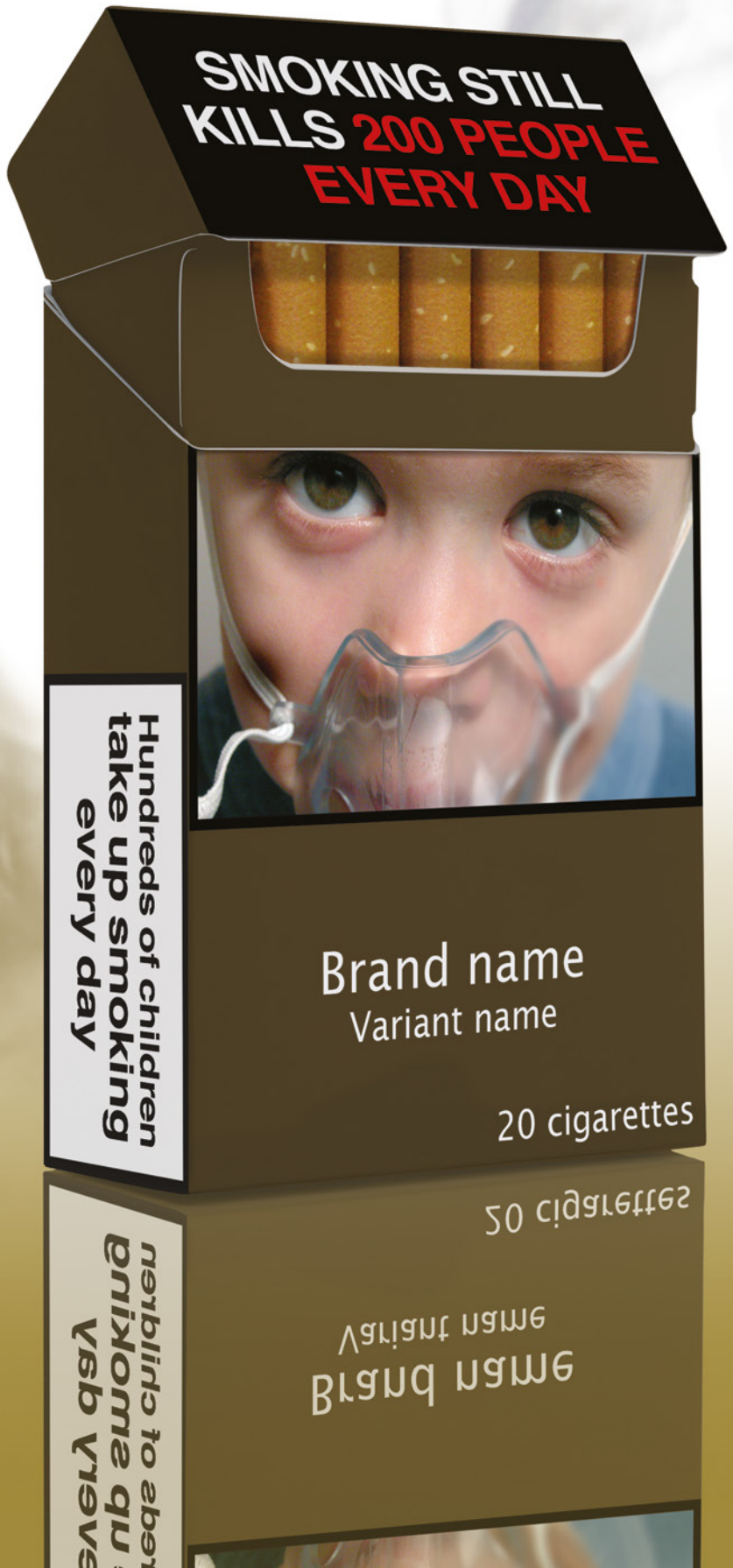
Smoking Still Kills

PROTECTING CHILDREN, REDUCING INEQUALITIES

EXECUTIVE SUMMARY



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Smoking Still Kills is published by Action on Smoking and Health and funded by Cancer Research UK and the British Heart Foundation.

The five-year strategy set out in the Government's Tobacco Control Plan for England comes to an end in 2015. This report proposes new targets for a renewed national strategy to accelerate the decline in smoking prevalence over the next decade. The recommendations have been developed by an editorial board in consultation with an advisory board of academics and experts, and following feedback back from four regional events with local and national tobacco control professionals.

