

Political bulletin

All Party Parliamentary Group on Smoking and Health



A Smokefree Vision: But Funding Still an Issue

Since the last Bulletin from the All Party Parliamentary Group on Smoking and Health, we have welcomed the Government's new Tobacco Control Plan for England, setting out a vision for a smokefree generation. The Plan includes new targets, building on the remarkable decline in smoking rates that we have achieved in recent years. In my opinion, it represents a real commitment from the Government to continue to make smoking a top public health priority.

There are also very welcome signs from the National Health Service that senior clinicians and managers recognise the need to continue to improve the support and advice that smokers get when they access NHS services – whether attending a GP surgery, getting a health visit, or going into hospital. On January 11th I was delighted to help Public Health Minister Steve Brine launch the new NHS Smokefree Pledge.

But there are still important issues to tackle, and some reason to be concerned that progress in cutting smoking rates, particularly among poorer and more vulnerable population groups, could stall or even go into reverse. The latest ASH/Cancer Research UK survey of local authorities, summarized on page 4, shows that more than three in five have reduced their services to help smokers quit. A rising number of GPs are no longer prescribing effective smoking cessation medications. And on Page 3, we report that there is growing concern that the proportion of women smoking while pregnant is no longer falling.

All this is partly a consequence of reductions in public health grants and pressure on NHS budgets. But we do need to find a way to make up this funding shortfall if we are to turn the Plan's targets into a reality. I can see no good reason why the tobacco industry should not pay more to tackle the appalling health damage their products cause – they could certainly afford to. A licensing or user fee (as in the United States) is one way this might be achieved. The first smokefree generation is in sight, if we are prepared to invest in it.

Bob Blackman MP
Chair of the APPG on Smoking & Health



Bob Blackman MP, Chair of the APPG, and Steve Brine, Public Health Minister, at the launch of the **NHS Smokefree Pledge**, 11th January 2018

Tax rises welcome but should go further

Tax increases are one of the most effective ways of reducing smoking prevalence both by encouraging quitting and discouraging uptake among young people, who are particularly price sensitive. Increases need to be implemented alongside effective enforcement strategies for illicit tobacco. Over the last decade the level of illicit tobacco has fallen but greater progress is still needed.

This year has seen two Budgets, both of which increased taxes on tobacco. In April the Chancellor continued the tobacco tax "escalator", which meant a tax rise of 2% above inflation for all tobacco products. This rise was repeated at the Autumn Budget, with Hand Rolled Tobacco (HRT) being raised an additional 1%, a step forward in reducing the affordability of tobacco.

In April health campaigners also welcomed the Chancellor's decision to introduce a Minimum Excise Tax on cigarettes, making it harder for tobacco companies to 'game' the system. However, failure to include HRT has raised concerns that this could widen the price gap with ready-made cigarettes.

New Tobacco Control Plan for England: Tough Targets, but Funding Needed

The Government's new Tobacco Control Plan for England, "*Towards a Smokefree Generation*", was published on 18th July 2017.

The Plan sets out a vision of a "smokefree generation", which is defined as a smoking prevalence rate of 5% or less. Since the introduction of the previous Tobacco Control Plan smoking rates have fallen from 20.2% to 15.5%. If this rate of decline were to be sustained a smokefree generation could be achieved by 2030.

The Plan sets out the scale of the continuing public health challenge posed by smoking:

- There are still 7.3 million smokers in England, and more than 200 people a day die from smoking related illness.
- Differences in smoking rates account for half the difference in life expectancy between the richest and poorest social groups in England.
- Smoking costs our economy over £11 billion a year, including £2.5 billion to the NHS, £5.3 billion to employers and £4.1 billion to wider society due to lost output. There are further costs including around £760 million from increased social care costs to local councils.

The Plan also sets out some specific commitments including to:

- Use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking.
- Reduce the inequality gap in smoking prevalence between different social groups
- Provide access to training for all health professionals on how to help patients quit.
- Promote links to "stop smoking" services across the health and care system and full implementation of all relevant NICE guidelines by 2022.

