Smoking and Inequalities in Scotland

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Key questions

- What are the current patterns and trends in Scotland?
 - Young people
 - Young adults
 - Adults
 - E-cigarettes
 - Exposure to SHS in the home
- What are the implications?

Smoking and disadvantage

- Socio-economic status- education, income, employment
- Gender
- Ethnicity
- Lone parenthood
- Mental health problems
- Youth offenders, prisoners
- Unemployed
- Sexual orientation- lesbian, gay, bisexual
- Other excluded groups eg travellers, homeless

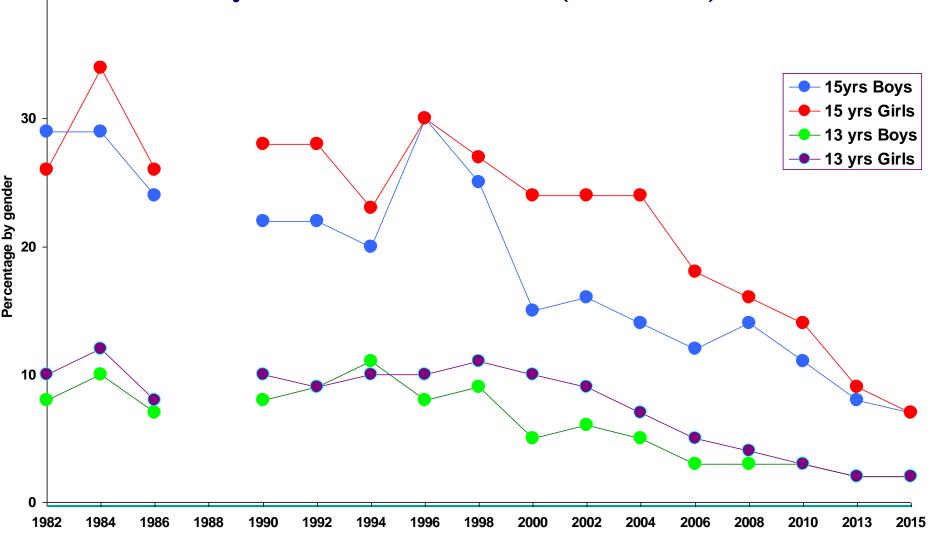
Smoking as a cause of childhood and adult poverty in the UK

	Currently in poverty	Lifted out of poverty if smoking costs removed
Households with smokers	1,788,000	512,000
Children in households with smokers	1,244,000	365,000
Adults in households with smokers	3,192,000	866,000

Source: ASH (2015) Smoking Still Kills

Prevalence of regular smoking by sex in 13 and 15 year olds, Scotland (SALSUS)

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Social inequalities and youth smoking- Scotland (SALSUS 2015)

Regular smokers:

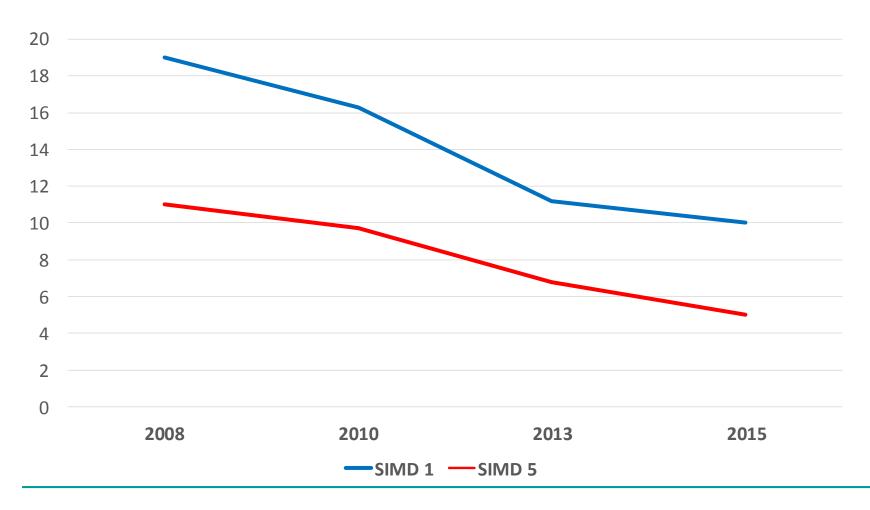
- 13 and 15 year olds both nearly twice as likely to live in the most deprived areas rather than least deprived areas
- 15 year olds living in the most deprived areas have higher levels of consumption