CANCER RESEARCH UK

British Heart Foundation

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EXECUTIVE SUMMARY

A new vision

The smoking epidemic is an entirely modern phenomenon. It is the product of the technical ingenuity and entrepreneurialism of the Victorian era, which saw the invention of both the cigarette-rolling machine and mass marketing. More than a century later, we know that the early pioneers of the tobacco industry unleashed a tidal wave of death and disease on their expanding markets. We must therefore match their ingenuity and resourcefulness to reverse all their gains. As we created this epidemic, so we can end it.

Over the last 35 years, smoking prevalence in England has halved: fewer than one in five adults smoke today. This remarkable change is principally the result of government action, both supporting smokers to quit and discouraging and denormalising smoking in society as a whole. Since the publication of the first national tobacco control strategy, *Smoking Kills*, in 1998, more than 70,000 lives have been saved due to the subsequent decline in smoking prevalence.

But smoking still kills. No one can say that the job of tobacco control is done when millions of smokers in England face the risks of smoking-related illness and premature death, hundreds of young people start smoking every day, and smoking remains the principal cause of health inequalities. We have a duty to our children to protect them from an addiction that takes hold of most smokers when they are young. To meet this duty, we must sustain and renew our collective effort to tackle smoking and drive down smoking prevalence at an even faster rate.

The success of tobacco control in England and the broad public support for further action make possible a vision for the future in which the smoking epidemic is finally brought under control. We propose that, by 2035, adult smoking prevalence in England should be no more than 5 per cent in all socio-economic groups.

This goal is powerful and extraordinarily challenging. For although the prevalence of smoking in England has declined dramatically, prevalence remains stubbornly high in lower socio-economic groups and disadvantaged groups including people with mental health problems, people with long-term conditions and people within the criminal justice system. In 2013 smoking prevalence in the Routine and Manual group was 28.6 per cent compared to 12.9 per cent in the Professional and Managerial group. Tackling these inequalities is the core challenge for tobacco control in the years ahead.

A new strategy

A new tobacco control strategy for England is urgently needed to replace the five year strategy pursued by the last government. *Healthy Lives, Healthy People: a tobacco control plan for England* was ambitious and progress over this period had been impressive, though many key measures are yet to be implemented, including standardised packaging, the prohibition of smoking in cars carrying children, and the EU Tobacco Products Directive.

The work of tobacco control professionals in England has gained an enviable international reputation in large part thanks to the comprehensive approach taken by government, in partnership with civil society, the NHS, local authorities and regional offices for tobacco control. It is clear from experience in other countries that tobacco control strategy must be comprehensive and sustained in order to achieve on-going reductions in smoking prevalence. Without such an approach, smoking prevalence could easily start to rise again.

This report proposes new targets for a national strategy, consistent with the long-term vision described above, that challenge all stakeholders in tobacco control to increase their efforts and accelerate the rate of decline of smoking prevalence over the next decade, specifically to:

- Reduce smoking in the adult population to 13% by 2020 and 9% by 2025
- Reduce smoking in the routine and manual socio-economic group to 21% by 2020 and 16% by 2025
- Reduce smoking among pregnant women to 8% by 2020 and 5% by 2025
- Reduce regular and occasional smoking among 15-year-olds to 9% per cent by 2020 and 2% by 2025

A new approach to funding

Spending on tobacco control is extremely cost-effective. Yet national and local resources for tobacco control and Stop Smoking Services are far from secure. In some areas, funding for these services is already in decline. A long-term vision to end the epidemic will only be achievable if resources are guaranteed. There is a simple way to achieve this that is fair and reasonable regardless of the state of the public finances: making the polluter pay.

The tobacco industry is in rude health, unlike many of those who consume its products. It is reasonable, therefore, to insist that the industry meets the costs of the damage it causes. In the UK, there is already a major industry that pays to reduce the pollution caused by its everyday business: the energy industry. The Energy Companies Obligation (ECO) places a legal requirement on energy companies to reduce environmental pollution by reducing demand for its core product, principally through energy efficiency measures. A Tobacco Companies Obligation would follow the same logic. Tobacco companies would be charged a levy, based on the volume of their sales, which would be used to fund measures to help smokers quit and to discourage young people from starting to smoke.

