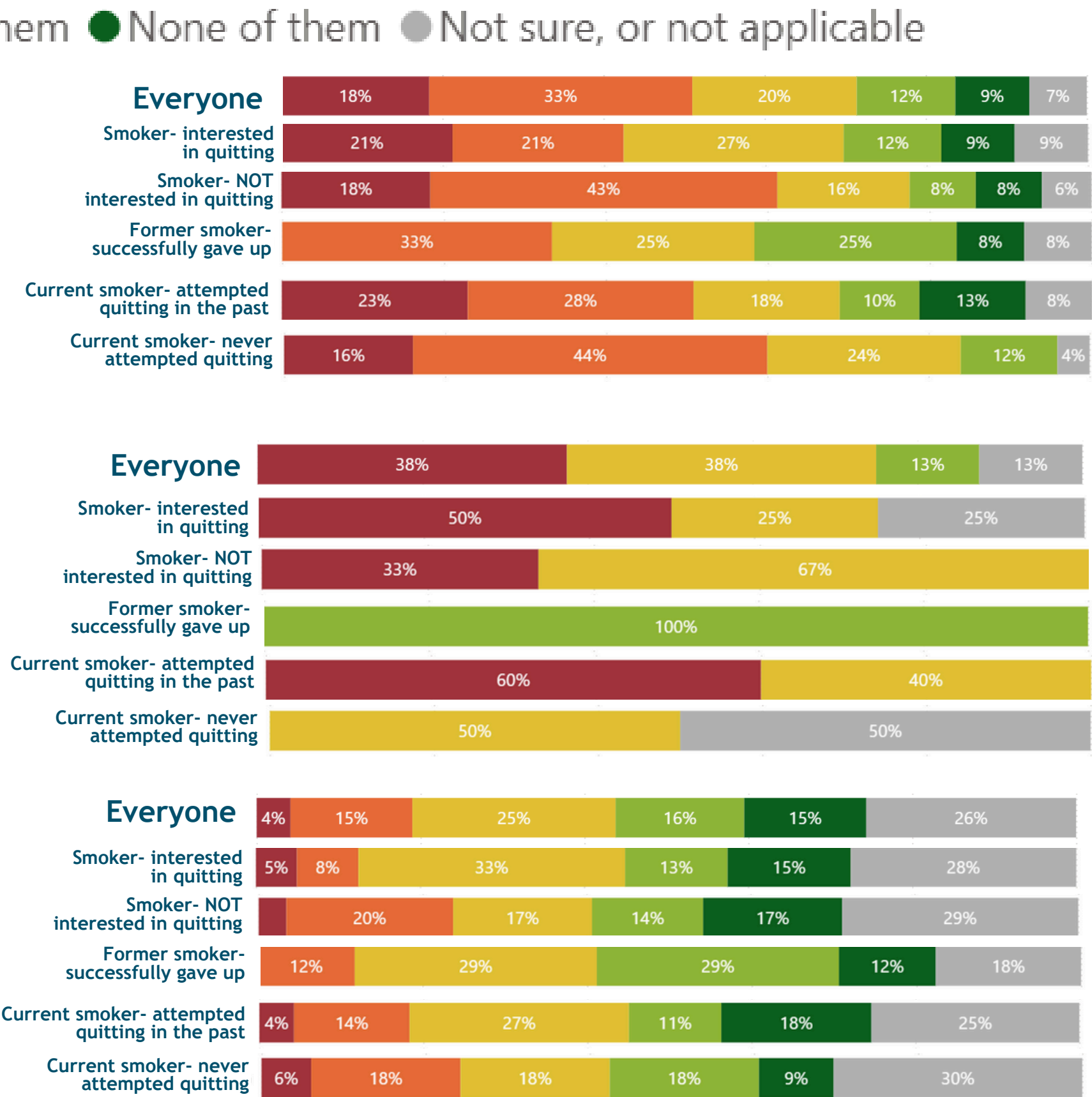
Our survey

Influences on smoking behaviour

● All of them ● Most of them ● Some of them ● Few of them ● None of them ● Not sure, or not applicable



Do people in your life smoke?



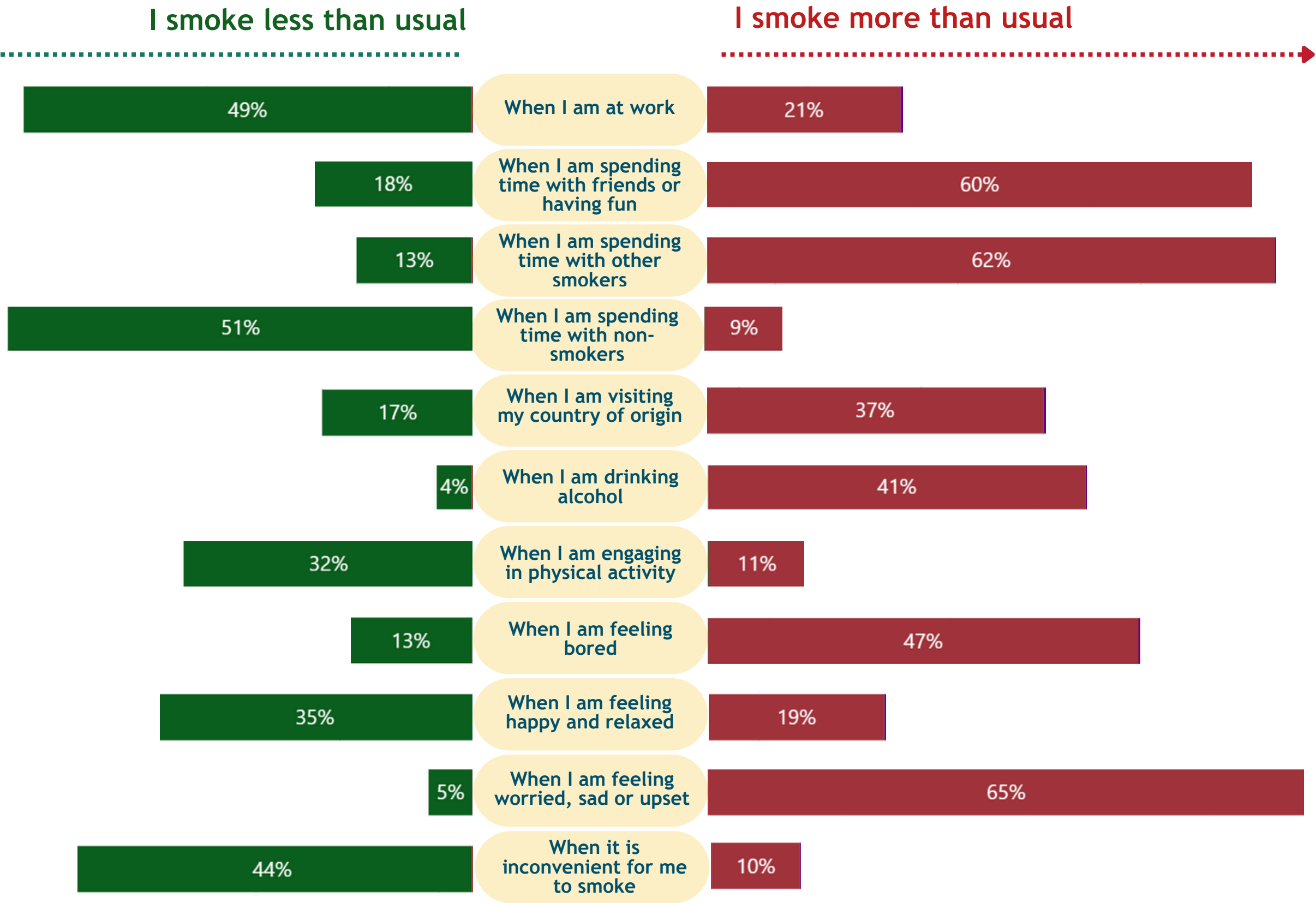
Our survey

Influences on smoking behaviour

- ➔ **Romanians** and **Moldovans** were more likely to live with a partner who smokes, while **Lithuanians** were less likely.
- ➔ **Romanians, Roma** and **Bulgarians** were more likely to socialise with smokers, while **Lithuanians** and **Moldovans** were less likely.
- ➔ **Roma** respondents were more likely to work with co-workers who smoke. Respondents in **C2DE (manual and routine/ working class)** professions were slightly more likely to work with smokers.



