

All Party Parliamentary Group on Smoking and Health

APPG on Smoking and Health Manifesto for a Smokefree Future

*Make Smoking History: A cross
Government strategy to improve
the nation's health, wealth and
productivity*

November 2023



About the All Party Parliamentary Group on Smoking and Health

The All Party Parliamentary Group (APPG) on Smoking and Health is a cross-party group of Peers and MPs which was founded in 1976 and is currently chaired by Bob Blackman MP. Its agreed purpose is 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. The secretariat of the group is provided by Action on Smoking and Health.

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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. This report, and the recommendations contained within it, have been endorsed by the Officers of the APPG on Smoking and Health

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Foreword

The APPG strongly supports the Government's ambition to create a smokefree generation. The long-term rise in the age of sale of tobacco products will have a profound impact on today's children, who will never be able to purchase tobacco products legally.

In order, however, to maximise the benefits to health, wellbeing and to the economy, the smokefree ambition must be delivered for everyone. All ages and all communities must be helped to be smokefree, particularly the most disadvantaged and deprived where smoking prevalence remains high.

Our report considers the likely impact of the Government's current commitments on smoking and revisits the road map we set out in 2021. It highlights both the strength of public support for action to curb smoking and the overwhelming economic case for investing in tobacco control measures. Many of the APPG's 2021 recommendations have been adopted but still remain to be delivered. Other recommendations have yet to be adopted.

Innovation in tobacco policy has largely been driven by backbenchers and the APPG urges government to follow our lead, now as in the past. First and foremost legislation is needed to exact a levy on the tobacco manufacturers to provide the necessary funding for a Tobacco Control programme fit to deliver a Smokefree Future. Further regulation is also needed to drive down smoking prevalence, while minimising youth uptake not just of tobacco but also of vaping and other nicotine products.

The APPG's manifesto is a roadmap to a smokefree future for us all. The delay of four years since the smokefree ambition was announced means that the goal may no longer be achievable by 2030. If, however, the measures recommended by the APPG are adopted, smoking rates will fall by a third by the end of the next parliament, and by 2030 we will be well on the way to making smoking history.



Bob Blackman MP

Chairman of the All Party Parliamentary Group on Smoking and Health

Executive Summary and Recommendations

The APPG strongly supports the Government's proposals to raise the age of sale of tobacco to prevent the next generation from smoking, and to introduce much tougher regulation to curb vaping among young people. It is, however, just as vital to help existing smokers to stop.

One in eight of the population smoke, around 6.4 million adults in the UK. Most adult smokers want to stop smoking but on average it takes thirty attempts to succeed,¹ and many never do. Two out of three long-term smokers die prematurely, often after years of disability, from the cancers and respiratory and cardiovascular diseases caused by their smoking.

Attempts by tobacco industry lobbyists to make any debate around smoking about health versus freedom are, to quote the Chief Medical Officer Chris Whitty, "dishonest". Smoking is an addiction, not an adult "lifestyle choice". The only free choice is whether to smoke that first cigarette. Two thirds of those who try just one cigarette, usually while they are still children, go on to become daily smokers, and daily smokers are addicted smokers.²

Reducing smoking prevalence has an immediate impact not only on the health and wellbeing of the population but also on the cost of smoking to the public purse and the wider economy.

Cost of smoking

The annual cost of smoking to individuals, to public services and to the wider UK economy is £89.3 bn, equivalent to around 3.9% of GDP.

The direct costs of smoking to public finances in England in 2023 are estimated to be £21 bn. The net cost, adjusting for tobacco taxes and the reduction in pension costs due to the premature death of smokers, is £9.4 bn. This comprises

- £4.6 bn in social security payments
- £3.4 bn cost to the NHS, social care and fire services
- £1.4 bn net tax loss

Smoking not only destroys people's health and wellbeing, robbing children of their parents and grandparents, but also costs smokers dearly. The billions raised in tobacco taxes come from the consumer, not the manufacturer. In 2023 smokers spent on average £3,096 a year on cigarettes, 10% of the average Gross Disposable Household Income,³ and over 50% more than the energy costs for a typical household.

Benefits of the APPG recommendations

Many, but not all, of the APPG on Smoking and Health's 2021 recommendations are now in process of being implemented by this Government. These include progress towards much tougher regulation of vaping to protect children, and provision of additional funding for Stop Smoking Services and anti-smoking campaigns.

Smoking cessation treatment is one of only a handful of interventions which actually reduce healthcare costs in the NHS, and the £85 mn funding commitment for 2024 will generate a return on investment from year one.

However, four years have been lost since the Smokefree 2030 ambition was announced, and it is now unlikely that we can reach the target of smoking rates of 5% or less by 2030.