Inequalities- education, mental health (SALSUS 2015)

15 year olds are much more likely to be smokers if they:

- Don't like school at all (16% vs 3%)
- Ever been excluded from school (22% vs 5%)
- Truanted 10+ times in past year (35% vs 5%)
- Have emotional and behavioural problems (14% vs 4%)
- Have below average mental wellbeing (16% vs 7%)

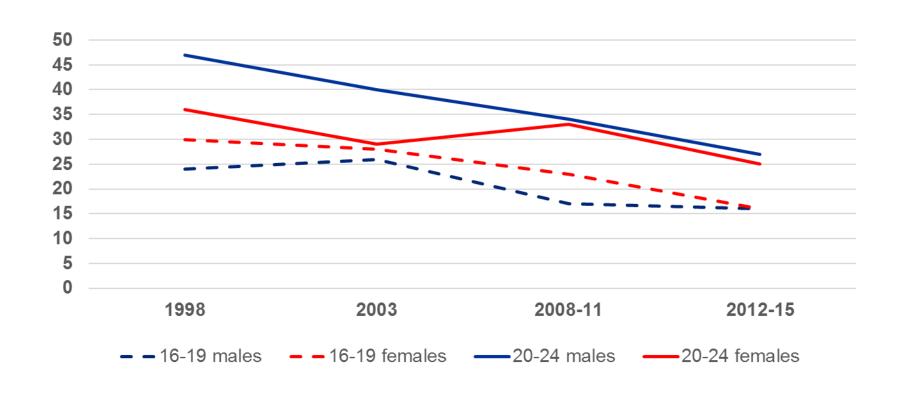
Prevalence of regular smoking in 15 year olds by deprivation (SALSUS)



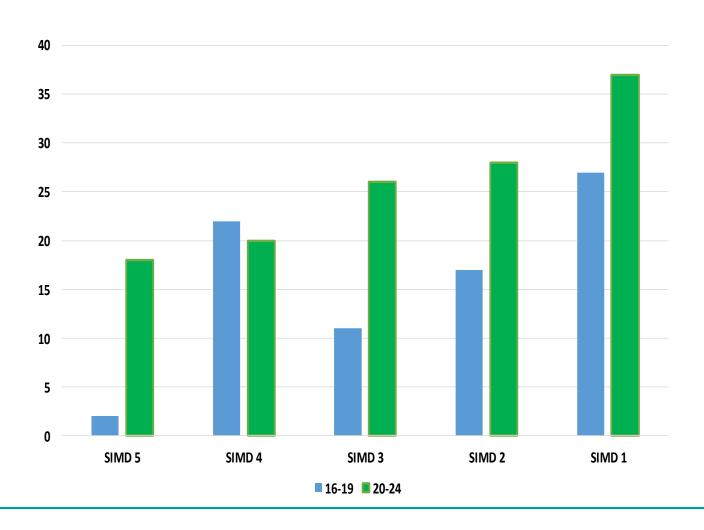
Smoking prevalence in 16-24 year olds, Scotland (SHS/SHeS)

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016

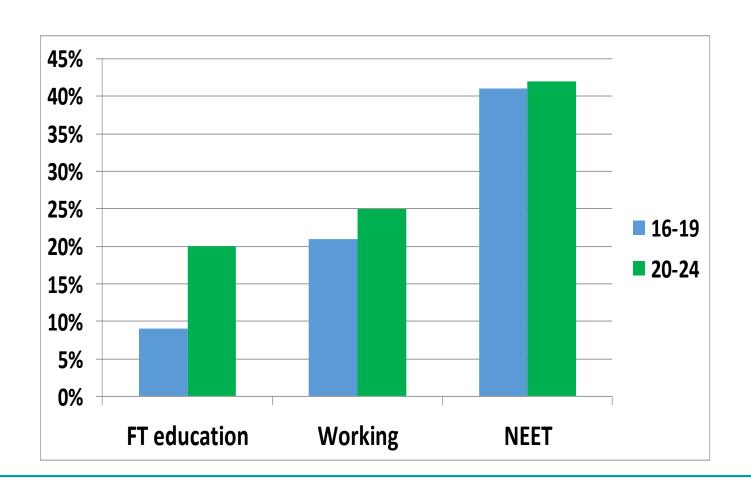
Smoking prevalence 16-19 and 20-24 year olds by sex, Scotland, 1998-2015 (SHeS)