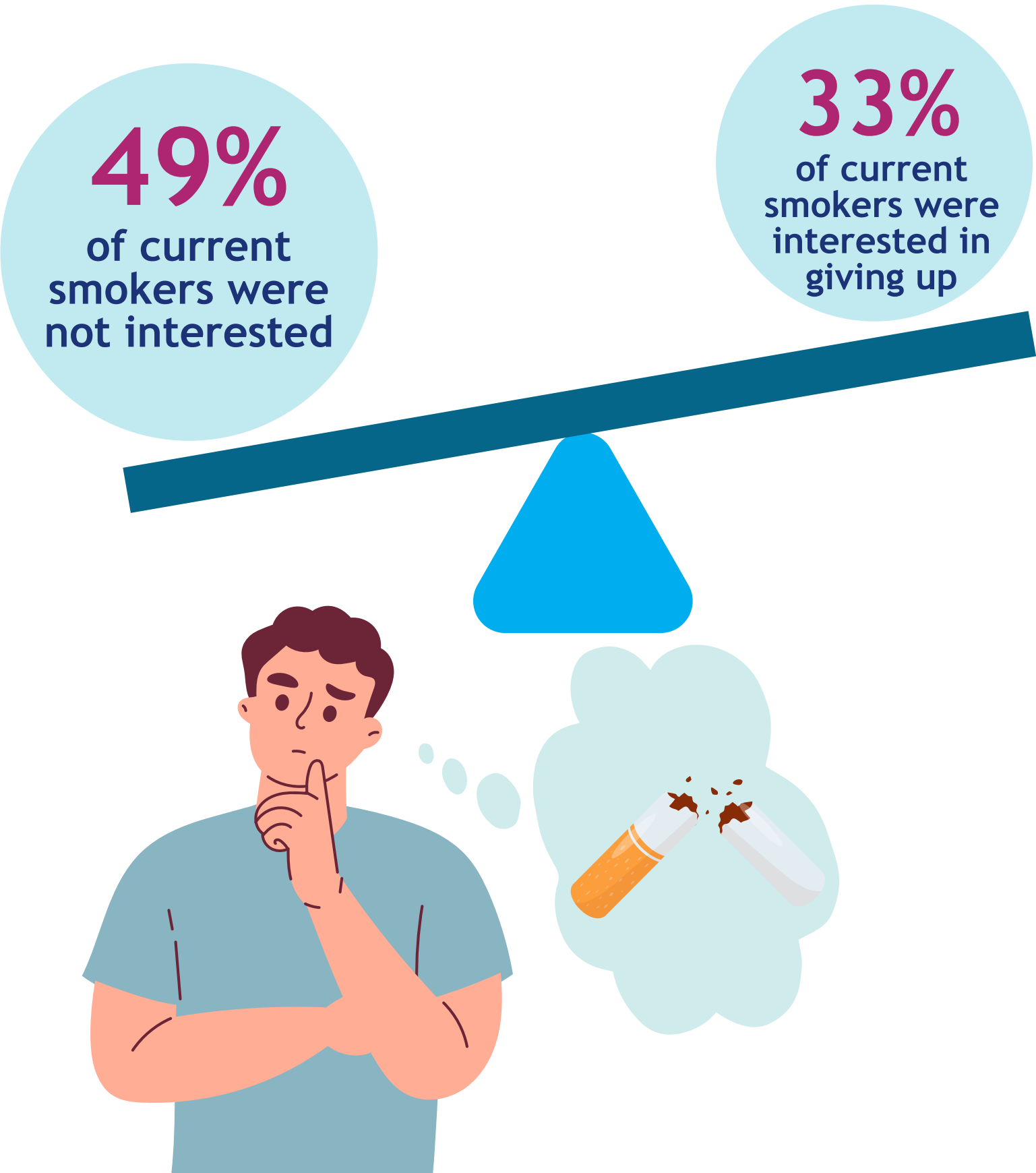
Influences on smoking behaviour



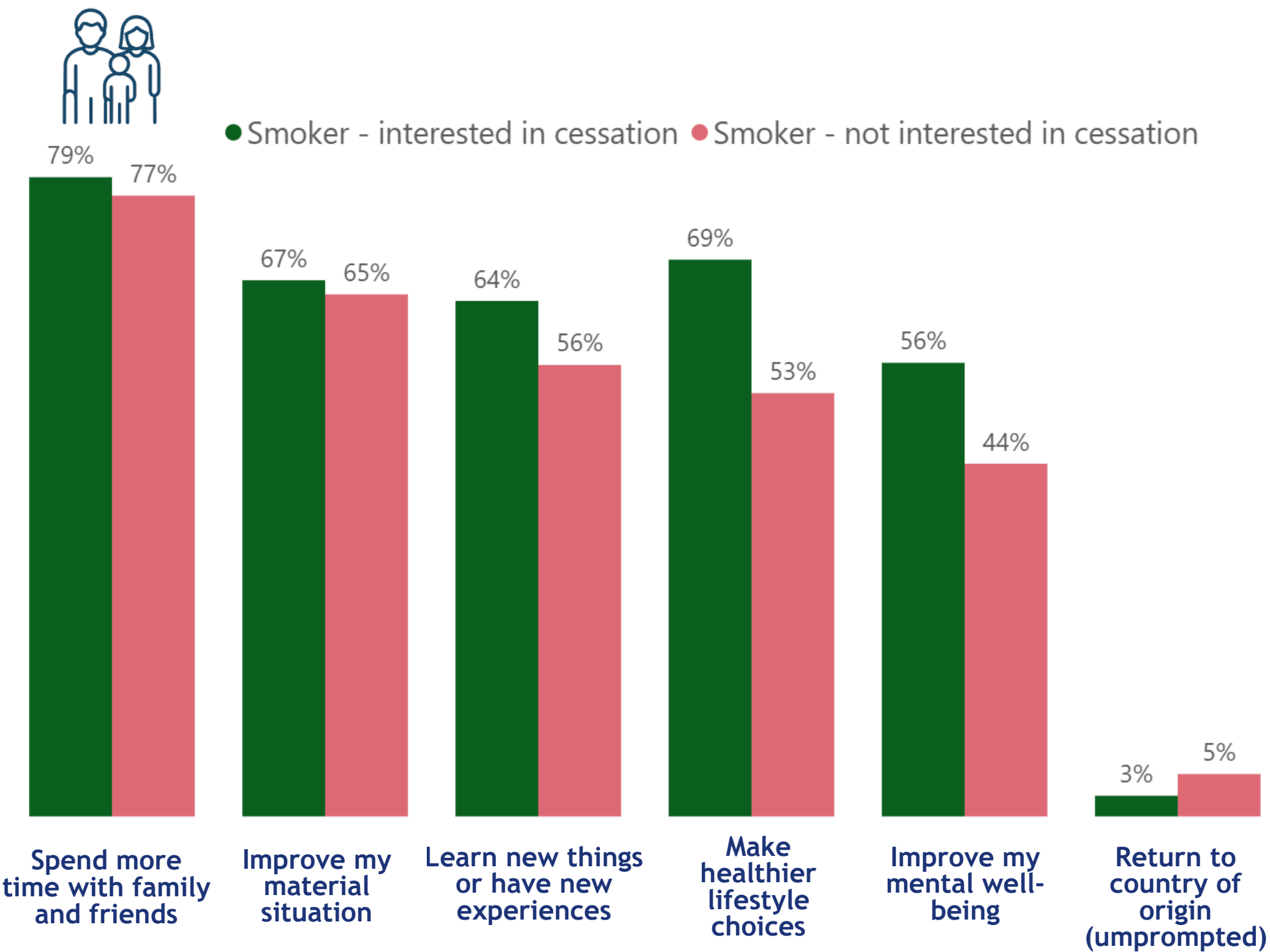
- 121 cigarette smokers
- ➡ **Bulgarians, men and young people under 24** were more likely to cut down on smoking when feeling happy and relaxed.
 - ➡ **People aged under 35** were more likely to increase their smoking when spending time with friends or having fun.
 - ➡ **Bulgarians** were more likely to increase their smoking when feeling worried, sad or upset.
 - ➡ **Bulgarians and Lithuanians** were more likely to increase their smoking when visiting their country of origin.
 - ➡ **Lithuanians** were more likely to cut down on smoking when engaging in physical activity.
 - ➡ **Men** were more likely to increase their smoking when drinking alcohol.
 - ➡ **Men and people in C2DE (working class) occupations** were more likely to cut down on smoking while at work.

Our survey

The decision to give up smoking

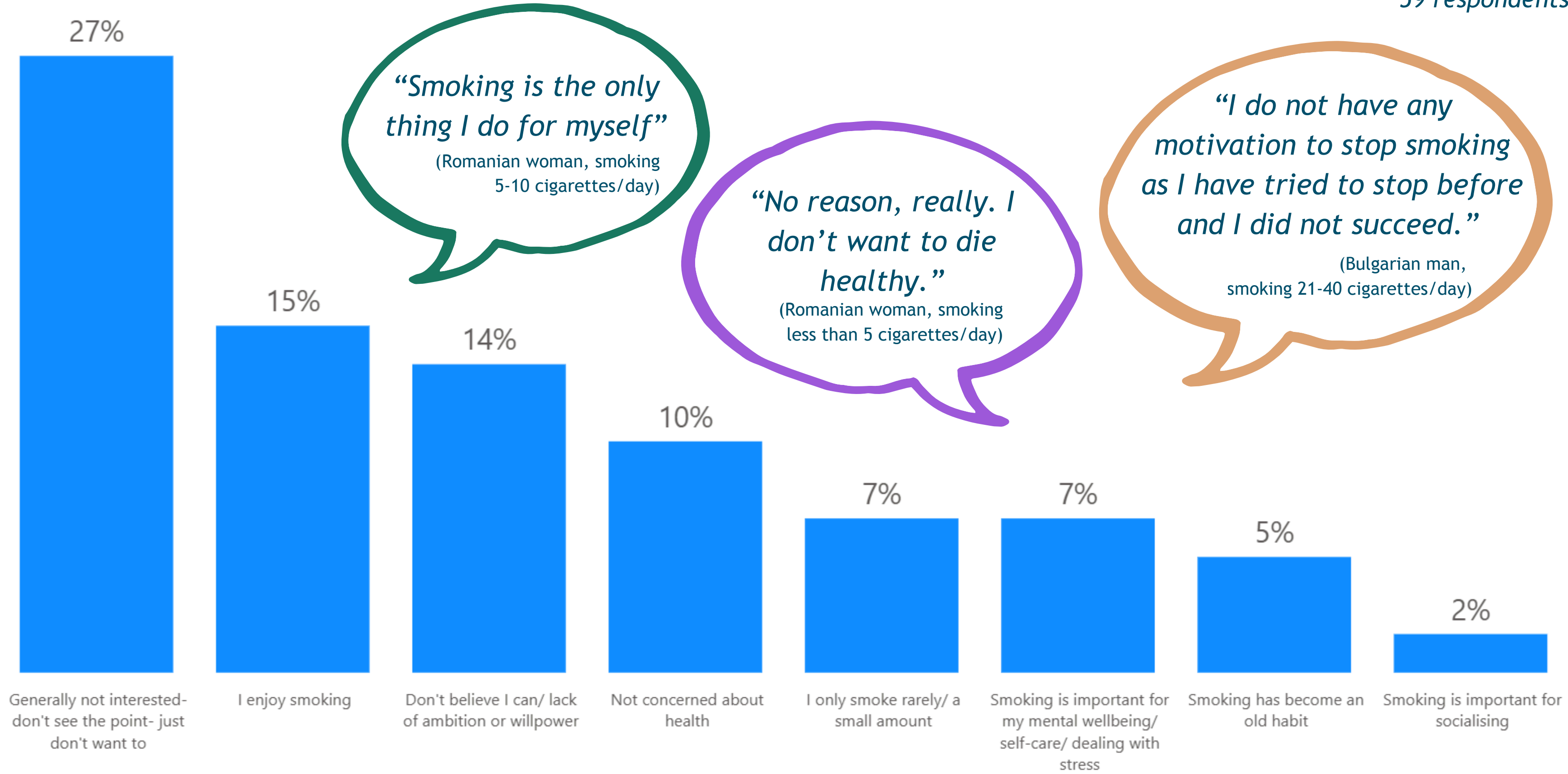


Hopes and goals for the next 12 months:



The decision to give up smoking

Reasons for NOT being interested in quitting smoking
59 respondents

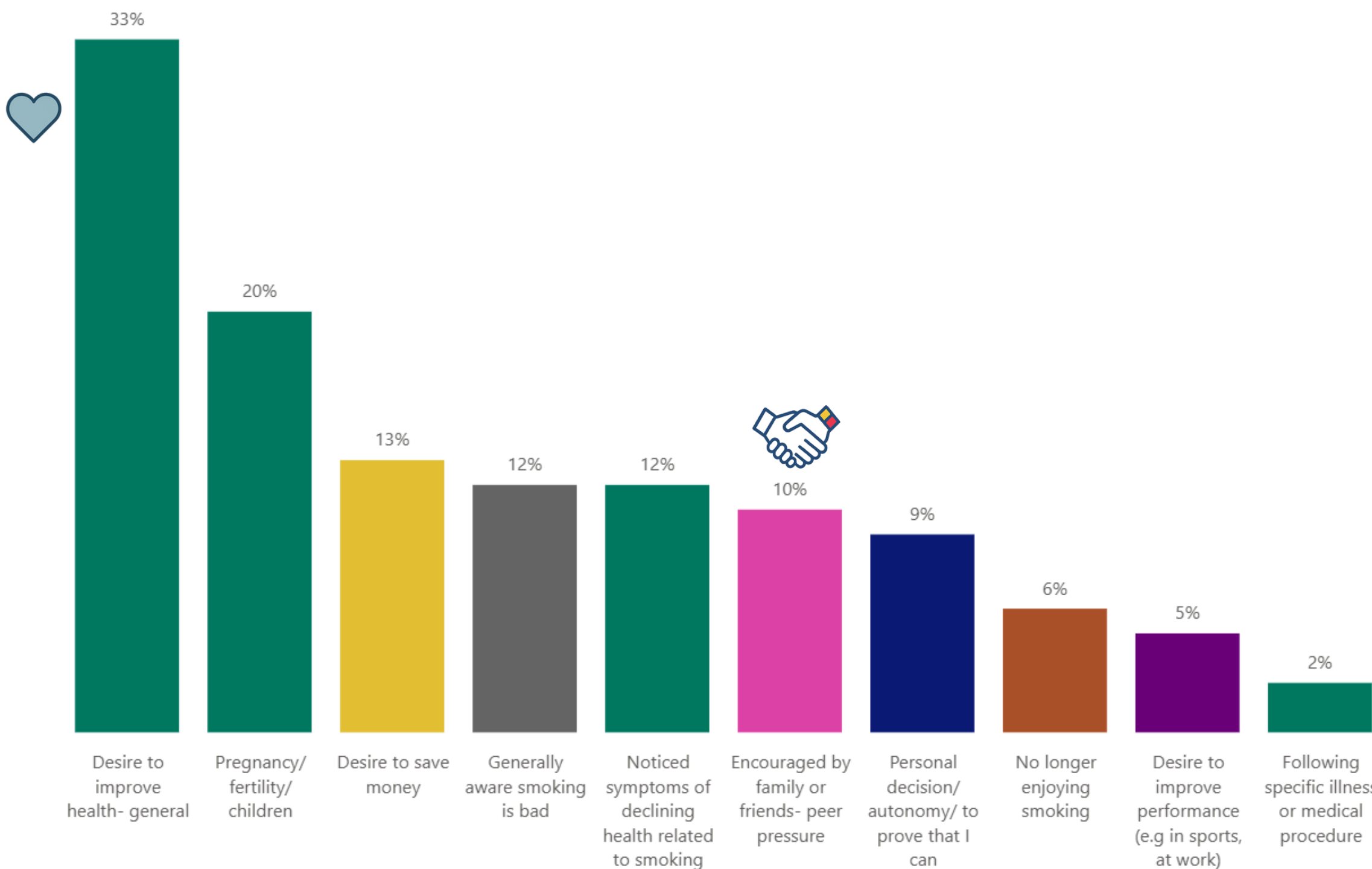


Our survey

Stop smoking journeys

95 respondents

For those who attempted to give up smoking, successfully or unsuccessfully, **health** was the main motivator...



