

BEYOND *Smoking Kills*

PROTECTING CHILDREN, REDUCING INEQUALITIES





Current tobacco control options described by the marketing mix

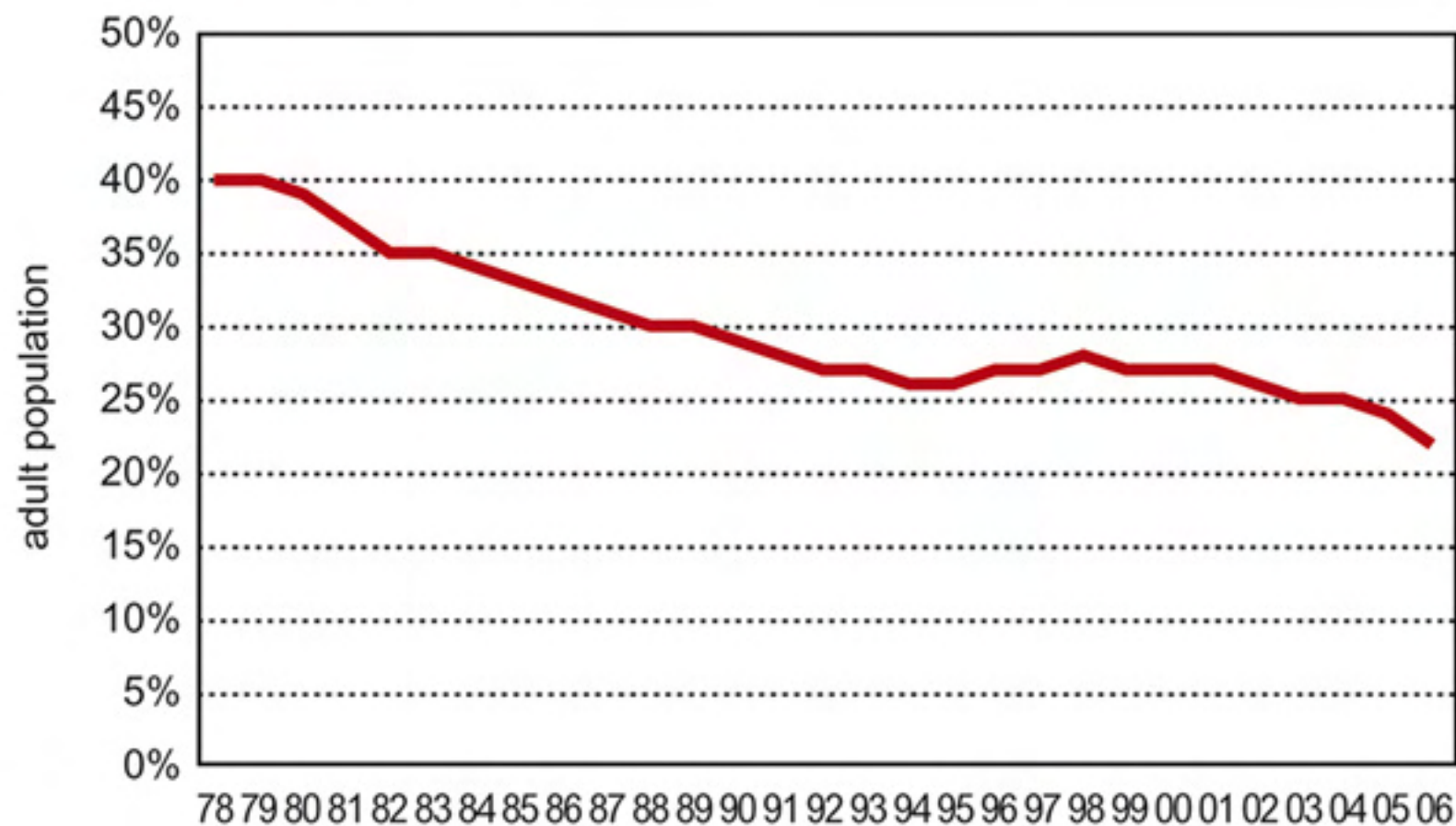
Focus	Product	Price	Promotion	Place
Tobacco products	Regulate design, packaging and labelling of tobacco products. (Regulation of the toxicity of smoked tobacco products has little potential.)	Increase real price of tobacco through taxation and control of smuggling.	Remove residual promotion of tobacco products at point of sale. Reduce visibility of tobacco products in TV and film. Sustain media campaigns about the dangers of smoking.	<i>Place of sale</i> Restrict tobacco sales outlets. Enforce age restrictions on sale. Ban vending machines. <i>Place of consumption</i> Further restrict or discourage smoking in places where others may be harmed.
Quitting services	Improve quality and range of NHS Stop Smoking Services and therapies.	Extend free NHS provision of stop smoking services and therapies. Reduce taxation and price of OTC therapies.	Sustain and expand local and national social marketing of stop smoking services and therapies.	Expand opportunities for accessing stop smoking services and therapies. Encourage all health professionals to offer stop smoking advice.
Alternatives to tobacco	Introduce pure nicotine products that will be attractive to heavily addicted smokers.	Manipulate price of pure nicotine products to undercut tobacco products.	Promote pure nicotine products as a safer alternative to tobacco.	Make pure nicotine available through all outlets where tobacco products are sold.

The relationship of the Smoking Kills action plan to the tobacco control marketing mix

Smoking Kills action plan	Tobacco Products					Quitting services			
	Product	Price	Promotion	Place of sale	Place of consumption	Product	Price	Promotion	Place
End tobacco advertising, promotion and sponsorship			●						
Minimal tobacco advertising in shops			●						
Tobacco tax increases		●							
Action against tobacco smuggling		●							
Pressure for European-wide fiscal action		●							
New NHS services to help smokers quit						●			
A week's free NRT (nicotine replacement therapy) on the NHS						●	●		
Quitting advice from all NHS professionals						●			●
Co-operation with the pharmaceutical industry (re NRT)						●			
Mass media health promotion campaigns			●					●	
An approved code of practice for smoking in the workplace					●				
Choice for smokers and non-smokers in pubs & restaurants					●				
Enforcement of law against tobacco sales to children				●					
A single cross-industry proof of age card				●					
Code to prevent sales to children from vending machines				●					

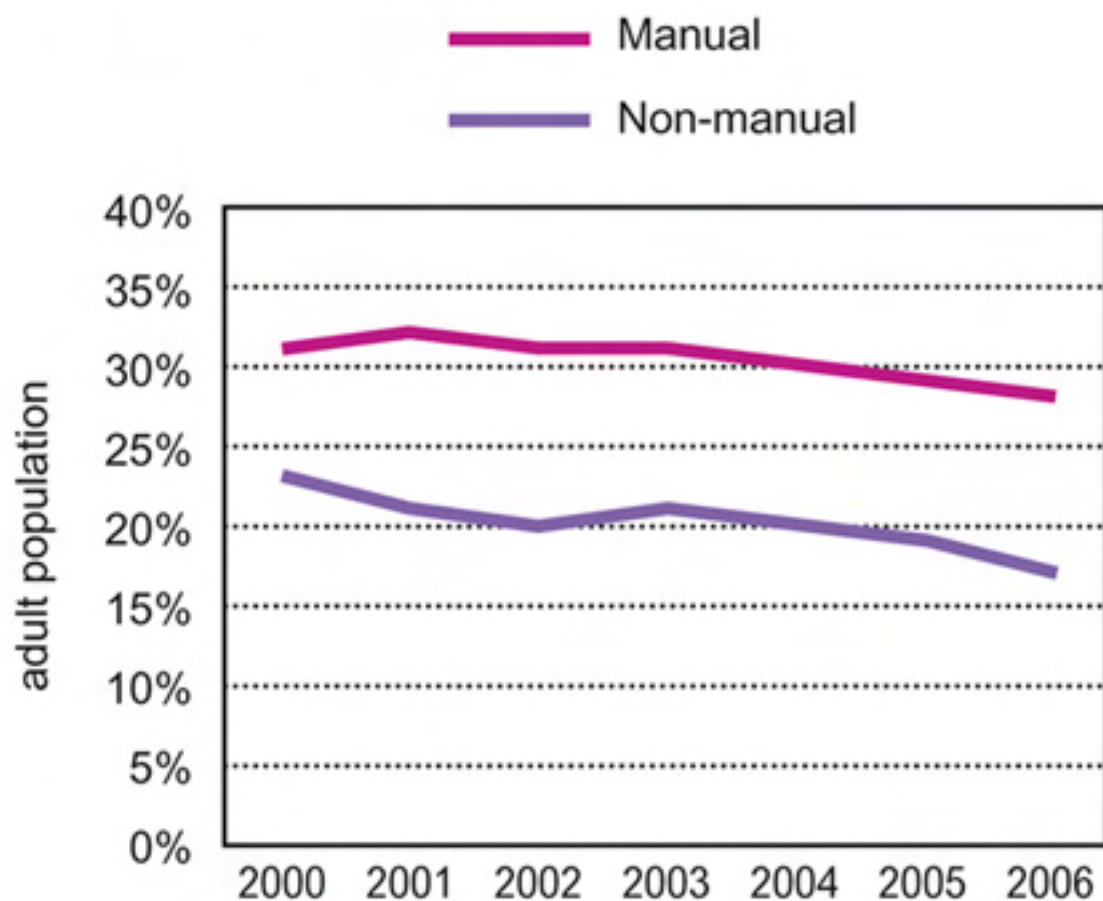
Smoking prevalence among adults in England 1978 - 2006

(General Household Survey)



