

Systematic review on socioeconomic inequalities and smoking cessation support/services in the UK

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UKCTAS

UK Centre for Tobacco & Alcohol Studies



Review aim & research questions

Overall aim:

- To better understand how cessation support can be optimally targeted and delivered to reduce SE inequalities

Research questions:

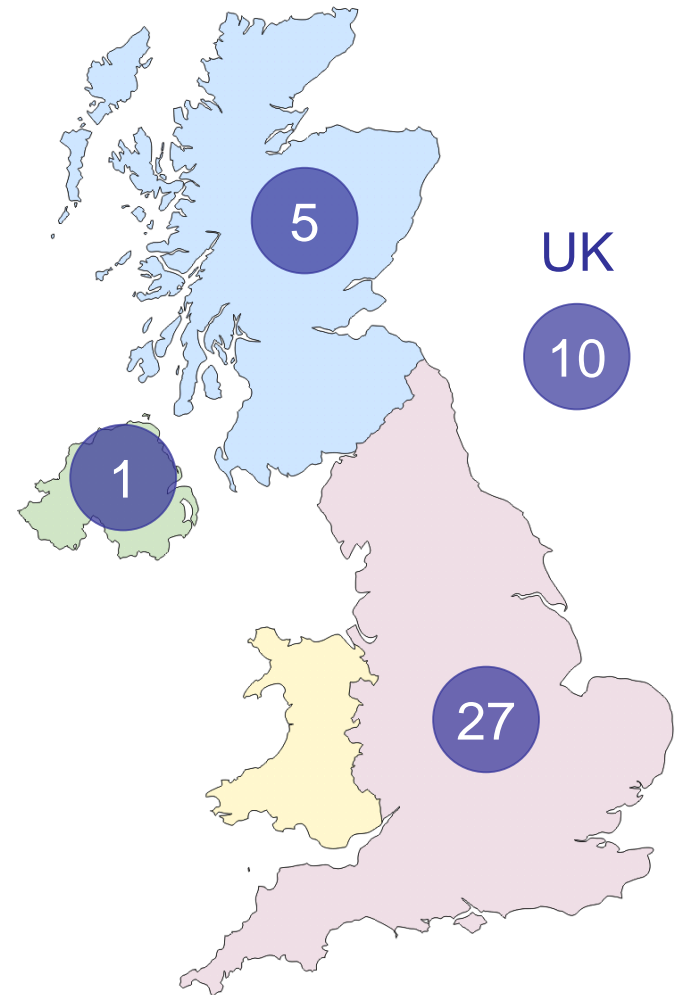
- How do experiences of cessation support vary by SES group?
- Which interventions can help to reduce SE inequalities in support?
- How effective are targeted interventions at supporting low SES smokers to quit?
- Which targeted interventions are most effective?

Outline search methods

- Eligibility criteria:
 - ▶ undertaken in the UK
 - ▶ published in the last 5 years
 - ▶ compared cessation outcomes across SES groups
OR reported results for specific disadvantaged group
- Three search strands:
 - ▶ bibliographic databases x 12
 - ▶ online national statistics releases for SSSs
 - ▶ key informants
- Leading to identification of 40 academic articles
 - ▶ and 3 national reports (collated) for Scotland, England & NI

Overview of eligible papers

- Wide range of interventions covered
- Just over half the papers looked at interventions delivered through SSSs [e.g. standard services, incentives schemes, relapse prevention]
- Remainder split between primary care [e.g. NHS Health Check, QOF] and other non-standard settings [e.g. workplace, digital platforms]



Cessation pathway

Assessment

People are asked about their smoking status and those who smoke are made aware of available services to support them in quitting

Access

People who smoke are able to access interventions and services to support them in undertaking a quit attempt