➤ A general desire to improve health was more important to **Bulgarians**.

➤ A desire to save money was more important to **Lithuanians**, **women**, respondents **fluent in English** and those **out of work or on low incomes**.

➤ The influence of family and friends was more important for respondents **aged 50+**.

➤ Pregnancy/fertility/children were a more important motivator for **women**, **university-educated** respondents, those **in work** and those **fluent in English**.

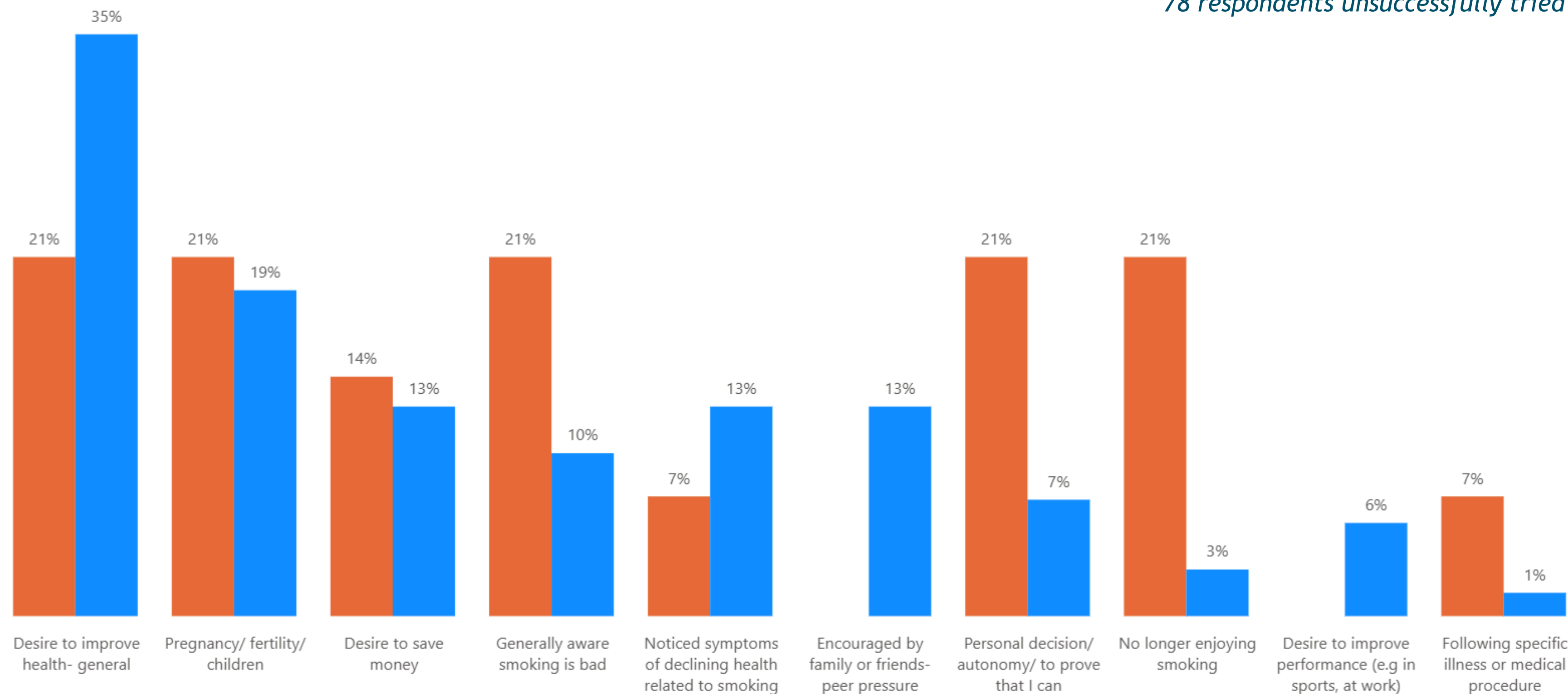
Our survey

Stop smoking journeys

... but not all motivations are created equal.

*17 respondents successfully gave up
78 respondents unsuccessfully tried*

● Successfully gave up smoking ● Unsuccessfully attempted smoking cessation



Our survey

Stop smoking journeys

"I don't actually like smoking, it was a stupid thing I did as a teen."

(Moldovan man, successfully gave up smoking)

"The first time I gave up smoking when I was pregnant, then I started again, and tried giving up again when my child asked me to give up smoking. It was very hard for me, I'm glad that at least I'm smoking less than I used to."

(Romanian woman, currently smoking 5-10 cigarettes/day and vaping)

"I wanted to prove to a family member that I can do it. "

(Romanian woman, currently smoking 10-20 cigarettes/day and vaping frequently)

"I just wanted to give up"

(Lithuanian woman, successfully gave up smoking)

"I had to give up because of my lung problems"

(Bulgarian man, successfully gave up smoking)

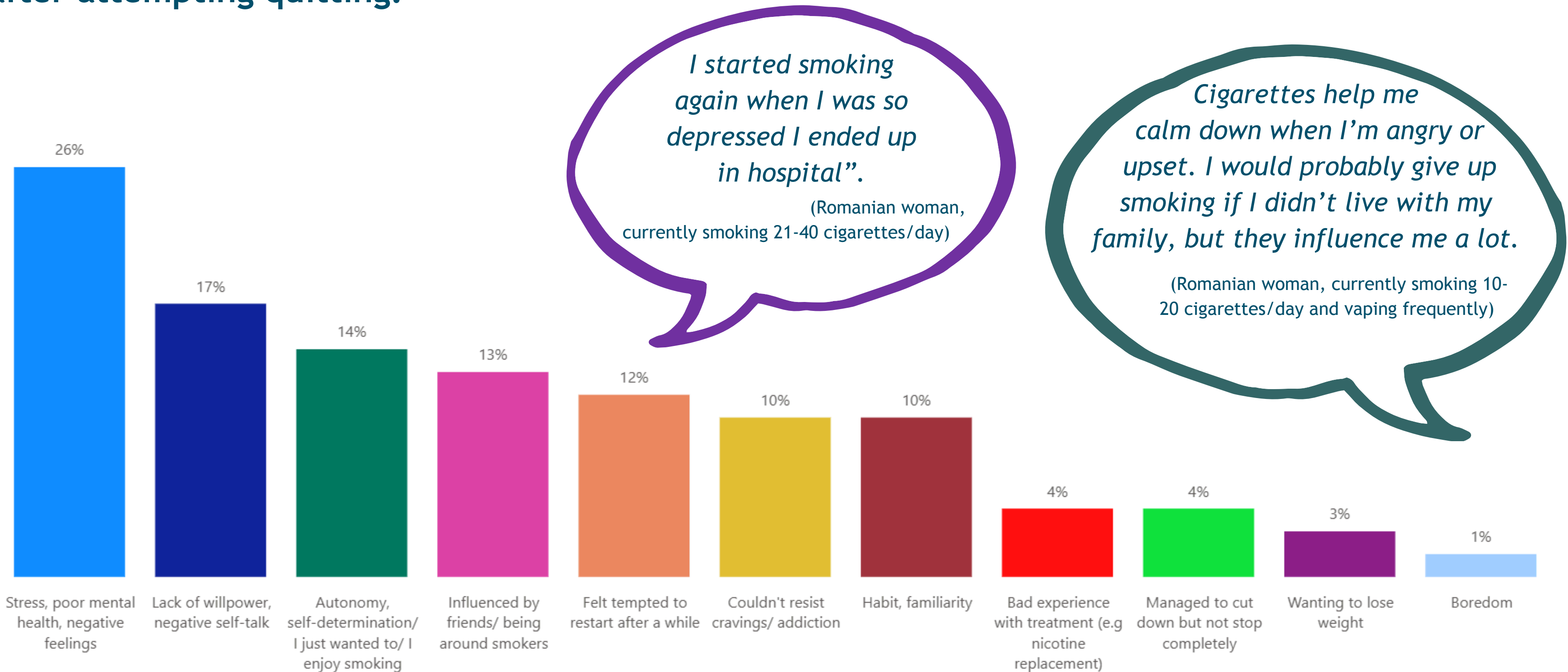
"I did it for my health, because I wanted to get into sport and because my wife kept saying I should. It's my child's godfather's fault that it didn't stick, he's a smoker."

(Romanian man, current heavy smoker 40+ cigarettes/day and vaping occasionally)

Stop smoking journeys

78 respondents

Stress and low levels of mental well-being were the number one reason for restarting smoking after attempting quitting.



Stop smoking journeys

13 respondents

Some respondents engage in **negative self-talk** when discussing the reasons why they started smoking again after attempting quitting.

“I did it out of stupidity and boredom.”

(Romanian man,
smoking 10-20 cigarettes/day)

“I just don’t have enough ambition to give up smoking for good.”

(Romanian woman,
smoking 5-10 cigarettes/day)

“I started again out of laziness and comfort.”

(Romanian woman,
smoking 5-10 cigarettes/day
and vaping occasionally)

“I have a weak mind and go back to bad habits.”

(Lithuanian woman,
smoking 5-10 cigarettes/day)

“I couldn’t give up for real, the vice is too strong.”

