Making the case for strong local tobacco control

Questions & Answers

The document is designed to help you make the case for evidence based local tobacco control. It provides answers to the following common questions:

1. Is smoking still a problem?
2. What can local authorities achieve through tobacco control?
3. Why should local authorities commission Stop Smoking Services?
4. Why should local authorities invest in tobacco control work?

1. Is smoking still a problem?

Yes. Despite many years of progress, tobacco remains the largest cause of premature death in England.

Tobacco use causes illness and death

- Tobacco kills half of life long users and causes around 78,000 premature deaths every year in England alone.[1]
- Smoking remains the principle cause of preventable premature death - killing more people than the combined total of the six next largest causes put together. This includes obesity, alcohol, suicide, road traffic accidents, HIV and illegal drugs. [2]
- Smoking accounts for over one-third of respiratory deaths, more than half of cancer deaths, and about one-sixth of circulatory disease deaths.[3]
- **Local statistics on illness and death are available via Public Health England's Local Tobacco Profiles.**

Tobacco use perpetuates health inequalities

- Tobacco is the major cause of preventable illness[4] and is responsible for half the difference in life expectancy between the richest and poorest in the UK.[5]
- Workers in routine and manual professions are twice as likely to smoke as those in managerial and professional roles.[6]
- Approximately 10.6% of pregnant women smoke at time of delivery,[7] with rates particularly high among poorer and teenage mothers.[8]
- **Local statistics on smoking in pregnancy at the time of delivery (SATOD) are available via the Health & Social Care Information Centre.**
- **Local statistics on health inequalities are available via Public Health England's Local Tobacco Profiles.**

Tobacco use harms our young people

- In the UK, hundreds of children start smoking every day.[9]
- Each year, UK hospitals see around 9,500 admissions of children with illnesses caused by second-hand smoke.[10]

Tobacco use imposes high economic costs on society

- Smoking costs society more than £12.9 billion every year in England alone. This includes factors such as lost productivity, the cost of social care and smoking-related house fires.[11]
- In 2014/15, smokers in England paid approximately £7.5bn in duty on tobacco products. Therefore, smoking costs society roughly twice what is paid in tobacco duty.[12]
- For local data on the costs of smoking please see the ASH Ready Reckoner.

2. What can local authorities achieve by working to reduce smoking prevalence?

Reducing smoking prevalence gives children a better start in life

- Smoking is an addiction of childhood and very few people take up smoking for the first time as adults.[13]
- Two thirds of smokers say they began before they were legally old enough to buy cigarettes and 9 out of 10 report starting before the age of 19.[14] 40% of smokers started smoking regularly before the age of 16.[15]
- The younger the age of uptake of smoking, the greater the harm is likely to be. Early uptake is associated with subsequent heavier smoking, higher levels of dependency, lower chances of quitting, and higher mortality.[16]
- Children whose parents or siblings smoke are around three times more likely to smoke than children living in non-smoking households[17] so helping parents to quit can reduce the chances of these children becoming smokers themselves.

Reducing smoking prevalence boosts the disposable income of the poorest communities

- Around 1.2 million children in the UK are living in poverty in households where adults smoke. If these adults quit and the costs of smoking were returned to household budgets, approximately 400,000 of these children would be lifted out of poverty.[18]
- Local statistics on children in poverty and smoking are available via the ASH Health Inequalities Resource Pack.

Reducing smoking prevalence reduces the economic burden of tobacco use

- In 2017, research commissioned by ASH estimated the total cost to society of smoking to be £12.9 billion in England.[19]
- ASH research shows that £1.4bn is spent annually on social care as a result of long term conditions caused by smoking (£757m to local authorities and £630m to individuals to self-fund their care). Smokers need care on average nine years earlier than non-smokers. You can access data for your local authority here.[20]

3. Why should local authorities commission Stop Smoking Services?

Studies show that people are four times more likely to quit smoking if they have specialist behavioural support.[21] Free local Stop Smoking Services provide this support, combining one-to-one behavioural support along with stop smoking medicines, which are available for the cost of a prescription.

Stop Smoking Services are highly effective

- Stop Smoking Services more than triple abstinence rates in the long-term compared with smokers who quit without support. Permanent quitting rates of Stop Smoking Service clients are 5–10% higher than for those quitting cold turkey.[22]
- 382,500 people set a quit date through the NHS Stop Smoking Services in 2015-16. 51% of those who set a quit date then went on to quit.[23]

Stop Smoking Services are highly valued by smokers

- 9 out of 10 smokers who've used a local Stop Smoking Service say they would recommend the service.[24]

Stop Smoking Services help reduce inequalities

- Stop smoking services make an important contribution to reducing smoking including in less affluent groups.[25] As poorer smokers are likely to be more highly dependent, Stop Smoking Services can greatly improve their chances of quitting successfully.

Stop Smoking Services improve outcomes across the health care system

- Local areas with dedicated Stop Smoking Services have been shown to have higher quit rates than in settings where only health professionals such as GP practices and pharmacies provide support. This is because they are able to offer expert advice and training across the system (Croghan & West, 2015).[26]

4. Why should local authorities invest in tobacco control work?

Improving environmental health protects the health of communities and children

- Local authorities are responsible for ensuring compliance with the smokefree legislation. This law has been a major public health success story, leading to 1,200 fewer emergency admissions to hospitals for heart attacks (a reduction of 2.4%) in the first year following implementation.[27] Reduced incidence of childhood asthma[28] and an increase in the number of people cutting down or quitting smoking are also associated with the law.[29]
- Smokefree homes programmes can encourage parents to take their smoke outside to protect children from the harms of second-hand smoke.
- It is illegal for anyone to smoke in a private vehicle which is carrying someone who is under the age of 18.[30]

Local authority enforcement plays a key role in reducing illicit tobacco

- Those in poorer communities are more likely to be tempted by cheaper prices. Therefore the availability of illicit tobacco undermines a key measure to encourage smokers to quit which, in turn, exacerbates health inequalities.
- Trading Standards Officers in England play an important role in tackling illicit tobacco dealing; the Chartered Institute for Trading Standards estimates that approximately 3,200 complaints were received by councils in relation to illicit tobacco products, with approximately 5,700 premises being visited in relation to illicit tobacco across England in 2015/16.[31]
- Work at the regional level has been shown to be effective in reducing the supply and demand of illicit tobacco.[32]

Tobacco control work helps protect children from underage sales

- It is children, not adults, who start smoking. Among adult smokers, about two-thirds report that they took up smoking before the age of 18, and over 80% before the age of 20.[33] In 2014/15 Trading Standards Officers in England carried out a total of 4,200 visits to premises relating to underage sales of tobacco.[34]

Local authorities can help improve the health of smokers and prompt extra quit attempts

- Local authorities have large workforces many of whom come from groups where smoking rates are high. As large employers in the local community, authorities can set the standard in terms of supporting staff to quit.
- Local approaches to harm reduction include provision of self-help materials, communicating to smokers about alternative sources of nicotine and varying existing stop smoking provision to support relapse prevention. A harm reduction approach can help smokers who are not ready to stop smoking move closer to quitting.

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