Use

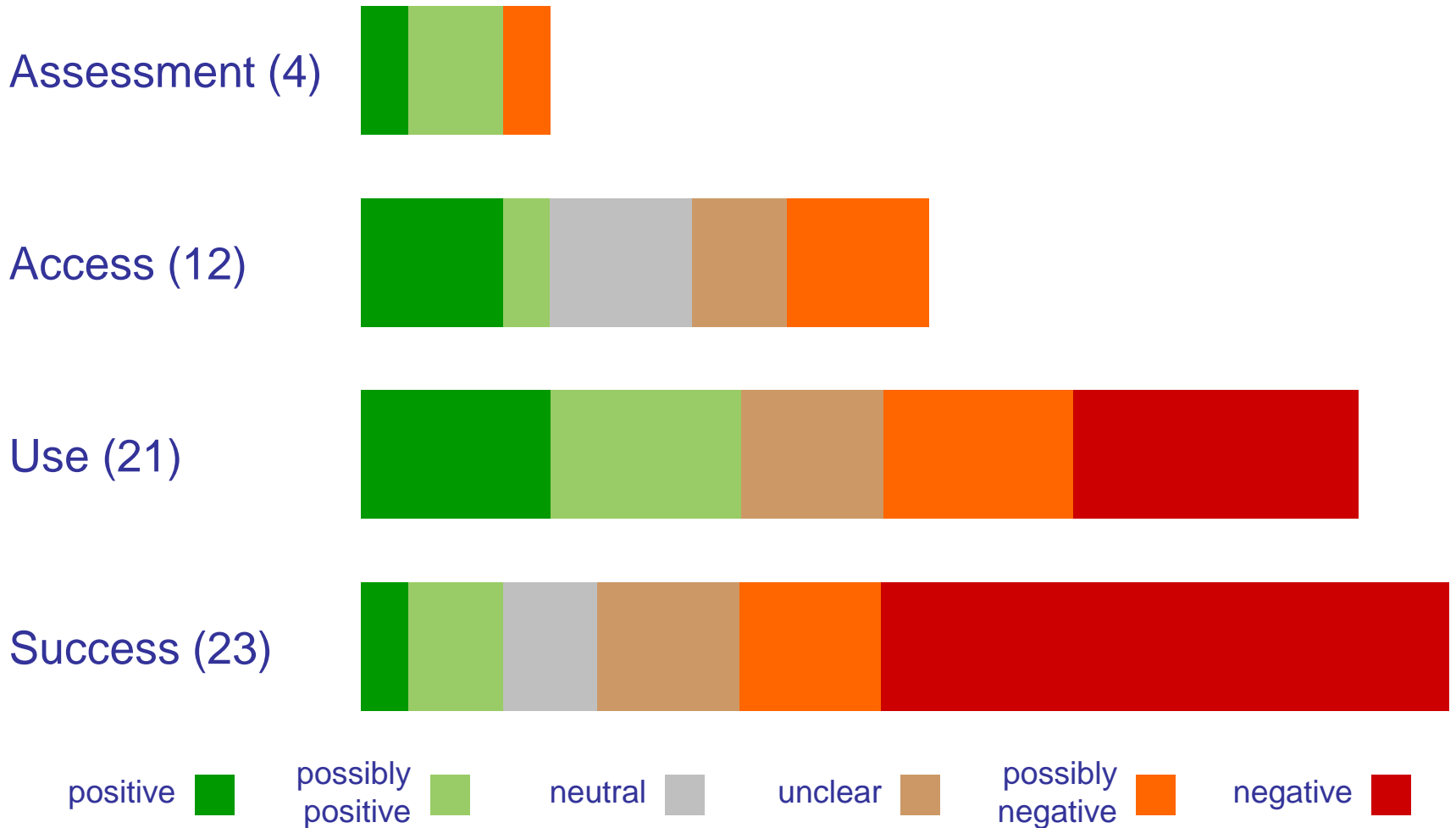
People who smoke use support services to plan and carry out a quit attempt

Success

Those carrying out a quit attempt continue to stay abstinent following their quit attempt

