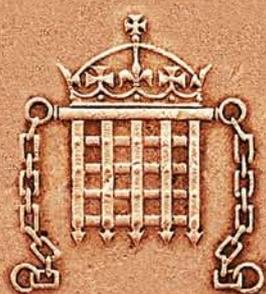


# All Party Parliamentary Group on Smoking and Health

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## Executive Summary



Inquiry into the effectiveness and cost-effectiveness  
of tobacco control:

*Submission to the 2010 Spending Review and Public Health White Paper Consultation process*

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# Executive Summary

## Summary

Smoking remains the major preventable cause of premature death and disability and as a result reducing tobacco use is the single most effective means of improving public health. Smoking is the major cause of the differences in life expectancy between the richest and poorest in society, so that if we are to succeed in reducing health inequalities it is essential to continue to drive down smoking prevalence, particularly amongst the most disadvantaged in society. Because tobacco is so harmful and so addictive, it is accepted that Government has a responsibility to regulate its sale and use. Measures put in place over the last decade have ensured that the UK is a world leader in tobacco control and the Government needs to ensure that this is sustained in the future.

Smoking prevalence in the 1990s was not declining despite annual increases above inflation in tobacco taxes. It was only when a comprehensive tobacco control programme was put in place that smoking prevalence began to decline.

Following the implementation of this programme the proportion of adults smoking has declined by a quarter and the proportion of children smoking has declined by a half. Today there are over 2 million fewer smokers than there were a decade ago. Furthermore the market share of illicit cigarettes has declined from a peak of 21% in 2000 to 12%.

The cost of this programme is currently a maximum of £300 million a year, primarily spent on the anti-smuggling strategy, NHS Stop Smoking Services and mass media. **The most significant finding for the Spending Review from this Inquiry is that Government expenditure on tobacco control is excellent value for money and provides a net annual revenue benefit of £1.7 billion.**

**This does not include the additional tax revenues as a result of the decline in the market share of illicit tobacco, which has increased revenues by as much as £1.2 billion a year.** It also does not take account of additional revenues which could accrue from increasing tobacco taxation. Recent research suggests tax revenues would increase by around £430 million following a 5% real terms increase in tobacco retail prices. This makes the case for combining increased tax with a renewed commitment to tobacco control policy even stronger.

## Conclusions

When it comes to the Government's investment in tobacco control, the answer to the key Spending Review questions is clear. This activity is essential to meet the Government's public health priorities. **Furthermore the Government needs to fund this activity, indeed it is in its interest to do so as it provides substantial economic value and a positive return on investment. Cutting back on expenditure in this area would almost certainly result in net revenue losses rather than gains to the Exchequer.**

Set out below are the recommendations from the APPG Inquiry, in the light of the evidence it has received, about how the effectiveness and cost-effectiveness of the Government's tobacco control programmes can be sustained and improved.

# Recommendations

## Funding

1. Government funding for tobacco control should be held at 2009-10 levels and sustained for the future in real terms.
2. Directors of Public Health should allocate resources from their ring-fenced public health budgets to tobacco control in line with the evidence about how to ensure better public health outcomes for their communities.

## Structural

3. Tobacco control must be a central plank of the Government's new public health service and public health strategy.
4. The new ring-fenced public health funding must include specific funding for tobacco control programmes.
5. Government should adhere to its obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). In line with these obligations the tobacco industry should not be a partner in any initiative linked to the setting or implementation of public health policies.
6. The Cabinet sub-committee on public health should act as the national coordinating mechanism for tobacco control, in line with our obligations under the WHO FCTC.
7. When Directors of Public health transfer to local authority control their professional independence should be safeguarded.

## Policy

8. Tobacco taxes should be increased year on year above inflation, as part of a comprehensive strategy to motivate and empower smokers to quit and prevent young people taking up smoking.
9. Government should continue to discourage smoking and encourage smokers to use the Stop Smoking Services through sustained public education campaigns of the kind which have proven so effective over the last decade.
10. Stop Smoking Services should be a commissioning priority for the public health service and funding should be sustained.
11. Cost-effectiveness of the Stop Smoking Services could and should be increased by greater adoption of national standards for delivery and monitoring; better and more consistent training for staff; and better systems of referral from the rest of the healthcare system, particularly secondary care.
12. The Government's anti-tobacco smuggling strategy should continue to be evaluated and updated and should include outcome measures to reduce the market share of illicit cigarettes to 5% or below, in line with the illicit market for other products attracting excise duty such as alcohol.
13. The Government should implement the Health Act 2009 regulations to prohibit point of sale display of tobacco products and sale of tobacco from vending machines.

## Monitoring and Evaluation

14. Smoking rates are important indicators of health inequalities and life expectancy and should be key public health outcomes at national, regional and local level.
15. Good quality data on smoking prevalence and the effectiveness of tobacco control interventions must continue to be collected in order that tobacco control programmes can be properly evaluated and improved over time.
16. Government at national, subnational and local level should continue to evaluate, update and improve tobacco control policy as the evidence base develops.

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