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Module: Social Epidemiology and Public Health Development

Module Code: LCHS7000

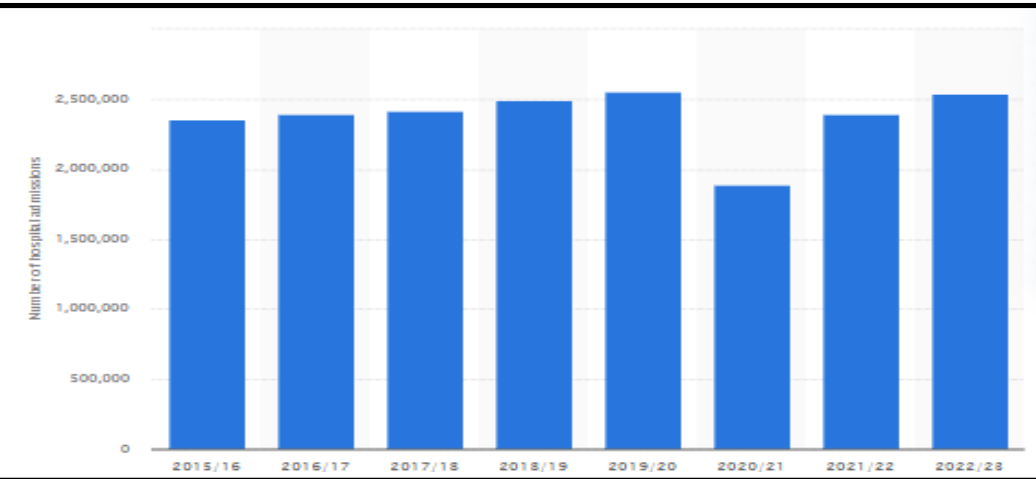
Campaign name: Quit & Thrive: A Smoke-Free Future (18 TO 25 Age Group)

Campaign purpose: Increasing awareness and access to cessation support services

Choose Health Today, Breathe Better Tomorrow

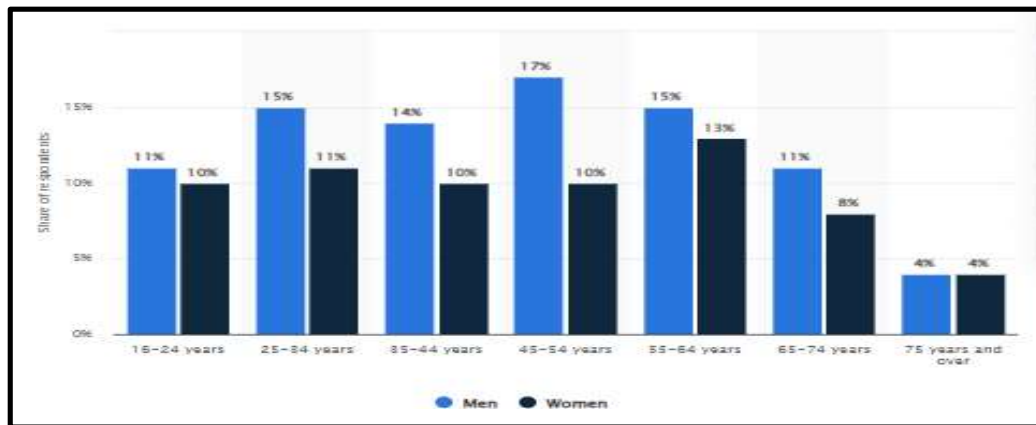
Assignment Title: Component 1 Group Presentation (Practice intervention)

RATIONALE-PUBLIC HEALTH ISSUE (TASK 1)



Hospital admissions due to smoking in the UK (2000-2023)

(Source: Stewart, 2025)



Current smokers in the UK by gender and age

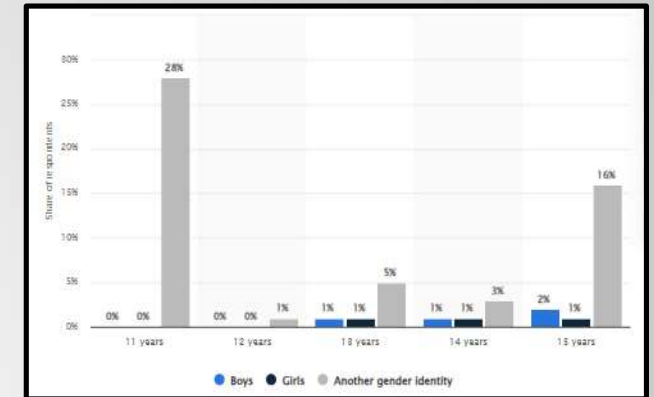
(Source: Stewart, 2026)

- In the UK, smoking has remained a major public health issue, which has acted as the main cause of health inequalities, with the harm concentrated in disadvantaged communities and groups (GOV.UK, 2025).
- In 2022/23, approximately 2.54 million people have been admitted to hospitals in the UK due to regular smoking (Stewart, 2025) and each year over 7 million people die and suffering from this long-term diseases (WHO, 2025).
- Across 15% of men and 13% of women aged 16-24 years and 55-64 years are the highest share of smokers in the UK (Stewart, 2026).
- Therefore, a targeted smoking cessation campaign, **Quit & Thrive: A Smoke-Free Future**, will be reliable for the young adults for encouraging them to quit smoking, improving their long-term health outcomes and creating a “smoke-free generation” (WHO, 2025).