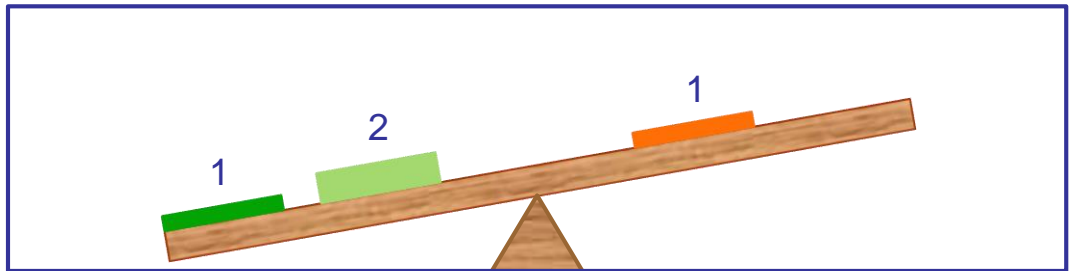
Results I: Socioeconomic equity impact (34 papers)

Equity impact across cessation pathway

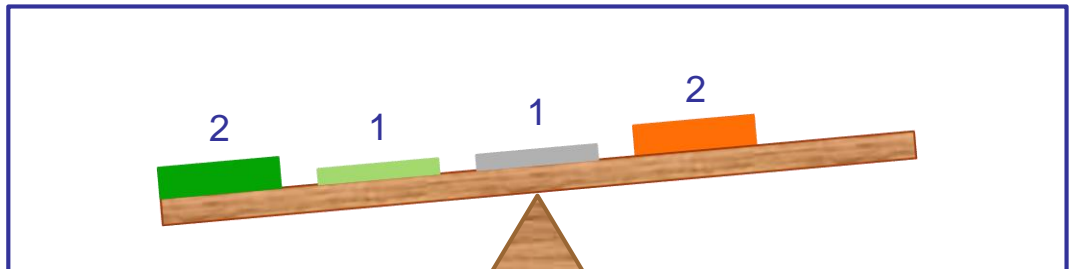


Equity impact: Primary care

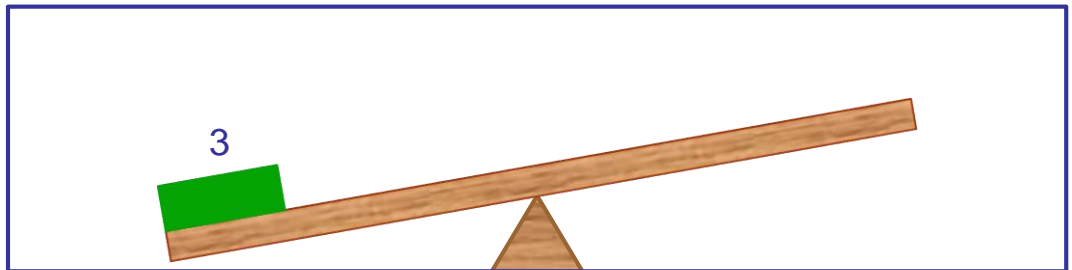
Smoking status recorded



Cessation advice

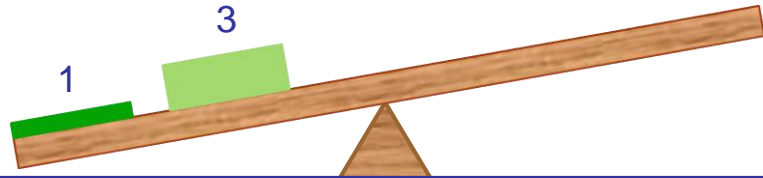


