

## Tobacco Control Local Policy Statement

Tobacco use remains the UK's single greatest cause of preventable illness and avoidable death, with 100,000 people dying each year from smoking-related diseases, including cancer.<sup>1</sup> Cancer Research UK has an ambition for a tobacco-free UK by 2035, where less than 5% of the adult population smoke. We want to see both Government and local authorities help bring this vision to reality through a continued commitment to tobacco control.

### Local authorities should develop a comprehensive tobacco control strategy:

- Prioritisation and sustained funding for tobacco control
- Provision of evidence-based Stop Smoking Services
- A coordinated tobacco control alliance to provide:
  - Mass media campaigns
  - Measures to target illicit trade
- An acceleration in progress to reduce health inequalities
- Recognition of the WHO Framework Convention on Tobacco Control

### Prioritising Smoking

It is estimated that smoking causes nearly a fifth of all cancer cases in the UK, and more than a quarter of all cancer deaths<sup>2</sup>. Two-thirds of smokers start before they are 18<sup>3</sup> - the beginning of an addiction that will kill up to two in three long-term smokers<sup>4,5</sup>. But four in ten cancers can be prevented by changes to avoidable risk factors – this translates to almost 600,000 cases of cancer in the last five years of which smoking accounted for more than half.

Quitting tobacco is the best thing an individual can do for their health, and comprehensive tobacco control is the best thing the country can do for public health. Local authorities must prioritise tobacco control and work closely with the NHS and other partners to develop a comprehensive strategy to lower smoking prevalence. It is vital that adequate resources are available to local authorities to allow them to provide smokers with the best available support and resource to quit. Priority at a local level should be coupled with a new five-year tobacco control strategy for England, driven by the recommendations of the *Smoking Still Kills* report and consistent with the recommendations of the *Independent Cancer Taskforce*.

Research from Action on Smoking and Health (ASH) highlights the total societal cost of tobacco use in England is £13.8 billion a year<sup>6</sup>. By comparison, tobacco duty receipts in England in 2013/14 were only £7.6 billion<sup>7</sup>, meaning the financial gap is more than £6 billion.

Local authorities should prioritise tobacco control in joint health and wellbeing strategies. Progress should be regularly measured against the Public Health Outcomes Framework health improvement domain, which includes the following indicators<sup>8</sup>:

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

Evidence-based tobacco control measures include Stop Smoking Services, mass media campaigns and measures to target illicit tobacco trade. These measures reduce tobacco consumption and result in long-term savings from the health consequences of tobacco. According to the National Institute for Clinical Excellence (NICE), every £1 spent on smoking cessation saves £10 in future health care costs<sup>9</sup>. Local authorities must be adequately resourced to provide tobacco control services that meet the needs of the population.

**Local authorities should develop initiatives to reduce smoking rates locally. These initiatives should be part of a strategic approach to tobacco control. We recommend that a comprehensive tobacco control plan be informed by the following:**

## A Commitment to Tobacco Control

The ambition for a tobacco-free UK can only be realised with the commitment of all stakeholders involved in the delivery of a comprehensive tobacco control strategy. However, adequate funding is needed in order to deliver these strategies. Modelling by the Local Government Association (LGA) estimates that a funding gap in local government expenditure, opening up in 2015/16, could grow to £12.4 billion by 2019/20<sup>10,11</sup>. Local public health budgets are experiencing significant funding cuts – in June 2015, a £200m in-year cut to local public health budgets (around 6.2%) was announced as part of a wider package of departmental savings<sup>12</sup>. This was followed in the November 2015 Spending Review by further in-year cuts of 3.9% for five years to public health budgets<sup>13</sup>.

A recent report by ASH and Cancer Research UK surveyed tobacco control leads in English upper-tier, metropolitan borough and unitary local authorities. Findings revealed that the recent cuts to public health budgets have placed a severe strain on local authorities' ability to continue to fund efforts to help people quit smoking. Despite the public health budget ring-fence, smoking cessation budgets were cut in 39% of local authorities in England in 2015-16, with cuts also made to wider tobacco control budgets<sup>14</sup>.

