Socioeconomic Status and Smoking

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Introduction

One of the public health problems the world has ever encountered is tobacco prevalence; in a year, more than 7 million people die because of this reason, 6 million people are dying because of direct tobacco consumption, while 890 000 number is the result of people being exposed to second-hand smoke who are not involved in smoking, i.e., involuntarily inhalation of smoke from tobacco being smoked by others that fills the place with smoke such as in restaurants, offices, and other enclosed spaces.

Out of 1.1 billion, 80% of smokers live around the world in countries with low and middle income, where death and illness in relation to tobacco use are more in number.

Families of those tobacco users who die too early are deprived of income. In addition to this, there is an increase in the cost of the healthcare system and a hindrance to the development of the economy.

In a few nations, poor families' children are often working in tobacco farming to give family wages. Such children are particularly susceptible to sickness from green tobacco, which is caused by transdermal absorption of nicotine from the surface of wet tobacco plants.

There is a global rise in the consumption of tobacco because the tobacco industry is mainly targeting young people along with women living in low and middle-income countries. Improving knowledge is an important step toward understanding the epidemiology of smoking and its prevalence and also in designing, applying and assessing the interventions targeted towards these at-risk populations. Smoking consumption is highest among low education levels and low-income groups.

Rationale

Socioeconomic status refers to the position that an individual secures in society due to societal or economic factors. In this response paper, we aim to explore the relationship between socioeconomic status and smoking behavior also discover that people from socioeconomic backgrounds are more likely to be affected by smoking, along with smoking correlates in socioeconomic status such as smoking prevalence, its uptake, tobacco consumption, smoking cessation, to understand the reasons as to why people who are smoking cannot quit, education levels, income, tobacco control interventions. To understand how socioeconomic factors are leading people to smoke. (Hiscock et al., 2012)

Summary Of This Article

This article states that smoking prevalence is higher among a disadvantaged group of people, including (people who have been unemployed for a long time, mentally ill people who are homeless, single guardians, criminals, groups of new migrants and ethnic minorities) this review discusses socioeconomic status differences due to prevalence of smoking its utilization and exposure to tobacco and then how differences are produced due to smoking uptake and cessation. Mechanism evidence makes it difficult to quit smoking in low socioeconomic status, and tobacco control interventions will reduce smoking in a disadvantaged group of people and reduce inequalities in the smoking rate.

Since this article is a literature review on this topic, authors have utilized a variety of means for reviewing data and finding studies; all authors involved were associates of the UK Center for Tobacco Control Studies; they used recent reviews of disadvantaged and smoking groups, they also took evidence from the toolkit study of smoking, used PubMed database search terms that were used on PubMed were SES, smoking, and limits total articles found were 320, and after title search 72 articles were found and 28 after abstract search, google scholar was also used to find mechanism underlying SES differences in smoking, to explore cigarette consumption and smoking prevalence international comparisons were used.

Among low socioeconomic status, there is an increase in smoking rates; among a group of disadvantaged people increase is due to unemployment, destruction, and cohesion of the community. Socioeconomic differences in the prevalence of smoking have been found when analyzing for variables, for example, such as education, salary, housing tenure, car accessibility, monetary status, single-handed parenting and neighborhood deprivation.

When higher-income countries were compared with countries with low income increase in smoking prevalence was found in countries with low income than in the upper-middle income countries. Differences were found in rates of smoking in countries with middle income as matched to countries with low income, particularly in men and among both males/females who were less than 40 years old. Variations were probably going to progress in the future as usage of tobacco turns out to be more widely diffused and countries with a low income start to resemble countries with middle income.

Higher exposure to tobacco’s harm may be faced by disadvantaged smokers; exposure to tobacco has been estimated by the quantity of cigarettes that are smoked every day; this prompts to underestimation of the group with low socioeconomic status; there is higher exposure in a disadvantaged group with higher smoking rates to second-hand smoke, because of the reason that banning of smoking is not common in the surroundings in which they work and live.

There are two stages in life where differences in socioeconomic status related to smoking are prominent. Firstly, during the uptake of smoking in adolescents and when attempts to quit are made, groups with low socioeconomic status have an increased rate of smoking because they will most probably try smoking, turn into regular smokers and become less inclined towards quitting smoking.

An important determinant in young people's smoking uptake is socioeconomic status; the smoking status of parents is considered one of the indicators of young people smoking that includes parent role modeling, norms of social living, availability and access to cigarettes and tobacco at home, other factors are peer pressure, low awareness regarding tobacco harm, low education levels, behavior problem, therefore despite the difficulties present to measure SES in adolescents population, where the differences where found it appears that higher uptake of smoking is present in the disadvantaged group and this may differ by gender as well as a form of tobacco use.

