



# ASH Scotland Tobacco and social deprivation

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## Key points:

- smoking is the leading cause of premature death in Britain
- deprived areas have the highest rates of smoking and lowest quit rates
- people living in poverty are ill more often and die sooner
- smoking is high amongst unemployed people, young adults and single parents
- smoking decreases spending available to low income families
- preventing smoking uptake in teenagers would break the cycle
- supporting people to quit is a cost-effective intervention
- interventions should be tailored to the most vulnerable groups.

Social deprivation and health inequalities are the result of many interrelated factors. However, smoking has increasingly come to be linked with poverty. In 1961 there was no difference in lung cancer mortality between social classes, but by the 1980s a man in an unskilled manual occupation was more than four times as likely to die of lung cancer as a professional and twice as likely to die from coronary heart disease; for women there is a threefold difference for lung cancer and a fourfold difference for heart disease<sup>1</sup>.

Half the difference in survival to 70 years of age between professional classes and unskilled classes can be attributed to higher rates of smoking in the unskilled groups<sup>2</sup>. Smoking also accounts for an estimated 30% of life years lost due to cancer<sup>3</sup>.

## In Scotland

- smoking costs the Scottish economy £837m each year, through the direct costs of treating smoking-related diseases, lost output and productivity to employers, and reduced consumer expenditure through premature deaths<sup>4</sup>
- 43% of adults who live in deprived areas smoke, compared with 12% in the least deprived areas<sup>5</sup>
- in 2005, half of adults aged 25–49 with no qualifications (52%) smoked, compared with one-quarter (25%) of those with Higher Grade/A-level or equivalent and only 16% among those with a degree<sup>6</sup>
- within the NHS Greater Glasgow & Clyde area, where smoking is highest in Scotland, 34% of all deaths in the 35 to 69 age group are attributed to smoking<sup>7</sup>
- in 2003 the poorest 10% of households spent 2.4% of income on cigarettes per week, whilst the richest 10% spent 0.5%<sup>8</sup>. Smoking costs poorer households a larger proportion of smaller incomes; buying 20 cigarettes a day (at 2008 average pack prices) will cost over £2,000 per year<sup>9</sup>

- Scotland has poor health by UK and European standards and has high levels of inequality in terms of health outcomes for different socio-economic groups<sup>10</sup>.

## Mortality and health

An estimated 24% (almost 13,500) of all deaths in Scotland in 2004<sup>11</sup> were attributable to smoking and almost 90% of all lung cancer deaths are associated with smoking<sup>12</sup>. Amongst the 35 - 69 age group an average of 22 years of life are lost per death from smoking<sup>13</sup>.

In the 2007 Scottish Household Survey<sup>14</sup>, only 42% of people in the most deprived areas of Scotland said they had good health compared to 54% across Scotland. 23% reported their health as not good in the most deprived areas compared to 12% in the rest of Scotland. Those who smoke also report that they are in poorer health, with 46% of smokers believing their health to be good compared to 57% of non-smokers and 18% of smokers believing their health to be not good compared to 12% of non-smokers.

Research which looked at how smoking, sex and social position affects long term survival found that that smokers in all social classes had poorer survival rates than never-smokers, even in the least affluent classes. Smoking was found to be a greater source of health inequality than social position.<sup>15</sup>

## Smoking and quality of life

Despite common assumptions, there is no evidence that smoking is associated with heightened levels of pleasure, either for people living in poverty or for the general population. Instead smoking is associated with lower levels of pleasure and poorer overall quality of life; there is also an association between heavier smoking and a poorer quality of life<sup>16</sup>.

## Cessation

An estimated 70% of smokers want to quit<sup>17</sup>. However smokers in deprived areas perceive a lack of support to help them to stop smoking and rates of stopping smoking are three times lower among the least well off in society, compared with the wealthiest<sup>18</sup>. Children from less advantaged social backgrounds may be more likely to start smoking than children from more affluent backgrounds but the difference is not great. However, by their 30s, half of the better off young people have stopped smoking whilst three quarters of those in the lowest income group carry on<sup>19</sup>.

Why are low-income smokers in Scotland more likely to smoke and less likely to quit? The results of research studies and community-based projects suggest a number of factors, including poverty and coping with living in a disadvantaged environment; unemployment; a pro-smoking culture reinforced by use of cigarettes to foster social participation and belonging; limited experience of environments which encourage cessation; and limited experience of cessation<sup>20</sup>. Research also suggests that factors which

reinforce smoking as a social norm (including more advertising and promotion outlets) make it harder for people to quit<sup>21</sup>.

