

# Smokefree 2030 – Frequently Asked Questions

18 March 2020

## Smokefree 2030 – what it is and why it's needed

### 1. Why has the Government announced an ambition for England to be smokefree by 2030?

The Government's ambition was announced as a key element of a prevention strategy<sup>1</sup> designed to deliver on its commitment to *"ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest"*. This commitment was repeated in the Conservative manifesto in advance of the December 2019 election.<sup>2</sup> The ambition to be smokefree has support across parliament, so it is not a party-political issue.<sup>3</sup>

### 2. What does being 'smokefree' by 2030 mean?

To be smokefree is to reach a tipping point when smoking is no longer normalised in society, and the end of smoking is in sight. The UK<sup>4</sup> and other Governments<sup>5</sup> have defined this to be when smoking rates are 5% or less.

### 3. Why is it so important that we make smoking history?

Smoking remains the leading cause of premature death, with smokers losing on average 10 years of life,<sup>6</sup> and for every death caused by smoking it is estimated that another thirty people are suffering from serious illnesses attributable to smoking.<sup>7</sup>

By making smoking history we will eradicate the leading cause of preventable premature death, responsible for half the difference in life expectancy between the richest and poorest in society and responsible for many years of life lived with disease and disability.<sup>8</sup>

### 4. Smoking rates are going down year on year, and are the lowest ever recorded, so why does the Government need to do more?

Smoking may be at the lowest rates ever recorded, but evidence from around the world tells us progress can stall if the Government does not continue to improve and invigorate its tobacco strategy.

And while the proportion of people smoking is the lowest recorded, there are still over 6 million smokers in England, that's more than one in seven adults.<sup>9</sup> Smoking remains the leading preventable cause of death and disability, killing over 200 people a day in England: that's 77,000 a year.

Targeted action is needed to address the growing inequalities in smoking, as smoking is responsible for half the difference in life expectancy between the richest and the poorest.

Furthermore, Government needs to do more to stop new smokers starting, most of them before they are 18. Every day 280 children in England under 16 smoke their first cigarette, two thirds of whom will go on to become addicted smokers.

## **5. How do we know the estimates of the numbers of children taking up smoking are reliable?**

The estimate of 280 children a day starting smoking in England was calculated by Cancer Research UK using the survey of Smoking, Drinking and Drug Use in Young People in England.<sup>10</sup> The methods used for analysing the data have been peer reviewed and published in the highly respected medical journal, Thorax.<sup>11</sup> The most recent estimate is based on the average number of children taking up smoking per year between 2016 and 2018. Yearly figures were divided by 365 to obtain daily figures.

## **6. The Government has already done so much on smoking, aren't other problems like obesity of more concern now?**

Obesity is a big problem which needs tackling, but that doesn't mean we should stop implementing the measures which we know will end smoking. Smoking is still the leading preventable cause of death and disability and more than one in ten adults still smoke.<sup>9</sup> As the Government itself has said, obesity could overtake tobacco as the leading cause of preventable death, but it hasn't done so yet. Smoking currently causes around 77,000 deaths a year in England, while obesity is estimated to cause around 30,000.<sup>12</sup> Tackling smoking is still a priority, we know what works and there is strong support from the public to go further and do more to end smoking.

## **7. Tobacco manufacturers have already announced they're moving to a smokefree future, so why is government action needed?**

Some tobacco manufacturers say they support the idea of ending smoking in countries like England where it is already on the political agenda.<sup>13 14 15</sup> However, the tobacco industry has not been trustworthy in the past<sup>16</sup> and is still not trustworthy now. It continues to promote smoking, whenever and wherever it can get away with it, particularly in low- and middle-income countries.<sup>17 18 19</sup> This is breathtakingly hypocritical.

We cannot, and should not, rely on tobacco industry promises to only market to smokers.<sup>15</sup> Tobacco manufacturers need to addict future generations who are not smokers if their business is to survive in the long-term.

