

Together we are beating cancer

How might the provision of smoking cessation services be adapted to improve uptake and success for people in low socioeconomic groups?

A mixed-methods exploratory study

**ENGLAND-SPECIFIC FINDINGS** 

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### Background

Smoking is the largest avoidable cause of death and serious disability in the UK<sup>1</sup>, and is responsible for approximately 125,000 deaths and a cost of £3.6 billion to the NHS and social care each year<sup>2</sup>. Smoking is a key driver of inequalities<sup>3</sup>.

Individuals who use stop smoking services (SSS) are three times more likely to successfully quit than those who try to quit unaided, but uptake of service use is low, particularly amongst deprived communities.

### Aims and objectives

The aim of this UK-wide mixed-methods study is to explore the appeal, acceptability and accessibility of stop smoking services (SSS) for people in lower socioeconomic groups (LSES) and to understand the barriers and facilitators to uptake, as well as areas of opportunity for service providers.

#### **Objective 1**

Understand the type and location of smoking cessation services available across England, Scotland, Wales and Northern Ireland, uptake of these services overall and within low socioeconomic groups and how this relates to local smoking prevalence.

### Objective 2

Explore the knowledge and perceptions of SSS providers, in relation to providing and promoting SSS to lower socioeconomic groups, including likely barriers and facilitators to access and how services could be enhanced for these groups.

### **Objective 3**

Ascertain the knowledge and perceptions of previous and potential SSS users from lower socioeconomic groups, in terms of their understanding of SSS, barriers/facilitators to access and any service needs to promote more equitable access.

# Work Package 1 Devolved Nations

Understand the type and location of smoking cessation services available across England, Scotland, Wales and Northern Ireland; uptake of these services overall and within low socioeconomic groups; and how this relates to local smoking prevalence.



### **Data collection (UK wide)**



Service Leads, Managers, Cessation Practitioners and Pharmacists from across the UK were invited to take part in a survey via the National Centre for Smoking Cessation and Training (NCSCT) members mailing list, professional networks, or by responding to adverts on social media.



Researchers used available data on service websites when survey data was not provided to populate survey questions.



60 individuals (some completed the survey for more than one service).

- 33 (55%) were Stop Smoking Service Managers.
- 7 (11.7%) were Tobacco Control Leads.
- 2 (3.3%) were pharmacists.
- Remaining ones had more than one role in tobacco control.

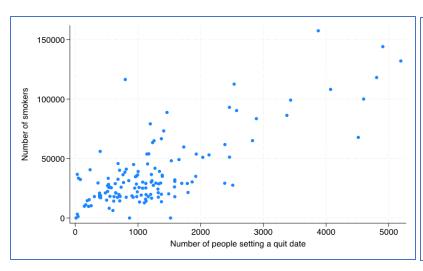
### **Smoking prevalence (from published data)**

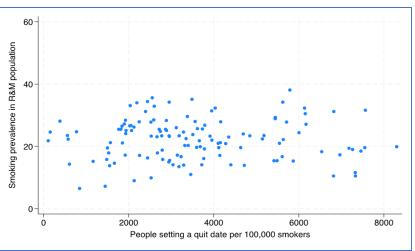
Data on smoking prevalence were missing for six of the 191 services.

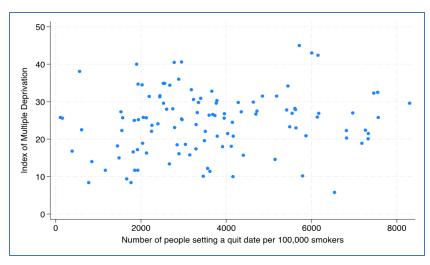
Mean smoking prevalence for the 185 services that we had data for was 13.0% (SD=3.4) and was in the range between 4.6% and 24.3%.

Smoking prevalence data on low SES groups (routine and manual) were only available in England. We had data for 145 services. Mean smoking prevalence and routine and manual occupations was 22.1% (SD=6.4) and was in the range between 6.5% and 38.1%

# Associations between population, service access and quit rates







Overall, SSS appear to be reaching areas most in need

Regardless of level of local deprivation, rate of service access is likely to be similar

Services appear to be as effective for R&M as for general population

### SSS Delivery, uptake and use



Service users typically speak to the same advisor for the duration of their treatment (93%).