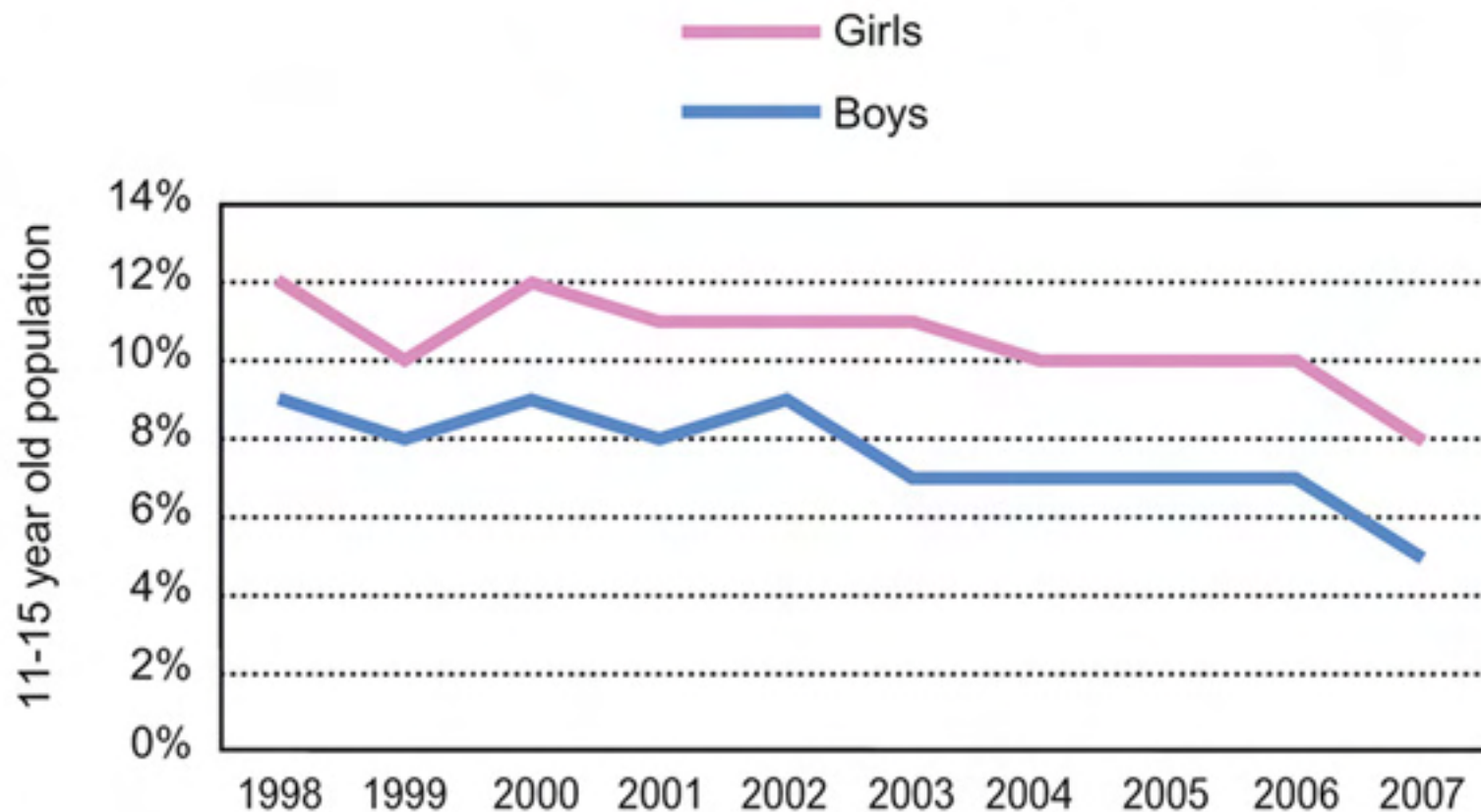
Smoking prevalence in adults in England 1998 - 2006 by socio-economic group

(General Household Survey)



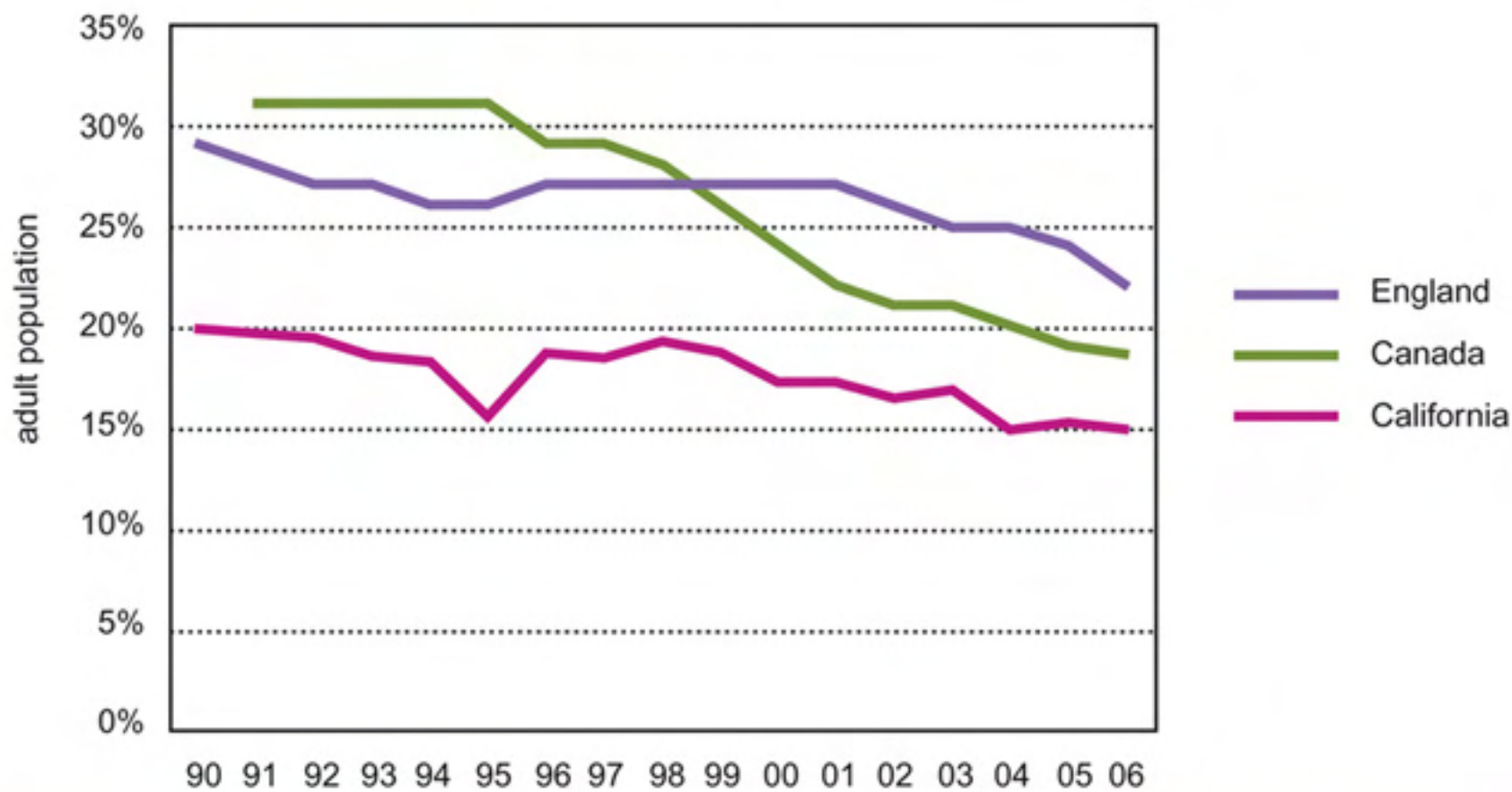
Prevalence of regular smoking in 11-15 age group in England 1998 - 2007 by sex

(smoking, drinking and drug use among young people in England in 2007)



Prevalence of smoking in England, Canada and California, 1990-2006

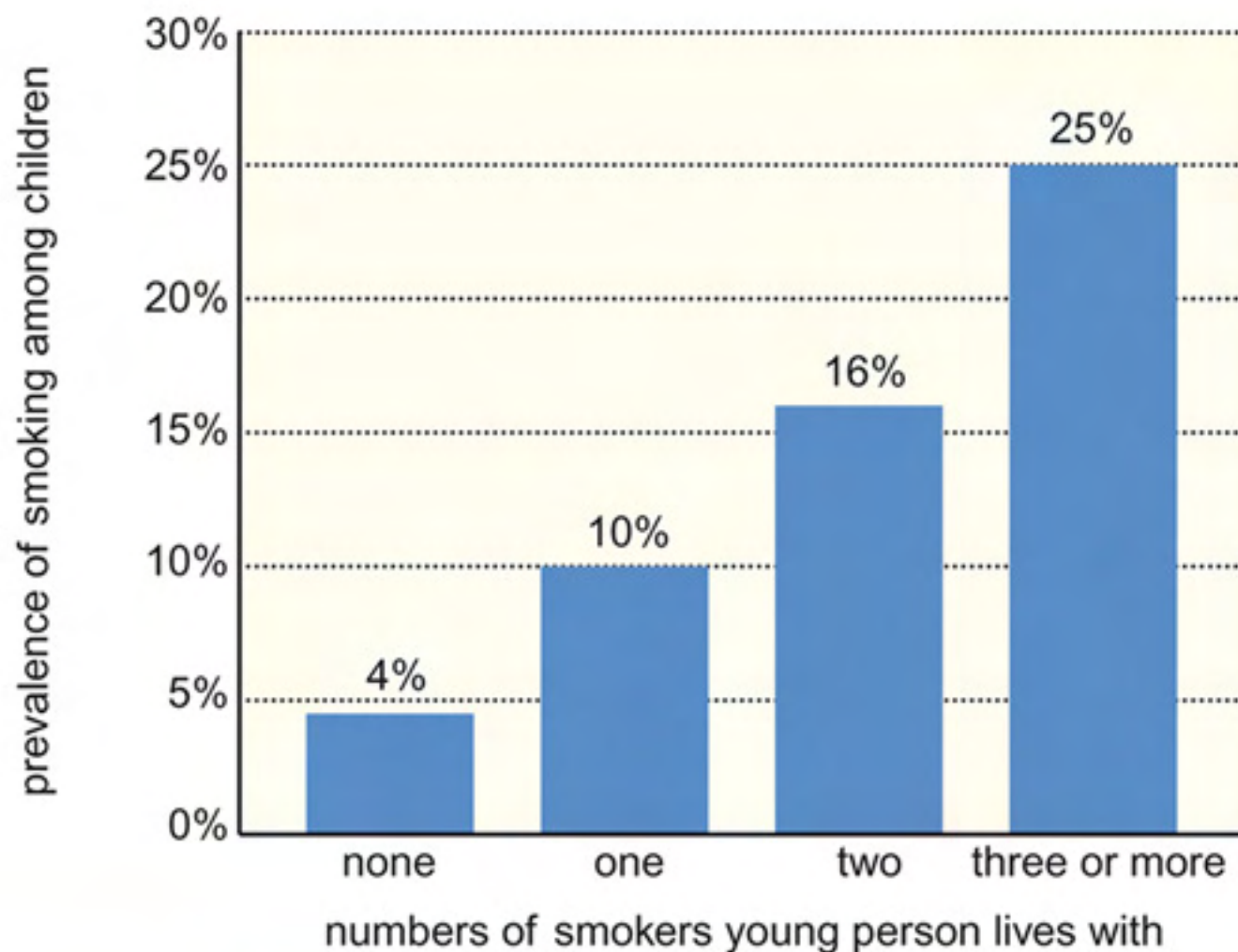
(General Household Survey, Centers for Disease Control Behavioral Risk Factor Surveillance System, Health Canada)



NB: A new definition of smokers was introduced in California in 1995 which led to raised prevalence from 1996 and subsequent years.