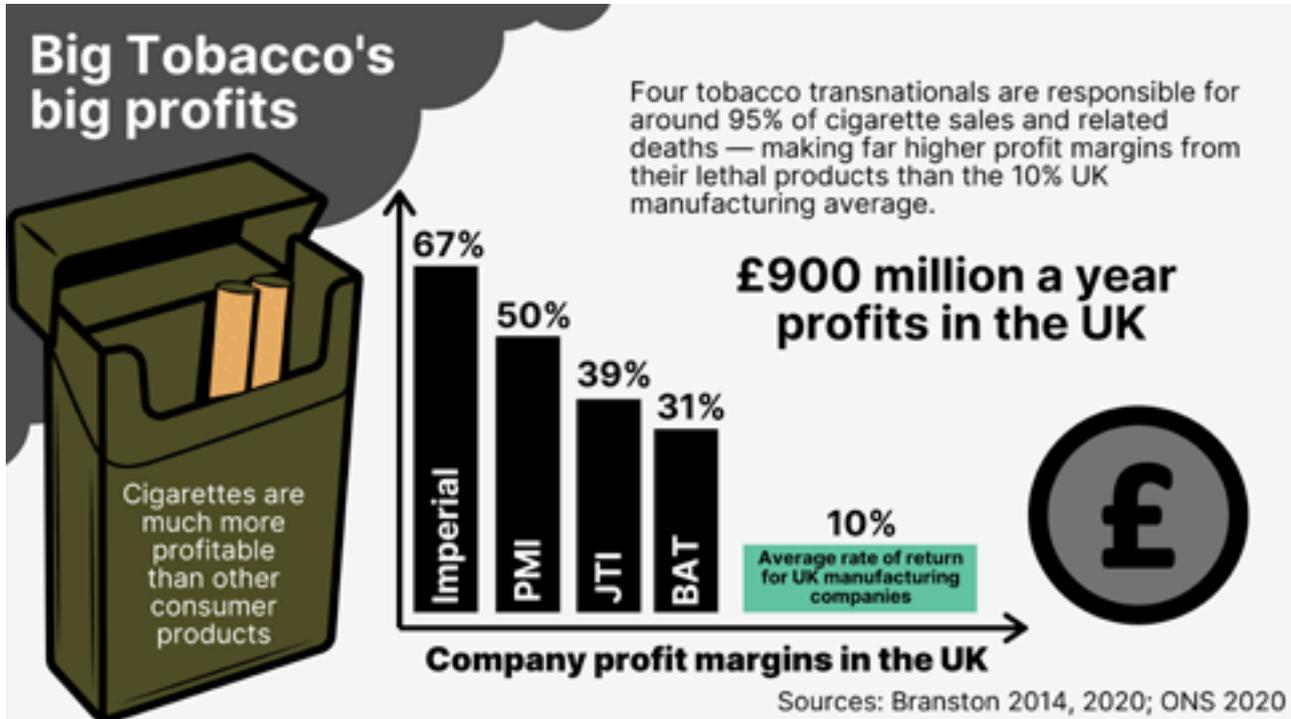
Significant progress can be made if current commitments are implemented in full, sustained and enhanced as recommended by the APPG. Smoking prevalence could be reduced by a third to 7.3% between 2024 and the end of the next parliament. This could deliver a reduction in public finance costs of £628 mn a year, totalling £3.1 bn by the end of the next parliament.

Additional funding will be needed to achieve this for, although reducing smoking prevalence is cost saving to the public purse, upfront investment is still required.

Make the polluter pay

The polluter pays principle is accepted for the environment, so why not for tobacco? Smoking remains the leading cause of premature death and disability, responsible for half the difference in healthy life expectancy between the most and least advantaged in society.

Why should taxpayers foot the bill for measures to end smoking, when the tobacco industry can be made to pay? Tobacco manufacturers make an estimated £900 mn a year in the UK, with an average net operating profit margin of about 50%, compared to the less than 10% average for UK manufacturing.



The APPG recommends addressing the excessive profitability of the tobacco industry with a windfall tax backed up by a 'polluter pays' levy.

The levy would operate by capping manufacturers' prices for tobacco products at a level that would cover the costs of production and distribution plus a 10% profit. The difference between the capped price and the current manufacturer price would be made up with the levy. Retail prices would not go down, as this would increase tobacco consumption, but the profits of the tobacco industry would diminish and a large fund would be made available to make smoking history.

Setting prices to fix tobacco manufacturers' profits at 10% would enable an estimated £700 mn a year to be raised as a 'polluter pays' health promotion levy, without changing the price to the consumer. The tobacco tax take to HM Treasury would not be affected by such a levy as it would come out of industry profits. Tobacco tax rates could continue to be raised above inflation over time, in line with commitments made by this government and its predecessors.

The profits of pharmaceutical companies are limited by regulation, for products which are life-saving, so why are the profits of tobacco manufacturers exempt, when their products destroy lives?

The primary legislation needed has been drafted for the APPG and is ready to be tabled. The DHSC already has a team of experts monitoring the large and complex pharmaceutical market. Tobacco is a much simpler commodity product. Four manufacturers account for around 95% of tobacco sales and could be covered by the existing DHSC team with only marginal additional resource needed.

The DHSC Office for Health Improvement and Disparities (OHID) has the knowledge and expertise to allocate funding to tobacco control measures to make smoking history.

It is time to make the polluter pay to deliver a smokefree future for us all.

Recommendations

Recommendation 1: Make the polluter pay

The APPG recommends that the Government commits to meeting the costs of Making Smoking History through the implementation of a ring-fenced windfall tax on the tobacco industry followed by a long-term levy capping the profits of the industry.

Recommendation 2: Implement and sustain all current Government and NHS tobacco control commitments

The APPG recommends:

- that the Government passes legislation before the end of this parliament for tobacco pack inserts and the smokefree generation proposal
- that the Government passes legislation before the end of this parliament to tackle the growing problem of youth vaping through stricter regulation of e-cigarettes and novel nicotine products
- that current Government tobacco control commitments for this parliament are sustained throughout the forthcoming parliament
- that NHS Long Term Plan tobacco dependence treatment commitments are fully implemented and become part of the core business of the NHS, including support for pregnant women, inpatients in physical health and mental health settings, and higher risk outpatients
- that funding is secured to provide tobacco dependence treatment for all smokers attending Targeted Lung Health Checks
- that the offer of tobacco dependence treatment in the NHS occupational health programme is fully implemented and extended to all staff in social care

Recommendation 3: Implement all APPG 2021 recommendations

The APPG recommends:

- that the new investment in mass media campaigns is expanded to target deprived communities especially in the North and the Midlands
- that every year all smokers are advised to quit and given an opt-out referral to stop smoking services
- that smokers in social housing are targeted and provided with specialist stop smoking support
- that national funding and support is made available to enable the extension of regional tobacco control programmes to the whole of England
- that cigarette sticks carry mandatory warnings and all tobacco flavourings are prohibited
- that the Economic Operator ID scheme is adapted to enable a register of all retailers to be published and to provide powers to remove the right to sell tobacco from retailers caught selling underage

Recommendation 4: Chart the route to a smokefree future

The APPG recommends that progress towards the smokefree goal is benchmarked and monitored such that policy measures can be reviewed and revised on an annual basis to keep the trajectory on course.