The Tobacco Companies Obligation will be a major innovation for public health. It will therefore be essential to ensure that it is administered, distributed and spent in a manner that meets the highest standards of transparency. This should not, however, be at the cost of a new burden of administration. In England, the Obligation should be managed by the Department of Health and spent against approved tobacco control plans at national, regional and local levels. In accordance with Article 5.3 of the WHO Framework Convention on Tobacco Control and its Guidelines, the tobacco industry should be entirely excluded from the oversight of the Tobacco Companies Obligation and the dispersal of the funds raised.

A comprehensive package of measures

Many of the measures proposed in this report are already in place but need to be strengthened or renewed with a stronger focus on tackling inequalities. This is especially true of the support offered to smokers to quit. Local specialist Stop Smoking Services are at the heart of this offer, as they give smokers their best chance of quitting. At a time of fiscal pressure within local authorities, it is vital that these services are sustained and better targeted to reach disadvantaged groups. Across the NHS as a whole, opportunities ought to be seized whenever possible to engage with smokers and help them find a way out of their addiction, yet many of these opportunities are currently missed. This reflects inadequate professional training and a failure by NHS providers to adopt the basic smoking cessation interventions recommended by NICE.

For smokers who want to quit but cannot overcome their nicotine addiction, the emergence of a wider range of alternative nicotine products, including electronic cigarettes, has created new opportunities to escape the harm of tobacco. Although there are reasonable concerns about the long-term impact of electronic cigarettes, and an appropriate regulatory framework is essential, the potential value of these products to smokers should be recognised and exploited. Public confusion about the relative risks of nicotine products compared to tobacco products is a key obstacle to achieving this.

The regulatory framework for the sale of tobacco products is itself weak as retailers in England do not require a licence to sell tobacco. The introduction of such a scheme would enable local authorities to build more proactive relationships with retailers, raising awareness of the law and promoting good practice. It would also make it much easier for local authorities to stop retailers from selling tobacco if they find evidence of underage or illicit sales on the premises.

Wider action is also needed at regional, national and international levels to tackle illicit tobacco sales as the illicit market share has begun to rise after a long period of decline (which was due to a strong enforcement strategy, not to any link with the price of legal tobacco which rose during this period). The implementation of the WHO Illicit Trade Protocol, which includes an international tracking and tracing regime for tobacco products, is central to this task.

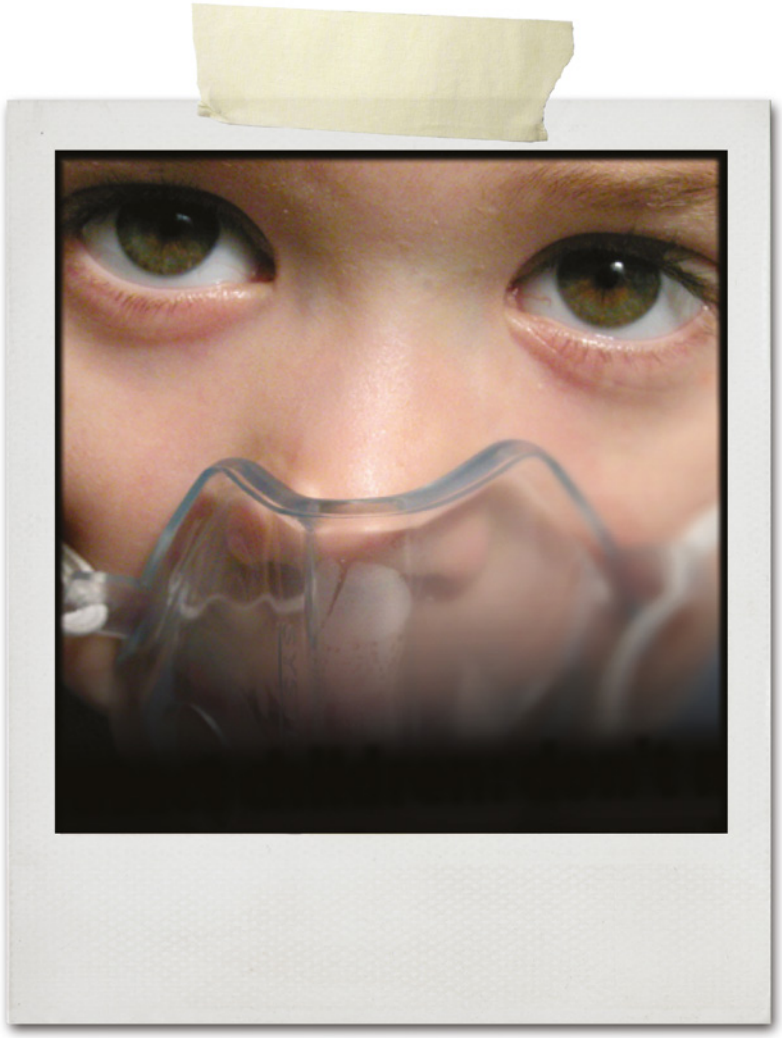
Raising the price of tobacco products remains the most effective means of reducing demand and consequently there is a good case for increasing the annual duty escalator from 2 per cent above inflation to 5 per cent above inflation. Other measures are also needed to remove anomalies in the market. In particular, a minimum unit price for cigarettes, aligned to a minimum excise tax, should be introduced to prevent tobacco companies from keeping ultra-cheap cigarettes on the market. The tax differential between cigarettes and hand-rolling tobacco should also be removed, in order to reduce the affordability of the latter.