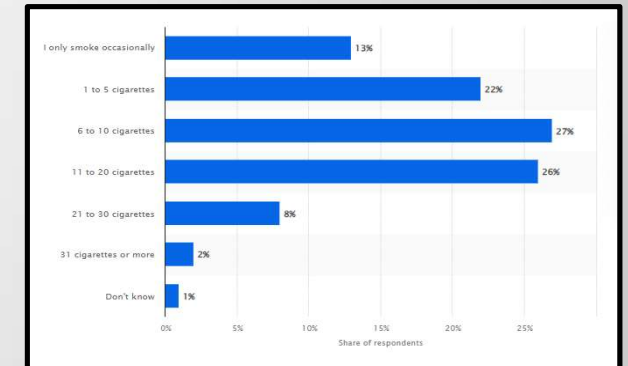


NATIONAL GUIDELINES AND STATISTICS

- The UK government, in July 2019, published a "green paper" which has set out a bold strategy for making "Smoke free England" by 2030, by integrating care systems, stop smoking services and controlling the usage of tobacco (CRU, 2026).
- The national guidelines, including the NHS, are executing a campaign called "Quit smoking - Better Health", which provides smoking cessation services, such as a quit plan and digital tools, to the UK youth (NHS, 2026).
- The National Institute for Health and Clinical Excellence (NICE) has superseded a significant guidance document in 2021, related to smoking cessation for preventing uptake, promoting quitting and treating dependence (NCSCT, 2026).
- The report shows 2% of boys and 1% of girls at the age of 15 are regular smokers in the UK (Stewart, 2025a). This indicates a low but persistent generality of smoking among UK teenagers.
- In 2023, a survey was conducted among 1,226 UK consumers, which revealed that approx 22% individuals are consuming 6-10 cigarettes every day (Bashir, 2025). This indicates a significant addition to nicotine consumption.
- In the UK, the age group between 18 and 25 shows a mixed compliance towards the smoking guidelines; however, a slight decline can be seen in regular smoking rates (BBC, 2024).

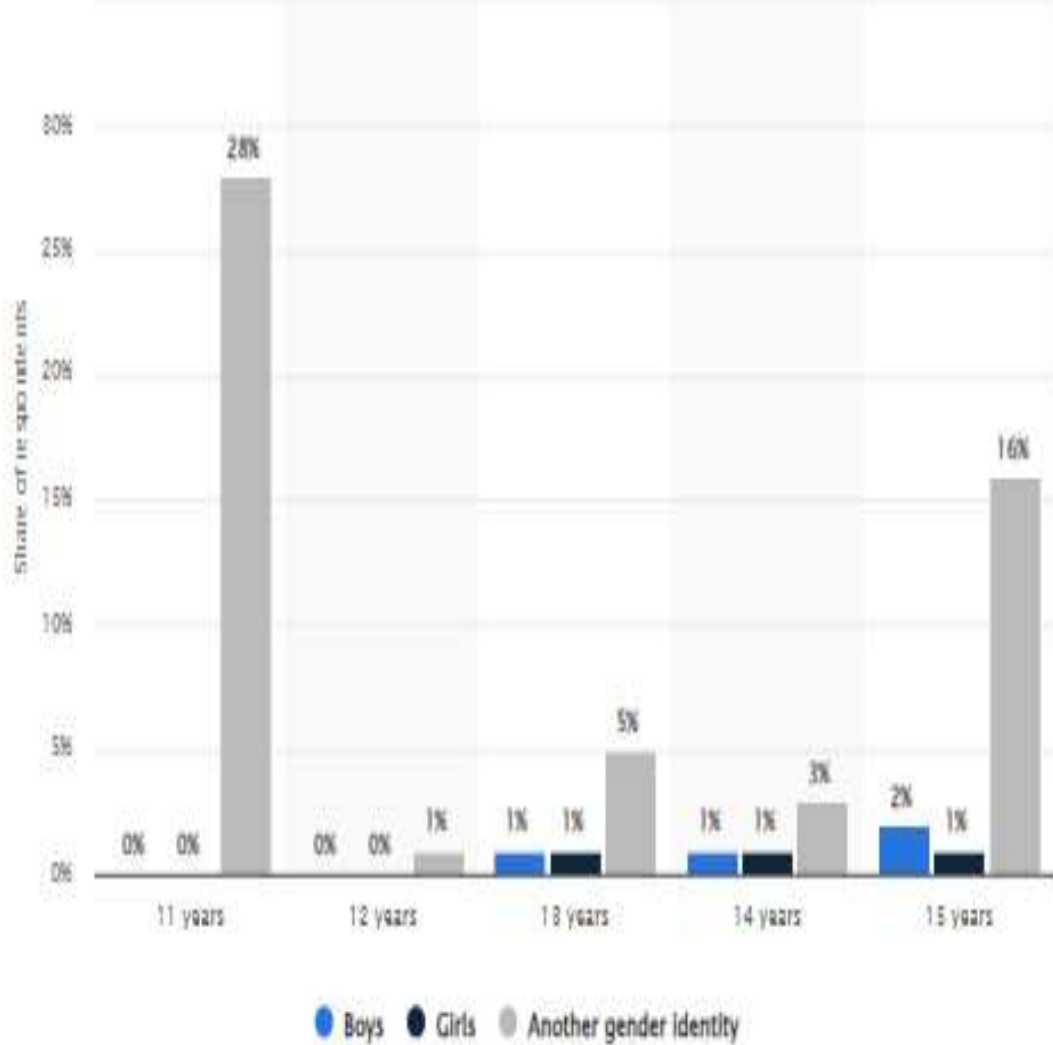


Regular smokers in the UK 2023, by gender and age
(Source: Stewart, 2025a)