The reason that smokers of disadvantaged groups are less inclined towards quitting is that there is a lack of support; smokers with low socioeconomic status find quitting smoking very hard since there are few people who support their attempt to quit. If support is available, there are likely chances of quit rates to improve among disadvantaged groups of people along with the general population of smokers; peer pressure to smoke is also their addiction to tobacco, even though people who are smoking are aware of threat towards their health there is a possible chance this occurs due to the reason that low SES smokers start smoking very early in their life and smoking more cigarettes per day smoking cheap brands of cigarettes and hand-rolled tobacco which has higher levels of nicotine level which can increase addiction.

Motivation also plays a role in helping a disadvantaged group of people to quit smoking but it is effective when it is self-directed rather than directed by others, the cost can affect low SES smokers motivation by increasing price of tobacco there are more chances that attempts to quit smoking will be made.

In low SES, there is a high level of boredom and stress. People live more stressful lives inside the home and outside; smokers in such situations find their comfort in smoking. Low SES is also associated with work environments. Hence, smokers present with low SES are more depressed and nervous, for the reason for relapse as compared to people living with high SES.

Tobacco companies advertise and promote their brands to those with low education and have low willingness to make choices for their future; such companies are well aware of people's psychology related to SES and exploit such people through marketing campaigns. Anti-advertisements cigarette packs with graphic warnings, and banning of ads can increase the number of smokers to quit.

Treatment of a smoking cessation program involves either taking pharmacotherapy or attending sessions of the program; nonadherence to the program is due to withdrawal symptoms, adverse reactions, lack of knowledge, negative behavior, cost, relapse occurring in patients living in low SES, patient with low income are less likely found to complete the program. Adherence to the program is low in people living in low SES.

The model of mechanism and intervention mentioned in this article states that increasing the price of tobacco helps motivate people to quit. This is a more common assumption among people living in low SES since they have low income, increased smoking rates are found among those people who are struggling to even have food since money that they need to be spent on buying cigarettes cannot be

used for other things such as wealth, health, education, or on any other purpose, poor people tend to get trap in using tobacco. Quitting is found to be less frequent among a disadvantaged group of people. Cessation programs are capable of reducing inequalities such program reports two problems related to model 1) stronger addiction to pharmacotherapy 2) through counseling sessions reduce self-efficacy. Mass media campaigns can help spread awareness regarding the harm associated with tobacco, evaluating smoke-free legislation showed decrease exposure to second-hand smoke but doesn't seem to show a reduction in smoking in people living in low SES. (Centers for Disease Control and Prevention, n.d.)

Tobacco control intervention can become more effective among Low SES group by increasing the price of cigarettes, increasing taxes on tobacco though this is hard to achieve in low-income countries, and altering campaigns and services to a disadvantaged group of people; the strategy of tobacco control that uses different combinations of interventions are expected to be effective, disadvantaged group of smokers see smoking as a way of dealing with stressful life.

Critique

In my opinion, more studies related to high and middle-income studies should have been used since smoking prevalence along with the low socioeconomic group is also common in high and middle socioeconomic groups.

In this article, they have discussed that an increase in smoking rates among a group of disadvantaged people leads to increased exposure to second-hand smoking, but they have only mentioned one way in which we can measure exposure to tobacco but haven't mentioned how to measure second-hand smoking such as through hair and saliva biomonitoring.

Authors should have used a range of study designs to evaluate the effect of tobacco control strategies and interventions at the national and local levels.

The sample size is not mentioned.

The Relevance Of This Article With Socioeconomic And Determinants Of Health

This article has relevance with the Socioeconomic Status and Health aspect as the name of the article suggests it correlates socioeconomic status and smoking. All three components of SEDH are being covered in this article that is income, education, and occupation; among people living with low socioeconomic status, there will be a lack of education that will lead to not good job opportunities and, as a result, their income will be low, smoking is prevalent among such low socioeconomic group because of lack of awareness regarding harmful effects of smoking towards their health and won't

have enough income due to not an appropriate job whatever amount they earn they prefer spending on a pack of cigarettes rather than on their health these all are one of the main reason why smoking is prevalent among such group of people because smoking for them is the coping mechanism from all the stress they face in their life.

References

Centers for Disease Control and Prevention. (n.d.). Cigarette smoking and tobacco use among people of low socioeconomic status. https://www.cdc.gov/tobacco-health-equity/collection/low-ses.html

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