Mass media and social marketing campaigns should also remain at the heart of government action on tobacco control as they have proved to be effective in reducing smoking prevalence. However, these communications need to be sustained across the year as well as carefully targeted.

The success of smokefree legislation is now clear and should be built on. Given the range of alternative nicotine products available, there is now a good case for removing the exemptions in the legislation for prisons, theatrical performances and merchant shipping. The case for extending existing legislation on smoking in cars carrying children to all cars should also be considered, given the impact of smoking in cars on the health of vulnerable adults, the road safety risks, and the likely challenges of enforcing a law limited to cars carrying children. As smokefree outdoor spaces are growing in popularity, especially where children play, it is also timely to review the ways in which children can be better protected from the normative influence of smoking in outdoor public spaces. The adoption of smokefree homes will remain a voluntary issue but is worth monitoring as the adoption of smokefree environments beyond the home has consistently resulted in wider adoption of smokefree homes.

There is already good evidence that children and young people are affected by witnessing smoking in films. Here there is even a dose-response effect: the more films that young people watch that portray smoking, the more likely they are to try smoking themselves. A first step in addressing this would be to screen short anti-smoking advertisements before films which portray smoking that children and young people are permitted to watch.

The delivery of this broad package of measures will require the involvement of many stakeholders including government, local authorities, the NHS, offices of tobacco control and civil society. The recommendations in this report, summarised below, relate both to UK-wide policies, such as those relating to smuggling, taxation and product regulation, and to policy in England. As government responsibility for health is devolved, and each of the nations of the United Kingdom have their own strategy and targets to tackle smoking, the recommendations on health policy are principally addressed to government and stakeholders in England. The recommendations here are consistent with the aspirations for Wales, Scotland and Northern Ireland and represent a strong vision for England towards a long-term goal of ending the smoking epidemic for all.



RECOMMENDATIONS

1. Strategy and data

1.1 Publish a new comprehensive tobacco control plan for England with a commitment to tackling inequalities at its heart.

1.2 Define a long-term vision to end the smoking epidemic: reducing adult smoking prevalence to less than 5% in all socio-economic groups by 2035.

1.3 Set new national targets that define achievable mid-term objectives:

- Reduce smoking in the adult population to 13% by 2020 and 9% by 2025
- Reduce smoking in the routine and manual socio-economic group to 21% by 2020 and 16% by 2025
- Reduce smoking among pregnant women to 8% by 2020 and 5% by 2025
- Reduce regular and occasional smoking among 15-year-olds to 9% per cent by 2020 and 2% by 2025

1.4 Ensure full implementation of legislative measures already underway including standardised packaging, the prohibition of smoking in cars carrying children, the prohibition of proxy purchasing for young people, and the EU Tobacco Products Directive.

1.5 Support tobacco control teams in local authorities to develop strategic approaches to reducing smoking prevalence in local communities, exploiting all the opportunities offered by the local government setting.

1.6 Promote evidence-based supra-local/regional action on tobacco control throughout England where the evidence indicates this is appropriate, such as in tackling inequalities, controlling illicit trade, mass media work and research and evaluation.

1.7 Provide expert support and encouragement to low and middle income countries to help implement the WHO Framework Convention on Tobacco Control and its Guidelines.

1.8 Improve national statistics to ensure that timely and robust data are available on smoking prevalence including data on all socio-economic groups, people with long-term conditions, people with mental health problems, minority ethnic groups, the LGBT population and other disadvantaged groups.

1.9 Improve national data on mortality by requiring smoking history to be recorded on death certificates when it is judged to have been a significant contributory factor.