## Reducing inequalities in health

Identifying areas of social deprivation is not the same as identifying deprived people or families, because not all deprived people live in deprived areas. It has been estimated that if 20% of the most deprived postcode sectors in Scotland were the target of health campaigns, only 41% of unemployed people and 34% of low income households would be captured<sup>22</sup>. More than 60% of the population in Scotland would need to be targeted to include 74% of low income households<sup>23</sup>.

Smoking needs to be tackled within the context of wider health initiatives, taking into consideration the links between smoking and coping, and other lifestyle choices which people make. Tobacco control initiatives need to be sensitive to exclusion and life circumstances from childhood to old age, and cessation services need to be specially tailored with and for socially excluded groups.

Preventing young people from taking up smoking, and helping younger people to quit, would help reduce smoking rates in the future and the toll on people's personal health and NHS finances when treating tobacco-related diseases.

## Scottish Government smoking reduction targets

Current targets are to reduce:

- adult (age 16+) smoking to 22% by 2010<sup>24</sup>
- smoking amongst 13 year old girls from 5% in 2006 to 3% in 2014<sup>25</sup>
- smoking amongst 13 year old boys from 3% in 2006 to 2% in 2014<sup>26</sup>
- smoking amongst 15 year old girls from 18% in 2006 to 14% in 2014<sup>27</sup>
- smoking amongst 15 year old boys from 12% in 2006 to 9% in 2014<sup>28</sup>
- smoking amongst 16 to 24 year olds from 26.5% in 2006 to 22.9% in 2010<sup>29</sup>
- smoking in pregnancy to 20% by 2010.<sup>30</sup>

The Scottish Government's National Performance Framework set a range of indicators for 2007-10, some relating to health inequalities and tobacco:

- indicator 10 - decrease the proportion of individuals living in poverty<sup>32</sup>
- indicator 16 - increase healthy life expectancy at birth in the most deprived areas<sup>33</sup>
- indicator 17 - reduce the percentage of the adult population who smoke to 22% by 2010<sup>34</sup>
- indicator 21 - reduce mortality from coronary heart disease among the under 75s in deprived areas.<sup>35</sup>

