

Political bulletin

All Party Parliamentary Group on Smoking and Health



Tobacco Control: Let's Not Go Backwards

The UK is rightly seen as a world leader on tobacco control. In 1974, when the Government began its time series of smoking rates, 51% of adult males and 41% of adult women across Great Britain smoked. The latest figures, for 2014, show that the figure for men has fallen to 20% and for women to 17%. More than half of those who had previously smoked had quit, and among smokers average consumption was about 11 cigarettes a day, compared to about 17 cigarettes a day in 1974.

This great success for public health has been achieved by the progressive introduction of a range of connected measures designed to help current smokers quit and to prevent children and young people from starting. These include media campaigns to encourage quitting, tax rises and the provision of stop smoking services, which are known to increase the chances of a successful quit attempt. The latest policy is the standardised “plain” packaging of cigarettes and other tobacco products, which comes into effect on May 20th. Elsewhere in this Bulletin we review the latest developments on standardised packaging and the court cases brought by the four major tobacco manufacturers in the EU and in the UK courts, which are intended to try to block the policy, which was overwhelmingly backed by MPs and is also popular with the public.

I should also record my strong welcome for the tobacco tax rises announced in the latest Budget. The 2% above inflation rise on duty on manufactured cigarettes previously committed to, and the 5% above inflation rise on hand-rolled tobacco will provide a significant boost in the campaign to reduce smoking. The additional 3% rise in excise duty on hand-rolled tobacco will help close the price gap between manufactured cigarettes and hand-rolled, which will help address the rise in the number of smokers switching to hand-rolled tobacco in recent years.

Polling by YouGov shows that there is public support for tobacco tax increases but that the public want to see the money raised used to reduce smoking. In 2015, 63% of adults said they would support putting an additional 25p on a packet of cigarettes if the money was used to help smokers quit and discourage young people from starting to smoke.

Here the picture is not so rosy. Research by ASH and Cancer Research UK suggests that about forty per cent of local authorities in England are cutting budgets to stop smoking services.¹ Stop Smoking Services are not mandatory services that councils must provide, so they may be particularly vulnerable to spending reductions, making it difficult for smokers to get the support they need to help them break their addiction.

This is why Cancer Research UK, backed by more than 120 health organisations, has called for tobacco companies to ‘Cough Up’ and pay for the harm they cause to millions of UK citizens, and to help prevent further death and disease.

Although the Chancellor is not currently going ahead with the suggested levy on tobacco companies, there are other options that should be considered. Tobacco multinationals currently pay little or no corporation tax. British American Tobacco plc and Imperial Tobacco Group PLC are both based in the UK. In the 2013 financial year Imperial reported £623m operating profits in the UK market, while it has been estimated that in the same year, BAT made at least £78.2m and perhaps as much as £150m in operating profits in the UK. Yet BAT paid no UK corporation tax in that year, and Imperial only paid £6m. The tobacco companies could also be asked to pay for an effective licensing system for all levels of the UK tobacco trade, a policy on which HM Revenue and Customs is now consulting. A robust positive licensing regime could be an important weapon in enforcing tobacco control legislation, such as the ban on sale to minors, and could also help fight the illicit tobacco trade.

It would be a tragedy if a lack of funds for quit services and enforcement meant that the long decline in smoking rates came to an end, or even went into reverse.

Bob Blackman MP

Chair of the APPG on Smoking & Health

Contents

Standardised packaging: arriving May 20th	2
“Stolen Years”: smoking and mental health	3
Latest evidence on e-cigarettes	4
European court case on Tobacco Products Directive	4

Standardised Packaging: Starting May 20th



Image source: ASH. Image is compliant with the TPD and Standardised Packaging Regulations.

From 20th May this year, all cigarettes made for sale in the UK will be in drab green packaging with large visual health warnings.

The new packs are required under the Standardised Packaging Regulations, secondary legislation under the Children and Families Act 2014. There will be a one year transitional period to allow for the “sell-through of old stock”. This means that standardised (“plain”) packs will be gradually be seen on sale in retailers after May 20th 2016, and from May 20th 2017 all tobacco products on sale in the UK will comply with the Regulations.

Standardised packs will have large graphic images on the front and back of the packets to highlight the health effects of smoking and health warnings must appear at the top of all packs. A key aim of standardised packaging is to make starting to smoke less attractive to children and young people. Two thirds of current smokers report that they started when they were children. Research has repeatedly shown that dull plain packs are less attractive to young people.

