

## British Heart Foundation (BHF) briefing: Westminster Hall Debate

Progress towards a smokefree England – Tuesday 29 March 2022

### Key points

1. Smoking continues to be one of the leading preventable causes of ill health and mortality in England, with around 12,000 deaths from heart and circulatory diseases in England attributable to tobacco. Continued Government action is therefore urgently needed.
2. The forthcoming Tobacco Control Plan and Javed Khan's review of the Government's Smokefree 2030 ambitions offer a unique opportunity to bring forward bold measures to maintain the UK's position as a world-leader in reducing smoking rates and creating a healthier and more resilient nation.
3. Ongoing cuts to the Public Health Grant, coupled with uncertainty around funding in the long-term, is seriously affecting local authorities' ability to deliver smoking cessation services. A 'polluter pays' levy on tobacco companies could help local authorities meet the shortfall created by cuts to the Public Health Grant and fund the recurring costs of tobacco control.
4. Government should consider mandating quit smoking messaging on individual cigarettes and packs through a simple amendment to packaging and labelling regulations. Interim targets on the roadmap to a Smokefree 2030 and better data collection and evaluation must also be in place so the Plan can be reviewed and updated as needed.

### Smoking and cardiovascular diseases

While smoking rates have declined since the early 1970s, it continues to be one of the leading preventable causes of ill health and mortality in the UK. It is one of the leading risk factors for heart and circulatory diseases and can be attributed to an estimated 12,000 deaths caused by such conditions in England each year. As many as one in six adults smoke in England – around 6-7 million adults. Sustained Government action is therefore needed to ensure smoking rates continue to decline.

### What is needed in the next Tobacco Control Plan

Stopping smoking is the single most important step a smoker can take to protect their heart health. It is therefore vital that the next Tobacco Control Plan and Javed Khan's review of the Government's Smokefree 2030 ambitions contain bold measures to encourage people to end their habit and help reduce their risk of developing heart and circulatory conditions.

Achieving these aims are critical to the Government's commitment to increasing healthy life expectancy by five years by 2035, reduce health inequalities and level up the nation. Reaching this ambition would solidify the UK's position as a world-leader in reducing smoking rates and set a global standard for the creation of a resilient and healthy population. The BHF strongly supports the Government's ambition to reduce smoking prevalence to 5% or less by 2030 and urges it to publish the next Tobacco Control Plan, which was expected by the end of 2021, as soon as possible.

We believe the Government should prioritise the following recommendations if it is to achieve its ambition of a Smokefree 2030.

1. **Ensure sustainable funding for public health so all smokers have equitable access to Stop Smoking Services**

New investment is needed to deliver Government ambitions on smoking, but the 2021 autumn Comprehensive Spending Review failed to reinstate public health funding which has [fallen by 24% in real terms since 2015/16](#). The [deepest cuts](#) in public health spending have been made to tobacco control and smoking cessation. These cuts have meant that Stop Smoking Services are not universally offered and risks

exacerbating existing inequalities – the smoking prevalence gap between people in routine and manual occupations in England has widened significantly since 2012, because smoking rates are [decreasing more slowly](#) among routine and manual workers.

In some areas, stop smoking services have been scaled down or decommissioned altogether. Elsewhere, local authorities have sustained or developed their services. In 2019, [69% of surveyed local authorities in England](#) offered a specialist stop smoking service to local smokers, up from 65% in 2018, though only 59% offered a service to all smokers. A fifth of local authorities (20%) offered an integrated lifestyle service with no specialist service, 9% only offered support in primary care and 2% only offered telephone support.

We want to ensure that all smokers have the support they need to quit smoking. Success rates are on average three times higher for those using Stop Smoking Services compared to those quitting unaided. Tobacco dependence treatment including counselling and medication is highly cost-effective, as it increases quality adjusted life years (QALYs) and reduces costs to the health service, local authorities and [wider society](#). It is [estimated](#) that for every £1 invested in Stop Smoking Services, £2.37 will be saved on treating smoking-related diseases and reduced productivity.

