











Provision Of Smoking Cessation Services For Lower Socio-economic Groups (Process): A Mixed-Methods Exploratory Study

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Background & Rationale

Tobacco is the largest cause of cancer and premature mortality in the UK (1), responsible for approximately 125,000 deaths and a cost of £3.6 billion to the NHS and social care each year (2). Smoking is a key driver of health inequalities (3) and is an important factor in cancer incidence across the UK.

Governments in England, Scotland and Wales have set targets to reduce smoking prevalence to less than 5% of the adult population. The recent Khan review found that the target to achieve this by 2030 will not be achieved without concerted action in the poorest areas of society (4).

Smoking Services Stop (SSS) are free to use and offer a combination of behavioural and pharmacological support. Individuals who use SSS are three times more likely to successfully guit than those who try to guit unaided (5), but uptake of service use is low, particularly amongst deprived communities (6).

Investigation of how SSS can be more engaging and accessible for socioeconomic groups, particularly in the context of recent funding reductions for service provision, is essential.

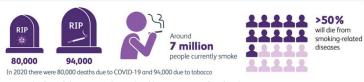
Aims & Objectives

The aim of this UK-wide mixedmethods study is to explore the acceptability appeal, and accessibility of SSS for people in lower socioeconomic groups and understand the barriers and facilitators to uptake of SSS. The project is underpinned by the COM-B model for behaviour change (7).

mixed-methods study comprised of three work packages: (WP1) a scoping review of services and engagement/uptake among low socioeconomic groups; (WP2) qualitative interviews with SSS (WP3) providers; qualitative interviews with people from low socioeconomic backgrounds who are potential or current SSS service users.

Outcomes & Implications

Findings from this study will provide essential evidence on the scale, distribution, and type of provided across the UK, highlight the barriers and opportunities for enhancing service uptake among people from low socioeconomic groups. The evidence can be used to adapt SSS delivery, increase uptake improve outcomes: thereby reducing the overall health burden and inequalities among individuals who smoke.

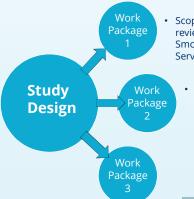


Source: Royal College of Physicians. Smoking and Health 2021: A coming of age for tobacco



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 Interviews with Stop **Smoking** Service Users



Interviews with Stop Smoking Service **Providers**

- 1. Brown KF, Rumgay H, Dunlop C, Ryan M, Quartly F, Cox A, et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. Br J Cancer. 2018;118(8):1130-41.
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 The Kings Fund. Smoking Time to think differently UK2022 [Available from the content of t
- 4. Khan J. The Khan review: Making smoking obsolete. Independent review into smoke free 2030 policies. 2022
- 5. West RP, S. Stop smoking services: increased chances of quitting. 2019.
- 6. Brose LS, McEwen A. Neighbourhood Deprivation and Outcomes of Stop Smoking Support - An Observational Study. PLOS ONE. 2016;11(1):e0148194.
- 7. Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions Implementation Science, 2011;6(1):42.
- 8. Royal College of Physicians. Smoking and Health 2021: A coming of age for