



# Impact of the 'smoking ban'

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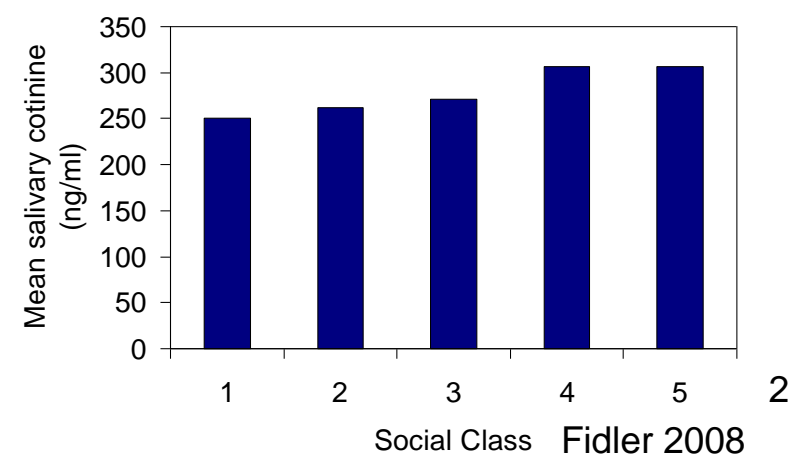
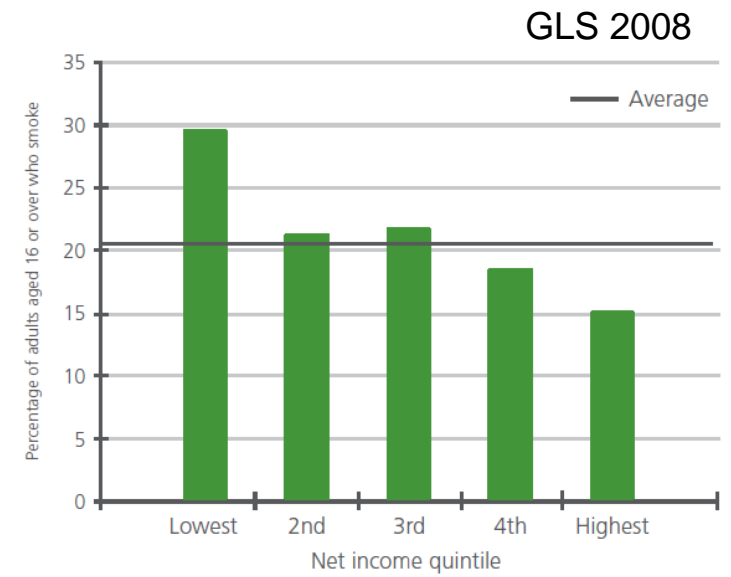
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February 2010



# Smoking and health inequalities

- Cigarette smoking is a major source of health inequalities in the UK
- Smoking rates among the poorest members of the community are double those of the most affluent
- Poorer smokers smoke more cigarettes and obtain a higher dose of toxins if they do smoke



Social Class Fidler 2008

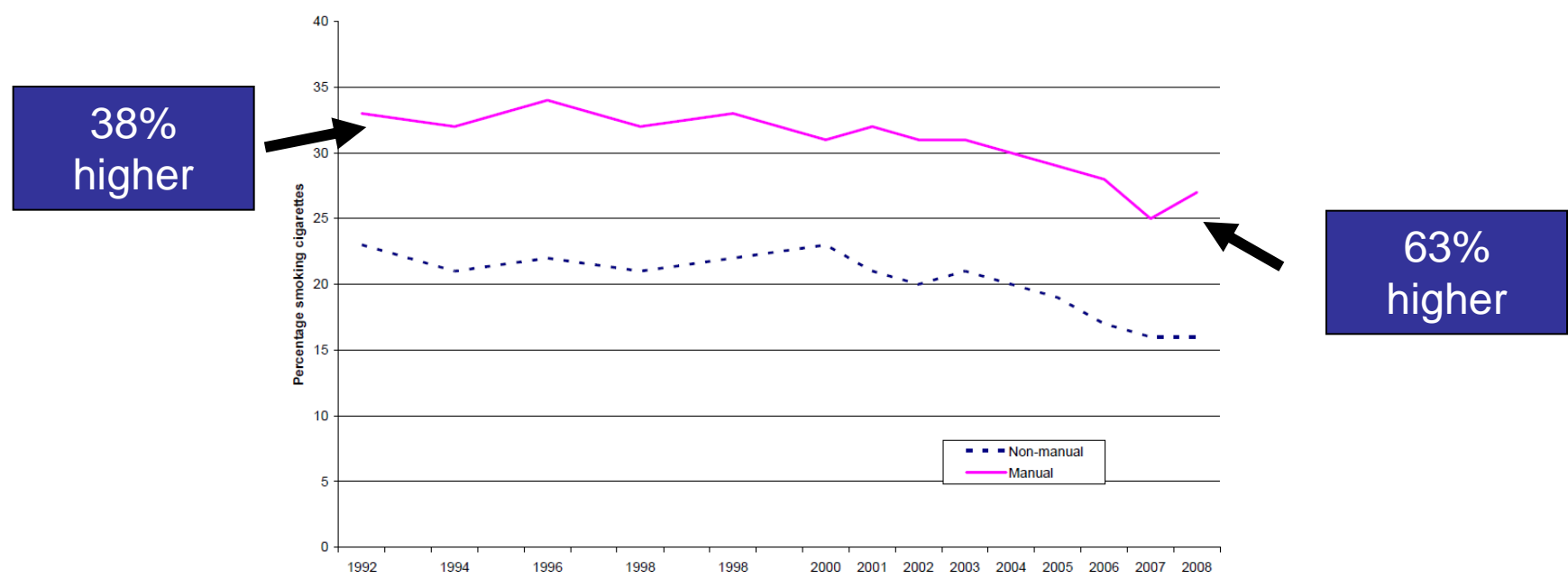
# Policy conundrum

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- Tobacco control policies have a tendency to increase social gradient in smoking because they mostly promote **attempts** at cessation and poorer smokers find it harder to stop so gain less benefit
- ‘Smoking Kills’ White Paper in 1998 attempted to address this by including provision of help for smokers to stop but few smokers use this help
- The ‘smoking ban’ may widen inequalities if it promotes attempts to stop but does not help them succeed