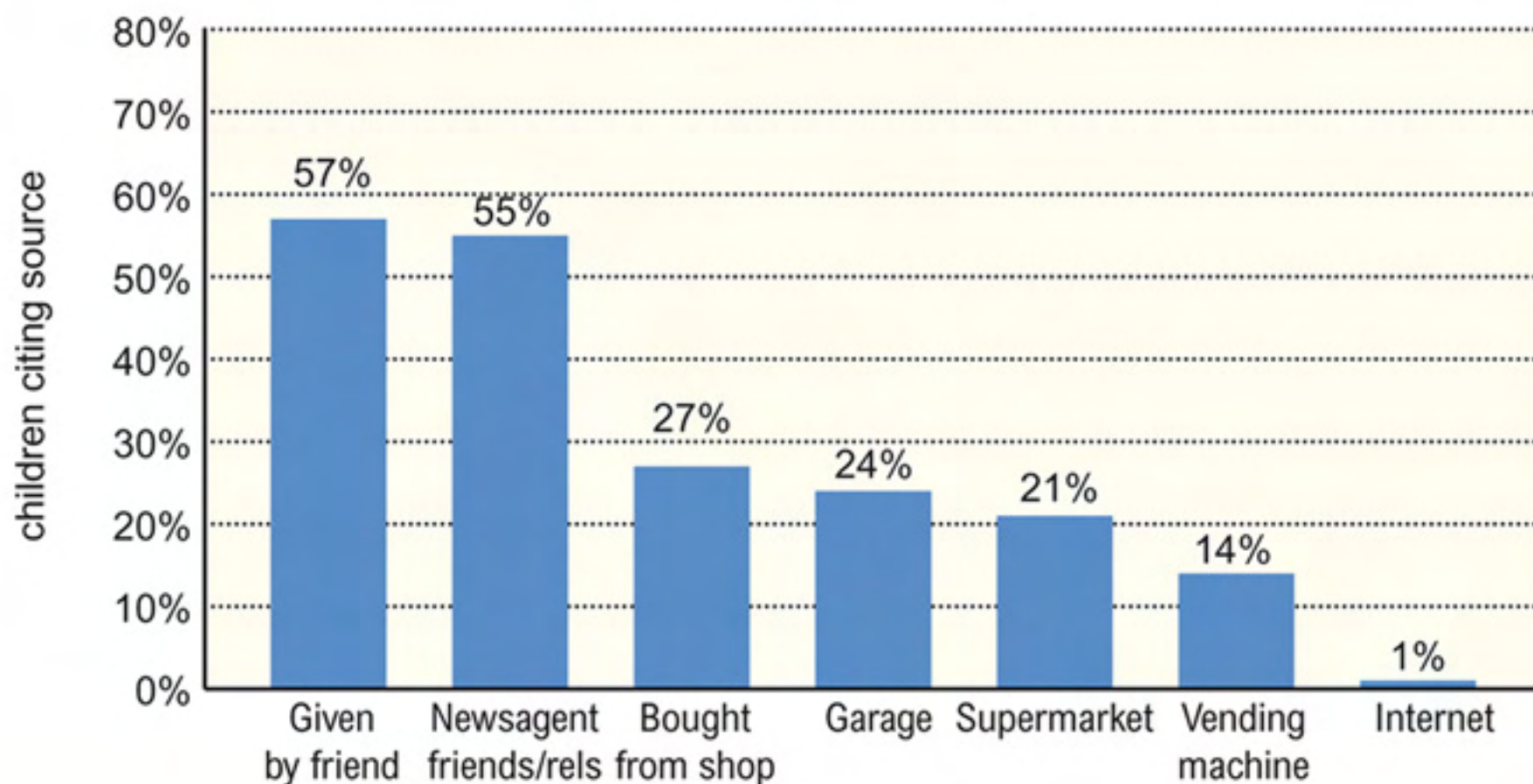
Smoking prevalence in 11-15 year olds by number of smokers they live with

(Smoking, drinking and drug use among young people in England in 2006)



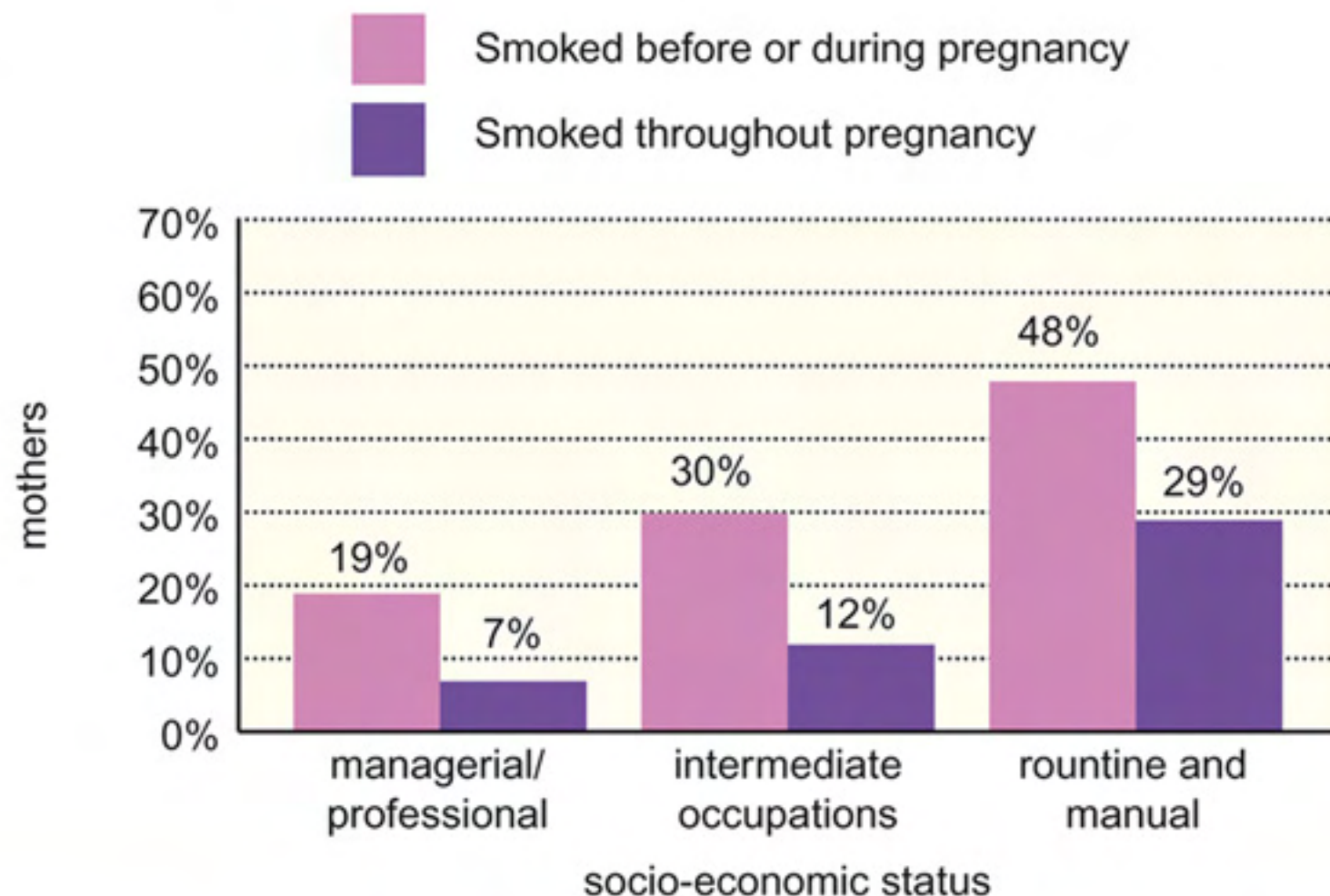
Usual sources of cigarettes for 11-15 year olds in England

(Smoking, drinking and drug use among young people in England in 2006)



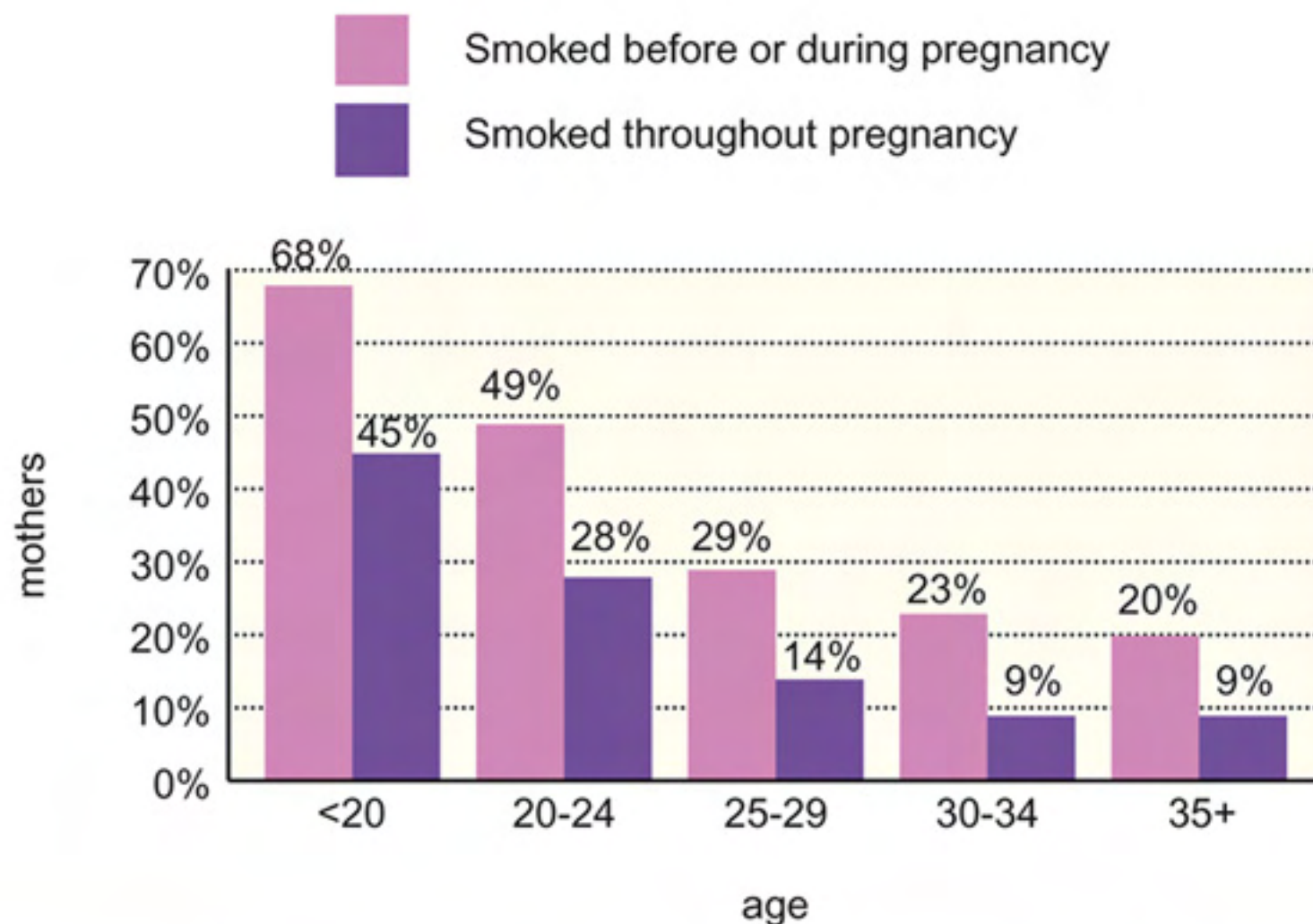
Smoking and pregnancy by socio-economic status

