

Maximising existing opportunities to reduce health inequalities

Dr Sharon Cox
Principal Research Fellow



- What is Inclusion Health and what are inclusion health groups?
- Identify what we know on how we can better support the people in these groups
- Highlight how we can maximise existing opportunities

“Inclusion health is a social justice movement to prevent and address the harms of extreme inequity through research, service and policy”. *UCL Collaborative Centre for Inclusion Health, 2021*



Collaborative
Centre for
Inclusion
Health

“socially excluded, who typically experience *multiple overlapping risk factors* for poor health, such as *poverty, violence and complex trauma.*” *NHS, 2021*

- Homelessness
- Substance dependences
- Vulnerable migrants
- Gypsy, Roma and Traveller communities
- Sex workers
- People in contact with the justice system
- Victims of modern slavery

Reliance on emergency health care & under use of primary and preventative care services

*****High levels of Mental Health Conditions in these groups*****

“We’re not shouting or not demanding anything. All we’re asking for is just to be treated with a little bit of humanity. We’re human beings at the end of the day, aren’t we?”

- Mark ... 2019



12x

In any given year, compared to the general population, men experiencing social exclusion are 12x more likely to die prematurely

In any given year, compared to the general population, men experiencing social exclusion are 8x more likely to die prematurely

1/3 deaths are due to causes amenable to timely and effective health care



Current smoking rates

	Estimate	No estimate but think it's high	No idea
Homelessness	82%		
Substance dependencies			
- Opioids	90%		
- High risk drinkers	58%		
Justice system	80%		
Vulnerable migrants		✓	
Gypsy, Roma and Traveller		✓	
Sex workers		✓	
Victims of modern slavery			✓

- Risky smoking practices (harder and longer drags, “going twos”, smoking unfiltered cigarettes)
- Demoralizing (picking up cigarette ends, asking strangers for cigarettes)
- Risk of exploitation (begging, sex, theft)
- Less money

Drug and Alcohol Dependence 154 (2015) 105–110

Contents lists available at ScienceDirect

 Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep

Sniping and other high-risk smoking practices among homeless youth 

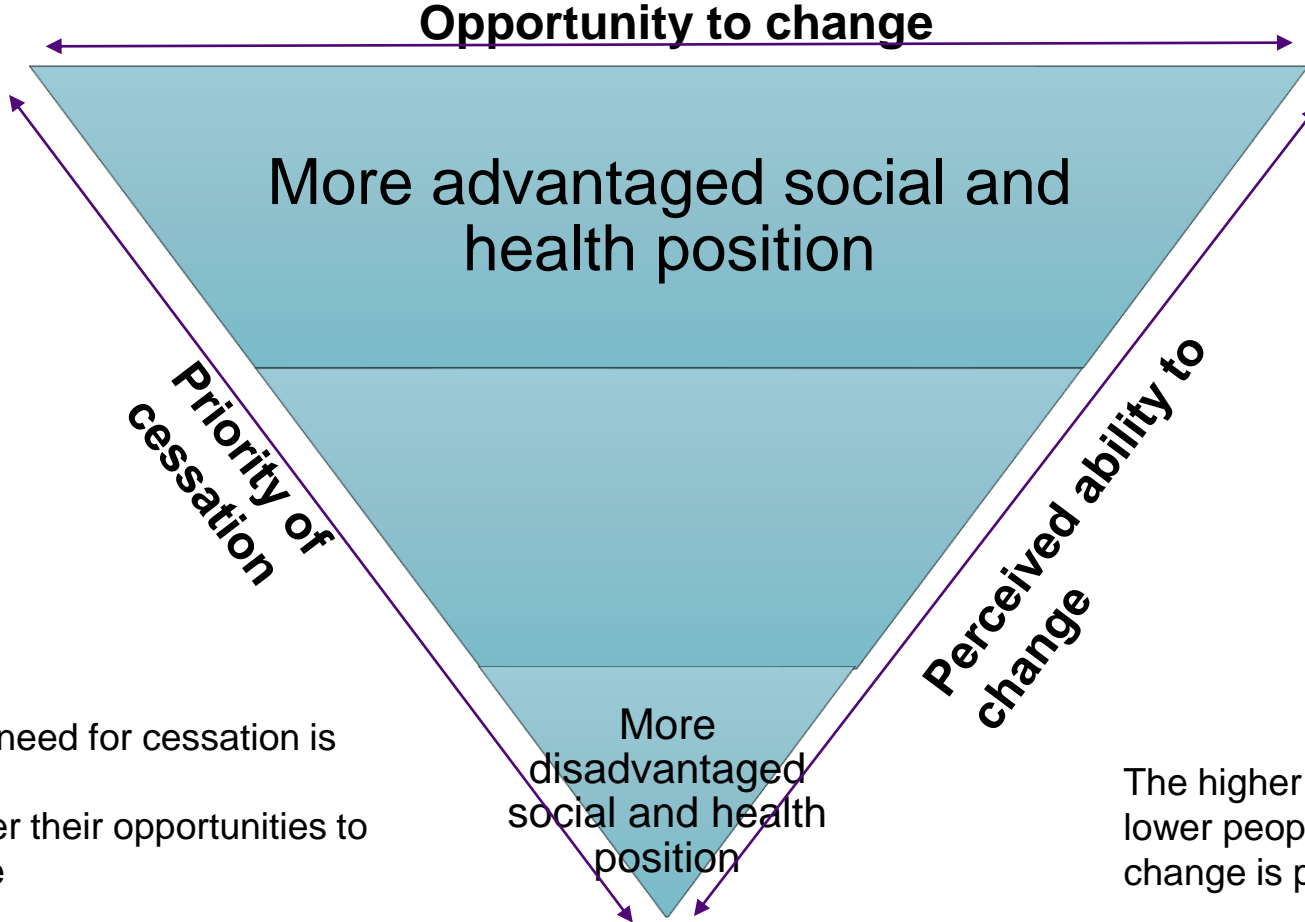
Joan S. Tucker^{a,*}, William G. Shadel^b, Daniela Golinelli^a, Leslie Mullins^b, Brett Ewing^a