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- <sup>1</sup> Benzeval, M., Judge, K. and Whitehead, M. ed. *Tackling inequalities in health: an agenda for action*. London: King's Fund, 1995. pp 86-87.
- <sup>2</sup> Wanless, D. *Securing good health for the whole population: population health trends*. Norwich: HMSO, 2003. p.3.
- <sup>3</sup> Ibid, p.25.
- <sup>4</sup> Taulbut, M and Gordon, D. *Tobacco smoking in Scotland: an epidemiology briefing*. [online] ScotPHO, 2008. Available from: [http://www.scotpho.org.uk/home/Publications/scotphoreports/pub\\_tobaccobriefing.asp](http://www.scotpho.org.uk/home/Publications/scotphoreports/pub_tobaccobriefing.asp) [accessed 1 June 2009]
- <sup>5</sup> Scottish Government. *Scotland's people: annual report: results from 2007 Scottish Household Survey*. [online] Edinburgh: Scottish Government, 2008. Available from: <http://www.scotland.gov.uk/Publications/2008/08/07100738/0> [accessed 1 June 2009]
- <sup>6</sup> Taulbut, M and Gordon, D. *Tobacco smoking in Scotland: an epidemiology briefing*. [online] ScotPHO, 2008. Available from: [http://www.scotpho.org.uk/home/Publications/scotphoreports/pub\\_tobaccobriefing.asp](http://www.scotpho.org.uk/home/Publications/scotphoreports/pub_tobaccobriefing.asp) [accessed 1 June 2009]
- <sup>7</sup> NHS Health Scotland, ISD Scotland and ASH Scotland. *An atlas of tobacco smoking in Scotland*. Edinburgh: NHS Health Scotland, 2007.
- <sup>8</sup> National Statistics. *Family spending. A report of the 2002/03 expenditure and food survey*. London: TSO, 2004.
- <sup>9</sup> Tobacco Manufacturers Association. *EU cigarette price and tax breakdown – July 2008*. [online] 2008. Available from: [www.the-tma.org.uk/page.aspx?page\\_id=35](http://www.the-tma.org.uk/page.aspx?page_id=35) [accessed 1 June 2009]
- <sup>10</sup> Scottish Executive. *Improving health in Scotland – the challenge*. [online] The Scottish Executive: Edinburgh, 2003. Available from: <http://www.scotland.gov.uk/Publications/2003/03/16747/19929> [accessed 1 June 2009]
- <sup>11</sup> NHS Health Scotland, ISD Scotland and ASH Scotland. *An atlas of tobacco smoking in Scotland*. Edinburgh: NHS Health Scotland, 2007.
- <sup>12</sup> Ibid
- <sup>13</sup> Ibid
- <sup>14</sup> Scottish Government. *Scotland's people: annual report: results from 2007 Scottish Household Survey*. [online] Edinburgh: Scottish Government, 2008. Available from: <http://www.scotland.gov.uk/Publications/2008/08/07100738/0> [accessed 1 June 2009]
- <sup>15</sup> Gruer, L., et al. Effect of tobacco smoking on survival of men and women by social position: a 28 year cohort study. *BMJ* [online] 338:b480, 2009. Available from: [http://www.bmj.com/cgi/reprint/338/feb17\\_2/b480](http://www.bmj.com/cgi/reprint/338/feb17_2/b480) [accessed 5 June 2009]
- <sup>16</sup> Lang, I. A., et al, Was John Reid right? Smoking, class, and pleasure: a population-based cohort study in England. *Public Health* 121:(4), 2007.
- <sup>17</sup> Taulbut, M and Gordon, D. *Tobacco smoking in Scotland: an epidemiology briefing*. [online] ScotPHO, 2008. Available from: [http://www.scotpho.org.uk/home/Publications/scotphoreports/pub\\_tobaccobriefing.asp](http://www.scotpho.org.uk/home/Publications/scotphoreports/pub_tobaccobriefing.asp) [accessed 1 June 2009]
- <sup>18</sup> Jarvis, M. J. and Wardle, J. *Social patterning of health behaviours: the case of cigarette smoking*. In: Marmot, M. and Wilkinson, R. (eds) *Social Determinants of Health*. Oxford: Oxford University Press, 2nd edition, 2005.
- <sup>19</sup> Ibid
- <sup>20</sup> Stead, M., et al. *It's as if you're locked in: qualitative explanations for area effects of smoking in disadvantaged communities*. Glasgow: Centre for Tobacco Control, 2000.
- <sup>21</sup> MacAskill, S., et al. You cannae just take cigarettes away from somebody and no' gie them something back: can social marketing help solve the problem of low-income smoking? *Social Marketing Quarterly*, 8 (1): 19-34, 2002.
- <sup>22</sup> McGloone, P. Targeting deprived areas within small areas in Scotland: population study. *BMJ* 323: pp.374-375, 2001. Available from: [www.bmj.com/cgi/content/full/323/7309/374?ikey=ad0653de91fb3fe81ab16ea64cf89e563f41a1b5&keytype=tf\\_ipsecsha](http://www.bmj.com/cgi/content/full/323/7309/374?ikey=ad0653de91fb3fe81ab16ea64cf89e563f41a1b5&keytype=tf_ipsecsha) [accessed 4 May 2008]
- <sup>23</sup> Ibid.
- <sup>24</sup>

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<sup>25</sup> Scottish Government. *Scotland's future is smoke-free: a smoking prevention action plan* [online] Edinburgh: Scottish Government, 2008. Available from: <http://www.scotland.gov.uk/Publications/2008/05/19144342/13> [accessed 16 June 2009]

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> Scottish Executive. *A breath of fresh air for Scotland. Improving Scotland's health: the challenge tobacco control action plan* [online] Edinburgh: The Stationary Office 2004. Available from <http://www.scotland.gov.uk/Resource/Doc/26487/0013536.pdf> [accessed 16 June 2009]

<sup>31</sup> Scottish Government. *Local delivery plan 2009/10: priorities for NHS Scotland guidance*. Edinburgh: Scottish Government, 2009. Available from: <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/LDPGuidance2009#a3> [accessed 16 June 2009]

<sup>32</sup> Single Outcome Agreement Group. *Single Outcome Agreements: guidance, format and indicators for Scottish local government* [online] 2008. Available from [http://www.improvementservice.org.uk/component/option,com\\_docman/Itemid,0/task,doc\\_download/gid,1723/](http://www.improvementservice.org.uk/component/option,com_docman/Itemid,0/task,doc_download/gid,1723/) [accessed 16 June 2009]

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

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