Health Inequalities - Early Years

ASH Scotland

Summary
ASH Scotland makes the following recommendations on reducing and preventing health inequalities in the early years:

1. Tobacco control must be fully integrated into Scotland’s strategy to tackle health inequalities and the early years

2. By recognising that tobacco consumption, smoking and second-hand smoke are key risk factors for poorer health and child outcomes, appropriate measures can be effectively implemented into interventions that impact upon the early years

3. Successful quit attempts by parents, carers, and family members of young children reduces children’s exposure to harmful second-hand smoke and the modelling of smoking behaviour, thus improving child outcomes and the transmission of health inequalities

4. Pregnancy presents a crucial opportunity to engage expectant mothers in smoking cessation interventions, helping to give more infants a healthy start in life

5. Measures such as increasing the cost of tobacco and targeted cessation interventions can help to reach low socioeconomic smokers and exert a positive equity impact on existing inequalities in smoking rates between rich and poor in Scotland

ASH Scotland welcomes the opportunity to respond to the call for evidence on the Health and Sport Committee’s inquiry on health inequalities and the early years. Tackling health inequalities at all points in the life cycle is a key tenet of our work in public health, and this response addresses several of the key questions identified on the inquiry website.

About ASH Scotland
Action on Smoking and Health (ASH) Scotland is an independent Scottish charity taking action to achieve its vision of a healthier Scotland free from the harm and inequalities caused by tobacco. We work towards improving health and quality of life by trying to:

- limit the number of young people taking up smoking
- reduce the number of adult smokers
- protect people from second hand smoke and tackle the health inequality resulting from tobacco use.

Our activities include an expert information service, lobbying and campaigning, action-based projects, providing professional training and taking forward our partnerships and alliances.
We are particularly interested and invested in the topic of the consultation as challenging poverty and health inequalities is a primary strategic aim for ASH Scotland. Smoking makes a significant contribution to creating and maintaining health inequality in Scotland. The Marmot Review of health inequalities states that ‘tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.’

This response answers the specific questions published on the consultation webpage. All of our responses to the questions are defined by our remit with tobacco use and smoking and reflect our organisation’s service provision, experiences, and ethos. We are happy for this response to be published or to provide more evidence to the Committee in any manner it deems appropriate.

How effective are early years interventions in addressing health inequalities?
Smoking is a key risk factor for poor health and contributes to the maintenance of inequalities. Tobacco addiction should be addressed through integration into educational approaches (such as the Curriculum for Excellence) alongside educational content on other health risk behaviours (such as alcohol and substance misuse). Integrating tobacco use and smoking as risk factors to be addressed in early years interventions helps to ensure that children experience improved outcomes. This can be incorporated in broader interventions aimed at tackling multiple risk factors in early years development. For example, a 2008 international review in the Lancet found that the Family-Nurse Partnership intervention programme was one of only two programmes that have been shown to be effective in the prevention of child maltreatment. The Family Nurse Partnership programme includes smoking as one of eight characteristics identifiable in pregnancy and known in other populations to be risk factors for subsequent poor child outcomes. Hence smoking reduction and cessation is one measure of improving child outcomes that is feasible to tackle alongside other social and health issues, with positive results.

A 2011 mapping survey of smoke-free home initiatives in Scotland and England highlighted those that target early years and young people. Most, if not all, NHS Health Boards deliver second-hand smoke (SHS) or smoke-free home interventions and carry out a range of activities addressing awareness, health, safety, and training in relation to smoking and tobacco use. Interventions such as Stop for Life (NHS Lothian), Quit for Life (NHS Fife) and Give it up for Baby (NHS Tayside), while not specifically categorised as ‘early years’ interventions, clearly impact upon health inequalities among children from pre-birth, through infancy, and beyond. These interventions offer support (such as financial incentives and/or behavioural support and Nicotine Replacement Therapy) to expectant parents and family or household members to reduce smoking rates amongst pregnant women.
What are our views on current early years policy in Scotland in addressing health inequalities?

Scottish Government’s tobacco strategy *Creating a Tobacco-Free Generation* sets bold and ambitious targets for reducing the smoking prevalence in Scotland to 5% by 2034 and with updated NHS Smoking Cessation (HEAT) targets set to focus smoking cessation support amongst the most deprived populations. Not only do we need to provide support for those who wish to stop using tobacco in order to meet this target, we also need to focus on preventing the next generation’s uptake of smoking in the first place. This means ensuring engagement with this group as early as possible to raise awareness, and providing effective services that meets the health and social needs of individuals and families.