The Regulations come into effect at the same time as the revised European Union Tobacco Products Directive (TPD). This will require larger health warnings on the front and back of packets and prohibit slim 'lipstick'-style cigarette packs. The four major tobacco manufacturers have challenged the Directive in the European Court of Justice, and failed. The decision in this case is summarised elsewhere in this Bulletin. The manufacturers have also brought a judicial review case in the UK courts against the Regulations. The High Court decision in this case was not yet known when this Bulletin was printed.

The new standardised packaging regulations received overwhelming support from MPs in March 2015 (367 MPs voted in favour, with just 113 against).

Standardised packaging is also strongly backed by the public. A YouGov poll conducted in March 2016 showed that 61% of GB adults supported requiring tobacco to be sold in plain standardised packaging with the product name in standard lettering, while only 10% opposed it.

Australian Government Publishes Review of Standard Packs Policy

On 26th February this year, the Australian Government published its report on the effects of standardised tobacco packaging in Australia since it was introduced at the beginning of 2012. The report confirms that the policy has been responsible for about one quarter of the decline in smoking in Australia over the last three years.

The report confirms the findings of the independent inquiry commissioned by the UK Government and conducted by the eminent paediatrician Sir Cyril Chantler. His report was published in April 2014 and regulations to implement standardised packaging in the UK were passed in Parliament in March 2015. Sir Cyril concluded that introducing standardised packaging in the UK as part of a comprehensive tobacco control strategy was likely to lead to “a modest but important reduction in the uptake and prevalence of smoking” and therefore to an important improvement in public health.

The Australian report states that:

“The analysis estimated that the 2012 packaging changes resulted in a statistically significant decline in smoking prevalence [among Australians aged 14 years and over] of 0.55 percentage points over the post-implementation period, relative to what the prevalence would have been without the packaging changes. This decline accounts for approximately one quarter of the total decline in average prevalence rates observed between the 34 months prior to implementation of the measure and the 34 months following the implementation of the measure (the total decline between the two periods was estimated as being 2.2 percentage points, with average prevalence falling from 19.4% to 17.2%).”

The report concludes that “given the ways in which the ... Act was intended to work, the policy’s effects on overall smoking prevalence and tobacco consumption are likely to grow over time”.

The Australian Government Post Implementation Review can be read at: <https://ris.govspace.gov.au/2016/02/26/tobacco-plain-packaging/>

“Stolen Years”: Smoking and Mental Health

People with mental health conditions die on average 10-20 years earlier than the general population. Smoking is the single largest factor in this shocking difference.

Around one third of adult tobacco consumption is by people with a current mental health condition. Smoking rates among this group are more than double that of the general population.

A new report on this important public health issue has been published by Action on Smoking and Health (ASH). It has been endorsed by 27 health and mental health organisations. The report sets out recommendations for how smoking rates for people with a mental health condition could be dramatically reduced over the next few years.

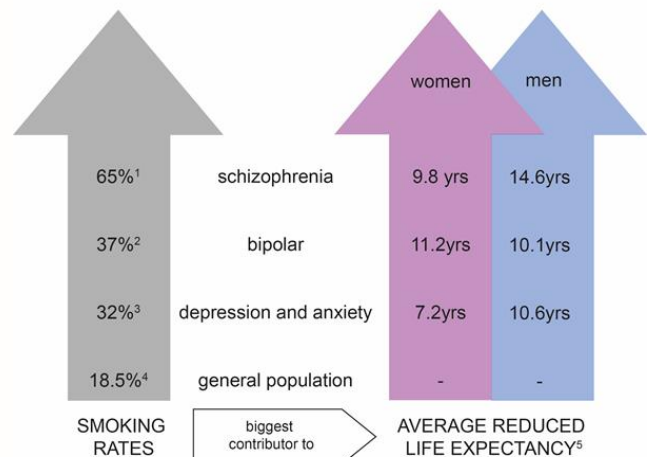
People with a mental health condition are just as likely as other smokers to want to quit. But because they are more likely to be heavily addicted to smoking, they need more support to succeed. Support which is often lacking.

Smoking not only affects people’s health but also their wealth. New research conducted by the University of Nottingham for the report shows the contribution smoking is making to pushing people with a mental health condition into poverty. It estimates that a million people with a common mental health condition are living in poverty and smoke, and a further 130,000 are pushed into poverty once their spending on tobacco is taken into account.¹

Paul Burstow, former Health Minister and Chair of the Tavistock and Portman Mental Health Trust, chaired the steering group that oversaw the report. He commented: *“It is time to challenge the idea that smoking amongst people with mental health conditions is either inevitable or intractable: it is not. With a determined and collective effort we can save millions of people from early death and avoid years of life being blighted by heart and lung diseases, stroke and cancer.”*

The report sets out the urgent action needed to get smoking rates falling among people with a mental health condition. There is no single solution for the problem: change is needed in all parts of the health and social care system from national government through to local authorities, the NHS and care providers.

