

BREATHE BETTER, DRINK SMARTER

A life-course local council campaign to reduce smoking and alcohol harm

Presentation details

Module: LCHS7000 Social Epidemiology and Public Health Development

Assignment: Component 1 Group Presentation

Target: All ages in the local community

Focus: Smoking and alcohol consumption

Student name: Nadia Jabeen

Student ID: 2234873

Lecturer: Junaid Sheik

Professional practice intervention | 30-minute group presentation



Campaign overview: 8-week practice intervention

02

Campaign format

Commissioned by a local council to promote positive health behaviour.

All-age community access with life-stage segmentation.

Weekly 60–75 minute sessions in venues and online.

Brief advice, education, peer support and referral.

Outcome focus: awareness, service engagement and behaviour change.

8-week flow

1 Screen

2 Learn

3 Track

4 Plan

5 Support

6 Refer

7 Act

8 Review



Campaign design informed by local health promotion guidance and NICE tobacco recommendations (NICE, 2025).

02

10.6%

UK adults smoked cigarettes
in 2024

ONS, 2025

5.3m

People aged 18+ smoked
in the UK

ONS, 2025

21%

Adults drank above 14
units/week in 2024

HOC Library, 2026

8,274

Alcohol-specific deaths in
England in 2023

DHSC/OHID, 2025a

Public health logic

- Both are modifiable risk factors.
- Harms begin before visible illness.
- Risks accumulate across the life course.
- Prevention reduces future NHS and social care demand.

Critical issue

- Disadvantaged groups still carry higher harm.
- Alcohol risk can appear socially normal.
- Combined messaging reduces stigma by discussing everyday habits.

Council relevance

- Community venues reach people before a crisis.
- Partners can support prevention and referral.
- Outcomes can be monitored locally.



Data sources: ONS (2025), House of Commons Library (2026), DHSC/OHID (2025a), WHO (2024).

Smoking and tobacco

Best message: do not smoke; if smoking, access quit support.

NICE NG209 supports helping to stop smoking from age 12+ and prevention for under-24s.

Campaign translation: youth prevention, adult quit attempts and smoke-free home pledges.

Alcohol consumption

Adults should not regularly drink more than 14 units weekly.

Spread units across 3+ days and include drink-free days.

Children and young people: an alcohol-free childhood is the healthiest and safest option.



Life-course approach

Guidelines: NICE NG209 (2025); Department of Health (2016); GOV.UK alcohol prevention toolkit (2025).

Behaviour is shaped by environment, not only personal choice

Deprivation & cost of living

Peer norms & family habits

Access to GP, pharmacy & support

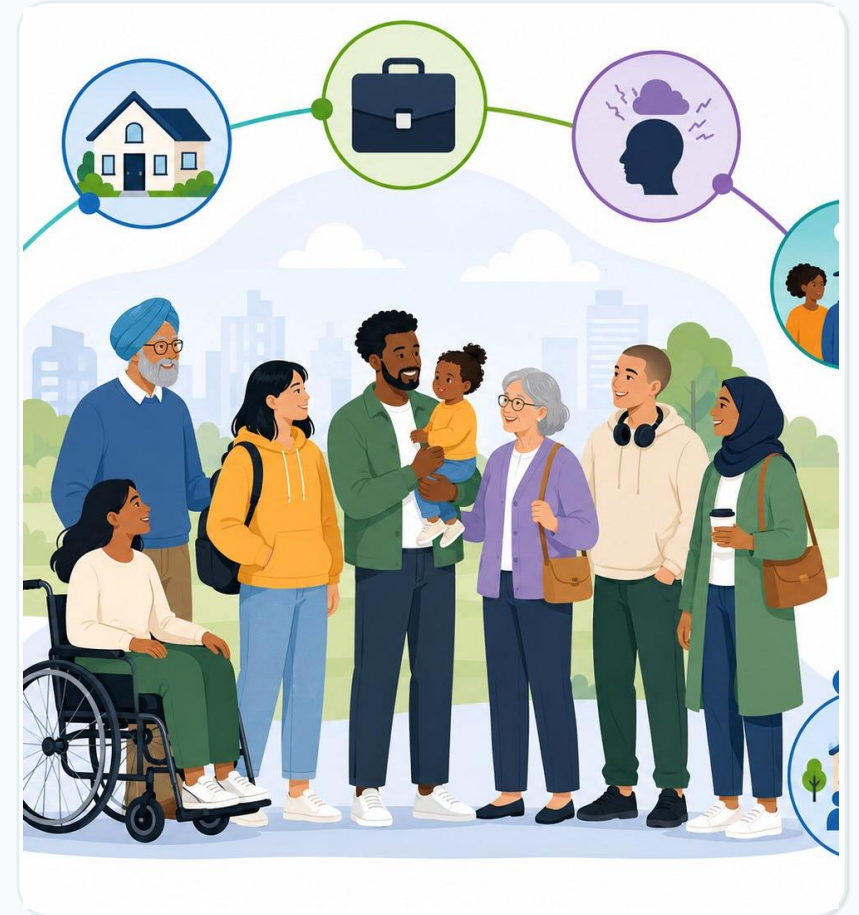
Stress, trauma & mental health

Marketing, availability & licensing

Housing, work & social isolation

Campaign implication

Combine information, motivation, practical skills and referral. Otherwise, the intervention risks blaming individuals for structurally patterned behaviours.



