Participation of people with experience of poverty in the development of Scottish Government Tobacco Action Plan for 2023 - 2028

March 2023

Executive Summary

1.   Introduction

The Scottish Government aim to create a Tobacco-Free Scotland by 2034 and have a generation of young people who do not want to smoke, with all the health and financial benefits that follow. To achieve this, they are working on a refreshed Tobacco Action Plan for 2023 - 2028.

In November 2022 the Poverty Alliance were commissioned to conduct a participation process to bring together people with experience of poverty and smoking to learn and deliberate and make recommendations for a Tobacco Action Plan that best supports people living in poverty to be smoke free.

A citizen's panel was formed of 13 participants from across Scotland.

2.   Key Messages for an effective Tobacco Action Plan

Poverty and smoking are inextricably linked; experiencing poverty can make it more likely for someone to smoke and make it harder to quit.

Smoking is intwined with poverty, trauma, and poor-mental health. All of which are associated with stigma.

It follows that to most effectively support people living in poverty in Scotland to be free from smoking, we must design policies and interventions that simultaneously aim to reduce smoking and reduce poverty and the stressors associated with living with poverty.

Smoking Cessation Services should link to support that helps people exit poverty and to mental health support. This should be designed in partnership with people with experience of poverty and smoking.

Interventions and services must be implemented in a stigma free and trauma informed way.

2.1   Prevention of Smoking – Recommendations

1. Prevent people in poorer communities from turning to substance abuse, including smoking, to deal with consequences of abject poverty by investing in

local community services, mental health services and a trauma informed workforce.

2. Recognising that stressors associated with poverty can drive people to smoking, the Scottish Government must take action to eradicate poverty and ensure people have adequate incomes to afford to live a decent and dignified life.

3. Co-design effective deterrent campaigns in partnership with young people. These should consider environmentalism, links with cannabis use, risks associated with vaping, dangers of second-hand smoke on people and pets, and surface the reality of addiction. To be effective these need to be mindful of the pressures young people face such as peer pressure, focus on both deterring people from smoking while highlighting impacts to people and their pets right now and avoid stigmatising people who already smoke.

4. Fund and implement anti-smoking campaigns through organisations that work with young people outside of education settings such as youth clubs and community groups. This will require the Scottish Government to ensure that youth services are adequately funded and accessible across Scotland, particularly in rural areas.

5. To offer diversions from smoking, Government should provide sufficient funding for local authorities to maintain existing affordable leisure spaces and activities in deprived communities whilst boosting investment to open more centres to provide these services.

2.2   The New Zealand Model – Key Messages

Prohibition does not work. We are worried about impact banning the sale of tobacco to anyone born after date might have on reinforcing stigma of smoking and alienating disenfranchised young people by preaching to them.

However, decreasing the number of retailers that sell tobacco, reducing nicotine levels in tobacco along with smaller cigarette pack size could be explored.

2.3   Future Participation – Key Messages

Policies dealing with issues facing people living on low incomes should be shaped and reviewed by people with lived experience of living on a low income.

Participants are keen to continue to support the Tobacco Action Plan as it is implemented and evaluated. They invite government to meet with them to discuss how we can tackle poverty and smoking together.

2.4   Smoking Cessation Services

A separate interim report was produced containing recommendations for how to improve smoking cessation services to better serve people living on low incomes trying to quit smoking.

For more information, contact:

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Full report - Participation of people with experience of poverty in the development of Scottish Government Tobacco Action Plan for 2023 - 2028

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1.   Introduction

The Scottish Government aim to create a Tobacco-Free Scotland by 2034 with a generation of young people who do not want to smoke and all the health and financial benefits that follow. To achieve this, they are working on a refreshed Tobacco Action Plan. People living in the most deprived areas of Scotland are three times more likely to smoke than people living in the least deprived areas of Scotland[1]. People living in the most deprived areas are therefore the most at risk of smoking related harm.

2.   What We Did

In November 2022 the Poverty Alliance were commissioned to recruit, support and facilitate a Citizens Panel of people most risk of smoking harm to deliberate and make recommendations on how a Tobacco Action Plan can most impactfully support a Tobacco-Free Scotland

People with experience of poverty and smoking were recruited to participate, provided an opportunity to learn about the policy aims and each other's experiences, consider current policies and approaches, deliberate, prioritise and make recommendations for how smoking can best be reduced amongst people living on a low income.

