

# Political bulletin

All Party Parliamentary Group on Smoking and Health



## Tobacco, health inequalities and COVID-19

Last week Public Health England published the report '[Disparities in the risk and outcomes of COVID-19](#)'. The health inequalities this highlighted require an urgent response. Reducing tobacco-related health inequalities should be a priority now in light of COVID-19 and longer-term to improve population health and resilience to any future disease outbreaks.

Differences in smoking prevalence and smoking related diseases are an important factor in the differences in morbidity and mortality from COVID-19. In particular, smoking is a modifiable risk factor for a range of the comorbidities which have seen people experiencing worse outcomes from COVID-19. Smoking is a risk factor for, and can exacerbate, [chronic obstructive pulmonary disease \(COPD\)](#), [diabetes](#), [cardiovascular disease](#), [hypertensive diseases](#) and [dementia](#), all of which are associated with poorer outcomes from COVID-19.

Smoking caused over 77,000 deaths in England last year, and for each death a further [30 people are estimated to be living with serious smoking-related diseases](#). Higher smoking rates are also seen in the socioeconomic groups worst affected by COVID-19. One in 10 people in managerial and professional occupations smoke compared to 1 in 4 in routine and manual roles. These differences in smoking rates are responsible for [half the difference in life expectancy between rich and poor](#).

Smokers facing disadvantage are just as likely to want to quit smoking and try to quit as often as other smokers, but they tend to be more heavily addicted and are therefore less likely to succeed. The reductions to the local authority public health grant alongside funding cuts to evidence based tobacco control activity such as national health promotion campaigns, have hampered efforts to reduce these inequalities.

### Current evidence on smoking and COVID-19

Some reports have suggested smoking could have a protective effect against COVID-19. This is largely due to reports suggesting that the percentage of smokers attending hospital for COVID-19 was less than might be expected, given population-level smoking rates.

However, other [research](#) is suggesting that smokers are more likely to report common COVID-19 symptoms and that if admitted to hospital, smokers are more likely to experience severe symptoms.

The weight of the evidence is clear, that carrying on smoking will always be more harmful than quitting. At this time as for any other, smokers can improve their health and wellbeing by quitting. In line with guidance from Public Health England, and given the wider negative health impacts of smoking tobacco, smokers should still be encouraged to quit and to use nicotine in their quit attempts which will increase their chances of quitting successfully.

For further information see:

- [Public Health England guidance for smokers and vapers](#)
- [Quit For COVID Frequently Asked Questions](#)

## Behaviour changes due to lockdown

Using data from the [YouGov COVID-19 tracker](#), ASH estimates that 300,000 people have quit smoking due to health concerns about COVID-19. However, a further 500,000 have attempted to quit and been unable to do so. These people need support and access to medication or e-cigarettes to increase their chances of quitting smoking successfully.

Concerningly there has been an increase in people reporting exposure to secondhand smoke in the home since lockdown began, with households including children twice as likely to report secondhand smoke exposure in the home. Secondhand smoke is especially harmful to children due to their developing respiratory systems, and smokers living with children urgently need support to quit or abstain from smoking in the home.

A survey of local authorities recently carried out by ASH found that local authorities are working hard to adapt their local stop smoking services to the requirements of COVID-19. The excellent work authorities are undertaking to ensure support is available to smokers in lockdown, including innovative practice to continue provision of nicotine replacement therapy and medications, is set out in [this report](#).

Local authorities are working hard and need support from Government to ensure they can continue to deliver for smokers.

## Achieving a smokefree generation

The [Prevention Green Paper](#) set out the ambition to make England smokefree by 2030, defined as prevalence of 5% or less.

ASH, the British Heart Foundation, Cancer Research UK, Royal College of Physicians, the British Medical Association, the British Lung Foundation, the Royal Society for Public Health and many others are calling on the Government to adopt our [Roadmap to a Smokefree 2030](#).

This includes a [Smokefree 2030 fund](#), which tobacco manufacturers would be legally required to finance, to pay for the measures needed to achieve the smokefree 2030 ambition. Show your supporting by sharing the Roadmap with the hashtag #Smokefree2030.

### Officers of the All Party Group

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The All Party Parliamentary Group (APPG) on Smoking and Health is a cross-party group of Peers and MPs which was founded in 1976

**“To monitor and discuss the health and social effects of smoking; to review potential changes in existing legislation to reduce levels of smoking; to assess the latest medical techniques to assist in smoking cessation; and to act as a resource for the group’s members on all issues relating to smoking and public health.”**

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