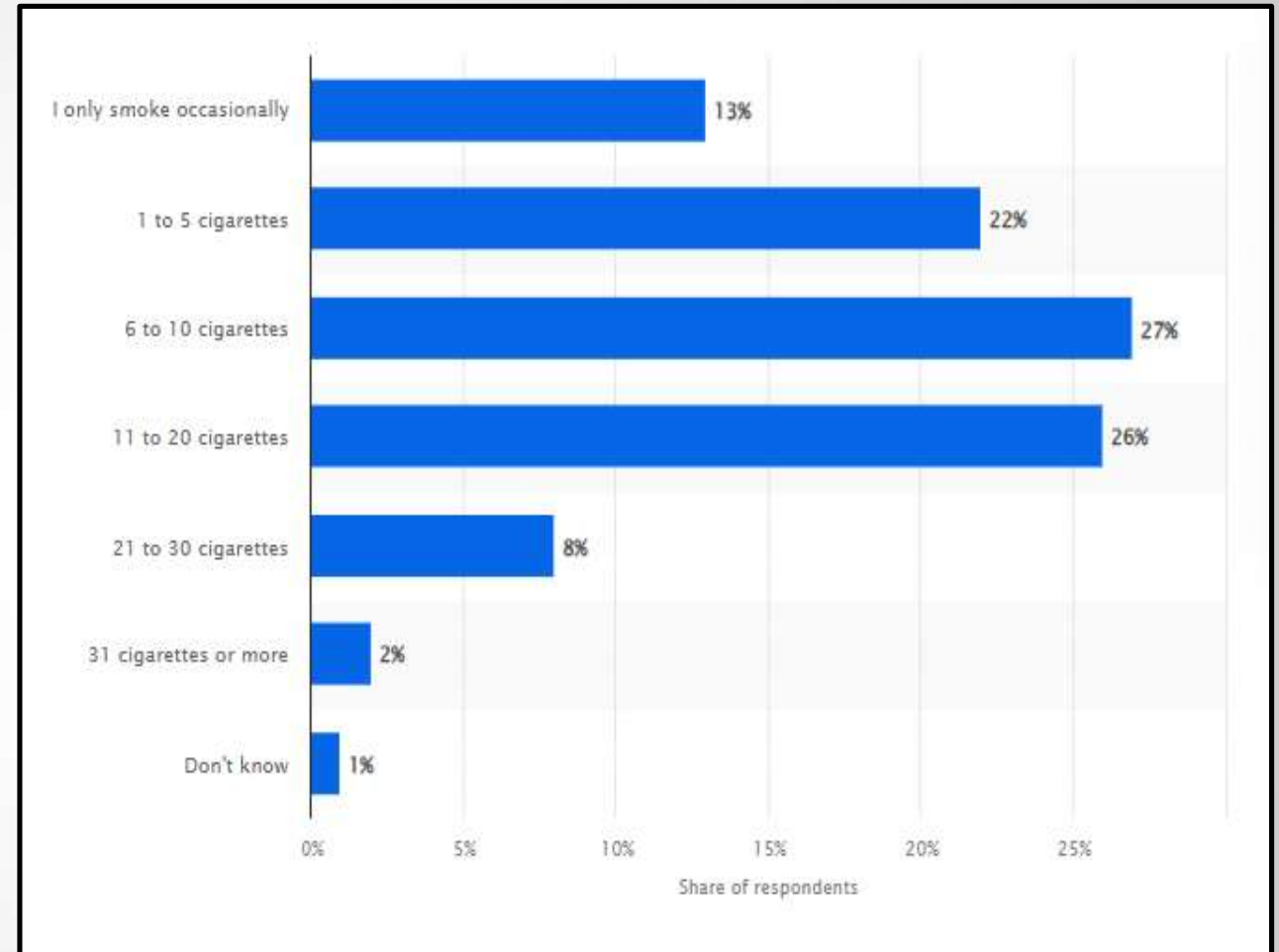


Cigarettes smoked per day in the UK 2023
(Source: Bashir, 2025)

NATIONAL GUIDELINES AND STATISTICS



**Regular smokers in the UK
2023, by gender and age**
(Source: Stewart, 2025a)



**Cigarettes smoked per day in
the UK 2023**
(Source: Bashir, 2025)

Consequences of Smoking

Short-term Consequences (Daily Life)

- Smoking leads to increased stress, anxiety, dependency on others and causes changes to physical sensations, mood and behaviour (Cleveland Clinic, 2024).
- By consuming nicotine, individuals may face decreased oxygen in the blood, which causes immediate fatigue and shortness of breath (Cleveland Clinic, 2021).

Long-term Consequences

- Over the years, smoking can increase the risk of long-term health diseases, including lung cancer, stroke, damaged cardiovascular system and COPD and making it one of the leading causes of preventable death in the UK (WHO, 2025).
- It is also reduced fertility in both men and women, which increases the risk of ectopic pregnancy, miscarriages, stillbirth and premature birth (GOV.UK, 2025).



Stop Smoking!



Smoking is the leading cause of preventable death.

