ash wales cymru
action on smoking and health

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Minutes from the Smoking and Health Cross Party Group

Ty Hywel, Wednesday 14 November 2018 @ 12.30

Chair: Julie Morgan AM

Speaker: Professor John Britton

Attendees:
Suzanne Cass, Chief Executive, ASH Wales
Scott Sanders, Chair, ASH Wales
Julie Morgan AM
Dai Lloyd AM
Helen Mary Jones AM
John Griffiths AM
Judith Cutter, Consultant Midwife, Cardiff & Vale NHS
Dawn Davies, Principal in Public Health, Hywel Dda Public Health Team
Adam Fletcher, Director, British Heart Foundation
Maura Matthews, Prevention Lead, Tenovus
Anna Prothero, Senior Public Health Practitioner, Powys Public Health team
Clive Jones, Community Safety & Emergency Planning Lead, Trading Standards Powys County Council
Judy Thomas, Director of Contractor Services, Community Pharmacy Wales
Laura Rich, Public Health Practitioner, Tobacco, Public Health Wales
Gethin Jones, External Affairs Manager, Royal College of Paediatrics and Child Health
Sophia Dimitriadis, Policy and Research Officer, ASH Wales

1. **Purpose of the Cross-Party Group & Frequency of Meetings**

To examine and review the efforts and progress made to reduce the health inequalities caused by smoking in Wales. The aim is to explore some of the key issues facing smokers, service providers and policy makers. The Group will build political dialogue and collaborate with others to tackle the inequality and harm caused by tobacco use.

The Group will meet three times a year, with the aim of publishing a report with suggested actions and solutions that we would like the Cross-Party Group to consider and endorse.

2. **Welcome and Introductions**

Julie Morgan AM (JM) welcomed everyone to the meeting and introductions were made. She explained the aims of the Cross-Party Group. There are several Cross-Party Groups, such as the one on Cancer, but this one is specifically focussed on smoking. The number of people who smoke has fallen substantially in recent years, but there is still a stubborn minority, most of whom are our most vulnerable in society, who are not giving up.

JM then continued with the formalities of the group and invited nominations for Chair and Secretariat of the Group. Dai Lloyd AM nominated Julie Morgan AM as Chair and ASH Wales as the secretariat. The nominations were seconded and approved.

JM introduced Scott Sanders (SS), Chairman of ASH Wales. SS explained that he is also Chief Executive of Linc Cymru Housing and he welcomed the opportunity to be involved in the group. Through his background in social housing he believes that the sector has a stronger role to play in helping smokers to quit. The groups of people that his organisation work with face a myriad of problems such as family breakdown, poor educational attainment and mental health issues. He hopes to persuade the housing sector to play a stronger role in supporting smokers to quit, building on what already occurs in the sector to promote better health and wellbeing. SS then introduced Professor John Britton (JB).

3. **Presentation by Professor John Britton; Smoking and Health Inequalities**

JB made the following key points during his presentation:

- Smoking prevalence has fallen in the UK but the rate is slowing.
- The most relative to the least socio-economically deprived groups are far more likely to smoke.
- Smoking inequalities are not falling and have persisted for many years.
- The most deprived smokers are far more likely to be more heavily nicotine dependent. As a nation we have been successful in preventing the uptake of smoking but less good at cessation. The picture has not really changed for some time.
- Take up of services is low and the model of stand-alone services appears to have outlived its value.
- People coping with a mental illness have in the past been offered relatively little support to give up smoking even though the smoking rates are extremely high and have barely changed since the 1990s, while prevalence for the general population has fallen quite fast.
- Smoking is the single biggest factor in causing premature death and accounts for 43% of premature deaths in the lowest socio-economic groups.

Supporting Smokers to Quit in Secondary Care

- A large proportion of smokers are treated in hospital each year.
- In a study over 40% of smokers admitted to hospital were in the most deprived quintile, while 10% were in the least deprived.

