The Association of Directors of Public Health

Policy Position: Tobacco

Key messages

- Smoking is a major killer and the biggest driver of health inequalities in the UK and smoking rates are almost three times higher amongst lowest earners, compared to highest earners. The UK has world-leading tobacco control policies and recent reductions in smoking rates are extremely welcome but improvements still need to be made.
- Cuts to local government public health funding are impacting negatively on the provision of Stop Smoking Services which may lead to reductions in quit rates and additional pressures on NHS and social care services.
- The government should implement a tax or levy on tobacco manufacturers to help cover the cost of smoking to the NHS and wider society and increase the tobacco tax escalator from two per cent to five per cent above inflation.
- The NHS should commit to a radical upgrade in prevention which specifically includes funding and implementing NICE guidance (e.g. PH48)

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on tobacco. It has been developed in partnership with the membership. ADPH is a member of the Smokefree Action Coalition – a group of more than 300 organisations committed to promoting public health and reducing the harm caused by tobacco, co-ordinated by Action on Smoking and Health (ASH).

Background

In 2018 the proportion of current smokers in the UK was 14.7%, which equates to around 7.2 million people, a significant decline of more than 5% since 2011.[1] Rates of adult smoking in England has significantly declined since responsibility for public health was transferred from the NHS to local authorities in 2013. In 2018, 14.4% of adults were classed as current smokers compared to 19% in 2013.[2][3] The take up of smoking among young people is declining; in 2018, 16% of 11-15 year old pupils had ever smoked, whereas in 1996, 49% of pupils had tried smoking at least once.[4] In 2018/19, 10.6% of mothers were recorded as smokers at the time of delivery, down from just under 11% in 2017/18, but above the national ambition of 6% or less.[5]

However, smoking is the single largest cause of preventable death and one of the largest causes of health inequalities in England, causing about 79,000 preventable deaths a year. The total cost of tobacco to society (in England) is approximately £12.9 billion per year, and is spread across the NHS, social care, employers and wider society.[6] In 2018, smoking was responsible for 77,800 deaths in England, 5,500 deaths in Wales, 10,000 deaths in Scotland and 2,300 deaths in Northern Ireland.[7] Exposure to second-

hand smoke is also a cause of ill-health and premature mortality, and has been shown to cause lung cancer and heart disease in adult non-smokers.[8]

Focus on inequalities

Smoking is the single most important driver of health inequalities and is more common among unskilled and low-income workers than among professional high earners.[9] Smoking rates are also higher among people with a mental health condition, prisoners, looked-after children and LGBT people.[10] A recent Office of National Statistics report found that people living in areas with the lowest Healthy Life Expectancy (HLE) were 1.7 times more likely to smoke than those living in the highest HLE areas in 2015.[11]

Smoking has a disproportionate impact on children and young people from deprived areas. The uptake of smoking in children is heavily influenced by adult smokers, especially those seen smoking in a child's family, thereby perpetuating the cycle of inequalities. There is also a strong association between deprivation and smoking in pregnancy – for example, in Scotland over a quarter of women in the most deprived areas smoked following the birth of their baby compared with 3.3% in the least deprived areas.[12] In addition, the prevalence of smoking amongst children is much higher in deprived areas. In Scotland's most deprived areas, at least one in 10 young people are regular smokers.[13]

Policy context

England, Wales, Scotland and Northern Ireland have responsibility for their own smoking cessation and health education campaigns. UK-wide policy and law applies to taxation, smuggling, advertising, and consumer protection issues. Tobacco advertising is banned in the UK and plain packaging for tobacco came into force on 20th May 2016. Smoking in cars with children was banned in England and Wales in October 2015, in Scotland in December 2016, and a planned ban in Northern Ireland was consulted on from January to March 2017. ADPH responded to the consultation supporting the introduction of a ban.

The Tobacco Control Plan for England was published in July 2017 and contained four main objectives: to reduce the number of 15 year olds who regularly smoke to three per cent or less, reduce smoking among adults in England to 12% or less, reduce the inequality gap in smoking prevalence, reduce the prevalence of smoking in pregnancy to six per cent or less, and to formulate approaches that minimise the risk of harm including switching to safer alternatives to smoking tobacco. The aim is to achieve these objectives by the end of 2022. In January 2019 the NHS Long Term Plan was published, which committed to offering NHS funded tobacco treatments to all people admitted to hospital who smoke by 2023/24. Alongside this, the plan outlined the NHS's new universal smoking cessation offer, which will be available as part of specialist mental health services for long term users of specialist mental health, and in learning disability services. Following this, the Government published Advancing our health: prevention in the 2020s, which committed to delivering a smokefree generation by 2030. The plan further pledged to explore a 'polluter pays' approach requiring tobacco companies to pay towards the cost of tobacco control. In June 2019, ADPH and PHE published What Good Looks like for Tobacco Control which represents the practical translation of the core guiding principles and features of what a good quality tobacco control programme looks like in any defined place.

