

Cost increasingly important motive for quitting smoking for 1 in 4 adults in England

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Health concerns are still the primary motive for more than half of those who say they want to stop smoking in England, but cost is now a key factor for more than 1 in 4, finds an analysis of national survey

responses, published in the open access journal *BMJ Public Health*.

Given this shift in thinking, making much more of the potential savings to be had might encourage more people to stub out for good, suggest the researchers.

Health concerns are generally the primary motive for people trying to stop [smoking](#), with social and financial concerns, plus advice from a health professional, also commonly cited reasons, explain the researchers.

But since 2020, England has undergone a period of substantial societal instability, prompted primarily by the COVID-19 pandemic, which might have triggered changes in the reasons smokers give for wanting to ditch tobacco, they suggest.

To find out, the researchers looked at time trends in motives for trying to stop smoking between March 2018 and May 2023, exploring differences by age, sex, socioeconomic status, presence of children in the household and vaping status.

They drew on responses to the ongoing Smoking Toolkit Study, a monthly survey of a representative sample of around 1700 adults in England.

The responses were limited to those who were either current smokers or who had stopped smoking in the past year and had made at least one serious attempt to quit during that time.

Respondents were asked to name the reason(s) behind their most recent quit attempt from among: advice from a health professional; TV advert for a nicotine replacement product; government TV/radio/press advert; a new stop smoking treatment; cost; smoking restrictions; knowing

someone else who was quitting; health warning on a cigarette packet; contact from a local NHS stop smoking service; current or future health problems; attending a local stop smoking activity or event; comments by family, friends, children; significant birthday; pregnancy; simple decision to quit; COVID-19 pandemic.

Out of the 101,919 survey respondents between 2018 and 2023, 17,812 reported smoking in the past year. Of these, 17,031 (96%) provided data on quit attempts over the past 12 months, 5777 (34%) of whom reported having made at least one serious attempt to do so.

Health concerns were the most frequently cited motives, reported by more than half the sample (52%) across the entire period—especially concerns about future health, reported by more than 1 in 3 (35.5%) compared with 1 in 5 (19%) who were motivated by current health problems.

Cost was the next most frequently cited motive, reported by nearly 1 in 4 (23%), followed by [social factors](#), reported by around 1 in 5 (19%) and advice from a health professional (12%).

Around 4% said they were motivated by health warnings on a cigarette packet, while smoking restrictions prompted 3.5% to try and stop; a simple decision to quit was cited by just over 3%. The other reasons attracted only around 1% each.

Up to the start of 2020, 1 in 2 quit attempts was motivated by [health concerns](#); 1 in 5 by current health problems (20%), and 1 in 3 by concerns about future health (34%). One in 5 was motivated by social factors (20%) and cost (20%), and 1 in 6 by health professional advice (16.5%).

While there was little overall change in the proportion of quit attempts

motivated by health concerns across the entire study period, the proportion of quit attempts motivated by cost increased significantly, rising from just over 19% in March 2018 to just under 25.5% in May 2023.

But the proportion of quit attempts motivated by health professional advice fell significantly over the entire study period, dropping from just over 14% in March 2018 to 8.5% in May 2023.

The COVID-19 pandemic, which began to affect England in March 2020, is likely to have influenced the proportion of respondents reporting health concerns, social factors, and cost as motives for trying to stop smoking, suggest the researchers.

The proportion of quit attempts motivated by future health concerns increased during 2020 and 2021. "It is likely the pandemic made health concerns (an already prevalent motive) even more salient, particularly during its first year when the virus was spreading rapidly and vaccinations were not yet available," they write.

Once the immediate threat of the virus had subsided thanks to the vaccination program, the proportion of health-related attempts to quit returned to pre-pandemic levels.

The pandemic probably influenced other motives, suggest the researchers, because it prompted loss of income and jobs for many people.

"These economic pressures probably contributed to the rise in cost-motivated attempts to quit around this time. But while the pandemic's acute risks to health—and, as a result, attempts to quit motivated by concern for health or social factors—waned over time, its [economic impacts](#) have been compounded by a cost-of-living crisis," they explain.

The pandemic's impact on access to, and availability of, [health care services](#) may also have contributed to the decline in the proportion of respondents citing health care professional advice as a motivating factor, they add.

The researchers acknowledge various caveats to their findings, including that all the study data were self-reported and relied on personal recall, and may not apply to other countries with different attitudes to smoking, tobacco control policies, and provision of smoking cessation services.

But they conclude, "These findings have implications for smoking cessation interventions and clinical practice. ..They indicate that cost is an increasingly important factor motivating people to try to stop smoking.

"Communicating the potential savings people can make by stopping smoking (even if they switch to alternative nicotine products) could therefore be an effective means for motivating attempts to quit."

More information: Trends in motives for trying to stop smoking: a population study in England, 2018–2023, *BMJ Public Health* (2024). [DOI: 10.1136/bmjph-2023-000420](https://doi.org/10.1136/bmjph-2023-000420)

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