^a RAND Corporation, 1776 Main Street, PO Box 2138, Santa Monica, CA 90407-2138, United States
^b RAND Corporation, 4570 Fifth Avenue, Suite 600, Pittsburgh, PA 15213-2665, United States

Review Article

Smoking amongst adults experiencing homelessness: a systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit

Kirstie Soar¹, Lynne Dawkins², Deborah Robson³ and Sharon Cox² 



The lower their need for cessation is seen as priority and the narrower their opportunities to change become

The higher the needs, the lower people's ability to change is perceived

Prevent ill health and promote wellbeing as part of **everyday practice**

Use **trusted relationships**

Provide **as much support for as long as needed**



Public Health
England

Guidance

Inclusion Health: applying All Our Health

COPD 15 x higher among patients with a known history of using illicit opioids

Cohort study:

$n = 3903$ using illicit opioids with COPD

$n = 19,505$ with COPD not using opioids

Higher rates of smoking related ill health in life (e.g., exacerbations)

OPEN ACCESS ORIGINAL RESEARCH

bmjmedicine

 Check for updates

Burden and treatment of chronic obstructive pulmonary disease among people using illicit opioids: matched cohort study in England

Dan Lewer ^{1,2} Sharon Cox ² John R Hurst ³ Prianka Padmanathan ⁴
Irene Petersen ⁵ Jennifer K Quint ⁶

Health care equity?

No difference in accessing other relevant health interventions, but....

Only 3% offered smoking cessation treatments.