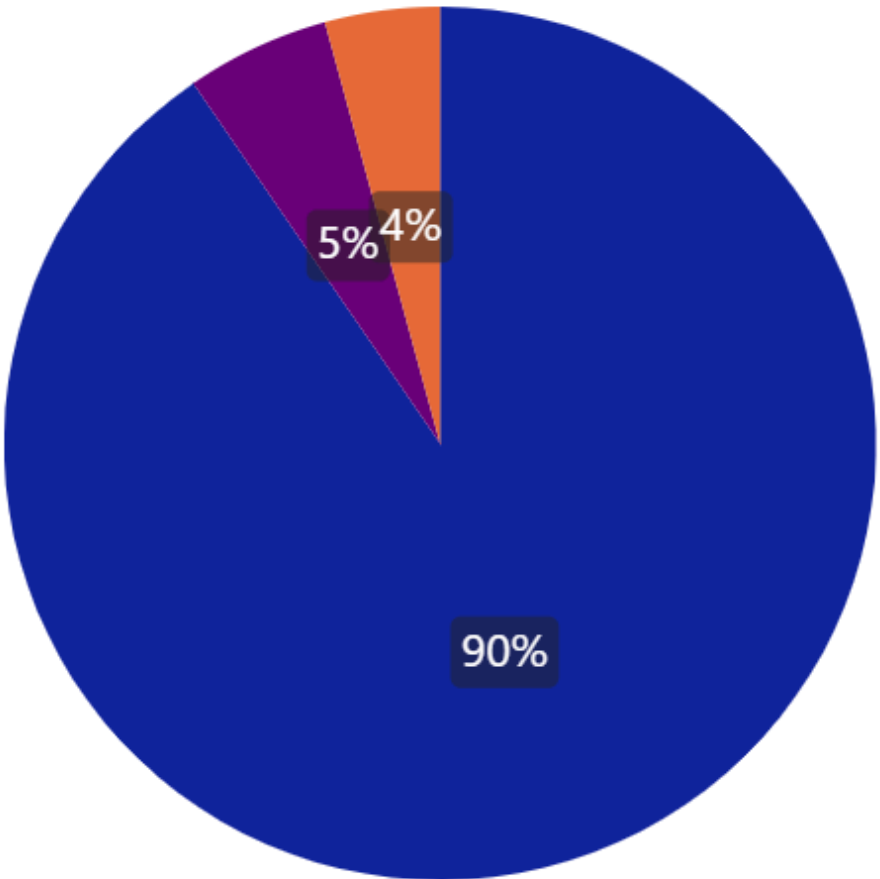
(Romanian woman,
smoking 10-20 cigarettes/day)

Our survey

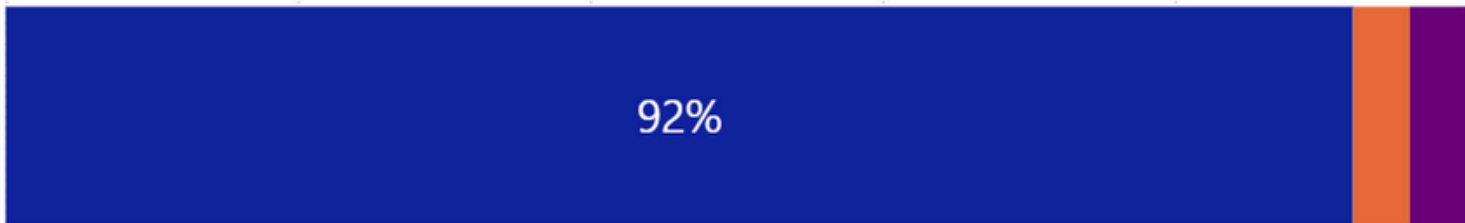
Stop smoking journeys

Only
9%

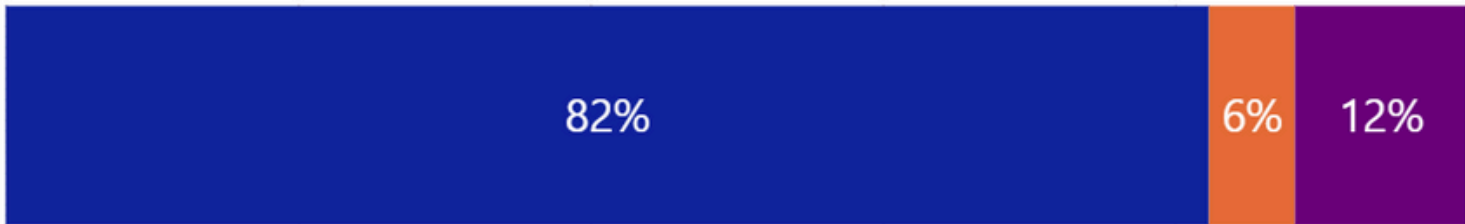
of respondents who
attempted quitting
smoking got professional
help for it.



Current smoker-
attempted quitting in
the past

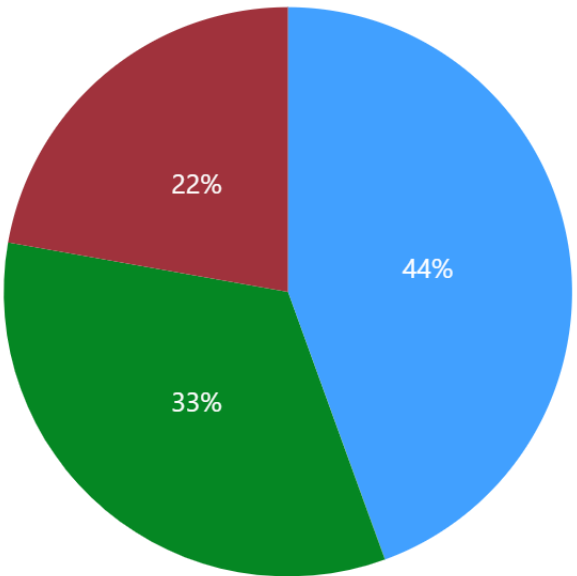


Former smoker-
successfully gave up

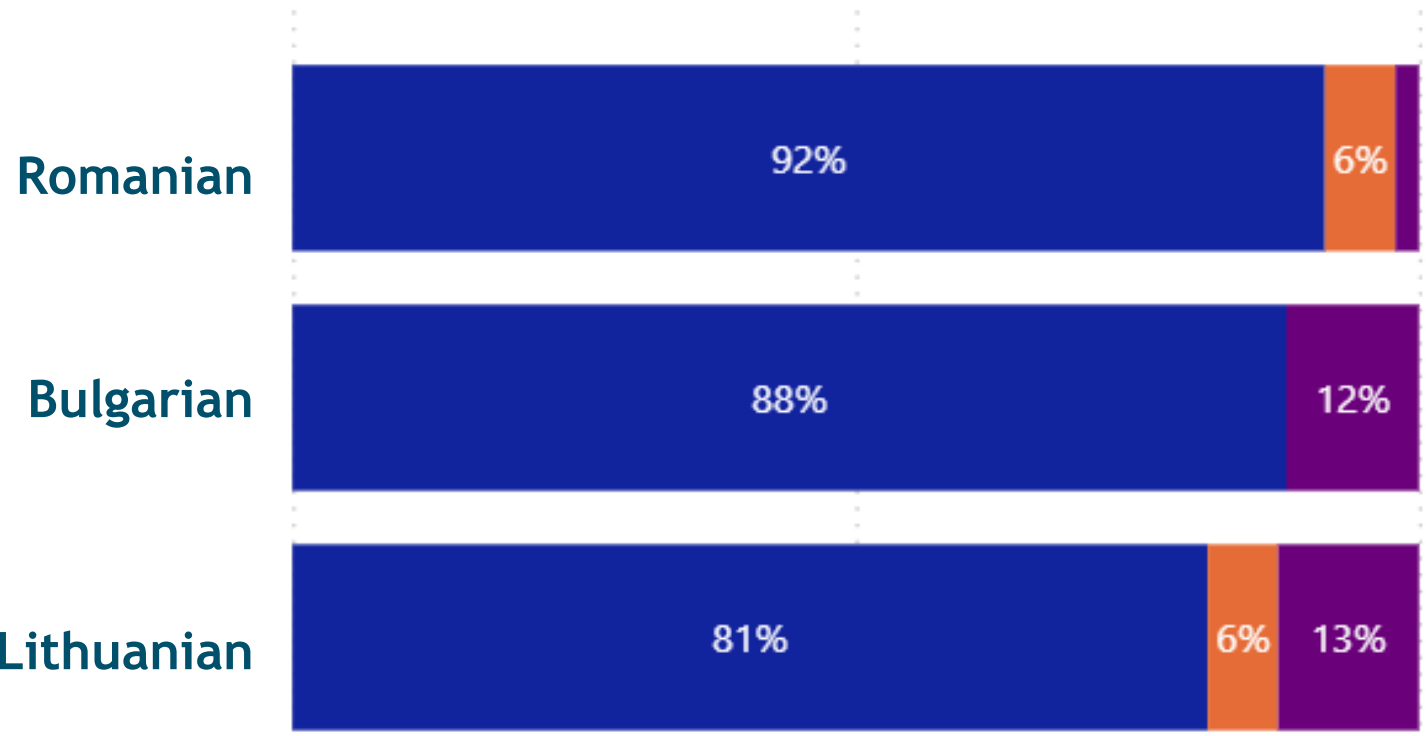


- No support- quit smoking on their own
- Used a stop smoking service
- Other support- e.g doctor, therapist etc.

Type of
service used



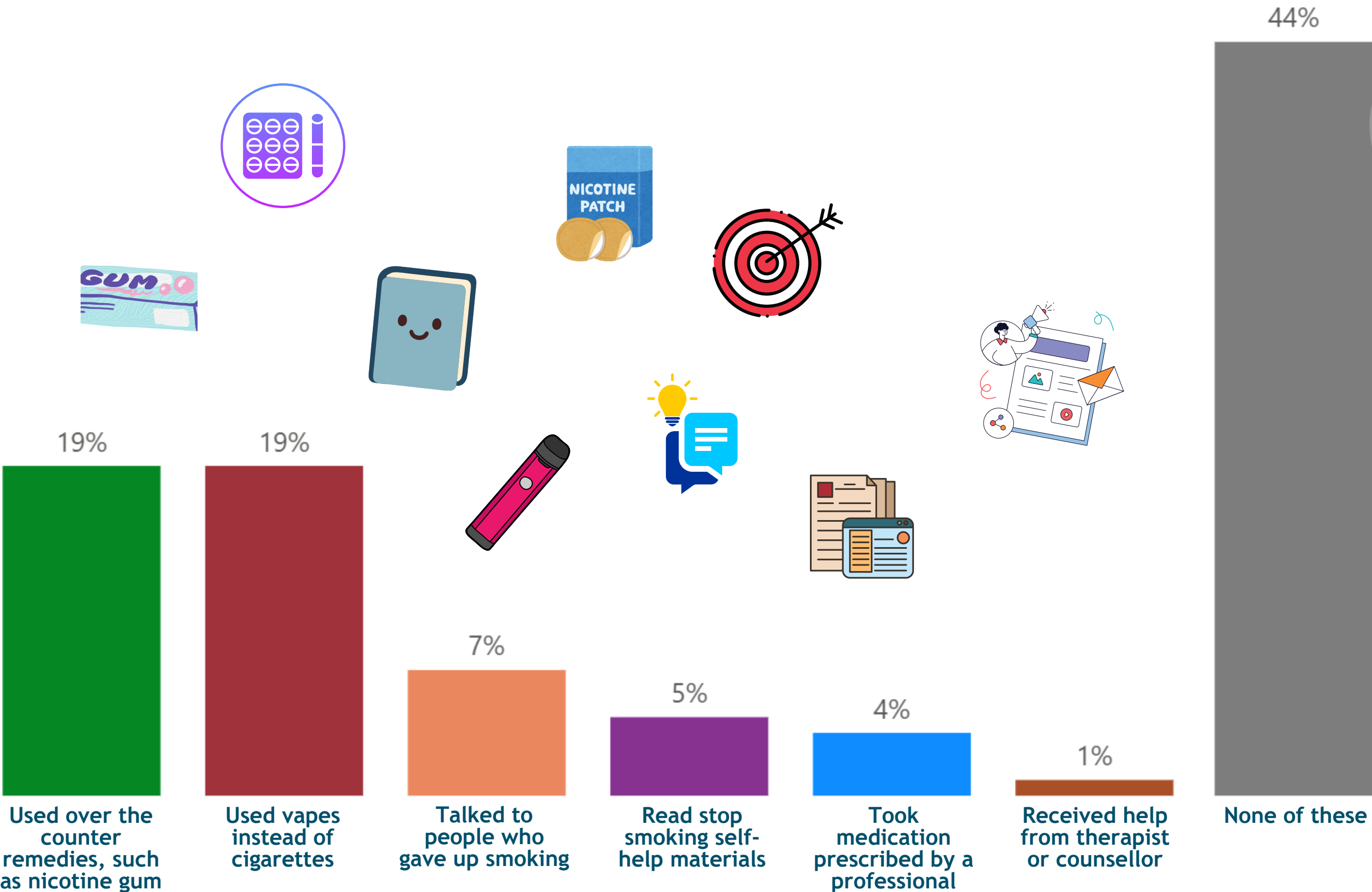
- An NHS service in the UK
- A private service in the UK
- A service in your country of origin