The WHO Framework Convention on Tobacco Control (FCTC)<sup>20</sup>, the international health treaty on tobacco, requires the UK to protect its public health policies from the commercial interests of the tobacco industry. The Guidelines to the FCTC<sup>21</sup> make clear that this prohibits Governments, including the UK, from partnering with tobacco companies. The UK Government has stated that it will live up to this obligation.<sup>22</sup>

## **8. Why not just make smoking illegal?**

The goal is to end smoking, not to criminalise smokers. Making smoking illegal while millions of people are still addicted would criminalise individuals and risks boosting organised crime. We need to discourage young people from starting to smoke and encourage and support current smokers to quit.

Making smoking illegal has been tried in Bhutan and failed, people in Bhutan still smoke, but there is a thriving black market<sup>23</sup> and tobacco use has increased not decreased since the production and sale of tobacco was made illegal in 2004.<sup>24</sup> Among 13-15 year olds smoking rates increased from 10% in 2004 to 14% in 2013, while over the same time period smoking rates among 11-15 year olds in England halved from 14% to 7%. England has been highly successful in reducing the proportion of young people smoking by keeping it legal but strictly regulating it, while Bhutan's experience shows that a ban can be counterproductive.

## **Smokefree 2030 Fund – what it is and why it's needed**

### **9. What is the Smokefree 2030 Fund and why is it needed to achieve the smokefree ambition?**

The *Smokefree 2030 Fund*<sup>25</sup> would be set up in legislation to require tobacco manufacturers to pay a fixed sum to the Department of Health and Social Care, to provide sustainable funding for tobacco control measures and help reduce inequalities. This is in line with the 'polluter pays' approach the Government has committed to consider.<sup>1</sup> A secure funding mechanism is essential as Local Authority funding from central government has fallen by 60% since 2010 and public health funding has been reduced year on year. This has led to cuts in programmes that are essential to achieve a Smokefree 2030 such as stop smoking services, comprehensive media public education campaigns and trading standards enforcement needed to stop sales to children and of illicit tobacco.

### **10. How would the Smokefree 2030 Fund work exactly?**

The *Smokefree 2030 Fund* would be set out in law to conform with the Government's legal obligation not to enter into voluntary agreements with the tobacco industry, and the industry would have no say in how the money is used. Tobacco manufacturers would be required to pay around £300 million a year to the Department of Health to spend on measures designed to discourage people from starting in the first place, and to support smokers to quit. The devolved administrations should be given the opportunity to opt into the scheme.

The amount paid by each company would be based on their sales of smoked tobacco. This would incentivise the industry to switch out of combustible products, so they deliver on the Government's "*ultimatum for industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced risk products like e-cigarettes*".<sup>1</sup>

### **11. How much should the Smokefree 2030 Fund raise and what should it be used for?**

The big four tobacco transnationals, Imperial Tobacco, Japan Tobacco, Philip Morris International and British American Tobacco, known together as 'Big Tobacco' are responsible for over 95% of UK tobacco sales.<sup>3</sup> They can easily afford to pay - profit margins on tobacco are two or three times higher than for other comparable consumer industries. Globally they make more money than Coca Cola, Disney, Google, McDonalds and FedEx put together,<sup>26</sup> and in the UK alone they make around £1.5 billion a year in profits.<sup>3</sup> To restore funding for tobacco control to the level it was at before Government cuts, ASH estimates the charge should be set at £300 million a year.<sup>27</sup> This would be needed to pay for smoking cessation services, public education campaigns and enforcement activity at national, regional and local level.

### **12. The Government's sugar levy was supposed to raise money, but the sugary drinks manufacturers got round it by reducing the amount of sugar in their products. Won't the tobacco manufacturers do the same with the Smokefree 2030 Fund?**

The Soft Drinks Industry Levy is a tax which is based on the amount of sugar in soft drinks,<sup>28</sup> whereas the Smokefree 2030 Fund as recommended in the Roadmap to a Smokefree 2030 would be a charge on tobacco manufacturers. The main aim of the Soft Drinks Industry Levy was to encourage companies to reduce the amount of sugar, as by doing so they would pay less tax. It's been very successful, with over 50% of manufacturers reformulating their soft drinks, so people are consuming less sugar. As a result the expected amount of revenue more than halved from £520m in Year 1 to £240m.<sup>28</sup> By contrast, the Smokefree 2030 Fund is a fixed charge, not a tax. That means it raises a fixed amount of money, with

each company paying a proportion in line with its market share. This approach has been used very successfully by the US Government to fund tobacco control<sup>29</sup> and is the right model for smoking, because cigarettes can't be reformulated to make them less harmful.