1. Introduction

- 1.1 The measures set out in the government's command paper, *Stopping the start: our new plan to create a smokefree generation*, are a huge step forward in the journey towards making smoking history. They build on proposals set out in the Khan independent review on smoking, which in turn drew on the APPG's 2021 report, *Delivering a Smokefree 2030*.
- 1.2 The 2021 APPG report made recommendations for the Government's proposed tobacco control plan. Since then, the Government has taken the following important steps towards implementing these recommendations in part or in full:
 - Raising the age of sale: this is planned to come into effect from 2027 onwards.
 - Increasing investment in mass media behaviour change campaigns: although the investment is less than recommended by the APPG.
 - Committing to strengthen regulations of e-cigarettes including prohibiting free distribution of vaping products to children and reducing the appeal and availability of e-cigarettes and other nicotine products to children: this is under consultation.
 - Increasing investment in Stop Smoking Services in 2024: the new funding will need to be updated in line with inflation and sustained.
 - Providing financial incentives to all pregnant smokers to help them quit: due to be implemented by the end of 2024.
 - Providing e-cigarettes to smokers accessing tobacco dependence treatment to increase quit success ('swap to stop'): to be implemented from 2024.
 - Introducing inserts in tobacco packs providing information to help smokers quit: the timeline for this is uncertain.
 - Increasing funding for enforcement: currently unclear if this will be sufficient.
- 1.3 These measures, which are welcomed by the APPG, will have a significant impact on smoking prevalence and the associated costs of smoking. This report examines the economic benefits to the public purse and the NHS of some of these measures and goes further to show what could be gained if all the recommendations made by the APPG in 2021 were adopted and sustained.
- 1.4 There is much more to be done to make smoking history. The next big step forward will require a concerted focus on disadvantaged populations including smokers in routine and manual occupations, smokers living in social housing, smokers living with mental health conditions, pregnant smokers, and smokers living in deprived communities.
- 1.5 Smoking is an addiction, not a lifestyle choice. Two thirds of those who try just one cigarette, usually while they are still children, go on to become daily smokers, and daily smokers are addicted smokers. Most adult smokers want to stop smoking but on average it takes thirty attempts to succeed,¹ and many never do.
- 1.6 The new funding for stop smoking services will enable renewed efforts to reach disadvantaged communities at local level, and new investment in enforcement capacity will also have an impact on inequalities. But a more comprehensive national approach is needed to ensure that all smokers are enabled to quit and enjoy the benefits of life without tobacco smoke.

2. The costs of tobacco to individuals and society

- 2.1 Just under 13% of the adult population in the UK smoke, equivalent to 6.4 million people.⁴ Millions more are ex-smokers, many of whom already have damaged health due to smoking. Smoking remains the leading cause of preventable premature death in the UK, killing around 76,000 a year.⁵ Thirty times as many people suffer from disease and disability caused by smoking, leading to over 500,000 hospital admissions a year in England. The total human cost of smoking, including all those affected and bereaved by smoking, is incalculable.

- 2.2 The economic costs of smoking can, however, be calculated. Modelling by Landman Economics for ASH of the costs of smoking to the UK economy and public finances demonstrates that driving down smoking prevalence has a major role to play in reducing costs to the NHS and the public purse and supporting economic growth.
- 2.3 The full cost of smoking to the UK in 2023 was estimated to be £89.3 billion, equivalent to around 3.9% of the 2022 UK GDP.⁶ This estimate includes direct costs such as the cost to the NHS of treating diseases caused by smoking and the provision of social care needed by smokers and ex-smokers as a direct result of their smoking. It also includes the wider costs to society such as lost productivity and the loss of quality adjusted life years (QALYs) for individuals who die prematurely. It does not include benefits payments or tax receipts as these represent a transfer of resources rather than a use of resources. The cost to England is £75.1 billion.
- 2.4 Appendix 1 breaks down these cost calculations in tabular form. The structure and workings of the Cost Benefit and Public Finance Model of Smoking developed by Landman Economics for ASH are set out in Landman Economics technical report and supporting documents which accompany this report.
- 2.5 The argument that smoking pays for itself through tobacco taxation and lower pension costs because smokers die prematurely is not only morally reprehensible but wrong. Tobacco taxation of £11 bn and reduced pension costs of £232 million come nowhere near covering the social cost of smoking, and cover barely half the cost of smoking to public finances.
- 2.6 The direct costs of smoking to public finances in England in 2023 are estimated by Landman Economics to be £21 bn. The net cost, adjusting for tobacco taxes and the reduction in pension costs due to the premature death of smokers, is £9.4 bn. This comprises £4.6 bn in social security payments, £3.4 bn cost to the NHS, social care and fire services, and £1.4 bn net tax loss.
- 2.7 The costs of smoking to individuals and families can also be estimated. Tobacco not only destroys the health and wellbeing of smokers but also harms the health of their loved ones and costs them dearly. In 2023 smokers spent on average £3,096 a year on cigarettes, 10% of the average Gross Disposable Household Income and over 50% more than the current Ofgem energy price cap for a typical household of £1,834.⁷
- 2.8 All these costs are avoidable. All that is needed is the political will to fund and implement tried and tested policies to their full extent. Then we can collectively make smoking history.

3. Public and retailer support for Government action on smoking

- 3.1 Public support for government action to reduce smoking remains high. In 2023, a survey of over 10,000 adults by YouGov for ASH found that 77% of surveyed adults in England supported Government action to limit smoking or thought that the Government should do more.⁸
- 3.2 There is majority support among the adult population for all the key recommendations in this report. In England in 2023:
 - 77% of surveyed adults supported the introduction of a levy on tobacco manufacturers to fund services to help smokers quit and prevent young people from taking up smoking
 - 83% supported the introduction of licences to sell tobacco that can be removed if traders are caught selling to underage smokers
 - 62% supported the use of taxation to increase the price of tobacco products 5% above the rate of inflation each year
 - 70% supported increased government investment in public education campaigns on smoking
 - 67% supported the introduction of health warnings on cigarettes sticks to encourage smokers to quit
- 3.3 Support for further government action on smoking is strong regardless of political allegiance. Participants in the 2023 survey were asked how they had voted in the 2019 election. The differences in attitudes to tobacco policy by voting behaviour were small. For example:

- The introduction of a levy on tobacco manufacturers to fund stop smoking services was supported by 88% of Liberal Democrat voters, 82% of Labour voters, and 75% of Conservative voters
 - The introduction of retailer licences to sell tobacco was supported by 89% of Liberal Democrat voters, 86% of Labour voters, and 85% of Conservative voters
 - An increase in government spending on public education campaigns on smoking was supported by 78% of Liberal Democrat voters, 77% of Labour voters, and 67% of Conservative voters
- 3.4 Retailers who sell tobacco products are also supportive of further government action to reduce smoking. A survey of retailers in England in 2022 found that:⁹
- 73% supported the introduction of a levy on tobacco manufacturers to fund stop smoking services
 - 81% supported the introduction of licences to sell tobacco
- 3.5 For retailers, profit margins for tobacco are slim: in 2022, 72% of surveyed retailers said they did not make much profit on a packet of cigarettes compared to other products and only 36% thought that the tobacco companies had their best interests at heart.