# Recent trends in prevalence

- Smoking prevalence has declined at broadly similar rates across the social gradient but this has accentuated the apparent difference



\* weighted data are shown from 1998 onwards

# The 'smoking ban'

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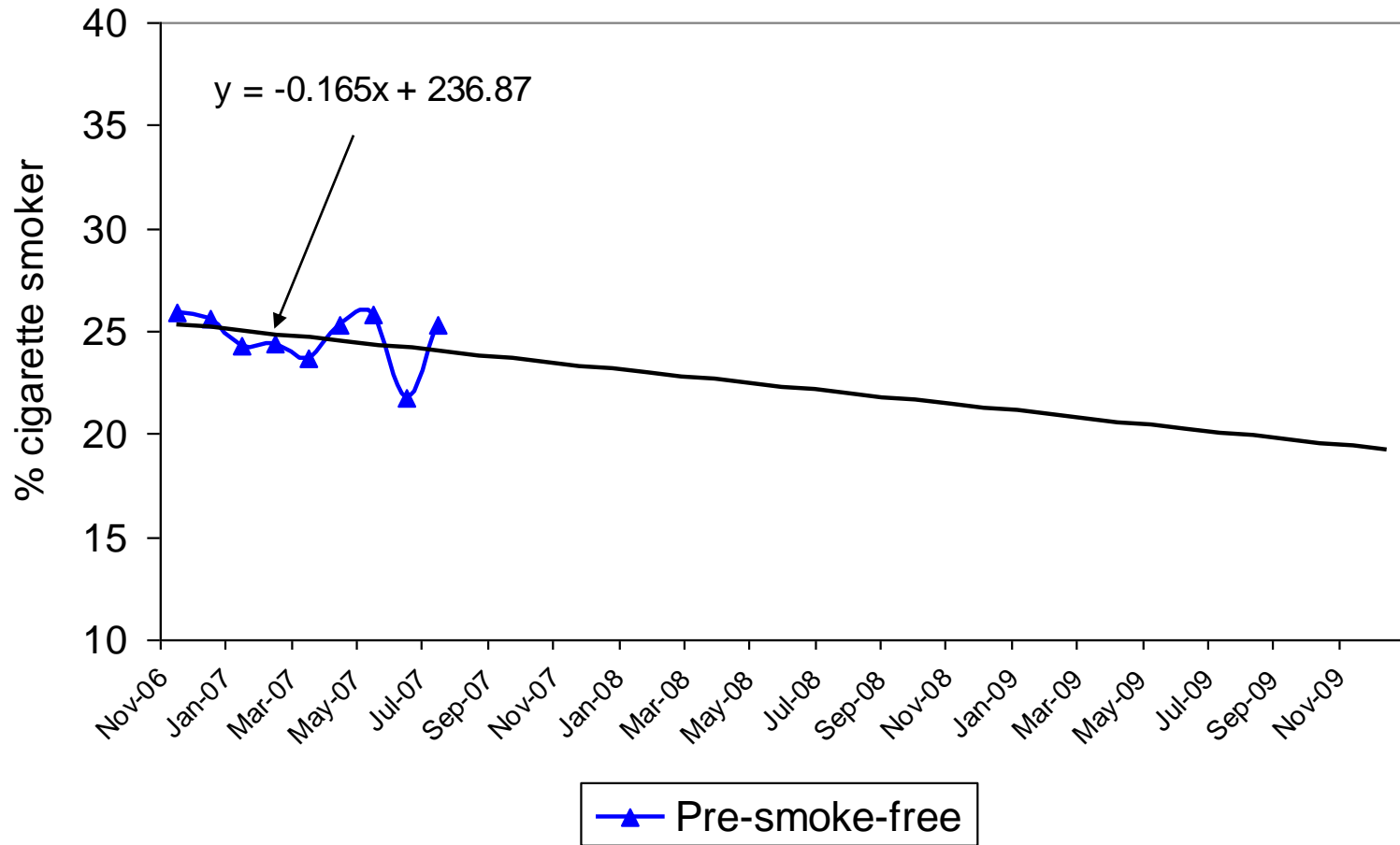
- July 2007: total ban on smoking in all indoor public areas including bars and restaurants
- Primary goal
  - protect the health of non-smokers given evidence that passive smoking was killing >1000 non-smokers each year
- Secondary goal
  - encourage and help more smokers to stop