(Infant Feeding Survey 2005)



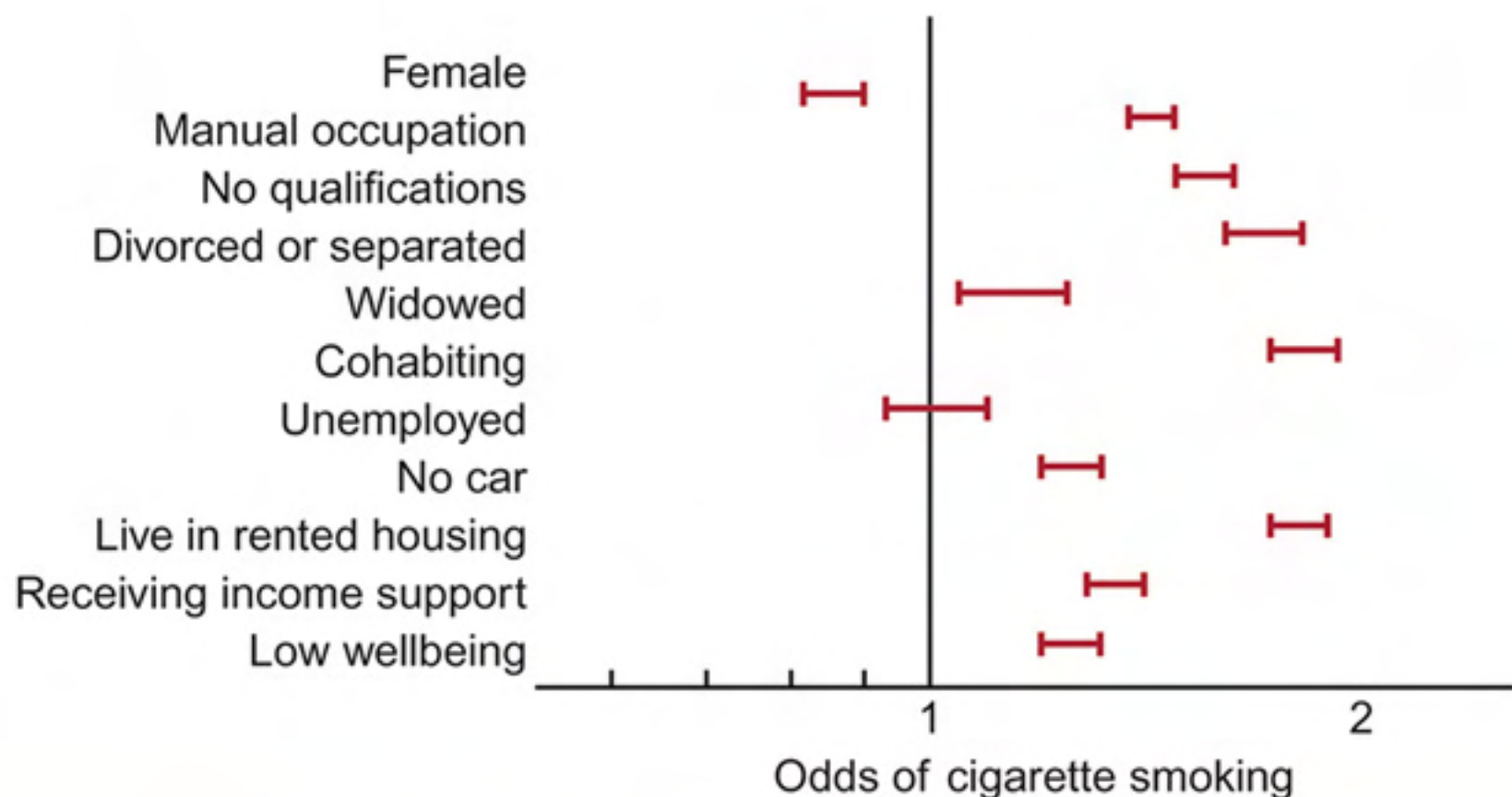
Smoking and pregnancy by age

(Infant Feeding Survey 2005)

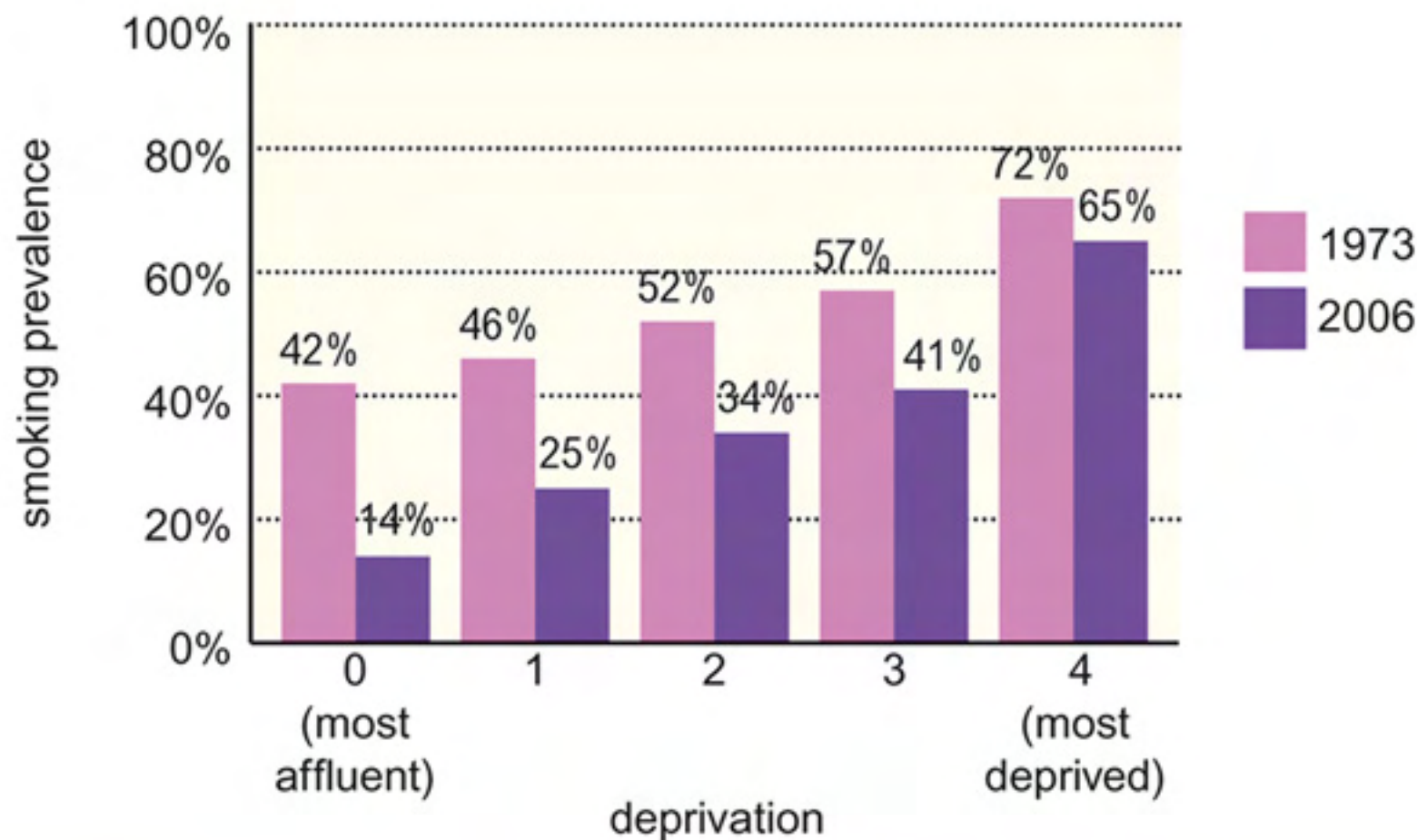


Socio-economic factors and cigarette smoking

Odds of smoking (\pm 95% confidence interval) adjusted for age group, ethnic group and year of survey (Health Survey for England 1998-2004 pooled)