### **13. Tobacco is already heavily taxed by Government, why can't that money go towards helping smokers quit?**

The UK government does not usually ' earmark ' taxes for specific purposes, also known as hypothecation. Instead taxes go into a consolidated fund which is distributed to pay for all government services. HM Treasury consulted on the idea of an additional tax to pay for tobacco control and decided against in 2015 on the basis that it wouldn't be effective in raising the necessary funds.<sup>30</sup> Allocating revenues from a specific tax to fund a particular activity, means that spending on that service will fluctuate in an uncertain way as revenues go up and down through the economic cycle. What is needed is not a tax but a charge on the industry raising a fixed amount of money needed to pay for tobacco control, which is what the Smokefree 2030 Fund is designed to do.

### **14. Smoking is a legal, legitimate industry that's already heavily taxed. Why should it have to pay more?**

It's not the industry that pays existing taxes, it's the smoker. The tobacco industry pays very low taxes on its profits. Big Tobacco sells products which are legal but lethal when used as intended, killing one in two users prematurely. Every year 77,000 people die prematurely in England, with thirty times more suffering serious diseases caused by their smoking. That's why the industry should have to pay more. It can certainly afford to.

### **15. Why is it called a "polluter pays" approach?**

The "*polluter pays*" principle is the commonly accepted practice that those who produce pollution should bear the costs of managing it to prevent damage to human health or the environment.<sup>31</sup> Making Big Tobacco pay to end smoking, is a wholly justified extension of the "*polluter pays*" principle to tobacco, which pollutes the health of smokers and those around them. As well as this, the cultivation, processing and disposal of cigarettes is also hugely damaging to the environment and human rights in low- and middle-income countries, with harms ranging from child labour and deforestation through to toxic cigarette butts polluting the oceans.<sup>32</sup>

### **16. Philip Morris International internal documents say it would pay into a Government fund, which it calls the "*Tobacco Transition Fund*". Isn't this an offer the Government should accept?**

No, the Government should not accept PMI's proposal, as it is designed to further the commercial interests of the company and its shareholders by supporting the "transitioning" of smokers to its reduced risk tobacco products. The PMI proposal is part of its normalisation strategy revealed in a cache of confidential documents published by Reuters in 2017. PMI's objective is to "*establish the legitimacy of tobacco companies to be a part of the regulatory debate on RRP's (Reduced Risk Products)*" and rebrand itself as "*part of the solution*" to the tobacco epidemic, to "*be 'for' something*" and "*establish PMI as a trusted and indispensable partner, leading its sector and bringing solutions to the table*".

PMI's proposal breaches the Government's obligations to ensure that is not partnering with the industry on tobacco policy. Both ASH<sup>33</sup> and the APPG on Smoking and Health<sup>34</sup> support the industry having to fund tobacco control, but this has to be a legal requirement in line with our WHO Framework Convention on Tobacco Control (FCTC) obligations, in which the industry has no role in the setting of policy or allocation of funds.

