

# Political bulletin

All Party Parliamentary Group on Smoking and Health



## Tobacco Control Plan: We Need it Now

In her first speech as Prime Minister Theresa May committed to *“fighting against the burning injustice that, if you’re born poor, you will die on average 9 years earlier than others”*. Half this difference in life expectancy is due to smoking. I am delighted, therefore, to be able to report the success of the last Tobacco Control Plan, which expired at the end of 2015, in reducing smoking.

In 2016 the smoking rate in England fell below 17% for the first time. Over the last four years the biggest falls at regional level were in the South West (18.7% to 15.5%), the North East (22% to 18.7%) and Yorkshire and Humber (21.9% to 18.6%).

Last year, out of the 2.5 million smokers who made a quit attempt, 500,000 people (20%) were successful; the highest recorded success rate and up from just 13.6% 6 years ago. PHE is continuing to run its excellent Stoptober campaign, which every year has helped many thousands of smokers quit for 28 days and beyond.

It is well established that smokers who use a combination of behavioural support and licensed pharmacotherapy have the best chance of success when they try to quit. In 2015, just over a million people used an e-cigarette in a quit attempt while around 700,000 used a licensed nicotine replacement product such as patches or gum. In addition, over 350,000 people used their local stop smoking service last year.

Since smoking remains by far the single most important cause of premature deaths (and still kills about 100,000 people a year in the UK), this is exceptionally good news for public health. I very much hope to see the number of quitters continuing to rise – for example, as the first standardised cigarette packs, with their dramatic visual health warnings, go on sale in retailers. By May of next year every pack on sale across the UK will have to be in standardised form.

There is good evidence from around the world that tobacco control measures work best when they are implemented as part of a comprehensive strategy. Yet we no longer have a Tobacco Control Plan in place and it is now over nine months since the last one expired. Although the Health Minister, Lord Prior, confirmed to

the Lords in September that there would be a new Plan, with new targets, he was unable to say when it would be published.

We need a new national strategy on smoking without further delay (for England, since the devolved nations produce their own). The last Tobacco Control Plan contained radical targets for cutting smoking prevalence, which some at the time called unrealistic, but which the strategy enabled us to achieve or exceed. The new Plan must focus on tackling the health inequalities which, as the Prime Minister has pointed out, are so unjust.

Pressure to cut smoking rates must be both progressive and unremitting, partly because those who still smoke have effectively discounted previous tobacco control measures. Not to have a Plan is to risk treating smoking as less of a public health priority than it is. As reported in the last Bulletin, there is already evidence that tobacco control budgets are being reduced by many local authorities. Figures from Action on Smoking and Health’s latest survey of tobacco control leads in England show significant reductions in funding for stop smoking services by local authorities in England in 2015-16.

MPs will have the opportunity to debate the need for a new and radical Tobacco Control Plan at a **backbench Westminster Hall debate on the 13th October from 13:30 – 16:30**. The motion for debate is: *“That this House has considered the tobacco control strategy”*. I hope to see as many colleagues as possible there at the debate, to demonstrate what I know is widely held support for an effective public strategy to keep reducing the continuing toll of premature death and disease caused by smoking.

**Bob Blackman MP**

Chair of the APPG on Smoking & Health

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# Smoking in Pregnancy Falling: But Action Still Needed

The NHS has released encouraging new data showing that the number of women smoking during pregnancy is continuing to fall. Tobacco control organisations are calling for new targets to reduce smoking in pregnancy to be included in the new (and overdue) Tobacco Control Plan for England.

However, one baby dies every day in the UK as a result of mothers smoking during pregnancy, and smoking in pregnancy remains a major risk factor in sudden infant deaths and stillbirths.

In 2013 the Government announced a new aim to reduce the rate of stillbirths, neonatal and maternal deaths in England by half by 2030. This cannot be done without reducing smoking among mothers.

Rates of smoking among mothers are highest in lower socioeconomic backgrounds. Smoking prevalence among mothers from the routine and manual socioeconomic group stands at 40% compared to just 14% among mothers in the professional and managerial group. Furthermore, women in the lower socioeconomic groups are less successful at quitting during pregnancy. Infants born to smokers are much more likely to become smokers themselves, perpetuating cycles of inequality.

