STOPTOBER: SUPPORTING SMOKING CESSATION IN ENGLAND

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Smoking is the leading cause of preventable death and disease in England [1] and the biggest single cause of inequalities in death rates between rich and poor [2]. It drains billions from our national health service each year [3].

This cost to health and society continues despite significant progress in tackling the harm from tobacco over the past decade: a body of evidence demonstrates that smokefree laws have been effective in reducing exposure to secondhand smoke, reducing tobacco consumption and increasing the number of people attempting to quit [4]; last year the Government banned smoking in cars with children; and this year we will implement standardised packaging for tobacco products.

Overall, smoking in England has fallen by one third among adults and two thirds among 15-year-olds since 2008, with adult smoking prevalence now below 17% for the first time [5] (Fig 1, Fig 2). So the challenge for public health is this: what more can we do to address the persistent health inequalities caused by smoking?

Higher smoking prevalence is associated with almost every indicator of deprivation or socio-economic marginalisation, including people with a mental health condition, people who are unemployed and people who are homeless. Smoking prevalence among prisoners is estimated to be over 80% [6], and over 75% among lone parents in receipt of social security benefits [7]. At Public Health England (PHE) [(1)], we know that our work to reduce tobacco harm must focus on those disadvantaged and hard-to-reach communities. We also know that poor smokers find it hardest to quit [8].

A key role for campaigns

Social marketing campaigns [9] can be a powerful tool to influence behaviour and lifestyle choices that support people to live healthier and longer lives.

The Stoptober campaign [(2)] is an annual national quitting trigger that is wholly engineered through marketing, endorsed by academics and clinicians and supported by all 152 local authorities in England. Using consumer insight and behavioural economics, Stoptober lowers the barriers to giving up smoking by 'chunking' quitting down to a more manageable 'quit for 28 days' and normalising participation with 'everyone is doing it' messaging.

Stoptober is evidence-based and rigorously evaluated. Research shows that a person is five times more likely to stay smokefree if they have been able to stop for 28 days [10]. The benefits of stopping smoking are almost immediate, with quitters experiencing reduced blood pressure, easier breathing and better circulation.

Christakis (2008) found that decisions to quit smoking are not made solely by a person in isolation, but rather reflect choices made by groups of people connected to each other both directly and indirectly. Smokers are two thirds (67%) more likely to quit when their spouse stops smoking, and a third more likely to quit when a close friend (36%) or someone they work with (34%) stops [11].

A study published in 2014 to evaluate how effective and cost-effective Stoptober was in 2012 – the first year of the campaign – found that 'designing a national public health campaign with a clear behavioural target using key psychological principles can yield substantial behaviour change and public health impact' [12].

October 2012 saw a 50% increase in quit attempts compared with other months of the same year, whereas in 2007-2011 the rate in October was similar to other months. The study estimated that Stoptober generated an additional 350,000 quit attempts and saved 10,400 discounted life years (DLY) at less than £415 per DLY in the modal age group.

In 2014, more than 250,000 smokers across England took part in Stoptober, and more than 62% of those who responded to the post-campaign survey said they made it to 28 days. Since 2012, when Stoptober first launched, there have been almost one million registrations (Table).

Evolving and improving

Stoptober has always been about positive and upbeat support to stop smoking, and the campaign continues to evolve as we learn more about what people respond to and find most helpful. For example, we introduced humour for the first time in 2014, and saw from post-campaign research that people responded well to receiving support in this way. We know that people often make excuses as to why this week or this month isn't a good time to stop smoking – and so humour is a good way of challenging this behaviour in a way that is impactful but not antagonistic.

(1) https://www.gov.uk/government/organisations/public-health-england
(2) https://campaignresources.phe.gov.uk/resources/campaigns/6-stoptober/overview