It is essential for the Government to find a secure source of funding to enable local authorities to commission evidence-based tobacco control services. These include Stop Smoking Services, mass media campaigns and measures to target illicit tobacco trade. We believe these services should be funded through a £500 million levy on tobacco industry profits.

**The Government should ensure secure and sustainable funding for tobacco control in local authorities – this should be done through a £500 million levy on tobacco industry profits.**

## Evidence-Based Services

### Stop Smoking Services

There is strong evidence that Stop Smoking Services are effective at supporting smokers to quit in the long term, and cost-effective<sup>15</sup>. The combination of behavioural support and prescription medication offer the best possible chance of quitting<sup>16,17</sup>. Smokers who use these services are around three times more likely to successfully quit than those attempting to quit unassisted<sup>18,19</sup>.

Local authorities should commission Stop Smoking Services to provide smokers with the best possible support to quit smoking. These services should provide expert advice, support and encouragement to smokers. They should offer free one-to-one support along with nicotine replacement therapies (NRTs) and other stop smoking medicines, available for the cost of a prescription.

The National Centre for Smoking Cessation and Training (NCSCT) provides training and assessment for tobacco control programmes and smoking cessation interventions provided by Stop Smoking Services. Local authorities should ensure their Stop Smoking Service staff are expertly trained to provide the most effective advice and interventions to maximise their ability to support smokers to quit.

Stop Smoking Services should be supportive of e-cigarette use in order to maximise their reach and provide cessation support to as many smokers as possible. The NCSCT recently published a briefing to assist Stop Smoking Services in supporting people who want to use e-cigarettes to help them quit smoking<sup>20</sup>. The briefing makes recommendations for stop smoking practitioners and services, provides FAQs and summarises the evidence from which the recommendations are drawn.

### Mass Media Campaigns

Mass media campaigns are highly impactful and cost-effective in encouraging smokers to quit and discouraging young people from taking up smoking. However, evidence shows campaigns are only effective if they are sufficiently well funded - and the UK is currently spending 8 times less than the recommended amount<sup>21</sup>. Public Health England (PHE) runs mass media campaigns at a national level. These national campaigns should be complemented by targeted campaigns at a local level. Local authorities should pool resources across tobacco control alliances (discussed below) to provide mass media campaigns to promote cessation and prevent uptake.

### Illicit Tobacco Control

Illicit tobacco products undermine the effect that price (achieved through taxation) can have on reducing tobacco consumption, smoker initiation and cessation rates<sup>22</sup>. Targeted regional activity such as the North of England Tackling Illicit Tobacco for Better Health programme - which has been a driving force behind the illegal tobacco market hitting a record low in the region<sup>23</sup> - is an example of how effective action can be delivered at a local level.

**Local authorities should provide evidence-based tobacco control services: Stop Smoking Services, mass media campaigns and measures to target illicit tobacco trade.**

## A Coordinated and Inclusive Local Approach

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 and can be a resource-efficient way of delivering services. An alliance may include multiple local authorities across a wide geographical area, the NHS, Trading Standards and local businesses.

Tobacco control alliances can:

- Develop awareness campaigns
- Coordinate joint-activity to tackle the illicit market
- Ensure the enforcement of tobacco control regulations such as smokefree public places
- Integrate and embed work and priorities across all parts of their respective organisations
- Build political will to support tobacco control activity

**Local authorities can broaden the reach and effectiveness of their work by pooling resources and expertise through a tobacco control alliance.**

Local authorities can demonstrate their commitment to a collaborative approach to tobacco control by signing the [Local Government Declaration on Tobacco Control](#)<sup>24</sup>. The Declaration is an initiative of the Smokefree Action Coalition, an alliance of more than 300 health and wellbeing organisations. It has been endorsed by Department of Health (DoH) and Public Health England (PHE), among others.