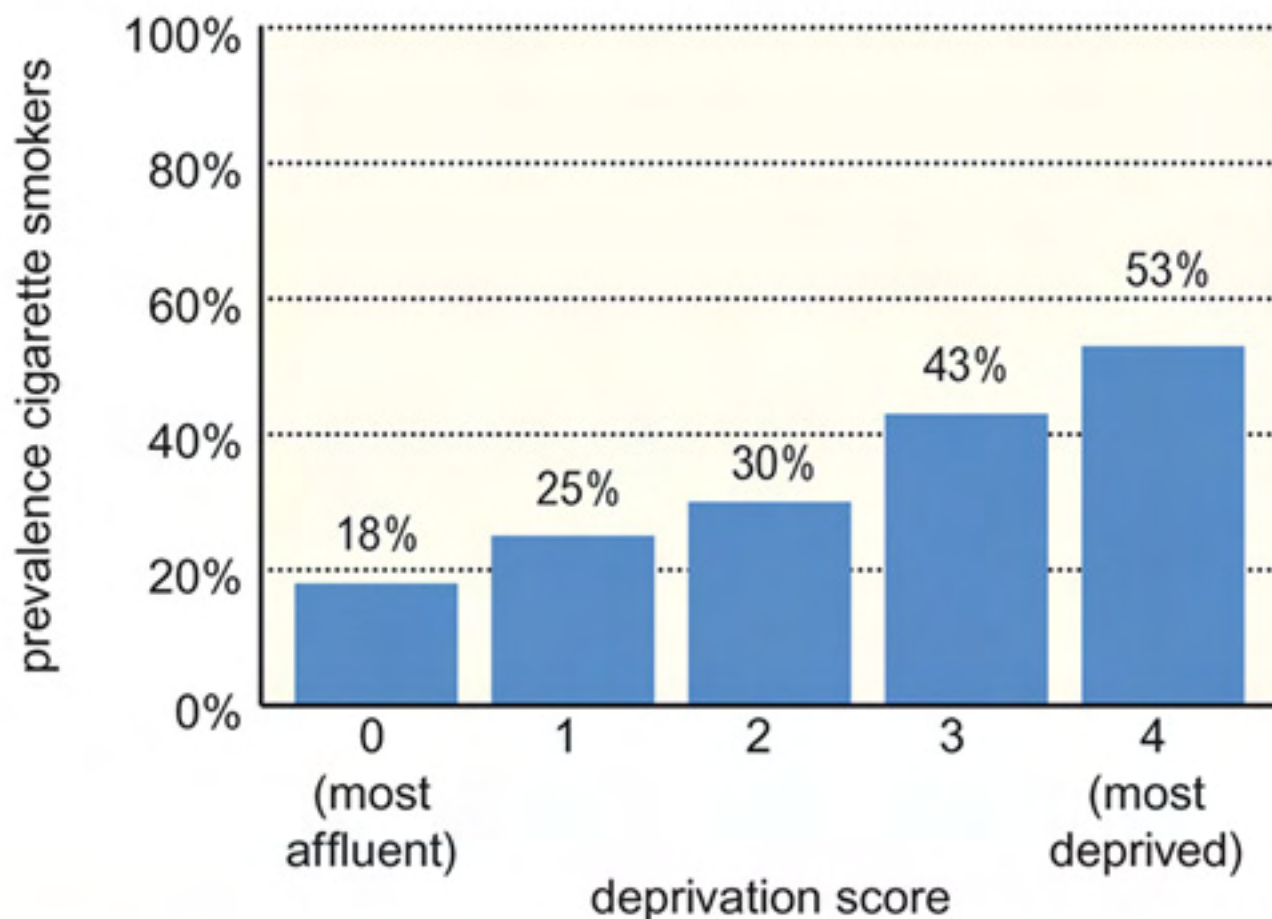


Prevalence of cigarette smoking 1973 and 2006 *(General Household Survey)*



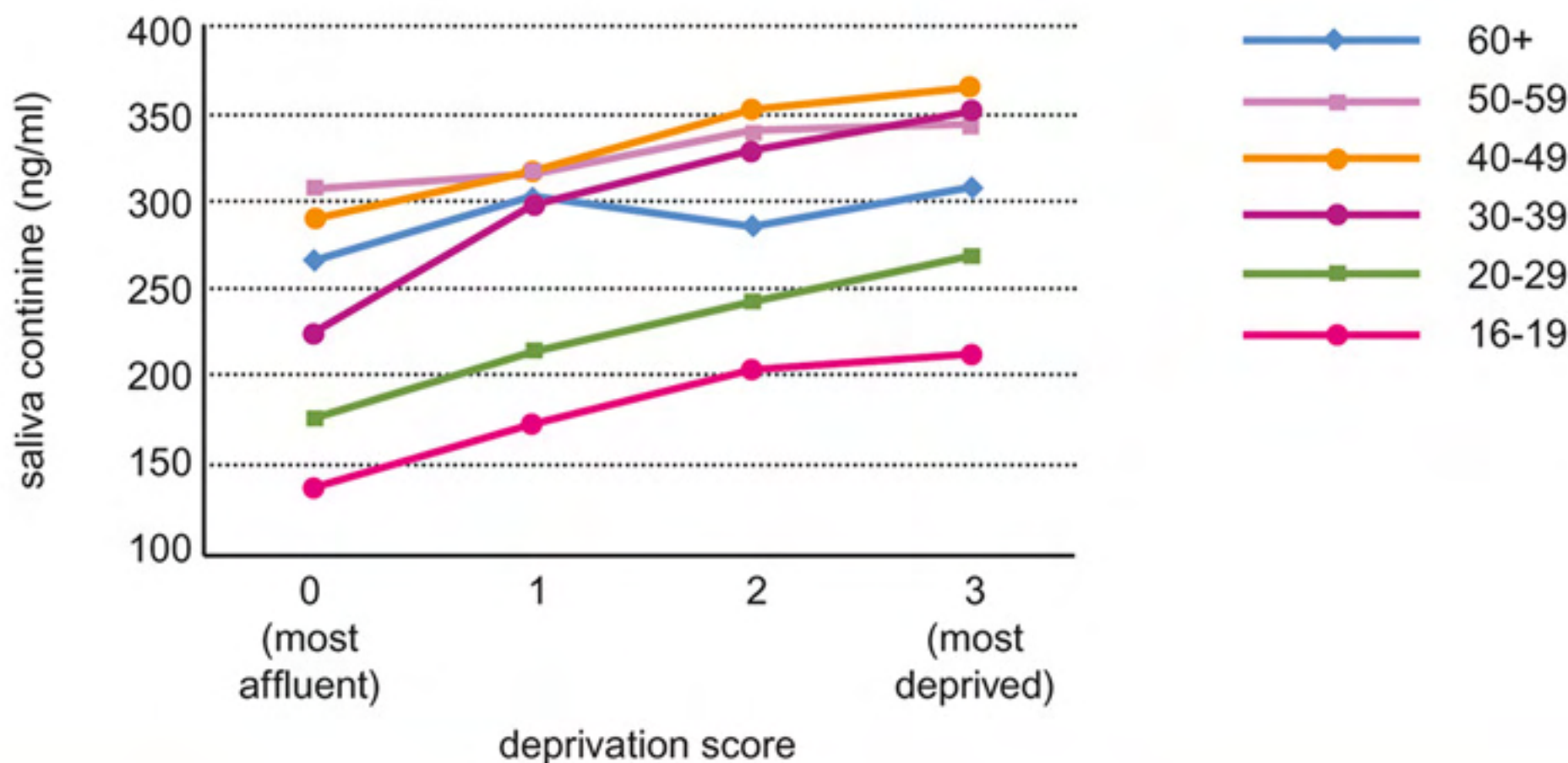
Prevalence of cigarette smoking in 16-19 year olds by deprivation score

(Health Survey for England 1996-2003 pooled)



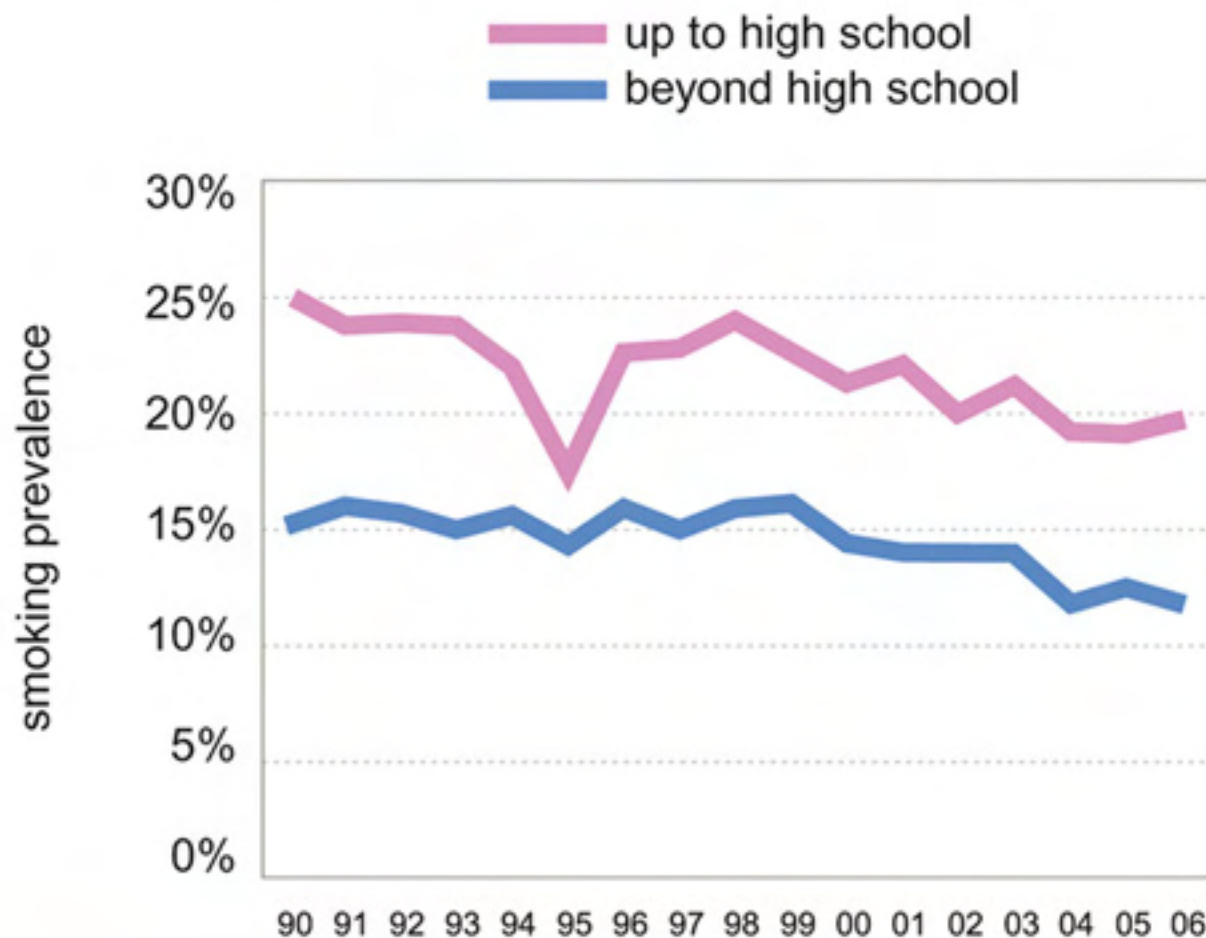
Nicotine intake in smokers by age and deprivation score

(Health Survey for England 1998-2004 pooled)

