The need for a comprehensive
tobacco control strategy
The introduction of smokefree workplaces in England has delivered exceptional public health progress: workers in enclosed public places are now protected from secondhand smoke, and an estimated 400,000 smokers quit within the first year. This could prevent 40,000 deaths over the next 10 years.1 Not surprisingly, research from the Department of Health has found high levels of public support and compliance. This is an outstanding achievement and shows that the conviction displayed by all of those MPs who supported this landmark change was both justified and crucial.

Smokefree workplaces, however, should not be seen as the final piece of the jigsaw. There are still challenges to be met: 22% of the adult population smoke and prevalence rates are highest amongst low income groups and young people. Smoking-related disease kills 87,000 people a year in England, the equivalent of the entire population of Durham. Smoking remains the single biggest cause of cancer and is a factor in 90% of oral and lung cancers. Deaths from coronary heart disease are around 60% higher in smokers.

Ten years ago the Government published a tobacco control plan: Smoking Kills. Since then, the prohibition of most forms of tobacco advertising, the creation of the NHS stop smoking services and the enactment of smokefree legislation represent outstanding progress.

Ten years on, however, smoking continues to kill, and the cost of smoking remains a huge burden on the NHS. Had the number of smokers not fallen from over 11 million to under 9 million in the past decade, the cost of smoking to the NHS would exceed £3 billion a year. However, the annual cost of smoking to the NHS has nevertheless risen from £1.7 billion to £2.7 billion.2

Smokefree Action, a group of organisations dedicated to improving public health, believes that if we are to stop tobacco taking more lives we must maintain the momentum and build on the success of smokefree workplaces.

Smokefree Action calls for a comprehensive, well-funded national tobacco control strategy covering four key areas:

1 Reducing smoking rates and health inequalities caused by smoking;
2 Protecting children and young people from smoking and secondhand smoke;
3 Supporting smokers to quit;
4 Helping those who cannot quit.

We believe it is especially important that young people are protected from the dangers of smoking. Every day across the UK, 450 under 18 years-olds start smoking, and over 80% of smokers start before the age of 19. As young people can show signs of addiction within four weeks of starting to smoke, measures are urgently needed to further combat tobacco industry marketing towards the young. Many measures, such as removing cigarette vending machines and displays of tobacco products, have already been introduced in a number of other places. The majority of the UK public support measures which can be seen to protect young people from the dangers of smoking.3

This document represents Smokefree Action’s vision of what a comprehensive tobacco control strategy should focus on and what it could achieve.

To stop tobacco taking more lives, we must act now.

Summary: The need for a comprehensive tobacco control strategy

Research shows that not only is smokefree legislation popular, but that the public, both smokers and non-smokers, want politicians to go further in protecting people from the harm caused by tobacco. There is strong support for an ambitious national strategy that will focus on protecting young people and preventing them from taking up smoking, while extending measures to help current smokers to quit.”

Deborah Arnott, Director of ASH
Smokefree Action calls for a comprehensive, well-funded tobacco control strategy which is properly monitored, evaluated and regularly updated, and which links to international, regional and local measures.

A comprehensive tobacco control strategy is the best way to reduce tobacco’s death toll throughout all levels of society. The World Health Organisation (WHO) strongly recommends that every country develop, implement, periodically update and review such a strategy. The state of California demonstrates how such a strategy can be. Having been working to a long term strategy since 1988, smoking levels have reduced to record lows in recent years (14% in 2006).4

Smokefree Action calls upon the Government to monitor the impact of all measures on health inequalities to ensure that over time the gap is narrowed.

Tobacco use is the primary reason for the gap in healthy life expectancy between rich and poor.5 Smoking rates are highest in those who earn the least (28% amongst routine and manual groups), and as high as 85 - 90% in high deprivation groups (such as prisoners or homeless people). Such inequalities could be exacerbated if future declines in smoking occur mainly in higher income groups.

Any comprehensive strategy should include ambitious new targets for both the general population, and key groups including routine and manual workers, young people, and pregnant women.

Smokefree Action hopes to see smoking prevalence reduced to 11% in the general population (from 22%) and 17% amongst routine and manual groups (from 28%) by 2015. By 2020, Smokefree Action would like to see fewer than one in twenty of the population smoking.

Smokefree Action calls for increases in tobacco taxation above inflation and an improved strategy to tackle smuggling to keep the real price of tobacco high.