Figure 1: Smoking rates and average reduced life expectancy by mental health condition.



Refs: 1: Wu C-Y et al. (2013), PLoS ONE 8(9): e74262. 2: THIN data 3:McManus et al (2010) NCSR. 4: www.smokinginengland.info 5:Chang et al, Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London, PLoS ONE, 2011.

Key areas for action are:

- National targets and leadership to drive action across the country
- A strong focus on skills and training for people working with this population group
- Evidence-based services and peer support for all those who need them
- Better access to the medications that will help people to quit
- Wider understanding that electronic cigarettes are a less harmful alternative to smoking
- Moving to smokefree mental health settings, while ensuring that the right support is available to smokers.

Professor Sir Simon Wessely, President of the Royal College of Psychiatrists commented: *“The Royal College of Psychiatrists is committed to improving the physical health of those in our care, and tackling smoking high rates of smoking will be fundamental to our success. Like any decent doctor we do not think we can just sit back and watch people smoking themselves to death without doing the best we can to prevent this.”*

Brian Dow, Director of External Affairs, Rethink Mental Illness said: *“People with a mental health condition are just as likely to want to stop smoking as other smokers. But this can be much harder if, for example, you are using smoking as a coping mechanism. This is why people need specialised, longer term support.”*



New Royal College Report on Electronic Cigarettes

The Royal College of Physicians (RCP) has published an important new report on the evidence on e-cigarettes.¹

Smoking remains the main avoidable cause of death, disability and health inequalities in the UK, so it is vital to pursue all options to reduce smoking rates. The RCP report concludes that, while not absolutely safe, the hazard to health arising from long-term vapour inhalation from the electronic cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco. People smoke for nicotine, but die from the poisons contained in tobacco smoke. Nicotine is most addictive when delivered quickly in high doses, and cigarettes have been engineered to deliver high doses of nicotine at a rapid and addictive rate.

The report finds that, among adults in the UK, electronic cigarette use is almost entirely limited to those who are or have been smokers. In most cases electronic cigarettes are used as a means to cut down or quit smoking. Dual use of electronic and tobacco cigarettes is common, but there is no evidence that this has reduced the number of smokers who quit. Surveys of teenagers in the UK show that while many try electronic cigarettes once or twice, repeated use is almost entirely limited to those who are already using tobacco. There is no evidence currently of gateway progression to smoking.

There is therefore no good reason to think that use of electronic cigarettes renormalizes smoking, or that use where smoking is prohibited represents a significant hazard to health.

The report also concludes that the availability of electronic cigarettes is unlikely to account for the recent decline in number of smokers using stop smoking services. This is more likely to be a result of reductions in funding for anti-smoking media campaigns and smoking cessation services.

Observational data show that of smokers who try to quit without accessing stop smoking services, those who use electronic cigarettes are around 50% more likely to succeed than those who do not, or those who use NRT bought over-the-counter.

However, smokers who access stop smoking services are two to three times more likely to succeed, so encouraging electronic cigarette users to access the additional support provided by stop smoking services (and continuing to fund them) remains vital.

¹ [Nicotine without smoke – putting electronic cigarettes in context](#)
A report by the Tobacco Advisory Group of the Royal College of Physicians. April 2016

European Court Throws Out Tobacco Industry Case Against Tobacco Products Directive

The European Court of Justice has announced its decision on the tobacco industry's case against the EU Tobacco Products Directive (TPD). As expected the case was rejected.

The TPD prohibits the sale of tobacco products with a "characterising" flavour (with an extension to 20th May 2020 for menthol), requires larger health warnings on tobacco products, and also regulates electronic cigarettes. (See ASH briefing on the [impact of the TPD on e-cigarette regulations](#) for more details. Article 24(2) of the Directive allows Member States to go further in standardising tobacco packaging, supporting the UK decision to introduce more rigorous packaging rules (see photo and report on page 2 of this Bulletin).

A decision is imminent in the parallel case brought by the tobacco industry in the UK High Court against the standardised packaging Regulations. This case is also considered likely to fail, although the industry may well try to appeal.

Expensive and time wasting legal actions are a frequent weapon in the armoury of the tobacco industry. Their failure in this case will not stop them from using legal threats to try to deter other governments from following the UK's lead.

Officers of the All Party Group

Chair: Bob Blackman MP
Treasurer: Ian Mearns MP
Vice Chairs: Rt Hon Kevin Barron MP
Baroness Finlay
Lord Faulkner
Baroness O'Cathain
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."

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group.