Briefing note: Local Government Declaration on Tobacco Control

March 2022

Why have we decided to relaunch the Local Government Declaration on Tobacco Control in 2022?

The Local Government Declaration on Tobacco Control was originally launched by Newcastle City Council in 2013. On No Smoking Day 2022 (9th March 2022), the Declaration was relaunched to bring it into line with the Government's ambition for England to be smokefree by 2030 and commitments made to improve smoking cessation support available through the NHS in the NHS Long Term Plan. You can read more about these here:

- Cabinet Office & Department of Health and Social Care: Advancing our health: prevention in the 2020s
- NHS: The NHS Long Term Plan

Smoking is a leading cause of premature death, disease and disability in our communities

Every year in England tens of thousands of around 75,000 people die from smoking related diseases, more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse. Smoking accounts for one third (35%) of all deaths from respiratory disease, half (52%) of all deaths from cancer, and about one eighth (13%) of all deaths from circulatory disease.[1] For every death caused by smoking, at least another 30 people are suffering from a smoking related disease.[2] In 2019/20 there were 448, 031 smoking attributable hospital admissions in England[3] whilst smokers need social care an average of ten years younger than never-smokers.[4]

Supporting information and resources on smoking and tobacco control, by English region and down to local authority level, for use by Councillors, officers and local decision-makers, can be found at www.ash.org.uk/localtoolkit.

Information on the burden of illness and disease caused by smoking, for each local authority in England, can be found at https://fingertips.phe.org.uk/profile/tobacco-control/data

Reducing smoking in our communities significantly increases household incomes and benefits the local economy

The annual cost of smoking to the economy in England is estimated to be around £17 billion. Around £13 billion of this cost is made up of productivity losses, including £6 billion in reduced earnings for individual smokers and £5.7 billion in smoking-related unemployment.[5] The average smoker in England loses just under £2,000 per year on tobacco expenditure, with around 500,000 households across England in poverty as a direct result of income lost to tobacco.

Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities

Smoking is the single largest driver of health inequalities in England and accounts for half of the difference in life expectancy between rich and poor. In England, 21.4% of workers in routine and manual occupations smoke, compared to only 8.5% in managerial and professional occupations.[3] Smoking drives and compounds existing inequalities, with higher rates of smoking linked to almost every indicator of disadvantage.[6]

Smoking is an addiction starting in childhood

Two thirds of smokers start before the age of 18, and across the UK more than 200,000 children aged between 11 and 15 start to smoke every year, even though it is illegal to sell cigarettes to anyone below the age of 18. Research shows that by the age of 20, four fifths of smokers regret they ever started. Growing up around smoking puts children at a major health disadvantage in life. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease, resulting in around 10,000 hospital admissions each year.[7] . Children whose caregivers smoke are more than twice as likely to have tried cigarettes, and four times more likely to be regularly smoke, reproducing the ill health and inequalities smoking causes.[8]

Smoking is an epidemic created and sustained by the tobacco industry

The tobacco industry (outside China) is dominated by four multinationals, Japan Tobacco International and Imperial Tobacco (which together account for around 80% of the UK market), British American Tobacco and Philip Morris International. These firms are some of the most profitable in the world: the global tobacco market is worth about £450 billion a year. Net operating profits for Imperial Brands in the UK were 71% in 2019, much higher than most staple consumer goods which return profits of around 12-20%.[9]
Whilst tobacco companies increasingly talk about going smokefree and their expansion into non-tobacco products, the overwhelming majority of their business continues to be built on cigarettes and they continue to launch new brands and lines predominantly in low- and middle-income countries.[10] Tobacco companies have been known to oversupply markets with their products to facilitate the illicit trade and to use influencing tactics such as lobbying and offering funding to councils to try to gain credibility and present themselves as legitimate partners in public health.[11]

The illicit trade in tobacco funds organised criminal gangs and gives children access to cheap tobacco

HM Revenue and Customs estimate that in 2019/20, 10% of cigarettes and 38% of hand-rolled tobacco in the UK market was illicit.[12] In 2019/20, the total amount of revenue lost to the Exchequer was estimated at £2.3 billion, with £1.3 billion made up by cigarettes and £1 billion by hand-rolled tobacco.[12]

Recent research in the North of England showed that nearly three quarters of smokers aged 14 to 15 have been offered illicit tobacco and 55% have bought it. Illicit tobacco is also most commonly available and purchased in low-income communities, exacerbating health inequalities. It also helps to drive modern slavery as many of the workers involved in the illicit trade are trafficked into the UK and work for little or no wage.[13]

Local authorities are key players in tackling the illicit trade, through trading standards departments and through their local partnerships with police, customs, and health professionals.

We welcome the:

Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;

Since the transfer of responsibility for public health to local authorities, local government has played a key role in leading action to tackle smoking. In 2021, 76% of local authorities were providing some form of dedicated specialist service for smokers and most were offering a comprehensive suite of tobacco control activities beyond this.[14] Effective and comprehensive tobacco control activity, led by local councils, will be the key to further progress towards a smokefree society.