The Poverty Alliance designed a series of Citizens Panels focusing on the following key areas:

- How are smokers treated and viewed?
- What is the impact on people who smoke?
- What works and what does not work in smoking cessation services?
- How can smoking cessation services be improved?
- How can we prevent people from starting smoking?
- Would the proposed New Zealand model of smoking reduction work in Scotland?

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[1] The Scottish Health Survey 2021 **https://www.gov.scot/publications/scottish-health-survey-2021-summary-report/pages/9/**

3. Who Took Part

9 women   4 men

1 BME   12 white

9 urban   4 rural

4. Key Messages

Participants were clear that poverty and smoking are inextricably linked; experiencing poverty can make it more likely for someone to smoke and make it harder to quit.

Smoking is intwined with poverty, trauma, and poor-mental health. All of which are associated with stigma.

It follows that to most effectively support people living in poverty in Scotland to be free from smoking we must design policies and interventions that simultaneously aim to reduce smoking and reduce poverty and the stressors associated with living with poverty.

Smoking Cessation Services should link to support that helps people exit poverty and to mental health support. This should be designed in partnership with people with experience of poverty and smoking.

Interventions and services must be implemented in a stigma free and trauma informed way.

4.1. Prevention of Smoking

Participants strongly felt that the best mechanism to reach a smoke-free Scotland was to prevent people from smoking in the first place.

Participants coalesced around the view that to effectively reduce smoking there is a need to better understand the reasons that people begin smoking and work to prevent these whilst providing affordable, accessible alternatives to smoking as a stress reliever. Participants are clear in connecting their experience of living on a low income as part of the reason they smoke and/or are unable to quit smoking:

"It's all interconnected, isn't it? There's a reason why people who are poor smoke more than people who aren't poor. It's the stress"

Prevention was seen as part of a holistic response to smoking. Participants pointed out that, as well as starting to smoke as a stress reliever, people may also start smoking because of a desire to fit in social settings. Smoking is linked to self-esteem through its relationship with a need to be accepted. This was particularly noted in school settings for young people and for adults in workplaces who noted going on smoke breaks with other colleagues to bond and/or to not feel left out.

Considering this, participants agreed on a need for renewed and targeted educational marketing campaigns on the dangers of smoking and the difficulty of quitting. Participants felt that these should focus on different kinds of people who smoke. Suggestions for target groups included young people, parents, and single adult households.

Participants felt that marketing campaigns aiming to stop people from smoking often focused on specific households and the effects of second-hand smoke (such as younger people and households with children). They recommend it may be helpful to reframe some of these tactics to target the broader population groups, for example the growing number of single adult households without children but with pets.

4.1.1 Recommendations for Prevention

In considering how a Tobacco Action Plan can best prevent smoking, participants deliberated and agreed on the following recommendations:

1. Prevent people in poorer communities from turning to substance abuse, including smoking, to deal with consequences of poverty by investing in local community services, mental health services and a trauma informed workforce.

2. Recognising that stressors associated with poverty can drive people to smoking, the Scottish Government must take action to eradicate poverty and ensure people have adequate incomes to afford to live a decent and dignified life.

3. Co-design effective deterrent campaigns in partnership with young people that avoid stigmatising people who already smoke. These should consider environmentalism, links with cannabis use, risks associated with vaping, dangers of second-hand smoke on people and pets, and surface the reality of addiction. To be effective these need to be mindful of the peer pressures young people face, focus on both deterring people from smoking while highlighting impacts to people and their pets right now.

4. Fund and implement anti-smoking campaigns through organisations that work with young people outside of education settings such as youth clubs and

community groups. This requires the Scottish Government to ensure that youth services are adequately funded and accessible across Scotland, particularly in rural areas.

5. To offer diversions from smoking, Government should provide sufficient funding for local authorities to maintain existing affordable leisure spaces and activities in deprived communities whilst boosting investment to open more centres to provide these services.

4.1.2 Other Considerations

Participants report that raising the cost of tobacco does not reduce consumption given addiction to nicotine. Instead, price increases only exacerbate poverty and can lead to people purchasing illicit cigarettes, which are widely available in the community. There is concern that these are more damaging for health.