4. The economic benefits of Government action on smoking

- 4.1 The immediate benefits of quitting smoking are such that investment in smoking cessation and tobacco control measures provides a return on investment to public finances from year one, as well as supporting economic growth and reducing pressure on the NHS and social care services

The return on investment of key measures announced by Government for 2024

- 4.2 Calculations by UCL's Tobacco and Alcohol Research Group and Landman Economics for the APPG estimate that the increased funding of £85 mn in 2024 for Stop Smoking Services and awareness raising campaigns could reduce smoking prevalence by an additional 0.14 percentage points, amounting to 63,700 additional ex-smokers. Smoking cessation treatment is one of only a handful of interventions which actually reduce healthcare costs in the NHS, and the £85 mn funding commitment for 2024 will generate a return on investment from year one of £85 mn comprising:
- A reduction in social security payments of £47 mn
 - A reduction in public service costs of £23 mn
 - A net increase in tax receipts of £15 mn
- 4.3 The impacts on tax and social security payments in 2024 are principally due to 3,200 smokers who are currently not in work rejoining the workforce after quitting smoking. Furthermore, when people stop spending money on tobacco they switch to buying other goods and services. All tobacco and almost all cigarettes are imported, and most of the cost of a pack of cigarettes goes in taxes to HM Treasury and profit to the manufacturer, so when spending switches away from tobacco an additional 5,400 jobs could be generated in 2024.

The value of implementing all the APPG 2021 recommendations in the next parliament

- 4.4 Also modelled were the impacts if the next government sustained current commitments to help smokers quit throughout the next parliament, as well as implementing all the recommendations made by the APPG in 2021. These include sustaining and uprating existing government commitments as well as ensuring that the commitments in the NHS Long Term Plan for tobacco dependence treatment are fully implemented and sustained. The APPG also recommended investment in targeted interventions for groups with high rates of smoking including people with mental health conditions, people living in social housing and deprived communities especially in the North and Midlands.
- 4.5 It is estimated that if all the APPG's recommendations were adopted by an incoming government in 2025, on average there would be an additional 101,500 ex-smokers a year. On average there would also be an annual increase in the number of people able to work due to improved health and wellbeing of 6,000, and 11,500 jobs created by spending switching from tobacco to other goods and services.

- 4.6 The average annual improvement to public finances from 2025-29 is estimated to be £628 mn comprising:
- reductions in social security payments of £364 mn
 - reductions in public service costs of £159 mn
 - net increases in tax receipts of £106 mn
- 4.7 If current commitments plus the APPG recommendations are implemented and sustained for the whole of the next parliament, the cumulative effect would be an additional 571,200 ex-smokers, an additional 33,300 people able to work, and 62,700 jobs created by spending switching out of tobacco.
- 4.8 The cumulative improvement to public finances by the end of the next parliament would be £3.1 bn, comprising:
- reductions in social security payments of £1.8 bn
 - reductions in public service costs of £0.8 bn
 - net increases in tax receipts of £0.5 bn

5. Make Smoking History through comprehensive Government action

- 5.1 The Government's Smokefree 2030 ambition was announced in 2019. Since then, Government intervention has not been adequate to keep pace with the trajectory required to achieve this goal. Nonetheless, the prospect of making smoking history is within sight, if Government is willing. If the DHSC and NHS fulfil existing commitments and adopt the additional recommendations of the APPG as set out in this report, smoking rates could fall by a third to 7.3% between 2024 and 2029, the end of the next parliament.
- 5.2 There is no downside to investing in measures to help smokers quit and prevent young people from starting smoking. Public support is secure and the return on investment begins in the first year. Furthermore, the opportunity cost of investing public money in tobacco control interventions can be removed by effectively charging these costs to the profits of the tobacco manufacturers, which remain excessive despite the decline in smoking prevalence.
- 5.3 The APPG's new recommendations, set out in detail below, are to:
- Make the polluter pay
 - Implement and sustain all current Government and NHS tobacco control commitments
 - Implement all APPG 2021 recommendations
 - Chart the route to a smokefree future

Recommendation 1: Make the polluter pay

- 5.4 The Big 4 tobacco manufacturers and importers are an oligopoly responsible for around 95% of the tobacco market in the UK. Furthermore, market failure means these companies have monopoly-like pricing power which enables them to make average net operating profits of 50%, far in excess of the average margins for UK manufacturing which are below 10%.¹⁰ This is for selling a product which kills when used as intended.
- 5.5 By limiting the pricing power of the pharmaceutical industry, the NHS has had over £7 bn returned to it over the last five years.¹¹ If government has seen fit to control the profits and prices of an industry whose products are essential and life-saving, it should do the same for an industry whose products are addictive and life-destroying.
- 5.6 The new funding the government has committed to tobacco control this year is welcome, but is not sufficient to deliver the Smokefree ambition by 2030, let alone make smoking obsolete. Although reducing smoking prevalence saves money for public finances and the NHS, investment to save is still required. The taxpayer need not foot the bill for this investment when the tobacco industry

could be made to pay.

- 5.7 The ‘polluter pays’ is a long accepted principle, already applied in environmental regulation,¹² property development,¹³ and the soft drinks industry.¹⁴ It is soon to be applied in the gambling industry.¹⁵ Why then is it not applied to the tobacco industry? By limiting industry profits to no more than 10%, slightly above the current average for UK manufacturing, an estimated £700 mn could be raised.¹⁰ However, as this will take time to implement, the APPG recommends the introduction of a windfall tax as a first step.