Tax increases to maintain high tobacco prices are the single most effective intervention in reducing smoking. This is especially so for young people and low income groups. High prices are, however, undermined by access to cheap, smuggled tobacco. This also exacerbates health inequalities, as its use is concentrated among poorer smokers, as well as young people. An improved strategy to tackle smuggling at national, regional and local level is needed to stop the flow of tobacco smuggled by criminal gangs. This must include signing up to strong international illicit trade protocols and agreements.6 Three quarters of the public support a crackdown on tobacco smuggling.7

Smokefree Action calls for more investment in sustained social marketing campaigns.

Social marketing is a way of tackling the positive and glamorous depictions of smoking which make it seem more common and acceptable to children. Messages are also needed for smokers on how and why to quit. To realise their full potential, tobacco control social marketing campaigns need adequate exposure levels, and must be sustained over relatively frequent intervals.7 An increased spend on social marketing campaigns and more collaboration with different independent agencies and organisations would aid the development of innovative campaigns targeted towards key groups such as low income smokers, and parents and carers. Encouraging and supporting parents to quit is an important way to reduce youth smoking, alongside measures to restrict tobacco marketing as outlined.

Attendance at NHS stop smoking services doubled after the first showing of the British Heart Foundation’s ‘Give up before you clog up’ campaign in 2004.

Further action to reduce smoking rates and health inequalities caused by smoking
Strong evidence from across the globe demonstrates that tobacco advertising and promotion encourage children to smoke: such evidence underpinned the 2002 Tobacco Advertising and Promotion Act which prohibited most tobacco advertising. Tobacco is still widely promoted and available, and loopholes within the legislation which make this possible must be tackled.

Smokefree Action calls upon the Government to:

1. Put tobacco out of sight at the point of sale to protect children and help those trying to quit.

Point of sale displays encourage young people to smoke. Point of sale (POS) displays are a form of tobacco promotion, as they offer a key opportunity to promote tobacco brands through the use of the pack itself. Young people are aware of, appreciate and are influenced by POS displays, as they are by advertising in general. A powerful example of POS displays’ impact was found in Saskatchewan, Canada: smoking prevalence rates amongst 15 to 19 year olds fell from 29% to 21% in the 4 years following the removal of POS displays in 2002.

Since most forms of tobacco advertising were prohibited in 2002 in the UK, the tobacco industry continues to develop innovative POS marketing techniques, often using lighting, brand specific colours on surrounds, and attention-grabbing designs. While these are not prohibited, they go strongly against the spirit of the legislation. Furthermore, marketing clearly targets young people. Recent research focusing on shops and supermarkets within walking distance of secondary schools discovered that in 53% of premises, tobacco products were positioned within one metre of confectionery, and in 19%, health warnings were obscured by shelf markers.

In private the tobacco industry are frank about the importance of POS displays as a means to recruit new smokers, retain existing ones and prompt impulse purchases. The industry’s investment in POS promotion has also increased since restrictions on other forms of advertising were introduced.

Key facts

Starting smoking regularly before the age of 15 at least doubles your risk of lung cancer compared to starting after the age of 25.

Eight out of ten smokers start before the age of 19.

Over 190,000 11-15 year olds smoke, and 60,000 child smokers are recruited every year.

Point of sale marketing doesn’t help adult smokers to choose brands, but does stimulate unintended purchases. A poll commissioned by Cancer Research UK found that 86% of adult smokers in the UK always buy the same brand of cigarettes, and just 6% decide which tobacco product to buy based on the shop display. Removing tobacco products from sight does, however, remove the temptation to make an impulse purchase for adults trying to quit. 31% of smokers in an Australian study thought the removal of cigarette displays would help them to quit.

Tobacco display bans need not be expensive for retailers. Canadian evidence shows that any initial financial impacts of the prohibition of tobacco displays were minor, even for small stores reliant on tobacco sales. The costs of re-fitting were largely borne by tobacco wholesalers, and the tobacco industry continued to pay retailers for the tobacco storage units. The tobacco industry has the incentive and resources to assist tobacco retailers in managing similar changes in the UK.

There is no evidence that display bans increase risks of crime and theft, make tobacco seem more illicit, or increase smuggling. When POS displays were removed in Saskatchewan, Canada, no thefts were reported in connection with their removal. Indeed, some retailers actually kept display bans in place while the law was delayed because they believed that having tobacco products visible increases theft. If the UK government decides to introduce such a measure, detailed proposals involving security and other logistical considerations would be subject to further consultation with retailers to minimise disruption and costs.

As an ex smoker when leaving a supermarket or newsagents the display of cigarettes always stops me in my tracks and the old familiar feelings occur. Please help us again by removing temptation for us and our children.
II. Prohibit tobacco sales from vending machines to reduce the availability to under-18s.

