



# Cost of living/ Cost of smoking

Cooperative learning on NCD health inequalities in deprived communities within the cost-of-living crisis

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# Background: smoking as a social problem

Can only be solved with social action/intervention

- Smoking is socially patterned → deeper appreciation of how circumstances influence smoking and over the life course
- Impacts of financial crisis on smoking ‘unclear’ → rapidly changing social circumstances:
  - stresses on families to cope and manage in workplaces, schools and with cost of living
  - CYP impacted, including over the life course
  - income growth and inequalities (services, drug/alcohol use, mental wellbeing, NCD incidence)



Upper image caption/credit: The poor and vulnerable have been left behind in the national effort to quit smoking. The Independent 2021  
Lower images caption/credit: ‘Delivered to your door’; ‘Perfectly packed poison’ COLCOS visual evidence on ease of availability of smoking products

# Objectives

'Where you stand is where you sit'

1. Engage with those directly impacted and generate new evidence on smoking in cost-of-living crisis;
2. Engage health systems actors in dialogue and analysis of evidence generated;
3. Promote participatory and peer learning in routine health systems functions to enable 'collective capabilities'



Community partner/NHSG workshop 1 Turning Point Scotland, Banff 18<sup>th</sup> August 2023

# Context: rural NE Scotland

- Grampian total population 581,300
- O&G dominates economy, relatively affluent, localised areas of deprivation
- No data on HH poverty: 9% of HHs in Aberdeen, 14% in Aberdeenshire and 23% in Moray live in extreme fuel poverty
- Smoking in decline, various policy measures. Inequalities pronounced: smoking prevalence 24% vs. 5% in most/least deprived areas
- E-cigarette use rapidly expanding: 5% use e-cigarettes daily; 40% of adults who currently use e-cigarettes also smoke tobacco



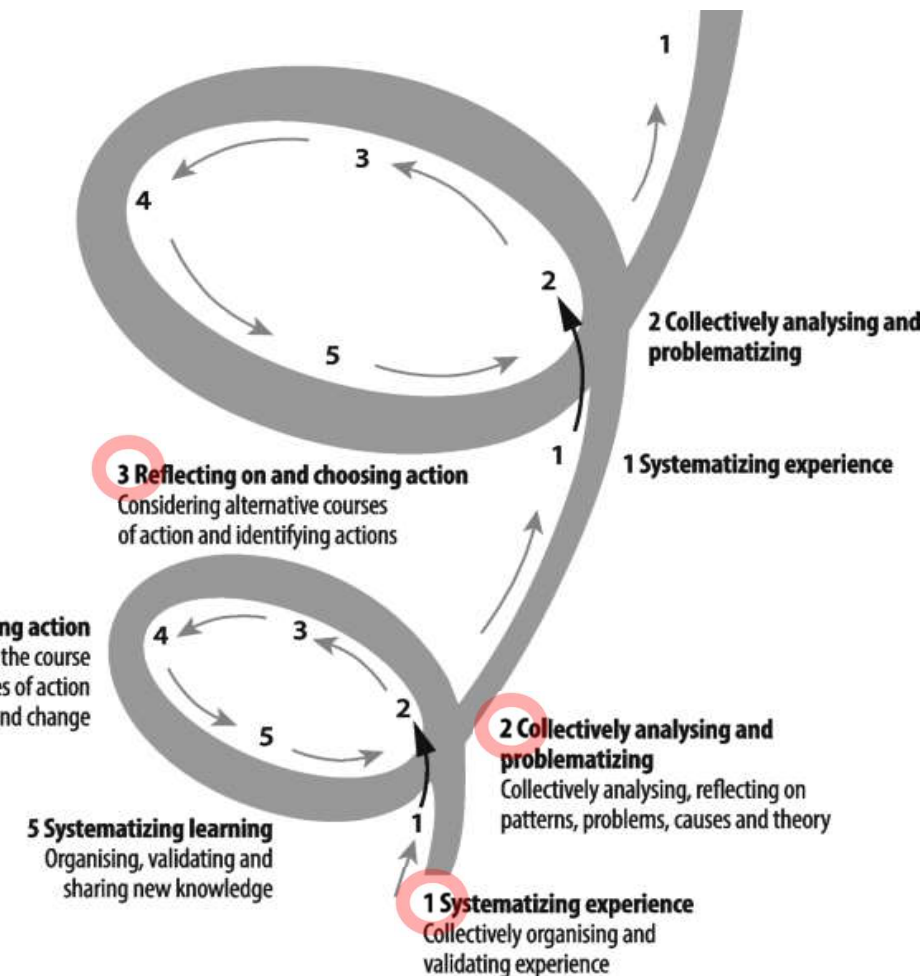
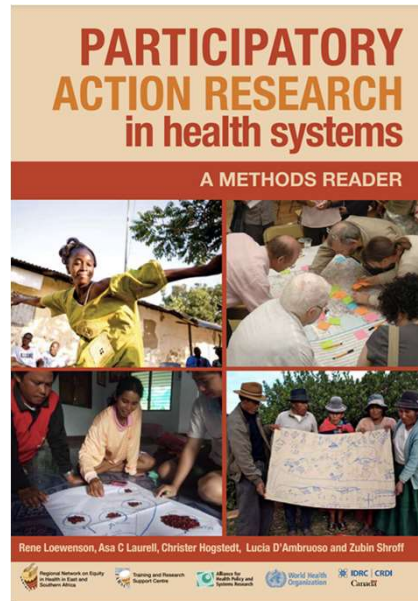
Upper image caption/credit: Map of Northeast Scotland