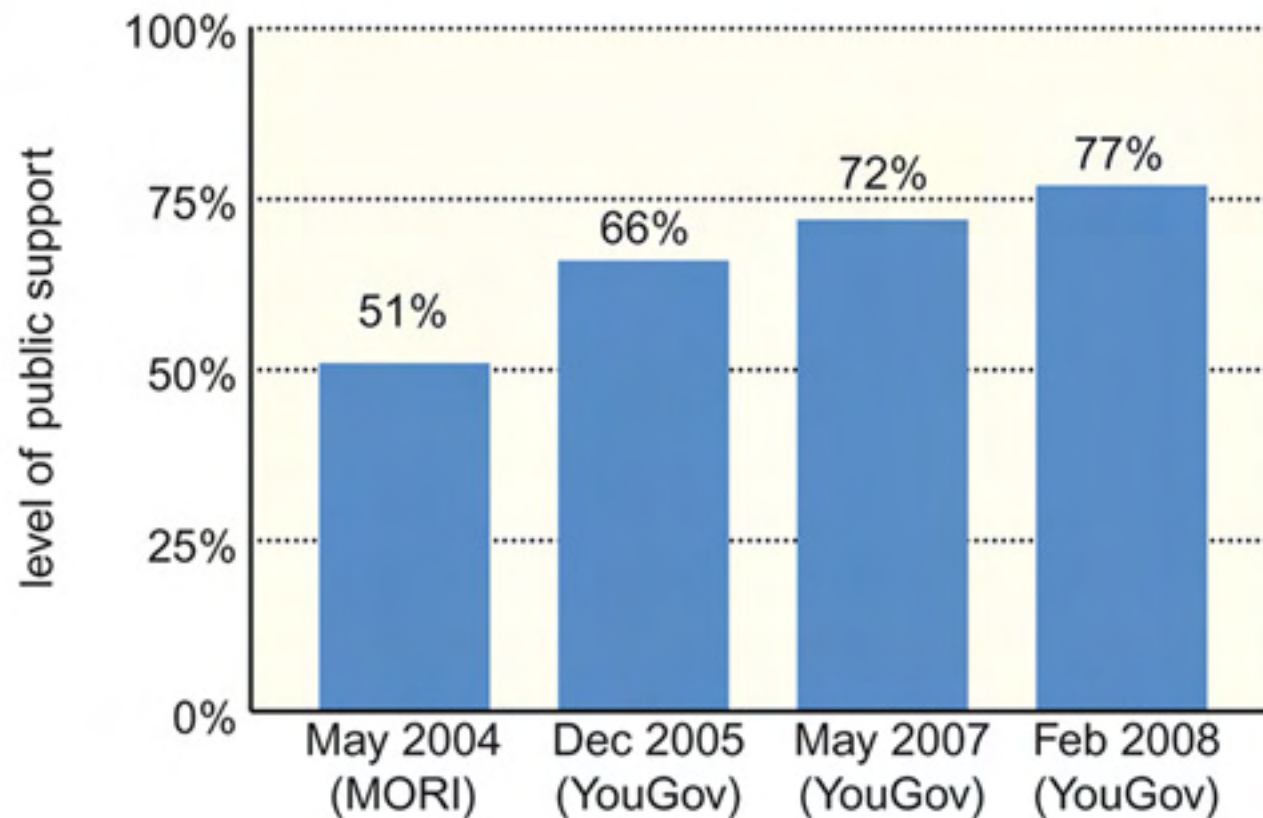


Cigarette smoking in California 1990-2006 by level of education

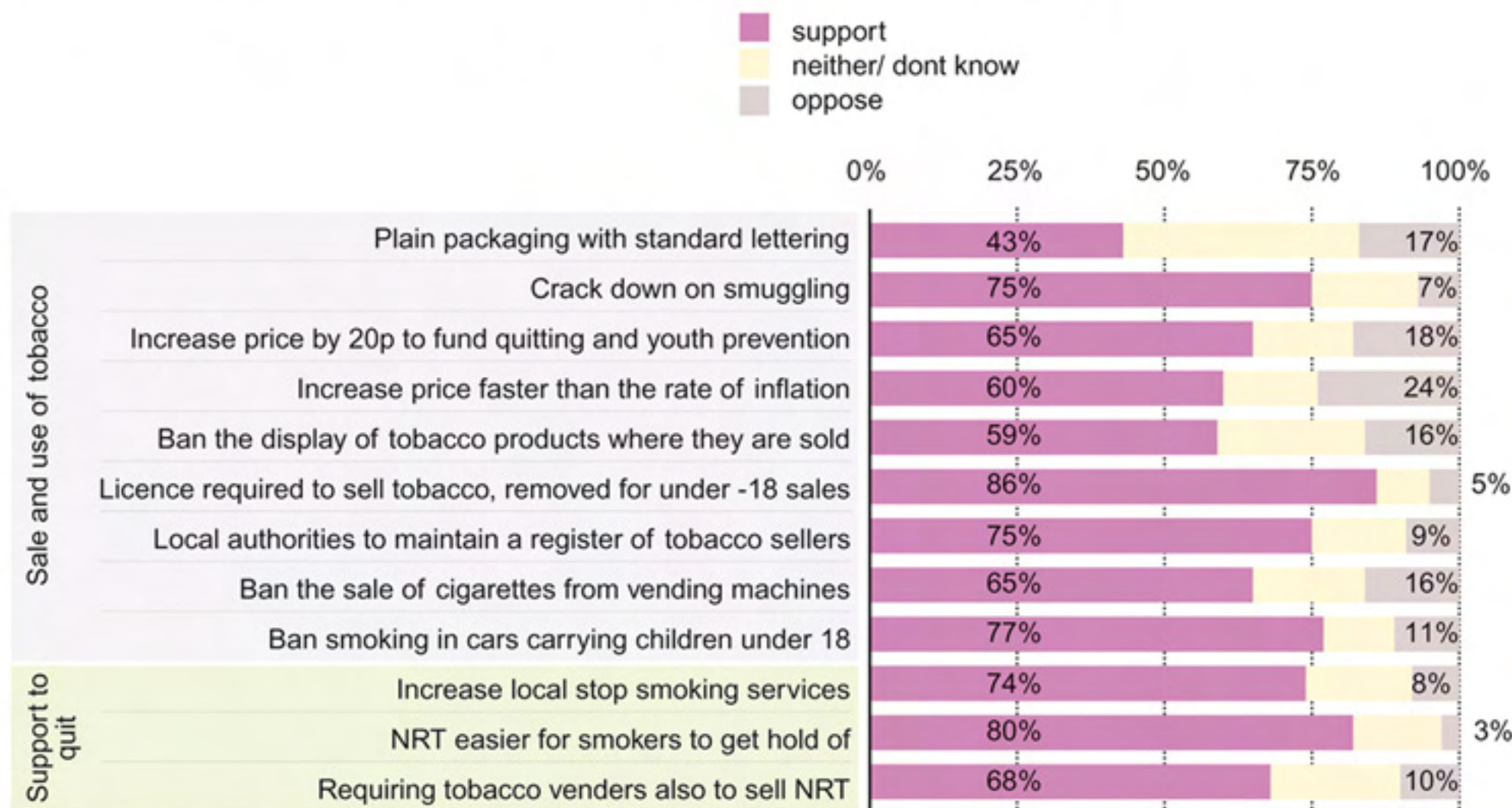
(CDC Behavioral Risk Factor Surveillance System)



Support for smokefree enclosed public places in England, 2004-2008 (MORI and YouGov)



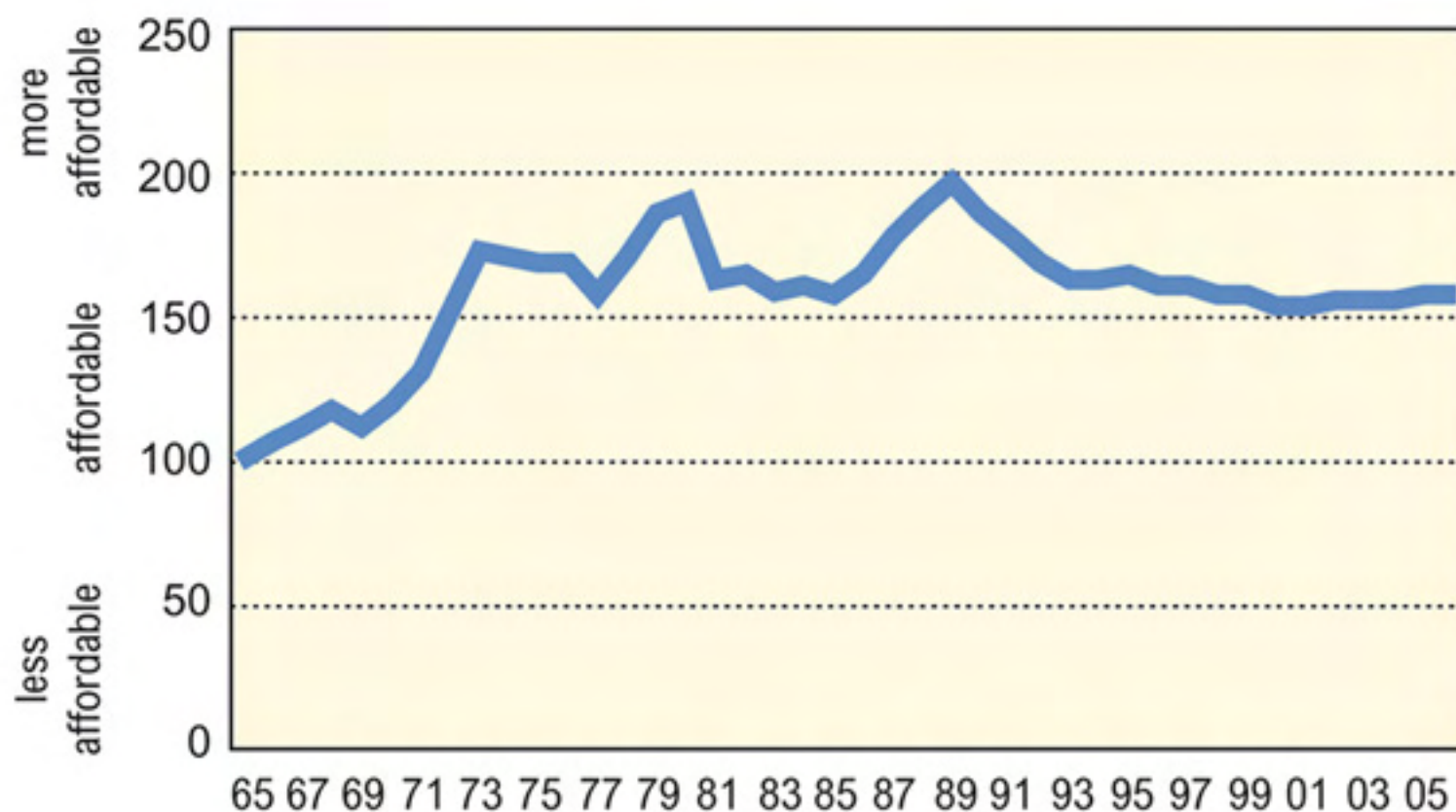
Attitudes in England to new and expanded measures in tobacco control, 2008 (YouGov)



