Tobacco Control Local Policy Statement

Purpose

This policy statement provides local authorities in England with a summary of Cancer Research UK’s local tobacco control policy calls. The statement also provides recommendations for how local authorities can support tobacco control in their area to reduce smoking rates and ultimately improve health outcomes.

Background

Tobacco use remains the UK’s single greatest cause of preventable cancer and avoidable death, resulting in an estimated 115,000 deaths from smoking-related diseases, including cancer, in the UK in 2015 alone. It is estimated that smoking caused nearly a fifth of all deaths from all causes in the UK in 2015, and more than a quarter of all cancer deaths in 2010.

It also has a huge financial cost—Public Health England (PHE) estimates the cost of smoking on the economy to be £12.6 billion a year. Two-thirds of smokers start before they are 18. Smoking is also one of the largest causes of health inequalities. The difference in life expectancy between the least and most deprived can be as much as nine years in England, of which approximately half is attributable to smoking.

Yet, around four in ten cancers in the UK can be prevented by changes to potentially avoidable risk factors every year—this translates to more than 135,000 cancer cases every year and amounts to 15% of cancer cases.

Given the enormous burden smoking has on health and exacerbating health inequalities, Cancer Research UK has an ambition for a tobacco-free UK by 2035, where less than 5% of the adult population smoke across all socioeconomic groups. We want to see Government and local authorities help to make this a reality through a continued commitment to tobacco control.

Local authorities should develop a comprehensive tobacco control strategy that:

- Prioritises and maintains sustainable funding for tobacco control
- Provides evidence-based smoking cessation interventions and services, including Stop Smoking Services for all, local media campaigns promoting smoking cessation and measures to target illicit trade
- Focuses on reducing smoking-related health inequalities
- Ensures Stop Smoking Service practitioners are supported with training
- Is developed with NHS partners to ensure effective referral pathways (including easy self-referral)
- Is delivered via a Tobacco Control Alliance
- Recognises the WHO Framework Convention on Tobacco Control
The case for prioritising tobacco control in local authorities

Stopping smoking is the best thing an individual can do for their health, and comprehensive tobacco control is the best thing local authorities can do for public health in their area. Local authorities must prioritise tobacco control and work closely with the NHS and other partners to develop a comprehensive strategy to lower smoking prevalence and improve population health in their area.

Local authorities should prioritise tobacco control in joint health and wellbeing strategies with local health service providers, planners and commissioners. Progress should be regularly measured against the Public Health Outcomes Framework, which includes the following indicators:¹⁰

- Smoking prevalence – adult (over 18s)
- Smoking prevalence – 15 year olds
- Smoking status at time of delivery

Local authorities should develop and deliver a comprehensive tobacco control strategy underpinned by evidence-based tobacco control measures that reduce tobacco consumption and result in long-term savings from the harms of tobacco. According to the National Institute of Health and Care Excellence (NICE), every £1 spent on smoking cessation saves £10 in future health care costs.¹¹

Local authorities, in collaboration with the NHS and other partners, should deliver comprehensive, strategic tobacco control plans to reduce smoking rates.

Sustainable funding for tobacco control

To realise Cancer Research UK’s vision of a tobacco-free UK, local authorities need adequate, sustainable public health funding and the commitment of all stakeholders working to deliver a comprehensive tobacco control strategy.

We know local authorities are facing a funding gap of £7.8 billion by 2025,¹² as well as significant reductions in dedicated public health funding – a £200m in-year cut to the public health grant (around 6.2%) was announced in June 2015, followed by an announcement in November 2015 of further cuts of 3.9% for the following five years.¹³,¹⁴

Local authorities have made efficiencies through better commissioning, but cuts to public health funding have placed a strain on local authorities’ ability to fund frontline prevention services that help people quit smoking, including important Stop Smoking Services. Despite strong political support by local authorities for these services, smoking cessation budgets were cut in 50% of local authorities in England in 2017, following similar cuts in 59% in 2016, and 39% in 2015. As a result, 4 in 10 local authorities are no longer able to offer a stop smoking service for all smokers in their area.¹⁵

Cancer Research UK is calling on the Government to provide increased and sustainable public health funding to prevent ill health, reduce health inequalities, and support a sustainable health and social care system. The Government must equip local authorities with adequate resources to allow them to provide vital public health functions; this includes implementing comprehensive tobacco control strategies in their area.
We want the Government to increase funding to the Public Health Grant in the forthcoming Comprehensive Spending Review so local authorities are able to reinvest in tobacco control budgets and vital smoking cessation services. Cancer Research UK believes that a levy on the tobacco industry of at least £150m should be introduced to provide additional funding for tobacco control and smoking cessation.

