

## Smoking and Inequalities Briefing Paper

### Introduction

Achieving a reduction of health inequalities has been a priority in Wales since devolution, however despite concerted efforts, the difference in life expectancy between the least and most deprived areas in Wales has shown little improvement in a decade.

Poorer people in Wales can expect to die around 9 years earlier than those from more affluent areas and live with ill health for 19 years longer. In some local authorities the difference is even larger for example in Cardiff a boy born in Cyncoed can expect to live in good health for 24 years longer than a boy living in Splott.

Tobacco use is the single biggest cause of these inequalities accounting for more than half of the difference in the risk of premature death between social classes. Policies designed to reduce health inequalities will have limited success unless smoking prevalence in the most deprived groups is reduced.

### Smoking in Wales

There are around 476,000 smokers in Wales, 19% of the adult population. Smoking prevalence has not fallen for three years and the national target for adult smoking to be reduced to 16% by 2020 is unlikely to be achieved until 2025. The adverse effects of smoking on the Welsh population is set to blight generations to come.

The number of 15/16 year olds that smoke has reduced from 18% in 2006 to 9% in 2013/14. However, smoking prevalence amongst 16-24 year olds increased last year up to 22%.

Smoking remains the leading cause of preventable death. It causes approximately 5,400 deaths each year and costs the Welsh NHS around £302 million per year which is around 7% of NHS expenditure and 22% of the costs of adult hospital admissions (2012).

## Smoking Inequalities

Smoking cannot be dismissed as a lifestyle choice as 6 out of 10 smokers would like to quit. Smoking rates are heavily influenced by the environments in which people live.

Those living in the poorest communities are almost three times more likely to smoke than those in the richest. A third of those with a mental health problem smoke, rising to 88% of those living with schizophrenia.

Breaking the intergenerational cycle of tobacco use is also vital to tackling smoking-related inequalities. A child with a parent who smokes are 70% more likely to go on and smoke themselves, compared with children from non-smoking households.

In line with health there has been little change in smoking inequalities in a decade and in fact, inequalities by occupation and mental health status are now higher than they were in 2004/5.

- Smoking rates in the most **deprived areas** of Wales stand at **28%**, compared to **13%** among the least deprived.
- **36%** of those with **mental ill health** smoke, compared to the average of **19%** of the adult population
- **30% of under 25's are registered smokers** at their first **maternity** session
- **16%** of women smoke **throughout their pregnancy**
- **43%** of the long-term unemployed smoke and **26%** of routine and manual workers -this compares to **11%** for managerial and professionals
- Smoking prevalence is highest amongst 25-34 year olds at **27%**

## Tackling poverty

Increasing prosperity and addressing the root causes of poverty in an effective, joined-up way is a key target for Welsh Government.

Figures show 24% of people in Wales live in relative income poverty including 28% of children. Poorer people are more likely to smoke and to smoke more. Tobacco use costs the average smoker more than £160 a month, £2,000 a year. A single person over the age of 25 on universal credit receives around £300 a month. More than 200,000 people claim benefits in Wales and around 73,000 are unemployed.

Research shows 28% of those living in poverty could be lifted out of poverty if they stopped smoking.

## Community Resilience

Research shows that in Wales, illegal tobacco makes up 15% of the entire tobacco market – higher than in any other UK region.

The illegal tobacco market undermines all key tobacco control measures, including price control and age restrictions. Through its prevalence in deprived communities, illegal tobacco contributes to the health inequality gap in Wales due to its price and availability.

In addition to the impact on smoking prevalence, tobacco smuggling has been linked to serious organised crime and the proceeds from the high profit margins are used to fund other criminal activity, perpetuating the cycle of harm and undermining community resilience across Wales.

## Key Policies

Wales has a long history of robust tobacco control policies. The Tobacco Control Action Plan was revised in 2017. The plan outlines actions and areas for development until 2020.

The current phase of the strategy focuses on increasing referrals and building on the success of the national smoking cessation programme, implementing the Public Health (Wales) Act 2017 and the development of a communications and enforcement programme to tackle illegal tobacco.

Numbers accessing the national smoking cessation services are increasing - last year 15,000 smokers were treated through Help me Quit. The role of pharmacy services has increased significantly with the majority (53%) of those accessing the services using their local pharmacy to help them stop smoking. The management of the service is under review with changes expected to deliver improvements.

The implementation of the Public Health Act with the creation of additional smokefree spaces, a tobacco retail register and additional Premises Restriction Orders will be beneficial in the denormalisation of smoking. The illegal tobacco programme, if sanctioned, will also help to drive down prevalence by reducing the supply and availability of tobacco.

Wales has already implemented the most internationally recognised practices in tobacco control including those recommended by the World Health Organisation, however, relying on current measures will not address the unacceptably slow rate of decline.

Through this Cross Party Group we hope to explore some of the key issues facing smokers, service providers and policy makers. The aim is to build political dialogue and collaboration to tackle the harm caused by tobacco use.