Conceptual basis: social determinants of health and UK inequality evidence (DHSC/OHID, 2025b; WHO, 2024).

Short-term: daily life

- Hangovers, poor sleep and low energy.
- Breathlessness and reduced exercise tolerance.
- Mood change, irritability and cravings.
- Accidents, injuries and unsafe decisions.
- Family conflict and financial pressure.

Long-term: future health

- Cancer, COPD and cardiovascular disease.
- Liver disease, pancreatitis and dependency.
- Worsening mental health and isolation.
- Second-hand smoke harms children.
- Premature mortality and inequalities.



Campaign message: benefits of change begin early, while prevention reduces future disease and inequality.

Health harms: WHO Europe (2025), NHS Better Health (2024a), NHS England Digital (2024), NHS Inform (2025)

Three measurable campaign aims

1. Increase awareness

By week 8, at least 80% improve their knowledge of smoking harms, alcohol units and support routes.

Benefit: informed decisions and stronger risk perception.

2. Increase help-seeking

At least 40% of smokers or risky drinkers accept signposting, referral or brief support conversation.

Benefit: earlier contact with evidence-based services.

3. Support behaviour change

At least 30% report a quit attempt, reduced smoking, alcohol-free days or a smoke-free home pledge.

Benefit: measurable risk reduction.



Primary data tool: pre/post form + attendance/referral log

Aim design aligns with process, impact and outcome evaluation principles and local public health practice.

Breathe Better, Drink Smarter

A community campaign that turns health guidance into everyday action

EDUCATE

Risks, units, second-hand smoke and myths

TRACK

Cigarettes, cravings, triggers and weekly alcohol units

SUPPORT

Peer groups, family pledges and motivational conversations

REFER

NHS stop smoking, GP, pharmacy and alcohol support

Theory-informed: Capability improves knowledge and skills | Opportunity provides free access | Motivation uses personalised goals and social encouragement

Intervention components draw on NICE (2025), NHS (2021), NHS Better Health (2024a; 2024b) and COM-B evidence (Gilbert et al., 2023).



Week	Session theme	Aim and content
1	Launch + baseline	Smoking status, AUDIT-C, quiz, goals
2	Smoke-free living	Nicotine dependence, quit options
3	Alcohol units	14-unit guideline, diary, alcohol-free days
4	Triggers + cravings	Stress, peer pressure, coping alternatives
5	Family + community	Smoke-free homes and support buddies
6	Local help pathway	NHS, pharmacy, GP, alcohol support referral
7	Action planning	SMART goals and relapse planning
8	Review + sustain	Post-measures and follow-up



All sessions include signposting, safeguarding awareness and referral where risk is identified.

Session content informed by NHS stop smoking services and Better Health resources (NHS, 2021; NHS, 2024a; NHS, 2024b).

BREATHE BETTER DRINK SMARTER

A free 8-week community
campaign

STOP SMOKING • DRINK
LESS

SCAN • JOIN • TALK •
TRACK • CHANGE

Poster requirements covered

Title and memorable slogan;
focus on smoking and alcohol
reduction; weekly activities;
benefits; QR/phone/in-person call
to action.

Accessibility note

Use large text, plain UK English,
translated versions where
required and a non-digital
booking option for people without
smartphones.



poster content aligns with NHS Better Health messages and local council health promotion principles (NHS, 2024a; NHS, 2024b).

Local council Public Health

Commissioning, venues, local data, safeguarding

NHS stop smoking services

Quit support, NRT advice, follow-up, CO monitoring

GPs + pharmacies

Brief advice, referral, medicines and health checks

Schools, colleges + youth services

Prevention, peer norms and family engagement

Community and faith groups

Trusted spaces, inclusion and social support

Alcohol services + charities

AUDIT-C, brief intervention and recovery pathways

Reusable resources: NHS Better Health leaflets • alcohol unit tracker • AUDIT-C screen • CO monitor • smoke-free home pledge • referral card • text reminder template • local support directory



poster content aligns with NHS Better Health messages and local council health promotion principles (NHS, 2024a; NHS, 2024b).

PROCESS

Was it delivered?

- Attendance by week
- Reach across ages/communities
- Referral conversations logged
- Partner involvement

Tool: monitoring log

IMPACT

Did knowledge or intention change?

- Pre/post knowledge quiz
- Confidence rating
- Alcohol unit awareness
- Quit readiness and smoke-free pledge

Tool: short questionnaire

OUTCOME

Did behaviour change begin?

- Quit attempt or reduced cigarettes
- Fewer weekly alcohol units
- Alcohol-free days
- 4–8 week follow-up

Tool: self-report + service data



Ethical practice: anonymous group data, consent for follow-up, and safe referral when dependency or safeguarding risk is identified.