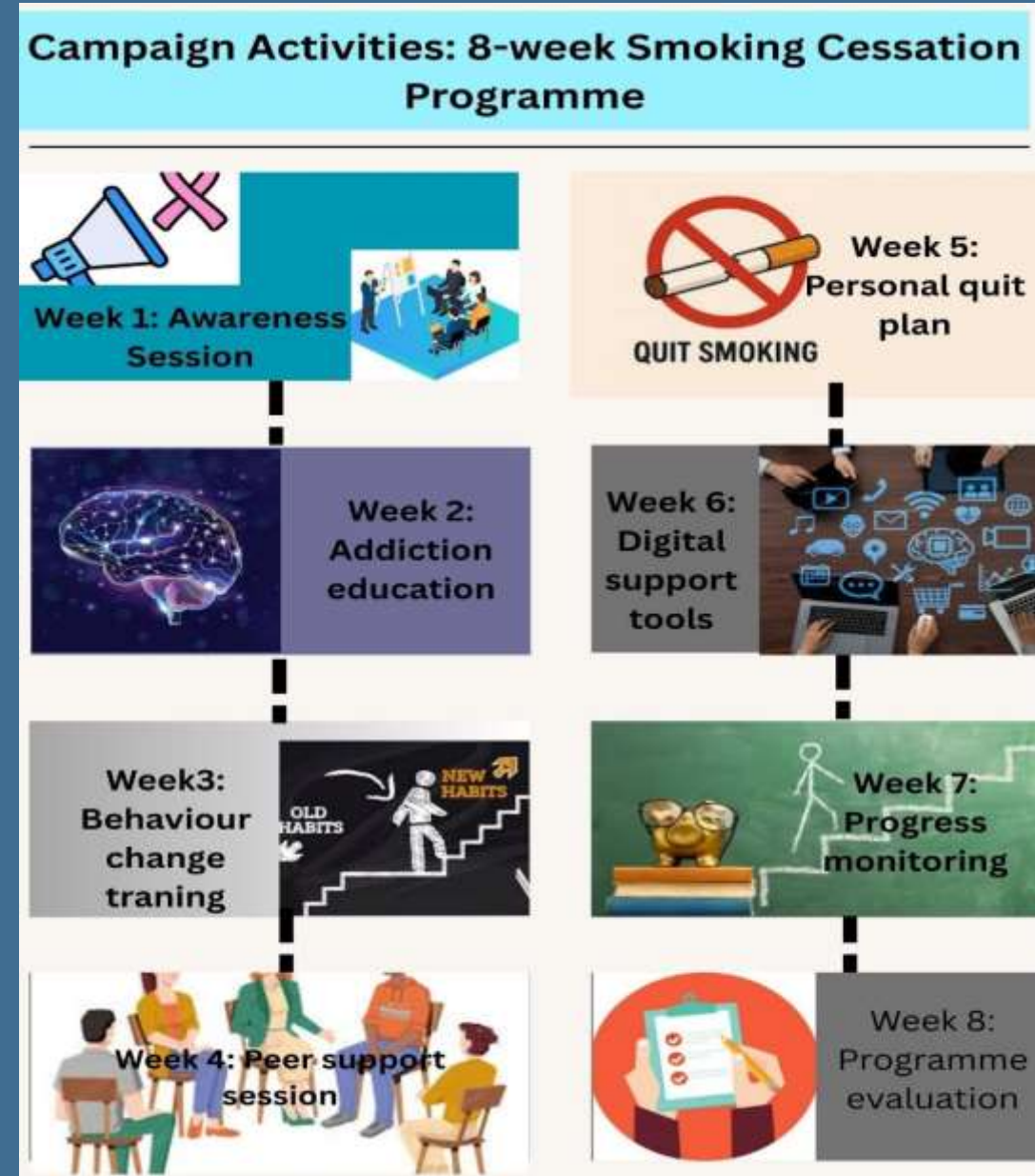
Over 5,000,000 deaths a year in the World.

Campaign Aims

- **Aim 1:** The campaign, **Quit & Thrive: A Smoke-Free Future**, aims to increase awareness **by 30%** regarding the smoking consequences, among the young adults **aged 18-25 within 8 weeks** by delivering educational sessions. Achieving this will help individuals in making informed decisions, which **will be measured through post-campaign knowledge surveys** (Beckerley et al., 2022).
- **Aim 2:** The campaign aims to encourage young smokers **by 20%** of **aged 18-25** for accessing stop-smoking support services, and increase the success rate of quitting smoking **within 8 weeks**. This will be **measured by the number of registration for cessation services** (Littlecott et al., 2024).
- **Aim 3:** The campaign aims to reduce smoking behaviour **by 40%** among the smokers of aged **18-25**, through the promotion of healthier strategies and behavioural support **during the 8 week intervention** for enhancing ultimate health outcomes and **will be measured through the reports regarding the reduced cigarette consumption** (Durkin et al., 2022).

CAMPAIGN OVERVIEW AND ACTIVITY FOR YOUNG ADULTS (18-25)

- **Campaign overview:** An institution-concentrated smoking cessation campaign, named as **Quit & Thrive: A Smoke-Free Future**, is being conducted by targeting the UK young adults, aged 18-25, aims for preventing smoking through increasing awareness and access to cessation support services (GOV.UK, 2017).
- **Programme structure:** The campaign will be executed as a 6-8 week intervention, by involving educational workshops and behavioural support sessions, which will be delivered to the youth for encouraging smoking cessation (Littlecott et al., 2024).
- **Key activities:** Communal activities, including health education sessions and digital awareness campaigns on social media, will be utilised for acknowledging risks of smoking and quit services (Durkin et al., 2022).
- **Supporting services:** The participants will be supported through local smoking cessation services, counselling support and effective quit smoking messages, for increasing the success rate of the campaign (Durkin et al., 2022).