#### Service providers:

- Deliver treatment on a weekly basis (60%) for 12 weeks (64%).
- Offer appointments on weekdays 9am-5pm (93%), weekdays after 5pm (48%) and at weekends (25%).



#### Most common contact methods offered:

- Face to face (93%).
- Telephone (95%).
- Text (77%).



#### Service continuity:

- 7% of services provide 6 weeks of service.
- 73% of services provide 12 weeks of service.
- 10% of services provide more than 12 weeks of service.

### SSS delivery- what is 'other'

- 'Attend Anywhere' / 'Near Me' appointments: NHS confidential consultation
- Support offered digitally via an app
- Pharmacy Technicians identify patients as part of the drug history process
- A day-long session at an Allen Carr Easy-Way Stop Smoking seminar
- Links to Smokefree app
- Social prescribers
- Group sessions in workplace
- Live chat facility, links to FAQs and quick money calculator
- Out of hours service, offers free 3 months subscription to Smokefree app and others...

### **Targeted work**

Pregnant women (54%) & people with long term health (40%) or mental health (35%) conditions were groups with the highest proportion of comprehensive work packages or designated workers.

The vast majority of services had not undertaken any work with travellers (5%), people in touch with the criminal justice system (6%), homeless (7%) and rural communities (8%) in the past 12 months.

### Who uses SSS? Targeted work undertaken by SSS (n=191)

	No	Yes, some work	Yes, comprehensive package of work	We have a designated worker	NA/ missing
Socioeconomically disadvantaged/low-income areas	21 (11%)	41 (21%)	22 (12%)	39 (20%)	68 (36%)
Routine and manual workers	55 (29%)	45 (24%)	18 (9%)	5 (3%)	68 (36%)
Residents of social housing	64 (34%)	46 (24%)	9 (5%)	1 (1%)	71 (37%)
Homeless people	70 (37%)	37 (19%)	10 (5%)	1 (1%)	73 (38%)
Pregnant women	13 (7%)	24 (13%)	27 (14%)	56 (29%)	71 (37%)
Post-partum women	22 (12%)	66 (35%)	12 (6%)	14 (7%)	77 (40%)
People with mental health conditions	22 (12%)	40 (21%)	12 (6%)	48 (25%)	69 (36%)
Ethnic minority groups	40 (21%)	67 (35%)	9 (5%)	8 (4%)	67 (35%)
LGBTQIA+ communities	60 (31%)	56 (29%)	6 (3%)	0	69 (36%)
People with acute or long-term health conditions	27 (14%)	31 (16%)	19 (10%)	45 (24%)	69 (36%)
People in touch with the criminal justice system	69 (36%)	16 (8%)	3 (2%)	33 (17%)	71 (37%)
Travellers	100 (52%)	17 (9%)	4 (2%)	0	70 (37%)
Rural communities	94 (49%)	18 (9%)	7 (4%)	0	72 (38%)
Other (for example, young people)	76 40%)	16 (8%)	10 (5%)	4 (2%)	85 (45%)

# Providing services to LSES groups and smoking prevalence

We compared overall smoking prevalence and smoking prevalence for routine and manual groups (LSES) in relation to whether targeted support was provided in these groups.

We did not find a statistically significant difference in either prevalence measures between services that provided and those that did not provide targeted support.

# Products available to service users to support quit attempts



The majority of services (52%) offered Nicotine Replacement Therapy (NRT) with e-cigarettes and 46% of services offered dual NRT therapy (when two NRT products are used in combination) Only two services did not provide dual therapy.



When available, only a small proportion of services directly provided Varenicline (6%), Bupropian (3%) and Cystine (1%).



Of 151 service responses, 61% said that they did not provide e-cigarettes despite being e-cigarette friendly.



89% of services reported that they provide an option to choose e-cigarette liquid flavours.

### Recommendations from service providers

#### **Accessibility:**

- Expansion of current service to include other modes of service delivery.
- Centrally located SSS within the community to establish familiarity and rapport.
- Outreach programmes such as SSS attending events run for housing association residents based around supporting healthy lifestyles and fire safety.
- Peer support programmes organised in partnership with third sector organisations.



#### **Products:**

- Clear and consistent messaging around ecigarettes.
- Free provision of NRT.
- Availability of Champix replacement.