Prescription for cessation medication



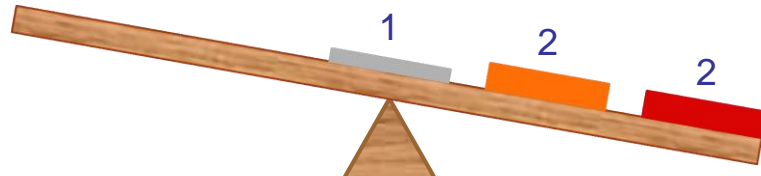
Equity impact: Stop smoking services

Quit attempts made



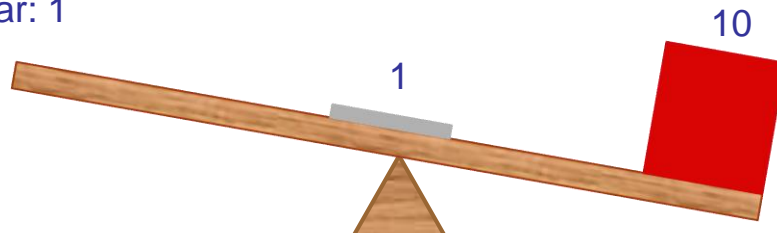
Types of cessation support used

Unclear: 2



Quit success rates

Unclear: 1



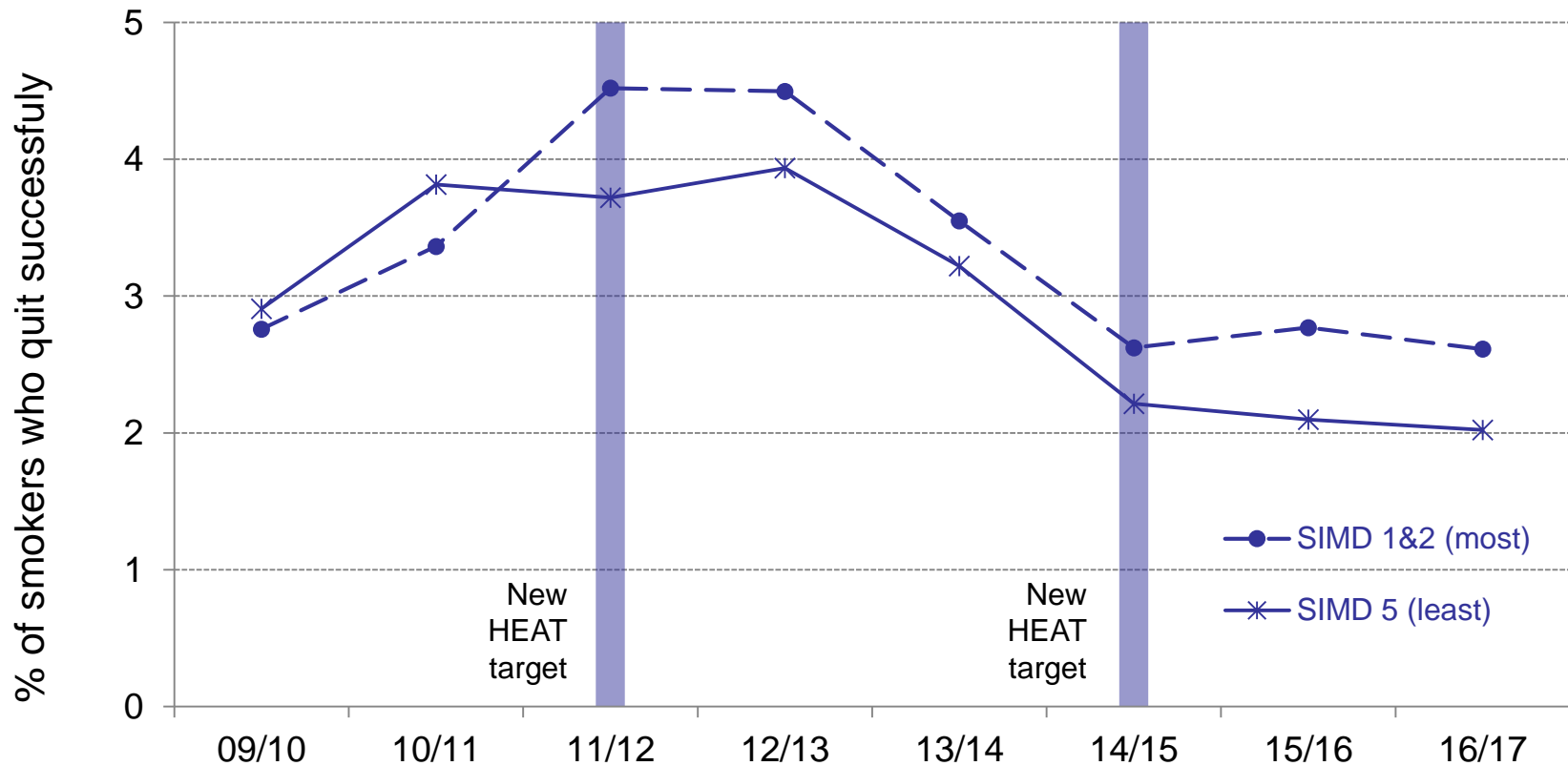
Population quit rate

=