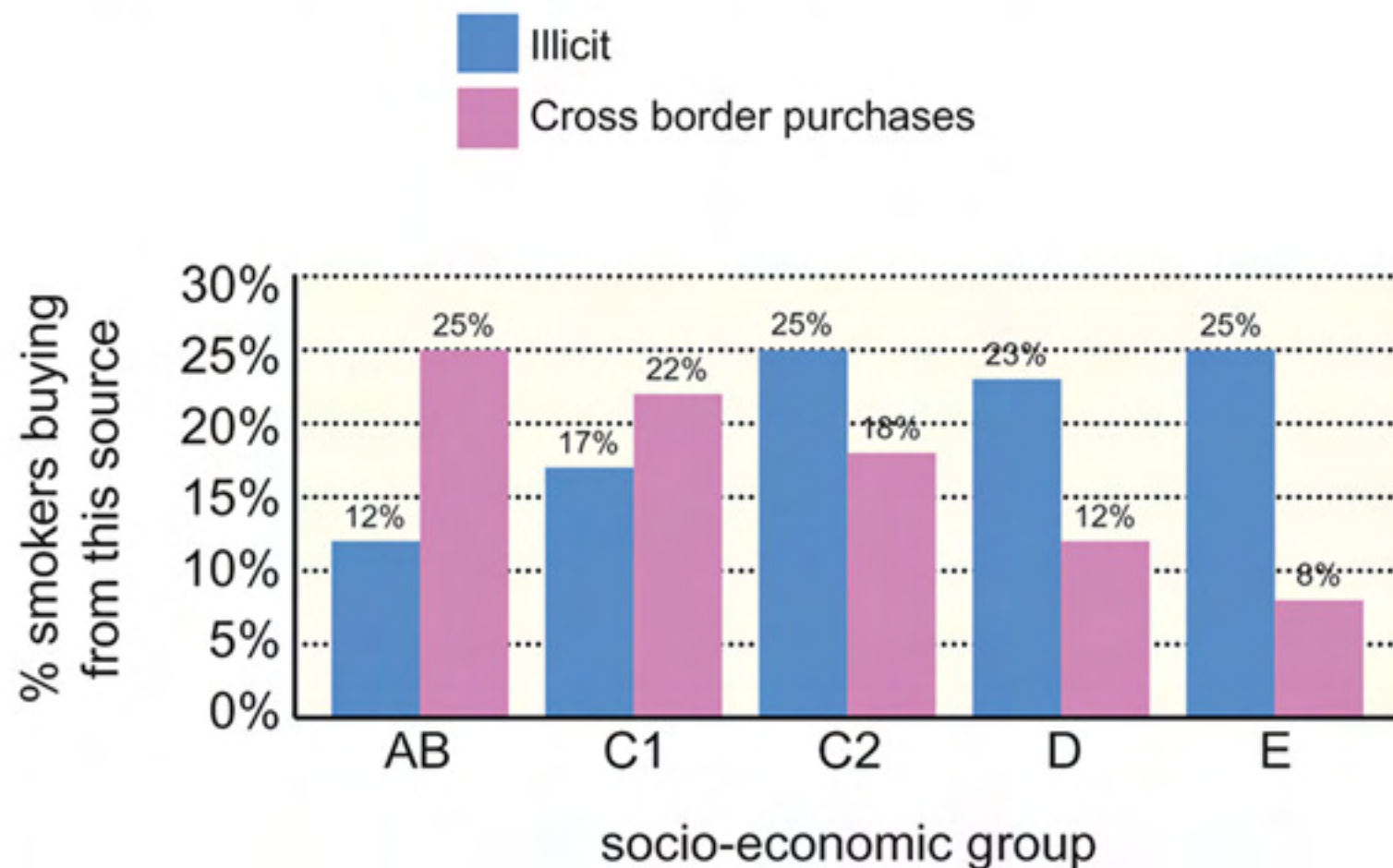
Affordability of cigarettes

1965 – 2006 (1965=100)

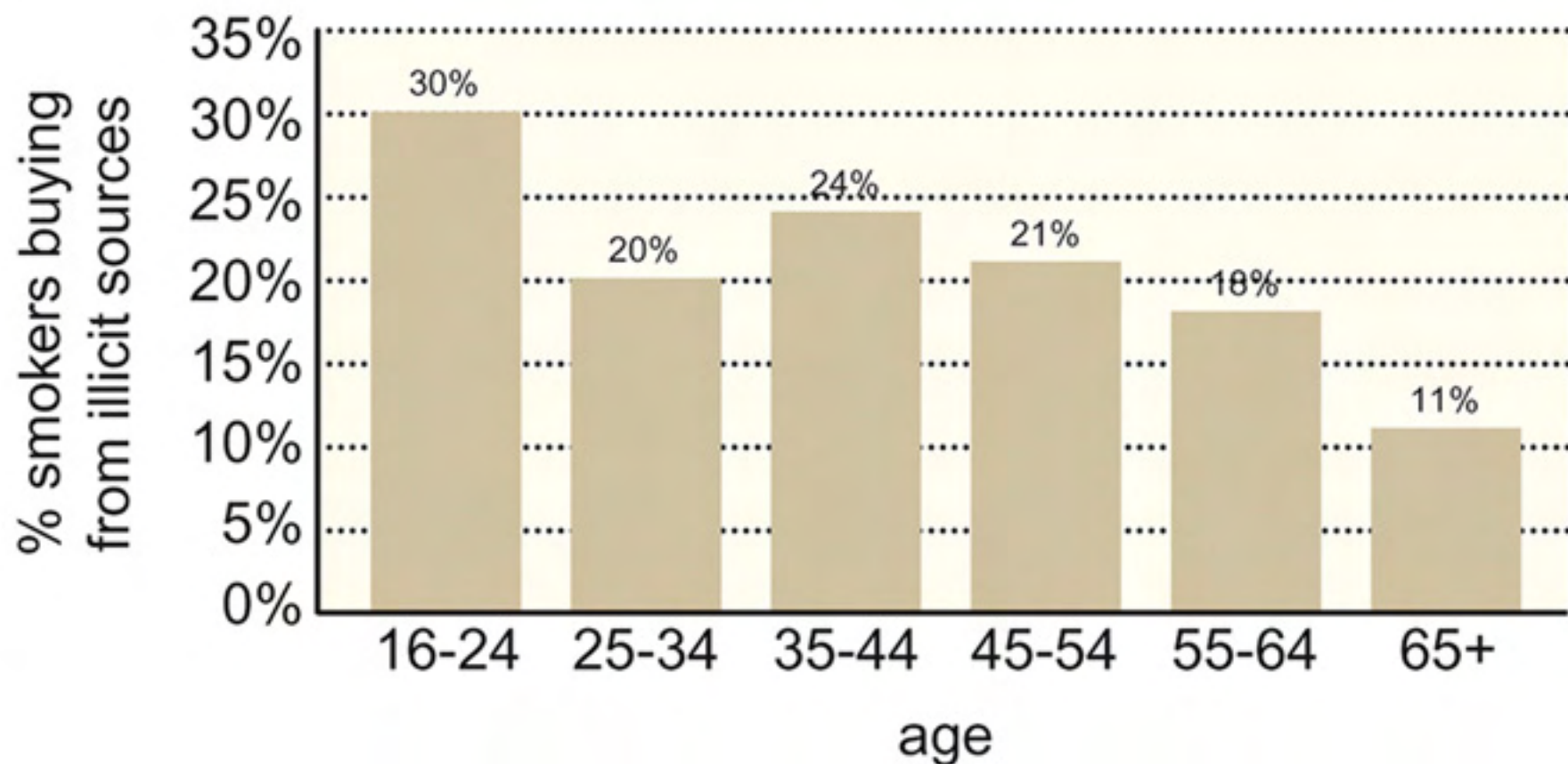
(Townsend J, London School of Hygiene and Tropical Medicine)



Sources of 'cheap cigarettes' by socio-economic group (Smoking Toolkit Study)

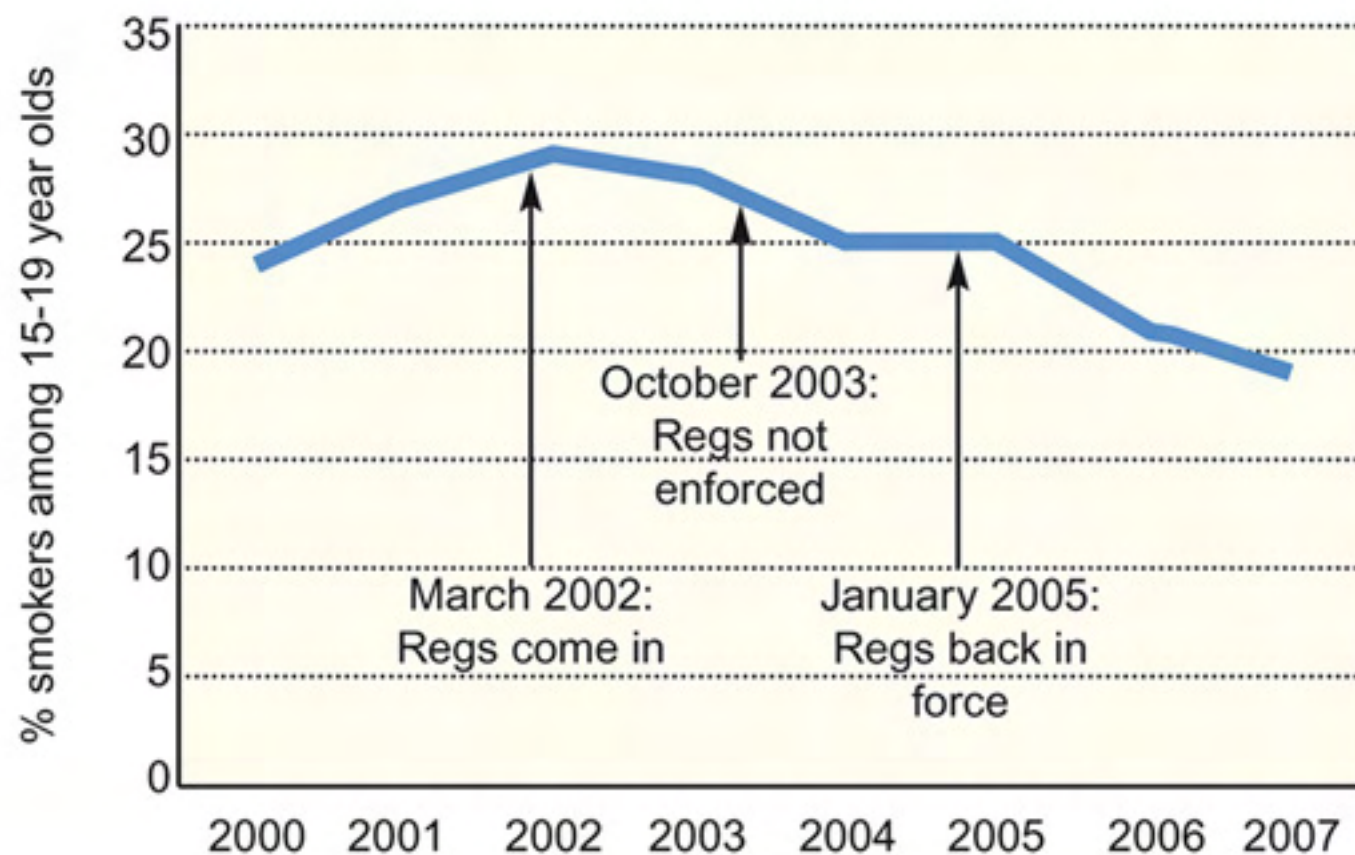


Smokers who buy illicit cigarettes by age group (Smoking Toolkit Study)