In 2018, the Scottish Government published a five-year tobacco control action plan, 'Raising Scotland's Tobacco-free Generation'. The new strategy builds on the progress made under the 2013 strategy Creating a Tobacco Free Generation, and renews the Government's commitment to achieve a smoke free

generation by 2034. The action plan sets out measures to support young people to choose not to smoke, protect people from second-hand smoke, and support those who do smoke to quit.

The Welsh Government recently published the Tobacco Control Action Plan for Wales 2017 to 2020, which builds on the Tobacco Control Strategy published in 2013 and aims to drive down adult smoking prevalence levels to 16% by 2020. To achieve this aim, the Action Plan identifies four strategic action areas: promoting leadership in tobacco control; reducing the uptake of tobacco use, especially amongst children and young people, reducing smoking prevalence; reducing exposure to second hand smoke. The Public Health Wales Act became law on 3rd July 2017 and introduced a ban on smoking in school grounds, public playgrounds and hospital grounds, and created a national register of retailers of tobacco and nicotine products.

The Northern Ireland Department of Health published their 10 Year Tobacco Control Strategy in February 2012, which aims to create a tobacco free society, focusing on children and young people and pregnant women and their partners who are regular smokers.[14]

ADPH Position

A whole system approach

A whole system approach is vital for effective tobacco control and reducing smoking rates. This requires joint working with the NHS, schools, the police and other key local partners, including front-line practitioners. Local authorities need to take a multi-agency, comprehensive approach to preventing the uptake of smoking, promoting and supporting smoking cessation, protecting people from second-hand smoke, advocating for effective policies and regulation and tackling the supply of illegal tobacco.

Public health funding

Public health funding in England has been substantially cut, with expected spending in 2019/20 £850m lower in real terms than in 2015/16. With population growth factored in, £1bn a year will be needed to restore funding to 2015/16 levels, according to analysis by the King's Fund and the Health Foundation.[15] Although DsPH have been acting to manage these cuts without detriment to outcomes, they have reached the limit of available efficiencies. Cuts to public health funding are resulting in reductions to interventions which can help to reduce smoking including restricting access to stop smoking services, or in some cases, ceasing these altogether. In our Public Health System Survey 2019, we asked DsPH about recent and planned changes to services. 52% of respondents had redesigned their smoking services within the three last years and 36% had changed the provision. 38% reported a planned redesign of their smoking service in the next three years and 20% reported a planned change in provision. Furthermore, reductions in overall local authority budgets are also adversely impacting on health and wellbeing locally. Councils nationally have had their funding cut by 49 per cent in real terms, between 2010/11 and 2017/18.

E-cigarettes (Electronic Nicotine Delivery Systems) and other nicotine delivery products

An estimated 3.6 million adults in Great Britain currently use e-cigarettes, and just over half (54.1%) are ex-smokers.[16] ADPH supports The National Institute for Health and Care Excellence (NICE) guidance on tobacco harm reduction (PH45) and has signed the Public Health Consensus statement on e-cigarettes. There is a developing consensus among members that nicotine vapourisers have a role in smoking cessation. In our 2019 survey of UK DsPH, 70% of the DsPH who responded supported the use of e-cigarettes in smoking cessation services. ADPH does not advocate the use of nicotine vapourisers in enclosed public places as there is no consensus among the membership on this issue. We believe more research is needed in relation to the impact of advertising and marketing of nicotine vapourisers, including whether this has any impact on the re-normalisation of smoking behaviour and what the impact is on

young people. Research looking at five studies found regular e-cigarette use among those who have never smoked to be very rare, suggesting that youth experimentation is not currently leading to greater frequency of use. However, it recognises the need for future studies comparing youth e-cigarette data and trends to assess frequency of use, rather than just ever or recent use (i.e. past 30-day).[17] Heat not burn products are new, and research is needed to assess the levels of risk associated with these new products.

Young people

Although smoking rates in younger people have been declining, further action is needed to prevent the take-up of smoking among children and young people. Most people begin smoking when they are still children, and children who start smoking at the youngest ages are more likely to smoke heavily and find it harder to give up.[18] In 2016, 19% of pupils were current smokers and 3% were regular smokers.[19] ADPH welcomed the focus on young people in the Tobacco Control Plan for England and the aim to bring this down to three per cent by 2020.[20]

Smoking cessation services

There is evidence that specialist Stop Smoking Services are both more clinically effective and cost-effective than integrated lifestyle services. Recent evidence reviewed suggests that smoking should be targeted in isolation.[21] Specialist smoking cessation services are currently provided by 75% of upper-tier local authorities in England, and only five per cent of local authorities do not have a smoking cessation service beyond that offered by GPs and pharmacists.[22] However stop smoking services are now more likely to be targeted at those who are identified as having higher levels of need.

