Debate on the Queen's Speech

Sarah Wollaston (Totnes, Conservative) Click here to watch Sarah speak

It is a pleasure to follow Bill Esterson and my hon. Friend the Member for Lichfield (Michael Fabricant). I agree with my hon. Friend's reservations about High Speed 2, and if just a fraction—even the tiniest fraction—of the investment in HS2 were invested in cycling infrastructure, it could transform the lives of millions of people across the UK. I am a south-west MP and in that region we feel that we could have benefited from a small percentage of that investment in HS2 being invested in electrification of the line down to the south-west, preventing it from being completely cut off every time that it rains heavily.

Michael Fabricant (Lichfield, Conservative)

Which is most days

Sarah Wollaston (Totnes, Conservative)

Yes, indeed. They say in the south-west that if one can see across the valley, it is about to rain, and if one cannot see across the valley, it is raining already.

Having expressed those reservations about HS2, I welcome almost everything else within the Gracious Speech. My principal point is about the draft care and support Bill. To see that Bill finally being introduced in this Session of Parliament is very welcome. I remember well the shock and horror of many of my former patients when they realised that if they had assets above the threshold of Â£23,250, they would receive absolutely no support with their care needs. We know that one in 10 families face losing more than Â£100,000 of their income just to care for a relative, and that very many people end up having to sell their homes to pay for their care needs. So, such a massive increase in the asset threshold and a cap on lifetime costs is very welcome, particularly because those measures will encourage people to come forward at an earlier stage to seek the help that they need. In turn, that will help to reduce unnecessary admissions as well as helping people to remain as independent as possible for as long as possible.

Of course, the Bill will introduce support and proper assessments for carers, not only for adult and elderly carers but for child carers, who suffer and are robbed of so much of their youth as a result of their caring responsibilities. I am looking forward to seeing the detail in the Bill, and I very much enjoyed being part of the Joint Committee on the draft Bill that made recommendations to the Government; I hope that many of those recommendations will be included in the Bill when it is placed before Parliament.

I also particularly welcome the fact that there will be compensation for the victims of mesothelioma who cannot trace an employer and for those whose employer has gone out of business, or who do not have any insurance. It is particularly cruel that they receive no access to any compensation, despite mesothelioma being almost entirely attributable to asbestos exposure. But, and this is a big but, how ironic that while providing fairness and support for one type of lung cancer we are failing in this Queen's Speech to address preventing a far more common type of lung cancer—failing to address how we are going to
stop the next generation of smokers coming on stream. We should bear in mind that every year 200,000 children take up smoking. Those children will be at risk of going on to face a lifetime of problems. We know that 100,000 people a year at least are dying as a result of smoking-related problems. The failure to take forward plain packaging is a huge missed opportunity.

I want to clarify one thing: there is nothing plain about so-called plain packaging. I would encourage everyone to google what plain packaging looks like. Plain packaging sets out very clearly what is involved. It sets out the disease and suffering that people will face if they do not address their smoking. My experience as a doctor was not so much that people feared the thought of death, but that they most feared the process of dying. The process of dying from many smoking-related illnesses is hideous. We are not just talking about lung cancer. We are talking about, for many people, the years spent in a kind of living death, tied to an oxygen cylinder, suffering from end-stage chronic obstructive pulmonary disease and many other conditions; or the suffering that comes from needlessly losing a leg from arterial disease. Smoking is a leading cause of blindness. There are many effects of smoking—all entirely preventable. So-called plain packs spell that out graphically, and to anyone who hands around such a pack, it is quite beyond a simple public health message. It is a very graphic message.

Bill Esterson (Sefton Central, Labour)

I welcome what the hon. Lady says about plain packaging. In the Committee stage of the Children and Families Bill, I and a number of Members tabled an amendment about banning smoking in cars with children present. I wonder whether she would agree that we hope that the Government will bring back their own version of that amendment in good time.

Sarah Wollaston (Totnes, Conservative)

I thank the hon. Gentleman for his intervention. Indeed, this is about protecting children, and that is what we should focus on. It is not about introducing a nanny state. The so-called plain packs would not necessarily change the habits of a committed lifetime smoker, but they are aimed predominantly at deterring the next generation. I feel this is a missed opportunity, and I very much hope that as further evidence emerges from Australia, the Government will reconsider their position and send a very sensible public health message.