17 respondents successfully gave up
78 respondents unsuccessfully tried

Our survey

What respondents did as part of their stop smoking journey:

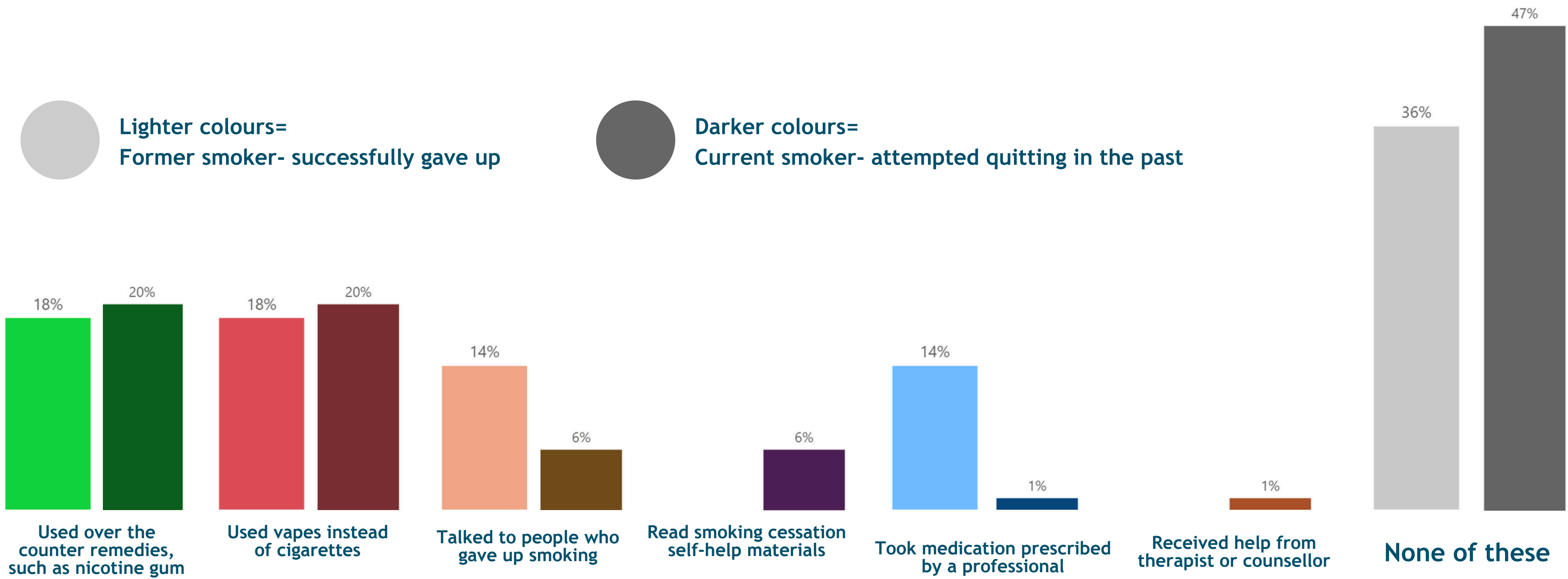


17 respondents successfully gave up
78 respondents unsuccessfully tried

Our survey

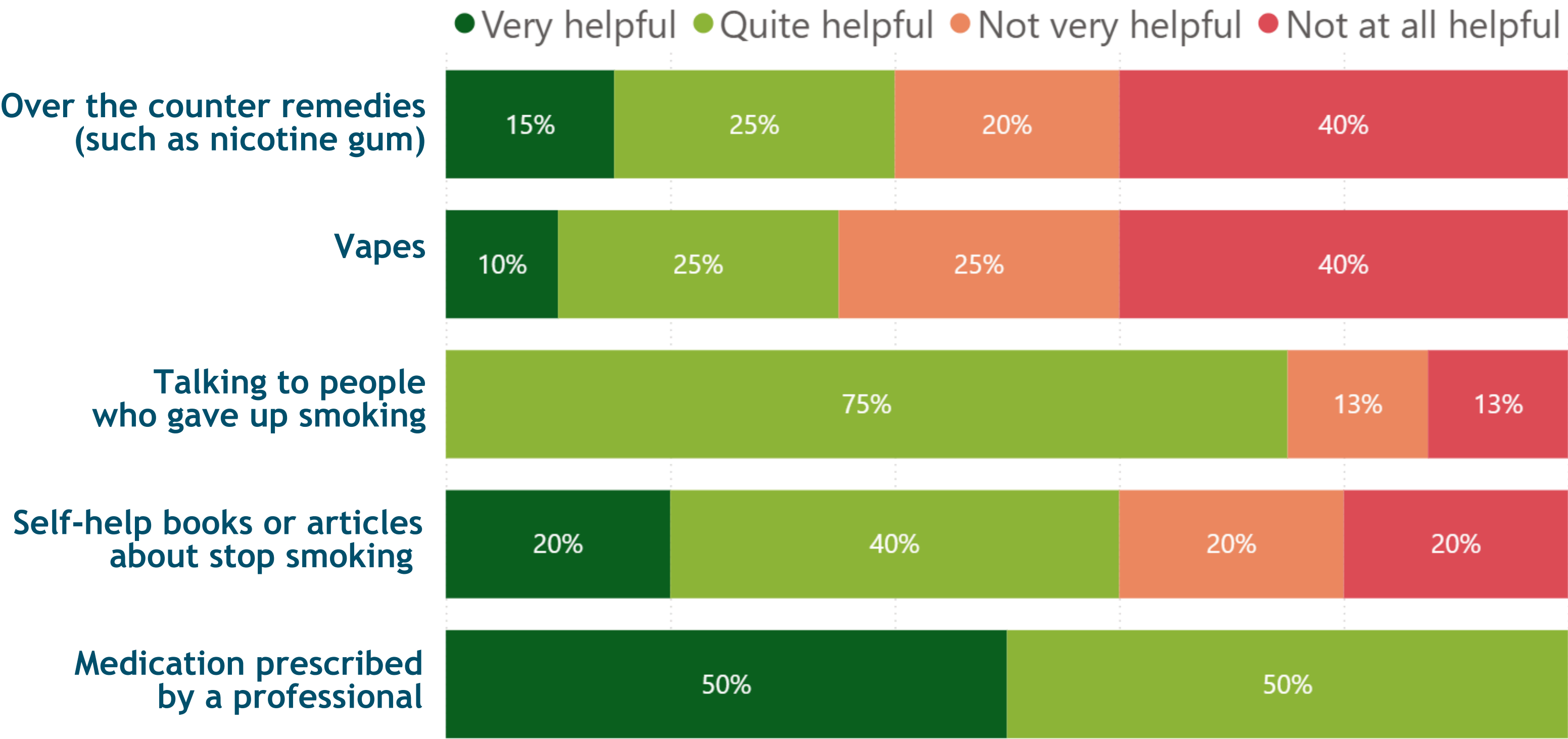
What respondents did as part of their stop smoking journey:

Help from a doctor or peer support may increase people's chances of giving up smoking for good.



17 respondents successfully gave up 78 respondents unsuccessfully tried

What respondents found helpful for their stop smoking journey:



Experience of stop smoking services

9 respondents

Getting a plan from my doctor was very easy and they offered lots of advice.

(Lithuanian man, successfully gave up smoking)

I got prescription medication and help from a psychologist in Bulgaria. Better professionals who are familiar with addictions.

(Bulgarian man, smoking less than 5 cigarettes/ day)

I had telephone help from the NHS. It's a good service but it's up to the individual- I'm still smoking.

(Romanian woman, smoking 10-20 cigarettes/day and vaping occasionally)

I took part in an Allen Carr seminar and I gave up smoking for three months, but then I started again.

(Romanian woman, smoking 5-10 cigarettes/day)


I talked to a specialist, but I didn't manage to quit smoking.

(Romanian, smoking 10-20 cigarettes/day)

Our survey

Attitudes towards quitting smoking

* Respondents interested in quitting smoking only
40 respondents

 = How much do you want to give up smoking?

 = How confident are you that you can give up smoking?



 = everyone



Generally, respondents rated their **desire to give up smoking** higher than their **confidence that they can give up**.



 = aged 18 to 24

 = aged 35 to 49

 = aged 50+



Respondents **aged 35 to 49** were the most motivated to give up smoking. Those aged **18 to 24** were less interested but more confident that they can, while the opposite is true for those **aged 50+**.



 = Romanian

 = Roma


 = Bulgarian

 = Lithuanian



Roma ethnics and people **not in work** showed a strong disconnect between a strong desire to give up smoking and low level of confidence. This effect was present to a lesser extent on people in **C2DE** (manual and routine/ working class) occupations.

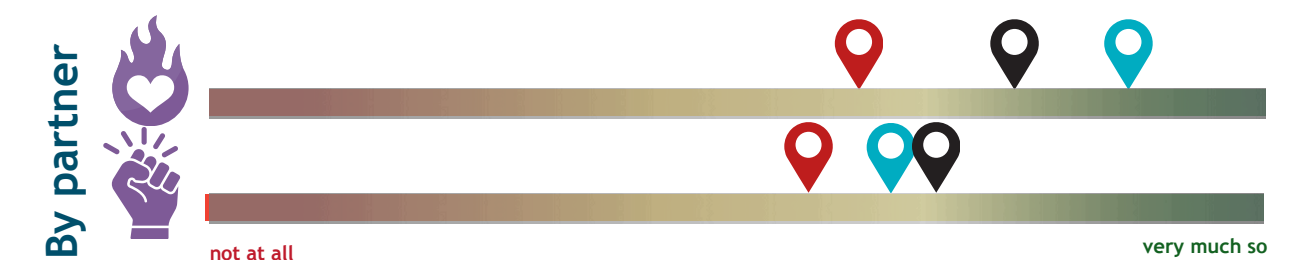


 = in work

 = not in work



Those **living with a partner who smokes** were less motivated to give up smoking and, to a lesser extent, less confident that they can. Those living with a **non-smoking partner** were more motivated.



