

All Party Parliamentary Group on Smoking and Health



Executive Summary

**Delivering a Smokefree
2030: The All Party
Parliamentary Group
on Smoking and Health
recommendations for
the Tobacco Control Plan
2021**

June 2021



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.

This report was commissioned by the All-Party Parliamentary Group on Smoking and Health from Action on Smoking and Health (ASH) which provides the Secretariat for the APPG. It was researched and written with support from SPECTRUM, the consortium of academics from ten UK universities funded by the UK Prevention Research Partnership to research the health and economic impacts of policy interventions, including on the wider economy.

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 has been endorsed by the Officers of the APPG on Smoking and Health.

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 - Consider raising the age of sale for tobacco products from 18 to 21

Foreword

The Government's ambition for England to be Smokefree by 2030 is strongly supported by the APPG on Smoking and Health, as it is by the public. Achieving this ambition is a prerequisite for the delivery of manifesto commitments to increase healthy life expectancy by five years by 2035, while reducing inequalities and levelling up the nation.

However, as the Secretary of State himself stated, this will not be delivered by "*business as usual*". The APPG therefore welcomes the Government's commitment, in setting up the Office of Health Promotion within the Department of Health and Social Care, that health will no longer be the business of the DHSC alone, but a core priority for the whole of government. Smokefree 2030 remains, however, an "*extremely challenging*" ambition which will require "*bold action*".

The APPG agrees with the Secretary of State's assessment and we have risen to his challenge. This report sets out our recommendations for the "*bold actions*" we believe must be included in the new Tobacco Control Plan if it is to deliver a Smokefree 2030.

Government action is needed and wanted, because this is an addiction most smokers were trapped into as children. Two thirds of those who try smoking go on to become regular smokers, only a third of whom succeed in quitting during their lifetime. Most smokers want to quit and many more regret ever having started.

However, to end smoking will require funding and the APPG believes, as do the public, that the tobacco manufacturers should be made to pay. This is an industry, which, as the Chief Medical Officer reminded us recently, kills people for profit, and is likely to have killed more people last year than COVID-19.

The UK, home to the tobacco industry, led the way into the tobacco epidemic in the 20th Century. In the 21st Century, we are now showing global leadership in forging the path out. Brexit gives the UK the opportunity for our global leadership in tobacco control to shine on the international stage. While we were part of the EU, the EU spoke for us. Now we can speak for ourselves and we should use this to highlight our ambition to make smoking obsolete and be Smokefree by 2030.



Bob Blackman MP

Chairman of the All Party Parliamentary Group on Smoking and Health

Executive Summary and Conclusions

1. This report sets out the All Party Parliamentary Group on Smoking and Health's recommendations for the Tobacco Control Plan to deliver a Smokefree 2030.¹ Government action to end smoking is both needed and wanted, with three quarters of the public supporting both the ambition and Government action to deliver it. As a world leader in tobacco control and strong supporter of the full implementation of the international tobacco treaty, the WHO Framework Convention on Tobacco Control (FCTC),² our nation quite rightly seeks to be among the first in the world to end the tobacco epidemic.
2. Achieving the Government's Smokefree 2030 ambition,³ of smoking prevalence of less than 5%,⁴ is an essential step towards reducing inequalities and increasing healthy life years,^{5 6} as half the difference in life expectancy between the richest and poorest in society is due to smoking,⁷ and for every smoker who dies another thirty are suffering serious-smoking related diseases.^{8 9} On average, smokers have difficulty carrying out everyday tasks like dressing, eating and walking across a room, seven years earlier than never smokers and need care support ten years earlier than never smokers.^{10 11}
3. And although in 2020 COVID-19 killed around 80,000 people prematurely in the UK,¹² smoking kills on the same scale every year,¹³ and will go on doing so for many years to come unless we make smoking obsolete. We are taking the necessary steps to end the coronavirus pandemic; we must do the same for smoking.
4. The economic, as well as the health benefits, of Smokefree 2030 will be most keenly felt among the most disadvantaged groups and in the most disadvantaged regions. The coronavirus pandemic has thrown a spotlight on the devastating impact of inequalities. Increasing healthy life expectancy by five years by 2035 while reducing inequalities, and levelling up society, in line with Government manifesto commitments will be a greater challenge post-pandemic than it was before.^{14 15}
5. The APPG therefore welcomes the Government's commitment that its public health reforms "*aim to ensure that the public's health is given the status it deserves - at the very heart of government's priorities for action, policy and investment, nationally and locally, across government and across the NHS.*" Also welcome is the decision to strengthen the role of the Chief Medical Officer (CMO) as the lead independent public health advisor across government.¹⁶
6. The EU's ambition is to be Smokefree by 2040;¹⁷ our Government plans to get there a decade earlier. This is achievable but we must go further and faster than we have ever done before. Smoking rates declined by two thirds over the last half century while smoking-related inequalities grew. To be Smokefree by 2030 we need to reduce smoking by two thirds in only a decade, and by three quarters for smokers in routine and manual occupations.¹³ We are not yet on track.
7. At current rates of decline we will miss the target by seven years, and double that for the poorest in society.¹⁸ There are still nearly 6 million smokers in England, one in seven of the adult population. We will only achieve a Smokefree 2030 by motivating more smokers to make a quit attempt using the most effective quitting aids, while reducing the number of children and young adults who start smoking each year. The evidence about what policy levers work is clear, what is needed is for Government to pull them to their fullest extent.^{19 20}
8. Achieving a Smokefree 2030 cannot be done on the cheap, it will require investment. But the investment required can be counted in millions compared to the billions it costs to treat smoking-related diseases, and in lost productivity caused by smoking-related disability and premature death.