Evaluation indicators use service monitoring principles and NHS stop smoking 4-week quit definitions (NHS Digital, 2024; NICE, 2025).

Physiological benefits

- Better breathing and stamina
- Lower cancer, COPD and CVD risks
- Improved liver, sleep and blood pressure health
- Reduced second-hand smoke exposure

Psychological benefits

- Greater self-efficacy and control
- Improved mood and energy
- Reduced guilt, worry and dependency cycles
- Better concentration and sleep routine

Sociological benefits

- Healthier family routines
- Less financial pressure
- Safer social occasions and fewer injuries
- Greater community connection and support



Behaviour change pathway: small step → reduced exposure → better daily wellbeing → lower future risk

Health benefits: NHS Better Health (2024a; 2024b), WHO Europe (2025), WHO (2024).

COM-B

Capability • Opportunity • Motivation

HBM

Risk, benefits, barriers, cues

TTM

Stages of change

Key barriers

Nicotine dependence, cravings and withdrawal.

Alcohol as a social norm or coping strategy.

Low perceived risk: "I only drink/smoke socially".

Stigma, fear of judgment, and low confidence.

Limited time, digital exclusion or poor access.

Campaign solutions

Capability: plain information and action plans.

Opportunity: free venues, referral cards and partner access.

Motivation: confidence scaling, goals and peer support.

Stages: awareness, preparation, action and relapse planning.

Equity: translated resources and culturally sensitive delivery.



Critical point: education alone is insufficient; change requires capability, opportunity, motivation, services and social support.

Models and evidence: Gilbert et al. (2023), Alyafei and Easton-Carr (2024), Park et al. (2024), NICE (2025)

- Action on Smoking and Health (ASH) (2025) Smoking and respiratory disease. Available at: <https://ash.org.uk/resources/view/smoking-and-respiratory-disease> (Accessed: 6 June 2026).
- Alcohol Change UK (2026) Alcohol statistics. Available at: <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics> (Accessed: 6 June 2026).
- Alyafei, A. and Easton-Carr, R. (2024) The Health Belief Model of Behavior Change. StatPearls. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK606120/> (Accessed: 6 June 2026).
- Department of Health (2016) Alcohol consumption: advice on low risk drinking. Available at: <https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking> (Accessed: 7 June 2026).
- Department of Health and Social Care and Office for Health Improvement and Disparities (2025a) Alcohol profile: short statistical commentary, February 2025. Available at: <https://www.gov.uk/government/statistics/alcohol-profile-february-2025-update/alcohol-profile-short-statistical-commentary-february-2025> (Accessed: 7 June 2026).
- . Department of Health and Social Care and Office for Health Improvement and Disparities (2025b) Smoking profile: statistical commentary, November 2025. Available at: <https://www.gov.uk/government/statistics/smoking-profile-november-2025-update/smoking-profile-statistical-commentary-november-2025> (Accessed: 7 June 2026).
- Gilbert, E. et al. (2023) Using the COM-B model to identify barriers and facilitators in smoking behaviour. Tobacco Prevention & Cessation. Available at: <https://www.tobaccopreventioncessation.com/Using-the-COM-B-model-to-identify-barriers-and-facilitators-in-smoking-behaviour%2C162897%2C0%2C2.html> (Accessed: 7 June 2026).
- House of Commons Library (2026) Statistics on alcohol: England. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-7626/> (Accessed: 7 June 2026).
- . NHS (2021) NHS stop smoking services help you quit. Available at: <https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/> (Accessed: 8 June 2026)
- NHS (2024a) Understanding the true impact of smoking. Available at: <https://www.nhs.uk/better-health/quit-smoking/why-quit-smoking/understanding-the-true-impact-of-smoking/> (Accessed: 8 June 2026).
- NHS (2024b) Drink less alcohol. Better Health. Available at: <https://www.nhs.uk/better-health/drink-less/> (Accessed: 8 June 2026).

- NHS England Digital (2026) Health Survey for England, 2024: adults health-related behaviours. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2024/adults-health-related-behaviours> (Accessed: 9 June 2026).
- . National Institute for Health and Care Excellence (NICE) (2025) Tobacco: preventing uptake, promoting quitting and treating dependence (NG209). Available at: <https://www.nice.org.uk/guidance/ng209> (Accessed: 9 June 2026).
- . Office for National Statistics (2025) Adult smoking habits in the UK: 2024. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsinreatbritain/2024> (Accessed: 9 June 2026).
- . Park, M.H. et al. (2024) Transtheoretical model to predict stages of change in smoking cessation behaviour among adolescent smokers. *Frontiers in Public Health*, 12. Available at: <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1399478/full> (Accessed: 10 June 2026).
- . World Health Organization (2024) Alcohol. Available at: <https://www.who.int/news-room/fact-sheets/detail/alcohol> (Accessed: 10 June 2026).
- . World Health Organization Europe (2025) Effects of tobacco on health. Available at: <https://www.who.int/europe/news-room/fact-sheets/item/effects-of-tobacco-on-health> (Accessed: 10 June 2026).
- .