proportion of *all smokers* who make a
successful quit attempt

Equity impact: Scottish SSS

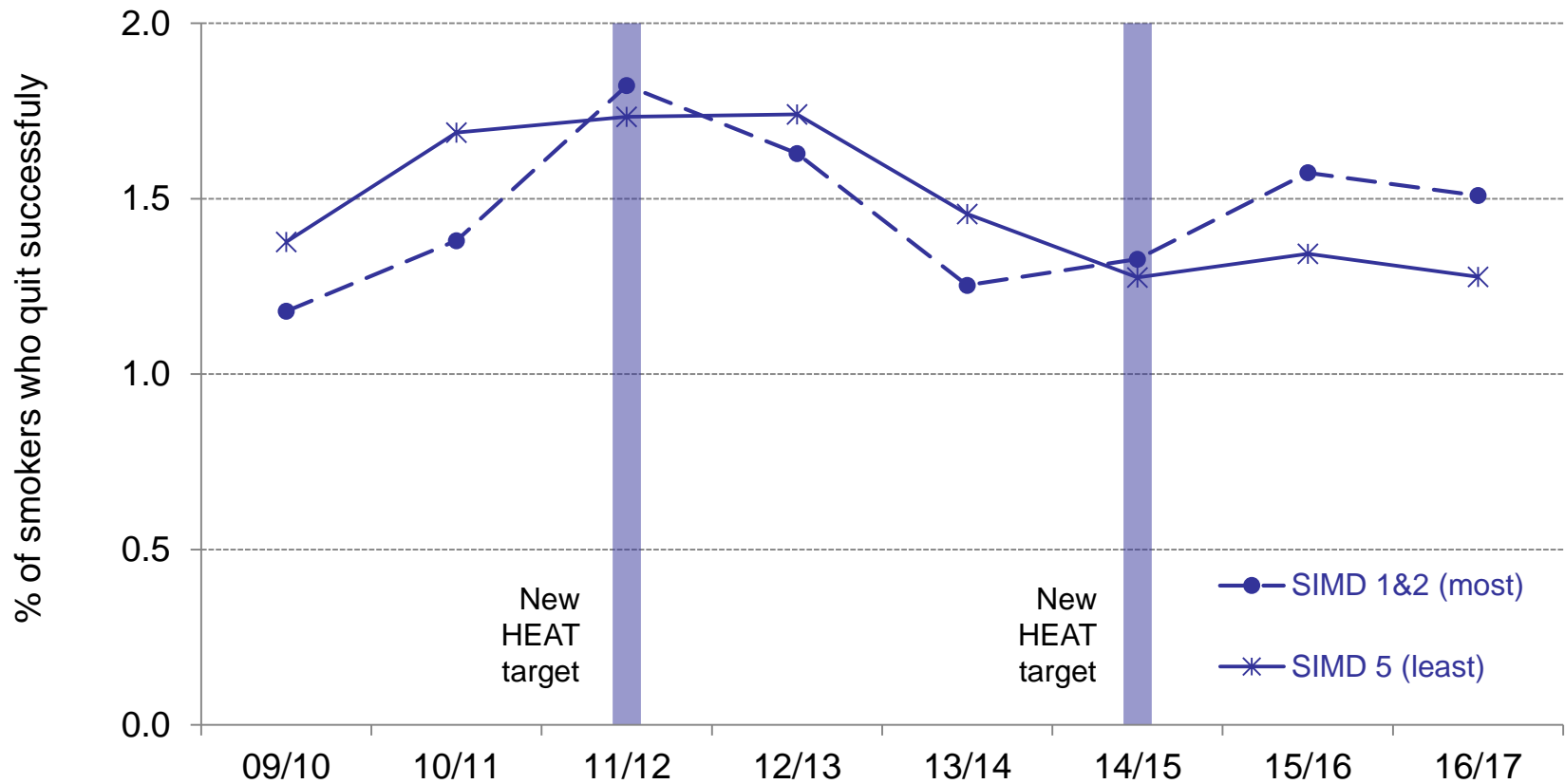
Population quit rate at 4 weeks



Data source: ISD (2017) NHS Smoking Cessation Services, Scotland

Equity impact: Scottish SSS

Population quit rate at 12 weeks

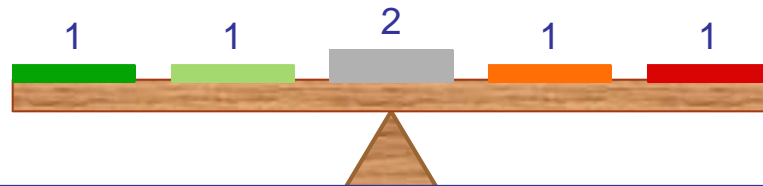


Data source: ISD (2017) NHS Smoking Cessation Services, Scotland

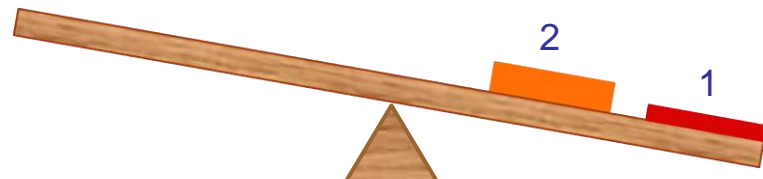
Equity impact: Innovative interventions

Engagement with intervention

Unclear: 2

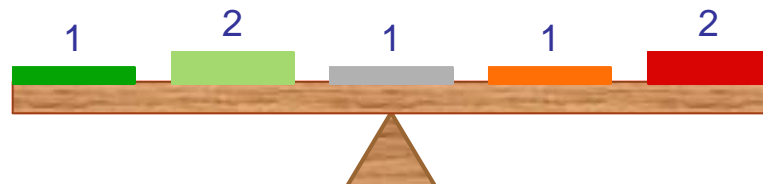


Quit attempts made



Quit success rates

Unclear: 2



Equity impact: which innovations worked?