The was scepticism that regulation and eventual eradication of tobacco would feasibly happen. Participants discussed the powerful lobbying tactics of tobacco companies and the incentive of revenue that is generated by tobacco sales. An effective Tobacco Action plan should acknowledge this.

The growing numbers of young people using vapes despite never having smoked is of real concern. There were calls to regulate the sale and use of vapes in a similar manner to that which has been used for tobacco such as restricting the designs to make them less fashionable and to regulate the amount of nicotine in each device. There were concerns that there is a significant amount currently unknown about the potential harms of vaping.

4.2   The New Zealand Model

Participants learned about and discussed the New Zealand's Smoke Free Environments and Regulated Products (Smoked Tobacco) Amendment Bill (referred to as the New Zealand model).

It plans to reduce smoking by banning the sale of tobacco to anyone born after the 1st of January 2009, decreasing the number of retailers that sell tobacco from 6000 down to 600 and reducing the amount of nicotine that is allowed in smoked tobacco products.

4.2.1   Key Messages on the New Zealand Model

Participants welcomed the intent of the model but were concerned this would not work in Scotland. Their key message, supported by the majority of participants, was:

Prohibition does not work. We are worried about impact banning the sale of tobacco to anyone born after date might have on reinforcing stigma of smoking and alienating disenfranchised young people by preaching to them.

However, decreasing the number of retailers that sell tobacco*, reducing nicotine levels in tobacco along with smaller cigarette pack size could be explored.

Participants noted fears that this would only encourage illegal provisions of tobacco, increase crime and reinforce stigma for those who already smoke. It was felt by participants that the incremental age restrictions would be difficult to manage and enforce. Linked to this, the majority of participants stated that making tobacco illegal to purchase or consume was not an effective deterrent. Most participants started smoking before the legal age requirement.

There were particular concerns regarding the potential disproportionate impact on rural communities should the number of tobacco retailers be limited and reduced as proposed in the model. Any limitations on provisions of tobacco products should therefore consider the impacts on different population groups, particularly in rural settings.

4.3   Future of Participation

Participants felt strongly that policies relating to poverty should be informed by people with a lived experience of living on a low income.

> *"it's really nice to be heard, I didn't realise other people felt like that."*

Specifically on the continuation of the development of a tobacco action plan, participants were keen to continue their involvement and to be consulted as the plan is implemented and evaluated. This was accompanied by an invite to government to meet with participants to discuss the tobacco action plan and to hear their thoughts on how we can tackle poverty and smoking together.

> *"It would be really nice for some of those at the top to come down to the bottom for a while and sit and hear. You know the real lived experience of it instead of dictating as they do from Government. There's not very good representation in our governments of poverty."*

4.4   Smoking Cessation Services

Participants were asked to make swift recommendations based on their experiences of smoking cessation services and how they can be improved. Using the language of quit smoking services, participants learned about provision, shared experiences, and deliberated. This was prioritised early in the participation process to influence a

review of smoking cessation services in January 2023 and has been published separately.

4.4.1 Recommendations for Improving Smoking Cessation Services

1. Quit smoking services should provide holistic, person centred, inclusive and accessible support including peer support. They should work actively to reach people by engaging with community groups and other services.

2. Quit smoking services should be varied and provided both within healthcare services and independent of them. They should be free and available on demand with 24/7 online/phone support and available in communities for face-to-face support.

3. Quit smoking services should offer flexible time slots, be joined up with other services, should be able to refer to counselling and other mental health support services, fitness activities and services available outside of the NHS.

4. Quit smoking services should treat smoking like other addictions, exploring motivations to smoke and using this to inform a tailored, person-centred action plan. There should be incentives for people to not return to smoking. This could include reward tokens, subsidised gym memberships or access to swimming pools.

5. Training for staff in Quit Smoking Services should be reviewed to encourage an emphasis on the positives of quitting and avoiding the language of blame while working in partnership with the person trying to quit. People with experience of smoking and living on a low income should inform this training and be involved in delivery.

6. Scottish Government should launch targeted advertising campaigns on the impacts of smoking:
   - targeting young people illustrating the consequences of smoking,
   - educating and supporting parents on the consequences of smoking on them and their children,
   - targeting single adults and other households on the impacts of smoking and second-hand smoke on lesser considered groups such as pets.