Government's ambition to make England smokefree by 2030 and tackle inequalities in smoking prevalence

In 2019 the UK Government set out its ambition to make England smokefree (prevalence of 5% or less) by 2030[15] and in 2022 it reaffirmed a commitment to reduce smoking rates in the most disadvantaged areas and groups.[16] These timely and necessary ambitions are welcome but meeting them requires us to go further and faster. Smoking rates remain persistently high in disadvantaged populations and at current rates of decline the 2030 ambition will be missed across all groups.

Commitment by the government to live up to its obligations as a party to the World Health organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry;

The Framework Convention on Tobacco Control (FCTC) [17] is the world's first public health treaty, negotiated through the World Health Organisation. It has been ratified by more than 170 countries, including the UK. Key provisions include support for: price and tax measures to reduce the demand for tobacco products; public protection from exposure to tobacco smoke; regulation of the contents of tobacco products; controlling tobacco advertising, promotion and sponsorship; measures to reduce tobacco dependence and promote cessation; tackle llicit trade in tobacco products; and end sales to children. Article 5.3 commits Parties to protecting their public health policies from the commercial and vested interests of the tobacco industry and the UK has explicitly committed to meet this obligation.

NHS Long Term Plan's commitments to provide all smokers in hospital, pregnant women and long-term users of mental health services with tobacco dependence treatment.

The NHS Long Term Plan, published in January 2019 sets out a 10 year plan for the future of the health service. On smoking, it committed to:

- Offering all people admitted to hospital who smoke NHS-funded tobacco treatment services by 2023/4, following a model of support first implemented in Ottawa, Canada and then successfully in Manchester through the CURE programme;
- Adapting the model to offer a new smokefree pregnancy pathway for expectant mothers and their partners; and
- Providing a new universal smoking cessation offer as part of specialist mental health service for long-term users of specialist mental health services and in learning disability services.

We commit our Council from this date to …

Act at a local level to reduce smoking prevalence and health inequalities to raise the profile of the harm caused by smoking to our communities and in so doing support delivery of the national smokefree 2030 ambition;

Develop plans with our partners and local communities to address the causes and impacts of tobacco use;

Participate in local and regional networks for support;

Comprehensive, multi-agency tobacco control is key to effectively reducing rates of smoking whilst simultaneously preventing smoking uptake, supporting people to stay smokefree and reducing local smoking-related inequalities. For more information, see:

- ASH & Fresh: The End of Smoking
- ASH: 10 high impact actions for local authorities and their partners
- ASH & Fresh: Local Alliances Roadmap

Protect our tobacco control strategies from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees

Article 5.3 of the FCTC states that: *"in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law"*.

WHO guidelines on implementing Article 5.3, which were also supported by the UK Government, state that the obligations under this Article apply *"to government officials, representatives and employees of any national, state, provincial, municipal, local or other public or semi/quasi-public institution or body within the jurisdiction of a Party, and to any person acting on their behalf".* They also recommend that public bodies covered by Article 5.3. should introduce *"measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur; reject partnerships and non-binding or non-enforceable agreements with the tobacco industry; and avoid conflicts of interest for government officials and employees".* [18]

The Declaration does not contain specific commitments in relation to Councils' pension fund investments in the tobacco industry. Councils may wish to review these investments and may conclude that the tobacco industry is not an appropriate investment. Decisions of this kind must be made by trustees on advice and in accordance with their legal duties.

Monitor the progress of our plans against our commitments and publish the results.

The resources by ASH and Fresh cited above are available to support local authorities in setting appropriate local priorities on tobacco control. The CLeaR model developed by ASH in partnership with the regional offices of tobacco control, CIEH and the TSI amongst others and now overseen by Department of Health and Social Care provides a structured process for building a local tobacco plan: https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment

Any Council wishing to take a systematic approach to tobacco control will of course need to monitor and measure progress against agreed plans, and it is strongly recommended that this be done through publicly accessible reports, discussed and agreed in a public forum.

Publicly declare our commitment to reducing smoking in our communities by and to joining the Smokefree Action Coalition, the alliance of organisations working to reduceing the harm caused by tobacco.

The Smokefree Action Coalition is an alliance of over 300 organisations including medical royal colleges, the British Medical Association, the Trading Standards Institute, the Chartered Institute of Environmental Health, the Faculty of Public Health, the Association of Directors of Public Health, and ASH. The Coalition was created during the successful campaign for legislation ending smoking in enclosed public places (Health Act 2006). It has engaged with Government on a wide range of tobacco control issues, most recently calling for the inclusion of 12 recommendations laid out by the APPG on Smoking and Health for the next Tobacco Control Plan. More information about the Coalition and how to join can be found on the website.

Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;

The next Tobacco Control Plan for England is expected to be published in 2022. The APPG on Smoking and Health, to which ASH provides the secretariat, has laid out 12 recommendations for inclusion in the Tobacco Control Plan.[9] These include the introduction of a 'polluter pays' levy to make tobacco companies pays for the costs of tobacco control, and a public consultation on raising

the age of sale for tobacco products from 18 to 21. The Government's Levelling Up the United Kingdom white paper committed to tackling smoking in order to reduce socioeconomic inequalities,[16] Local councils are on the frontline of tobacco control delivery and have a key role to play in advocating for national policy that properly supports and resources them in their efforts to make our communities and society smokefree.

References

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