

**Ethnic inequalities in tobacco use / oral cancer prevention** has been suggested for possible inclusion in NICE's work programme. Independent panels, which include patients and lay people, will consider these topics and score them against formal criteria to decide how important it is that NICE develops guidance on them in the future.

To inform the work of the panels, we welcome your views on the importance of any of this topic.

## **Ethnic inequalities in tobacco use / oral cancer prevention**

### **A. About you:**

1. Your name

Vanessa Gordon-Dseagu

2. Name of organisation

Cancer Research UK

3. Job title or position

Policy Manager (Health Inequalities)

4. Are you (please tick all that apply)

- an employee of a topic relevant patient or voluntary organisation  
 a patient with a condition relevant to the topic  
 a carer of a patient with a condition relevant to the topic  
 a health professional with expertise in this area (please specify which patient or carer organisation you are linked to):

other (please specify)

### **B. Importance of the proposed topic**

1. How **important** do you think it is for patients/the public that NICE develops guidance on the proposed topic? Tick one:

HIGH PRIORITY       MEDIUM PRIORITY       LOW PRIORITY

2. If high priority, please explain why

Currently there appears to be differing rates of tobacco use among the various Black and Minority Ethnic communities within the UK population. Some groups, such as Bangladeshi and Irish communities, appear to have higher rates of tobacco product use compared to the general population, while others do not. Currently we do not have a full picture of smoking rates, or the tobacco products used, among BME

communities. This guidance is of high importance because it would enable analysis in this area and examine which interventions are most effective in helping BME tobacco users quit. There is also a high rate of under-reporting of smoking habits among those from BME communities and this guidance could assess more effective ways of measuring tobacco related behaviours.

3. If low priority, are there other more important topics in this area that patient or the public would consider NICE should develop guidance on

Yes  No

(If yes: please state alternative topic suggestion)

### C. Population affected

Does the proposed guidance address a condition or public health action which patients or the public associate with any of the following, either in the population as a whole or in particular sub-groups?

significant morbidity (ill health)  Yes  No

significant mortality (death)  Yes  No

significant numbers of people affected by any of the following:

avoidable disease  Yes  No

disability  Yes  No

injury  Yes  No

early death  Yes  No

If you have answered yes to any of the above, please explain why

**Tobacco use has been linked to a number of cancers (including those of the lungs, pancreas, stomach, liver and kidneys) as well as a range of other diseases and conditions.**

**It is estimated that smoking accounts for around 9 out of 10 cases of lung cancer within the UK. Smoking is also a key contributing factor to health inequalities and accounts for a large part of the differences in life expectancy**

**between certain groups within the UK population, such as those living in deprivation and those at the top of the socioeconomic scale.**

**BME communities tend have a younger average age than the general population, but as these communities age we will begin to see higher rates of smoking related morbidity and mortality.**

If you think that particular subgroups are affected please state the subgroup(s) (see section D below for some of the subgroups in the population who may be affected by health inequalities)

**Individuals from Black and Minority Ethnic communities, including refugees and asylum seekers.**

#### **D. Equalities issue**

Do any of the following subgroups require special consideration compared to the general patient population affected by the guidance (eg because they have higher levels of ill health, poorer outcomes, problems accessing or using treatments or procedures etc)?

Please tick all that apply. If there is a specific group within a ticked category, please specify.

- Gender groups, for example: sex, sexual orientation, gender identity. (specify )
- Specific age groups (specify )
- People with physical disabilities (specify )
- People with communication difficulties (specify: Those who do not speak English)
- People with learning disabilities (specify )
- People with mental health problems (specify )
- People from black and minority ethnic groups (specify: All BME communities)
- People of particular religions or beliefs (specify )
- Other groups (specify )

If you have ticked any of the above, please explain why the specified groups needs special consideration.

This guidance specifically focuses upon the issue of tobacco use among BME communities. These communities often require special consideration because they have considerable levels of unmet need related to service provision, especially among those who have limited English language skills. Also, because they are often considered 'hard to reach' information and support, which would enable the adoption of healthy lifestyle behaviours, needs to be tailored to meet their specific needs.

### E. Likely resource impact

Does the proposed guidance relate to one or more interventions which:

1. the NHS could disinvest from (stop spending on) to free up resources for use elsewhere in the NHS?  
 Yes  No
  
2. might have a large impact on NHS or other societal resources (financial and other, e.g. social costs)?  Yes  No
  
3. address an area where better evidence of cost-effectiveness could lead to savings e.g. in delivery of quality services or interventions  
 Yes  No

If you have ticked any of the above, please explain

This guidance would allow for the exploration of tailored health interventions, which could reduce the amount of resource given to less effective health information and service provision.

### F. Variation in practice

Is there any evidence and/or reason to believe that, in the absence of guidance on this topic, there is or will be

inappropriate clinical practice (e.g. inappropriate treatments being provided)

Yes  No

inappropriate variation in clinical practice (e.g. inappropriate treatments being provided **by some individuals**)

Yes  No

inappropriate variation in access to **clinical interventions**  
(e.g. between geographical areas or social groups, or other subgroups in the population)

**Yes**  **No**

inappropriate variation in access to **public health actions** (e.g. between geographical areas or social groups)

**Yes**  **No**

A limited or lack of improvement in the effectiveness of public health actions

**Yes**  **No**

If you have ticked any of the above, please explain

**Currently those higher up the socioeconomic scale, and who speak English, are able to take advantage of the public health campaigns aimed at reducing tobacco use rates. This guidance could address the inequalities in information and support provision and thus reduce some of the potential inequalities in health outcomes.**

## **G. Timeliness and urgency**

1. Are there any factors not covered in earlier sections that suggest that guidance on this topic **should** be produced as a matter of urgency (e.g. significant public concern, a new disease, an important new area for public health action)?

**Yes**  **No**

If YES, please list the factors(s) that suggest an urgent need for this guidance  
Health inequalities and the provision of tailored health information and support are gaining ground as important subject areas in the public health arena. This guidance is part of this overarching public health agenda.

H. Are there any factors not covered above that suggest guidance on this topic **should not** be produced a matter of urgency (eg up-to-date guidance already available; more appropriate that this topic be investigated by another organisation etc)

**Yes**  **No**

If YES, please list the factors(s) that suggest this guidance is not urgent

#### **H. Other comments**

Please use the space below for any other comments relating to the selection or non selection of this topic for future NICE guidance

Recent legislation has banned smoking in public places and increased the age at which an individual can purchase cigarettes. It is clear that in some communities other forms of tobacco are still available to those under the age of 18 and that the chewing of tobacco is common place at all ages. It is important for this guidance to be considered so that a gap is not created between those who have access to intervention programmes and those who do not due to a lack of culturally appropriate services.

Thank you for your time.

For more information about the NICE topic selection process, please visit the NICE website <http://www.nice.org.uk/page.aspx?o=295373> or contact:

Lindsey Wilby in the Topic Selection Team on 0161 209 3454.

Please return questionnaires to:

[lindsey.wilby@nice.org.uk](mailto:lindsey.wilby@nice.org.uk) copied to [emma.gibbs@nice.org.uk](mailto:emma.gibbs@nice.org.uk)