# The 'Smoking Toolkit Study'

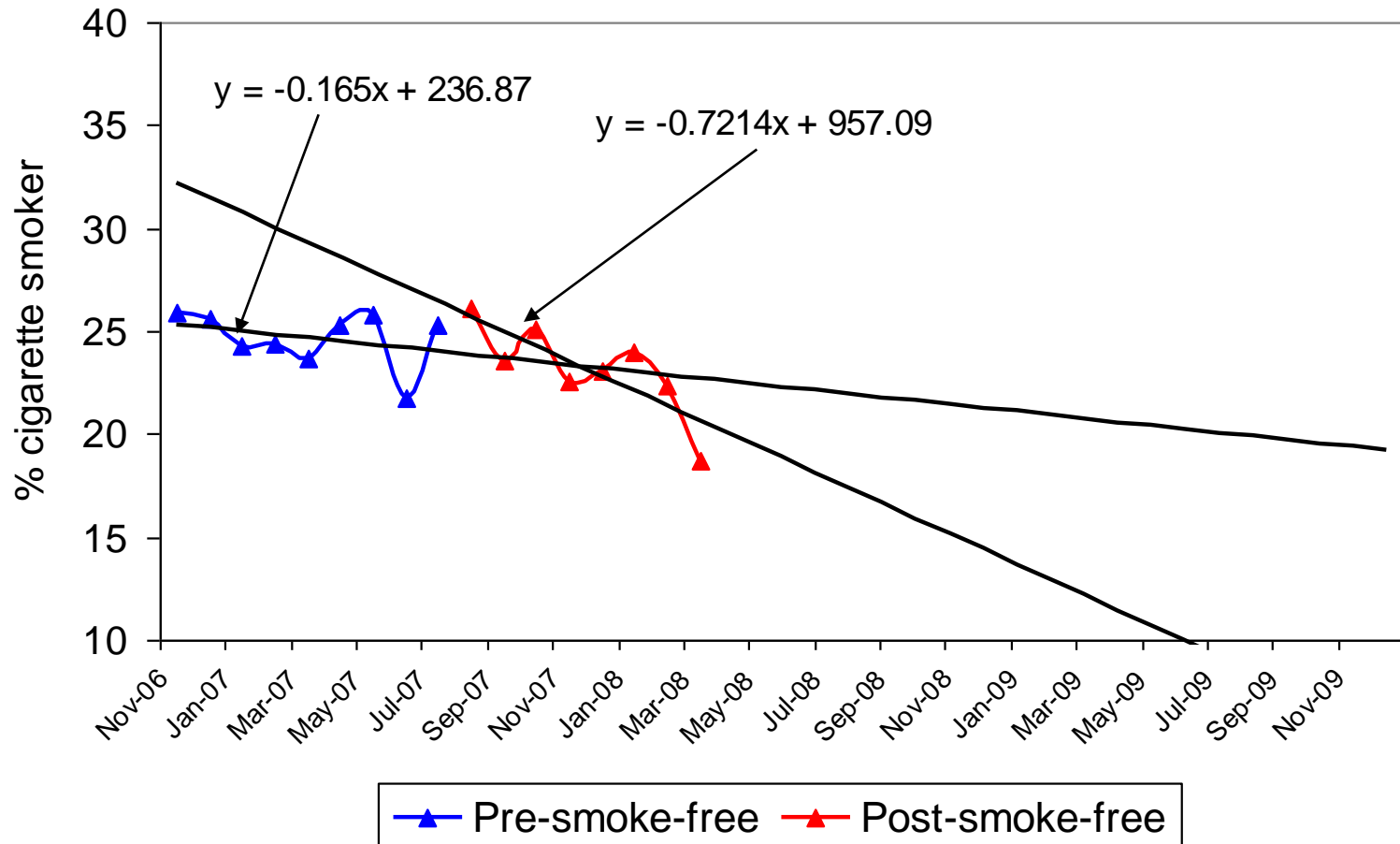
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- Monthly surveys of the population of England aged 16+ from Nov 2006 onwards
- Aims
  - to track key performance indicators relating to smoking and smoking cessation to assess impact of policies and events
  - to develop a better understanding of factors influencing smoking cessation to help shape future policies
- Sample size to date: 65,749