## **What is the evidence that Government policies to reduce smoking are needed and effective?**

### **17. Are Government policies to reduce smoking effective?**

In 2006 our smoking rates were slightly above the average for Europe, by 2017 they were more than a third lower, and the UK had the lowest proportion of adult tobacco users in the EU.<sup>35,36</sup> That's because the UK government has done more than any other country in Europe to tackle smoking, by making it less affordable, putting cigarettes out of sight in shops and not just putting health warnings on packs but also getting rid of all colourful glitzy packaging.<sup>37</sup>

### **18. If the Government has already taken lots of action to reduce smoking, why does it need to do more?**

There is extensive evidence, not just from Britain,<sup>37</sup> but other countries too,<sup>38 39 40 41</sup> that smoking prevalence only continues to decline when tobacco control policies are updated, invigorated and improved. Furthermore, the more extensive and comprehensive the tobacco control policies are, the more effective they will be in reducing youth initiation and increasing the number of adult smokers who quit.<sup>42</sup>

### **19. Why are public education campaigns needed if smokers already know that smoking is bad for them?**

Public education campaigns are needed because although smokers know smoking is unhealthy most are unaware of how big the risks are. A survey in the North of England found nine out of ten smokers underestimated the risk of smoking with nearly a half believing that fewer than one in ten smokers die prematurely. In fact, at least a half all long-term smokers will die prematurely, suffering years of disease and disability before they die.

And even if smokers know the risks, knowledge alone doesn't change behaviour – smokers need to be encouraged and motivated before they make attempts to quit. Public education campaigns using advertising are cheap and effective in discouraging people from starting to smoke and encouraging existing smokers to quit and can be targeted at poorer and more disadvantaged smokers who need more support to quit.<sup>43 44</sup>

### **20. Public Health England runs its Stoptober campaign every year, isn't that enough?**

Mass media anti-smoking advertising is an essential driver for effective social marketing campaigns. Such campaigns are effective and cost-effective in discouraging people from starting to smoke and encouraging existing smokers to quit,<sup>43,44</sup> and can be effectively targeted at disadvantaged smokers. However, they need to be both intense and sustained in order to have a significant effect.<sup>45</sup> That means running them throughout the year, not just in one month and including a range of channels including TV and radio, not just social media and the internet.

The UK used to have a strong track record in this area, but in recent years national spending in England on such campaigns has fallen sharply. In 2018/19 the spend was only £2.5 million, less than half that of 2015/6 (£5.3 million) and only 10% of what was spent a decade ago in 2008/9 (£23.4 million), not accounting for inflation.

Over the same time period there has been a significant drop in the proportion of smokers trying to quit. In 2008 40% of smokers in England had tried to quit in the last year, in 2018 this had fallen by a quarter to only 30%.<sup>46</sup> If we are to increase the speed at which the

number of smokers declines is that it is necessary to increase the number of smokers trying to quit and that means finding the funding for campaigns to motivate smokers to quit.

### **21. Why is more funding needed to enforce tobacco laws?**

Trading standards staff are crucial to effective enforcement of tobacco laws. The number of local trading standards staff in England decreased by 56% between 2009 and 2016, with 81% of services considering that funding reductions have had a negative impact on their ability to protect consumers in their area.<sup>47</sup> <sup>48</sup> In 2009 spending on trading standards was £213 million; in 2018-9 it was £108 million.<sup>48</sup>

### **22. What are “dissuasive cigarettes” and why will they help?**

Standardised packaging which is drab with very prominent health warnings and without brand labelling makes cigarettes less appealing. The last place where the tobacco industry can make use of the “*image*” of smoking is the cigarette itself. To counter this “*dissuasive cigarettes*” would have health warnings on the cigarette itself, or other design changes to make them less attractive, such as requiring them to be the same colour as plain packs.

### **23. How will raising the age of sale make a difference?**

Increasing the age of sale from 16 to 18 in 2007 was effective in reducing the number of young adults taking up smoking, but we need to go further. Two thirds of those who experiment with smoking will go on to become regular smokers, but experimentation is rare in adults over 21, so the more we can do to stop under 21s trying smoking the better. Importantly, raising the age to 21 takes legal tobacco purchase completely beyond school age.

The tobacco industry recognises the importance of this age group, to quote Philip Morris (1986) “*Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) ...*” The US Government is introducing an age of sale of 21, following a US Institute of Medicine review of the evidence which concluded that this would significantly reduce the number of adolescents and young adults who start smoking; reduce smoking-caused deaths; and immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking, as well as their children.