2. The tobacco industry and the costs of tobacco control

2.1 Introduce a new annual levy on tobacco companies, the Tobacco Companies Obligation, to help fund evidence-based tobacco control and Stop Smoking Services in England.

2.2 Establish a clear mechanism for the calculation of the Tobacco Companies Obligation, based on the costs of evidence-based tobacco control interventions at national, regional and local levels. Apply the levy in proportion to companies' market share in order that monies raised from each company are commensurate with harm caused.

2.3 Establish a transparent and accountable process for administering the Tobacco Companies Obligation.

2.4 Seek a revision of the EU Tobacco Tax Directive to prevent the tobacco industry from passing on the costs of the Tobacco Companies Obligation to smokers.

2.5 Require tobacco companies to make public their sales data, marketing strategies and lobbying activity.

2.6 In accordance with Article 5.3 of the WHO Framework Convention on Tobacco Control and its Guidelines:
- Ensure the tobacco industry is excluded from public health policy-making at all levels of government
- Prohibit tobacco companies, and their subsidiaries and agents, from using advertising or 'corporate social responsibility' communications to promote their interests and influence public policy

2.7 Encourage all local authorities to act in accordance with Article 5.3 of the WHO Framework Convention on Tobacco Control and its Guidelines.

3. Helping smokers quit

3.1 Ensure that good quality evidence-based Stop Smoking Services are accessible to all smokers, particularly those from lower socio-economic groups and disadvantaged populations.

3.2 Include training on providing very brief advice on smoking cessation within the core curricula of all education programmes for healthcare professionals.

3.3 Ensure that smokers with mental health problems and smokers with long term conditions receive stop smoking interventions as a routine part of their care.

3.4 Promote universal adherence to NICE guidance on tobacco, especially:
- Brief interventions and referral for smoking cessation
- Smoking cessation in secondary care: acute, maternity and mental health services
- Quitting smoking in pregnancy and following childbirth

3.5 Ensure that midwives have the training, equipment and time to undertake carbon monoxide screening with every pregnant woman.

3.6 Ensure that Stop Smoking Services and all health professionals are equipped to provide accurate, high quality information and advice to smokers about the relative risks of nicotine and all nicotine-containing products.

3.7 Increase the support and information available to smokers who are unable to quit to switch to less harmful sources of nicotine, in line with the principles set out in the NICE guidance on tobacco harm reduction.

3.8 Regulate the market for electronic cigarettes and other non-tobacco nicotine-inhaling products to maximise their value to smokers and minimise the risk of uptake by non-smokers.

3.9 Promote improvements in the quality, safety and efficacy of electronic cigarettes and other non-tobacco nicotine-inhaling products.

3.10 Closely monitor the impact of the market for electronic cigarettes and other non-tobacco nicotine-inhaling products on smoking behaviour, smoking uptake and public attitudes to smoking.

4. The affordability and sale of tobacco

4.1 Increase the tax escalator on tobacco products to 5 per cent above the level of inflation.

4.2 Remove the tax differential between manufactured and hand-rolled cigarettes.

4.3 Adjust the current national tax regime to raise the price of the cheapest cigarettes and prevent down-trading, and seek a revision of the EU Tobacco Tax Directive to enable the creation of a minimum

unit price for all tobacco products.

4.4 Fully implement the WHO Illicit Trade Protocol including an international tracking and tracing regime for tobacco products.

4.5 Strengthen and resource national, regional and local partnerships to enable co-ordinated action on illicit trade.

4.6 Set new targets for the control of tobacco smuggling:

- Reduce the illicit market share for cigarettes to no more than 5% by 2020
- Reduce the illicit market share for hand-rolled tobacco to no more than 22% by 2020 and no more than 11% by 2025.

4.7 Introduce a positive licensing scheme for all tobacco retailers and wholesalers, to be paid for by the tobacco industry.

4.8 Develop best practice guidelines for using the licensing scheme to enforce the law on the sale of tobacco, communicate with retailers and control the tobacco supply chain.

5. Mass media campaigns and social marketing

5.1 Target mass media and social marketing campaigns on lower socio-economic groups and disadvantaged populations, and provide adequate resources to ensure that their reach, duration and frequency are in line with best practice.

5.2 Ensure that all mass media campaigns signpost and promote local Stop Smoking Services.

6. Smokefree environments

6.1 Increase the proportion of homes occupied by adult smokers and dependent children that are smokefree to 80% by 2020 and 90% by 2025.