Cochrane Database of Systematic Reviews | Review - Intervention

Interventions to reduce tobacco use in people experiencing homelessness

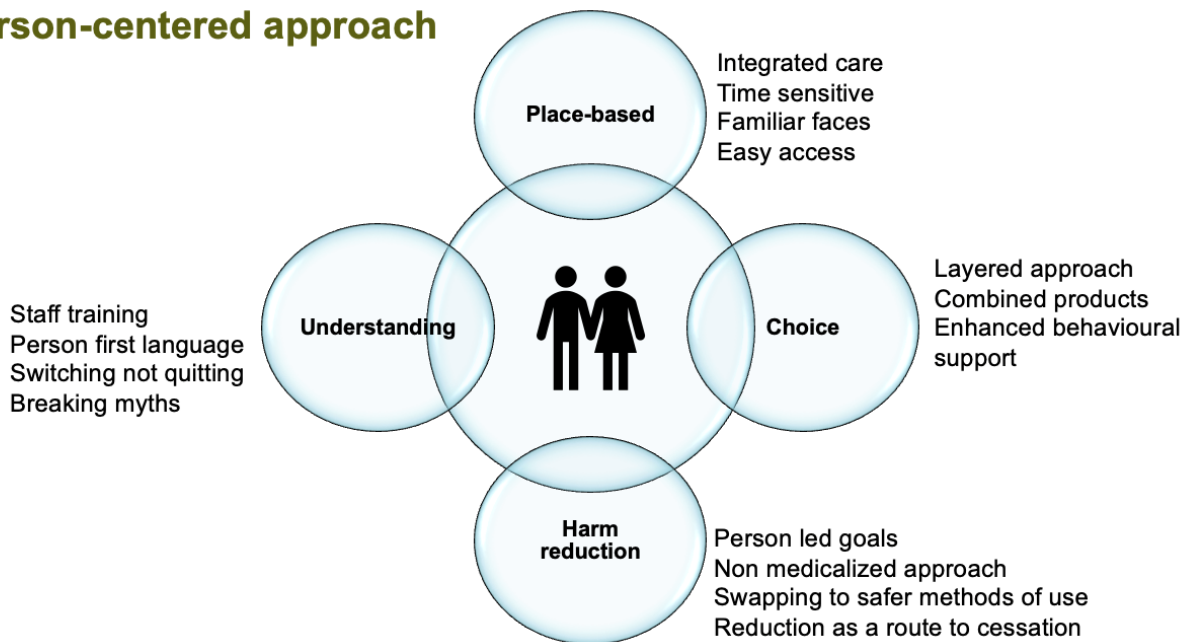
✉ Maya Vijayaraghavan, Holly Elser, Kate Frazer, Nicola Lindson, Dorie Apollonio Authors' declarations of interest

Version published: 03 December 2020

<https://doi.org/10.1002/14651858.CD013413.pub2>

The right support at the right place by the right person.

Person-centered approach



Evaluation of an integrated tobacco dependence clinic within a South London Drug & Alcohol Service

(Robson et al)





Patches, gum, lozenges, inhalator, mouth & nasal spray. All strengths



18mg/ml nicotine strength only; 2 flavours



Choice of e-liquid flavours & strengths (3-18mgs)
Coils



20mg/ml nicotine strength only; 4 flavours (nicotine salts)



$N = 124.$

Out of total sample 71% also chose NRT for part of their quit attempt – mostly for the first 2 weeks

