

Smoking cessation services: are they targeting high-risk groups?

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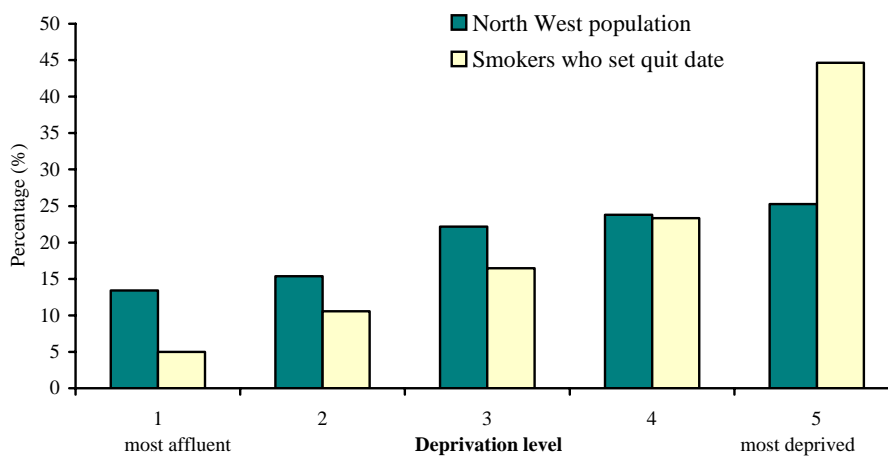
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Abstract

It is now well recognised that smoking is the main contributory factor to differences in life expectancy and cancer rates between the least and most deprived sections of the population. With the specific aim of reducing these inequalities, NHS smoking cessation services have been established across all areas of England since 2000. To monitor these services, aggregated data are submitted nationally at quarterly intervals, for the number of smokers setting a quit date and the proportion quitting. The present study collated more detailed information from each of the local agencies in the North West Region of England for all individuals using the services. Geographical analyses were used to determine whether these services were targeting smokers living in deprived areas, and the relative success rates achieved.

Using postcode to allocate ward based deprivation indicators and comparing smoking cessation service data with the population distribution, the results revealed that smokers from the most deprived areas were more likely to set a quit date than smokers from more affluent areas (see figure). Also, older smokers were most likely to set a quit date and females more likely than males. However, success at quitting smoking (measured 4 weeks later) showed no significant relationship with deprivation, though older smokers were more successful at quitting (55% giving up) than younger smokers (44%), and males (50%) were slightly more successful than females (48%).

Figure 1 Proportion of persons, by deprivation, for the whole North West population¹ and smokers who set a quit date



¹20% of the population should reside in each quintile for an equal distribution by deprivation

Therefore, smoking cessation services are meeting one of their main aims: to aid smokers in deprived areas to quit the habit. Although the motivation to stop smoking in areas of high deprivation is strong, some overriding factor, perhaps being more nicotine dependant, limits the ability of individuals to actually quit. Possibly extending the monitoring period might help to determine higher success rates, since heavy smokers are more likely to take longer to quit than 4 weeks. Also, more effort is needed to attract high risk groups to cessation services, eg. young male smokers. In order to continue and develop the evaluation of local services, we recommend that smoking cessation information throughout England is collected through more standardised datasets. This would also benefit more focused geographical analysis of service monitoring in the future.