The evidence is clear that proactive support to help people stop smoking should become standard. This will require ensuring universal access to Stop Smoking Service and providing counselling plus medication (including e-cigarettes). Fully rolling out the NHS Long Term Plan proposals to fund opt-out tobacco dependence treatment to all hospital inpatients, pregnant smokers, and those with long-term mental health conditions by 2023/4 as planned should be prioritised.

## 2. Consulting on a ‘polluter pays’ levy to fund tobacco control

It is [estimated](#) by Action on Smoking and Health (ASH) that to reinstate the funding needed for a comprehensive tobacco control programme at national, regional and local level to deliver a Smokefree 2030, would cost around £266 million for England and £315 million in total for the UK. To address this shortfall, a “polluter pays” levy – or Smokefree 2030 Fund – could raise an [estimated £700 million a year](#) from tobacco manufacturers.

The BHF supports the development of the Smokefree 2030 Fund. This fund has international precedent in the US, which has a so-called ‘user fee’ which [raised \\$712 million in 2021 from the tobacco industry](#), with the amount paid by each manufacturer according to the proportion of total sales volume. The funds raised are used for tobacco regulation including behaviour change campaigns, retailer compliance work and policy development, implementation, and evaluation.

We were delighted to see Peers accept amendments to the Health and Care Bill during report stage which would require Government to consult on a Smokefree 2030 Fund (clause 177-180). We urge MPs to support this important measure when the Bill returns to the Commons for consideration of Lords amendments.

## 3. Set interim targets for 2025 on the route to Smoke free 2030 and ensure data collection and policy evaluation is in place so the strategy can be reviewed and updated as needed

To be able to measure progress on tobacco control and effectiveness of policy interventions, improvements are needed in data collection and analysis. Access to, and analysis of, existing datasets needs to be more rapid to allow analysis of key indicators. For example, datasets need to be released at the same time as the annual Health Survey for England (HSE) and Annual Population Survey (APS) to enable key indicators such as children’s exposure to second-hand smoke in homes where carers are smokers, to be measured without delay.

Data that are collected in the primary care and Mental Health Services dataset on smoking and mental health are not regularly analysed. This is essential to measure effective monitoring of progress in reducing smoking prevalence in people accessing secondary care mental health services and those with serious mental illness. a consultation should be carried out to determine what additional data are needed to monitor progress towards a Smokefree 2030 and ensure any gaps are filled.

#### 4. Require Government mandated quit messaging on individual cigarettes and in packs

A simple amendment to the packaging and labelling regulations, easily accomplished now that Britain has left the EU, could mandate pack inserts with consumer-tested messaging on how to quit.

Research in the UK suggests that pack inserts could be particularly effective in encouraging young adults to stop smoking, with just over half of the young adult smokers (aged 16-34 years) surveyed saying that inserts would make them think more about quitting (53%). A similar percentage of participants believed that pack inserts would help if they decided to quit (52%), are an effective way of encouraging smokers to quit (53%) and supported having them in all packs (55%). A [focus group study](#), conducted in Glasgow and Edinburgh, discovered that adult smokers regarded pack inserts as a potentially effective measure to complement on-pack health warnings.

There is [evidence](#) that smokers become inured to some extent to existing warnings so new techniques are needed to refresh their interest. There is also a growing body of research evidence supporting the effectiveness of what are known as 'dissuasive cigarettes', particularly in making cigarettes less attractive to younger adolescents and never-smokers. Dissuasive cigarettes (and cigarette papers) can be an unattractive colour and carry health warnings. These are already under consideration in Canada, Australia, and Scotland, and could be implemented by a simple amendment to the Tobacco and Related Products Regulations.

For more information, please contact Methela Haque, Senior Public Affairs Officer at BHF on [haquem@bhf.org.uk](mailto:haquem@bhf.org.uk)