DOI: https://doi.org/xx.xxx/xxx.xx mcrr 4 (5), 1-4 (2021)

# CASE STUDY

# The absolute socioeconomic inequity attributable to smoking

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#### Abstract

Background.Smoking has several consequences over the society and the economy at same time. Because of smoking smokers are reducing the life quality and life expectation too. That is the main cause of absolute socioeconomic inequity attributable to smoking. Objective. To characterize the absolute socioeconomic inequity attributable to smoking. Materials and methods. Were used several theoretical methods as the inductive – deductive and the comparative too. As empirical method was used the bibliographic research. Results. Smoking is the main cause of the existence of this particular inequity form. That's why to eliminate the absolute socioeconomic inequity attributable to smoking is necessary focus the attention in the reduction of the tobacco consumption intensity as main exploitative variable for personal smoker demand of health services because of smoking. Conclusions. The absolute socioeconomic inequity attributable to smoking is showed by mortality and morbidity too. In both case the strategic to reduce the tobacco consumption must focus the attention as main way to control, reduce and eliminate the absolute socioeconomic inequity attributable to smoking

Keywords: smoking, absolute inequity, control

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## 1 | INTRODUCTION

moking has several consequences over the society and the economy at same time. Because of smoking smokers are reducing the life quality and life expectation too. As consequence smokers are demanding more health services agreeing with the own tobacco consumption intensity.<sup>1</sup> Resulting from these relations it shows antagonist relations between smokers and no-smokers accessing to the health services. This situation is given

**Supplementary information** The online version of this article (xxxxxxx) contains supplementary material, which is available to authorized users.

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ISSN (O) 2589-8949 | (P) 2589-8930 IF:1.6

by the disparities caused by smoking in the Public health market and how people are accessing to these services.<sup>2</sup>

By other side, the reduction in the life expectation from smokers should carry to smokers' death in the labor active age. This consequence carries to overburdening the no-smoker people because of the socioeconomic cost associated to this labor productivity lose.<sup>3</sup>

In both case smokers and no-smokers are suffering the smoking social consequences given by all disparities caused by smoking in agree to the smokers number and the tobacco consumption intensity. These consequences have an especial representation in the absolute socioeconomic inequity attributable to smoking. The characterization of this particular inequity form will contribute to a better understanding from smoking socioeconomic consequences over the researching population.<sup>4</sup>

### Objective

To characterize the absolute socioeconomic inequity attributable to smoking.

## 2 | MATERIALS AND METHODS

Material and Method Was done a descriptive research about the absolute socioeconomic inequity attributable to smoking. Were used several theoretical methods as the inductive – deductive and the comparative too. As empirical method was used the bibliographic research.

## 3 | RESULTS

The absolute socioeconomic inequity attributable to smoking occurs when health services clients must leave the health market and then can't access to these services. This inequity form it show by mortality and morbidity too.

# The absolute socioeconomic inequity attributable to smoking by mortality

The absolute socioeconomic inequity attributable to smoking by mortality has peculiar characteristic. In

this case it is important to appointment that the over mortality because of smoking is determinants cause of this inequity form. The existence of this over mortality type is determining a social inequity given by the differences in life expectation between smokers and no-smokers people. Nevertheless, the absolute socioeconomic inequity attributable to smoking by mortality occurs if earlier death attributable to smoking represents a socioeconomic cost. Then, absolute socioeconomic inequity attributable to smoking by mortality is determined by the absolute labor productivity lose attributable to smoking. <sup>5</sup>

A peculiar form to measure this inequity form should be by accounting all opportunities costs attributable to smoking by earlier death attributable to smoking before retire age. For example, in Cuba 2011 the over mortality attributable to smoking in men was around 18.4 years. This determined an over mortality of 3.22 years respect to the retire age. As consequence, the Cuban economy didn't obtained close to 295 million pesos.<sup>6</sup>

# The absolute socioeconomic inequity attributable to smoking by morbidity

The absolute socioeconomic inequity attributable to smoking by morbidity is given by forms covering the health services. These services may be covered by fiscal resources or privates resources. In this case only is considered as private services which are covered by insurance rate. <sup>7</sup>

The health services demand attributable to smoking are determined by tobacco consumption intensity and the smoker number. That's why smoking induces to increase the health services demand agreeing with tobacco consumption intensity and the smoker number.  $^{8}$ 

Increasing some of these variable health services demand should increase too and clients from the Public Health market should experiment an increasing from the health insurance rate. Clients who can't afford the new price agree with the particular service demanded should leave from the Public Health market. Thus is manifested the absolute socioeconomic inequity attributable to smoking by morbidity when the health services are covered by privates resources.<sup>9</sup>

### MANUSCRIPT CENTRAL

When the health services demand is covered by fiscal resources smokers and no-smokers people are demanding these services agree with personal needs. Increasing tobacco consumption intensity and/or the smoker number the health services demand will increase too. The fiscal authorities should decide if are agreeing in cover the increasing demand attributable to smoking. Economic resources are always limited and often will not possible cover the new demand. Consequently, not all demanded services should able and a significant client number will haven't access to the demanded services. At same time smokers will increase the frequency demanding the health services agree with the tobacco consumption intensity. That's why no-smoker people should experiment the least access to health services because of smoking.<sup>10</sup>

### Public ressources vs private ressources

All goods and services markets are imperfect. The Public Health market too. Given the antagonist relation between privates resources and fiscal resources covering the health services demand because of smoking, to control, reduce and eliminate the absolute socioeconomic inequity attributable to smoking the most important thing isn't how cover the health services demand because of smoking. This discussion doesn't solve the main cause of this inequity form. <sup>11</sup>

Smoking is the main cause of the existence of this particular inequity form. That's why to eliminate the absolute socioeconomic inequity attributable to smoking is necessary focus the attention in the reduction of the tobacco consumption intensity as main exploitative variable for personal smoker demand of health services because of smoking.<sup>12</sup>

By other side smoking is affecting several economic and social sectors at same time. Then, the whole society and not only the Public Health must be protagonist for all strategic controlling and reducing smoking. Independently from who is covering the health services demand attributable to smoking the most important think is have a whole knowledge about smoking consequences and play an active role controlling, reducing and eliminating the absolute socioeconomic inequity attributable to smoking.<sup>13</sup>

## 4 | CONCLUSIONS

The absolute socioeconomic inequity attributable to smoking is showed by mortality and morbidity too. In both case the strategic to reduce the tobacco consumption must focus the attention as main way to control, reduce and eliminate the absolute socioeconomic inequity attributable to smoking.

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**How to cite this article:** González M.D.E.S., Hernández M.D.F.F. **The absolute socioeconomic inequity attributable to smoking**. Journal of Medical Care Research and Review. 2021;1–4. https:// doi.org/xx.xxx/xxx.xx