 = living with a partner who smokes

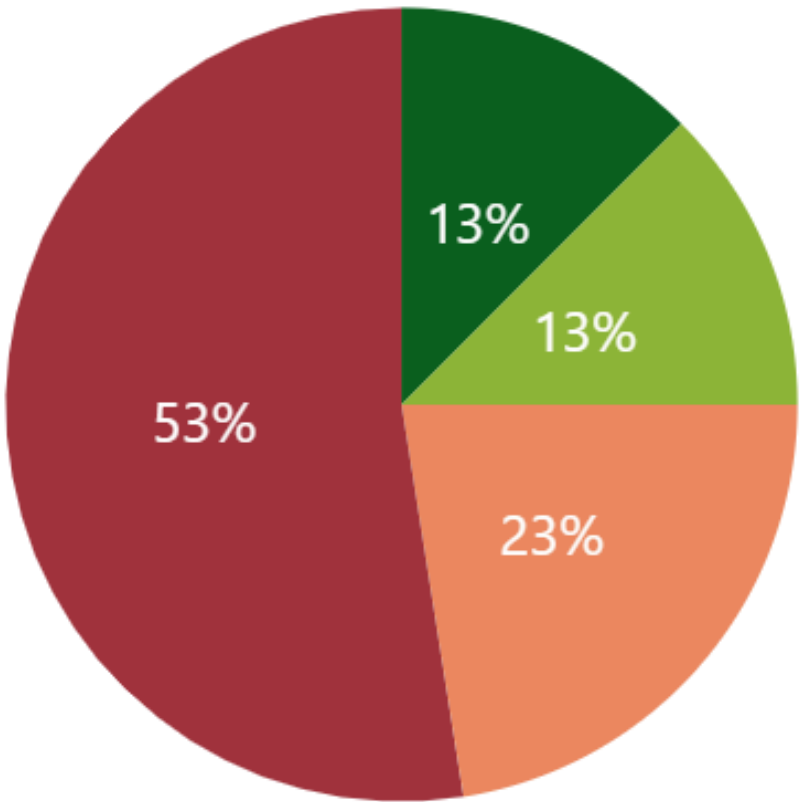
 = living with a partner who doesn't smoke

 = not living with a partner

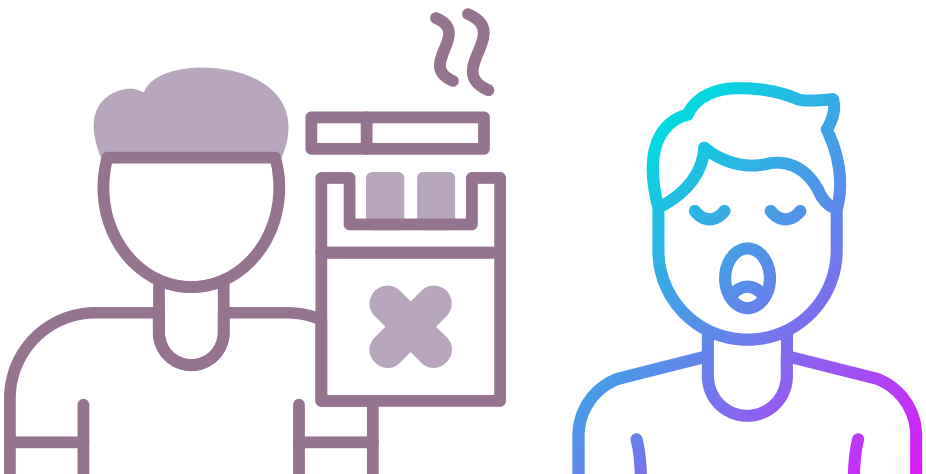
Attitudes towards quitting smoking

Would you consider using a stop smoking service?

Only
26%
of respondents interested in quitting smoking would consider using a stop smoking service.



● Definitely ● Probably ● Probably not ● Definitely not



* Respondents interested in quitting smoking only
40 respondents

More likely to consider using a stop smoking service:

- Aged 35 or older
- Bulgarian
- On a low income
- Never attempted smoking cessation before
- Low levels of confidence that they can give up smoking.

Attitudes towards quitting smoking

* Respondents interested in quitting smoking only
40 respondents

Respondents expressed **scepticism about the efficacy** of stop smoking services. Instead, they expressed the view that **quitting smoking is all about individual willpower.**

I don't think stuff like this can work. Everything starts from your mental state.

(Romanian man, smoking 21-40 cigarettes/day)

I can stop smoking by myself.

(Bulgarian man, smoking 10-20 cigarettes/day and vaping)

I think smoking is a mental issue that can be overcome by a strong will

(Lithuanian woman, smoking 10-20 cigarettes/day)

It has to come from myself because you have to have ambition. I tried smoking cessation services before and they didn't work because I didn't have ambition.

(Romanian woman, smoking 10-20 cigarettes/day and vaping occasionally)

I don't want to, I rely on myself.

(Romanian man, smoking less than 5 cigarettes/day and vaping)

I believe smoking cessation is something that should just come to me naturally.

(Roma man, smoking 21-40 cigarettes/day)

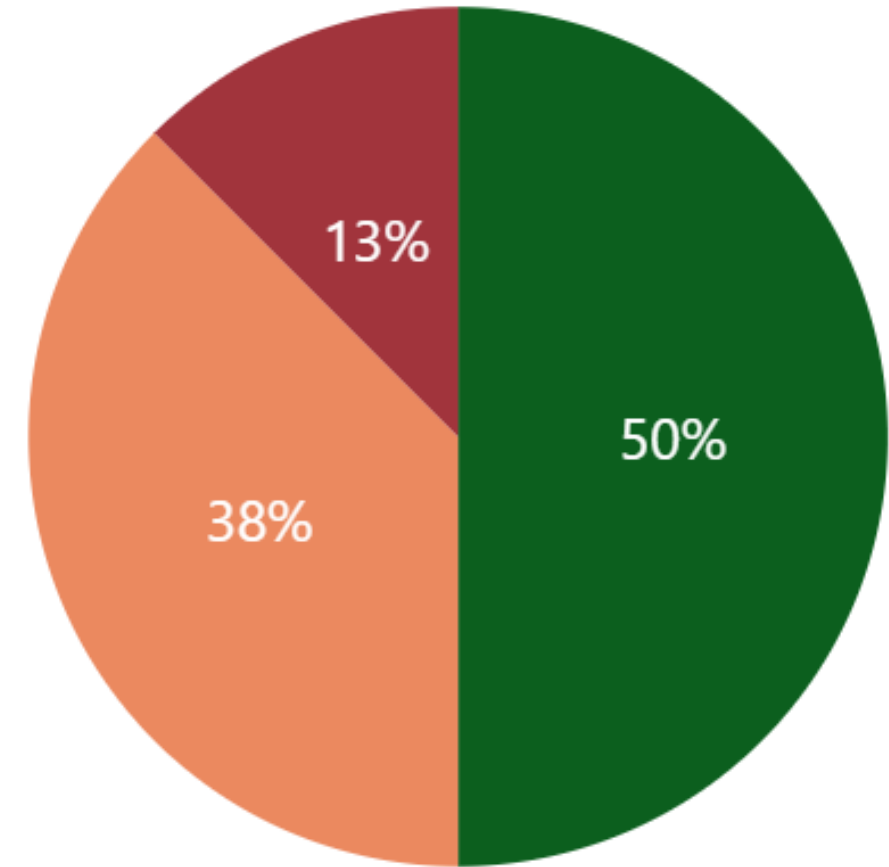
I think it's a waste of time. If I really want to give up smoking then I will, otherwise I won't.

(Romanian woman, smoking and/or vaping occasionally)

Attitudes towards quitting smoking

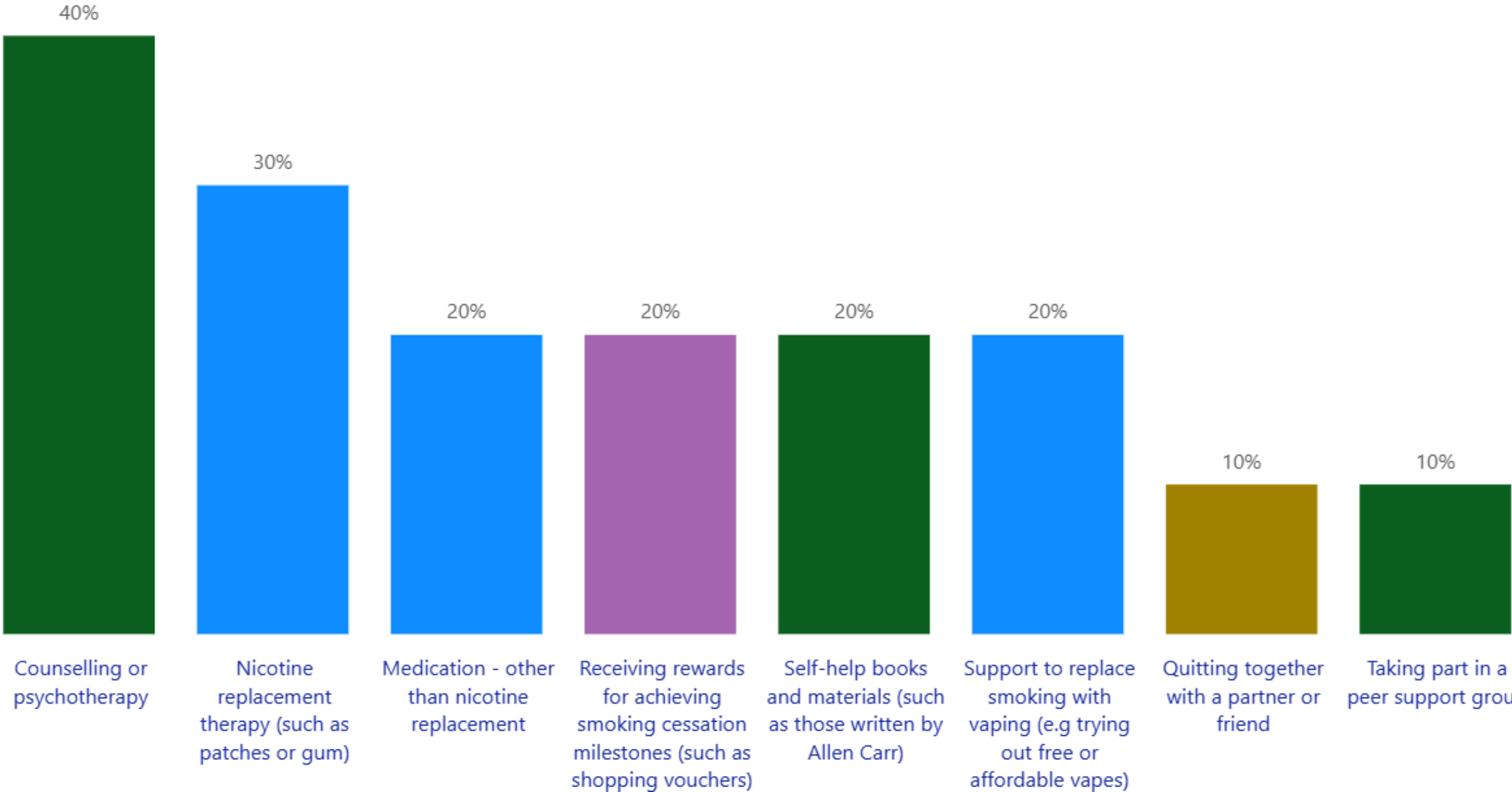
* Respondents open to using stop smoking services only

Are you aware of stop smoking services in your area?



