STOP SMOKING INEQUALITIES

A SYSTEMATIC REVIEW OF SOCIOECONOMIC INEQUALITIES IN EXPERIENCES OF SMOKING CESSATION INTERVENTIONS IN THE UK

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EXECUTIVE SUMMARY

BACKGROUND
Smoking is the single biggest cause of preventable illness and avoidable death in the world. It is also the leading cause of socioeconomic inequalities in health in the UK and accounts for around half the difference in life expectancy between the richest and poorest groups. In the UK, adults from deprived backgrounds are more likely to smoke and they thus bear the burden of health impacts disproportionately.

Stop Smoking Services (SSS), which deliver specialist behavioural support with pharmacotherapy to help people quit smoking, have played an important role in reducing smoking rates. However, there has been a substantial decline in quit attempts through SSS. This reduction of provision and uptake of SSS across the UK can be linked to cuts to the Public Health Grant. In England, where SSS are commissioned by local authorities, half of all local authorities cut funding for SSS in 2017. Some local authorities have decommissioned their services altogether.

Reducing health inequalities is a key priority for all four UK nations. With SSS under increasing pressure, it is critical to understand how services can be best designed and delivered to ensure that the UK can tackle the health inequalities caused by smoking.

KEY FINDINGS

INEQUALITIES IN SMOKING RATES HAVE NOT REDUCED IN THE U.K.
There has been no overall reduction in smoking inequalities in the UK in recent years. A similar picture is seen in the individual UK nations, with the exception of Scotland.

FEWER PEOPLE ARE USING STOP SMOKING SERVICES
Since 2012, across the UK, fewer smokers are attempting to quit with the support of SSS. This reduction has been most marked in England, which may be explained by the move of SSS commissioning from the NHS to Local Authorities, making it harder to refer patients from the NHS to these services.

Scottish SSS now help proportionately more smokers to quit than the English SSS, a reversal of previous trends. The decreasing uptake of SSS by smokers has limited their contribution to reducing smoking prevalence and health inequalities in the UK.

LOWER SES SMOKERS ARE MORE LIKELY TO USE STOP SMOKING SERVICES BUT ARE LESS LIKELY TO QUIT
Smokers from lower socioeconomic status (SES) backgrounds are more likely to access an SSS, but are less likely to be successful in their quit attempt, due to the additional barriers they face to quitting. These include higher levels of dependence, positive or accepting social norms around smoking and difficult or challenging life circumstances including disadvantage.

SCOTLAND HAS HAD SUCCESS IN REDUCING INEQUALITIES IN SMOKING
In 2011, Scotland introduced a national SSS equity-based target, which was refined in 2014. Since 2011, Scottish services have helped relatively more low SES smokers to quit. The deliberate targeting and attracting of high numbers of low SES smokers by SSS seems to more than compensate for low SES smokers’ relatively low quit rate, thus helping to reduce health inequalities.

HEALTH SERVICES HAVE AN IMPORTANT ROLE TO PLAY
The wider NHS also plays an important role in addressing health inequalities. This study shows that primary care and maternity services can be important in offering quit support directly and increasing
referrals of low SES smokers to SSS, therefore increasing the number of low SES smokers that quit.

**INNOVATIVE INTERVENTIONS CAN SUPPORT DEPRIVED SMOKERS**

Several promising interventions have been used to support low SES smokers in their quit attempt: for example, financial incentives, tailored advice matched to literacy levels, and mobile or outreach services. These hold the potential to increase the chances of low SES smokers being successful in their quit attempt.

**THE FULL POTENTIAL OF STOP SMOKING SERVICES HAVE YET TO BE REACHED**

There is considerable variation in the impact of SSS in the UK, in terms of both reach and quit rates. While SSS are uniquely placed to support smokers to quit, the continuing decline in quit numbers and rates indicates that their full potential has yet to be achieved.

**POLICY RECOMMENDATIONS**

Given the potential that SSS have to reduce health inequalities caused by smoking, it is important that national and local governments invest in them and support them to target and tailor their offering to smokers from lower SES groups. Cancer Research UK is calling for:

**The UK Government to:**
- Reverse cuts to the Public Health Grant, to prevent further budget cuts to tobacco control and SSS in England
- Find a sustainable solution for funding SSS in the long term, including ensuring that the tobacco industry makes a greater contribution to the healthcare costs caused by smoking

**Local Authorities in England to:**
- Prioritise and sustain funding for tobacco control including SSS
- Support SSS in adopting a targeted approach to reach low SES smokers in the local area, and thereby increase uptake of SSS
- Work with health services, including primary care and maternity services, to develop referral pathways between the NHS and SSS for low SES smokers

**HELP LOW SES* SMOKERS TO QUIT**

**INVEST**
Find a sustainable, long-term solution for funding Stop Smoking Services

**TARGET**
Adopt a targeted approach to reach low SES smokers in the local area

**TAILOR**
Tailor Stop Smoking Services to meet the needs of low SES smokers to improve their chances of quitting successfully

*SES – Socioeconomic status
METHODOLOGY

Cancer Research UK commissioned the University of Edinburgh to carry out a systematic review of the evidence on socioeconomic inequalities in experiences of smoking cessation interventions in the UK. The research aimed to increase the understanding of how SSS can be best designed and delivered to reduce inequalities in smoking. Forty-three papers published between 2012 and 2017 were included in the review and data from national stop smoking surveys (2012-2017) were analysed to identify trends in smoking and inequalities.

REFERENCES


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This report should be referred to as follows:


CANCER RESEARCH UK

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