Step 1: A windfall tax on tobacco

- 5.8 In 2018 it is estimated that tobacco manufacturers made over £900 million in profits in the UK alone.¹⁶ Yet despite their enormous profitability, the major tobacco manufacturers pay very little corporation tax in the UK.^{17 18}
- 5.9 When energy firms are being required to pay windfall taxes on their excessive profits for an essential public service, tobacco manufacturers should not be exempted from comparable fiscal intervention. It has been estimated that an immediate corporation tax surcharge could raise around £74 million a year.¹⁹

Step 2: A ‘polluter pays’ levy

- 5.10 The tobacco industry is good at hiding profits and passing the cost of tobacco taxation on to consumers. In the longer term what is needed is a utility-style price-cap mechanism.^{20 21}
- 5.11 The ‘polluter pays’ mechanism would cap manufacturers’ prices at a level covering the costs of production and distribution plus a 10% profit. The difference between current manufacturer prices and the capped price would be made up with a levy raised through the tax system. Prices to consumers would not fall, but the profits of the tobacco industry would diminish. The application of the levy to a Smokefree Fund would be set out in legislation to ensure that the revenues obtained were allocated to DHSC (see Smokefree Fund paper for more details).
- 5.12 Setting prices to fix tobacco manufacturers’ profits at 10% would enable an estimated £700 mn a year to be raised as a ‘polluter pays’ health promotion levy, without changing the price to the consumer. The tobacco tax take to HM Treasury would not be affected by such a levy as it would come out of industry profits. Tobacco tax rates could continue to be raised above inflation over time, in line with commitments made by this government and its predecessors.
- 5.13 Unlike corporate taxes, which are based on reported profits and can be evaded, a ‘polluter pays’ levy could be based on sales volumes which are accurately monitored by HMRC. A similar scheme already operates successfully in America. Sales volumes are much easier for the Government to monitor and much harder for companies to misrepresent.
- 5.14 The Department of Health and Social Care (DHSC) has the expertise to monitor company profits and close loopholes as it already does for medicines. The tobacco market is far simpler, both in number of manufacturers and range of products. The DHSC’s Office of Health Improvement and Disparity (OHID) leads on government tobacco policy and has the knowledge and expertise to allocate the funds raised to tobacco control measures to deliver a Smokefree 2030, working in collaboration with civil society as required by the WHO Framework Convention on Tobacco Control.²²
- 5.15 In 2014, when a previous government consulted on a tobacco industry levy,²³ the rules of the European Union prohibited the regulation of tobacco prices to stop the costs of a levy being passed on to consumers.²⁴ With the UK’s departure from the EU, this objection no longer stands.²⁵
- 5.16 The ‘polluter pays’ principle has long been accepted by Government. Examples include the landfill levy, the tax on sugar in soft drinks and the requirement for developers to pay for the costs of remediating building safety defects. There is no case for excepting the tobacco industry, given that smoking is the leading cause of premature death, responsible for half the difference in healthy life expectancy between the most and least advantaged in society.
- 5.17 The primary legislation giving the Secretary of State powers to set up such a scheme were tabled by members of the APPG as amendments to the Health & Social Care bill in the Commons.²⁰ Despite

support from Labour, the SNP, and Plaid Cymru in the Commons, and across the House of Lords, the government refused to accept the amendments and voted them down. More detail about how the scheme could work is set out in the Smokefree Fund paper which accompanies this report.

- 5.18 The APPG recommends that the Government commits to meeting the costs of Making Smoking History through the implementation of a windfall tax on the tobacco industry followed by a long-term levy capping the profits of the industry.**

Recommendation 2: Implement and sustain all current Government and NHS tobacco control commitments

- 5.19 Some of the APPG 2021 recommendations have been adopted in part or in full by the Government this year.
- 5.20 On the regulatory side the Government has consulted on pack inserts, which can be implemented by statutory instrument. On raising the age of sale, the Government is consulting on legislating to implement a ‘smokefree generation’ policy which would increase the age of sale by one year every year from 2027 onwards.
- 5.21 The APPG recommends that the Government passes legislation before the end of this parliament for tobacco pack inserts and the smokefree generation proposal**
- 5.22 The Government is consulting on strengthening the regulation of e-cigarettes, a move recommended by the APPG in 2021. Youth vaping has grown significantly and it is vital that the Government takes action in this parliament to reduce the appeal and availability to children of e-cigarettes and other nicotine products.
- 5.23 The APPG urges the government to prevent e-cigarettes being sold at pocket money prices and to curtail advertising and promotion of vaping, particularly in shops where most underage vapers access e-cigarettes.
- 5.24 The regulations should apply not only to nicotine containing e-cigarettes but to all e-cigarettes and all novel nicotine products including nicotine pouches which have no age of sale, and for which there are no specific regulations on advertising, promotion or product content.
- 5.25 Since 2021 there has been rapid expansion in the number of outlets selling vapes, which currently can and are being sold anywhere and everywhere. The APPG therefore recommends implementation of a retail registration scheme for vaping products, together with a requirement that all vaping products must be kept behind the counter. Only retailers and retail premises with a registration should be allowed to sell vapes, and there should be powers to remove registration from any retailer or retail premises selling underage or illicit products.
- 5.26 The APPG recommends that the Government passes legislation before the end of this parliament to tackle the growing problem of youth vaping through stricter regulation of e-cigarettes and novel nicotine products
- 5.27 There are also Government commitments to significant new investments,²⁶ all of which are welcomed by the APPG:
- an additional £70 million per year for 2024/5 to 2028/9 to support local authority-led stop smoking services
 - an additional £5 million this year and then £15 million per year after to fund new national anti-smoking campaigns
 - up to £45 million over 2 years to roll out the new national ‘Swap to Stop’ scheme - supporting 1 million smokers to swap cigarettes for vapes
 - up to £10 million to provide evidence-based financial incentives to support all pregnant smokers to quit from the end of 2024
 - providing £30 million additional funding per year from April 2024 to support enforcement agencies to enforce the law against underage sales and tackle illicit trade
- 5.28 Other Government departments also have a key role to play. Reducing the affordability of tobacco is

a highly effective mechanism for reducing tobacco consumption and smoking prevalence, and a vital component of an effective strategy to make smoking obsolete. HM Treasury increases in tobacco taxation above inflation, reductions in the tax differential between cigarettes and handrolled tobacco, and the comprehensive strategy implemented by HMRC and Border Force to tackle the illicit trade must be sustained in the next parliament.

