Minutes from the joint APPG roundtable on Smoking and Poverty

Date: Thursday 10th September

Time: 15.00-16.00

Location: Portcullis House, Room M

Sponsor and Chair: Mary Kelly Foy MP

Parliamentary attendees:

- Mary Kelly Foy MP, Co-Chair on the APPG on Smoking and Health and member for the APPG on Poverty and Inequality
- Bob Blackman MP, Co-Chairman of the APPG on Smoking and Health
- Jim Dickson MP, Vice-Chair of the APPG on Smoking and Health

Whilst this meeting was not quorate it provided insights that APPG members intend to use in their Parliamentary work and we are sharing the minutes in line with guidance on the operations of APPGs.

Event speakers:

- **Noah Traill**, Senior Policy Officer at Action on Smoking and Health and author of the Report *Ending smoking inequality: an action plan to reduce poverty and improve health*
- **Prof Sanjay Agrawal,** Royal College of Physicians (RCP) special adviser on tobacco and a consultant in respiratory and critical care medicine
- **Liam Loftus,** Development Director of the Cambridge City Foodbank who delivers smoking cessation services within the foodbank
- **Howard Reed,** Director of Landman Economics
- **Gillian and Hannah,** our lived experience experts to speak about how tobacco addiction impacted their finances and their liv**es**

Attendees representing the following organisations attended:

- Action on Smoking and Health
- Cancer Research UK
- Cambridge City Foodbank
- Cheshire and Merseyside Public health Collaborative
- Clarion Futures
- The Department of Health and Social Care
- East Sussex County Council
- The Equality Trust

- Humber and North Yorkshire Centre for Excellence
- King's College London
- Landman Economics
- NHS Greater Manchester
- The Royal College of Physicians
- The Health Foundation
- University College London
- West Sussex County Council

Minutes

Welcome from the event Chair- introduction to the work of the APPGs, scope of the report, why we are here today.

Why isn't smoking framed as a poverty issue and where are we now?

NT (ASH):

- Smoking is the most dangerous consumer product
- Kills 2 in 3 lifelong users
- Taxation is one of the most helpful tools we have to drive down consumption- but for those who can't quit it places a significant financial burden
- Tobacco is an addiction that costs
    - Households who can't afford food bills, addiction pushes them further into poverty
    - Average smoker spends £3000 on cigarettes a year, £250 per month
- Tobacco and Vapes Act will stop young people smoking but there are more than £5 million current smokers and smoking prevalence higher in more deprived areas
- We need equity in reducing smoking
- People with a degree expected to be at 1% smoking rates by 2034, without a degree it is 2062
- We need to build bridges between health and poverty organisations – working together
- Blackpool has double the national average smoking rates
- Want to see the inequality removed from quitting

SA (RCP):

- RCP report – smoking, health and social justice
- Key aspect is that smoking is not a free choice – most people born into smoking. Perpetuated by social determinants of health
- Myriad of social actors who want to perpetuate smoking in our communities – industry making smoking less expensive to hook people in. Greater retail density in less deprived areas. Social media targets most vulnerable areas.
- To address smoking – must address where smoking rates are much higher

- Surveys don't capture true smoking prevalence – many people who smoke do not have a fixed address, students in colleges, detention centres, people staying in friends/relative houses. 2 – 3 million people that are not captured in national statistics – not applying the resources here
- Vicious cycle of smoking, health and economic activity. Many people who smoke are paid less, more likely to be absent from work, more likely to stop work earlier due to ill health
- Could put money back into families and back into communities – if everybody stopped smoking – put £250 into everyone's pocket. Put over £10 billion into the economy.
- Support and not blame – smoking is not a free choice – addiction shaped by a person's environment.

What are the experiences of people affected by smoking and poverty?

G (lived experience):

- 11 when started smoking – everyone in family smoked. Grew up with it.
- Single Mum, lived in different accommodation, bought cigarettes every day – went without food for many days
- Before bought food – bought cigarettes
- Diagnosed with COPD very young
- Missed bills, very little money but had to buy cigarettes
- Cigarettes came first before appointments, prescriptions
- Paid off overdraft when stopped smoking
- When stopped smoking – started going on holidays, going to school trips

H (lived experience):

- 10 when started smoking, mum and sister smoked
- Mild asthma increased by smoking
- Desperately want to quit – distances her from her family when she has to have cigarette breaks
- Finances – people often buy cigarettes before pay bills – then they become homeless
    - They then can't access smoking cessation because they have no fixed abode
- Used food banks – lots people smoke there – question how this has happened
- Think there needs to be more bespoke smoking cessation
    - Nothing for people on the poverty line or with mental health
    - More tailored support regards to smoking cessation
    - Services could support people and pay bus fare to get to smoking services
- People probably struggle to work full time – need cigarette during working hours

JD (MP): how can we make smoking cessation services better?

