

Smokefree Action Coalition Strategy 2018-20

Our aim is to make smoking history for our children

Introduction

The Smokefree Action Coalition (SFAC) is a group of over 300 organisations across the UK committed to promoting public health, protecting children and lessening health inequalities by reducing the harm caused by tobacco.

The SFAC's geographical remit is England for devolved matters such as health, and UK-wide for reserved matters, such as international policy issues, tax and smuggling. Internationally we collaborate with colleagues in the Framework Convention Alliance, an organisation of more than 500 civil society groups across the world created to support implementation of the world's first public health treaty, the World Health Organisation Framework Convention on Tobacco Control.

This document sets out SFAC's strategy for the current parliament (due to run until 2020) and ambitions for the longer-term. The SFAC shares the Government's vision of a "*smokefree generation*"¹ and public support for Government action to tackle smoking is strong and growing.² The UK is recognised as a world leader in tackling smoking³ and if we can sustain the progress in tackling smoking achieved since the last Tobacco Control Plan in 2011, we can achieve our vision by 2030. However, the lessons from the past are that this can only be achieved if government action is systematic, co-ordinated and properly resourced.^{4 5}

The SFAC strategy objectives are:

1. Making sure the targets in the Tobacco Control Plan for England are achieved
2. Securing sustainable funding for tobacco control
3. Engaging the NHS and health professionals to support smokers to quit
4. Supporting the delivery of tobacco control at the local and regional level
5. Controlling the Tobacco Supply Chain
6. Supporting International Tobacco Control
7. Supporting Regulation and Appropriate Use of Reduced Risk Nicotine Products

Analysis

There is strong cross party political and public support for government measures to tackle smoking. The proportion of respondents who think the government is not doing enough to tackle smoking has risen from 29% in 2009 to 39% in 2017.² In total, in 2017 over three quarters (76%) of adults surveyed support the government's activities to limit smoking or think they could do more, while only 11% believe that the government is doing too much.²

The latest Tobacco Control Plan for England, published in July 2017, sets out a vision for a smokefree generation, defined as smoking rates below 5%.⁶ However, while this ambition is achievable, smoking remains the leading public health emergency. Smoking kills more people than alcohol, obesity, illegal drugs, traffic accidents and HIV put together, and is responsible for half the difference in life expectancy between the richest and poorest in society.⁷ If the vision of a smokefree future across all of society is to be realised, a step change in commitment is needed:

- While the number of children starting to smoke has fallen substantially in recent years, hundreds of children a day start smoking for the first time in England.⁸ Tobacco is an addiction of childhood; over three quarters of smokers aged 16 to 24 in 2014 reported that they started smoking before the age of 18.⁶
- There are still 7.3 million adult smokers in England.⁶ Tobacco use is still the leading cause of preventable premature death in the UK: around 200 people a day still die from diseases and disabilities

caused by smoking that could have been prevented.⁶

- Poorer and more vulnerable groups in society have higher than average smoking rates. There are more than three times as many smokers among the lowest earners in society compared to the highest and among those with a serious mental illness 40.5% smoke.⁶ Almost 11% of mothers were recorded as smokers at the time of delivery in 2017.⁹
- Smoking costs the English economy more than £11 billion a year, including £2.5 billion to the NHS, £5.3 billion to employers (because of lost output due to sickness and smoking breaks), and £4.1 billion to the wider society. There are further costs including around £760 million from increased social care costs to local councils.¹⁰

Progress in reducing smoking rates is now threatened by funding cuts for key elements of the tobacco control programme:

- Mass media campaigns have been found to be cost-effective in triggering quit attempts and reducing smoking prevalence^{11 12 13}, but they need to be sustained and of sufficient intensity to be most effective.¹⁴ However, public spending on stop smoking media campaigns has been falling, from a peak of £25 million in 2009/10 to £4 million in 2016/17.¹⁵
- The last Spending Review in 2015 announced cuts in public health funding of 3.9% a year - a real terms reduction of at least £600 million a year by 2020/21, on top of the £200 million “in year” cut to the 2015/16 budget.¹⁶
- A November 2016 survey of local authority tobacco control leads in England found significant budget cuts for smoking cessation services and that in a growing number of authorities there is no longer a specialist stop smoking service for all smokers.¹⁷
- Trading standards departments have been cut back considerably, which means that the enforcement of tobacco control laws at a local level is under threat. The Trading Standards Institute reported that between 2014 and 2016 staff numbers fell by 11.5% and service budgets have dropped by 22% in real terms.¹⁸

This problem is being made worse by inconsistent provision in the NHS. Despite improvements in quality of life and life expectancy for NHS patients who quit smoking:

- A growing number of Clinical Commissioning Groups direct GPs not to prescribe NRT and other stop smoking medications.¹⁹
- Recent studies have found that only 24% of smokers with cancer are offered advice to quit by their GPs and only 13% are prescribed stop smoking treatment. For smokers with coronary heart disease, only 48% are offered advice to quit by GPs and only 22% are prescribed stop smoking treatment.
- An audit by the British Thoracic Society of 146 hospitals and 15,000 patient records found that 27% of hospital patients were not asked if they smoke, 72% of hospital patients who smoked were not asked if they wanted to quit, and provision of NRT and other smoking cessation treatments in hospital formularies was ‘poor’.²⁰

Objectives

1. Making sure the targets in the Tobacco Control Plan for England are achieved

The SFAC strongly supports the national ambitions set out in the Tobacco Control Plan, to progress towards a smokefree generation, with intermediate targets that by 2022 we will:

- reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

The lessons from the past are that such ambitions can only be achieved if action to meet them is systematic, co-ordinated and properly resourced.^{4 5}

Key messages: The SFAC strongly supports the national ambition to create the first smokefree generation. However, progress in reducing the harm caused by tobacco could stop or even go into reverse, if tobacco control measures are not properly co-ordinated and resourced. We must make sure that poorer communities and vulnerable groups are not “*left behind*” as we move towards the first smokefree generation.

We are not “*anti-smoker*”. We want to protect both smokers and non-smokers from the harms of smoking related illness and create environments in which smokers are supported and encouraged to quit – which is the goal of most smokers. The tobacco industry – which deliberately fosters a lethal addiction to cigarettes – must be forced to meet as much as possible of the cost of the public policies needed to do this.

2. Securing sustainable funding for tobacco control

Cuts in the public health grant have reduced the funding for tobacco control year on year since 2010. The SFAC calls on the government to reverse the cuts. Securing sustainable funding for tobacco control is a key priority for the SFAC. The Coalition will advocate for this at all levels and is well placed to highlight the impact of public health budget cuts on tobacco control activities to government, the media and other stakeholders.

However, longer-term we believe that the tobacco industry should pay for the recurring costs of tobacco control measures, including mass media campaigns, enforcement, stop smoking services and specific interventions in the NHS. This could be achieved by charging the industry a levy (in the US where this has been implemented it is known as a “user fee”) based on sales data and the “polluter pays” principle in that the more cigarettes sold, the more damage they do. Alternatively, this could be achieved by increasing the taxation of the tobacco industry profits. Profit margins for the tobacco industry on cigarettes in the UK have been estimated at up to 68% in the UK, compared to only 15-20% in most consumer staple industries.²¹

High excise taxes on tobacco make tobacco less affordable and reduces smoking rates. It is sometimes claimed that the revenue generated ‘compensates’ for the harm caused by smoking. However, it is not a penalty paid by tobacco companies and it does not impact on their profits as they continue to raise their prices as consumption falls. Even if it were to be considered compensation, annual excise taxes are far lower than the cost of smoking to society.

Key message: Making the tobacco industry contribute more to ending the smoking epidemic is a good example of the “polluter pays” principle. At present, we have “polluted pays”: the industry’s customers pay the cost of their addiction in disease and premature deaths.

3. Engaging the NHS and health professionals to support smokers to quit

According to the NHS Five Year Forward View,²² “*The future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.*” The Tobacco Control Plan has committed to promoting links to “stop smoking” services across the health and care system and full implementation of all relevant NICE guidelines by 2022.

A key tobacco control objective is to ensure that there is effective co-operation across the health and social care system to reduce tobacco use and improve health. For example:

- If sick smokers stop smoking their quality of life and life expectancy can be significantly improved, and

their social care needs are reduced;

- smokers diagnosed with lung cancer live on average nearly twice as long if they quit smoking;²³
- stopping smoking significantly reduces the amount of time surgical patients have to stay in hospital and increases the likelihood of successful outcomes; and
- smokers who have heart attacks are 50% less likely to have another heart attack if they stop smoking.²⁴

Key message: The NHS comes into contact with millions of sick smokers: the advice and support they receive must be consistent across the system and of a high standard. The NHS and the social care system must work together to make progress in reducing tobacco use, as recommended in the Tobacco Control Plan for England. Smoking is a chronic relapsing long-term condition and treating it through medication and behavioural support is highly cost-effective and essential for the sustainability of the NHS.

4. Supporting the delivery of tobacco control at the local and regional level

The SFAC will support local tobacco alliances, Directors of Public Health, local charities and other public health and tobacco policy advocates in making the case for comprehensive tobacco control policies. This includes provision of high quality stop smoking services and adequate provision of resources for local enforcement.