Clinical Commissioning Groups across England are required to collect smoking at time of delivery data (SATOD). Under the last Tobacco Control Plan for England the Government set the ambition of reducing smoking during pregnancy to 11% SATOD figures. This was achieved in the last quarter of 2015-16. Figures for this quarter show national prevalence rates have fallen to around 10.6%. The trend is continuing: SATOD data for the first quarter of 2016-17 shows that prevalence is continuing to decrease with the national figure standing at around 10.2% for the first quarter of 2016-17.

However, there are significant geographical differences across NHS England Regions. Smoking prevalence at delivery varied from 15.6% in Lancashire to 4.7% in London. Across the 209 Clinical Commissioning Groups, smoking prevalence at delivery ranged from 25.5% in NHS Blackpool to 2.1% in NHS West London.

Public health and tobacco control organisations want a new and ambitious target in the new Tobacco Control Plan for England to continue to drive down rates of smoking during pregnancy. The Smoking in Pregnancy Challenge Group, a partnership of charities, royal colleges and academics have called for a new national ambition to reduce smoking in pregnancy to less than 6% by 2020. This target is

ambitious, but action to address smoking in pregnancy has been shown to produce impressive results in a short space of time. The concern remains that further delays in producing the Tobacco Control Plan could mean a gradual loss of focus on this vital public health issue.

## First Standardised Packs Now On Sale



From 20<sup>th</sup> May this year, all cigarettes made for sale in the UK are in drab green packs with large visual health warnings. Retailers have until May 2017 to sell through existing stock.

The first brands to appear in standardised format, illustrated above, started appearing in shops around the UK in July. The [Breathe2025](http://Breathe2025) website is tracking the spread of standardised packaging around the country. The new packs are required under the Standardised Packaging Regulations, secondary legislation under the Children and Families Act 2014.

JTI's head of communications Jeremy Blackburn, was quoted by Better Retailing as saying that: *"It is difficult to predict when new packs will appear – price, popularity, stock holding, pack sizes - there are so many variables which impact on rate of sale, it is not appropriate to speculate"*. However, tobacco control experts expect that the major cigarette manufacturers will try to delay the sale of standardised packs for as long as possible without breaking the law, since despite their claims when campaigning against the Regulations, they know that the new packs are likely to have a significant impact on sales.

# New Evidence on Electronic Cigarettes Shows Use Can Support Quit Attempts

Two important new scientific publications support the conclusion that use of electronic cigarettes can make quitting smoking easier, without posing a serious risk to health at least in the short and medium term.

Electronic cigarettes are electronic devices that produce a vapour that the user inhales. This typically contains nicotine without most of the toxins smokers inhale with cigarette smoke. Not surprisingly, therefore, these devices are often used by smokers who want to cut their consumption of tobacco or stop smoking altogether.

The first publication is a systematic review by the Cochrane Tobacco Addiction Group. [1] Cochrane Reviews are generally regarded as authoritative summaries of current scientific evidence. This review aimed to find out whether electronic cigarettes help smokers stop smoking, and whether it is safe to use them to do this. It updates a previous review published in 2014.

The researchers considered 24 completed studies. Results showed that using electronic cigarettes containing nicotine increased the chances of stopping smoking in the long term, compared to use of a placebo (in this case, an electronic cigarette with no nicotine). It was not possible to determine whether electronic cigarettes were better than nicotine patches in helping people stop smoking, because numbers in the key studies were low.

None of the studies found that smokers who used electronic cigarettes on a short to mid-term basis (for two years or less) had an increased health risk compared to smokers who did not use them.

The second publication is a study published in the British Medical Journal, which looked at 1200 smokers from between 2006 and 2015. [2] The participants were taken from the Smoking Toolkit Study conducted by Professor Robert West and colleagues at University College London.

The study looked at the association between electronic cigarette use and: changes in quit attempts; success in quit attempts; use of nicotine replacement therapy (NRT); and use of stop smoking services in England.

The study is believed to be the first empirical study to estimate the population impact of e-cigarettes on attempts to quit smoking and their success, the use of NRT, and the use of stop smoking services, using a time series approach.

The researchers found that use of electronic cigarettes by smokers was positively associated with the success of attempts to quit. They estimate that for every 1% increase in e-cigarette use, the success of quit attempts increased by just under 0.1%. Given the known difficulty of quitting this result is important.

The researchers also report that there was evidence of a rise in successful quitting following the increase in the age of sale of cigarettes, and a positive association between mass media spend and quit success.