Sixty five percent of the public support banning the sale of cigarettes from vending machines. Vending machines account for only 1% of overall cigarette sales, but a disproportionate number of sales to young people under 18. Removing these machines altogether is the only effective means of preventing underage smokers obtaining cigarettes from these sources. The WHO recommends a total ban on tobacco vending machines, and 22 countries in Europe, including France, Belgium, and Norway as well as many others across the globe do not allow tobacco vending machines.

Age verification systems are not an effective way of preventing under 18 year-olds from using vending machines. Experiences from the USA have found that age verification systems by token, ID card or other means, are inherently insecure and not necessarily effective. Also, it is clear that the legal requirements for age verification in England have not been consistently complied with and adequately enforced, as 78% of 11 to 15 year old smokers often bought their cigarettes directly from shops in 2007, though the age limit for buying cigarettes was 16.

III. Require the plain packaging of tobacco products and remove all brand descriptors and misleading information to reduce tobacco’s appeal.

On-pack branding, such as logos and colour schemes, makes cigarettes more appealing to young people and dilutes the impact of health warnings. Tobacco companies invest considerable resources in making tobacco packaging attractive and eye-catching, as this is now one of the few methods currently available to the industry to attract new smokers and to market its products to existing smokers.

The more familiar a young person is with brand images promoted by the tobacco industry, the more likely they are to form an intention to smoke. Such brand awareness predicts future smoking more strongly than even peer influence. A recent study by ASH has also highlighted that brand descriptors such as ‘smooth’ and ‘gold’, and the use of lighter colours on packs both mislead smokers and young people, to believe that cigarettes in such packets are less harmful and would be easier to give up.

Industry analysts believe that plain packaging would have a significant negative impact on cigarette sales. Furthermore, European Court of Justice case law indicates that tobacco industry claims that plain packaging would violate their rights under international trade and intellectual property law are unfounded.

Although no jurisdiction has yet introduced plain packaging, research suggests that plain packaging could result in fewer teenagers starting smoking, because smoking would lose some of its appeal, and health messages would be more prominent.

IV. Restrict the marketing and promotion of ‘tobacco associated products’.

The promotion of tobacco associated products, such as roll-your-own cigarette papers, matches and lighters, increasingly makes use of promotions targeted, directly or indirectly, at young people. Such marketing could become an increasingly strong tool for the promotion of smoking if no steps are taken to regulate it.

V. Commit to ambitious targets to reduce the level of exposure of children to secondhand smoke.

Five million children (40% of children) in the UK live in households where at least one person smokes. Secondhand smoke poses a number of serious health risks for children, and children of parents who smoke are also two to three times more likely to smoke than those who come from non-smoking homes. International evidence found that the smokefree workplaces law resulted in many smokers deciding to make their own homes smokefree. Initiatives at national and local level are needed to ‘tap into’ this movement and support and encourage more people to make their homes smokefree. There are many good international case studies which the Government could examine.

As a smoker who has been trying to quit, I have noticed recently that cigarette packaging has become holographic and shiny, adding to the appeal for young people to buy these brands as they certainly catch the eye behind the counter. This is unacceptable in the view that most smokers will say that the biggest regret of their life was taking up smoking.
Supporting smokers to quit

Stop smoking services are very cost effective and, combined with the use of quitting aids (such as Nicotine Replacement Therapy), can increase a smoker’s chances of quitting four-fold compared to willpower alone. However, take up by smokers wanting to quit is still low: only 3% to 6% of smokers make use of the services each year.

There is great scope for improving the services and making them more attractive to people seeking help in stopping smoking.

Smokefree Action calls upon the Government to:

• Increase support for NHS stop smoking services and make them more widely available and easy to access.

Research is needed to ascertain how to improve stop smoking products, methods and services. Stop smoking services should be particularly designed to be accessible and attractive to low income groups, pregnant women and young smokers. A realistic goal for smokers attending NHS stop smoking services could be 10% of all smokers.

• Provide better training support for stop smoking counsellors.

• Make Nicotine Replacement Therapy (NRT) like gums, patches and inhalators and other stop smoking medications, more available, affordable and appealing for all smokers.

Although the Medicines and Healthcare Regulatory Agency (MHRA) has taken some steps to increase the accessibility of NRT, much more needs to be done. For example, dentists are currently unable to prescribe NRT despite being ideally placed to play an active role. 82% of the public support making quitting medications easier for smokers to obtain.

• Encourage and support all healthcare professionals to signpost patients to stop smoking services.

All those working in primary and secondary care, including community workers and midwives, should be trained in the importance of delivering interventions in line with National Institute of Clinical Excellence (NICE) guidelines.