Key message: Local authorities in England are responsible for public health at the community level and therefore have a duty to make sure that tobacco control is treated as an organisational priority and is adequately resourced. Increasing co-operation and collaboration between local authorities at regional level offers an opportunity to make further progress on tobacco control.

5. Controlling the Supply Chain

The tobacco industry is notorious for its historic failure to control its own supply chain. The major tobacco manufacturers have repeatedly been exposed for their involvement with the illicit tobacco trade – usually by allowing their (lawfully manufactured) products to be diverted into illicit channels.²⁵ That is why an illicit trade protocol to the WHO FCTC has been developed and adopted.²⁶ This commits governments to implement a system of tracking and tracing of tobacco packs which is independent of the industry and put in place measures to ensure tobacco companies control the tobacco supply chain through accurate record keeping, due diligence and the imposition of sanctions.

The revised EU Tobacco Products Directive has now been transposed into UK law. This includes provisions for a European-wide traceability system, which would allow tobacco products, down to pack level, to be traced through the supply chain from manufacturer to retailer.

The SFAC is calling for Government action to include:

- Ratifying the Illicit Trade Protocol
- Ensuring that action to tackle illicit trade is protected from the commercial and vested interests of the tobacco industry in line with Article 5.3 of the WHO FCTC and the Illicit Trade Protocol
- Requiring the tobacco industry to implement the tracking and tracing system under the EU Tobacco Products Directive and ensuring that any system put in place is independent of the tobacco industry
- Implementing a comprehensive licencing system funded by tobacco manufacturers and to include tobacco retailers, with the immediate creation of a retail register to bring England in line with other nations. Licences to be suspended or revoked when businesses are found to have contravened tobacco control legislation
- Funding partnership working at a regional level to support coordinated enforcement against the illicit trade in tobacco to reduce both the demand for and supply of illicit tobacco
- Requiring tobacco manufacturers to provide monthly sales data at a national and local authority level for publication, with the addition of marketing spend and brand specific price data at a national level. Tobacco manufacturers should also be required to provide data for publication on profitability and the

taxes paid on an annual basis for all markets that it operates in.

Key message: Tobacco manufacturers are a powerful and highly profitable industry selling addictive products which kill when used as intended. That is why they are the only industry subject to international treaties strictly regulating the marketing of tobacco products and controlling how they are sold. The UK has implemented almost all aspects of the treaties apart from where and how cigarettes can be sold. Anyone can sell cigarettes in the UK and given the lethal and addictive nature of tobacco this is a product which should be strictly controlled and only sold under licence.

6. Supporting International Tobacco Control

The tobacco control community in the UK has a special responsibility, because two of the four major tobacco manufacturers are based here. We must continue to co-operate with colleagues and partners across the world to support them in preventing the industry from further developing markets, particularly in low and middle income countries. We have lessons to learn from campaigning and public health measures in other countries, and we should support a strong and growing international tobacco control movement.

The SFAC has an important role to play in ensuring that the UK continues to protect its public health policy from the commercial and vested interests of the tobacco industry in line with its obligations under Article 5.3 of the WHO FCTC. This is in line with the Government's commitment in the Tobacco Control Plan to continue to uphold its obligations as a party to the international tobacco treaty, the WHO Framework Convention on Tobacco Control.

Key message: Brexit must not be used as an excuse to weaken tobacco control policy in the UK. The UK must continue to develop its international role as a tobacco control leader, and Article 5.3 of the WHO FCTC must be fully observed in foreign policy, aid, and trade policy as well as domestically.

7. Supporting Regulation and Appropriate Use of Reduced Risk Nicotine Products

Alternative nicotine products, including medicinal nicotine products, consumer electronic cigarettes and 'heat not burn' tobacco products, should be regulated appropriately, on the basis of objective evidence of potential harms and benefits. The regulatory structure should develop as the evidence on harm and benefits emerges over time – some products are likely to be shown to cause more harm than others, and therefore to require tighter regulation.

Smokers should be encouraged to use alternative nicotine products that are likely to be most helpful to them in supporting quitting (different products may work best for different people). Marketing to non-smokers and in particular to children should be effectively discouraged. This is in line with the commitment in the Tobacco Control Plan for England to maximise the availability of safer alternatives to smoking.

Key message: Current evidence supports the conclusion that alternative nicotine products cause much less harm than smoked tobacco. Stop smoking medications and e-cigarettes can help smokers seeking to quit, particularly when they are combined with behavioural support of the kind offered by stop smoking services.²⁷ They are most effective when combined with behavioural support, which is why we still need effective and well-resourced stop smoking services.

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