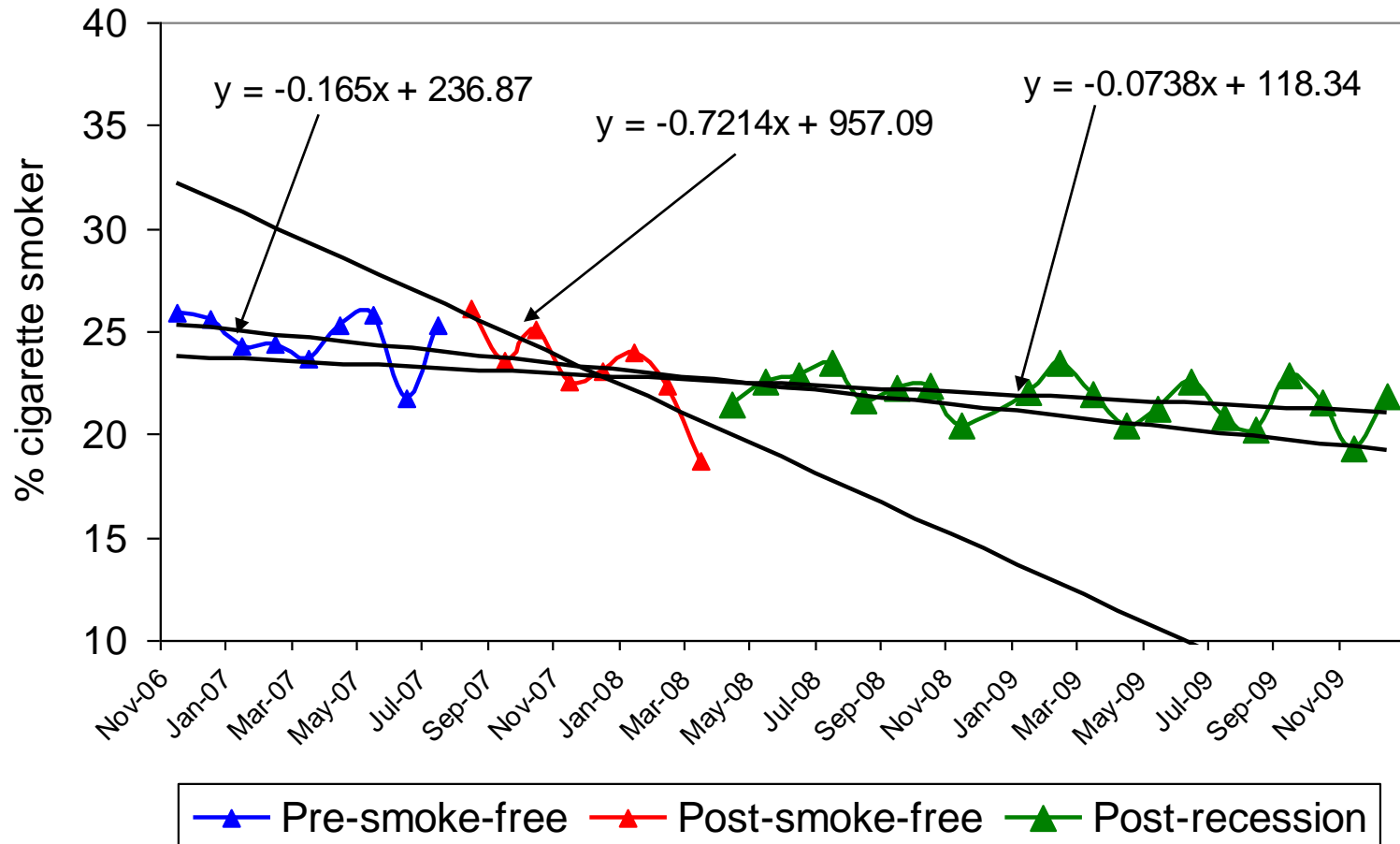
# Smoking prevalence pre-ban



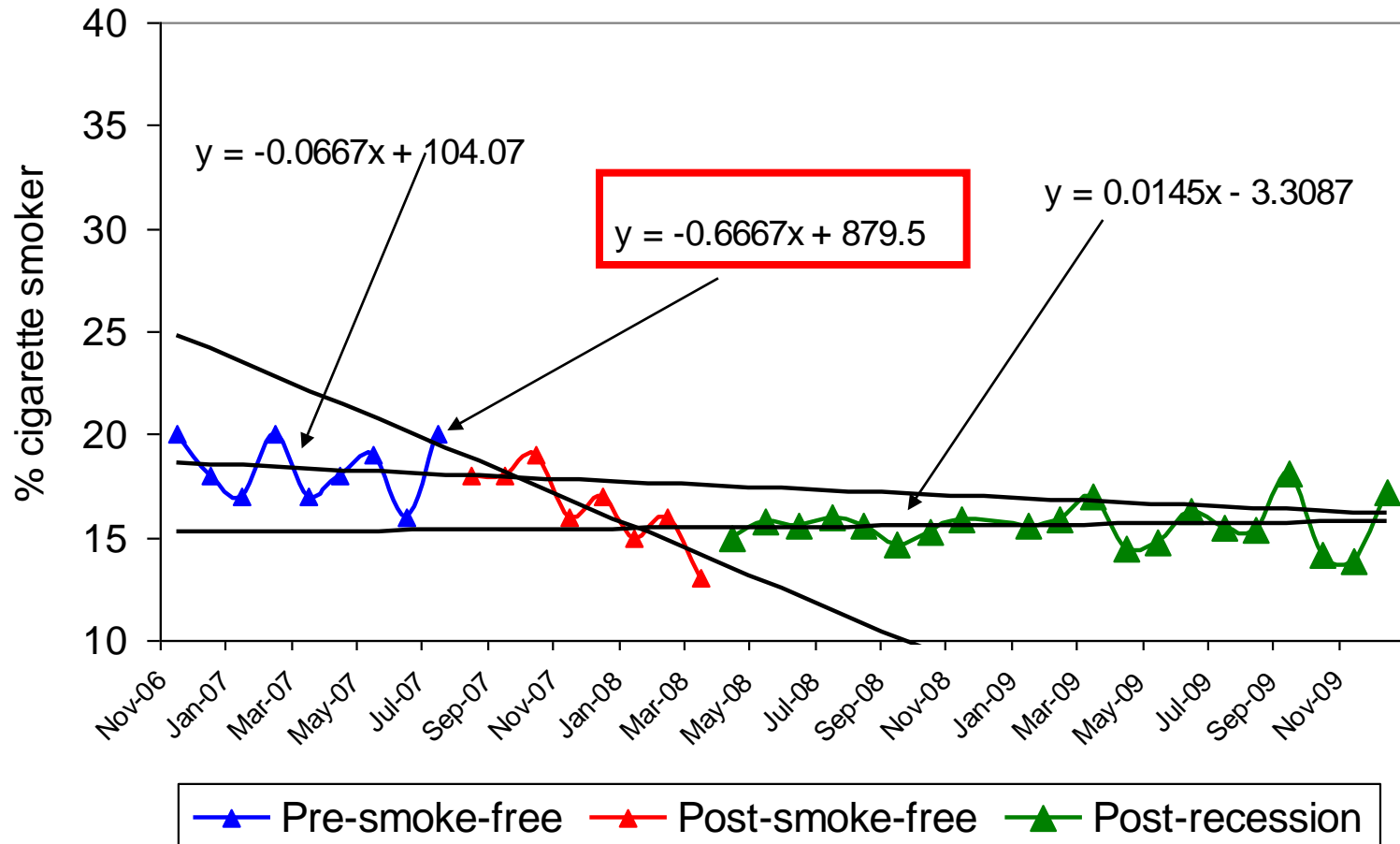
# Smoking prevalence immediately post-ban



