Briefing – 'Who Can Afford to Smoke?'

1. Overview

Cigarettes are £10 a packet and cost a 20 a-day smoker over £3,000 a year. With nearly of quarter of Welsh residents living in poverty, ASH Wales is asking, 'Who Can Afford to Smoke?'.

Smoking prevalence at 19% has not fallen for three years and smoking remains the single biggest preventable cause of death.

The percentage of adults from the least deprived areas of Wales reported as being a smoker is 13% compared to a figure of 28% recorded among the most deprived adults within the Welsh population.

Large, persistent inequalities in smoking prevalence in Wales have barely changed in over a decade**.**

Poorer people in Wales can expect to die around 9 years earlier than those from more affluent areas. 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.

- 23% of people in Wales live in poverty[1]
- 1.7 million UK households, which include a smoker are currently in poverty but around 28% could be lifted out of poverty[2] if they stopped smoking. [3]
- 19% of people smoke - 476,000 smokers[4]
- 44% try to quit every year - 210,000[5]
- 3% of smokers access the NHS stop smoking services every year – 16,000[6]
- 7% of the Welsh population use an e-cigarette – 180,0000[7]
- 50% of e-cigarette users have quit and are only vaping - 90,000 ex-smokers[8]
- 47% are smoking and vaping - 84,000 smokers[9].

Scotland is the only country in the UK to successfully reduce smoking inequalities[10], and smoking prevalence is also falling fast.

---

[1] Poverty in Wales 2018, Joseph Rowntree

[2] If tobacco expenditure is taken into account when estimating poverty. Poverty defined as income below 60% of median household net income, adjusted for family size

[3] ASH, Smoking Still Kills, 2015

[4] National Survey for Wales 2017-18

[5] National Survey for Wales 2016-17

[6] StatsWales, Smoking cessation services, 2017-18

7 National Survey for Wales, 2017-18

8 National Survey for Wales, 2017-18

9 National Survey for Wales, 2017-18

10 Caroline Smith, Sarah Hill, and Amanda Amos (2018) Stop Smoking Inequalities: A systematic review of socioeconomic inequalities in experiences of smoking cessation interventions in the UK. Cancer Research UK.

2. Current response

Our smoking cessation services are bucking the trend across the UK, and treating increasing numbers of smokers each year, yet, a large proportion of smokers try to quit outside of services, despite them offering the most successful quitting prospects.

In 2016-17, 44% of smokers overall tried to quit smoking, while only 3% tried to quit using services and 64% want to quit. We need to explore innovative ideas to reach marginalised smokers outside of traditional smoking cessation services and encourage them to use the free support Help Me Quit or support them to quit in community settings.

3. WTHN

Wales Tobacco and Health Network (WTHN) - The WTHN cuts across all sectors to bring together individuals with an interest in the wider determinants of health and inequalities. Its role is to educate, inform and influence stakeholders on the harms caused by tobacco use.

This year's event focused on solutions to tackling the financial burden of smoking. Using the Healthier Wales Plan as a backdrop, the debate centred on how community organisations regularly working with marginalised smokers, including debt advisers, housing associations, addiction/homeless charities, trade unions and work places can support smokers to quit.

The plan aims to promote healthy lifestyles and reduce health inequalities by:

- planning and delivering services co-productively
- taking a 'person-centred' approach and
- delivering these in community settings wherever possible

More than 40 organisations from across Wales took part in the event to talk about

- How do people afford to smoke?
- How does smoking affect community organisations?
- What are the barriers to giving up and to quitting using cessation services?
- What measures would help frontline workers support smokers? What would a community-based training model look like?
- Solutions for smoking-cessation services
- Political and government intervention that would enable this to happen

The outcomes of these discussions are attached. (Appendix 1)

4. Calls to action

From these, we've chosen four key calls to action which we feel will most help drive forward the Healthier Wales agenda and develop a 'person-centred' approach to smoking cessation These are:

1. Create a unified position statement on e-cigarettes for organisations signposting/delivering cessation support
    - Clear messaging around vaping
    - Separate arguments around preventing young people from vaping and supporting addicted smokers to quit
    - Since vaping is less harmful and cheaper than smoking in long-run, recognise it can be a helpful cessation and poverty reduction tool for marginalised smokers struggling to quit
    - Dual-users should be encouraged to quit smoking completely when they are ready
2. Commitment to the development of a training model for frontline non-NHS staff around behavioural change. Would enable staff to learn:
    - Why it is important to support service users (as well as staff) to quit
    - How to have the quitting conversation and discuss financial savings
    - What cessation support is available
3. Development of a programme of incentives for employers and community organisations to receive training and help employees/service users quit
    - Create health and well-being accreditation (e.g. living wage employer)
    - Include health in outcomes for funding grants
    - Produce research to demonstrate importance of promoting smoking cessation to support community organisations' aims
4. Implement targets for the number of marginalised smokers treated at cessation services
    - In 2011, Scotland introduced a national SSS equity-based target (refined in 2014), which has helped relatively more low SES smokers to quit
    - Scotland is the only country in the UK to recently successfully reduce smoking inequalities
    - Creates incentives for cessation services to adopt innovative ways to attract marginalised smokers

APPENDIX 1

WTHN– 20 February 2019

Who can afford to smoke? The financial burden of smoking.