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#### Other:

- SSS partnership working with other organisations.
- Better referral pathways to SSS.
- Community leaders / champions to support SSS.
- More flexibility within service provision including offering work-placed support.
- Incorporate within other NHS initiatives.



#### Capacity:

- Adequate and sustainable funding for SSS.
- More security of services and staff.
- Additional workforce or staffing to ensure security for SSS.
- Access to wider range of venues to provide SSS.



### Work Package 2 England

Explore the knowledge and perceptions of SSS providers, in relation to providing and promoting SSS to lower socioeconomic groups, including likely barriers and facilitators to access and how services could be enhanced for these groups.



### **UK Wide Methods**

**Design -** one to one semi-structured interviews completed by four researchers located throughout the UK.

**Recruitment** - SSS providers were purposely sampled (via professional networks, WP1 survey, and online adverts) and invited to take part in an interview between June – September 2023 (n=7)

Interview guides - included questions on current practice and monitoring of services, for those in lower socioeconomic groups is there/has there been any tailored/targeted support, barriers/facilitators, areas of service development

**Data collection** – interviews were digitally audio recorded and transcribed. Mean interview duration, 1 hour

**Analysis:** Framework analysis (guided by COM-B model)



### 1. Barriers to accessing SSS

#### Accessibility:

- Location of services seen as problematic in terms of visibility and access.
- Prescription charges for NRT for some people (LSES groups) and in some areas.
- Rules around eligibility criteria to access services a barrier.<sup>1</sup>

#### Limited capacity:

- Inappropriate referrals into the SSS is taking advisors time away from supporting people to quit.
- Perceived abuse of the system from 'frequent flyers' often using the service but unable to commit to quitting and receiving free NRT.

#### Behavioural support:

- People's lack of readiness to quit.
- Limited support on how to use e-cigarettes.
- Social anxiety and mental health.
- A lack of privacy in group provision.<sup>2</sup>
- Acceptability of use.

1"I think what we're seeing more of now is with the higher numbers of refugees and asylum seekers in the area, often they're not registered with the GP so that could be a barrier"

<sup>2</sup>"An awful lot of people don't want to go, they're a bit socially anxious. What I find with people in low socioeconomic groups is that they, for example, they don't want to go out of their area."

### 1. Facilitators to accessing SSS

#### Accessibility:

- Ease of access for services.<sup>1</sup>
- Accessibility of service both in location and mode of service delivery.<sup>2</sup>
- High success rate when people are seen face-to-face.
- Promotion of service on social media.

#### Mode of delivery:

- Supportive, non-judgemental approach to people who smoke.
- Well-trained staff.
- Flexibility of service provision (NRT, behavioural, Carbon Monoxide (CO) all in one).<sup>3</sup>
- Being able to deliver longer, more intensive behavioural support where necessary.
- Behavioural support can be provided in partnership with other organisations.

<sup>1</sup> 'If somebody rang this morning and said, "I want to stop smoking today," that's what they could do, they could go along to a drop-in, just turn up without an appointment and be issued with either NRT or a vape'

<sup>2</sup> 'Our office is attached to a block of tower flats so we work slap bang in the heart of those communities'

### 2. Barriers to accessing NRT & Pharmacotherapy

- Limited range of NRT products and restrictions on pharmacotherapy, either due to lack of stock in pharmacy, location of pharmacy (especially for rural smokers), costs associated with getting products delivered by pharmacies post COVID.
- Difficulty in service users using and understanding NRT products.
- Prescription charges.<sup>1</sup>
- Payment voucher schemes can be problematic.

1'What we do try and stress, is that, generally speaking (a prescription charge) it is a lower price than probably the cigarettes that they've been buying. But for somebody initially in the first stages it's always a very difficult decision to make for them.... Also, people in deprived areas buy illicit tobacco as well, and so it's not that much of a difference for them'

### 2. Facilitators to accessing NRT & Pharmacotherapy

- Immediate NRT/vape provision.
- Flexibility/tailoring of NRT.<sup>1</sup>
- Broad range of products that includes vapes.<sup>2</sup>
- Low cost or free NRT and vapes.

<sup>1</sup>'In the specialist service we occasionally do triple prescriptions, so we occasionally do combination of something like say two patches plus the inhalator or something like that.

