Equity positive impact of English Stop Smoking Services underlines need for comprehensive approach to public health interventions

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An ambitious public health agenda should not place individual and population-based approaches in false competition but should understand and act upon multiple levels of health systems. Improved understanding of the nuances related to medication delivery and e-cigarette use in the stop smoking service context may further encourage equity positive outcomes.

With a fall in investment in recent years [1] (from £70.2m in 2016-17 to £60.3m in 2018-19), the stop smoking services (SSS) in the UK are facing the challenge of delivering effective behavioural and pharmacological support to smokers making a quit attempt, despite having fewer resources at their disposal. At the same time, there is a debate in public health circles in the UK regarding the merits of individual- versus population-level interventions for public health impact. One argument frequently put forward against individual-level interventions is that they are inequitable, with greater success among those of more advantaged socio-economic status (SES) [2]. This review by Smith et al [3] provides useful counter-evidence by highlighting the role that smoking cessation support delivered at the individual-level can play alongside population-level interventions to achieve a range of equity-positive outcomes in disadvantaged groups, namely increased access to and provision of services. An ambitious public health agenda should not place individual and population-based approaches in false competition [4] but should promote a comprehensive agenda and action at multiple levels of the system.

The review highlights differences in quit success across the socio-economic spectrum. Although smoking cessation services achieve lower absolute quit rates among disadvantaged smokers, this does not necessarily indicate that the services are less efficacious for smoking cessation in these groups. It is important to distinguish between failures to reduce long-established socio-economic differences in quit success compared with exacerbating them. For example, in a secondary analysis of a recent global smoking cessation RCT of more than 8,000 people [5], participant psychiatric history was associated with lower odds of quit success but did not moderate the efficacy of pharmacotherapy delivered in the context of behavioural support [6].

It is concerning that Smith et al found disadvantaged smokers to be more likely to be provided with smoking cessation medication (NRT and Varenicline) by their GPs, but less likely to receive prescriptions for Varenicline by their SSS. For varenicline specifically, there is often overlap between SSSs and GPs regarding the approval of prescription requests for patients who are attending SSS. Reasons for the apparent socioeconomic difference in Varenicline prescriptions between GPs and

SSS are unclear but may include: 1) a client does not want to use the medication or is not able to collect their prescription 2) a SSS advisor does not deem it suitable for their client 3) a GP rejects prescription request for a patient that has been requested by the SSS. Considering that the medication is currently considered to be the most effective form of pharmacotherapy [7], this finding warrants further interrogation. GPs and SSSs are 'partners' with respect to supporting disadvantaged smokers, often with advanced disease progression [8], in a quit attempt.

Finally, the review raises e-cigarettes as one of several factors possibly responsible for the observed reduction in SSS use. However, recent time series analyses have provided little evidence in support of this association [9]. On the other hand, the results from a large RCT indicated that e-cigarettes can be effective when provided as an intervention to quit smoking in a SSS context [10], and the devices appear to be popular among people from more disadvantaged backgrounds [11]. The National Centre for Smoking Cessation Training in England advises services to be 'friendly' towards people interested in using e-cigarettes to stop smoking [12]. Future research should evaluate whether services with this favourable approach are better able to increase attendance, with specific consideration given to disadvantaged smokers who continue to bear a higher burden of the morbidity and mortality associated with smoking [13].

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