Figure 1

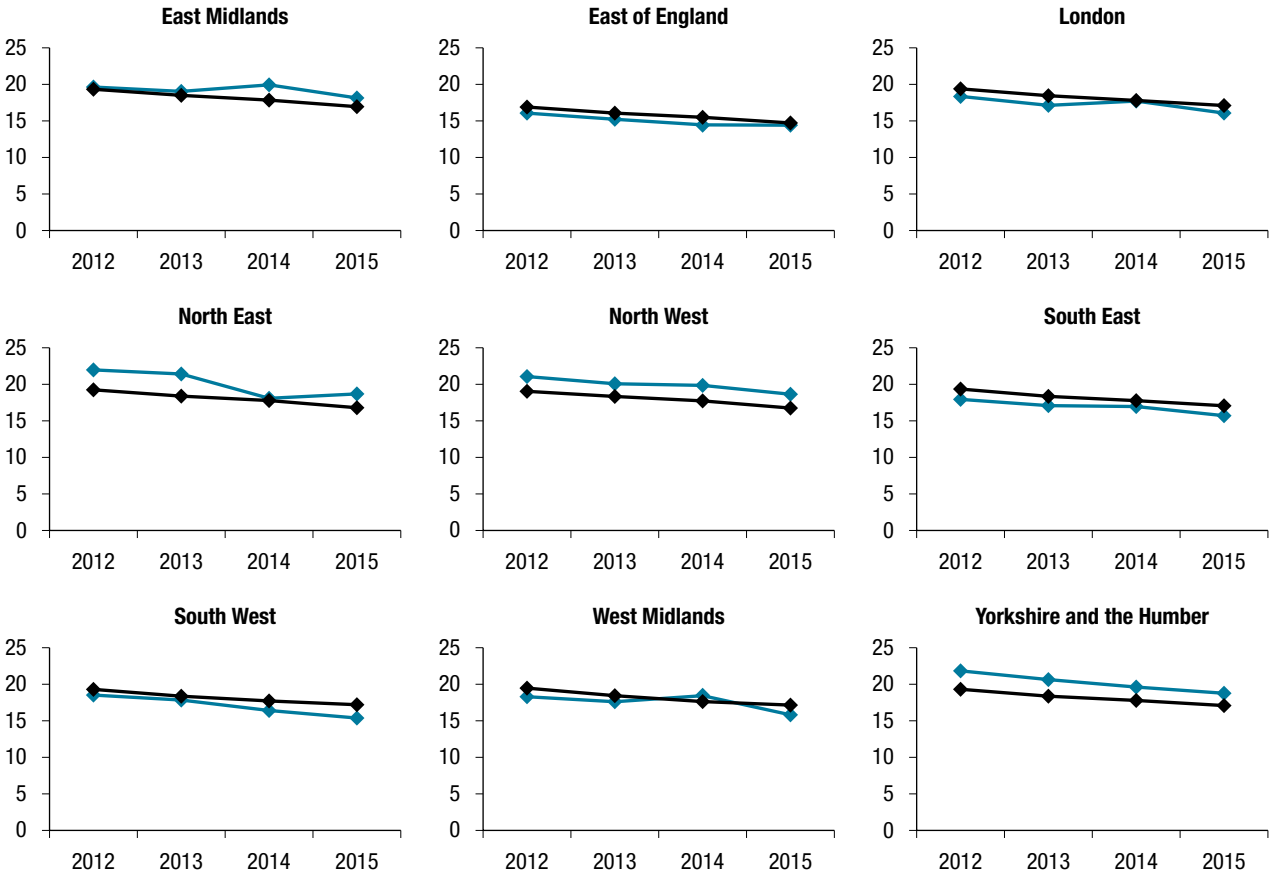
Current smoking prevalence in England by region

Region	Smoking prevalence (% of adult population)
England	16,9
East Midlands region	18,0
East of England region	16,6
London region	16,3
North East region	18,7
North West region	18,6
South East region	15,9
South West region	15,5
West Midlands region	15,7
Yorkshire and the Humber region	18,6

Source: Public Health England: Local Tobacco Control Profiles for England.

Figure 2

Trends in smoking prevalence in England, 2012-15



Source: Public Health England: Local Tobacco Control Profiles for England.

Table

Stoptober registrations and number remaining smoke free for 28 days, 2012-15

	Number of people registered	Number of people smoke free for 28 days*
2012	275,000	160,000
2013	245,000	159,250
2014	250,000	155,000
2015	215,000	131,150

* Number of Stoptober participants who took part in PHE Stoptober tracking survey.
Source: Public Health England (unpublished data).

Following the success of that campaign, Stoptober 2015 continued to use humour to help quitters through their quest to remain smokefree for 28 days. We also increased our focus on personal and exclusive support to drive sign ups and encourage people to quit with Stoptober, such as encouragement via email, text or app.

Stoptober targets all smokers but with a particular emphasis on routine and manual workers – this group has a smoking rate of 29% compared with 19% across the population of Great Britain as a whole [13]. For example, we provide materials to partner employers to spread the Stoptober message in offices, depots and other workplaces to reach employees within this target group.

Looking forward to this year's Stoptober, the focus on tackling inequalities remains high on the agenda, and we will, for the first time, be including more integrated messages on the use of e-cigarettes as a quitting tool. E-cigarettes offer a wide-reach, low-cost intervention to help more people give up smoking for good and have overtaken nicotine replacement therapy such as patches and gum as the most popular method of quitting. Smokers who combine e-cigarettes with support from local stop smoking services have the highest quitting rates, with two out of three quitting successfully [14].

It is encouraging to see that the campaign has been established in other countries such as New Zealand and the Netherlands, and that later this year [(3)] a smoke free month will be launched for the first time in France.

In England, our mission is to reduce smoking rates, particularly within the most disadvantaged and vulnerable groups, and move closer towards the first smokefree generation; Stoptober makes an important contribution to that goal. ■

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Citation

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[(3)] In November.