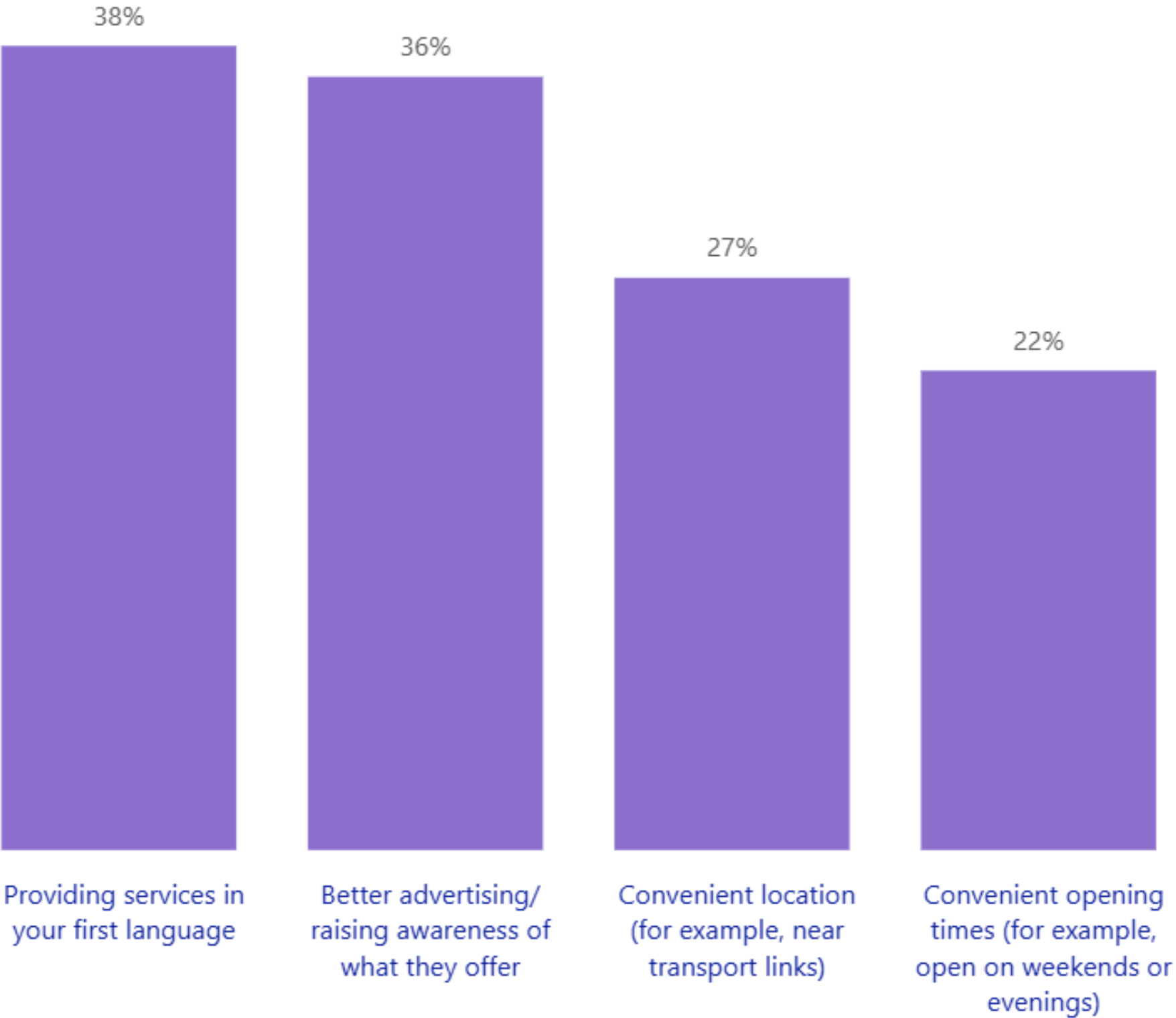
- Yes, and I would know how to access them if I needed them.
- Yes, and I would know how to access them if I needed them.
- No, I don't know anything about them.

What would you find useful in a stop smoking service?

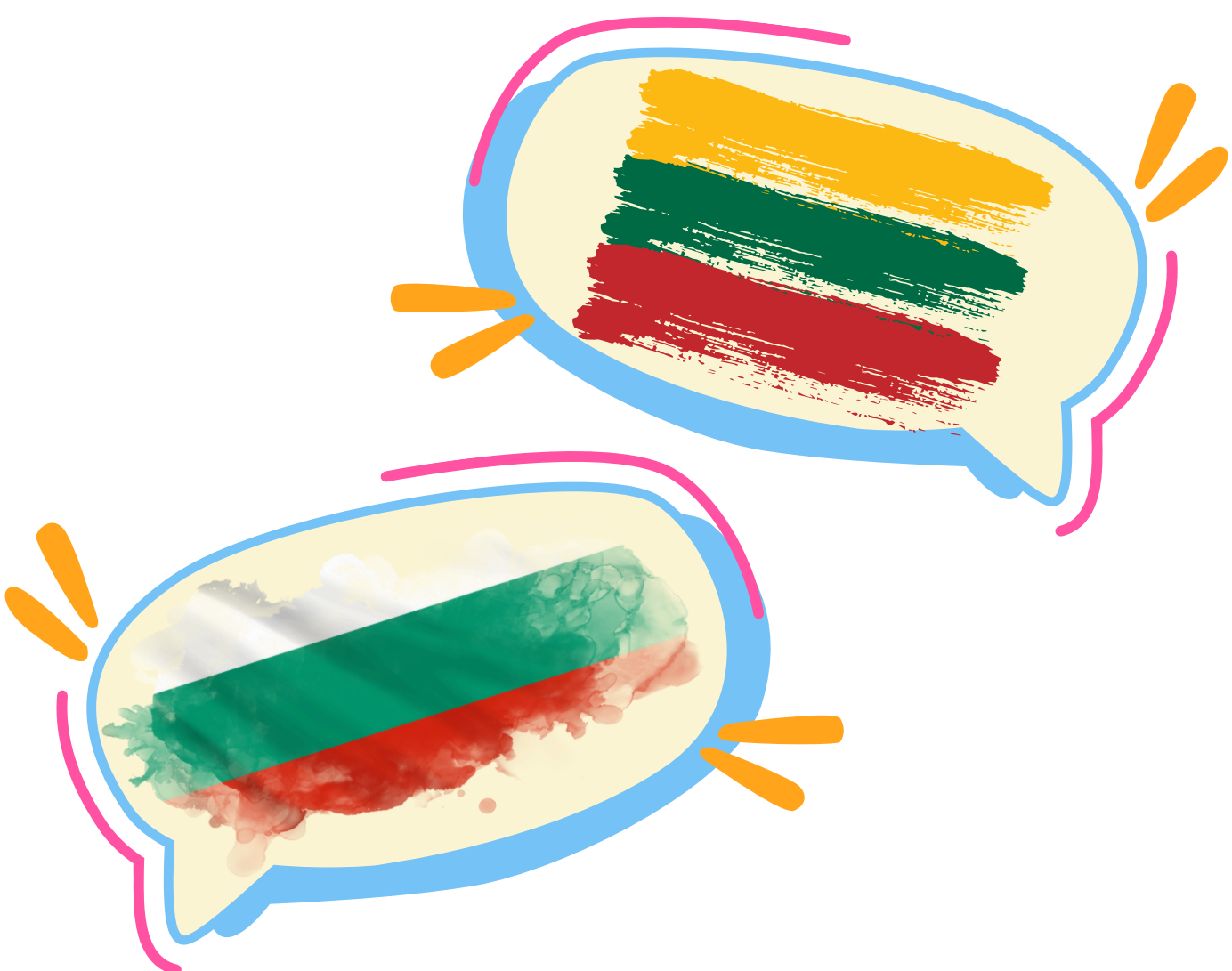


Improving access to stop smoking

How to make stop smoking services more accessible



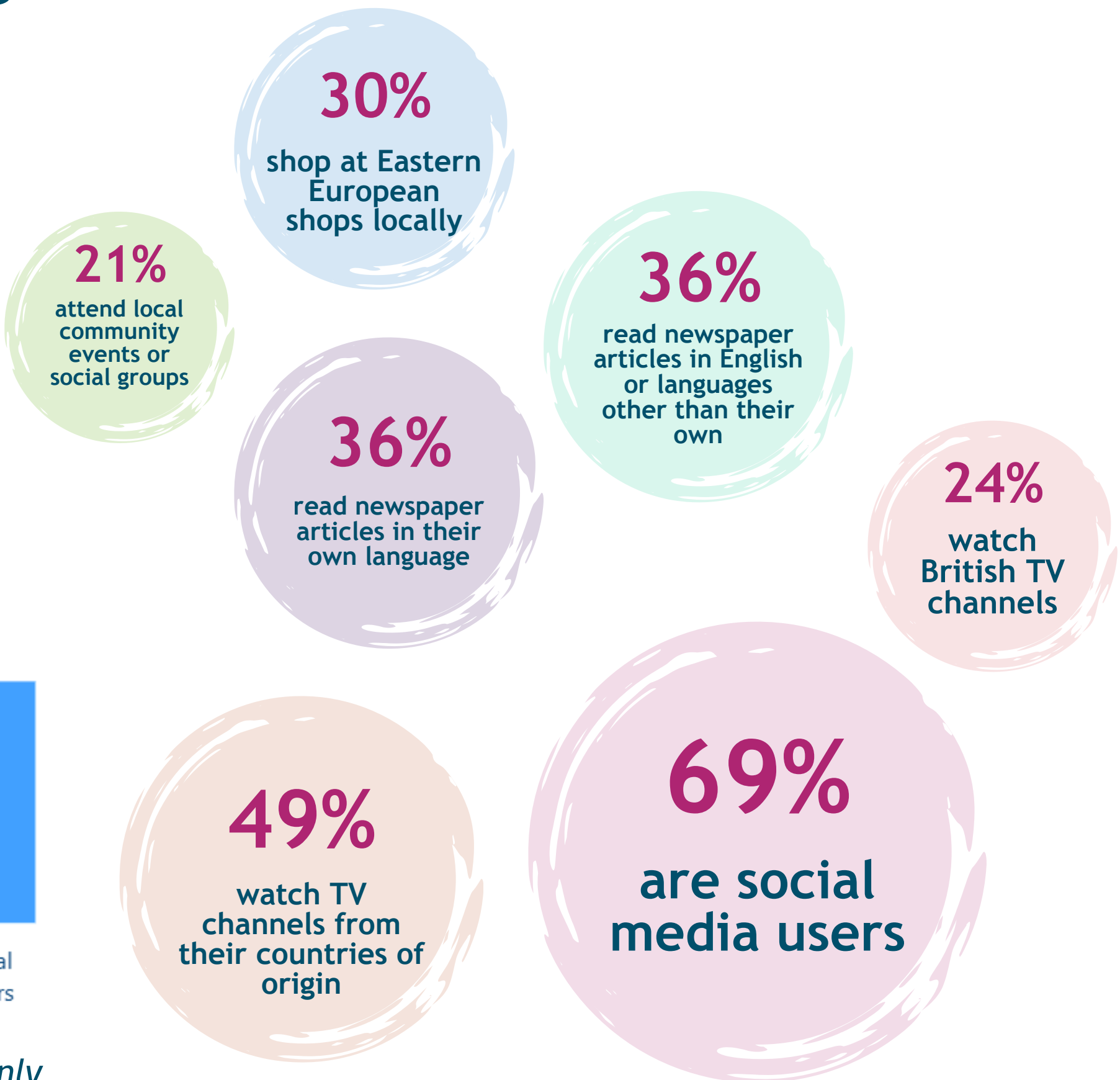
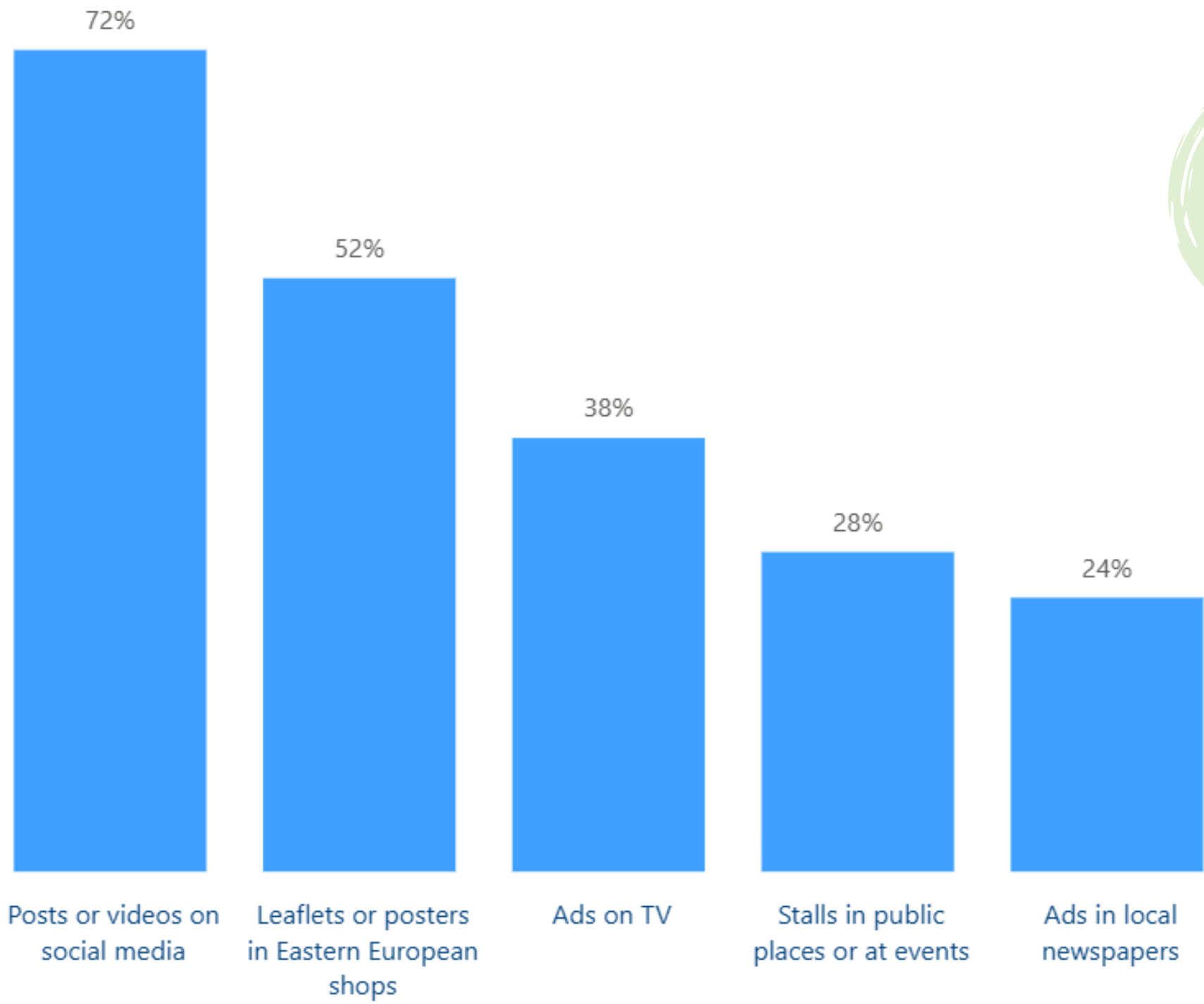
➡ Offering multilingual services was especially important to **Bulgarian** and **Lithuanian** respondents.