# Smoking prevalence post-recession

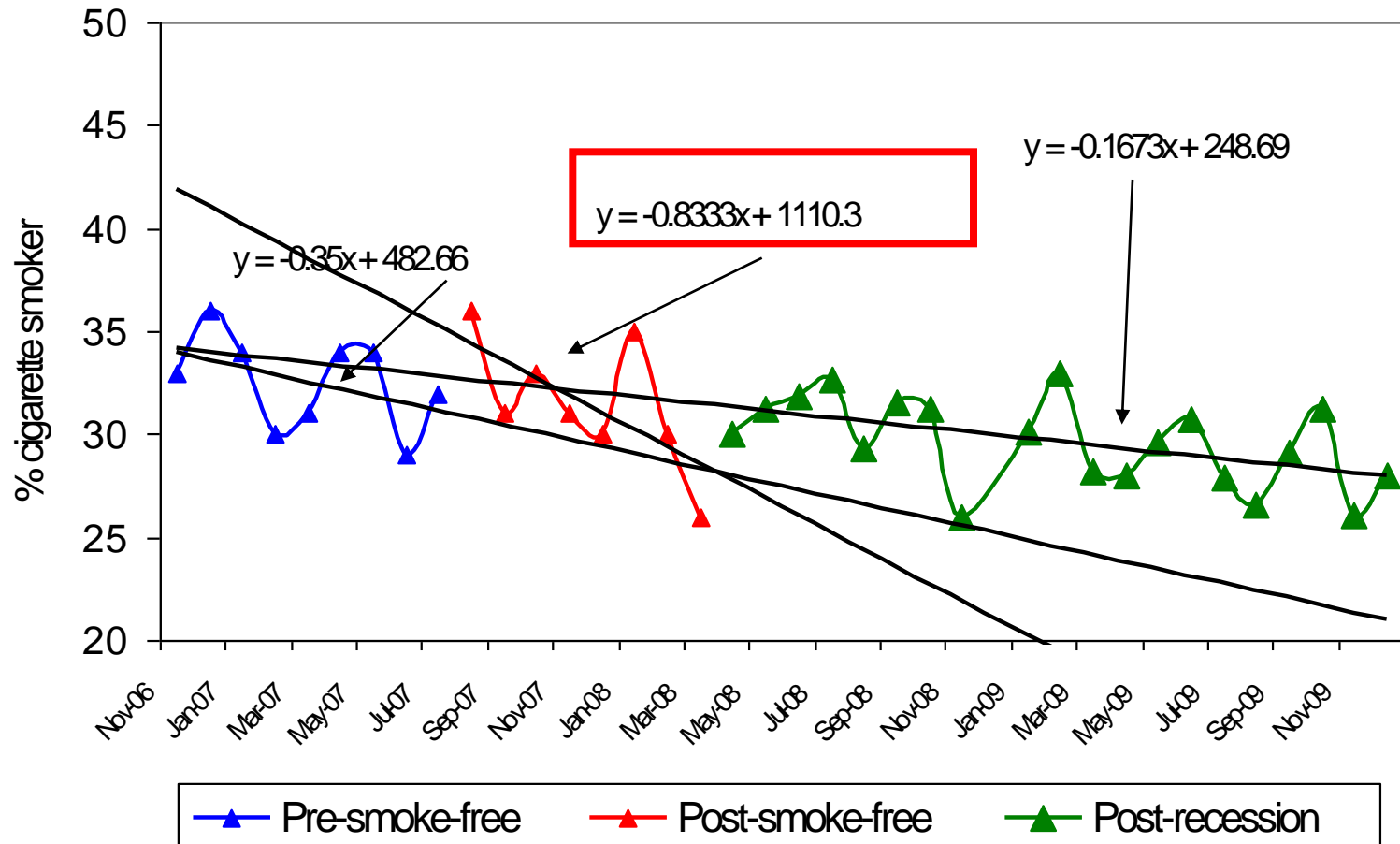


# Smoking prevalence 2007-2009: social grade A-C1



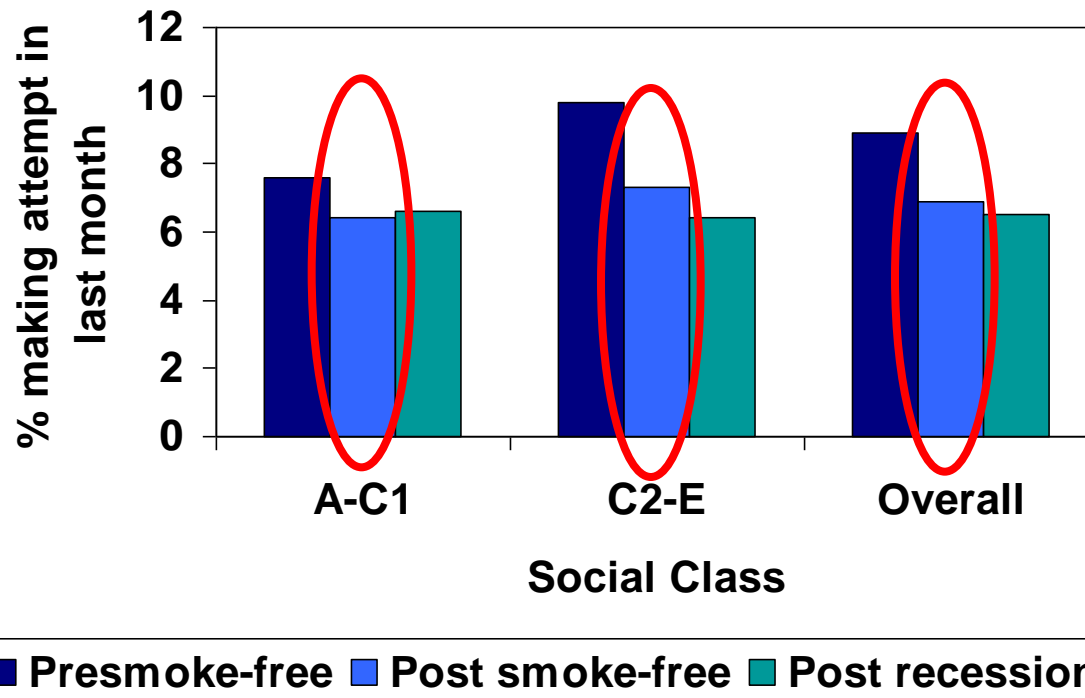
A-C1: professional to clerical  
C2-E: skilled manual to long-term unemployed