## Is there evidence of support for these policies?

### 24. How do we know there's public support for Government action to tackle smoking?

The majority of the public support government action to limit smoking, and support for government to go further has grown over the last decade.<sup>49</sup>

- Over three quarters of adults in Great Britain (77%) support activities to limit smoking or think the government could do more. Only 7% think that Government is doing too much. This is from a very large and representative sample of over 12,000 adults in Britain.<sup>50</sup>
- Specifically, there is majority support from adults in Britain for the following policy measures:
  - 81% support requiring businesses to have a licence to sell tobacco which they can lose if they sell to underage smokers (4% oppose).
  - 72% support making tobacco manufacturers pay a levy or licence fee to Government for measures to help smokers quit and prevent young people from taking up smoking (7% oppose).
  - 64% support prohibiting smoking in all cars (16% oppose).
  - 58% support increasing the age of sale from 18 to 21 (17% oppose).

### 25. Aren't tobacco retailers opposed to more regulation?

Tobacco retailers support more regulation. Although smoking is far more deadly than drinking alcohol, retailers don't need a license to sell cigarettes. A survey found the majority of retailers strongly agreed that the following enhanced enforcement measures, including licensing, could help ensure retailers don't sell illicit tobacco or sell to underage smokers<sup>51</sup>:

- **71% strongly agreed on having a tobacco licence which could be removed if retailers break the law** (net agree 84%, net disagree 9%, neither agree/disagree or don't know 7%)
- **55% strongly agreed on removal of alcohol licences from retailers who break tobacco laws** (net agree 66%, net disagree 25%, neither agree/disagree or don't know 9%)
- **65% strongly agreed on larger fines for breaking tobacco laws** (net agree 77%, net disagree 16%, neither agree/disagree or don't know 7%)
- **67% strongly agreed on strengthening of Challenge 21 and Challenge 25 schemes** (net agree 78%, net disagree 14%, neither agree/disagree or don't know 7%)
- **66% strongly agreed on more regular checks by trading standards** (net agree 81%, net disagree 10%, neither agree/disagree or don't know 9%)
- **72% strongly agreed on quicker action when offences take place** (net agree 84%, net disagree 5%, neither agree/disagree or don't know 11%)

### 26. Won't stricter regulation have a negative impact on small shops?

The majority of small retailers support the existing tobacco regulations as well as increasing the age of sale to 21. Retailers support regulation and don't think it has a negative impact on their businesses.<sup>51</sup>

- **61% support prohibition of tobacco displays** (26% oppose, 13% neither support/oppose or don't know)
- **52% support restrictions on display of tobacco prices** (35% oppose, 13% neither support/oppose or don't know)

- **51% support standardised “plain” packaging of tobacco packs** (36% oppose, 12% neither support/oppose or don’t know)
- **64% support minimum pack sizes for cigarettes and rolling tobacco** (27% oppose, 8% neither support/oppose or don’t know)
- **72% support regulation of e-cigarette content and packaging** (9% oppose, 18% neither support/oppose or don’t know)
- **84% support age of sale for e-cigarettes of 18** (7% oppose, 8% neither support/oppose or don’t know)
- **52% support increasing the age of sale for cigarettes to 21** (39% oppose, 9% neither support/oppose or don’t know)

## **27. Isn’t this just the nanny state?**

The “nanny state” is a slogan used to divert attention from actions needed to address the commercial determinants of health.<sup>52</sup> Lobby groups or think tanks that make these arguments are often funded by the tobacco industry, like FOREST and the Institute of Economic Affairs.<sup>53</sup> For most people, smoking is not a matter of free choice but based on an addiction arising from childhood. Most smokers want to quit and often need many attempts before they succeed. Many don’t or can’t access the support they need because there isn’t adequate funding. Children have the right to grow up and lead full lives, not lives shortened by smoking or blighted by smoking-related disease.

## Why do smokers need help to quit?

### 28. Smokers know what the risks are from smoking. Why should they get help to quit?

Smoking is highly addictive, with two thirds of smokers started smoking as children before realising how difficult it would be to quit.<sup>4</sup> Smokers given help to quit are much more likely to succeed. That's good for their health, good for the health of people around them and by preventing future ill health and disability is good for society in general.