Many Members have commented that the Gracious Speech is not just about setting out what legislation will be introduced; it is about sending a message on the direction of travel. My very clear view is that Government’s core business does include public health. Members know that I feel strongly about minimum pricing for alcohol. I am not trying to be the nation’s supernanny here—enjoy a drink myself. This is about trying to get rid of ultra-cheap alcohol.

In my part of the country, we have shops that sell white cider with a maximum price. They are not allowed to sell it for over 23p a unit. I am afraid that is causing carnage. We have recently seen deaths of rough sleepers in my community, and rough sleeping is very closely associated with dependency. We know that as people start to lose control of their drinking, they start to target cheaper and cheaper alcohol. We know that the heaviest drinkers spend 40% less per unit on their alcohol. Just as with the smoking issue, this is not necessarily about saying that it is always possible to save everyone who has become a dependent drinker. We know that 40% of dependent drinkers will, whatever happens, be unable to control their drinking and will lose their life as a result of their dependency. It is about trying to help those who are starting to lose control of their drinking.
It is about helping those who are right at the beginning of the journey, who may have developed a harmful pattern of binge-drinking.

The argument goes beyond the public health message and towards what alcohol dependency is doing to our communities. We know, for example, that there are 705,000 children in this country living with a dependent drinker—not just a hazardous drinker or a harmful drinker, but somebody who is dependent on alcohol. We also know that in 40% of child protection cases, alcohol is a key part of the problem. We know that nearly half of all violent crime is partly attributable to alcohol, as I know from my experience of seeing victims of crime and domestic violence. We know that a huge number of those who are victims of domestic violence report that alcohol directly caused or significantly worsened that violence.

We know that about a third of people feel that their town centres have become no-go areas to them at the weekend, and we know that all of us are paying for that. It costs us a staggering amount—about £21 billion a year just within our health service. I welcome the suggestion from the Secretary of State for Health that members of the Front-Bench team should spend time on work experience, and I suggest that suitable work experience for all members of the Front-Bench team would be a Friday night in casualty. If they really want to see what is causing delays in casualty departments at the weekend, they need look no further. Perhaps they would like to go out with the special constables in my area, who tell me that all their time at the weekend is spent dealing with alcohol-related crime and violence.

The final point that I would like to make about the subject is that it is an important cause of health inequality. To all those who say that minimum pricing penalises the poor, I would say that it is the poor who are suffering the most as a result of ultra-cheap alcohol. There are many reasons why we need to address the problem. If alcohol harmed only the individual who was drinking, that would be purely a matter of personal choice, but the wider harm is caused by the ripples that spread out from the individual who is losing control of their drinking, affecting those closest to them, their wider family and their community. So there are good reasons for saying that this is fundamental and core Government business.

I feel very disappointed that such a well-evidenced measure has been dropped from the agenda. It is not good enough to say, "We have not made a decision." Continually kicking a ball down the road can, in effect, be the same thing as dropping it altogether. I hope that alcohol-related measures come back as "any other business" within the legislative programme.

I call on the Government particularly to look at the emerging evidence from Canada. Apart from the myth from the alcohol industry that such measures would make alcohol unaffordable, which is not the case, other myths are perpetuated. We need to challenge those. What we have seen clearly from states in Canada that have introduced a floor price is that following a 10% rise in the floor price there is a 32% reduction in deaths directly caused by alcohol. That is important evidence. There has also been a decrease in alcohol-related hospital admissions. Let us look at the evidence and have evidence-based policy, rather than listening to the power of lobbyists. It is vital that we look at the power of the alcohol lobby and the way that that operates at the heart of Government. I would like to see a register of lobbyists. I would like to see transparency about who is calling the shots when it comes to forming policy.

I sometimes get a little flack for using social media—surely not, Members might think—but if we look at the Chamber now, which of course is where Members of Parliament should be, we might consider that Twitter can reach parts that other tools cannot. In particular, if we look at
the tools that others use, and at the power of the lobbying industry, we will see that MPs need to use every tool at their disposal to fight for the causes they believe in. Public health is fundamental to why I applied to be in this place in the first place, and it is fundamentally Government business. We should look at the evidence.

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