

## **Hilary Graham's Summing Up at Inequalities And Smoking Colloquium**

**Martin Jarvis** set the scene for the seminar and the challenge for the policy community. He reminded us of the socio-economic gradient in prevalence, in nicotine dependence and in cessation. His presentation underlined the marked socio-economic differential in recruitment into, and exit from, smoking. There is an urgent need to reverse the steepening socio-economic gradients in tobacco use, as a first stage in reducing the gradient.

The fact that the socio-economic gradients have become more pronounced in recent decades suggests that the package of interventions and policies developed to date is not working. The evidence base is lacking answers to the questions of 'what works' to tackle smoking in poorer groups and to reduce the socio-economic gradient in tobacco use.

**Yve Buckland** emphasised that there were gaps in the evidence based around interventions to tackle the socio-economic gradient in smoking. I would suggest that this evidence-base needs to include, too, further information on what determines the socio-economic gradient: why are those in disadvantaged circumstances more likely to be smokers and less likely to quit?

**Don Nutbeam** pointed out that there are major problems in achieving the current targets to reduce smoking prevalence among adults without interventions which are differentially effective among manual groups. He reminded us that there is now a 6 week period before the presentation of a programme for 3 year funding for tobacco control programmes to the Minister. Discussion following his presentation emphasised that there is a continuing need to implement all elements of the White Paper. I would suggest, too, that an evaluation of the impact of these measures should include their impact across socio-economic groups.

**Christine Godfrey's** presentation showed that tax increases have some impact on some groups, but that price rises did not provide the answer to reducing prevalence in poorer groups and to narrowing the socio-economic differentials.

Frank Windmeijer reiterated that there is no evidence that a decade of rising prices through the 1990s has had an impact on prevalence or consumption – or on prevalence in lower socio-economic groups.

**Sherry Emery** informed the conference of the Californian Tobacco Control Policy. She stated that harm reduction and social norm change was equal across the socio-economic gradient. Higher socio-economic groups have recorded greater predictors in prevalence than lower socio-economic groups but prevalence differences are not as marked in the US as in the UK. This suggests that interventions associated with the policy have halted the widening gradient.

**John Griffiths** argued persuasively for the introduction of the ACOP and its potential for reducing prevalence if harnessed to cessation policies in the workplace. But we lack evidence about whether these strategies would have an effect on the socio-economic gradient: are workplace strategies an effective way of reducing prevalence in poorer groups and are they particularly effective with these groups?

**Amanda Amos** outlined the potential problems with community programmes. She noted that most of these programmes are small and local with short-term budgets. In judging the effectiveness of these interventions, we need to bear in mind evidence from a range of much larger and longer-term community-based interventions. Evaluations suggest that they have little effect on smoking beyond that which was attributable to secular trends. Among the important features of the community interventions described by Amanda Amos are :

- (i) they typically address the social disadvantages associated with smoking as well as smoking behaviour itself and;
- (ii) they provide space for smokers to give their views on 'what works in, and what is needed from, a smoking intervention.

**Ann McNeill** put forward the case for harm reduction strategies as part of the package of policies to address the needs and difficulties faced by low income smokers, acknowledging that there are many controversies that need to be dealt with in this area.

### **Concluding Points**

There are 3 issues which our seminar has put 'on the table':

1. Who are we targeting? Is it the same as the government? Is the target group those in manual socio-economic groups (58% of men, 38% of women) or those in low-income households (which are dominated by households with children - and by lone parent households in particular and by pensioners).

2. There is a need to improve the evidence base with respect to:

- i) interventions – building in measures of social economic status as a routine in all evaluations of interventions, this turns on encouraging research funders to ensure that no trial is funded without appropriate measures of socio-economic circumstances, so effectiveness in tackling smoking in lower socio-economic/income groups can be evaluated. With respect to the evidence base on interventions, there is also a lack of information about smokers' views on what makes an intervention effective.
- ii) what determines socio-economic status? There is a need to extend the evidence base to include social and epidemiological research on how exposure to socio-economic disadvantage – in childhood, adolescence and adulthood – shapes smoking careers.

3. The importance of targeting socio-economic circumstances as well as smoking behaviour. There is a need to link tobacco control policy to policies to tack social exclusion: to argue that interventions which tackle socio-economic disadvantage are an essential part of a prerequisite for effective tobacco control.