- Children growing up in smoking households are 90% more likely to become smokers themselves, so helping adult smokers to quit will also reduce youth initiation.<sup>54</sup>
- Seven out of ten adult smokers want to stop smoking, and three quarters regret ever having started.<sup>49</sup>
- On average smokers try 30 times or more before quitting successfully.<sup>55</sup>
- Smokers provided with help to quit can increase their likelihood of doing so by up to three times.<sup>56</sup>

### 29. Why is smoking so addictive? Is it just the nicotine?

Smoking delivers nicotine very rapidly through the lungs to the brain, which makes it highly addictive in a way that is not the case for nicotine delivered slowly, for example products like patches and gum used to help smokers quit. This reinforces the urge to smoke and makes it harder to quit. Tobacco industry scientists have adapted cigarettes to make them even more addictive. For example, ammonia is added to tobacco to allow nicotine to get into the brain more quickly and other additives are used to make the smoke less unpleasant to inhale.

### 30. Doesn't the NHS need to spend its money treating sick people not helping smokers quit?

Quitting is the single most important step any smoker can make to improve their health. Helping smokers quit increases people's quality of life and life expectancy and is highly cost-effective, more so than waiting till people get sick and treating them. Smoking is a huge driver of some of the biggest health burdens – lung disease, heart disease, strokes and cancer. A high proportion of people with mental health conditions smoke, and smoking is the main reason for their shorter life expectancy.

Prevention is better and also cheaper than cure. Not treating tobacco addiction makes no sense for the NHS. For example, smokers are five times more likely to get flu, and also more likely to be admitted to hospital as a result, so getting to Smokefree 2030 will make it easier to cope with the winter bed crisis in our hospitals.

As outlined in the Royal College of Physicians report; *"Hiding in plain sight: Treating tobacco dependency in the NHS"*, investment in smoking cessation support in hospitals saves three times as much money as it costs, freeing up resources to treat other conditions.<sup>57</sup>

Smokers would still deserve help to give up smoking, even if there wasn't such an overwhelming economic argument. Most started smoking when they were children and have been hooked on a product engineered to be as addictive as possible by a tobacco industry which for decades lied about the harms its products caused and glamorised and promoted smoking with glitzy advertising and branding.

## **What is the impact of e-cigarettes and vaping?**

### **31. What about vaping, isn't that dangerous too?**

Vaping is one way that smokers can obtain nicotine but with a much lower risk than smoking. This is the same principle as nicotine replacement therapy, such as patches and gum. The toxic materials in cigarette smoke that cause harm are either absent from e-cigarette vapour or present at much lower levels. Although at the moment electronic cigarettes are consumer devices not medicinal ones they are regulated by the UK's medicines regulator, the MHRA, which sets product standards.

### **32. What about young people taking up vaping – isn't that something the Government needs to do more about – the stories from the US are that young people are becoming addicted to vaping and that it's a gateway to smoking?**

The UK regulates vaping strictly, by limiting advertising of vaping products, and setting product standards for the contents and emissions of vaping products. Our regulatory much tougher than the US, and the evidence is that it's working. We're seeing some young people experiment with vaping, but only a tiny proportion go on to become regular vapers and when they do they're normally already smokers. For more information see our factsheets on vaping among adults and young people at:

[Use of e-cigarettes among adults in Great Britain, 2019](#)

[Use of e-cigarettes among young people in Great Britain, 2019](#)

### **33. But what about the people dying from vaping in the US, doesn't that show it's dangerous?**

The US outbreak of serious lung injury from vaping hasn't been caused by the e-cigarettes and vaping products legally on sale in the UK. The US outbreak is linked to vaping THC (cannabis) products containing vitamin E acetate, not the nicotine vaping products legally on sale in the UK. All vitamins are banned from vaping products in the UK.

For more information see the US Centers for Disease Control and Prevention website.

[Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products](#)

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