22

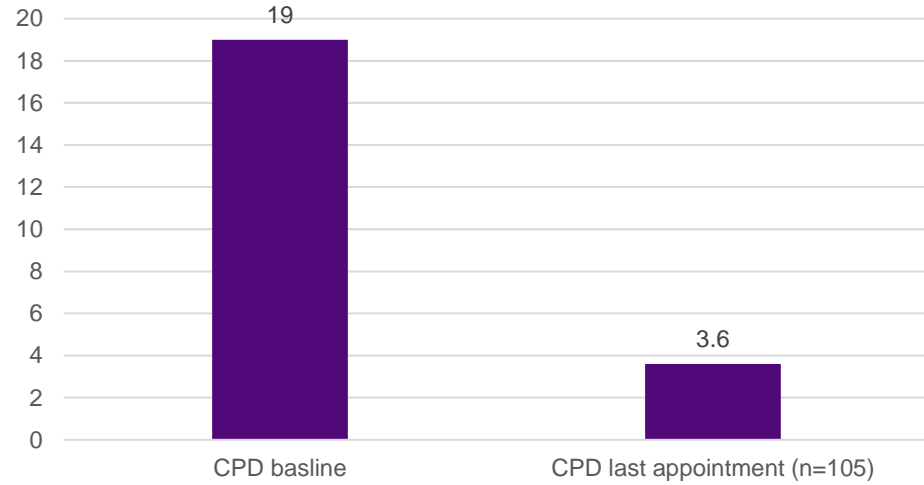
70

60

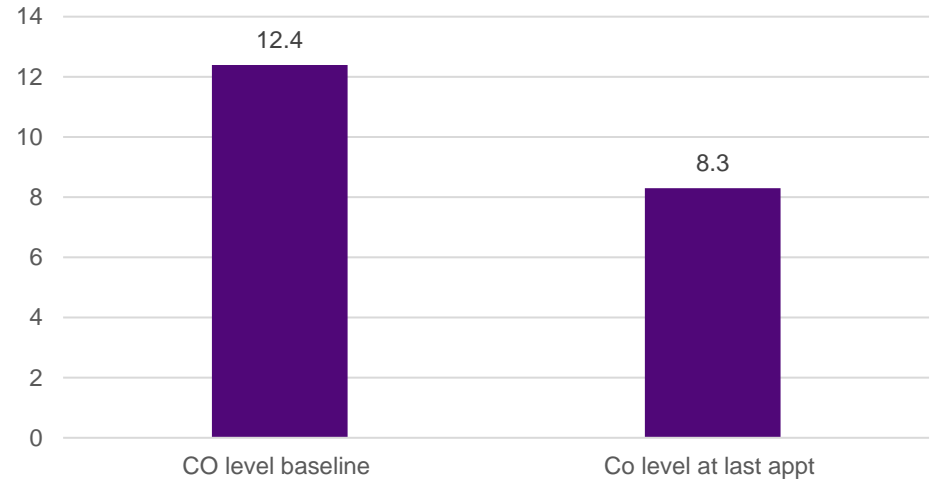
1 just behavioural support

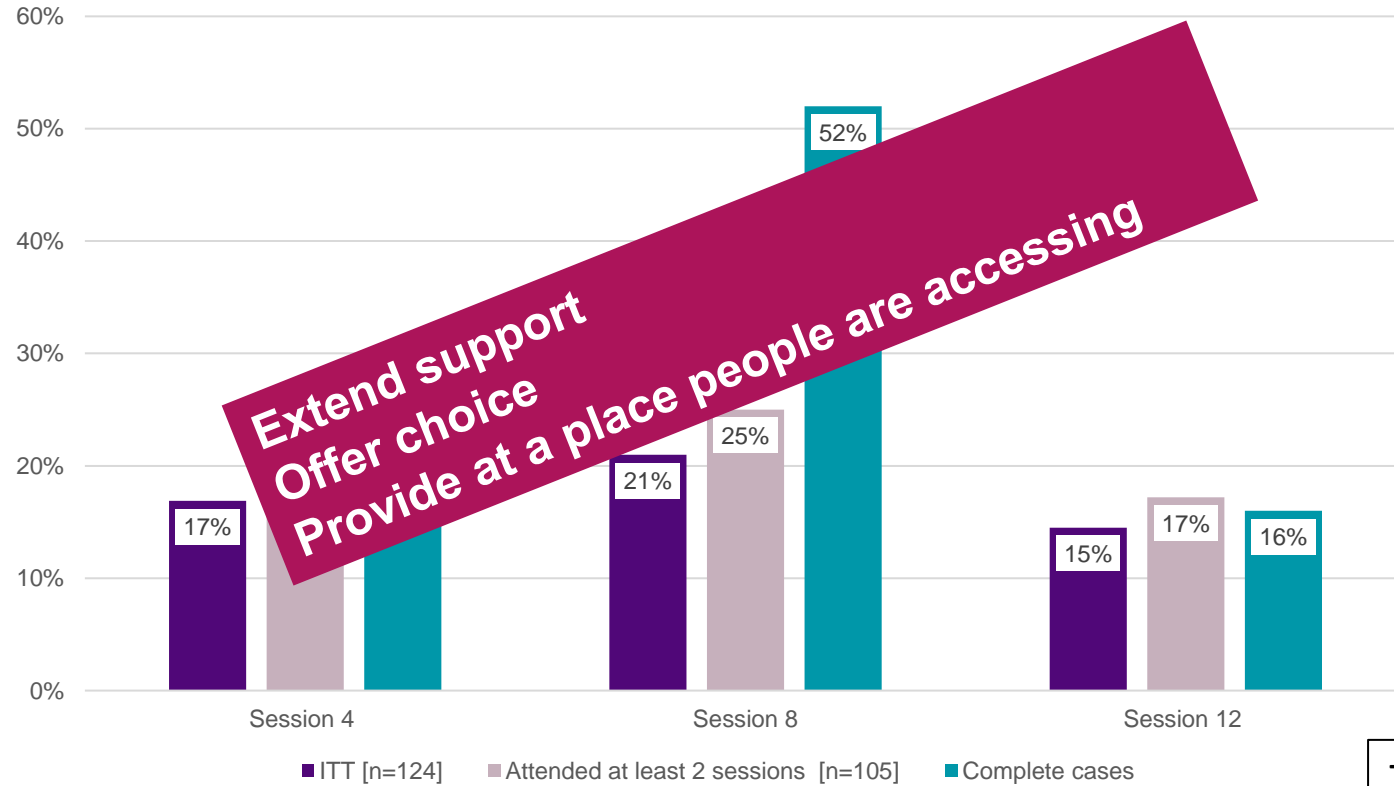
29 had more than one vaping device– either they struggled with first device, or repeatedly lost it