Occasionally we'll do that'

<sup>2</sup>'The quit rate using the vapes alone far outweighs NRT and of course at the moment we haven't got Champix and we haven't got Zyban'

### Recommendations from service providers

- More flexibility within service provision including offering workplace-based support.
- Involvement of key community groups and members could be an efficient way to disseminate information and increase awareness about the available SSS in local communities.
- Embedding in communities is key for improving service promotion and engagement through the utilisation of existing community groups, developing networks, and targeting specific areas of deprivation.
- Increased use of local spaces (libraries).
- Change of language around stopping smoking.<sup>1</sup>
- Governments across the UK should provide clear public health guidance at a national level on the utility of ecigarettes as a smoking cessation tool.
- Sufficient resource allocation to effectively target the LGBTQIA group, who require more support.
- Better access to support and NRT for travelling and moving communities (i.e. Boating communities)
- Better access to Translation services (including Sign Language).
- Free NRT available for all / to support smoking reduction.
- Provision of Champix replacement.
- SSS partnership working with other organisations.
- · Easier access to provision for the homeless.

1'I think we do need to medicalise (language used in cessation services) a bit...tobacco dependency support...align ourselves with that'

### Work Package 3 England

Ascertain the knowledge and perceptions of previous and potential SSS users from lower socioeconomic groups, in terms of their understanding of SSS, barriers and facilitators to access and any service needs to promote more equitable access for this group.



### **Data collection**



**Objective** – understanding the **awareness of and motivation of users** to engage with SSS, **barriers and facilitators** to engage with different types of support, and opportunities for increasing uptake and quit success.



**Design -** one to one **semi-structured interviews** completed by four researchers located throughout the UK.



**Recruitment –** those in LSES groups with a current or recent smoking history who have either accessed or may potentially access a SSS (n = 40).

Participant characteristics	N (%)
Gender Females	20 (50%)
Ethnicity White British	29 (76%)
Current people who smoke at time of interview	31 (78%)
<b>Location</b> Rural Urban	7 (17.5%) 33 (82.5%)
SSS history Never accessed Ever accessed Recently accessed (< 1 yr)	12(30%) 17 (42.5%) 11 (27.5%)

### 1. Awareness and understanding of SSS

#### Awareness of:

- SSS but lack of knowledge of what service involves.<sup>1</sup>
- Aware of promotional materials for services in Chemists and GP surgeries<sup>2</sup> and can recollect seeing adverts in chemists.

#### Lack of awareness of:

- What the service entails of prior to attending.
- Service options for behavioural support and products available to support a quit attempt prior to attending.
- SSS are also seen as an outdated concept.

1"I think you would probably get free advice and stuff like that, they might give you something to take or something like that I've heard to make you stop"

<sup>2</sup>"My GP practice up where I am now, there's posters on the wall, "Do you want to stop smoking?", and stuff'

### 1. Barries to accessing SSS

#### Personal barriers:

- Social anxiety and fear of being judged (lack of privacy in SSS).
- No perceived extra support.<sup>1</sup>
- Not being ready to quit.
- Lack of time.
- Concerns about efficacy and safety NRT/Pharmacotherapy.

#### Mode and Delivery:

- Support without NRT.
- Lack of face-to-face support.<sup>2</sup>
- Depersonalisation of support.
- Duration of program needs to be more flexible 12 weeks is too short<sup>2</sup> for heavy people who smoke, too long for others.

#### Behavioural support:

- Linking other issues.<sup>3</sup>
- Weekly meeting not enough support.
- Lack of personalisation in phone support.
- Negative preconceptions about behavioural support.

1'I think you would probably get free advice and stuff like that, they might give you something to take or something like that I've heard to make you stop'

<sup>2</sup> 'Nowadays because we're all used to having appointments over the phone, I probably wouldn't mind but I don't think I'd be that encouraged as much'

3'They asked some questions about my drinking...I just felt like that was a bit extreme, I didn't really think I drank that much'

### 1. Facilitators to accessing SSS

#### Personal motivation:

- Extra support is needed.<sup>1</sup>
- Linked to other addiction support.
- Health concerns.
- Complex lives so needing extra support (social/family issues).

### Mode and Delivery:

- o The use of apps.<sup>2</sup>
- Range of modes of delivery.
- Flexibility.

### Behavioural support:

- CO testing.³
- Relatable advisor.
- Short manageable weekly meetings (10 mins).
- Same adviser.<sup>4</sup>
- Face to face more effective. .