Task 2

Types of Evaluation



SAY TO
STOP
SMOKING

Process Evaluation: It will assess the cessation campaign implementation whether target population actively participate or not.

- **Participation rate target:** 75–85%
- **Social media campaign reach:** approximately 5,000–10,000 young adults
- **Engagement rate:** at least 10–15% interactions (likes, shares, comments)
- Participants feedback collection after each session

Outcome Evaluation: It will measure whether the campaign accomplish its intends to bring positive changes among young adults and health behaviour.

- Assessment of smoking behaviour changes
- Pre- and post-survey of 100 participants
- 30% increase in knowledge about smoking risks
- 20% increase in registration for cessation services
- Collect response through pre and post campaign awareness surveys
- Measure participants knowledge about smoking risks

Evaluation of both the campaign implementation process and its outcome generation will outline the roadmap whether the intervention of smoking cessation effectively promotes among young adults or not.

Evaluation Methods

- Prior and After surveys to gauge awareness and modify behavior.
- Use quitlines and smartphone apps to monitor quit attempts and success rates.
- Online questionnaires and focus groups are used to collect feedback.
- Digital resource engagement metrics
- Before and after the campaign, track the prevalence of smoking in the targeted locations.

POSTER

Quit & Thrive: A Smoke-Free Future Campaign



YOUR 8-WEEK QUIT SMOKING PROGRAMME

WEEK 1: AWARENESS SESSIONS

Learn the dangers of smoking and benefits of quitting.

WEEK 2: ADDICTION EDUCATION

Understand nicotine addiction and effective coping strategies.

WEEK 3: BEHAVIOUR CHANGE TRAINING

Develop new, healthier habits and break smoking triggers.

WEEK 4: PEER SUPPORT GROUPS

Connect with others, share experiences, and gain support.

WEEK 5: PERSONAL QUIT PLANNING

Create a personalized quit plan and set realistic goals.

WEEK 6: DIGITAL CESSATION TOOLS

Use apps, online resources, and text-based support.

WEEK 7: PROGRAMME MONITORING

Track progress, address challenges, and adjust plans as needed.

WEEK 8: PROGRAMME EVALUATION

Review your journey, celebrate success, and plan for the future.



**CHOOSING HEALTH IS THE FIRST STEP
TOWARDS A SMOKE-FREE LIFE.**

Campaign

Campaign Activity



- **Week 1: Awareness session-** It will be conducted for educating participants regarding the consequences of smoking, increasing motivation to quit smoking behaviour (WHO, 2025). Target 100 participants, with at least 80% attendance rate.
- **Week 2: Addiction education-** It will provide information about the nicotine addiction, risk of long-term disease for helping smokers to understand benefits of quitting (GOV.UK, 2025). Aim for 75% participants to correctly identify 3 major health risks of smoking in a short quiz.
- **Week 3: Behaviour Change training-** Participants will encourage to acquire behavioural strategies, including coping techniques and replacement of habit to quit smoking (NCSCT, 2026). At least 60% of participants develop two coping strategies for nicotine cravings.
- **Week 4: Peer support session-** Group discussions and peer support activities will be executed for increasing commitment to quitting smoking (Leutwyler et al., 2024). Expect 70% of participants to actively join peer discussions and support groups.

CAMPAIGN ACTIVITY (CONTD.)

- ❓ **Week 5: Personal quit plan-** Each participant will develop a customised smoking quit plan which will involve a quit date, coping strategies and supporting sources during their smoking cessation journey (ACS, 2026). At least 85% of participants create a personalised quit plan.
- ❓ **Week 6: Digital support tools-** Digital tools, including mobile apps, text reminders and online counselling, will be introduced in this stage for delivering behavioural guidance during the quitting procedure (Hamoud et al., 2025). Around 65–70% of participants download and use a smoking cessation app.
- ❓ **Week 7: Progress monitoring-** Progress of the participants will be monitored through follow-ups, feedback sessions and self-tracking methods for reinforcing positive behaviour and identifying challenges in maintaining temperance (Jensen-Doss et al., 2018). Aim for 50% reduction in daily cigarette consumption among active participants.
- ❓ **Week 8: Programme evaluation-** This final stage will evaluate the effectiveness of the programme by reviewing participants' outcomes, satisfaction and behavioural changes (WHO, 2025). Target 80% participant satisfaction with the intervention programme.



POSTER

Quit & Thrive: A Smoke-Free Future Campaign

COMPREHENSIVE BENEFITS OF **QUITTING SMOKING**

NEW HOPE, NEW BEGINNING



• IMMEDIATE BENEFITS

- Lower heart rate & blood pressure.
- Improved sense of taste & smell.
- Easier breathing and more energy.

• HEALTHIER BEHAVIOUR

- Encourages you to adopt a healthier lifestyle.
- Reduces reliance on harmful substances.
- Builds positive habits for long-term wellness.

• PHYSICAL & MENTAL WELLBEING

- Better lung function & physical fitness.
- Reduced stress, anxiety, and depression.
- Improved mood, better sleep, and more confidence.