For more information, contact:

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How are smokers treated and spoken about?

disgusted

smelly

excuse for everything

addict

others are aware of the smoke

attitudes change when you are identified as a smoker- particularly form healthcare professional

taboo

minority

Poor/ working class

you are seen to lack self control

seen as a moral failing

like outsiders

Smokers are labelled

like a burden nhs

smokers identify positively

seen as if you are not trying

The public have bad perceptions on smokers. Especially on public places such as bus stops. There are certain irresponsible smokers out there.

Figure 1: Jamboard from Session 1 – Participants asked "How are smokers treated and spoken about?"

What is the impact of stigma on people who smoke?

Feeling judged by people who don't understand the reality

Ashamed

Defensive

issues around mental health trump all stigma of smoking

feelings of stigma can lead to further depression

there is an awareness that smoking is bad for you - people don't see the symptom is less importance and the cause

the stigma of smoking doesn't overwhelm the reality of why you smoke

depression

Figure 2: Jamboard from Session 1 - Participants asked "What is the impact of stigma on people who smoke?"

Experiences of quitting

on the ilse of bute, smoking cessation services are good. The woman phones every weeks and has a range of things to be offered.

the only time i've stopped is when I've stopped the day i want to. Dr.s tell me to have a plan. I can't do it like that. Experiences havne't bene tailored to me.

It hasn't worked for me - to stop smoking has to be my main focus and if I have other firefighting in my life the focus goes off it.

the only times i've quit (9year, 1.5 years) has been when I had decided in my own mind that now was the time. I know that isn't for everyone- other methods haven't work

I won't willingly go to a service - I want to do it by myself. I am sick of being asked irrelevant problems.

If you haven't tried to quit smoking, why not?

If someone wants to quit then there should just be support that is individually tailored. Not hoops to jump through. 'What can we do to help you to quit' should be the only question.

I was scared away from non smoking services. MY first interaction was with a physio who spent an hour discussion why I should quit smoking

not being able to be prescribed patches by the doctor

What are your previous experiences of trying to quit smoking?

i cant describe it there are so many obstacles in your way doctor blames everything on smoking from a sore back to the most extreme illness im disabled and smoking was to blame

smoking should be treated like other health issues, person centred care because its still part of the NHS and the standard of care should be the same

The higher our social status and wealthy we are, the better our health and the better we'll be treated and have access to good healthcare.

I have a buddy from fife gingerbread, doing EMDR. I have tried every single route but no matter what it hasn't worked.

The comfort I have at night time watching TV is sitting there with a cigarette in my hand.

First tried to quit with patches when I was looking to save money for my wedding. THen I tried many methods - polos, folk tales -

Not being able to buy packs of ten has made it harder to quit - having a packet a ten would allow me to throw them away to quit but not going to do that with a packet of 20

Got told I HAD to go to smoking cessation group sessions - I don't like group support in mental health or anything. I want to do it on my own

gave up when I was made homeless and was in the middle of a mental breakdown - i started vaped

Just because it has worked for the majority doesn't mean it works for me

It is the individuals decision - there are also pros and cons when it comes to smoking but with myself it was just willpower.

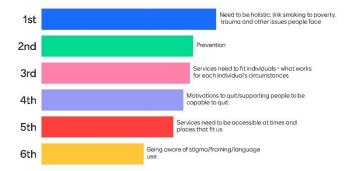I almost died with COVID. it changed things for me

Figure 3: Jamboard from Session 1 - Participants asked "What are your experiences of quitting?"

What should be our priority for improving quit smoking services?

Mentimeter

1st — Need to be holistic; link smoking to poverty, trauma and other issues people face

2nd — Prevention

3rd — Services need to fit individuals - what works for each individual's circumstances

4th — Motivations to quit/supporting people to be capable to quit

5th — Services need to be accessible at times and places that fit us

6th — Being aware of stigma/framing/language use

Figure 4: Mentimeter Poll from Session 2 - Participants asked to rank their most important priority for improving quit smoking services.

Thinking specifically about things that could be changed about quit smoking services - is there any important things missing?

Figure 5Jamboard from Session 2 – Participants asked "Thinking specifically about things that could be changed about quit smoking services, is there any important things missing?"

Figure 6: Jamboard from Session 4: Forming Recommendations for Reducing Smoking in Scotland