Discussions and Recommendations

How do people afford to smoke?
Smoking is prioritised over rent/essential bills/food
They smoke to suppress hunger
They don't monitor what they spend in long-run. (Poverty encourages short-term thinking e.g. cigarettes are instant, rent is long-term)
Availability of cheap cigarettes – illegal tobacco

How does smoking affect organisations in the community?
Private and social housing sector: lowers ability of tenants to pay rent, incurs smoke damage costs and fire risks. Homeless organisations: reduces income of homeless population and makes them less likely to afford to pay rent in future
Debt advisers & Food banks: major expenditure contributing to service users' debt; expenditure on smoking can exacerbate need to use food banks
Mental health, well-being and confidence to solve problems: quitting smoking gives feeling of control also linked to improved mental health and well-being

Why do smokers in poverty smoke? What are the barriers to giving up?
Linked to social network - sharing limited resources; stopping can lead to isolation/being judged
Whole family approach/family influence, makes it difficult to quit without relapsing
Coping mechanism for multiple issues, e.g. in work poverty, stressful low paid jobs; unemployment, mental health; helps fill up boredom or free time
Illegal/cheaper tobacco easy to get hold of
Start-up-costs and misperceptions are a barrier to quitting using e-cigarettes

Barriers for smokers seeking cessation support
Fear of feeling judged by cessation adviser; issues of power relationships, not treated as an individual; questionnaires and procedures
Not enough support for relapsing (unaware normal part of quitting process)
Want to quit on their own, even though it is more effective with a councillor
Time pressure if coping with chaotic life. Hard for smokers that work and engage with other services in day to access 9 to 5 support elsewhere.
Physical barriers e.g. may struggle to afford bus fare

Barriers to staff in community organisations not supporting smokers
When services engage with families, they are usually in crisis. Feel guilty about taking away a coping mechanism from smokers dealing with multiple issues
Lack of knowledge how to have a conversation where to sign post
Some staff smoke themselves (stressful jobs)
Smoking way to build rapport with clients and staff can even encourage smoking
Time pressured; demand for services outweighs resources
Funding for services is specific and ringfenced to narrow outcomes

What type of measures would help staff, working on the frontline, to support smokers
<u>Behavioural Change Training Programme for Staff: A community training model</u> • Whole family approach/social circle/group of employees. Encourage service users to quit with partner/friends, use relationships in community etc • Identify who is best placed to have the conversation- already in contact with smoker; avoid duplication of resources, use ex-smokers as asset, create community champions • Can learn to give a clear message on e-cigarettes • Can use existing opportunities (tap into existing infrastructure) for staff to have quitting conversation: ➢ Support workers going into people's homes ➢ Staff offering well-being and anxiety support within housing settings ➢ Money advisers e.g. within housing settings/debt advice services

➢ Employers when interacting with staff – sense of community already in place (can encourage group quitting)
Cessation services to offer support to staff/service users in community settings • Makes it easier to access support, removes barriers of time and location
Enable staff to give free e-cigarettes • Will reduce costs (start-up costs are a barrier for smokers) • Smokers can still feel socially connected • Can get support to 'switch' in a group, more motivating and lower future risk of relapse • No need to go to cessation services, removes time and physical barrier

Solutions for smoking cessation services
Involve service users in creating the right service for them
Personalise services; one approach does not work for everyone
Longer quit dates that are more flexible to marginalised smokers, more support to prevent relapse (collect and use data on long-term quit rates)
Be flexible to adapting to other issues smokers may be dealing with, e.g. mental health problems and alcohol addiction etc.
Move services into the community to make them more accessible and enable smokers to more easily quit with peers/family/colleagues etc.
Encourage groups sessions with family/ social circle more generally

Policies/government intervention that would enable this to happen
Policy makers need to accept that existing cessation services are good but not the whole solution and actively search for innovative solutions
Set smoking cessation treatment targets for marginalised groups (this effectively reduced inequalities at cessation services in Scotland)
Incorporate smoking cessation into community services (e.g. provide solutions suggested above). Government needs to be accountable for delivering this.
Clear messaging around vaping; separate arguments around preventing young people vaping with arguments to support addicted smokers to quit

Tougher action to counter illegal tobacco; more enforcement and bigger penalties
Incentivise employers to utilise opportunity to support employees' health: create health and wellbeing accreditation, involve them in conversation
Incentivise community organisations to support health of service users: include health in outcomes for funding grants, produce research to demonstrate importance of promoting smoking cessation to support organisational aims
Renting Sector; stricter regulations for private landlords and social housing providers to ensure basic health standard for tenants
Undertake audit of current demand for more specialised smoking related advice/information, more research into barriers/solutions for marginalised smokers