

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Smoking: harm reduction

Output: Equality analysis form – Meeting 2

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
Socio-economic status Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 2

Topic: Smoking: harm reduction

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

People from routine and manual occupational backgrounds are almost twice as likely to smoke. In addition, people from routine and manual occupational groups are more likely to cut down first, rather than stop 'abruptly'. They inhale more nicotine from cigarettes and are more dependent than more affluent people. To take in more nicotine they inhale more deeply and smoke more of the cigarette, which increases their exposure to the other toxins in tobacco smoke and, thus, increases their risk of smoking-related disease. As a result, they are likely to find it harder to stop smoking and so may need additional support.

Smoking prevalence is also particularly high among some other groups. These includes: lesbian, gay, bisexual and transgender (LGBT) people, those with mental health problems, people in prison and those who are homeless.

The health of babies born into lower income households is disproportionately affected by secondhand smoke. In addition, as they are growing up in an environment where smoking may be the norm, they are more likely to start smoking in adolescence.

These differences in smoking rates are a major contributor to inequalities in health status and outcomes. Smoking also exacerbates poverty.

Smoking prevalence is also higher in certain ethnic groups.

People who live in closed institutions (for example, secure mental health units and custodial sites) can have temporary abstinence from smoking imposed for lengthy periods, possibly even years.

Equality issues will be considered during the development of the quality standard.

The provision of alternative formats of the 'Information for the public' (IFP) is not considered necessary for this topic.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to smoking: harm reduction were recruited.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

This quality standard will not cover pregnant women or maternity services. Pregnant women who smoke are covered by [Quality standard for antenatal care](#) (NICE quality standard 22).

The quality standard will not cover referral to and delivery of smoking interventions as these are already covered by NICE quality standard 43 - [Smoking cessation: supporting people to stop smoking](#).

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

Quality statements 1, 2 and 3 highlight that any advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. These include lesbian, gay, bisexual and transgender (LGBT) people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups..

Quality statement 4 states that services should be promoted, accessible and commissioned to address the needs of groups that have higher smoking prevalence rates than the general population; including lesbian, gay, bisexual and transgender (LGBT) groups, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic backgrounds.

We believe these quality statements promote equality.