# Smoking prevalence 2007-2009 : social grade C2-E



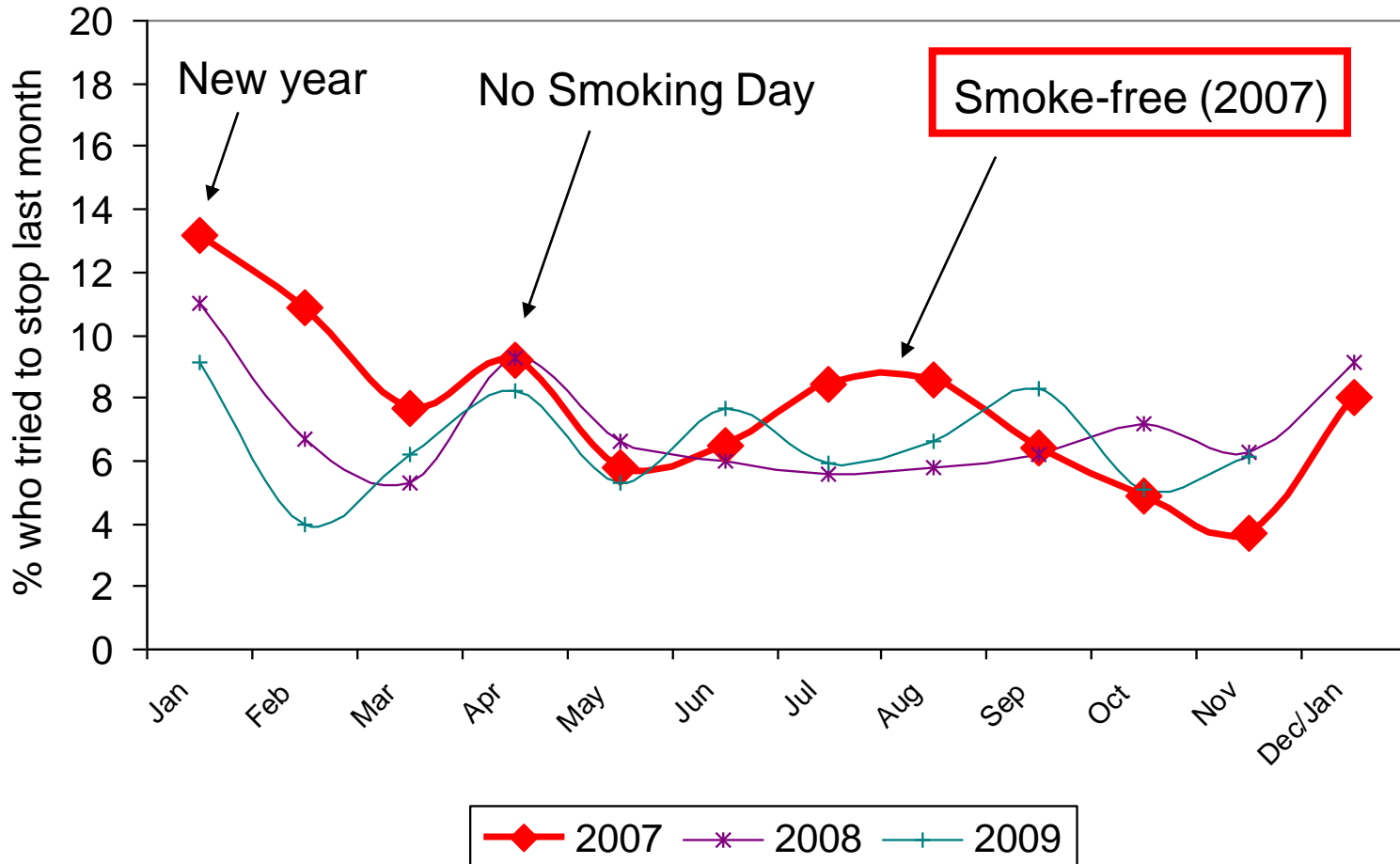
# Quit attempts pre- and post- smoking ban

Attempts to stop smoking were not higher post-ban



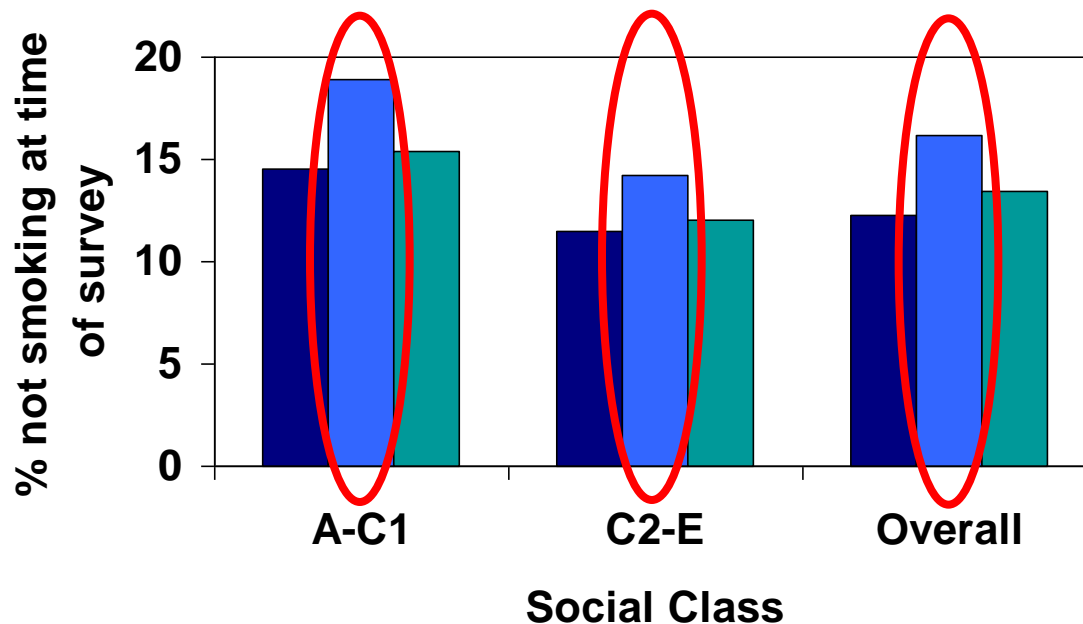
Base: smoked in last year;  $p < .05$  for decline; unpublished data