9. The benefits will far outweigh the costs. Smoking does not just damage physical health, but mental health too. One in three smokers show signs of poor mental health, and quitting is linked to improvements in wellbeing at least as great as from anti-depressants.²¹
10. Smoking also drives over a million people into poverty, including over a quarter of a million children, leaching money out of local economies, particularly in disadvantaged communities where household income is lowest.²²
11. Total spending on tobacco based on weighted average prices is estimated to be over £14 billion a year. Only a tiny proportion of the total stays in local communities, with over 90% going up in smoke, in taxes and tobacco manufacturers' profits. Tax revenues nowhere near cover the economic cost of smoking to society. Making smoking obsolete will significantly increase disposable income among poorer smokers and in poorer communities, increasing welfare and jobs.²³
12. The Government's decision that health will no longer only be the business of the DHSC, but a core priority for the whole of government is welcome. Other Government Departments also have a role to play in delivering a Smokefree 2030, for example HM Treasury on taxation, HMRC on the illicit trade in tobacco, and DEFRA on the environmental impact of tobacco.
13. However, the recommendations set out in this report are for DHSC for inclusion in the forthcoming Tobacco Control Plan. They relate to England with respect to devolved measures like health and to the UK with respect to reserved matters such as our international role in tobacco control. There is no time to be lost if we are to get on track to be Smokefree by 2030 so these measures need to be put in place by the end of 2021 and sustained until at least 2030.
14. A recommendation that interim targets be set for 2025 is included, so that if we are not on track for a Smokefree 2030 by then, the Tobacco Control Plan can be reviewed and enhanced.

Recommendations

Setting course for a Smokefree 2030

Recommendation 1: Legislate to make tobacco manufacturers pay for a Smokefree 2030 Fund to bring an end to smoking

Recommendation 2: Take our place on the world stage as a global leader in tobacco control.

Recommendation 3: Set interim targets for 2025, and update our strategy if we are not on track to a Smokefree 2030 by then

Behaviour Change Policy and Interventions for a Smokefree 2030

Levelling up through targeted investment

Recommendation 4: Deliver anti-smoking behaviour change campaigns targeted at routine and manual and unemployed smokers (C2DE).

Recommendation 5: Ensure all smokers are advised to quit at least annually and given opt-out referral to Stop Smoking Services.

Recommendation 6: Target support to give additional help to those living in social housing or with mental health conditions, who have high rates of smoking.

Recommendation 7: Ensure all pregnant smokers are given financial incentives to quit in addition to smoking cessation support.

Recommendation 8: Fund regional programmes to reduce the use of illicit tobacco in deprived communities.

Shaping the Consumer Environment

Recommendation 9: Legislate to put health warnings on individual cigarettes, quit messaging on pack inserts and close other loopholes in existing regulations.

Recommendation 10: Reduce the appeal and availability of e-cigarettes and other nicotine products to children.

Recommendation 11: Make the route to medicinal licensing fit for purpose to allow e-cigarettes to be authorised for NHS prescription.

Recommendation 12: Consult on raising the age of sale for tobacco from 18 to 21.

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