All healthcare practitioners have a part to play in smoking cessation. Bradford and Airedale Teaching PCT have been successfully involving local dental teams in smoking cessation:

‘In this area, we have several dental practices that are actively engaged in smoking cessation. In one particular practice, dentists and a hygenist have attended a smoking cessation training course and are currently rolling out a programme in a multi-surgery NHS practice. All the dentists in the practice are now routinely recording their patients’ smoking status and assessing smokers’ readiness to quit. A monitoring system is being established and real progress is being made.’

Jenny Godson, Consultant in Dental Public Health

‘For a lot of people giving up, the cost is a big issue. Make NRT cheaper and more available, definitely: allow the person who’s made that hard decision to give up to go through with it.’

Henry Scowcroft, former smoker
Nicotine is as addictive as heroin or cocaine\(^{37}\) and there are a great number of people in the UK who are heavily addicted to smoking. It takes on average 3 to 8 attempts to stop smoking, and there are many people who feel that they do not have the inclination or the ability to quit.

Whilst quitting should always be the gold standard, for those who cannot quit, it is important to find ways of allowing them to use nicotine in a way that will not endanger their health. Given the higher levels of addiction among the most disadvantaged smokers\(^{38}\), this is an important means of tackling health inequalities.

Although nicotine is addictive, and nicotine products are not 100% safe, they are many orders of magnitude safer than smoking. Smokefree Action would like to see the development of a strategy to provide pure nicotine products (which, like the current medicinal products on the market such as NRT contain only nicotine and not any other tobacco products) as a long-term alternative to smoking. Several barriers are currently present. The pure nicotine products on the market are not attractive to smokers as direct replacements for cigarettes, and the regulatory status quo is perverse: the most toxic nicotine products – cigarettes – are barely regulated, stifling development. Research is also needed into the effect of long-term nicotine use on health and on quitting rates.

Smokefree Action calls upon the Government to:

Support the development of a strategy to provide new, more efficient nicotine products to heavily addicted smokers.

Such new products should be developed under a considered, evidence-based regulatory framework. They should be made attractive to smokers as an alternative way of satisfying nicotine cravings without the harmful effects of smoking.

Many smokers incorrectly believe that nicotine can cause smoking-related diseases such as cancer.\(^{39}\) Sustained campaigns are therefore needed to raise awareness of the relative safety of nicotine, and promote nicotine products as a safer alternative to tobacco. It is also key that pricing should favour pure nicotine products over tobacco.
The Smokefree Action Coalition is a group of organisations committed to promoting public health. We came together initially to lobby for smokefree workplaces and are now committed to reducing the harm caused by tobacco more generally.

Our Objective
To continue to reduce the harm from tobacco by ensuring that an effective, fully funded comprehensive tobacco control strategy remains a central element of Government health policy.

Our Mission
Smoking is still the major preventable cause of death and disease and inequalities in health. One in four adults still smoke, and children of smokers remain exposed to secondhand smoke. The Smokefree Action Coalition wants the UK Government to develop and implement a well-funded comprehensive tobacco control strategy in order to keep driving down smoking rates and protect people from the harmful effects of secondhand smoke.

Member Organisations
See www.smokefreeaction.org.uk/about.html#members for a full list of members, including further information and contact details. The list of member organisations of the Smokefree Action coalition is constantly being updated.

References

1 Information from the Smoking Toolkit Study. 2008. See www.smokinginengland.info
3 YouGov poll. 2008. Total sample size was 3,329 adults. Fieldwork was undertaken between 20th - 25th February 2008. The figures have been weighted and are representative of all GB adults (aged 18+). The study was a collaboration between ASH, ASH Scotland and ASH Wales. The sample size for the England data was 1056.
4 Adult Smoking Prevalence, California Department of Health Services Tobacco Control Section.
6 Including the WHO FCTC illicit Trade Protocol, and the existing EU anti-smuggling agreements with Japan Tobacco and Philip Morris.
21 University of Toronto Centre for Health Promotion (1993). Effects of plain packaging on smoking prevalence. Tobacco Control 2006; 15: i73
36 BMA Board of Science, Breaking the cycle of children’s exposure to tobacco smoke, April 2007.
37 Since 1988, the U.S. Surgeon General, the Royal Society of Canada, and, most recently, the Royal College of Physicians, have all concluded that nicotine is an addictive substance that, in its addiction and withdrawal, displays similarities to such hard drugs as cocaine and heroin. Nicotine meets all the criteria that are used to define a drug of addiction or dependence.

* Smokers support measures to protect children and young people. Comments from smokers across the country who signed up to Cancer Research UK’s campaign submission to the Government consultation on the future of tobacco control.