The study provides evidence that an increase in population use of e-cigarettes will not undermine quitting in general, although the researchers say that it may have reduced the use of NRT on prescription. The researchers say that the finding of an impact on prevalence of use of NRT obtained on prescription but not over the counter is difficult to explain. One possibility is that health professionals are discussing the options with patients who are then choosing to use e-cigarettes, perhaps having already tried NRT.

The study reports that there were 2.6 million quit attempts in 2015 (32.5% of eight million smokers). Electronic cigarettes were used 36% of quit attempts. The analysis suggests that use of electronic cigarettes led to over 54,000 additional short to medium term quitters in 2015. Given that some of these quitters will subsequently relapse, the researchers conclude that e-cigarettes may have contributed about 18,000 additional long term ex-smokers in 2015.

The authors point out that although these numbers are relatively small, they are clinically significant because of the huge health gains from stopping smoking. A 40 year old smoker who quits permanently can expect to gain nine life years compared with a continuing smoker. The number of additional quitters suggested by the study is unlikely to produce a detectable effect on smoking prevalence in the short term, but might be picked up over a period of several years.

[1] Electronic cigarettes for smoking cessation. Jamie Hartmann-Boyce et al.

Cochrane Tobacco Addiction Group, September 2016

[2] Association between electronic cigarette use and changes in quit attempts, success of quit attempts, use of smoking cessation pharmacotherapy, and use of stop smoking services in England: time series analysis of population trends, Emma Beard et al. *BMJ* 2016;354:i4645

# High Court Dismisses Tobacco Industry Case Against Standardised Packaging

On 19<sup>th</sup> May this year, the tobacco industry's High Court challenge to the Regulations on standardised ("plain") tobacco packaging met with a humiliating defeat. The landmark judgement in the case is helping other countries looking to introduce the policy: France, New Zealand, the Republic of Ireland and Hungary have already passed legislation and other countries are expected to follow soon, including Canada, Norway and Slovenia.

The judgement by the Hon Mr. Justice Green rejects every argument the industry put forward in court. It is highly critical of the industry's use of the expert evidence it commissioned to back its case and of its failure to disclose any internal assessments on how packaging design works for children and young people and what the effect of standardised packaging on sales is likely to be.

The judgement also notes that the great mass of the expert evidence put to the court by the tobacco industry was neither peer reviewed nor published in an appropriate scientific or technical journal.

Disclosure of any relevant internal documents would be likely to undermine the tobacco companies arguments that standardised packaging will not work, because it would show the industry's use of

knowledge of how children and young people are recruited as smokers, and what role brand identity plays in this. At present, two thirds of current smokers started when they were children and research shows that the drab standardised packs with large health warnings are less attractive to young people.

Three of the four major tobacco manufacturers are appealing against the comprehensive and damning High Court decision: there is a 4-day hearing in the Court of Appeal starting on 18th October 2016. Philip Morris International has withdrawn from the case.

Key extracts from the judge's ruling in the case are available online at <http://tinyurl.com/zjgnxwn>.

## ASH Website and Daily News

Action on Smoking and Health's new website ([www.ash.org.uk](http://www.ash.org.uk)) is designed to make it easier to access key information about tobacco issues.

ASH Daily News is a brief roundup of the main national and international news and research updates on tobacco control. Parliamentarians and researchers can sign up to the service through the new website.

Tuesday 18th October 2016, 16:00 – 18:00, Dining Room B, House of Commons

### APPG on Smoking and Health: AGM and Reception

The meeting will commence with the AGM and election of officers for the APPG on Smoking and Health. This will be followed by the launch of Action on Smoking and Health's new report on tobacco retailing.

**Speakers:** Bob Blackman, Chair of the APPG, John McClurey, Independent Retailer, Newcastle, Deborah Arnott, Chief Executive Action on Smoking and Health

**Chair:** Bob Blackman MP, Chair of APPG on Smoking and Health

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#### Officers of the All Party Group

**Chair:** Bob Blackman MP  
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Lord Faulkner  
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Lord Rennard

The All Party Parliamentary Group (APPG) on Smoking and Health is a cross-party group of Peers and MPs which was founded in 1976

**"To monitor and discuss the health and social effects of smoking; to review potential changes in existing legislation to reduce levels of smoking; to assess the latest medical techniques to assist in smoking cessation; and to act as a resource for the group's members on all issues relating to smoking and public health."**

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