• LOWER RISK OF DISEASES

- Reduces risk of lung cancer, heart disease, and stroke.
- Enhances circulation and lung function.
- Strengthens immune system.

• FINANCIAL SAVINGS

- Save thousands of dollars annually.
- Spend money on better things for you & your family.
- Less stress about money and finances.

• BETTER QUALITY OF LIFE

- Enjoy a longer, healthier life with loved ones.
- Feel more in control, empowered, and confident.

**IT'S NEVER TOO LATE TO QUIT. START YOUR JOURNEY TO
BETTER HEALTH TODAY!**

Visit www.Quit&Thrive.com for resources and qunet support.



EXPLANATION OF POSTER

- **Campaign title:** Quit and Thrive: A Smoke-Free Future
- **Target audience:** Young adults (18 to 25 age group)
- **Main goal:** Encourage quitting smoking and promoting healthier lifestyles
- **Imagery:** Photograph of a busted cigarette symbolizes the choice to stop smoking
- **Urgent message:** "Time to Quit Smoking" highlights health risks of smoking
- **Campaign structure:** 8-week program including: - Awareness and addiction education - Behaviour change training - Peer support groups - Personal quit planning - Digital quit tools - Monitoring progress - Programme evaluation
- **Overall aim:** Raise awareness, promote smoking cessation, and encourage healthier behaviours for a smoke-free life



PARTNERS AND ORGANISATIONS

Logo	Organisation Name	Aim
	National Health Service (NHS)	To stop smoking through behavioural counselling and be participate in community-based cessation programmes (NHS, 2026a).
	Office for Health Improvement and Disparities (OHID)	To adhere to tobacco control policies and raise public awareness regarding health risks of smoking (WHO, 2025).
	Local Government Association	To support the UK government commitment for creating a smoke-free generation and aims to build a smoke-free nation within 2030 (Local Government Association, 2026).
	London Tobacco Alliance	To make London smoke free within 2030 by reducing inequalities through the usage of better equipment with healthcare accessibility (London Tobacco Alliance, 2026).

Partners and Organisation (Contd.)

NHS England will be the partner of the campaign as it provides stop-smoking services, counselling and smoking cessation assessments for supporting the individuals in quitting smoking (NHS, 2026).

By working with the UK government councils, the campaign will be able to deliver community-based smoking cessation programmes and health promotion initiatives (GOV.UK, 2025).

Additionally, a public health charity, advocates for tobacco control policies and raises awareness regarding the consequences of smoking and its impact on health, and will also be a partner of the campaign (GOV.UK, 2025).

Office for Health Improvement and Disparities (OHID) will also be the partner of the campaign as it supports national tobacco control strategies and public health campaigns for reducing smoking consumption in the UK (WHO, 2025).



Resources for the Campaign

Educational Materials

- Poster (OHIO: Better Health Smoke Free)
- Leaflets (Local Government Association: Tobacco Control)

It inform young adults regarding smoking's short and long-term consequences.

Digital Engagement Tools

- Mobile Applications (NHS: Stop Smoking Services)
- Social Media Platforms (London Tobacco Alliance: Stop Smoking London)

The campaign will easily reach to young adults.

Behavioural Support services

- Counselling (NHS: Stop Smoking Services)
- Peer Support Groups (NHS: Stop Smoking Services)

It will enable the target group to participate peer discussion sessions during quitting process.



Task 3: Advantages and Difficulties

Advantages and Barriers of Smoking Cessation Campaign

Target Group: Young Adults (18–25) in the UK

In the UK, smoking is one of the primary preventable morbidity and mortality factors. (Office for National Statistics, 2024)



PHYSIOLOGICAL ADVANTAGES

Quitting smoking leads to:

- ✓ Decreased cardiovascular disease risk
- ✓ Lowered lung cancer and COPD risk
- ✓ Better lung performance
- ✓ Better immune system
- ✓ Reduced risk of early death

Quitting smoking is also very advantageous to physical health (NHS England, 2023).



In the UK, more than 74,000 deaths were caused by smoking in 2022 (Office for Health Improvement and Disparities, 2023).

PSYCHOLOGICAL ADVANTAGES



Cessation is linked with:

- ✓ Less anxiety and depressive symptoms
- ✓ Better mood and wellbeing
- ✓ Higher self-efficacy
- ✓ Better sleep quality

Optimism bias usually causes young adults to underrate risks in the long term (Action on Smoking and Health, 2024).

According to evidence provided by UK stop-smoking services, there is an improvement in the mental wellbeing of those who managed to quit (NHS England, 2023).

SOCIOLOGICAL ADVANTAGES

Smoking cessation is a contributor to:

- ✓ Less second-hand smoke exposure
- ✓ Better social image and employability
- ✓ Reduced health inequalities
- ✓ Prevalent in low-income communities (ONS, 2024)

Minimisation of smoking supports the UK Smokefree 2030 ambition (UK Government, 2023).

£2,000+

AVERAGE ANNUAL SAVINGS

Cost reduction is a key sociological motivator for the 18-25 demographic.