# Effect of smoking ban on quit attempt rate



# Success of quit attempts pre- and post-smoking ban

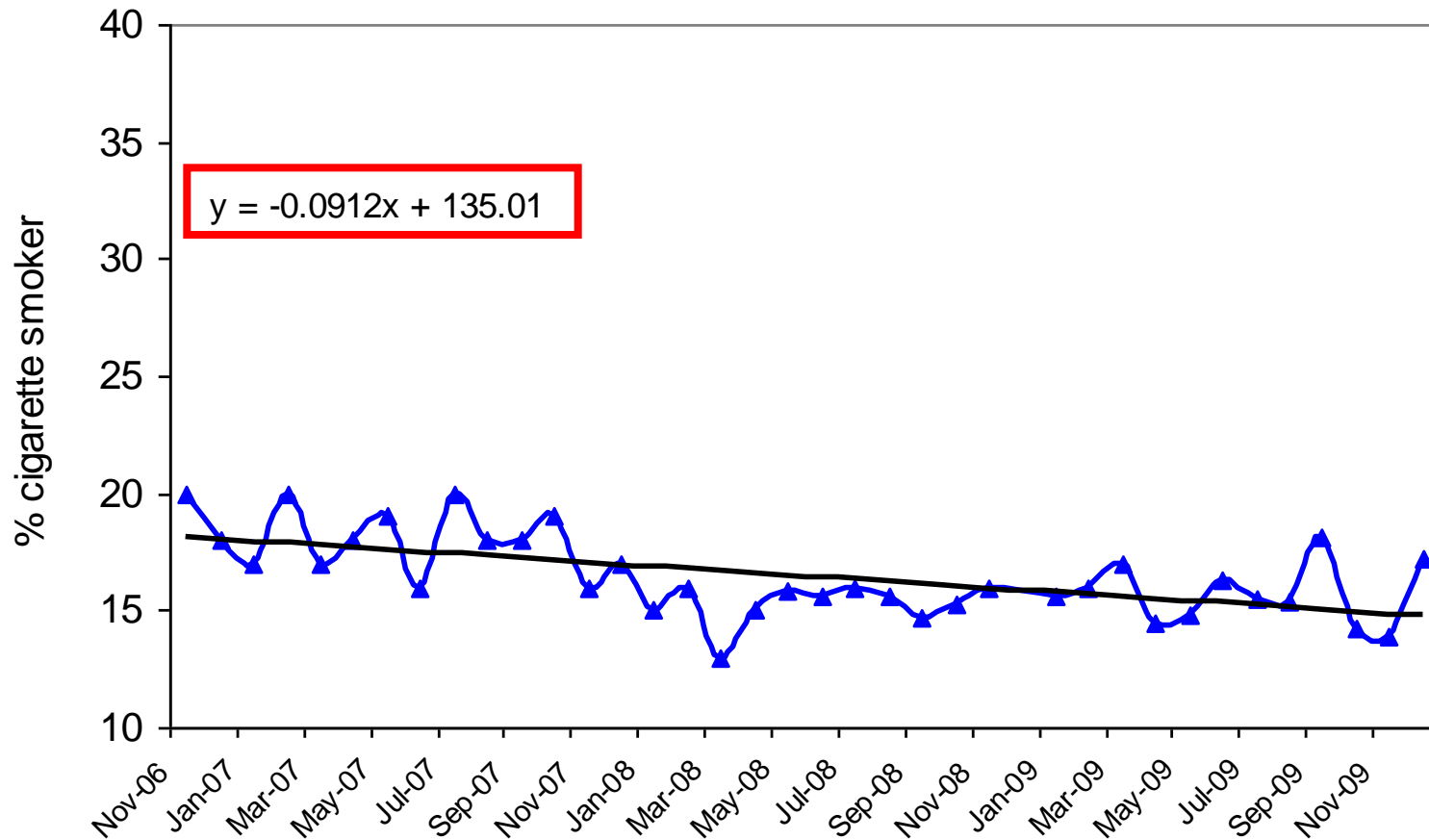
Attempts to stop smoking were more successful post-ban