- 5.29 The APPG recommends that current Government tobacco control commitments for this parliament are sustained throughout the forthcoming parliament

NHS Long-term plan commitments

- 5.30 The NHS Long Term Plan commitment was as follows:²¹

“to ensure that every person admitted to hospital (both physical and mental health sites) who smokes will be offered NHS-funded tobacco dependency treatment by 2023/24. This includes all expectant mothers throughout their antenatal care. We will also explore how we can best help partners of pregnant women so that any new-born baby goes home to a smokefree home.”

“The offer of treating tobacco dependency will also become available to patients accessing higher risk outpatient services. This will include specialist mental health and learning disability services for long-term users because both of these settings support people who are more likely to smoke.”

- 5.31 Tobacco dependence treatment is one of only a handful of healthcare interventions which have been shown to be not only cost-effective but cost saving.²⁷ Stopping smoking significantly improves treatment outcomes. For example, smokers who quit when they are diagnosed with lung cancer can nearly double their life expectancy²⁸ as well as improving their quality of life substantially. Reductions in depression, anxiety and stress associated with stopping smoking are equivalent or larger than that of antidepressant treatment for mood and anxiety disorders.²⁹
- 5.32 Although prevention of ill health is at the heart of the government’s current mandate to the NHS³⁰ and is a key commitment in the NHSE Business Plan,³¹ the timetable for delivery of the NHS Long Term Plan commitments for tobacco dependence treatment has not been met. COVID slowed progress and funding for the NHS Long Term Plan prevention programme has not been sufficient to deliver the planned rollout. The £35 million spent last year²⁶ was insufficient to deliver NHS Long Term Plan commitments, although NHSE is yet to provide data about how much more is required.
- 5.33 **The APPG recommends that NHSE be required to publish information on the funding necessary to rollout tobacco dependence treatment for inpatients, maternity and high risk outpatients and ensure that they become part of business as usual.**

Pregnancy

- 5.34 The NHS Long Term Plan commitment to provide tobacco dependence treatment to all pregnant smokers is already delivering benefits. In Quarter 2 of 2024 smoking prevalence of 8.0% was recorded among mothers who were known to be smokers at the time of delivery. This compares to 8.8% in 2022/3 and 9.1% in 2021/2.
- 5.35 UCL has calculated that if tobacco dependence treatment and incentives for pregnant smokers are fully implemented by the start of the next parliament, smoking prevalence will fall by 0.66 percentage points by the end of the next parliament. This could deliver a return of £4 for every £1 invested.³²
- 5.36 Extending support to partners of pregnant women who smoke, as recommended by the NHS Long Term Plan, is already proving successful in Greater Manchester and should be considered for national rollout.

Inpatients

- 5.37 In Greater Manchester, where tobacco dependence treatment services for inpatients in physical health settings were first implemented, a gross financial ROI ratio to the NHS of £2.12 return per £1 invested with a payback period of 4 years has been achieved.³³ The Greater Manchester model was

first implemented in Canada³⁴ and has been shown to:

- almost halve hospital readmission at 30 days
- deliver a 30% reduction in readmission at 1 year
- deliver 20% reduction in all cause A&E visits within 30 days

5.38 National rollout of tobacco dependence treatment for physical health inpatients is behind schedule. Implementation of services for mental health inpatients is even further behind schedule.

Outpatients: higher risk settings

5.39 Tobacco dependence treatment for patients accessing higher risk outpatient services will improve health, wellbeing and treatment outcomes, and reduce pressure on the NHS. This was identified as a priority in both the NHS Long Term Plan and the 2021 APPG report. However, rollout has not even begun in mental health settings. Other outpatient settings where higher rates of smoking are likely, and outcomes of treatment will be improved if patients quit smoking, include surgery, pulmonary rehabilitation and diabetes.

5.40 The APPG recommends all NHS Long Term Plan tobacco dependence treatment commitments are fully implemented and become part of the core business of the NHS, including support for pregnant women, inpatients in physical health and mental health settings, and higher risk outpatients

5.41 The APPG recommends that Integrated Care Boards be required to publish quarterly reports on the extent of delivery for all tobacco dependence treatment commitments for inpatients, maternity and high risk outpatients

Targeted Lung Health Checks

5.42 Targeted Lung Health Checks, which are currently being rolled out by the NHS, are offered to everyone aged 55-75 who is either a current smoker or ex-smoker with a long-term history of smoking. The checks include a CT scan to check for lung cancer, followed up every two years. Although very brief advice and opt-out referral to tobacco dependence treatment is a key part of the Standard Protocol, it is not clear where the funding will come from to ensure this is delivered.

5.43 The timetable for rollout is not yet public but Imperial College has modelled the impact of providing Targeted Lung Health Checks, together with gold standard brief advice and opt-out referral to tobacco dependence treatment, to the whole target population by 2025. This could reduce smoking prevalence in this age group from 11.3% to 8.4% by 2029, an additional 125,000 ex-smokers.

5.44 The APPG recommends that funding is secured to provide tobacco dependence treatment for all smokers attending Targeted Lung Health Checks

NHS Staff Offer

5.45 In addition to the NHS Long Term Plan commitments, NHSE is rolling out a digital offer to help all smokers in its employment quit. The NHS in England employs around 1.4 million people and, although smoking prevalence is lower among healthcare staff than the average for the population, it is still a significant cause of sickness, absenteeism and disability in the NHS workforce. In 2017 the RCP estimated that costs arising from smoking by NHS staff in England were £206 mn a year.³⁵ Helping smokers quit will improve the health, wellbeing and economic productivity of the workforce.

5.46 Smoking in the social care workforce is likely to be even higher, and support to quit would improve the health, wellbeing and productivity of the social care workforce too.

5.47 The APPG recommends that the offer of tobacco dependence treatment in the NHS occupational health programme is fully implemented and extended to all staff in social care

Recommendation 3: Implement all APPG 2021 recommendations

5.48 The recommendations made by the APPG in 2021 continue to offer an evidence-based road map towards a smokefree future. The following define the scope for action beyond existing Government

commitments:

- 5.49 Mass media campaigns.** The new Government funding is welcome but there is scope to go further, targeting the North and Midlands which have the highest rates of smoking and the most deprived populations. This would cost an additional £9 mn.³⁶
- 5.50 Annual opt-out referral to stop smoking services.** This measure would require all smokers to be advised to quit at least annually and be given opt-out referral to local authority stop smoking services. The additional funding committed by the government to stop smoking services should ensure that they have the capacity to deliver the necessary support.
- 5.51 Targeted support for smokers in social housing.** The APPG recommended that a ‘Swap to Stop’ scheme be rolled out to smokers in social housing backed up by support from a specialist stop smoking service. Around a third of people in social housing smoke, amounting to more than a third of all smokers in the population.³⁷ The Government’s ‘Swap to Stop’ scheme is to be commended but it does not specifically target smokers living in social housing.
- 5.52 Regional tobacco control programmes.** In the Northeast of England, a comprehensive tobacco control programme, Fresh, was established in 2005.³⁸ Fresh leads a wide range of work across the region including mass media campaigns and partnership work to tackle the illicit trade. Fresh is funded by local authorities in the region and the Northeast Integrated Care Board.
- 5.53** The Northeast is the most disadvantaged region in England. In 2005 smoking rates were the highest in England: 29% compared to the 25% average for the nation. Since then, smoking rates have fallen fastest in the northeast and in 2022 smoking rates for smokers in routine and manual occupations were lower than the average for England.
- 5.54** Similar programmes in the Northwest and Southwest were abolished after in-year cuts to the public health budget in 2015. However, the Greater Manchester Combined Authority has funded a similar programme since 2017,³⁹ the London Tobacco Alliance is up and running, and the North Yorkshire and Humber ICB is in the process of implementing a programme in collaboration with its local authorities. Across England there is interest and enthusiasm for the regional model.
- 5.55 Put warnings on cigarettes and close loopholes in existing regulations.** Warnings on cigarettes and updated pack warnings will be implemented in 2024 in Canada,^{40,41} where a full impact assessment has been conducted.⁴² The APPG recommends that the UK should follow suit without delay and expand legislation for pack inserts to include updated pack warnings and warnings on cigarette sticks. In addition, the loopholes in existing tobacco legislation should be closed, in particular all tobacco flavourings should be prohibited as the current rules have not prevented smokers being able to access menthol cigarettes.⁴³
- 5.56 Control of the retail supply chain.** In 2021, the APPG recommended that the Economic Operator ID (EOID) scheme should be adapted in order that retailers can lose their EOID for underage sales, and to enable disclosure of all businesses with an EOID. Both measures would assist the implementation of local authority tobacco control measures.
- 5.57 The APPG recommends:**
- that the new investment in mass media campaigns is expanded to target deprived communities especially in the North and the Midlands
 - that every year all smokers are advised to quit and given an opt-out referral to stop smoking services
 - that smokers in social housing are targeted and provided with specialist stop smoking support
 - that national funding and support is made available to enable the extension of regional tobacco control programmes to the whole of England
 - that cigarette sticks carry mandatory warnings and all tobacco flavourings are prohibited
 - that the Economic Operator ID scheme is adapted to enable a register of all retailers to be published and to provide powers to remove the right to sell tobacco from retailers caught

Recommendation 4: Chart the route to a smokefree future

- 5.58 Charting the route to a smokefree future, and reviewing and revising it in the light of progress, are vital to an effective strategy to make smoking obsolete. At current rates of decline Cancer Research UK estimates that the current Smokefree 2030 target of smoking rates of 5% or less will not be reached until 2039 while, in the most deprived decile, adult smoking prevalence will not fall below 5% by 2050.⁴⁴
- 5.59 UCL has calculated that if the measures committed to by the government and the NHS, plus the 2021 APPG recommendations, are implemented, smoking prevalence could decline by 4.1 percentage points during the next parliament between 2024 and 2029. On this basis smoking prevalence could fall by about a third during the next parliament from about 11.4% in 2024 to 7.3% in 2029.

Smoking prevalence in England	2024	2025	2026	2027	2028	2029
%	11.4	10.6	9.8	9.1	8.3	7.3

- 5.60 These rates of decline are a benchmark against which progress should be measured. Full roll out of Targeted Lung Health Checks combined with opt out tobacco dependence treatment could increase the rate of decline still further. Progress should be reviewed annually to determine what further measures might be required.
- 5.61 Modelling of the impact of the recommendations in this report on smoking prevalence, as for the 2021 APPG report, has been carried out by the Cancer Research UK funded Tobacco and Alcohol Research Group at UCL. Appendix 2 summarises the approach, and the illustrative modelling and rationale is available for scrutiny on the Open Science Framework.⁴⁵
- 5.62 The APPG recommends that progress towards the smokefree goal is benchmarked and monitored such that policy measures can be reviewed and revised on an annual basis to keep the trajectory on course**

6. Appendix 1. The costs of smoking to society and to public finances

- 6.1 Table A1 presents a breakdown of the full economic costs of smoking to the UK and England. This includes costs to individuals, to public services including the NHS, social care and fire services, and to the wider economy. For more detail and methodology see Landman Economics Cost Benefit and Public Finances Technical Report November 2023.

Table A1: Summary of overall cost of smoking to society

Costs of smoking, 2023	£bn	£bn
1: productivity costs	England	UK
Lost productivity due to early death	1.8	2.1
Reduced employment levels for smokers compared to non-smokers	7.3	8.7
Reduced earnings for smokers compared to non-smokers	9.3	11.1
Reduced GVA due to expenditure on tobacco products compared to other goods and services	13.6	16.2
Total productivity costs	32.0	38.0
2: service costs		
Healthcare: cost of smoking to NHS	1.9	2.2
Social care: cost to local authorities	1.2	1.5
Social care: cost of additional informal care	8.4	10.0
Social care: cost of additional unmet need	5.4	6.4
Fire service: cost to fire and rescue services for responding to smoking-related fires	0.3	0.4
Total service costs	17.3	20.5
Subtotal	49.3	58.5
3: Cost of early deaths due to smoking		
Cost of early deaths using Green book QALY value	25.9	30.8
TOTAL COST OF SMOKING	75.2	89.3

Source: Landman Economics calculations for APPG rounded to 1 decimal place. See Technical report for further information and methodology.

- 6.2 Table A2 presents a breakdown of the public finance costs of smoking to England due to lost tax receipts, increased social security spending and public service costs to the NHS, social care and fire services. Modelling by UCL of the impact of interventions on smoking prevalence is used to calculate the economic benefits.
- 6.3 For 2024 the calculation is based on government announcements of new spending in the Command Paper published in October 2023. For the next parliament the calculations are based on all current government and NHS commitments being implemented and sustained, as well as the implementation of the additional APPG recommendations set out in this report.

6.4 For more detail and methodology see Landman Economics Cost Benefit and Public Finances Technical Report November 2023.

Table A2: Public Finance costs of smoking to England in 2023 and reductions due to additional policies planned for 2024 and recommended for 2025-29

	Total cost		Reductions due to additional policies	
	2023	2024	2025-9 average	2025-9 cumulative
Public finance net costs of smoking				
1: tax impacts arising from productivity costs	£m	£m	£m	£m
Lost tax receipts due to early death	-565	6	47	233
Lost taxes due to lower employment for smokers compared to non-smokers	-2,799	32	233	1,163
Lost taxes due to lower earnings for smokers	-3,818	44	316	1,578
Lost taxes due to fewer jobs generated by tobacco spending compared to other goods and services	-5,481	67	522	2,609
Revenue from tobacco taxation	+11,274	-134	-1,011	-5,054
Total impacts on taxes due to smoking	-1,390	15	106	529
2. Impact on social security spending				
Increased benefits due to lower employment rates for smokers	-1,900	22	145	727
Increased in-work benefits due to lower earnings for smokers	-502	6	40	199
Increased benefits from reduction in jobs due to tobacco spending	-2,421	27	200	1,001
reduced pension payments due to early death	+232	-8	-21	-107
Total impact on public finances due to benefit spend	-4,591	47	364	1,819
3: public service costs				
Healthcare: cost of smoking to NHS	-1,886	5	36	181
Social care: cost to local authorities	-1,232	14	97	485
Fire service: cost of responding to smoking-related fires	-331	4	25	127
Total public service costs:	-3,450	23	159	794
Total gross costs of smoking to public finances (before tobacco tax subtracted)	-20,936	226	1,661	8,303
TOTAL COSTS OF SMOKING TO PUBLIC FINANCES	-9,431	84	628	3,142

Source: Landman Economics calculations for the APPG. See Technical report for further information and methodology.

7. Appendix 2. UCL modelling of impact of interventions on smoking prevalence

- 7.1 Modelling of the impact of the recommendations in this report, as for the 2021 APPG report, has been carried out by the Cancer Research UK funded Tobacco and Alcohol Research Group at UCL, part of the SPECTRUM academic consortium, with support from academics from Imperial College London. The illustrative modelling is available for scrutiny on the Open Science Framework.⁴⁵
- 7.2 The modelling is based on the following assumptions:
- Implementation of all current DHSC commitments in particular increased funding for Stop Smoking Services, anti-smoking campaigns in 2024, and provision of free e-cigarettes to help smokers quit, and financial incentives to support pregnant smokers to quit from 2025. All measures to be sustained throughout the next parliament between 2025 and 2029.
 - Implementation of NHS Long Term Plan commitments to provide tobacco dependence treatment for all inpatients, long-term mental health patients and pregnant smokers. To be rolled into business as usual during the next parliament.
 - Implementation of additional APPG 2021 recommendations including annual opt out referral for stop smoking support for all smokers, additional investment in anti-smoking campaigns in the North and Midlands, plus additional targeted support to quit for smokers in social housing and undergoing NHS Talking Therapies.
- 7.3 The model assumes a constant absolute decline in smoking prevalence of 0.5 percentage points per annum, based on aggregate average declines for the adult population in England since funding for stop smoking services was cut in 2015.⁴⁶ If this background decline increases or decreases, this means the absolute impact of the modelled interventions is either over- or underestimated.
- 7.4 If, as recommended in this report, the annual tobacco tax escalator is continued, and regulation of tobacco ratcheted up over time, it is assumed that the ~0.5 percentage point annual background decline in smoking prevalence achieved since 2016 can be sustained during the next parliament.
- 7.5 The impact of each recommendation is modelled separately, and while there would likely be some overlap there would also be synergies. For instance, if in addition to being motivated to quit by mass media behaviour change campaigns, smokers attempting to quit access stop smoking services, their quit rates will be improved.
- 7.6 The assumption has been made therefore that the interventions are additive and will build on the impact of sustained and enhanced regulation. The detailed evidence underpinning the recommendations can be found on the Open Science Framework. The impact has been modelled of the recommendations designed to reduce smoking uptake, motivate quitting and increase success rates among smokers who attempt to quit.
- 7.7 The impact in year one of an incoming government will be an additional 0.4 percentage point decline, and for the 5 year length of a parliament an additional 1.7 percentage point decline. This includes an estimate that effectively raising the age of sale to 21 by 2029 would reduce population smoking rates by an additional 0.3 percentage points in 2029. In total the combination of additional investment and sustained and enhanced regulation should reduce smoking rates by 4.1 percentage points bringing smoking prevalence down from an estimated 11.4% in 2024 to 7.3% by 2030. This is a reduction of more than a third during the course of the next parliament.

Smoking prevalence in England	2024	2025	2026	2027	2028	2029
%	11.4	10.6	9.8	9.1	8.3	7.3

- 7.8 The public finance and wider economic benefits of reductions in smoking prevalence accrue for those who have quit smoking, or never started, by the age of 35, and for social care for 50+. Our economic modelling of the financial return on investment therefore only includes smokers in

these age groups and only includes the incremental impacts of the modelled interventions not the background quit rate.

- 7.9 The full benefits to the health and wellbeing of society are greater than those included in the economic modelling. For example the impact of reductions in smoking among pregnant women and their partners accrue to the fetus and young child. Return on investment on that basis is estimated to be £4 for every £1 invested. And the reduction in smoking by increasing the age of sale will take time before the full impact is realised, although it will have an immediate impact in helping reduce smoking rates in young women, the age group most likely to smoke in pregnancy.

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