HEALTH BELIEF MODEL (HBM)

Key Barriers Explained:

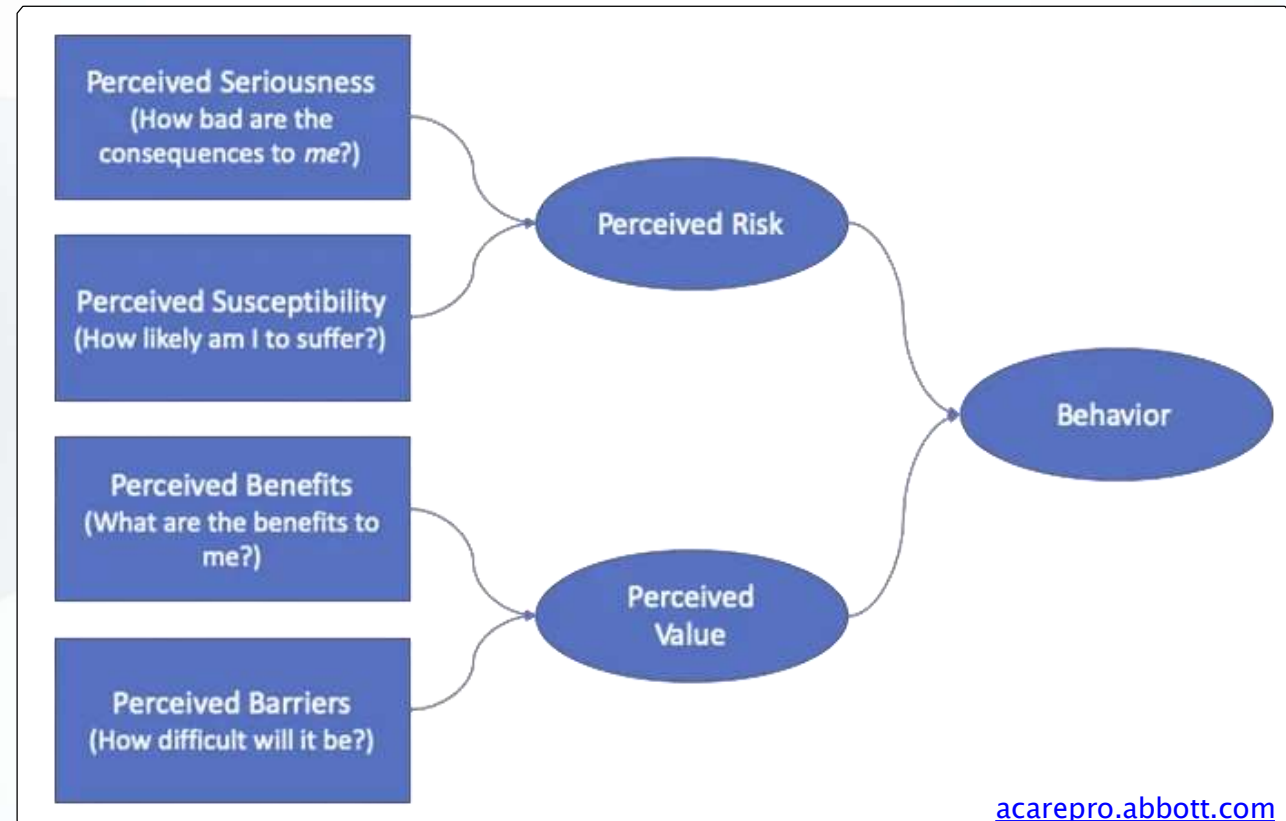
✓ **Low Perceived Risk:** "I'm young, risk is low"

✓ **Low Severity:** Underestimating chronic illness

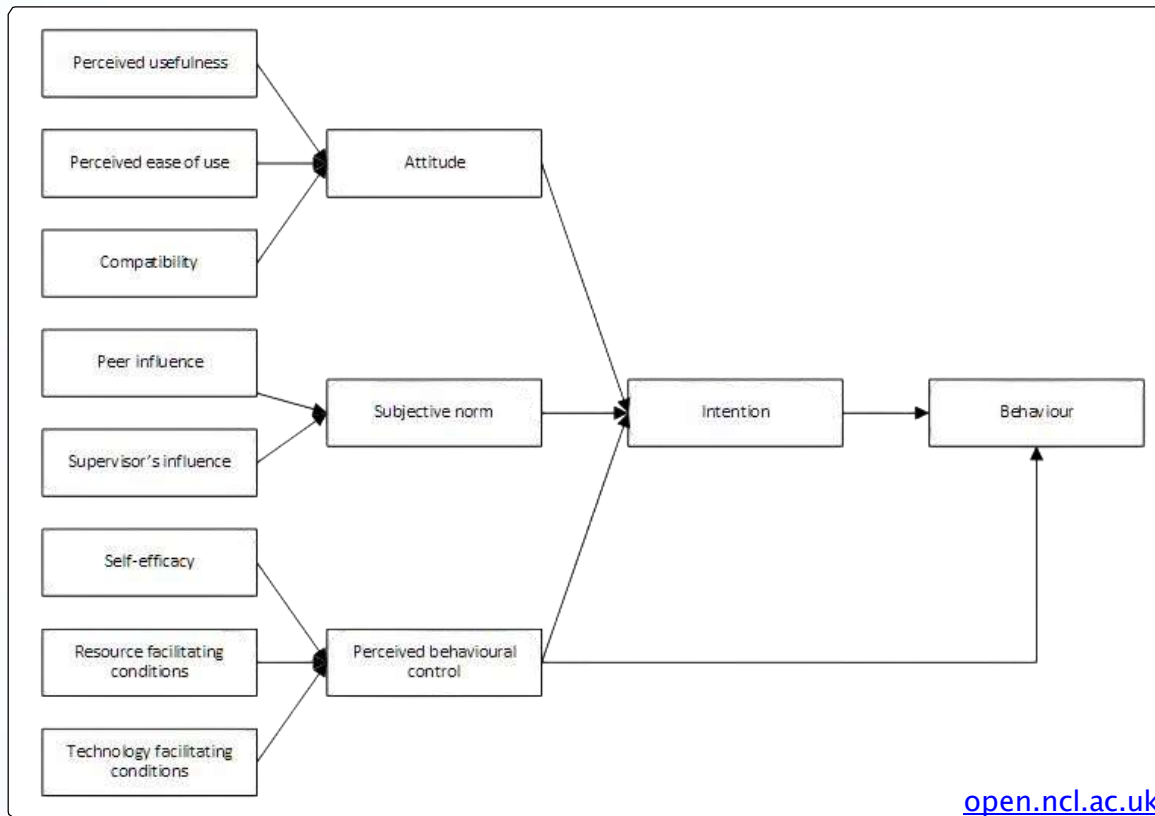
✓ **Perceived Benefits:** Stress relief, socialising