Lower images caption/credit: Fraserburgh Harbour, Aberdeenshire Community Planning Partnership

# Method

## Participatory Action Research

- Elicit, validate and systematise experiences and understandings of tobacco use, and priorities for cessation and prevention
- Explore feasible interventions, including the roles of services and communities, in smoking prevention and control



Sources: Alliance for health Policy and Systems Research, World Health Organization 2014 <https://ahpsr.who.int/publications/i/item/participatory-action-research-in-health-systems>; Image caption/credit: 'Medication, Recovery and Me' meeting, Westhill, December 2022 Image credit: Di Mitchell

# Participants, data collection

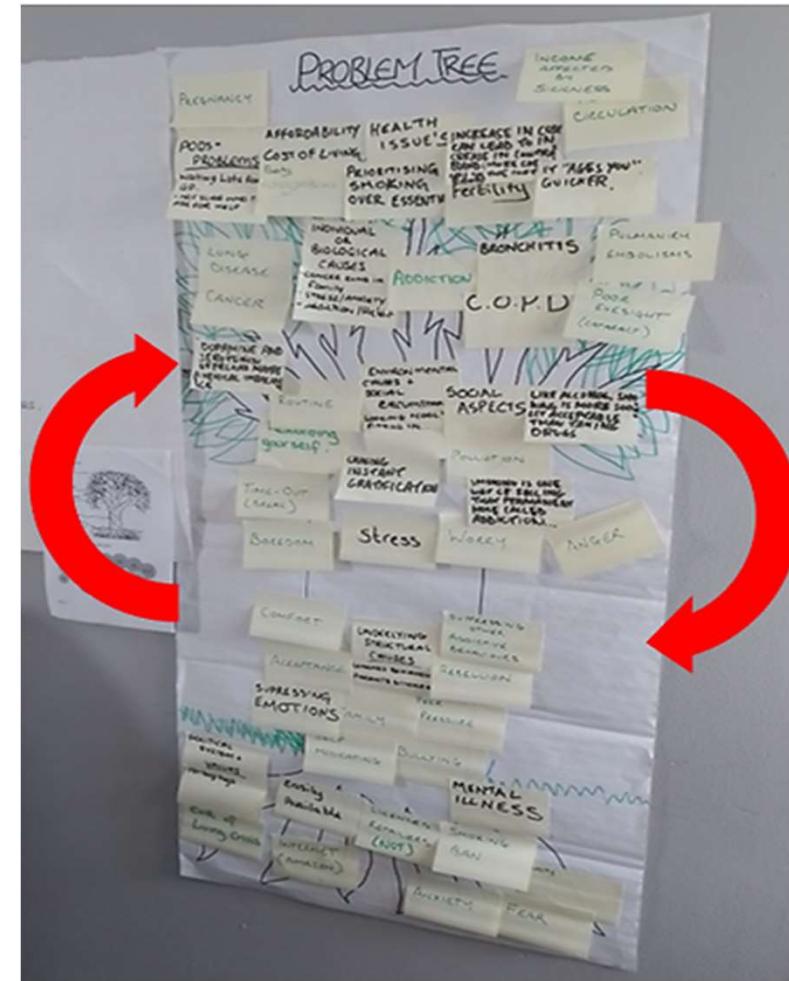
- **Target popn:** areas classified SIMD 1-2
- **12 pax:** directly impacted, most excluded from action to address issue/s; community accessing TPS services
- **8 community workshops:** contexts/circumstances/behaviours, cessation/prevention; health concerns/impacts, costs, drivers, available/needed social/health support
- **3 workshops w/NHSG:** analyse/interpret data and evidence generated, reflect on practical utility for services

Inclusion characteristics	Exclusion characteristics
<ul style="list-style-type: none"> <li>- People residing or located in areas classified as SIMD 1/2</li> <li>- People negatively affected by cost-of-living crisis</li> <li>- People &gt;18 years</li> <li>- People directly impacted by smoking and tobacco consumption (e.g. people who consume tobacco or smoking products, family members of smokers, family members of people with smoking-related illness/es)</li> <li>- People directly and negatively impacted by the costs of smoking and tobacco consumption (e.g. family members from households where a significant proportion of household income may be spent on tobacco/smoking products)</li> <li>- People who access TPS services and/or networks</li> <li>- Women of reproductive age (18-49 years)</li> <li>- Parents, carers and/or guardians (includes adoptive parents and kinship carers)</li> </ul>	<ul style="list-style-type: none"> <li>- Individual characteristics that could hinder participation (e.g., low levels of literacy, discriminatory, personal beliefs that oppose or could disrupt or disable the research and research activities)</li> <li>- Reasonable possibility of loss to follow up (i.e. inability to commit to series of workshops for personal/professional /other reasons e.g. familial commitments, chaotic and/or unstable personal circumstances, existence of severe or acute health condition that is likely to preclude participation)</li> <li>- Prisoners, people in detention or involuntary treatment</li> <li>- People in residential or supported accommodation</li> <li>- People who may present a risk of physical aggression and/or harm</li> </ul>

# Community Voice 1: Problem Statement

"No means to break the cycle"

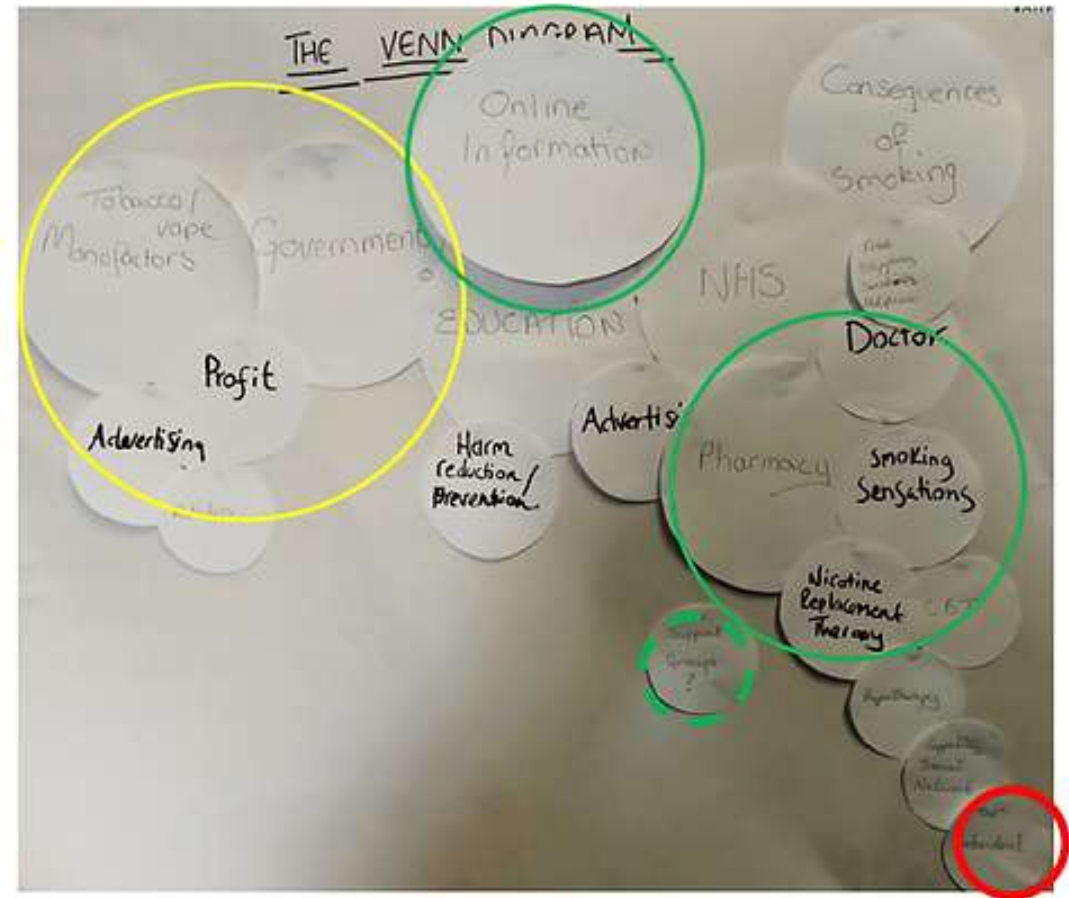
- Increased financial stress, and increased availability of smoking products in communities. Lack of awareness of cessation services
- E-cigarettes marketed in appealing and fashionable ways. Concern over the unknown long-term damage and addictiveness
- Impacts on health, income, and family. Smoking further exacerbates financial hardship



# Community Voice 2: Stakeholder Analysis

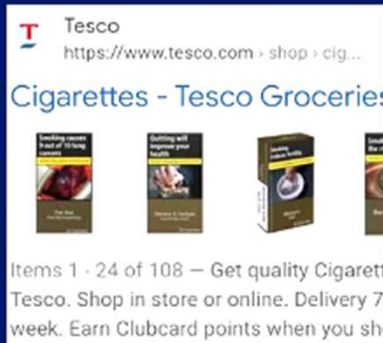
“The individual is a grain of sand”

- “Big players” identified as tobacco and e-cigarette manufacturers. Gov’t seen as having power to limit affordability of cigarettes
- Peer support seen as non-existent. Services did not appear to be immediately accessible. Online information discussed as a key
- Individuals have willpower but need support of other elements for success



# 3: Visual Evidence

## Delivered to Your Door



## Follow Your Icons



## Pollution on Our Planet



## Chain of Events



Easily accessible via internet search

## Residue of Smoking



...reality of the damage on your property from smoking, imagine what your lungs look like?

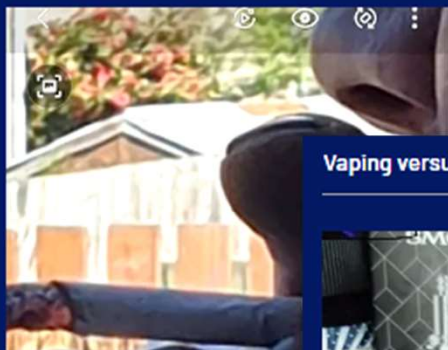
## Rainbow of Toxins



Perfectly packaged poison and a beautiful gift-wrapped present looking very appealing to the younger generation.

fter a

## Breath of Fresh Air?



Ironically this image shows anything of fresh air, instead this man is filled with toxins from smoking tobacco outside for some fresh air.

## Vaping versus Tobacco



New trend alert - Vaping is the new smoking - smells lovely, more accessible, various choices and socially acceptable.

## Smoking versus Eating



The amount of shopping you can purchase for a fortnight, equalling the amount spent on smoking related products - Which would you prefer?

# COST-OF-LIVING | COST OF SMOKING:

Cooperative learning on NCD health inequalities in deprived communities within the cost-of-living crisis

## EVIDENCE SUMMARY

**SMOKING AND SMOKING CESSATION IN SCOTLAND: SECONDARY DATA ANALYSIS**

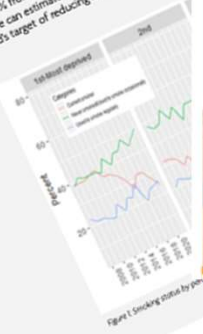
August 2023  
**Background:** Tobacco use is a leading cause of preventable death globally, responsible for over 8 million deaths annually. Tobacco use and tobacco harm disproportionately affect deprived communities, and there are few, effective interventions to reduce smoking in these groups. Scotland has the worst health inequalities in Western Europe and the highest rates of smoking cessation in the world.

**Methods:** A descriptive analysis of smoking rates and smoking cessation in Scotland was conducted using data from public health Scotland National smoking cessation database. This analysis quantified smoking rates by deprivation, quantified attempts to quit smoking by deprivation, and quantified the success of attempts to quit smoking by deprivation.

**Findings:**

- Smoking in Scotland

Figure 1 details the smoking status of the Scottish population stratified by quintile of deprivation. The Scottish Health Survey that smoke (the smoking rate) has decreased across all quintiles, decrease across quintiles, and are lowest in quintile 5, these have decreased from approximately 40% to 25% from 2008 to 2020. In Quintile 5, these have decreased from approximately 40% to 25% from 2008 to 2020. Quintile 1 has the highest smoking rate, and the lowest in quintile 5. The trend observed here, we can estimate that in Scotland, Quintile 1 has the highest smoking rate, and the lowest in quintile 5. This trend indicates that Scotland's target of reducing smoking to 5% by 2034 is achievable.



# COST-OF-LIVING | COST OF SMOKING:

Is hypnosis an effective method for smoking cessation?

## EVIDENCE SUMMARY

**What is hypnosis / hypnotherapy?**  
 Hypnotherapy (or hypnosis; these terms are used interchangeably) is claimed to act on underlying impulses to smoke by weakening those impulses, strengthening the will to stop, or improving the ability to focus on treatment. Hypnotherapy techniques include changing patients' perceptions of smoking by reinforcing the perception that:  
 a. Smoking is a poison.  
 b. The body should be protected from smoke.  
 c. There are advantages to life as a non-smoker.

There is an option to train in self-hypnosis as well as receive hypnosis from a therapist.

Source: Barnes et al. (2019);  
 Hypnotherapy for smoking cessation - Barnes, J. - 2019 | Cochrane Library

**Briefly**  
 Hypnotherapy has been found to i) be more effective than NRT in improving smoking abstinence in patients hospitalised for a smoking-related illness (Hasan et al., 2014); ii) have a therapeutic effectiveness in achieving a high rate of smoking cessation among secondary school students (Mohamed & El-Mwafie, 2015); iii) increase the success of smoking cessation in active adult smokers (Fauziyyah, Prasetya & Murti, 2022); and iv) be more effective than relaxation therapy (Andrean & Makful, 2022). On the other hand, a Cochrane review found that there is insufficient evidence to determine whether hypnotherapy is more effective for smoking cessation than other forms of behavioural support or unassisted quitting, and that if a benefit is present, it is small at most (Barnes et al., 2019). Other studies found that a single session of group hypnotherapy does not appear to be more effective for smoking cessation than a group relaxation session (Dickson-Spillmann, Haug, & Schaub, 2013). In addition, there was no difference when using hypnotherapy for smoking cessation compared to alternative methods, such as NRT (Luciano, 2016), behavioural counselling (Carmody et al., 2017) or psychoeducation (Munson, Barabasz & Barabasz, 2018).



# COST-OF-LIVING | COST OF SMOKING:

What are some contemporary issues around the use of e-cigarettes?

## EVIDENCE SUMMARY

**What e-cigarettes are, what is contained in them, and some health implications of use.**  
 E-cigarettes are devices that contain an "e-liquid" for inhalation. Devices range from "cigalikes" to refillable pen and larger tank devices, pods, and disposable products. E-cigarette users inhale a complex mixture of chemicals, many of which are associated with adverse health effects. The published evidence indicates that use of nicotine e-cigarettes increases the risks of adverse health outcomes, including addiction, toxicity from inhalation (e.g., seizures), and lung injury (largely but not entirely due to THC/vitamin E acetate-containing products). There is only limited evidence that nicotine e-cigarettes are effective smoking cessation aids.<sup>2</sup>

### Up-to-date stats on vaping\*

- Adults**
- The percentage of adults in Scotland who vape once a week or more is likely to be somewhere between 13.2% as shown by the Smoking 7 couple of years.
  - The percentage reporting have current vaping is less common in Scotland, a large percentage of smoking tobacco (dual users) Vaping is more common
- Children**
- The proportion of 10-15 year olds who vape is 0.2%
  - There has been a 10% increase in girls 6% in 15-19 year olds in Canada, F



# COST-OF-LIVING | COST OF SMOKING:

Language on poverty: How has poverty been framed in the past and what are some contemporary conceptualisations

## EVIDENCE SUMMARY

**Individual problem, moral failure, undeserving poor culture of poverty, developing countries.**

Traditionally, poverty has been viewed as a consequence of individual failure (Shaddock & Macdonald, 2019). This, according to this view, poverty is a problem of the person in an interview study with men and women in north-east England (Shaddock & Macdonald, 2019) with only developed associated poverty. People in poverty? I mean, I've seen poverty in the Philippines. It's terrible in the day and night, it's a problem and being in need of help. When the poor were identified, these were the undeserving poor defined by a perceived lack of respectability and inability to manage, a moral failure worthy of blame.

## MOVING TOWARDS EMPOWERMENT AND AN ASSETS-BASED APPROACH

**Complex issue - situational factors at play; fortitude, resourcefulness, contextual appropriate response, hidden talents.**  
 Gresham and Kassen (2009) highlight that poverty is a phenomenon with a plethora of local terminology (it has multiple dimensions (financial, social, health) which interlink with and reinforce each other: i) is experienced differently by men and by women and can differ according to a geographical area; social and political of economic context; iv) can be absolute or relative. This highlights the complexity of poverty and the many different factors that are reached for terms like: hard up and cope with limited resources. Values as a term for the individual. Shaddock & Macdonald (2019) emphasised their ability to get by and cope with limited resources. Kassen (2013) deconstructs the term culture of poverty by offering an alternative explanation. Gearing on the term culture of poverty, not because they are passed on by their parents, but because they must adapt to similar constraints. The behaviours typically associated with this culture (e.g. impulsiveness, present time orientation, immediate gratification) are the continually appropriate response to their social situation and specifically the lack of improvement in living conditions.



Evidence summaries

# Interpretation: 1 Root causes

Financial stress + increased availability

- Insights into 'upstream determinants'
- Implementation of a shared approach to public mental wellbeing across Grampian, real-time feedback
- PAR/peer-led training for MH team

Focus on mental health powerfully communicated:

- *'we are not taught that we are enough',*
- *'you are smoking to suppress feelings',*
- *'we are always reaching for a solution... a fix'.*
- *'This is about understanding your own mind.'*

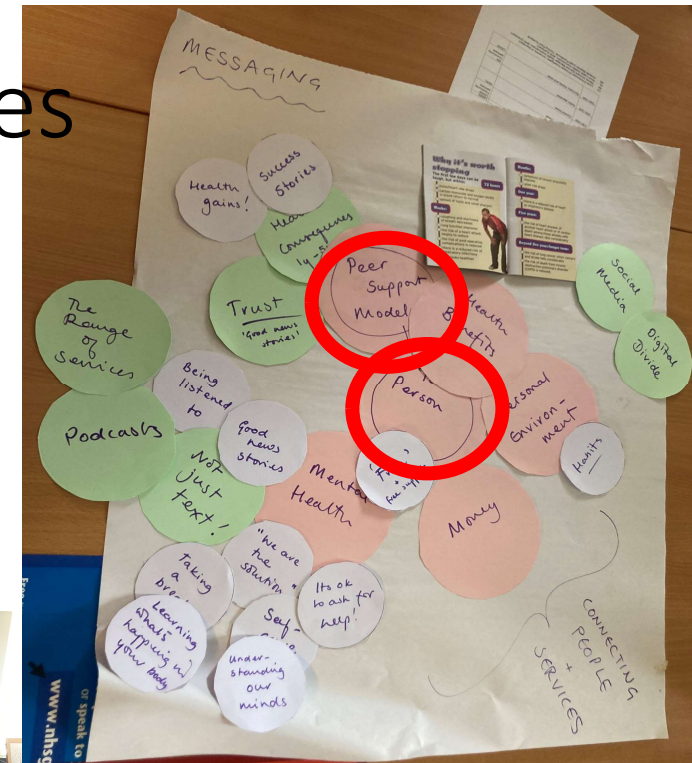


Community partner/NHSG workshop 1 Turning Point Scotland, Banff 18<sup>th</sup> August 2023