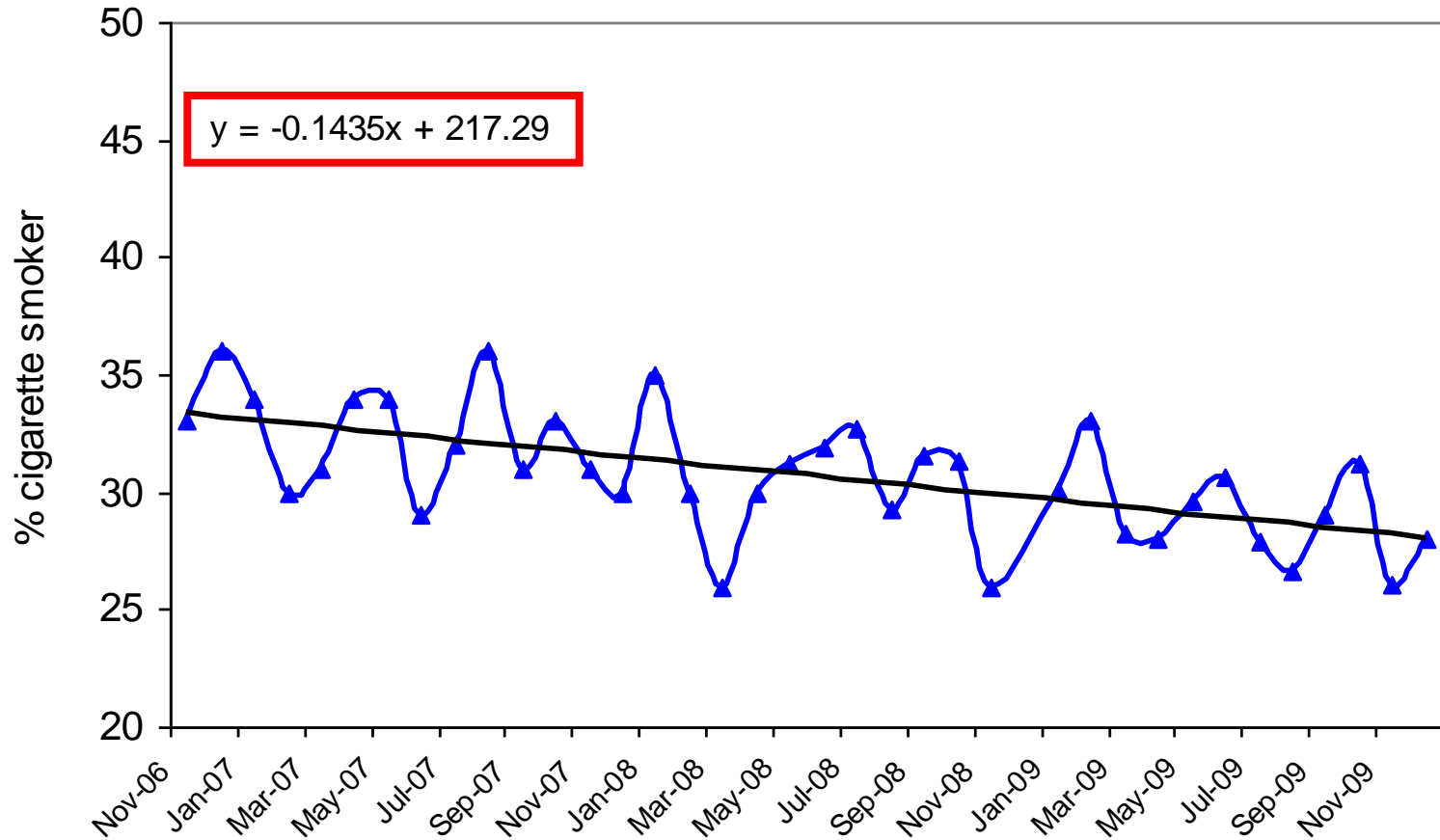
■ Presmoke-free ■ Post smoke-free ■ Post recession

Base: made quit attempt in last month;  $p < .05$  for increase post-smoke-free; unpublished data

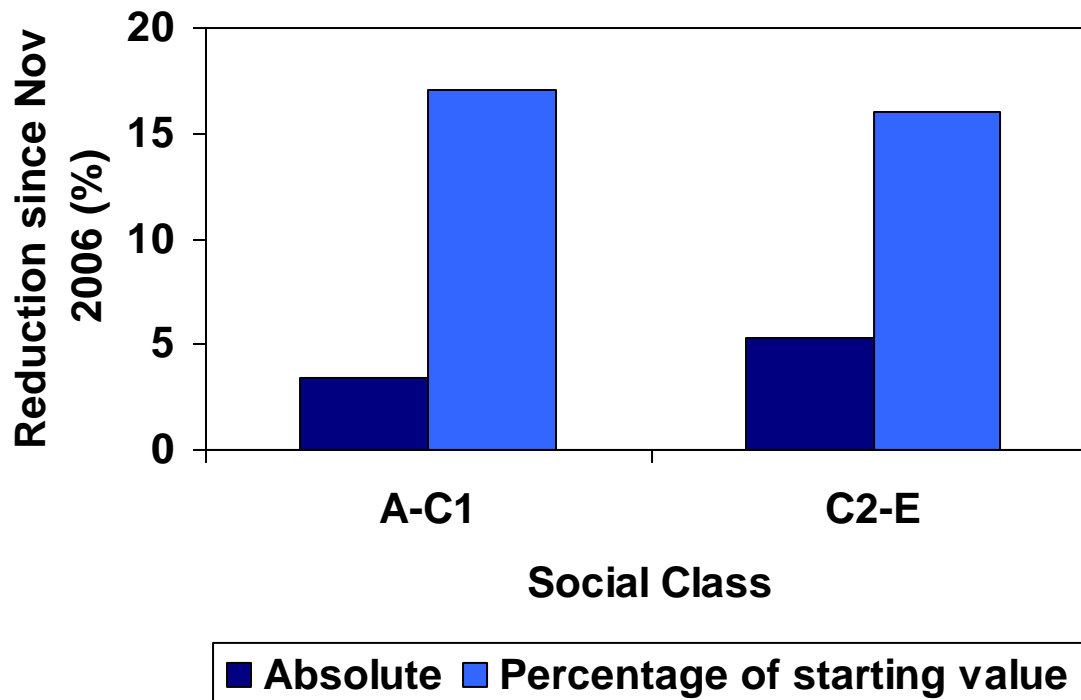
# Overall trend 2007-2009 : social grade A-C1



# Overall trend 2007-2009: social grade C2-E



# Percentage reductions by social grade



Base: All adults; No significant differences across social grade

# Conclusions

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- Smoking is a major source of health inequalities because of the social gradient in smoking prevalence and in toxin intake among smokers
- Prevalence has declined at similar absolute rates across the social spectrum in the past 20 years but this has led to increased apparent disparity
- Introduction of the 'smoking-ban' was associated with slightly higher absolute reductions in smoking prevalence in lower social grades but similar proportionate reductions
- **The smoking ban has probably contributed to a reduction in prevalence without exacerbating social inequalities**