

Age, gender and social advantage affect success in quitting smoking

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The study, commissioned by the National Institute for Health and Clinical Excellence (NICE) and undertaken by the UK Centre for Tobacco Control Studies (UKCTCS), reviewed published studies from between 1990 and 2007 to establish success rates for the NHS smoking cessation services. It found that older smokers are more likely than young smokers to successfully quit, some men appear to be more successful at quitting than women despite the fact that more women attend the smoking cessation services, and more disadvantaged groups face greater challenges when giving up smoking.

The findings support other international research that also suggests that while women are highly motivated to quit smoking, men may be more likely to succeed when they access services to help them stop. Several factors seem to explain the lower success rates of women, such as less confidence in quitting, the inter-relationship between gender and deprivation and differences in the meaning and role of tobacco in men and women's lives.

[Pregnant women](#) and more disadvantaged groups face particular challenges in quitting. Pregnant [smokers](#) who enrol in smoking cessation programmes may just suspend their smoking for the duration of their [pregnancy](#) as opposed to quitting altogether. These smokers are more likely to be shift and manual workers and may experience multiple barriers that make it harder to stop smoking in the long-term.

There are similar difficulties for smokers from more deprived areas

where smoking is more prevalent. In such areas, smoking is often perceived as the norm which makes quitting harder.

While cessation rates for smokers accessing NHS stop smoking services were lower in disadvantaged areas (52.6 per cent) than elsewhere (57.9 per cent) the proportion of smokers being treated by the services was higher (16.7 per cent compared with 13.4 per cent). The net effect with the additional treatment meant that a higher proportion of smokers in the most disadvantaged areas reported success (8.8 per cent) than in more advantaged areas (7.8 per cent).

The UK remains the only country in the world to have a comprehensive, free-at-the-point-of-use cessation services and the study suggests that these services do provide effective support for smokers who want to quit. However, a number of important research questions remain regarding the effectiveness of different forms of intervention offered by the services.

For example, because gender, ethnicity, class, age and level of dependency affect success in giving up smoking, tailored interventions may help to improve cessation rates. In the case of pregnant women, two reviews of NHS [smoking cessation](#) services provide evidence that the most effective treatment for pregnant smokers includes elements such as systematic training of midwives in how to refer pregnant smokers, flexible home visits, and providing intensive multi-session treatments delivered by a small number of dedicated staff.

The research team concluded that NHS stop smoking services have made a contribution to reducing inequalities in smoking prevalence. To achieve government targets will require both the development of more innovative cessation interventions for some specific groups of smokers and recognition that [tobacco control](#) policy will need to take account of the unique challenges these groups face when trying to quit [smoking](#).

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