- Smoking attributable secondary care costs are mostly driven by the most deprived fifth of the population
- Smoking is the number one cause of ill health and early death; smoking cessation and helping people to quit is a major priority.
- “Hiding in Plain Sight” Royal College of Physicians (RCP) Report on Treating tobacco dependency in the NHS discusses the need to utilise the opportunity to treat smokers in hospital.
- Following recommendations of the RCP report would help to lower health inequalities.
- Report states that treating smokers in hospital as has previously been tried in Ottawa would likely save the NHS money within the first year of implementation.

Harm Reduction Approach

- 3.2 million e-cigarette users in the UK in 2018.
- 52% of these are ex-smokers, this has generally been growing over last few years.
- In 2017, Sweden had by far the lowest smoking prevalence in the EU.
- This is likely due to previously being the only country in EU where snus was legal. Snus is far less harmful than tobacco cigarettes. This demonstrates that a harm-reduction approach works.
- In the UK, e-cigarettes pose a similar opportunity for a harm reduction approach.
- Thousands of smokers are quitting using e-cigarettes. Patients who have previously tried all other avenues are finally managing to quit using an e-cigarette.
- Proportion of never smokers using e-cigarettes is low (4%) and remained low over the last few years.
- Although the lowest socio-economic groups are most likely to try an e-cigarette, they are less likely to make a quit attempt or quit using an e-cigarette in the last year.
- However, e-cigarette use among long term ex-smokers is highest among lower socio-economic groups.
- Unclear messaging about the relative harms of e-cigarettes vs smoking may deter smokers from low socio-economic groups from trying to quit using an e-cigarette.

Actions:

- The Ottawa model should be adopted by all NHS hospitals. Smokers are offered 'bedside' help to quit with NRT, specialist behavioural support and alternatives and follow up support. Patients are half as likely to have to go back into hospital within a month, and almost twice as likely to be alive two years on.
- Helping smokers with a mental health problem to quit needs to be tackled head on.
- Support to quit needs to include harm reduction as an option and this needs to be clearly communicated, to especially support marginalised smokers.
- Royal College of Physicians report: Nicotine without smoke, argues for a harm reduction approach, and deals with the counter-arguments to not taking this approach. Recommendations should be considered.
- Different sectors, such as housing and debt advice need to be involved in the solutions.

SC commented that although JB's presentation showed the statistics in England, the picture is very much mirrored in Wales. We face the same issues and problems.

4. Open Discussion: How is smoking affecting the lives of marginalised groups? What's working now?

The following points and discussions took place during the open session:

Judith Cutter (JC), consultant midwife from Cardiff and Vale NHS said that in her service around 12% of mums smoke. Of all the pregnant mums they see, around 50% decline support to give up smoking.

An opt-out service is needed. Mums and midwives don't always want to address the issue; Midwives feel a lack of confidence to address the issue all the time; need to take a whole family approach or else it won't work – mums less likely to engage if dad is at home still smoking.

Dawn Davies (DD) at Hywel Dda have an opt out referral. Conversations are more detailed and they are looking into the barriers to accessing services.

Laura Rich (LR) talked about "making every contact count" which is enabling professionals to have the confidence to challenge patients about their smoking and refer them on for specialist support. Social marketing campaigns are targeting unemployed and other marginalised groups and are located in areas of high deprivation. Progress is being made but acknowledged that it could always be better.
The Tobacco Control Delivery plan underpins the work. There are lots of different levels of support, including telephone, face to face, group or a phone app.

Collecting data on marginalised groups will help to target those who need most support. Gethin Jones (GJ) suggested that we involve Health Education Improvement Wales.

In Scotland data that's collected around health inequalities and targets for deprived smokers at stop smoking services are drivers for progress and targeting support. Scotland is the only country in the UK where smoking inequalities are falling considerably.

Maura Matthews (MM) commented that public perceptions around e-cigarettes has fallen and there is still a confused message and lack of awareness. Public Health Wales messaging is not clear.

LR said that people accessing Help Me Quit services will not be turned away if they are also using an e-cigarette.

ASH Wales's recent YouGov survey (2018) states that a quarter of smokers in Wales incorrectly believe that e-cigarettes are more or as harmful as tobacco cigarettes and 44% of smokers are unaware that they are less or a lot less harmful. These incorrect beliefs have increased since the year before in Wales. The Great Britain YouGov survey shows that incorrect beliefs about the harms of e-cigarettes may make a smoker less likely to

successfully quit using an e-cigarette and more likely to dual-use, which removes most of the health benefits from switching to an e-cigarette.