**The Government should provide local authorities with adequate and sustainable funding to deliver comprehensive tobacco control strategies in their area now and in to the future.**

**Local authorities should prioritise and maintain sustainable funding for tobacco control.**

**Evidence-based tobacco control measures**

**Providing adequate Stop Smoking Services**

There is strong evidence that Stop Smoking Services are effective at supporting smokers to quit,\(^{16}\) using a combination of behavioural support and prescription medication.\(^{17,18}\) Smokers using these services are around three times more likely to quit successfully than those attempting to quit unaided.\(^{19,20}\)

Local authorities should commission specialist Stop Smoking Services to provide smokers with the best possible support to quit smoking. These services should be commissioned to meet the specifications set out in NICE NG92 guidance,\(^{21}\) and should offer free one-to-one and group behavioural support, along with nicotine replacement therapies (NRT) and other stop smoking medication. Moreover, the guideline sets out that Stop Smoking Services should be commissioned and delivered according to local and national priorities to reduce health inequalities. In practice, this may mean commissioning services in areas with a higher smoking prevalence or targeting services to specific populations who have higher rates of smoking and may experience poorer health outcomes, such as routine and manual workers, people with mental health problems, those who misuse substances, those with smoking-related illnesses, people in prisons, or pregnant women.

There is evidence that some local authorities are limiting which pharmacotherapy treatments from the NICE-approved formulary are available through local Stop Smoking Services.\(^{22}\) Pharmacotherapy for smoking cessation, including NRT, is highly effective and cost-effective,\(^{23,24,25}\) and has been billed as amongst ‘the best buys in modern medicine’.\(^{26}\) With smoking costing local authorities an estimated £760 million a year in social care costs,\(^{27}\) and the NHS £2.5 billion a year,\(^{28}\) pharmacotherapy for smoking cessation is a worthwhile investment. We urge local authorities to repeal any restrictions placed on the availability of pharmacotherapy for smoking cessation through local Stop Smoking Services. Similarly, we urge Clinical Commissioning Groups to support pharmacotherapy being prescribed across primary care, secondary care and mental health services to support smokers to quit.

The National Centre for Smoking Cessation and Training (NCSCT) provides training and assessment for practitioners, service staff and other health professionals delivering smoking cessation interventions through Stop Smoking Services. Local authorities should ensure their Stop Smoking Service staff are expertly trained to provide the most effective support to help smokers quit.

**Supporting the use of electronic-cigarettes to quit**
Evidence so far suggests e-cigarettes are far less harmful than smoking tobacco.\textsuperscript{29} There is growing evidence that e-cigarettes are helping people to quit smoking, with e-cigarettes now the most popular quit method for smokers in England.\textsuperscript{30} A Cancer Research UK study suggests that e-cigarettes may have contributed to an additional 18,000 long-term ex-smokers in England in 2015 alone.\textsuperscript{31} Research found that quitting with an e-cigarette is around 60% more effective compared to quitting with no aid.\textsuperscript{32}

For that reason, local authorities and Stop Smoking Services should be accepting of e-cigarette use and support those who wish to use them alongside behavioural support as an aid to stop smoking.

Services should provide clients with information and advice about e-cigarettes. This may help to address the issue of declining numbers of smokers using services and would improve the chances of stopping smoking for smokers who use e-cigarettes. A balanced approach is needed towards e-cigarettes – one that maximises their potential to help people stop smoking, whilst minimising the risks of unintended consequences that could promote smoking.

Local authorities, in tandem with other local partners, should consider developing a clear position statement for service providers to encourage the use of e-cigarettes as a tool to support smokers to quit. Services can provide general information and advice based on recommendations from bodies such as Public Health England and the Royal College of Physicians.

A NCSCT briefing provides advice for staff in Stop Smoking Services looking to support people to quit using e-cigarettes.\textsuperscript{33}

**Collaboration with local NHS Services**

The Government’s Tobacco Control Plan for England recognises the need to promote smoking cessation throughout the health and social care system. All healthcare professionals working in primary and secondary care should be aware of the availability of Stop Smoking Services in the area and, where a service is not available on-site, be able to confidently refer patients who smoke to them.

