

The Economic Case for Local Investment in Smoking Cessation

Background

Tobacco is still the UK's single greatest cause of preventable illness and avoidable death. It is estimated that 100,000 people die each year from smoking-related diseases, including cancer¹ and that smoking causes more than a quarter of all cancer deaths in the UK. Tobacco (both active smoking and environmental tobacco smoke) causes almost a fifth of all cancer cases in the UK each year.² Smoking is one of the largest causes of health inequalities: the difference in life expectancy between the poorest and the richest can be as much as nine years³, of which approximately half can be attributed to smoking.

Across England, 15.5% of the adult population, over 10% of pregnant women and 8% of 15 year olds regularly smoke, though prevalence varies significantly across local authorities.⁴ Stopping smoking is the best thing an individual can do for their health, and **comprehensive tobacco control is the best thing a local authority can do for public health**. Treating tobacco addiction in the community can deliver significant cost savings to the health and social care system, helping support its future sustainability, and also helping to return money to families in need.⁵

Unfortunately, local investment in tobacco control is decreasing. In 2015/16:

- 59% of local authorities cut smoking cessation budgets;⁶
- 20% of local authorities replaced evidence-based specialist Stop Smoking Services with integrated lifestyle/wellbeing services (which research shows is not as effective either financially or in helping smokers to quit);^{7,8}
- 5% of local authorities no longer offered a smoking cessation service beyond that provided by their GPs and pharmacists.⁹

The cost of smoking

According to the Government's Tobacco Control Plan for England, **smoking costs our economy in excess of £11bn per year**. Of this, £2.5bn falls to the NHS, £5.3bn falls to employers, and £4.1bn falls to wider society. It is also estimated that smoking-related health conditions creates a demand pressure on local councils of £760m a year for social care services.¹⁰

'Action on Smoking and Health' (ASH) has developed a 'Ready Reckoner' tool to estimate the economic costs of smoking to each local economy.¹¹

Assess the cost of smoking to your local economy by using the ASH 'Ready Reckoner' tool, available at: <http://ash.org.uk/category/information-and-resources/local-resources/>

Case study - Hastings

As many as one in four adults smoke in the local authority of Hastings. Smoking costs society around £30.1 million every year. This corresponds to around £1,900 per smoker per year.

The total annual cost to the NHS across Hastings is about £4.5 million. The cost of current and ex-smokers who require care in later life as a result of smoking-related illnesses is £3.8 million per year. **Of this, £2.1 million falls to the local authority.**

The cost-effectiveness of tobacco control

According to the National Institute for Clinical Excellence (NICE), every £1 spent on smoking cessation saves £10 in future health care costs and health gains.¹² Smokers who manage to quit reduce their cost to the health and social care system by almost 50%.¹³ A tobacco control strategy is therefore a long-term investment.

A comprehensive tobacco control strategy should include:

- Prioritisation and sustained funding for tobacco control
- Provision of evidence-based specialist smoking cessation services ('Stop Smoking Services')
- A coordinated tobacco control alliance to provide:
 - Local mass media campaigns
 - Measures to target the illicit trade in tobacco
- Targeted action to accelerate progress to reduce health inequalities
- Recognition of the WHO Framework Convention on Tobacco Control (WHO FCTC), to ensure the tobacco industry does not influence public health.

More information on delivering a comprehensive tobacco control strategy is detailed in the CRUK Tobacco Control Local Policy Statement:

http://www.cancerresearchuk.org/sites/default/files/tc_local_policy_statement_201709.pdf

Stop Smoking Services

Specialist smoking cessation services, or Stop Smoking Services, deliver face-to-face behavioural support combined with pharmacotherapy. This type of intervention has been shown to be highly effective in improving long-term quit rates, offering smokers the best possible chance of quitting. Smokers who use these services are around three times more likely to successfully quit than those attempting to quit unassisted.^{14,15} NICE PH10 guidance sets out recommendations to ensure that these services are as effective as possible.¹⁶

Moreover, these specialist interventions have been shown to be among the most cost-effective interventions available in the healthcare sector: **it is estimated that behavioural support and pharmacotherapy cost less than £6,000 per QALY (Quality Adjusted Life Years), well below the NICE 'cost-effective' threshold £20,000 - £30,000 per QALY.**¹⁷

NICE has developed a 'Tobacco Return on Investment Tool', which evaluates several tobacco control interventions to model the economic returns that can be expected in different payback timescales.¹⁸

This can help local authorities evaluate various combinations of interventions to see which provides the best 'value for money'.

Use the NICE 'Tobacco Return on Investment Tool' to find the portfolio of tobacco control interventions with the best economic returns, available at:

<https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool>

Mass media campaigns

Mass media campaigns have been shown to be highly impactful and cost-effective in encouraging smokers to quit. The evidence is particularly clear around campaigns that emotionally portray the harms of smoking.¹⁹ Evidence shows campaigns are only effective if they are sufficiently well funded – and the UK is currently spending far less than the recommended amount.²⁰ We want the Government to increase spending on mass media campaigns to at least 2010 levels (£25 million).

For further information email us at localengagement@cancer.org.uk

¹ Peto, R et al. (2012). Mortality from smoking in developed countries 1950-2010. University of Oxford. UK: pp.512-523. Available at ([pdf](#))

² Parkin, DM (2011). Tobacco-attributable cancer burden in the UK in 2010. [Br J Cancer 2011; 105\(S2\):S6-S13](#)

³ Public Health England analysis included in the Public Health Outcomes Framework using ONS mortality data and the DCLG IMD 2010 data(indicator 0.2i). Available at: www.phoutcomes.info

⁴ Department of Health (2017). Towards a smoke-free generation – A tobacco control plan for England. Available at ([pdf](#)).

⁵ <http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-poverty-calculator/>

⁶ CRUK (2016). Cutting down: the reality of budget cuts to local tobacco control. Available at ([pdf](#))

⁷ CRUK (2016). Cutting down: the reality of budget cuts to local tobacco control. Available at ([pdf](#))

⁸ Public Health England (2017) *Models of delivery for stop smoking services – options and evidence*, available [here](#) [accessed 02 October 2017]

⁹ CRUK (2016). Cutting down: the reality of budget cuts to local tobacco control. Available at ([pdf](#))

¹⁰ Department of Health (2017). Towards a smoke-free generation – A tobacco control plan for England. Available at ([pdf](#)).

¹¹ <http://ash.org.uk/category/information-and-resources/local-resources/>

¹² Public Health England. [Comprehensive local tobacco control: why invest?](#)

¹³ <http://www.nta.nhs.uk/uploads/t-jsna1516example.pdf>

¹⁴ Kotz, D., Brown, J., West, R. (2014). 'Real-world' effectiveness of smoking cessation treatments: a population study. *Addiction*. 2014 Mar;109(3):491-9. doi: 10.1111/add.12429. Epub 2013 Dec 20. Available at ([website](#)).

¹⁵ Kotz D, et al (2014). Prospective cohort study of the effectiveness of smoking cessation treatments used in the "Real World". doi:10.1016/j.mayocp.2014.07.004

¹⁶ <https://www.nice.org.uk/guidance/ph10>

¹⁷ Shahab, L. (2014). Effectiveness and cost-effectiveness of programmes to help smokers to stop and prevent smoking uptake at local level.

¹⁸ <https://www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool?domedia=1&mid=22176669-97CC-B6E9-EC7E48E61FBE8527>

¹⁹ Fresh (2016). Quit 16 Campaign Report.

²⁰ http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/overall-fact-sheet.pdf