36% of people with a mental health problem in Wales smoke, and 53% of people with Schizophrenia die from a smoking related disease. There should be parity of care for everyone, with specialist support for those that need it.

476,000 smokers in Wales; 15,000 going through the Help Me Quit Service, around 7,800 of which are being supported at a pharmacy level; huge numbers of smokers are not accessing any services. 190,000 tried to quit last year.

Clive Jones (CJ) said that any tobacco control initiatives need to include the tackling of illegal tobacco with an emphasis on enforcement. One million illegal cigarettes are smoked in Wales every day and a lot are sold from private properties/social housing. In Powys alone over the last two years 50,000 illegal cigarettes and 50kg of illegal tobacco have been seized

Judy Thomas (JT) talked about the increasing role that pharmacies have to play. There is still a lack of awareness of how they can help. LR acknowledged that Stop Smoking Wales were previously unable to advertise pharmacy support but this has now been amended. Commissioning and accreditation are barriers to pharmacies becoming level 3. Cardiff has the least number of community pharmacies that can give support, just 25/107. Commissioning is an issue. Public Health Wales messaging needs to be clearer. Funding for health boards to deliver enhanced services is ringfenced. 6/7 have embraced this, apart from Cardiff who have had to return money. DD said that for Hywel Dda, ringfenced funding has made all the difference. NRT brings additional cost pressures and it's important that services are consistent across the board. DD added that in Cwm Taf and Betsi Cadwaladr 60/70% have access to community pharmacy support.

There are still a lot of smokers going it alone and many are not aware of the different types of support available.

The e-cigs message cannot be given out at a pharmacy level as they are not licensed products. Professionals don't feel they have enough evidence.

MM said that evidence is already there. Adam Fletcher (AF) said that Public Health Wales have backed themselves into a corner with continued confusion around the issue.

JB acknowledged that there are strong views on all sides

SC said it would help if there was standardised data collection. LR said work is being done to get to the position of a minimum data set.

SS asked whether it was possible to see a detailed map of local communities to identify the areas most in need so that services could be more targeted. DD said that in her health board they are able to do that so they can target better.

JT said there are usually more pharmacies in deprived areas.

LR said that localised marketing and partnerships are already happening

Discussion around how we design services and take them to people. MM talked about a Tenovus project that has been successful where a pharmacist would go into work places to give behavioural support and help people to quit.

GJ suggested we invite GPs and service users to future cross-party meetings so we gain further understanding of barriers/improvements to services.

LR said they can offer workplace intervention. 7-12 weeks is a long commitment.

SC said that given the large numbers of smokers still out there, we all need to be open about how we get people on their quit journey – one size doesn't fit all

It's important that Welsh Government health and wellbeing policy and action plans prioritise smoking cessation and prevention as an outcome. This is not currently happening. JC said that a new midwifery vision document is coming out in December and this does include smoking in pregnancy.

AF asked for the group's thoughts on the proposal in Mark Drakeford's manifesto around banning smoking in city centres; SC said that in a Wales online poll, 1800 people responded and 67% voted in favour of the ban. ASH Wales's YouGov public survey also supports expanding legislation around smoke free spaces. JB said it could help to lower prevalence, especially if it is accompanied by large media campaigns. A similar proposal has already been undertaken in Bristol.

5. Summary: Suggested Topics for Discussion at Future Meetings

Solutions for targeting marginalised groups (living in deprived area, low socio-economic status, pregnant mothers and individuals with a mental health problem):

- Innovations to smoking cessation service model – mobile cessation services, targets for marginalised groups, incentives for marginalised smokers, harm reduction approach, expand pharmacy provision, smoking cessation opt out model across the NHS.
- Community services working together to social prescribe smoking cessation. Explore role of social housing/citizens advice and organisations in the community engaged with marginalised smokers.
- Tackling illegal tobacco/ community involvement
- National action plans – relevant policy plans to discuss tobacco control/smoking cessation