Average cigarettes per day



Average CO level





Extend support
Offer choice
Provide at a place people are accessing

7-day point prevalence

SUPPORTED BY

NIHR | National Institute
for Health Research

Exploring the uptake and use of e-cigarettes offered to adults accessing homeless services: a feasibility study



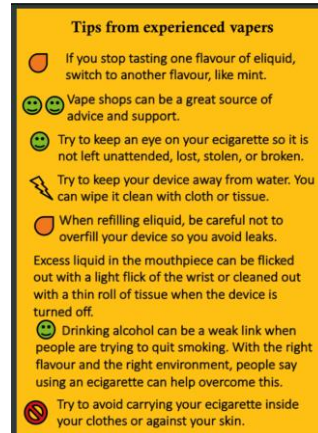
Usual care

- Leaflet with quit advice
- Details of the local SSS



E-Cigarette starter pack

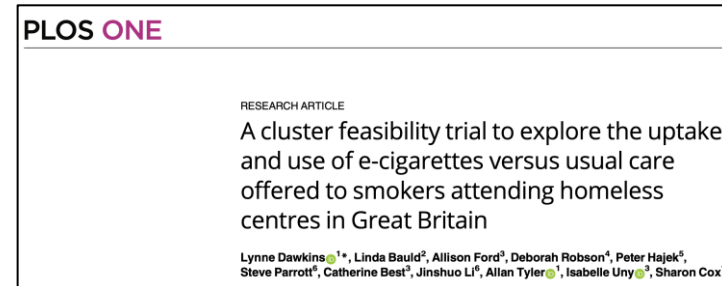
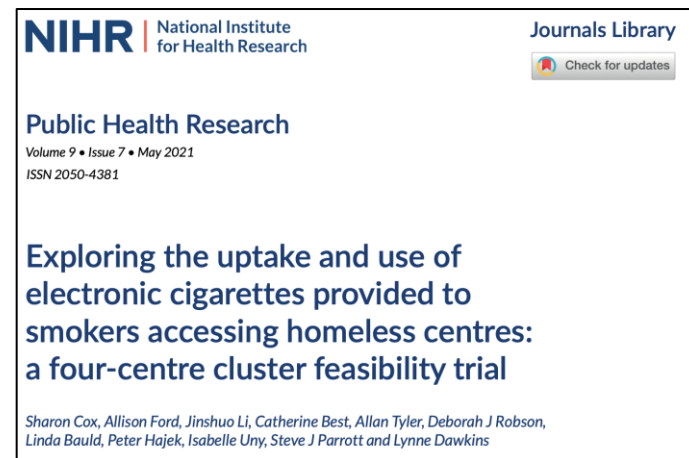
- 1 free e-cigarette
- 1 weeks worth of e-liquid (up to 4-weeks)
- Tips and tricks leaflet



3 colors



- ✓ 153 eligible participants were invited to participate and **52% were successfully recruited**
- ✓ **59% retained at 24-weeks**
- ✓ The EC intervention was well received with minimal negative effects and very few unintended consequences (e.g. lost, theft, adding illicit substances)
- ✓ Staff were able and willing to provide the intervention
- ✓ CO validated sustained abstinence at 24 weeks was 3/48 (6.25%) and 0/32 (0%) respectively for the EC and UC arms



Asked a stranger for a cigarette?

N (%)	Baseline	4-week	12-week	24-week
Not at all	26 (66.7)	33 (84.6)	31 (79.5)	35 (89.7)
Occasionally	9 (23.1)	4 (10.3)	7 (17.9)	2 (5.1)
Regularly	2 (5.1)	0	1 (2.6)	1 (2.6)

Smoking Cessation Trial in Centres for the Homeless (SCeTCH)

- 32 multi-centre cluster randomised controlled trial testing the effects of e-cigarettes vs. usual care for people accessing homeless services in Great Britain

SCeTCH

Smoking
Cessation
Trial in
Centres for the
Homeless

Development of a co-designed tobacco harm reduction toolkit for use in the homeless sector (Ditch)

- Developing a set of resources to be used in homeless centres to help people quit smoking

NCSCT

NATIONAL CENTRE FOR SMOKING CESSATION AND TRAINING

**Very Brief Advice
on Smoking (VBA+)
for Homelessness
Services**

New specialist training
module now available

NEW!



- Smoking is dangerous to all people and exacerbates health inequalities.
- Taking an evidenced-based approach and integrating into a broader harm reduction agenda shows signs of promise.
- While quit rates are low, uptake is good, **so how do we maximise quitting?**