6.2 Remove the smokefree exemption for prisons and provide support to prisoners to remain tobacco-free when they return to the community.

6.3 Remove the smokefree exemption for theatrical performances.

6.4 Extend smokefree regulations to cover sea-going shipping and inland waterway vessels.

6.5 Review the evidence and consult on the prohibition of smoking in all cars and motor vehicles.

6.6 Ensure universal compliance with NICE guidance on a smokefree NHS and promote a smokefree estate including primary care, secondary care, maternity services and mental health services.

6.7. Consult on legislative and non-legislative options to make outdoor environments smokefree where there is good evidence that this would improve public health.

7. Smoking in films and the wider media

7.1 Require short anti-smoking films to be shown before films and programmes that portray smoking and can be seen by children and young people, including those viewed in cinemas, on TV and on pay-to-view internet.

7.2 Raise awareness among policy-makers of the harm to children and young people of smoking in films, and consult on options to reduce their exposure to images of smoking in films and other media including the internet, music videos and computer games.

ORGANISATIONS ENDORSING THE RECOMMENDATIONS OF THIS REPORT

NATIONAL

Arrhythmia Alliance
ASH Northern Ireland
ASH Scotland
ASH Wales
Association of Directors of Public Health
Association of Respiratory Nurse Specialists
Asthma UK
Atrial Fibrillation Association
Best Beginnings
Bliss
Bowel Cancer UK
British Cardiovascular Society
British Dental Health Foundation
British Heart Foundation
British Lung Foundation
British Medical Association
British Thoracic Society
Cancer Focus Northern Ireland
Cancer Research UK
Cardiovascular Coalition
Centre for Mental Health
Chartered Institute of Environmental Health
Chartered Trading Standards Institute
Cut Films
Diabetes UK
Faculty of Public Health
GASP
GMFA - The gay men's health charity
HEART UK
Macmillan Cancer Support
Medical Women's Federation
Mind
Mouth Cancer Foundation
National Centre for Smoking Cessation and Training
NHS Alliance
Primary Care Respiratory Society
QUIT
Roy Castle Lung Cancer Foundation
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Midwives
Royal College of Nurses
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Physicians of Edinburgh
Royal College of Psychiatrists
Royal College of Radiologists
Royal National Institute of Blind People
Royal Society for Public Health
Sands
Socialist Health Association
Solutions 4 Health
South Asian Health Foundation
STARS
Stroke Association
The Lullaby Trust
The Richmond Group of Charities
Tobacco Control Collaborating Centre
Tommy's
UK Health Forum
UK Centre for Tobacco & Alcohol Studies