Role of the NHS

ADPH welcomed the introduction of a Commissioning for Quality and Innovation (CQUIN) incentivising the delivery of very brief advice (VBA) for smoking cessation. This needs to be effectively monitored by commissioners. Treatment for smoking should be a core part of NHS services. ADPH welcomed the emphasis in the Royal College of Physician's report Hiding in Plain Sight, on the additional role of the NHS in treating tobacco dependency.[23] The NHS has a clear role to play in smoking cessation and recent evidence shows that improvements need to be made. A recent audit of UK hospitals by the British Thoracic Society found that more than one in four patients were not asked if they smoked, only one in 13 patients who smoke were referred to a hospital or community-based smoking cessation service, and only one in 16 institutions completely enforced smoke-free grounds.[24] ADPH welcomed the commitment in the Tobacco Control Plan for the NHS to adopt smoke free NHS estates and encourage smokers working in the NHS to quit. The ADPH also welcome the plan's commitment to reduce the prevalence of smoking in pregnancy from 10.7% to six per cent or less. The NHS should work to implement NICE guidance on smoking in pregnancy, for example through Carbon Monoxide testing and opt-out referral processes. Midwives are very well placed to deliver Very Brief Advice to pregnant women on smoking.

Smokefree environments

Evidence has shown that smoke-free environments can lead to a decrease in smoking prevalence.[25] 88% of respondents to our Policy Survey 2019 thought the ban on smoking should be extended to include the immediate vicinity of schools and colleges. 80% thought it should cover parks and playgrounds, and 88% sports and leisure facilities.[26] There is also a developing consensus among DsPH that there is a role for nicotine vapourisers in some settings to enable them to become smoke-free.

Taxation

Increasing tobacco taxes is the most effective intervention to reduce smoking.[27] ADPH welcomed the decision announced in March 2017 to introduce a Minimum Excise Tax on cigarettes. It is recognised that

supporting individuals to quit smoking will lift many families out of poverty. In our ADPH Policy Survey 2019, 73% of respondents said they supported the implementation of a tax or levy on tobacco manufacturers to help cover the cost of smoking to the NHS and wider society.[28]

Tackling illicit trade

Illicit trade covers smuggling, counterfeiting, bootlegging and illegal manufacturing of tobacco. Illicit trade has a role in funding organised crime, and illegal tobacco is a particular danger to children and young people as it can be sold at much lower 'pocket money' prices. HMRC estimates that in 2017/18, 9% of cigarettes in the UK market were illicit, and 32% of hand-rolled tobacco in the UK market was illicit.[29] ADPH welcomed the ratification of the WHO Framework Convention on Tobacco Control Protocol on Illicit Tobacco, and looks forward to working with government to ensure it is fully implemented.

ADPH Recommendations

National

- Investment in public health must be increased. The Spending Review next year must deliver a sustainable package for public health in local government. The Public Health Grant needs at least £1bn more a year to reverse years of cuts to public health funding. Local authorities should continue to invest in and prioritise tobacco control.
- The Government should tackle the social determinants of health. Building wellbeing into policy decision making and funding allocation should be a cross-government priority, supported by a new 'health index' and better utilisation of existing ONS wellbeing statistics.
- The government should implement a tax or levy on tobacco manufacturers to help cover the cost of smoking to the NHS and wider society, the proceeds of which should be hypothecated and ring-fenced.
- The Government should consider introducing a national licensing scheme with the aim of eliminating the illicit and illegal trade in tobacco, and to end selling of tobacco products to minors.
- Public Health England and equivalents in devolved nations should continue to run stop smoking mass media campaigns with earlier lead times to allow primary care and NHS colleagues to fully engage and plan activity to maximise quit potential.
- The Government should increase the tobacco tax escalator from 2% to 5% above inflation.
- The Government should include arrangements to ensure some social housing in communal buildings is smoke-free, protecting non-smoker populations from the harms of second-hand smoke.
- ADPH welcomed recent legislation banning smoking in parks in Wales. Smoke-free legislation should be extended to cover the vicinity of schools and colleges, parks, sports and leisure facilities, and public events aimed at families across all four nations in the UK.
- A greater quantity of high-quality research is needed on e-cigarettes and heat not burn products, particularly on re-normalisation, long-term effects of nicotine, and impacts on bystanders.
- A ban on smoking in cars with children should be introduced in Northern Ireland.

Local

- Local authorities should continue to take an evidence-based approach to tobacco control, including working to develop a whole system approach.

- As part of the wider tobacco control approach, local authorities should commission smoking cessation services that meet the needs of the local population.
- NHS Trusts should take action to ensure that hospitals are smoke-free.
- NHS Trusts should effectively implement NICE guidance PH48 (Smoking: acute, maternity and mental health services).
- Clinical Commissioning Groups (CCGs) should use the CQUIN payments framework, specifically the indicator "Preventing ill health from risky behaviours – alcohol and tobacco".
- GPs should continue to prescribe nicotine replacement therapy or stop-smoking medicines to patients who need them to stop smoking.

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Next Review: November 2020

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