
Smoking & Inequalities
Briefing 2021

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 with the gap in avoidable mortality rates having worsened.

Poorer people in Wales can expect to die around 9 years earlier than those from more affluent areas and can expect to spend almost two decades less in good health than their counterparts in the least deprived areas ¹. Within the Cardiff and Vale health board, the number of years of healthy life varies even more with a gap of 22 years between the most and least deprived areas and life expectancy for men nearly 12 years lower in the most deprived areas compared to the least deprived. ²

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstateli-feexpectanciesbynationaldeprivationdecileswales/2016to2018#:~:text=birth%20across%20Wales.-,The%20gap%20in%20life%20expectancy%20at%20birth%20between%20the%20least,and%207.4%20years%20for%20females.>

² <https://cvihsc.co.uk/wp-content/uploads/2016/11/2015-2025-Cardiff-South-East-City-locality-needs-assessment.pdf>

The latest figures from the Office of National Statistics ³ show that people living in the most deprived areas of Wales are more than twice as likely to die of avoidable causes than those in the least deprived. In 2019 39.4% of male deaths in the poorest areas were avoidable – compared to 18.9% of male deaths in the least deprived areas. Among women 27.6% of deaths were avoidable compared to 12.4% in the least deprived.

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. According to the ONS the biggest increase in the avoidable mortality gap between the most and least deprived areas of Wales between 2001 and 2019, was caused by diseases of the respiratory system. Between 2001 and 2019 men in the most deprived parts of Wales were 5.5 times more likely to suffer from a respiratory condition and women 5.7 times more likely than those in the least deprived communities. This caused the gap in avoidable mortality rates in 2019 to widen compared to in 2001. According to the ONS, the substantially higher rates in the most deprived areas compared to the least deprived could be linked to smoking prevalence and exposure to air pollution.

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 448,405 smokers in Wales, 18% of the adult population ⁴. Smoking prevalence has not fallen significantly for three years and the national target for adult smoking to be reduced to 16% by 2020 is not likely 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 at least weekly reduced from 18% in 2006 to 8% in 2019 ⁵ however this figure has remained stagnant since 2013.

Smoking remains the leading cause of preventable death. It causes approximately 5,400 deaths each year ⁶ and costs the Welsh NHS around £302 million per year ⁷ which is around 7% of NHS expenditure and 22% of the costs of adult hospital admissions (2012).

³ Socioeconomic inequalities in avoidable mortality in Wales - Office for National Statistics (ons.gov.uk)

⁴ <https://gov.wales/adult-lifestyle-national-survey-wales-april-2019-march-2020>

⁵ https://www.shrn.org.uk/wp-content/uploads/2020/10/Youth_smoking_and_vaping_in_Wales-2020.pdf

⁶ <https://publichealthwales.shinyapps.io/smokinginwales/>

⁷ <https://ash.wales/wp-content/uploads/2018/05/cost-of-smoking-to-wales-2013.pdf>

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 ⁸.

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 26%, compared to 11% among the least deprived ⁹
- Among young people, smoking uptake continues to be substantially higher among children from poorer families with 6% of 11 to 16 year olds in the least affluent areas smoking at least weekly compared to 3% in the most affluent ¹⁰
- It is estimated that around 30% of smokers in the UK have a mental health condition ¹¹
- A third of pregnant women aged under 20 are registered smokers at their first maternity session ¹²
- 16% of women smoke throughout their pregnancy and 17% were recorded as smokers at their initial assessment ¹³
- In the UK around 1 in 4 people in routine and manual occupations smoke compared to just 1 in 10 people in managerial and professional occupations ¹⁴

⁸ 3 Leonardi-Bee J, Jere ML, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax*. 2011;66(10):847-55.

⁹ <https://gov.wales/sites/default/files/statistics-and-research/2020-07/adult-lifestyle-national-survey-wales-april-2019-march-2020-390.pdf>

¹⁰ https://www.shrn.org.uk/wp-content/uploads/2020/10/Youth_smoking_and_vaping_in_Wales-2020.pdf

¹¹ <https://fingertips.phe.org.uk/search/smoking#page/0/gid/1/pat/6/par/E12000004/ati/102/are/E06000015>

¹² <https://gov.wales/sites/default/files/statistics-and-research/2020-08/maternity-and-birth-statistics-2019-updated.pdf>

¹³ <https://gov.wales/sites/default/files/statistics-and-research/2020-08/maternity-and-birth-statistics-2019-updated.pdf>

¹⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

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 that even before coronavirus, almost a quarter of people in Wales (700,000) were in poverty and 3 in 10 children live in poverty¹⁵. 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. In Wales two in ten working age adults receive income-related benefits¹⁶ and around 73,000 are unemployed¹⁷. People in Wales receive lower pay across every sector compared to the rest of the UK. At the start of the Coronavirus pandemic more than a third of jobs were furloughed. As the furlough scheme ends and unemployment rises the strain on households will increase.

Research by ASH¹⁸ 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 region¹⁹.

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.

¹⁵ <https://www.jrf.org.uk/report/poverty-wales-2020>

¹⁶ <https://www.jrf.org.uk/report/poverty-wales-2020>

¹⁷ <https://statswales.gov.wales/Catalogue/Business-Economy-and-Labour-Market/People-and-Work/Employment/Persons-Employed/employmentrate-by-welshlocalarea-year-gender>

¹⁸ <https://ash.org.uk/media-and-news/press-releases-media-and-news/new-figures-show-each-local-authority-how-many-people-could-be-lifted-out-of-poverty-if-they-quit-smoking/>

¹⁹ <https://ash.wales/wp-content/uploads/2018/07/illegal-tobacco-whats-the-problem-english.pdf>

Key policies

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

The strategy focussed 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 ²⁰. 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 has come 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 de-normalisation 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.

²⁰ NHS smoking cessation services: July to September 2020 | GOV.WALES