LOCAL AND REGIONAL

Barnsley Metropolitan Borough Council

Bath and North East Somerset Tobacco Action Network

Brighton and Hove City Council

Bury Council

Calderdale Metropolitan Borough Council

Cornwall Council

Coventry Smokefree Alliance

Darlington Borough Council

Darlington Tobacco Control Alliance

Derbyshire County Council

Devon County Council

Fresh

Gateshead and South Tyneside Local Pharmaceutical Committee

Haringey Health and Wellbeing Board

Hartlepool Borough Council

Heart of Mersey

Herefordshire Council

Hertfordshire County Council

Hertfordshire Tobacco Control Alliance

Hull Alliance on Tobacco

Kirklees Council

Knowsley Council

Lancashire County Council, Public Health

Leeds City Council

Liverpool City Council, Public Health

London Borough of Bexley, Public Health Team

London Borough of Brent

London Borough of Enfield

London Borough of Harrow

Medway NHS Foundation Trust

Middlesbrough Council

North East Directors of Public Health Network

North Lincolnshire Smokefree Alliance

North Tyneside Smoke Free Alliance

Nottinghamshire County Council, Public Health

Plymouth City Council, Office of the Director of Public Health

Redcar and Cleveland Borough Council

Sheffield City Council

Smoke Free Newcastle

Smoke Free Northumberland Alliance

Smokefree Devon Alliance

Smokefree Gateshead Tobacco Alliance

Smokefree South West

Smokefree Tobacco Control Alliance of County Durham

Smokefree Wakefield Tobacco Control Alliance

Smokefree Yorkshire and the Humber

Solihull Stop Smoking Service

Somerset County Council

South Gloucestershire Council

South West Yorkshire NHS Partnership Foundation Trust

St Helens Metropolitan Borough Council

Stoke-on-Trent City Council

Sunderland Tobacco Alliance

Surrey County Council

Swindon Smokefree Alliance

Thurrock Council

Tobacco Free Futures

Tower Hamlets Tobacco Control Alliance

University Hospitals of Leicester NHS Trust

Wakefield Health and Well Being Board

Warwickshire County Council

West Yorkshire Fire and Rescue Service

Wiltshire Council

Worcestershire Tobacco Control Alliance

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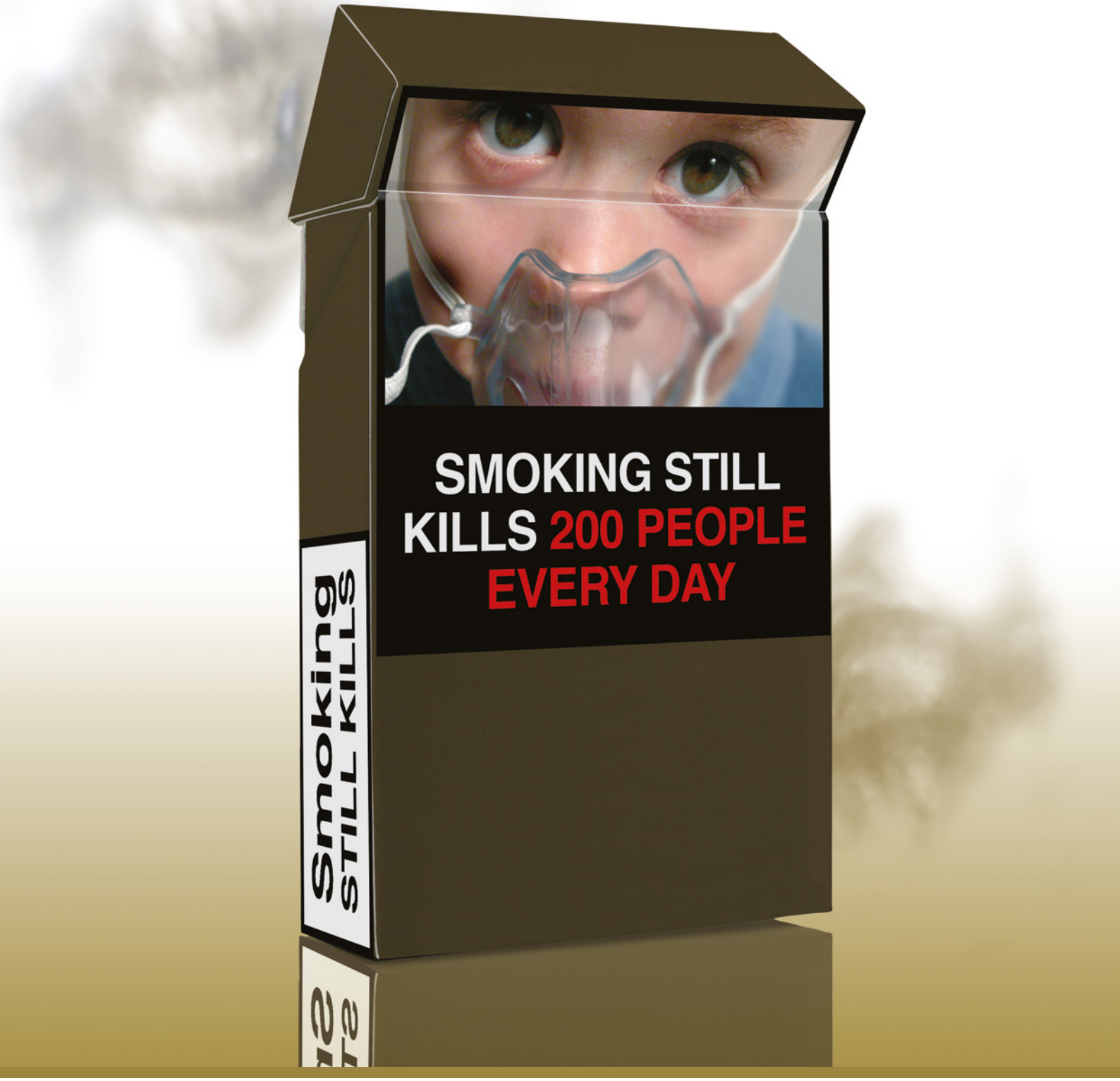

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