Up-to-date information regarding the details and availability of local Stop Smoking Services should be consistently shared with NHS services to ensure the success of referral pathways. This depends on good collaboration between Stop Smoking Services and local NHS services.

Collaboration is also important for the delivery of smoking cessation pharmacotherapies, which we know are a highly effective and valuable tool in smoking cessation. This collaboration is essential to understand which partner has pharmacotherapy budgetary responsibility, and in ensuring that partners remain committed to providing medication to support smokers to quit.

Local authorities should facilitate collaboration on tobacco control through Health and Wellbeing Boards (HWBs), Sustainability and Transformation Partnerships (STPs) and Tobacco Control Alliances (see below).

**Local stop smoking media campaigns**

Media campaigns are highly impactful and cost-effective in encouraging smokers to quit and discouraging young people from taking up the habit. However, campaigns are only effective if they are sufficiently funded. PHE runs mass media campaigns at a national level.
These national campaigns should be complemented by targeted campaign activity at a local level. Local authorities may wish to pool resources across a bigger area, or across tobacco control alliances, to provide local media campaigns that promote cessation and discourage uptake.

**Illicit tobacco control**

Illicit tobacco undermines the effectiveness of other local authority efforts to reduce smoking. It also undermines the effect that taxation can have on reducing tobacco consumption, smoker initiation and cessation rates, and the impact of age of sales legislation in reducing smoking uptake in young people. Estimates from HM Revenue & Customs shows that the illicit tobacco market makes up 15% of the overall tobacco market and illicit hand-rolled tobacco 28% of the market in 2016-17.

Targeted regional activity to reduce supply and demand of illicit tobacco is one way local authorities can reduce the prevalence of smoking in their area. The Illicit Tobacco Partnership’s Illicit Tobacco Programme Strategic Framework provides guidance for local authorities or regions that want to follow an evidence-based approach to reducing the illicit tobacco market within a wider tobacco control programme.

The Partnership has also developed a PR guide to provide a range of stakeholders, including local authorities, with the knowledge, tools and templates to engage local media when there is illicit tobacco deterrence activity taking place.

Local authorities should commission and implement evidence-based tobacco control strategies to reduce smoking in their area.

**A coordinated and inclusive local approach to tobacco control**

Tobacco control requires the active engagement of a range of partners to deliver a coherent and effective plan to reduce smoking rates. A tobacco control alliance pools the expertise of many organisations (usually within a local authority boundary), enables greater collaboration, and can be a resource-efficient way of delivering smoking cessation interventions and services and wider tobacco control activities.

Alliances typically include a range of members from inside and outside local authorities, including trading standards, environmental health, fire and rescue services, education, health staff, children’s services, as well as elected members, local non-government organisations and businesses.

Tobacco control alliances can assist in:

- Developing or informing the development of local tobacco control strategies
- Coordinating and aligning local delivery of tobacco control activities
- Supporting and delivering local quit campaign activity
- Capturing local intelligence on illicit tobacco trade and use

Local authorities can broaden the reach and effectiveness of their work by pooling resources and expertise through a tobacco control alliance.
The CLeaR tobacco control assessment[^39] is an evidence-based improvement tool designed to help local authorities assess, review and improve their tobacco control work. Self-assessment is free, with the option to participate in peer-assessment at an additional cost. Peer-assessment enables local authorities to have their practice recognised and accredited, and involves wider engagement of stakeholders within the council.

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**Local authorities can perform the CLeaR tobacco control assessment to assess, review and improve tobacco control in their area.**

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Local authorities can demonstrate their commitment to a collaborative approach to tobacco control by signing the Local Government Declaration on Tobacco Control[^40]. The Declaration is an initiative of the Smokefree Action Coalition, an alliance of more than 300 health and wellbeing organisations, and has been endorsed by Department of Health and Social Care (DHSC) and PHE, among others.

Declaration commitments include:

- Reducing smoking prevalence and health inequalities
- Developing plans with partners and local communities
- Participating in local and regional networks
- Supporting Government action at national level
- Protecting tobacco control work from the commercial and vested interests of the tobacco industry
- Monitoring the progress of plans

In addition, local authorities can also encourage NHS partners to sign the NHS Smokefree Pledge[^41] to demonstrate their commitment to helping smokers to quit and to providing smoke free environments that support them.

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**An acceleration in progress to reduce health inequalities**

The Government recognises the need for a radical upgrade in prevention, and the importance of doing this in a way that prioritises the reduction of smoking related health inequalities.[^42] This aligns with Cancer Research UK’s tobacco-free ambition, where less than 5% of the adult population smoke across all socioeconomic groups in the UK by 2035.

