NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Smoking: treating dependence

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

Smoking has higher prevalence amongst certain population groups, including:

* people experiencing socioeconomic disadvantage
* people who identify as LGBT+
* people with a mental health condition
* people in contact with the criminal justice system
* looked after children
* people experiencing homelessness.

The [ASH briefing on health inequalities and smoking](https://ash.org.uk/information-and-resources/ash-briefings/) from 2019 shows:

* socioeconomic disadvantage is associated with higher prevalence of smoking
* cumulative disadvantage increases the likelihood of smoking
* children who grow up around people who smoke are more likely to smoke
* links between socioeconomic status and smoking and regional and local variations in smoking prevalence and health outcomes.

Some groups may not be well-served by existing stop-smoking provision, such as people experiencing socioeconomic disadvantage, those with a mental health condition, people who identify as LGBT+. Although these groups may be motivated to stop smoking, they may experience additional challenges to successfully stop. The [ASH briefing on health inequalities and smoking from 2019](https://ash.org.uk/information-and-resources/ash-briefings/) gives examples of factors that may influence whether people experiencing socioeconomic disadvantage successfully stop smoking, such as dependence on nicotine, lack of social support and stress.

 People with mental health conditions have a higher prevalence of smoking and are less likely to access standard smoking cessation services and have lower quit rates. People with severe mental illness may have a life expectancy 20 years lower than the general population, part of which is attributable to smoking. Although smoking rates have substantially decreased in the general population, for those with mental health conditions rates have remained. The [Department of Health’s Towards a Smoke free Generation: a tobacco control plan for England](https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england) references studies that show 40.5% of adults with serious mental health conditions smoke. The report notes that some health professionals can be reluctant to offer people with mental health conditions support to quit smoking. This is because of beliefs that the medicines might lead to adverse outcomes in this group, or that the mental health condition should be addressed before attempting smoking cessation.

Specific consideration should be given to pregnant women because of the impact of smoking on the health of the baby and the woman. Some stop-smoking interventions such as varenicline and bupropion are not suitable for young people or pregnant or breastfeeding women.

People from South Asian communities are the predominant users of smokeless tobacco products in England.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No population groups, treatments or settings have been excluded from the quality standard at this stage.

Completed by lead technical analyst: Charlotte Fairclough.

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Approved by NICE quality assurance lead: Mark Minchin

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