By 2022 the Plan aims to:

- Reduce smoking prevalence among adults from 15.5% to 12% or less
- Reduce the proportion of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

The Plan also calls for a shift in emphasis from national to local action in order to achieve the vision of a "*smokefree generation*".

But this comes at a time of severe government cuts in which threaten successful implementation of the Plan. A recent analysis by the King's Fund found that in

2017/18 local authority funding for wider tobacco control faces cuts of more than 30%. Stop smoking services are one of the top four services in absolute planned cuts (£16 million). In a growing number of authorities there is no longer a specialist stop smoking service accessible to all smokers.

To address this funding issue, Action on Smoking and Health has called on the Government to introduce a positive licensing/user fee system for the tobacco industry, to apply at all levels from manufacturers to wholesalers and retail outlets. License/user fees could be set based on local sales data, and the income could be used to pay for tobacco control measures.

Opinion poll results show 76% of the public support the licensing of tobacco retailers, and 71% support requiring tobacco manufacturers to pay for the costs of regulation of the industry. The four major tobacco companies are some of the most profitable businesses in the world, and could easily afford to pay more, through a licence system, to mitigate the damage their products cause.

Buck D. Chickens Coming Home to Roost: local government public health budgets for 2017/18. The King's Fund, 2017.

Action Needed on Mental Health

A key ambition of the Tobacco Control Plan is reducing smoking rates among those with a mental health condition. Smoking rates are high in this population with up to 70% among those in psychiatric units. The Tobacco Control Plan restates commitments set out in the Five Year Forward View for Mental Health, that all mental health services be smokefree in 2018.

The Mental Health and Smoking Partnership, a coalition of medical royal colleges, third sector organisations, service user and professional groups, is supporting this agenda through the development of resources and training materials for staff, alongside creating networks for trusts to share information and expertise.

However, there is no national target to reduce smoking rates within this population. Better data is needed with targets used to drive action to radically reduce rates of smoking.

Further information on the Mental Health and Smoking Partnership:

www.smokefreeaction.org.uk/smokefree-nhs/smoking-and-mental-health/

New PHE Report on E-cigarettes Shows Switching from Smoking to Vaping Much Safer

On 6th February 2018, an important new report on e-cigarettes was published by Public Health England. The report is an evidence review led by Professor Ann McNeill, Professor of Tobacco Addiction at King's College, and Professor Linda Bauld, Professor of Health Policy at the University of Stirling.

The report updates the evidence on e-cigarette use among adults and young people; their effectiveness as an aid to quitting by smokers; the risks to health compared to smoking and public understanding of those risks. Key findings are:

- Vaping is much less risky than smoking, so switching completely from smoking to vaping offers substantial health benefits.
- E-cigarettes are currently contributing to at least 20,000 successful new quits per year.
- E-cigarette use was associated with improved quit success rates over the last year and an accelerated decline in smoking.
- The evidence does not support the concern that e-cigarettes are a route into smoking among young people. Youth smoking rates in the UK are falling. Regular use of e-cigarettes by teenagers is rare, and largely confined to those who have previously smoked.
- There are serious problems with public understanding of relative risks and many smokers wrongly believe that vaping is as harmful as smoking; around 40% of smokers have not even tried an e-cigarette.

This lack of understanding about risk may help to explain why the number of people using e-cigarettes in the UK has stopped rising over the last few years, and remains at just under 3 million. Since those smokers who switch completely to vaping are likely to substantially cut health risks, this suggests that the misunderstanding of relative risks is inhibiting a significant number of smokers from switching.

Based on these findings, and in line with ambitions for a smokefree NHS, PHE is calling on hospital trusts to ensure e-cigarettes are available alongside nicotine replacement therapies from hospital shops and can be used on trust sites to support smokers to quit and stay smokefree.

In line with the Tobacco Control Plan commitment to: "maximise the availability of safer alternatives to smoking", PHE believes there is a strong case for e-cigarettes to be made available on the NHS and

has encouraged the MHRA to support manufacturers through the process of getting a medicinal license.