Cancer Research UK supports local authorities prioritising the reduction of health inequalities when developing and implementing comprehensive local tobacco control plans. There must be a renewed focus on reducing smoking prevalence amongst routine and manual workers, pregnant women those living with mental health conditions, and smokers from low socioeconomic groups.

Recent research by Cancer Research UK has shown that local Stop Smoking Services can be effective in reducing smoking-related health inequalities by targeting these priority groups to increase their interactions with the service.[^43]

[^39]: See text for link.
[^40]: See text for link.
[^41]: See text for link.
[^42]: See text for link.
[^43]: See text for link.
Resources are available for local authorities on how to raise awareness of health inequalities and strategies to reduce their negative impact are provided below. Local authorities should engage with PHE, NHS England and civil society to share best practice.

Local authorities should deliver tailored tobacco control services to meet local health needs, with an emphasis on tackling health inequalities.

Recognition of the WHO Framework Convention on Tobacco Control

The UK is one of the 180 parties to the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC).\textsuperscript{44} The guidelines to Article 5.3 of the WHO FCTC recognise the “fundamental and irreconcilable conflict” that exists between the interests of the tobacco industry and the pursuit of public health improvement.

The UK Government has stated that it takes these obligations “very seriously”\textsuperscript{45} and encourages local authorities to follow suit. Cancer Research UK echoes this sentiment. Consistent with the guidelines to Article 5.3, this should extend to local authorities rejecting partnerships and non-binding or non-enforceable agreements with the tobacco industry.

The tobacco industry has employed a multitude of tactics to shape and influence tobacco control policy at all levels of government, including conducting public relations exercises, government lobbying, consultancy, funding research, creating alliances, intimidation, philanthropy, and even resourcing smoking prevention programmes.\textsuperscript{46}

Local authorities should implement policies and procedures to ensure the WHO FCTC obligations are considered and adhered to across public health, tobacco control and other health-related policy in their local area. This should include requiring the routine disclosure or registration of tobacco industry entities, affiliated organisations and individuals acting on their behalf, including lobbyists, within local authorities. This will ensure that local authority policy decisions are transparent and consistent with the WHO FCTC, protecting local communities from the conflict that exists between public health and the tobacco industry.

Local authorities should abide by the WHO Framework Convention on Tobacco Control and avoid engagement and agreements with the tobacco industry wherever possible.
• **The Government’s Tobacco Control Plan for England**: Outlines the Government’s plan to reduce smoking in England up to 2022, with the aim of creating a smoke-free generation.

• **NICE guideline [NG92] stop smoking interventions and services**: This guideline covers interventions and services to help people quit smoking. It aims to ensure that everyone who smokes is advised to stop and given the support they need. It emphasises the importance of targeting vulnerable groups and providing professionals with relevant training.

• **NCSCT training**: The NCSCT offers a variety of free, online resources for stop smoking service practitioners and professionals delivering stop smoking advice and support.

• **NCSCT briefing on e-cigarettes**: This briefing makes recommendations for stop smoking practitioners and services, provides suggested answers to common questions about e-cigarettes, and summarises the evidence upon which these recommendations are drawn.

• **PHE’s guidance on models of delivery for stop smoking services**

• **CLEaR local tobacco control assessment**: Provides guidance for local authorities, public health bodies and the NHS on using ‘deep dive’ self-assessment tools to improve their tobacco control work.

• **PHE Local Tobacco Control Profiles**: Provide a snapshot of the extent of tobacco use, tobacco-related harm, and quit attempts at local authority level. These profiles are designed to help local authorities and services to assess the effect of tobacco use on their local population and inform commissioning.

• **ASH Ready Reckoner**: A tool for demonstrating the local economic impacts of smoking.

• **ASH Health Inequalities Resource Pack**: Series of tools that set out the problem and solutions in addressing health inequalities to support targeted tobacco control in groups with high smoking prevalence.

• **ASH Local Resources**: Set of materials for local public health professionals to help ensure that tackling tobacco use is high on the local public health agenda. Includes Cost of smoking to social care tool.

• **NICE Tobacco Return on Investment (ROI) Tool**: Evaluates a portfolio of tobacco control interventions and models the economic returns that can be expected in different timescales. Different interventions can be mixed and matched to see which intervention portfolio or package provides the best ‘value for money’.

**Resources:**
References:


