

Policy Statement - Tobacco

1. Preamble

- 1.1.** The prevalence of smoking in the UK has declined rapidly over time as a result of comprehensive health education, prevention initiatives and marketing regulation. In 1948, eight in 10 adult males smoked, but with the start of Government health education programmes in the 1970s, this began to reduce steeply, but more recently has tailed off and begun to plateau. ¹
- 1.2.** The disparity in smoking by age and gender has also narrowed over time. According to Government estimates, 15.5% of adults in England over the age of 18 and 15.1% for the entire UK (male and female) were presumed to smoke regularly in 2016 compared to 46% of men in the early 1970s (41% for women). This equates to around 7.4m active smokers.
- 1.3.** Smoking declines with age. Whereas 17.8% of UK adult males (20% adult females) smoke between the ages of 18-24, for the over 65s the equivalent is 8.1%. Smoking appears to peak between the ages of 24-35 (19.7%), and then declines rapidly for both sexes.
- 1.4.** Smoking is the leading cause of preventable mortality, with 81,000 deaths per year from tobacco related illness, and the biggest cause of preventable cancer, particularly lung cancer, where smoking is responsible for c70% of diagnoses. It is also linked materially to bowel, bladder, mouth, upper throat and oesophagus cancer. There is no statistical difference in risk between cigarette smoking and other forms such as pipe, cigar or shisha.
- 1.5.** The socio-economic cost of smoking is stark. Research by Oxford University put the cost to the NHS at exceeding £5.2bn per year, with approximately 485,000 (England) hospital admissions in 2016 primarily linked to tobacco related conditions.
- 1.6.** Public Health England has concluded that vaping is 95% safer than smoking. An independent commissioned report (2015) found there to be no evidence that vaping was a route into smoking for children or non-smokers, and that it is a potentially successful route to curing addiction from smoking. E-cigarettes provide users with the nicotine rush gained from smoking, without cancer causing tar and other chemicals.
- 1.7.** However, as the House of Commons Science and Technology Committee ² itself acknowledges, uncertainties remain, and Cancer Research UK (CRUK) maintains that questions linger over the long-term safety of vaping as it has not been in circulation long enough for quantitative and qualitative longer term tests to have been carried out. Epworth has therefore determined to take a precautionary approach to vaping and e-cigarettes in respect of investment.

2. Regulation

- 2.1.** Tobacco is now among the most tightly regulated of products that are legitimately offered for sale. Advertising or marketing of tobacco was prohibited in the UK in 2002, and further restrictive legislation in 2016, mandated standardised, plain packaging for all cigarettes and loose leaf tobacco; these form among the most constraining sales and marketing restrictions for any legally sold product anywhere.

3. Biblical and theological background

- 3.1.** As with so many modern ethical dilemmas, there are few direct Biblical references.

- 3.2. Whilst the Bible is silent on tobacco smoking, it is reasonable to draw attention to passages concerned with the body as a temple and 'healthy or pure living'. The key text remains I Corinthians 6: 19-20; "Or do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? Glorify God in your body". These Biblical traditions support the view that practices that pollute or contaminate the body are not God given and should be avoided.
- 3.3. John Wesley's views on smoking are obscure. However, given his active interest with the outdoors, exercise, healthy bodies and views expressed in his well-known 'Letter to an Alcoholic', a presumption against the practice of smoking on 'pollution' grounds might be assumed. In his Sermon 50, the 'Use of Money', he says 'but this it is certain we ought not to do; we ought not to gain money at the expense of life, nor (which is in effect the same thing), at the expense of our health'. This would indicate that had the health effects of tobacco been known, he may have taken a not dissimilar view to smoking as he did to alcohol.

4. Epworth precedents

- 4.1. Epworth and the Central France Board of the Methodist Church has excluded tobacco and tobacco related products from investment since at least the early 1970s, when ethical investment policy was first formalised.
- 4.2. Tobacco is the most common and widely observed ethical exclusion among faith investors and other secular ethical investors. The Church Investors Group (CIG) survey of members suggests 96% of its members avoid investment in major stock-exchange listed tobacco companies.

5. Policy

- 5.1. Epworth will not invest in any company that wholly or mainly manufactures tobacco or tobacco related products.
- 5.2. For the purposes of this Policy, this includes finished tobacco products such as cigars, cigarettes, pipes and loose tobacco, filters, tips and bands. Epworth will also seek to avoid investment in any agricultural or commodity related company where tobacco is the main crop.
- 5.3. Retailers will not normally be excluded from investment unless the contribution tobacco sales make to overall company revenues are significant, or where wholesale tobacco is a material component of sales.
- 5.4. Although NHS England views e-cigarettes and vaping as carrying a fraction of the risk of conventional tobacco products, and recognises that they can be effective in controlling and alleviating addiction, Epworth will take a precautionary approach by avoiding investment in such products until long-term quantitative and qualitative evidence emerges.
- 5.5. Where necessary or appropriate, Epworth will engage with retailers on tobacco sales, although it is recognised that UK law applies very strong restrictions on marketing, advertising and branded sales, as well as restricting their sale to minors.

6. Notes

1. All sources (except 2) either ONS, National Health England, Cancer Research UK (CRUK), CIG or HM Government.
2. House of Commons Science and Technology Committee Seventh Report of session 2017-19 'e-cigarettes'
<https://publications.parliament.uk/pa/cm201719/cmsselect/cmsctech/505/505.pdf>