Engagement with intervention

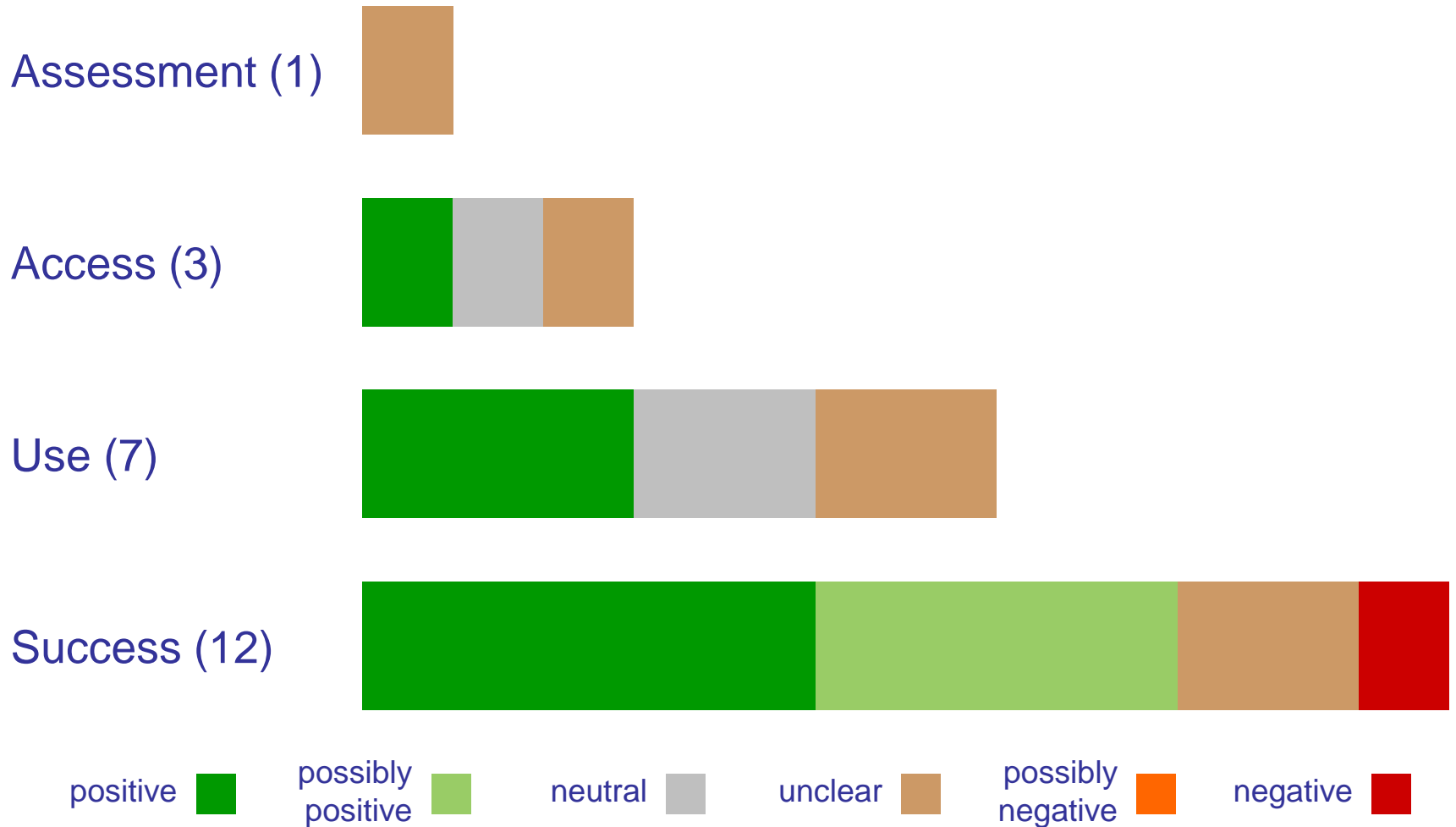
- Community-based mobile SSS focused on disadvantaged area [Venn, 2016]
- NRT for relapse prevention offered to SSS clients still abstinent at 4 weeks post-quit [Turner, 2013]

Quit success rates

- StopAdvisor website developed with low SES smokers and designed to emulate support of SSSs [Brown, 2014]
- Written cessation advice matched to literacy level of smoker [Bennett, 2015]
- Community mobile SSS [Venn, 2016]

Results II: Effectiveness of targeted interventions (13 papers)

Effectiveness across cessation pathway



Which targeted interventions worked?

	Access	Use	Success
Financial incentive schemes (x4 studies) [Ierfino, 2015; Ormston, 2015; Radley, 2013; Tappin, 2015]		1	1 3
Opt-out SSS referral for pregnant smokers [Campbell, 2017]	1	1	1
Reduce-to-quit through physical exercise [Thompson, 2016]		1	1
Community-based outreach SSS [Kassim, 2017]			1
StopAdvisor website for low SES smokers [Brown, 2014]			1
Written advice for lower literacy smokers [Bennett, 2015]			1

Conclusions

Key findings

Established services contribute to reducing the SE gap in smoking cessation

Primary care: EQ+ for assessment & access

SSS: EQ+ for quit attempts & EQ- for quit success → small EQ+ population effect in Scotland

Several innovations show potential for reducing SE inequalities & improving outcomes in low SES groups

Equity impact: tailored interventions [e.g. StopAdvisor & MSSS]

Low SES: most evidence on incentive schemes but other approaches show promise [e.g. opt-out referral & outreach]

Moving forward

Established services

- Keep doing what we're doing but need:
- ▶ Increased emphasis on quality of primary care interventions
 - ▶ Continued targeting of low SES groups by SSS to maintain overall EQ+ effect

Innovations

- Keep building evidence-base but need:
- ▶ Confirmation that innovations work across other groups & settings
 - ▶ Assessment of equity impact of targeted interventions

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