Buying NRT was more expensive than the cigarettes

When I went to the service I felt it wasn't useful. Need help immediately when you go to smoking cessation services.

More people should be trained across hospitals to deliver stop smoking services

Stop smoking message in supermarkets

If on low income – very expensive to get patches. Smoking cessation Needs to be person-centred, depends on each person's specific needs such as mental health. Not one size fits all.

What impact would ending smoking have on poverty in the UK?

HR (Landman Economics):

- Wanted to measure how big a difference expenditure on tobacco makes on poverty rates
- Use data from Living costs and food survey which measures household expenditure on tobacco. Subtract tobacco expenditure from income per week
- Smoking pushes 417,000 households into poverty. 955,000 into deeper poverty.
- 193,000 pensioners and 140,000 children in these households
- Smoking is a major driver of poverty rates when measured in this way

Are there examples of best practice we can learn from?

LL (Cambridge City Food bank):

- I've seen people face impossible choice between putting food on table and cigarettes
- Role food banks can play in this space – power to reach people who wouldn't otherwise go to cessation services
    - Can offer an accessible service where people already exist
    - Tailored service
- All the people we want to reach are already there
- Started introducing NHS health checks into food banks
    - Question on 'are you currently smoking?' and 'would you like to receive support to stop?'
- Immediate financial benefit to quitting
- Can go further on this – start offering services in place you don't have to get extra bus too – keen to work with others on this

What can the Government do?

MW (Humber and North Yorkshire Centre for Excellence): Lots of stop smoking services funded through local authorities, how can we fund initiatives like the food bank service?

LL (Cambridge City Food bank): work comes from healthy you campaign but I realised how constrained I was in the NHS so I went out there to do it.

MW: no reason why food banks and community spaces shouldn't be heart of stop smoking services

H (lived experience): why is smoking not illegal? I wish it was Illegal. Drinking is not addictive unless you have an alcohol dependency but things that are addictive such as heroine, cocaine, speed, etc.. are banned and made illegal but smoking is as addictive or more addictive than

theses substances but it is STILLL made legal none of which have ANY health benefits and completely mess up your health cancer, etc

MF (MP): The flexibility of the tobacco industry to get around regulation.

AC (DPH in West Sussex): there is a confusing picture on smoking cessation. Hard for people to know where to go. Some GPs do it, some don't. From Smoking kills in 2000 originally. Needs more referrals – needs to be more systematic and joined up.

Importance of quality training – need quality intervention. NCSCT training

Health equity audits – have we got smoking cessation services where they are most needed?

G (lived experience): we need to go out to the smokers. Helpful for people trying to quit to hear from a former smoker.

EB (UCL): we need to rethink how we measure social inequality. Historically, university qualifications used to be predictive, but now housing tenure is an important measure. APS doesn't use this. Decline is mostly happening in higher socioeconomic groups. Hidden population – surveys not measuring people who don't reside in houses. Rethink how we can get to the people we need to get to. We can't stigmatise people who smoke

SC (UCL): Hidden population number is not static – lots of former smokers have potential to start smoking again if become homeless or suffer with mental health conditions. Poverty is increasing. Stop smoking service needs to be in most deprived areas where smokers are. Need a specific person – staff are already very busy.

CI (East Sussex County Council): Need to work with stop smoking services to have the right conversations. Sometimes job centres will say its not in their remit. We delivered stop smoking services for the LGBTQ+ community in nightlife venues.

PS (Equality Trust): are there any other transformative measures that exist? Coming from a poverty org lots of this sounds like tinkering around the edges.

SA (RCP): default is that the smoker has to try and get help. This has worked well in hospitals but should be the default. Medication, which we know works really well, can be really hard to get. Make medications more accessible, allowing stop smoking advisors to prescribe medication with no cost.

DB (NHS Greater Manchester): Section 1 in equality act – can this duty be applied to stop smoking services?

MW: smoking in pregnancy as example where we have brought smoking rates down extremely quickly. 40% drop in some areas within just a year- huge success. Training was key but bringing services to people (inhouse in maternity settings). Key role of financial incentives.

AC (Cheshire and Merseyside Public health Collaborative): we have a system that supports understanding how women are progressing through their quitting journey, via NSPIS. We need a similar digital system for all people who smoke, so that we can understand how they make and attend appointments, track their journeys, assess outcomes and re-engagement after relapse.

AC (West Sussex County Council): having a directive to give clarification across stop smoking services