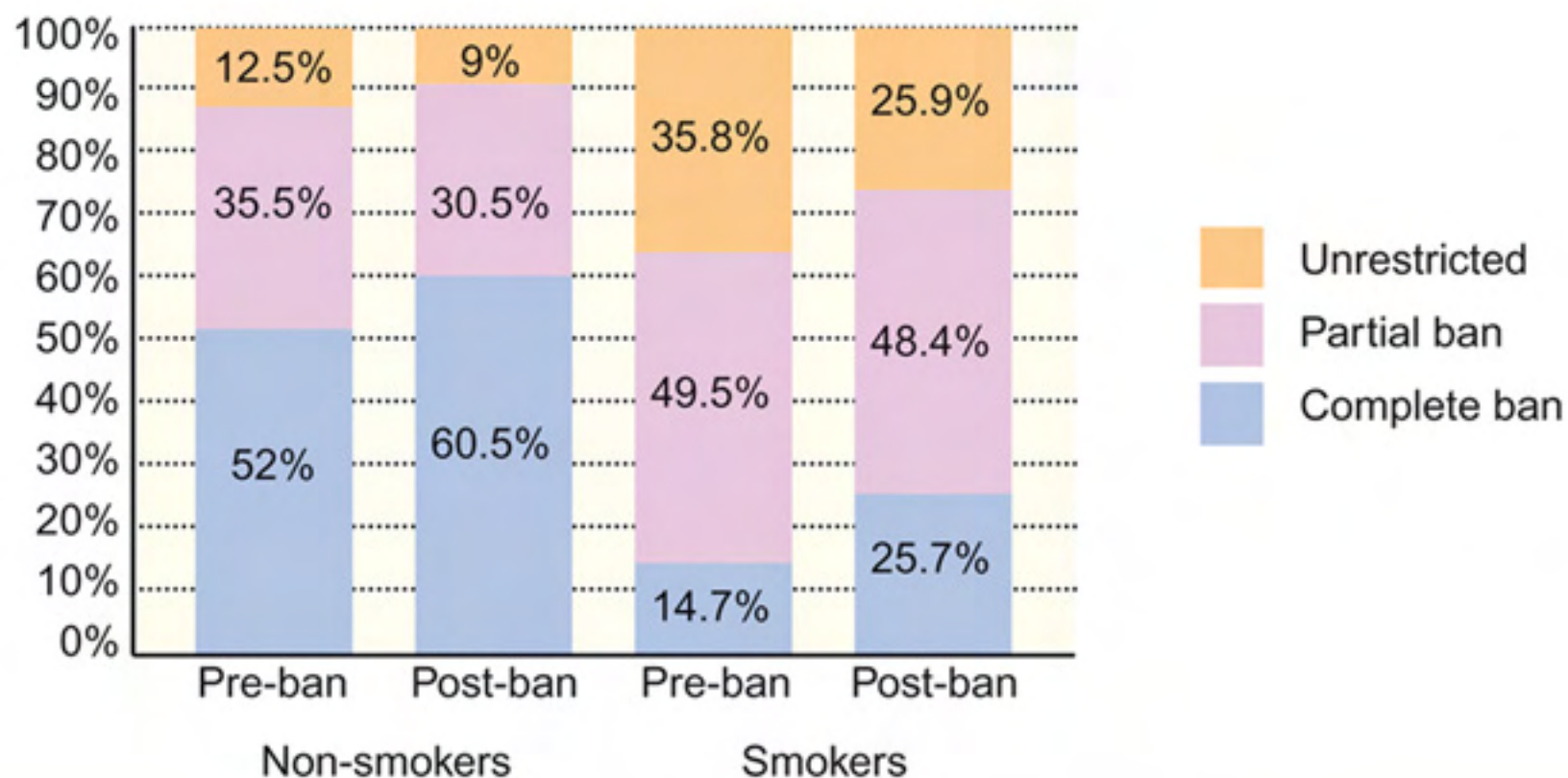
Smoking prevalence among 15-19 year olds in Saskatchewan

with key events in the province's enforcement of point of sale restrictions
(Canada Tobacco Use Monitoring Survey)



Impact of smokefree legislation on smoking restrictions in homes in Scotland

(NHS Health Scotland)



6.8 square metres of display



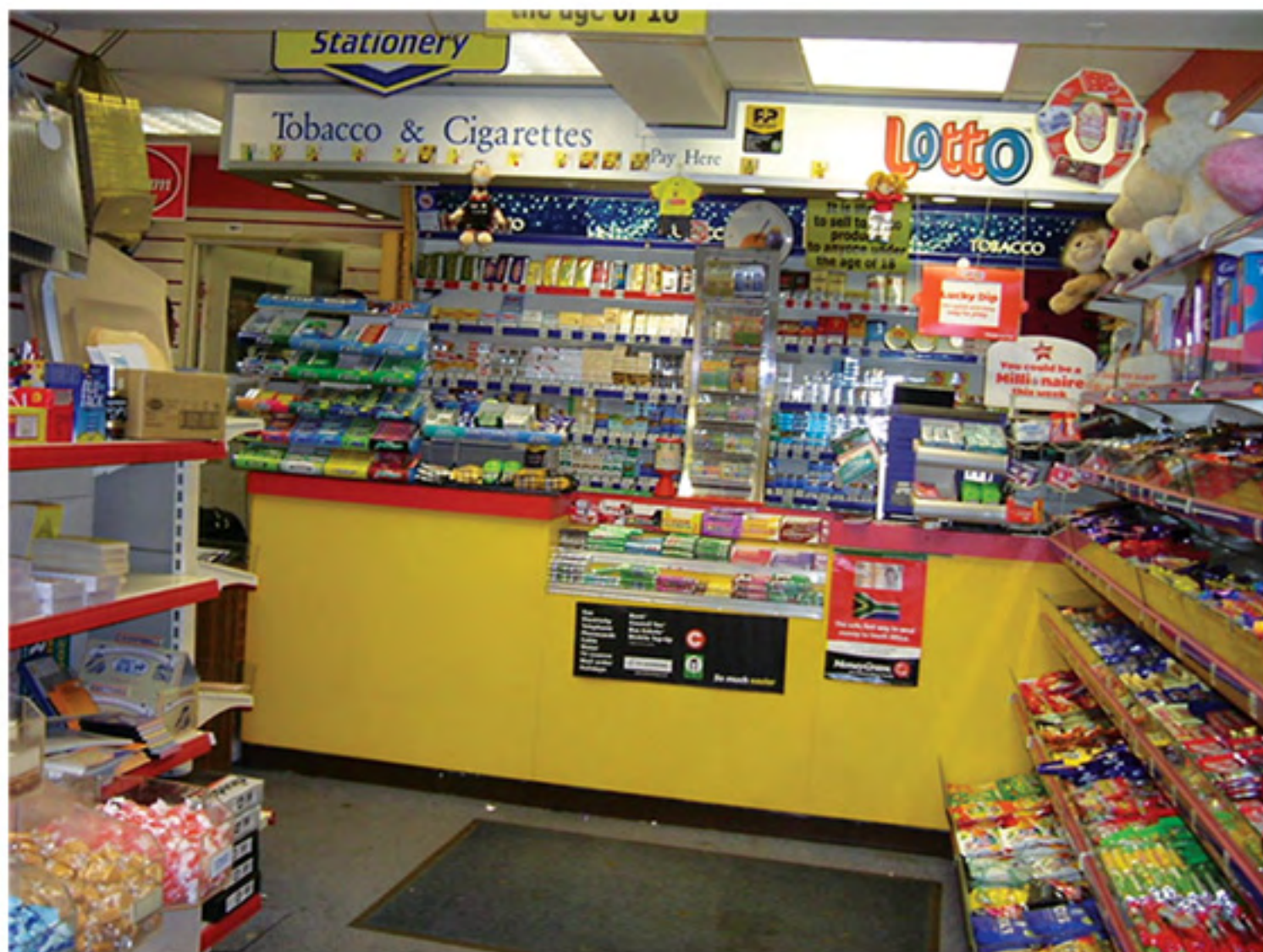
Health warnings obscured



Cigarette packs displayed in blocks



Tobacco next to confectionery



Creative use of colour and design



The Marlboro clock



Regulation options for pure nicotine products designed as long-term substitutes for smoking

Approach	Pros	Cons
Medicines regulation	Existing regulatory structure already handles nicotine. Ensures coherent regulatory framework for all nicotine products. Enables VAT to be levied at a reduced rate of 5% (this may not be possible under other regulatory structures).	Potentially bureaucratic and inflexible. Costly to develop faster acting new products under current system so would lead to high prices to consumers. Time consuming to get products to market. Products likely to be limited to prescription only in the first instance, which would limit access.
Food regulation	Existing regulatory structure.	Unlikely food regulators would pass nicotine products as reaching food standards.
Light touch regulation (e.g. by DH)	Already regulates tobacco. Enables DH to take the strategic lead to encourage the development and promotion of such products.	Potential lack of capacity in DH to take on such a role.
Retain current situation (no regulation)	Change might be quicker. No regulatory costs to meet. Possible to promote such products.	Lack of clarity about regulatory position. Lack of control and monitoring. To date, this approach has not encouraged well funded new entrants to the market.

Tobacco gantry in London newsagent

(inset highlights nicotine gum)



Changes in smoking prevalence in jurisdictions with substantial tobacco control programmes

Jurisdiction	Period	Prevalence at start	Prevalence at end	Average annual rate of decline
England	1998-2006	28%	22%	0.75 percentage points
Canada	1995-2007	31%	19%	1 percentage point
New South Wales, Australia	1997-2005	24%	17.7%	0.8 percentage points
California, USA	1990-1995	19.8%	15.5%	0.86 percentage points
	1996-2007	18.6%	14.3%	0.39 percentage points

The rise in the recorded prevalence of smoking in California between 1995 and 1996 was due to a revision of the definition of smoker by the Centers for Disease Control.

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CANCER RESEARCH UK



ash.
action on smoking and health

