



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 2017, there were 7.4 million adult smokers in the UK or 15.1% of the population. This represents a significant reduction in the proportion of current smokers since 2016, when 15.8% smoked, and is the lowest recorded prevalence since 2010.¹ The take up of smoking among young people is declining; in 2016, less than one in five 11 to 15-year olds (19%) said they had smoked at least once, whereas in 2003, 42% of pupils had tried smoking.² In 2017/18, just under 11% of mothers were recorded as smokers at the time of delivery, down from 15.8% in 2006/07, but above the national ambition of 6% or less.³

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.⁴ In 2016, smoking was responsible for 77,900 deaths in England, 5,500 deaths in Wales, 10,000 deaths in Scotland and 2,300 deaths in Northern Ireland.⁵ 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.⁶

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.⁷ Smoking rates are also higher among people with a mental health condition, prisoners, looked-after children and LGBT people.⁸ 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 2015.⁹

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.¹⁰ 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.¹¹

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 2013, the Scottish Government published a five-year tobacco control strategy, '[Creating a Tobacco Free Generation](#)' which set a target to reduce smoking prevalence in Scotland to five per cent or less by 2035. This set 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 [Tobacco Control Action Plan for Wales](#) was published in February 2012. This aims to discourage young people from smoking, support smokers to give up, promote smoke-free environments and reduce inequalities in health. The plan set a target to reduce smoking levels in Wales to 16% by 2020. 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.¹²

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 will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut for 2015/16.¹³ 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 cuts 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 2017, we asked DsPH about recent and planned changes to services. 38% of respondents had redesigned their smoking services within the last year and 24% had changed the provision. Because of the changes, 19% reported a negative impact on cessation services – the highest percentage reporting a negative impact across all the services we asked about. 36% reported a planned redesign of the smoking service in the next year and 16% reported a planned change. 13% reported a predicted negative impact on the service as a result – again, the highest predicted negative impact due to future service change across all services that we asked about.

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

An estimated 2.9 million adults in Great Britain currently use e-cigarettes and approximately 1.5 million are ex-smokers.¹⁴ 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. ADPH does not advocate the use of nicotine vapourisers in enclosed public places as there is no consensus among the membership on this issue. In our 2016 survey of UK DsPH, 61% of the DsPH who responded believed that the restrictions and regulations for the advertising and marketing of smoked tobacco products should also apply to nicotine vapourisers. 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 past 30-day use.¹⁵ 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.¹⁶ Eight per cent of 15-year olds still smoke. 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 2020.¹⁷

Smoking cessation services

There is evidence that specialist Stop Smoking Services are both more effective and cost-effective than integrated lifestyle services. Recent evidence reviewed suggests that smoking should be targeted in isolation.¹⁸ 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.¹⁹ 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.²⁰ 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.²¹ 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.²² 89% of respondents to our Policy Survey 2016 thought the ban on smoking should be extended to include the immediate vicinity of schools and colleges. 92% thought it should cover parks, 86% sports and leisure facilities, and 90% public events aimed at families.²³ There is a developing consensus among DsPH that there is a role for nicotine vapourisers in some settings to enable them to become smoke-free. In our 2016 survey, we asked DsPH for their views on whether nicotine vapourisers could have this role in niche settings. 76% thought they should have this role in prisons and 76% thought so in mental health trusts.

Taxation

Increasing tobacco taxes is the most effective intervention to reduce smoking.²⁴ ADPH welcomed the decision announced in March 2017 to introduce a Minimum Excise Tax on cigarettes. In our ADPH Policy Survey 2016, we asked DsPH about increasing the tax escalator for tobacco products. It is recognised that supporting individuals to quit smoking will lift many families out of poverty. 81% of respondents said that increasing the tax escalator for tobacco to 5% ahead of inflation was either in their top five priorities or important for them.

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 2015/16 13% of cigarettes in the UK market were illicit, and 32% of hand-rolled tobacco in the UK market was illicit.²⁵ 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. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- 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 concerted action to ensure that hospitals are smoke-free.
- NHS Trusts should work to more 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.

Association of Directors of Public Health

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