

Making the case for strong local tobacco control

Questions & Answers



The document is designed to help you make the case for evidence based local tobacco control. It provides answers to the following common questions:

1. Is smoking still a problem?
2. What can local authorities achieve through tobacco control?
3. Why should local authorities commission Stop Smoking Services?
4. Why should local authorities invest in tobacco control work?

1. Is smoking still a problem?

Yes. Despite many years of progress, tobacco remains the largest cause of premature death in England.

Tobacco use causes illness and death

- Tobacco kills half of life long users and causes around 78,000 premature deaths every year in England alone.¹
- Smoking remains the principle cause of preventable premature death - killing more people than the combined total of the five next largest causes put together. This includes obesity, alcohol, road traffic accidents, HIV and illegal drugs.²
- Smoking accounts for over one-third of respiratory deaths, more than half of cancer deaths, and about one-sixth of circulatory disease deaths.³
- In 2016/2017 there were 513, 940 smoking attributable hospital admissions.⁴
- **Local statistics on illness and death are available via Public Health England's Local Tobacco Profiles.**

Tobacco use perpetuates health inequalities

- Tobacco is the largest cause of preventable illness and premature death⁵ and is responsible for half the 7 year difference in life expectancy between the richest and poorest in the UK.⁶
- Workers in routine and manual professions are twice as likely to smoke as those in managerial and professional roles.⁷
- Just under 11% of mothers were recorded as smokers at the time of delivery,⁸ with rates particularly high among poorer and teenage mothers.⁹
- **Local statistics on smoking in pregnancy at the time of delivery (SATOD) are available via NHS Digital.**
- **Local statistics on health inequalities are available via Public Health England's Local Tobacco Profiles.**

Tobacco use harms our young people

- In the UK, hundreds of children start smoking every day.¹⁰
- Smoking impairs lung growth and initiates premature lung function decline which may lead to an increased risk of chronic obstructive lung disease in later life.¹¹ The earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease.¹²

- Children are also more susceptible to the effects of passive smoking. Bronchitis, pneumonia, asthma and sudden infant death syndrome (cot death) are significantly more common in infants and children who have one or two smoking parents.¹³
- Each year, UK hospitals see around 9,500 admissions of children with illnesses caused by second-hand smoke.¹⁴

Tobacco use imposes high economic costs on society

- Smoking costs society more than £11 billion every year in England alone. This includes factors such as lost productivity, the cost of social care and smoking-related house fires.¹⁵
- Of the total expenditure on smoking products, £7bn is collected by the Exchequer as tobacco duty, meaning there is a net annual cost to society.¹⁶

2. What can local authorities achieve by working to reduce smoking prevalence?

Reducing smoking prevalence gives children a better start in life

- Smoking is an addiction of childhood and very few people take up smoking for the first time as adults.¹⁷
- Two thirds of smokers say they began before they were legally old enough to buy cigarettes and 9 out of 10 report starting before the age of 19.¹⁸ 40% of smokers started smoking regularly before the age of 16.¹⁹
- The younger the age of uptake of smoking, the greater the harm is likely to be. Early uptake is associated with subsequent heavier smoking, higher levels of dependency, lower chances of quitting, and higher mortality.²⁰
- Children whose parents or siblings smoke are around three times more likely to smoke than children living in non-smoking households²¹ so helping parents to quit can reduce the chances of these children becoming smokers themselves.

Reducing smoking prevalence boosts the disposable income of the poorest communities

- Around 1.2 million children in the UK are living in poverty in households where adults smoke. If these adults quit and the costs of smoking were returned to household budgets, approximately 400,000 of these children would be lifted out of poverty.²²
- Local statistics on children in poverty and smoking are available via the [ASH Health Inequalities Resource Pack](#).

Reducing smoking prevalence reduces the economic burden of tobacco use

- The Government's tobacco control plan estimates the cost of smoking to our economy is in excess of £11 billion per year.²³
- ASH research shows that £1.4bn is spent annually on social care as a result of long term conditions caused by smoking (£757m to local authorities and £630m to individuals to self-fund their care). Smokers need care on average nine years earlier than non-smokers. You can access data for your local authority [here](#).²⁴

3. Why should local authorities commission Stop Smoking Services?

Studies show that people are four times more likely to quit smoking if they have specialist behavioural support.²⁵ Free local Stop Smoking Services provide this support, combining one-to-one behavioural support along with stop smoking medicines, which are available for the cost of a prescription.

Stop Smoking Services are highly effective

- Stop Smoking Services more than triple abstinence rates in the long-term compared with smokers who quit without support. Permanent quitting rates of Stop Smoking Service clients are 5–10% higher than for those quitting cold turkey.²⁶
- 307,507 people set a quit date through the NHS Stop Smoking Services in 2016-17. 51% of those who set a quit date then went on to quit.²⁷

Stop Smoking Services are highly valued by smokers

- 9 out of 10 smokers who've used a local Stop Smoking Service say they would recommend the service.²⁸

Stop Smoking Services help reduce inequalities

- Stop smoking services make an important contribution to reducing smoking including in less affluent groups.²⁹ As poorer smokers are likely to be more highly dependent, Stop Smoking Services can greatly improve their chances of quitting successfully.

Stop Smoking Services improve outcomes across the health care system

- Local areas with dedicated Stop Smoking Services have been shown to have higher quit rates than in settings where only health professionals such as GP practices and pharmacies provide support. This is because they are able to offer expert advice and training across the system.³⁰

4. Why should local authorities invest in tobacco control work?

Improving environmental health protects the health of communities and children

- Local authorities are responsible for ensuring compliance with the smokefree legislation. This law has been a major public health success story, leading to 1,200 fewer emergency admissions to hospitals for heart attacks (a reduction of 2.4%) in the first year following implementation.³¹ Reduced incidence of childhood asthma³² and an increase in the number of people cutting down or quitting smoking are also associated with the law.³³
- Smokefree homes programmes can encourage parents to take their smoke outside to protect children from the harms of second-hand smoke.
- It is illegal for anyone to smoke in a private vehicle which is carrying someone who is under the age of 18.³⁴

Local authority enforcement plays a key role in reducing illicit tobacco

- Those in poorer communities may be more likely to buy illicit tobacco, which is cheaper. The availability of illicit tobacco can therefore dissuade people from quitting, which in turn exacerbates health inequalities.
- Trading Standards Officers in England play an important role in tackling illicit tobacco dealing; the Chartered Institute for Trading Standards estimates that approximately 4,000 complaints and enquiries were received by councils in relation to illicit tobacco products, with approximately 5,300 premises being visited in relation to illicit tobacco across England in 2016/17.³⁵
- Work at the regional level has been shown to be effective in reducing the supply and demand of illicit tobacco.³⁶

Tobacco control work helps protect children from underage sales

- It is children, not adults, who start smoking. Two thirds of smokers say they began before they were legally old enough to buy cigarettes and 9 out of 10 report starting before the age of 19.³⁷

- In 2016/17, an estimated 5,100 visits by trading standards officers were undertaken in England concerning underage sales of tobacco.³⁸

Local authorities can help improve the health of smokers and prompt extra quit attempts

- Local authorities have large workforces many of whom come from groups where smoking rates are high. As large employers in the local community, authorities can set the standard in terms of supporting staff to quit.
- Local approaches to harm reduction include communicating to smokers about alternative sources of nicotine and varying existing stop smoking provision to support relapse prevention. A harm reduction approach can help smokers who are not ready to stop smoking move closer to quitting.

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