The Declaration commits councils to:

- Reduce smoking prevalence and health inequalities
- Develop plans with partners and local communities
- Participate in local and regional networks
- Support Government action at national level
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Monitor the progress of our plans
- Join the Smokefree Action Coalition

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The [CLeaR tobacco control assessment](#)<sup>25</sup>, developed by ASH and supported by Cancer Research UK and Public Health England, is an evidence-based improvement model designed to advise local authorities, tobacco alliances and health and wellbeing boards on how they can assess, review and improve their tobacco control work. Local authorities can conduct a free self-assessment, with an optional peer-assessment element available at an additional cost. The peer-assessment will enable local authorities to have their practice recognised and accredited, which can then be shared within a tobacco control alliance.

**Undertaking the CLeaR tobacco control assessment enables local authorities to assess, review and improve their tobacco control work.**

## An Acceleration in Progress to Reduce Health Inequalities

Consistent with NHS England's Five Year Forward View, that recognises the need for a radical upgrade in prevention and public health, ASH's *Smoking Still Kills* report sets a long-term vision to reduce adult smoking prevalence to less than 5% in all socio-economic groups by 2035<sup>26</sup>.

Cancer Research UK believes that minimising the impact on the most deprived communities, so as not to perpetuate existing health inequalities, must be the main consideration in the implementation of a comprehensive local tobacco control plan.

Several resources are available for local authorities to firstly raise awareness of the health inequalities that exist and then to inform strategies to reduce their negative health impact. Local authorities should engage with PHE, NHS England and civil society to share best practice in targeted approaches and update on what additional information resources would help them further.

#### Available resources:

- [PHE Local Tobacco Control Profiles](#): Provides a snapshot of the extent of tobacco use, tobacco related harm, and measures being taken to reduce this harm at a local level<sup>1</sup>. These profiles have been designed to help local government and health services to assess the effect of tobacco use on their local populations. They will inform commissioning and planning decisions to tackle tobacco use and improve the health of local communities.
- [Cancer Research UK Local Cancer Statistics](#): Provides information on cancer risk factors, associated cancer incidence and rates of early diagnosis<sup>1</sup>. Our cancer statistics highlight how preventable cancer risk factors – which can be mitigated by local public health interventions – impact on cancer incidence and cancer outcomes.
- [ASH Ready Reckoner](#): A tool for demonstrating the local economic impacts of smoking and tobacco use.
- [ASH Local Toolkit](#): Set of materials for local public health professionals to help ensure that tackling tobacco use is high on the local public health agenda.
- [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 payback timescales. Different interventions, including pharmacotherapies and support and advice, can be mixed and matched to see which intervention portfolio or package provides the best 'value for money', compared with 'no-services' or any other specified package.

**Local authorities, informed by the available data, should tailor the delivery of tobacco control services to meet the health profile of their area, 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)<sup>27</sup>. The guidelines to Article 5.3 of the WHO FCTC recognise the “fundamental and irreconcilable conflict” which 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*”<sup>28</sup> and encourages local authorities to follow their lead. Consistent with the guidelines to Article 5.3 of the WHO FCTC, this should extend to local authorities rejecting partnerships and non-binding or non-enforceable agreements with the tobacco industry.

Local authorities should require rules for the disclosure or registration of the tobacco industry entities, affiliated organisations and individuals acting on their behalf, including lobbyists. In doing so they can ensure that policy decisions are transparent and consistent with the WHO FCTC, protecting their communities from the conflict which exists between public health and tobacco industry interests.

Public health policies related to tobacco control include, for example, tax, price, trade, agriculture, and many other policies that could affect tobacco consumption and its consequent health effects.

**Local authorities should abide by the WHO Framework Convention on Tobacco Control and avoid engagement and agreements with the tobacco industry wherever possible.**

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