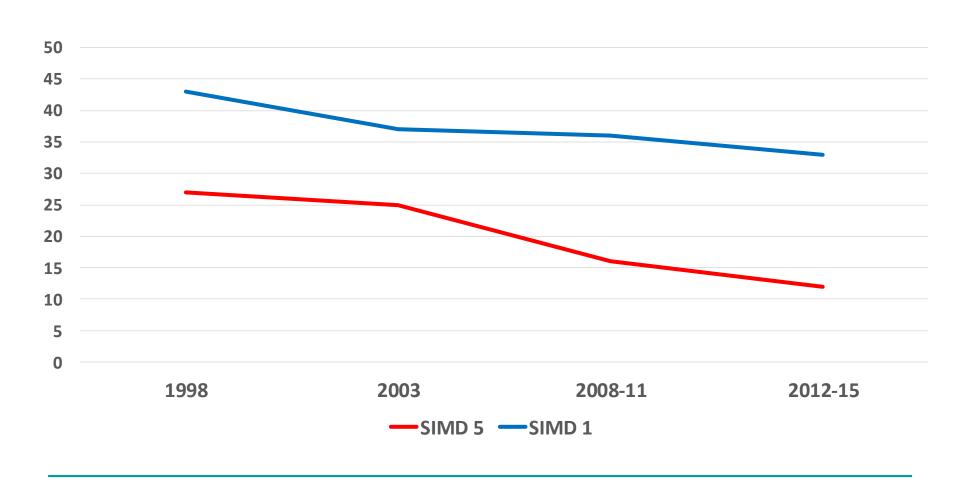
Smoking prevalence 16-24 year olds by deprivation, Scotland 2012-15 (SHeS)



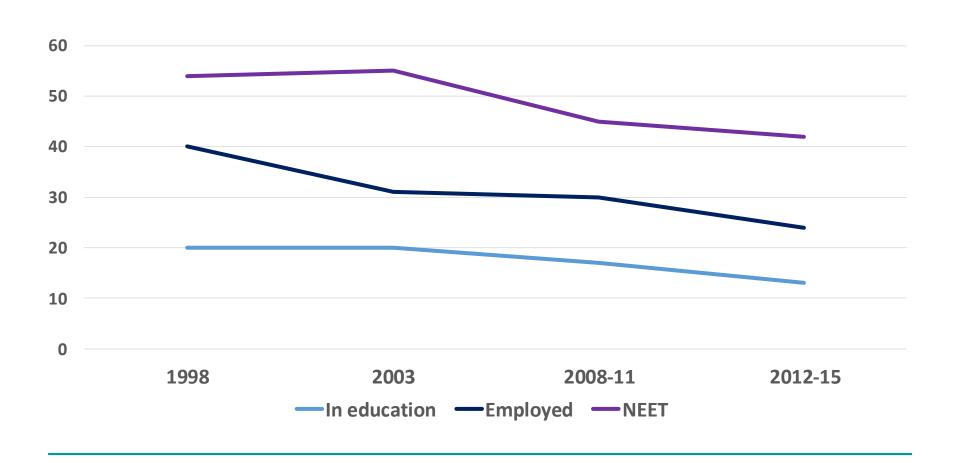
Smoking prevalence in 16-19 & 20-24 year olds by employment status, Scotland, 2012-15 (SHeS)



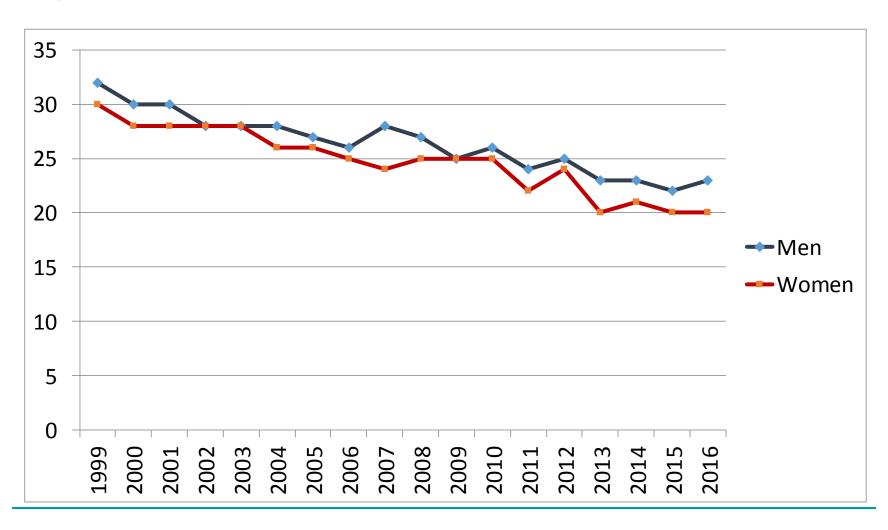
Smoking prevalence 16-24 year olds by deprivation, Scotland, 1998-2015 (SHeS)



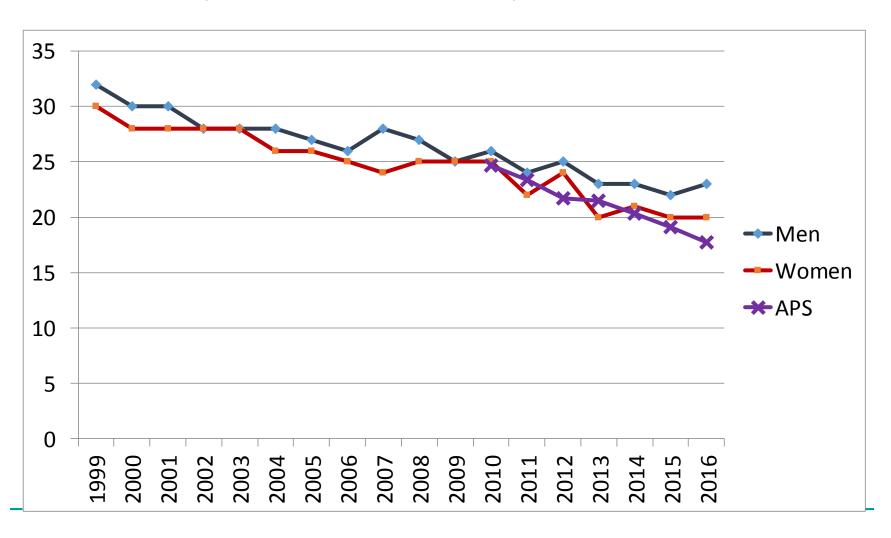
Smoking prevalence 16-24 year olds, Scotland, 1998-2015 (SHeS)



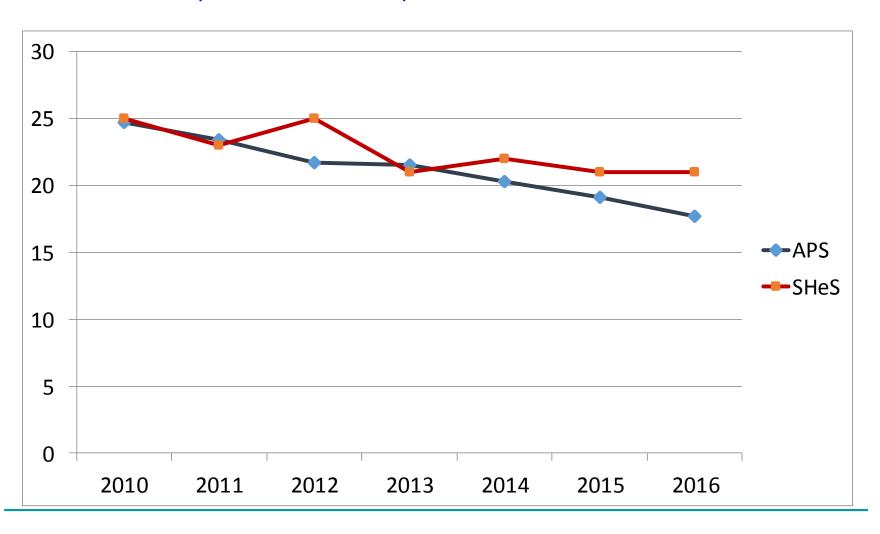
Prevalence of cigarette smoking by sex, adults aged \geq 16, Scotland (SHS/SHeS)



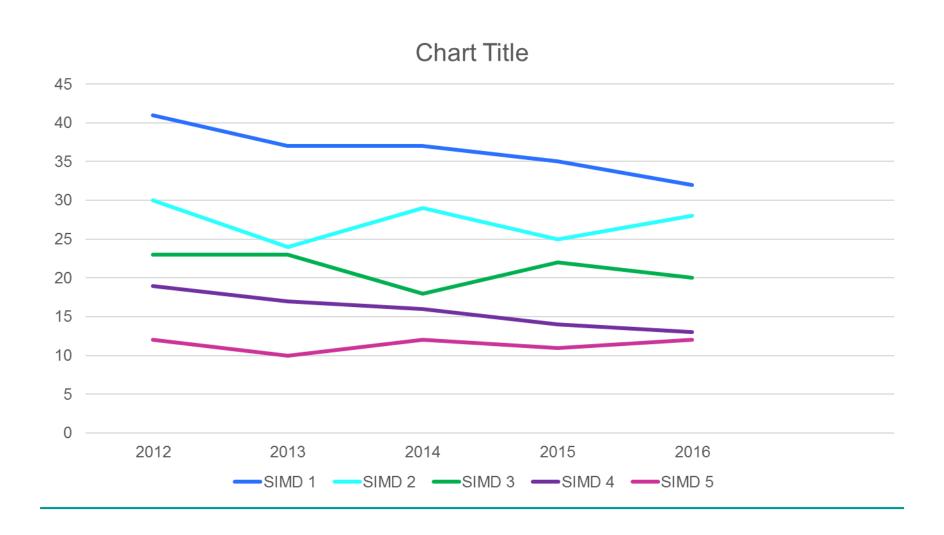
Prevalence of cigarette smoking by sex, adults, Scotland (SHS/SHeS/APS)



Prevalence of cigarette smoking in adults, Scotland (SHeS/APS)



Smoking by deprivation trends (SHeS)



Absolute vs relative reductions in Scottish adult smoking prevalence

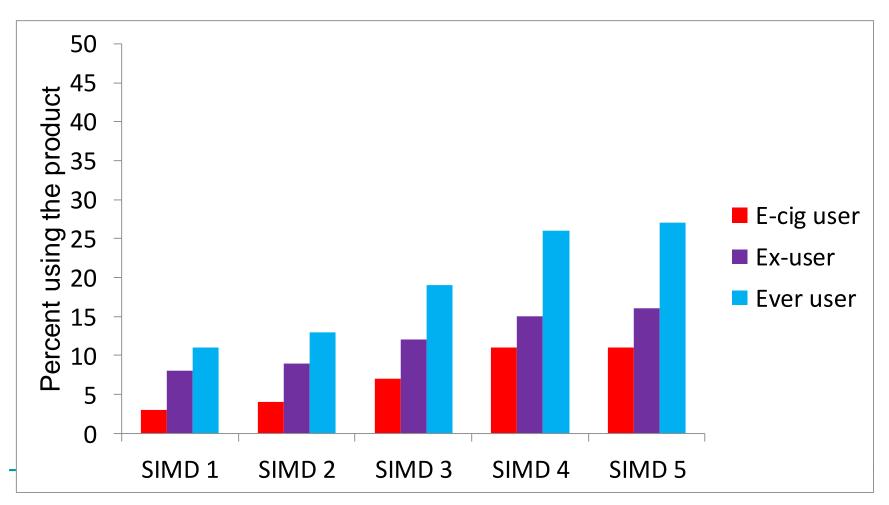
	2013	2016	Absolute change	Relative reduction
SIMD 1	39%	32%	7%	18%
SIMD 5	11%	12%	-1%	-9%