<sup>1</sup> 'I haven't got willpower...l've got ADHD...so obviously I just do need a bit of guidance

<sup>2</sup>'It were NHS Smoke Free (app) they told me to download...They were useful for knowledge, they were informative'

<sup>3</sup>'CO reading...that was brilliant, seeing that go down'

4'Having the same adviser really helped...because they obviously knew you and your journey'

### 2. General beliefs

- Negative perspectives on vapes:
  - Unnatural product.
  - Increases usage.<sup>1</sup>
  - Lack of information.
- Social influences on smoking:
  - Drinking alcohol.
  - o Peer pressure.
  - Family pressures supporting a family and children.<sup>2</sup>
  - Smoking stigma around smoking.<sup>3</sup>

1'it's (E-cigarette) always in my hand and I'm always pulling on it, and I don't think it's any good to be honest'

<sup>2</sup>'I've got a little girl...I'm a single parent, so I want to be in the best health as possible, so that's been a motivator (to quit smoking)'

3 'I saw an advert on Facebook with regards to if you quit smoking, but I think it was really judgemental'

### Service user recommendations

#### Appeal:

- A wider range of NRT and pharmacotherapy products.
- Increased use of technology, apps etc. for alerts.
- Face to face sessions preferred.
- Even split between group and individual preferences.
- Better provision of information on available products.
- More information about the SSS products and process.

#### **Acceptability:**

- Mentors and advisors who are ex- people who smoke to relieve stigma.
- Emphasise confidentiality particularly for women who smoke in ethnic minority groups.
- More advertising of SSS to increase awareness.
- Advertise about SSS on product packaging.

#### **Accessibility:**

- General helpline with 24/7 support.
- More affordable and accessible products.
- Aim at younger people who smoke - use schools, youth centres to raise awareness.
- Increase the visibility and awareness of SSS, including what it entails of.
- An informal, familiar and welcoming location.

# Examples of UK wide initiatives for LSES & priority groups

#### **UK** wide

- Partnerships with Drug and Alcohol Service/social housing provision of free vape kits, leaflets and advice.
- Various community and national level campaigns targeted Stoptober campaigns, community playground initiatives.

#### **Northern Ireland**

- The service has created a workbook that is a plain language summary of the PHA literature, designed specifically for prison populations with low levels of literacy. This workbook can also be used among other client populations, such as LSES groups.<sup>1</sup>
- The service ran an initiative for homeless populations within hostels.

#### **Wales**

- Community engagement facilitators to improve links with community groups targeting low SE groups and other priority groups.
- Pharmacy manager offered discounted NRT to those who finished their 12 weeks of support through the service.

#### Scotland:

Smoking Cessation Incentive scheme for LSES and other priority groups.

1"They've produced a workbook for the clients which is all easy read, it's all been vetted by all the teams, the equality teams, to make sure it's easy read and it's easily accessible for all people and it's actually been produced by some of the trust staff and that was really well received"

### **Policy Recommendations**

These recommendations are applicable across the devolved nations and were developed by Cancer Research UK's policy experts based on the research findings from this study, alongside other evidence and wider considerations.

Please contact alizee.froguel@cancer.org.uk for more information.





# Provide funding for the services and resources that help people quit smoking

SSS must receive adequate and sustainable funding, which should be secured for the amount of time needed to reduce smoking rates (to less than 5% of the population smoking) across all four nations.



# Increase the visibility and reach of SSS to help people quit smoking.

Health and social services – for example, healthcare services, local authorities, third sector organisations, and community groups – should work to promote SSS available in their local area and should encourage people to quit smoking.



### Increase the accessibility of SSS to encourage uptake.

SSS should be made as flexible as possible, including by offering a range of session timings, flexible quit dates, in-person and digital technology options, and re-access to support following relapse. Evidence on how co-location of services with other support in the community should also be gathered to assess impact on uptake and success.



# Ensure cessation tools, including e-cigarettes, are available and accompanied by support.

Evidence-based interventions and cessation tools, including e-cigarettes, should be widely available to people in LSES groups and should be provided alongside clear public health guidance and service providers' advice.

### For more information

To access the full report, supplementary material, one page summary and nation specific slide decks please visit our <u>Cancer Research UK website</u>.

(Tobacco > PROCESS Study - how can Stop Smoking Services be improved for low socioeconomic status groups?)