Therefore, effective tobacco control approaches need to consider addressing risk factors to health inequalities in early years at pre-conception, during pregnancy, and post-pregnancy, all the way through the school years and beyond for their influence to be sustained. Support needs to be made available to parents and any adult in a caring role for those in the early years to help carers address their own smoking behaviour should they wish to stop. Options to reduce exposure to SHS during the early years should be offered routinely, as carers have an opportunity to influence behaviour and prevent smoking uptake in the future. Tobacco consumption within households cannot be addressed in isolation and therefore must be addressed in partnership with a range of health and non-health services to provide the best care and support and offer our next generation the best start in life possible.

What role can the health service play in addressing health inequalities through interventions in the early years?

NHS health professionals play an integral role in addressing health inequalities in the early years; our Training Team deliver courses and training to those working in the health service involved in smoking cessation efforts across Scotland. These courses contain modules that specifically focus on the links between smoking and health inequalities and cessation in pregnancy – an intervention that has the potential to significantly reduce health inequality in early years. The training also instructs those involved in delivering stop smoking interventions about advising and supporting smokers who face inequalities, who may struggle with other substance use issues, and highlight potential access barriers to disadvantaged smokers. It is critical that those in the health service, particularly NHS stop-smoking service workers, support families with reducing and ceasing their tobacco use and smoking in order to help to address the link between the early years and inequalities.

What barriers and challenges do early years services face when working to reduce health inequalities?

There is sometimes a lack of readiness or confidence in exploring how issues around health inequalities could be addressed; this means that there is a reliance on parents and carers to make positive choices and to implement health behaviour changes. This reliance on individual efforts can be particularly challenging where family life may be chaotic and affected by one or more social and health related issues, such as parental drug and/or alcohol
misuse, poverty, poor living conditions, or frequent relocation to temporary housing. For example, an air quality measurement pilot aiming to reduce children’s exposure to SHS in the home, with which ASH Scotland has been involved, at a child and family centre in a disadvantaged urban area highlights how some of those chaotic experiences have limited participation or led to participants withdrawing from the project.

There are also difficulties around the engagement of parents/carers in the uptake of tobacco and smoking-related services, despite campaigns, targeted messages, and the increased accessibility of services. Those in their early years might also have many carers in their lives – parent, grandparent, other family members and friends - which could present challenges in how consistent behaviours and routines are supported and maintained.

A lack of support, commitment, and ability of parents and or carers to work collaboratively with practitioners (health or non-health) to reduce health inequalities in early years can also present itself as a challenge. This might be the result of poor understanding or education about the risk factors that tobacco consumption poses to health and social wellbeing. In turn, this will often lead to children’s exposure to SHS in the early years - making those children more vulnerable to and at greater risk of poor health and development. Because of modelling behaviour, this can also increase children’s chances of becoming smokers themselves in adolescence or later life.

From the perspective of health visitors, when working with vulnerable children, the need to ensure their immediate safety means other issues may need to take priority, for example, fire safety or poor living conditions, meaning that harms perceived as less ‘immediate’ such as smoking, can be neglected.

Are there any specific initiatives or research evidence from Scotland, UK, or internationally that you would wish to highlight to the Health and Sport Committee?

Within the context of health inequalities and the early years, smoking rates are higher amongst those living in Scotland’s most deprived area and amongst those with low levels of education and income. In Scotland, expectant mothers from the most deprived fifth of areas are five times more likely to smoke compared to mothers from the most advantaged fifth of areas. There are many adverse health effects caused by smoking during pregnancy and these may contribute to subsequent poor physical, cognitive, emotional, and learning outcomes for children. For many women, pregnancy is an event and period of time that can provide an impetus to quit smoking, so pregnancy-specific cessation interventions can help reduce poor pregnancy outcomes and improve infant health.

Low education and income also have been linked to lower rates of successful quit attempts and, in particular, low education and employment rates are linked to a low success rate for quit attempts among women. An American study suggests that tobacco control campaigns tailored to smoking women with low education can make better inroads into the prevalence of smoking in this population; specifically, the study found that low education women
responded more positively to policies directly causing an increase in cost (tax increases) and targeted media messages.

Two systematic reviews of the evidence of the equity impacts of tobacco control interventions on socioeconomic inequalities specifically on adults also found strong evidence that price-increases help to reduce inequalities in smoking prevalence as lower income smokers are more price sensitive\textsuperscript{10},\textsuperscript{11}. Evidence was also found that UK NHS smoking cessation services that have focused their efforts on targeting and reaching low socioeconomic smokers may have some positive equity impact.

It is also important to recognise, and be duly wary of, the adoption and promotion of ‘health inequalities’ arguments by vested commercial interests. As recent research by academics from the University of Edinburgh has shown\textsuperscript{12}, tobacco companies have co-opted and misrepresented arguments relating to health inequality in attempts to create false dichotomies between action to reduce health inequalities and effective regulation of tobacco products.

\textbf{ASH Scotland}
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\begin{itemize}
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