McNeill A. Brose L. Calder R. Bauld L. and Robson D. Evidence review of e-cigarettes and heated tobacco products: A report commissioned by Public Health England. 2018.

ASH. Use of e-cigarettes among adults in Great Britain 2017. 2017

Concern Grows Over Smoking in Pregnancy Numbers

The new Tobacco Control Plan was launched at a joint meeting of the APPGs on Smoking and Health and Baby Loss and includes an important target to reduce the prevalence of smoking in pregnancy, from 10.7% to 6% or less by 2022. But concern is growing that the next "Smoking at Time of Delivery" statistics, published each quarter by NHS Digital, may show the number of smokers has ceased to fall for the fourth quarter in a row – and could even start to rise, putting the Government's 6% target at serious risk. The main problem seems to be wide local variation: while 89 Clinical Commissioning Groups have seen rates decline by 1 percentage point or more since 2014/15, 78 CCGs have seen them increase. In Sheffield, for example, health visitors and midwives have been trained to support pregnant smokers, and smoking rates have fallen sharply.

The Smoking in Pregnancy Challenge Group published a report in July highlighting the need for improved training of the maternity workforce. Through the Government's Maternity Safety Strategy published in November, there is funding to provide training for NHS staff in how to address smoking in pregnancy. But this funding is only due to last for one year. Since reducing smoking is such a key part of ensuring that pregnancies are safer, the Government should consider funding this training for future years as well.

Department of Health and Social Care. Safer maternity care: progress and next steps. 2017.

For information on local variations and the Smoking in Pregnancy Challenge Group: <http://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/>

Cuts in Public Health Grant Lead to Decline in Support for Smokers

A new report by Action on Smoking and Health and Cancer Research UK shows that cuts to the public health budget nationally have led to dramatic changes in services for smokers.

Only 61% of local authorities continue to offer all local smokers access to evidence-based support in line with NICE guidance. Local areas report year-on-year budget cuts to stop smoking services. There is now at least one local authority in England where there is a zero budget for addressing smoking.

The survey of local authorities across England also found that 1 in 9 areas report that GPs are no longer prescribing nicotine replacement therapy, such as patches or gum, to smokers. One in 10 GPs do not provide access to varenicline, an effective prescription-only medication that helps smokers to quit. In three quarters of local authorities, stop smoking services support the use of e-cigarettes by smokers in their attempts to quit. The remainder 'neither support nor discourage' the use of e-cigarettes. Support for the use of e-cigarettes is lower in primary care providers.

ASH, Cancer Research UK and other health organisations have argued for a number of years that, in the context of the enormous burden tobacco places on society, the tobacco industry should be forced to pay to address the harm it causes. It is estimated that tobacco companies in the UK make a collective annual profit of around a £1 billion.

Key recommendations from the report:

- The introduction of a levy/licensing fee based on tobacco company profits and local sales data could cover the costs of providing the services that support people to quit smoking.
- Local authorities should work with clinical commissioning groups and NHS trusts to ensure that all smokers engaging with the health system have access to the treatment and behavioural support they need to quit.

Sustainability and Transformation Plans offer a means to achieve this.

- Local authorities and their partners should develop and implement clear strategies to tackle local inequalities in smoking, addressing the needs of highly addicted and disadvantaged smokers who are likely to need high quality treatment to give them the best chance of quitting.
- A consistent approach to e-cigarettes should be pursued by all providers in line with the evidence base and the recommendations of NICE and Public Health England. Primary care providers should take a more positive approach to supporting those smokers who want to quit using an e-cigarette.

ASH and CRUK. Feeling the heat: The decline of Stop Smoking Services in England. 2018. Findings are from a survey of Local Authorities with public health budgets undertaken July – September 2017.

Evidence on tobacco profits in the UK is given in Branston JR, Gilmore AB. The extreme profitability of the UK tobacco market and the rationale for a new tobacco levy. 2015

ASH Website and Daily News

Action on Smoking and Health's website (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 here: <http://ash.org.uk/subscribe/>

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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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