✓ **Perceived Barriers:** Addiction, withdrawal

UK campaigns use graphic warnings to increase perceived risk (OHID, 2023).



THEORY OF PLANNED BEHAVIOUR (TPB)



Social & Internal Barriers:

- ✓ **Subjective Norms:** Peer influence in UK nightlife culture
- ✓ **Attitudes:** Smoking as a primary stress coping mechanism
- ✓ **PBC:** Low control due to nicotine dependence

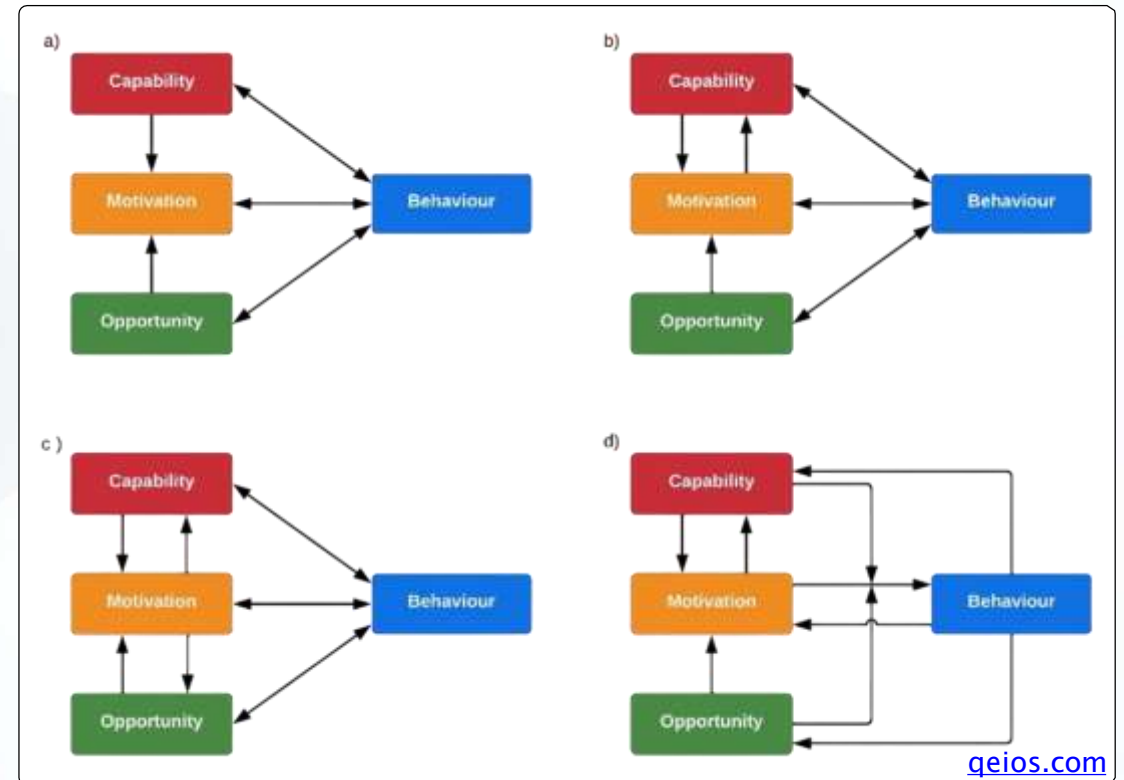
ONS data shows high prevalence in routine/manual professions, highlighting social norm influence (Office for National Statistics, 2024).

THE COM-B MODEL

Behaviour = Capability + Opportunity + Motivation

- ✓ **Psychological Capability:** Low knowledge of available quit services
- ✓ **Social Opportunity:** Peer smoking culture among young adults
- ✓ **Reflective Motivation:** Low intention to quit prematurely

Many UK behaviour change strategies are built on this framework (OHID, 2023).



STRATEGIC CAMPAIGN SOLUTIONS



Capability

Promoting NHS local stop-smoking services to increase individual knowledge.



Social Norms

Using peer ambassadors in universities to shift youth smoking culture.



Motivation

Providing financial savings calculators to highlight immediate personal gain.



Susceptibility

Social media storytelling to increase perceived susceptibility among 18-25s.



Control

Offering text-based support services to increase behavioural control.



Commissioning

Local authority led services for prevalence reduction (LGA, 2023).

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BE SMART



Don't Start

Thank You