Our survey

Improving access to stop smoking

Where to advertise stop smoking services:

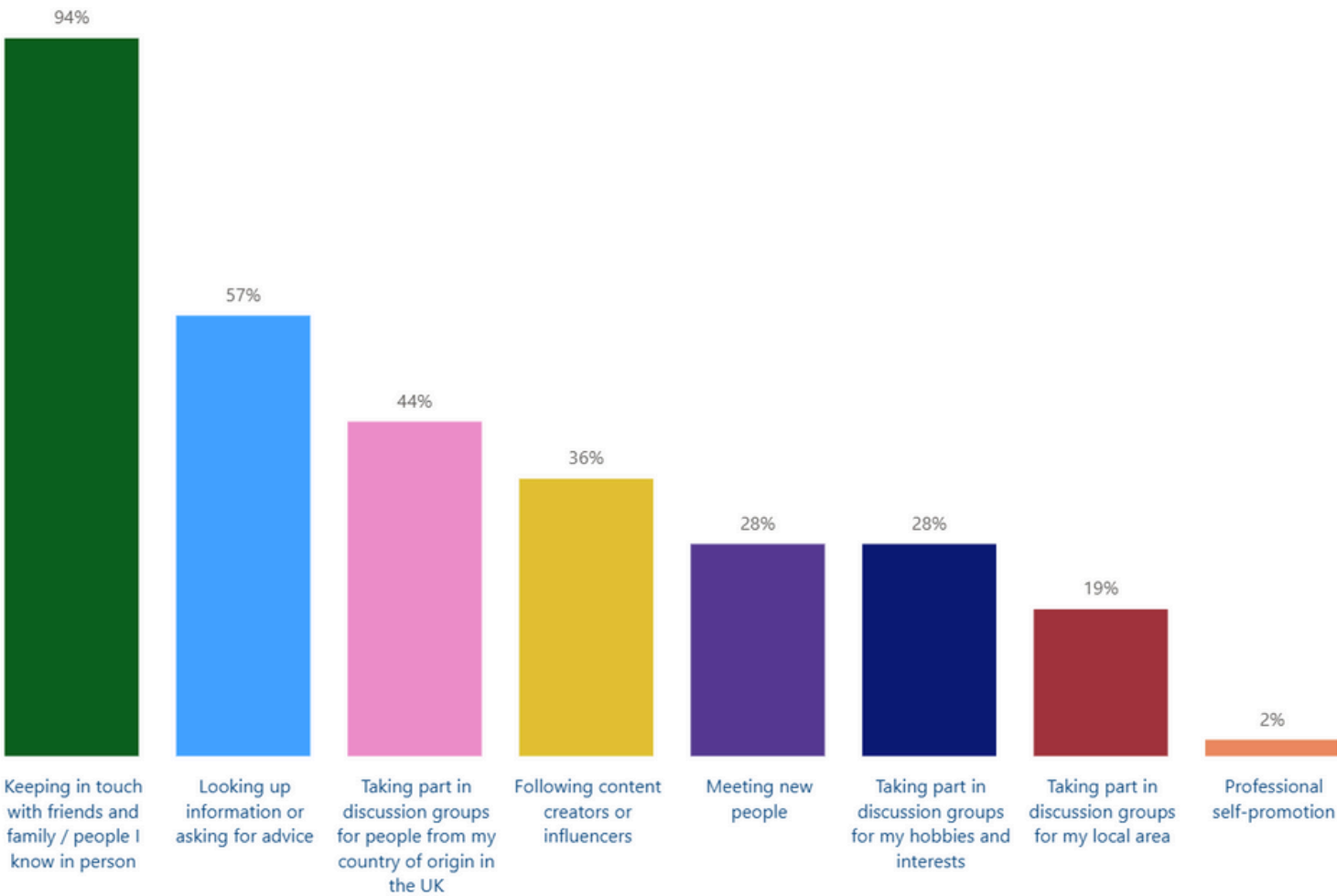


* Respondents who expressed a desire for better advertisement only
50 respondents

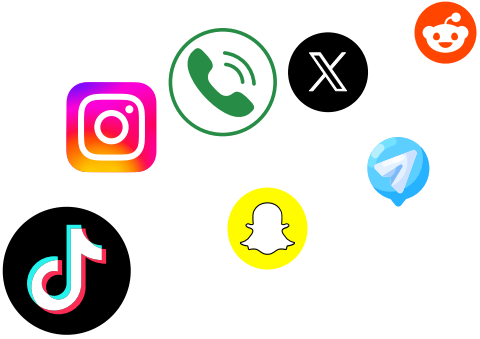
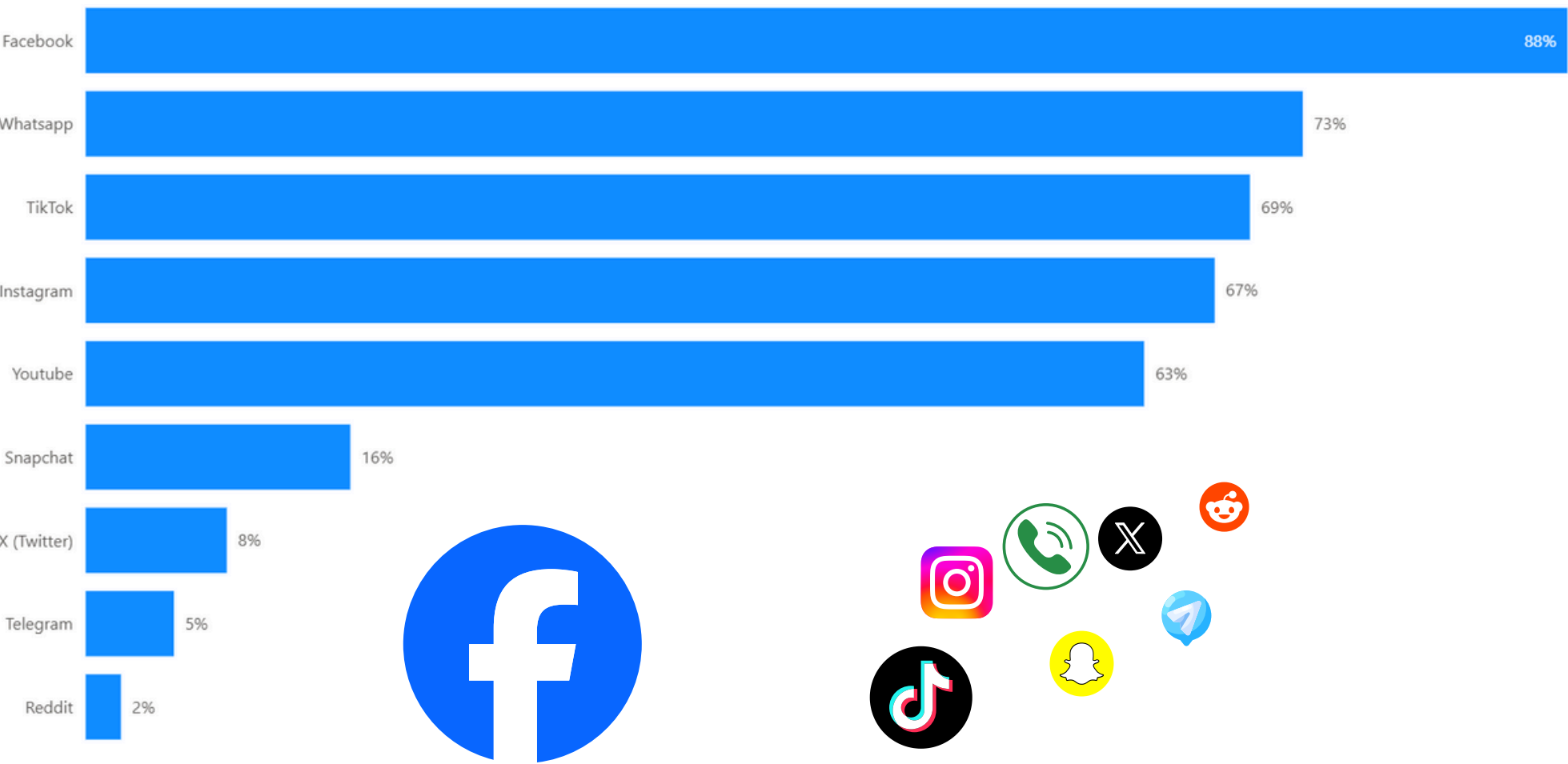
Our survey

Advertising stop smoking services on social media

What do you use social media for?



Most used networks



➡ **Romanian** and **Moldovan** respondents were more likely to follow influencers and content creators.

➡ **Roma** respondents were more likely to use social media to meet new people.

➡ **Romanian speakers, especially Moldovans** were more likely to use social media to take part in discussion groups for people from their country of origin. **Bulgarians** were less likely to do so.

➡ **Lithuanians** were more likely to use Youtube, but less likely to use TikTok.

➡ Youtube, Whatsapp and Instagram were the top 3 social networks for **Bulgarians**; they were less likely to use Facebook.

➡ 91% of **Romanian** social media users used Facebook, 77% used TikTok and 73% used WhatsApp

➡ **Romanian** speakers, including Roma and Moldovans, were the most likely to use Facebook, WhatsApp, Instagram and/or TikTok