Adult smoking, Scotland 2015/16 (SHeS)

	Least deprived SIMD 5	Most deprived SIMD 1
Number cigs per day	11.6	12.9
Wants to quit*	70%	67%
Quit attempts*: Never 3 or more	23% 40%	23% 41%
Longest quit*: < a week > 6 months	3% 49%	18% 33%
GP advised to quit* (past/present smokers)	23%	47%
Used last 3 months (All smokers tried to quit/recent ex): NRT patch Champix E-cia	22% 7% 38%	41% 9% 36%

*2015/16

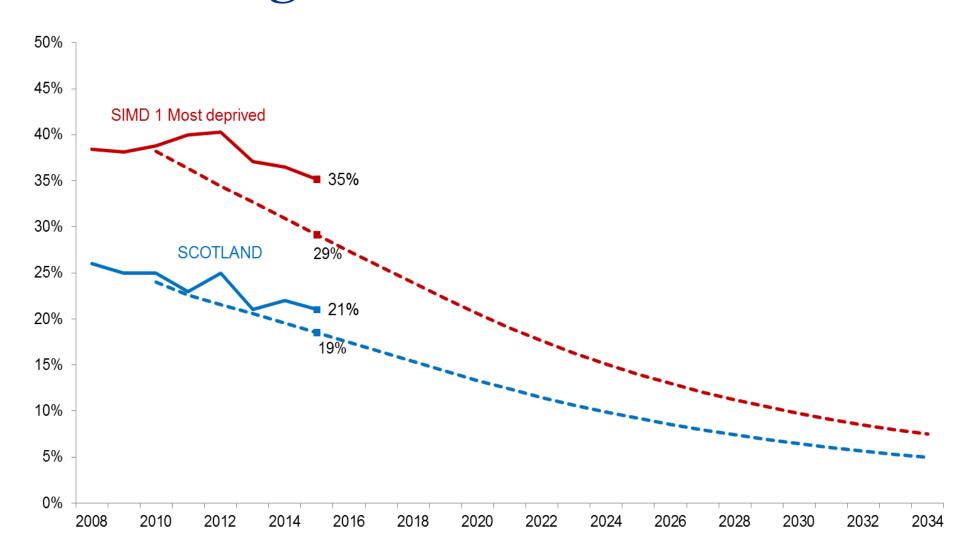
E-cigarette use by deprivation (SHeS 2016)



SHS exposure, Scotland, 2016 (SHeS)

	Least deprived	Most deprived
People smoke in home: Adults Children (<16)	10% 3%	33% 23%
Exposed to smoke at home: Adult non-smokers Children	4% 1%	10% 15%
Rules in home- can smoke anywhere /certain rooms: Adults Children	9% 3%	34% 23%

Scottish adult smoking trends- are we on target? (NHS Health Scotland 2017)



Conclusions and implications

- Young people- significant decline in smoking since 2013 but no decline in inequalities in smoking
- Young adults- significant decline in smoking since 2008 but no decline in inequalities in smoking
- Adults- not clear if smoking has declined overall since 2013 but appears to be a reduction in inequalities in smoking
- On current trends will not reach 2034 tobacco-free target

Inequalities and quitting smoking

- Most low SES smokers want to quit and try to quit, but their quit attempts are less successful
- Need to increase quit attempts in all groups but particularly low SES- social norms, mass media, price, support
- Need to increase success of quit attempts (next talk!)
- But beware of unintended consequences (eg stigma)
- Need adequate resources- hypothecated tax etc
- Role of harm reduction???
- Opportunity- new national strategy for <u>bold</u> and <u>radical</u> action

Acknowledgements

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