# Interpretation 2 Cessation services

Person-centred messaging → supporting connection

- Appraised marketing campaigns: materials, wording, placements, messages
- ‘The message and the messenger’:  
Acknowledged working with communities as equals, open conversations about how they envisage the future, and recognising role of wider social networks and community assets
- Going forward? Embedding cessation in AOD services, Connecting as focus group w/PPI, real time feedback



Community partner/NHSG workshop 2 Turning Point Scotland, Banff 25<sup>th</sup> August 2023

# Interpretation 3 Community-led health

Strategic planning 'listening, learning and coproducing'

- Engaging with citizens: building trust and confidence, agenda setting
- Generating community and people-owned responses and support
- Increasing focus on prevention
- Empowering communities: engagement and co-creation
- Learning health systems: real time feedback
- **Relevance across systems domains**



**Citizens:** improvements for all citizens, joining with them in partnerships



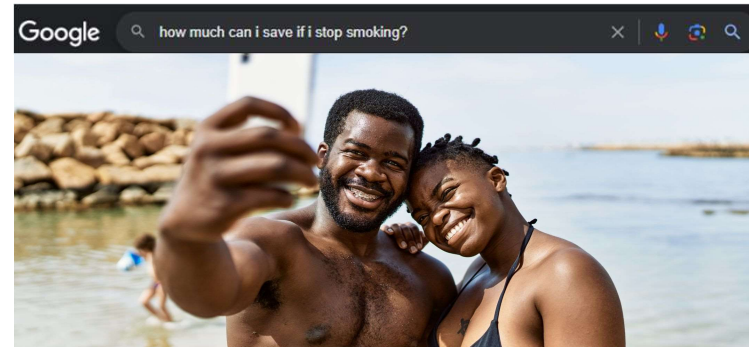
**Communities:** committed partner in community development and planning. Supporting communities to thrive



**Empowering:** pathways built with and around people and families ensuring they are partners in their care

# Shared Action Agenda

- 1. Targeting root causes:** Cessation to recognise the only stress relief that some smokers have. Healthy alternatives to distress; CBT, meditation, understanding your mind
- 2. Inclusive access:** Visibility of campaigns. Frustration in room, how can they access the service if they don't know it exists?
- 3. Incentivising:** Money saved for holiday vs. groceries/energy. 'FREE' important for individuals struggling



# Reflections: towards solidarity in health

Enabling 'mutual empowerment'

- **Being heard:** safe spaces to be vulnerable, share experience
- **Facilitation:** spaces of trust and respect by trusted people
- **Sophisticated, critical analysis:** Political economy analyses rare, limited evidence on fundamental nature of inequalities
- **Dialogue:** intrinsically and instrumentally beneficial and going **beyond consultation**
- **Unique, authentic partnership** Shared interest/goals participation, equity in health



Community partner/NHSG workshop 3 Old Aberdeen 1<sup>st</sup> September 2023

# Value now and in the future?

Expanding ideas of what constitutes success

- Dominant frame of service provision - short-term impact, specific service area, uniformity/scalability
- Community power ‘innovations’, struggle for deeper recognition, pioneered and sustained by individuals or within specific services
- Without a **wider community paradigm shift**, impacts of community power practice will always be limited and ad hoc, rather than mainstreamed, where its full potential can be realised

“Community power approaches are stuck in an *evidence paradox* which requires them to demonstrate their worth according to measures that are not set up to recognise their value”



1. Improving individual health and wellbeing



2. Strengthening community wellbeing and resilience



3. Enhancing democratic participation and boosting trust



4. Building community cohesion



5. Embedding prevention and early intervention in public services



6. Generating financial savings

# Cost of Living Cost of Smoking: Community Intelligence for Public Health

New evidence on smoking  
cessation and prevention in the  
cost-of-living crisis

[Learn More](#)

*'The answer is between us'*  
Thank you

[www.cost-of-smoking.org](http://www.cost-of-smoking.org)