Healthy Lives, Healthy People:
A Tobacco Control Plan for England

10th March 2011

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124960.pdf

Overview:

This plan aims to build on achievements in recent years and sets out a comprehensive range of actions to be implemented at national and local level to further reduce smoking rates. It recognises that whilst nicotine is the main element that keeps smokers physically addicted, there are a wide range of social and behavioural factors that encourage young people to take up smoking and make it harder for people to quit. There are six key strands contained within the plan and a range of ambitions to reduce smoking prevalence amongst all adults, young people and pregnant women.

Three Key ambitions:

- **Reduce smoking prevalence among adults:**

  To reduce adult (aged 18 or over) smoking prevalence in England to 18.5% (from 21.2%) or less by the end of 2015. Measured by the Integrated Household Survey.

- **Reduce smoking prevalence among young people:**

  To reduce rates of regular smoking among 15 year olds in England to 12% (from 15%) or less by the end of 2015. Measured by Smoking Drinking and Drug Use Among Young People in England Survey

- **Reduce smoking during pregnancy:**

  To reduce rates of smoking throughout pregnancy to 11% (from 14%) or less by the end of 2015. Measured by Smoking Status at Time of Delivery.

These ambitions will not be translated into local targets, but rather represent what can be achieved as a result of national and local comprehensive tobacco control action.

Comprehensive Tobacco Control – nationally and locally

It is clearly stated that:

"Comprehensive tobacco control is more than just providing local stop smoking services or enforcing smokefree legislation. The effectiveness of tobacco control is dependent on strategies which implement a wide range of actions that complement and reinforce each other", page 9.

The plan encourages local communities to work together promoting health and well-being, to make tobacco less desirable, less acceptable and less accessible.

Local Authorities should aim to maximise involvement in tobacco control and build alliances that include partners from civil society and may be commissioned and delivered over large geographical areas in order to achieve effectiveness and efficiency.

A tobacco-free world should be seen as the norm.

Six internationally recognised strands:

1. **Stopping the promotion of tobacco;**

   Actions include:

   - Tobacco display restrictions from 2012 for large retailers and 2015 for all other retailers

   - Consultation on the plain packaging for tobacco products (2011)

   - Examine the impact of smoking accessories (e.g. tobacco papers)

   - Work with the media and entertainment industry on the portrayal of smoking

   - Action to protect young people from exposure to smoking so they do not see it as a normal behaviour.

2. **Making tobacco less affordable;**

   Actions include:

   - Continue to use tax to maintain the high price of tobacco

   - Joint protocol between local authorities and HMRC to tackle illicit tobacco

   - Support the development of the protocol for illicit trade in the World Health Organization's Framework Convention on Tobacco Control (FCTC)

   - Support marketing campaigns to reduce illicit tobacco use in local communities

   - Examine feasibility and impact of restricting amount of tobacco that can be brought in from abroad.

3. **Effective regulation of tobacco products;**

Actions include:

- Effective local enforcement of tobacco legislation

- Promote local action to identify niche tobacco products and ensure they meet legislative requirements

- Include new EU standard for RIP cigarettes in British National Standards

- Co-ordinate scientific and market research on the use of nicotine containing products to inform decisions on regulation.

4. **Helping tobacco users to quit;**

Actions include:

- Use of marketing and communications to motivate smokers to consider quitting and make use of most effective support available

- Encourage local areas to provide stop smoking services that are tailored to the needs of their communities

- Support the provision of a greater range of options for smokers who want to quit

- Provide clinical guidance and training standards for commissioners and providers of local stop smoking services

- Work to increase the number of tobacco users offered advice to quit smoking and referral to stop smoking services

- Support the development of guidance on helping users of smokeless tobacco to quit

- Develop new approaches to encourage those who cannot quit to switch to safer sources of nicotine.

5. Reducing exposure to secondhand smoke;

Actions include:

- Publish an academic review of the impact of smokefree legislation (09/03/11 – see below)

- Work with national media to raise awareness of the risks in exposing children to second hand smoke

- Support local areas to encourage smokers to change their behaviour in relation to smoking in homes and cars

- Support other countries that want to introduce smokefree laws by sharing our experience.

6. Effective communications for tobacco control;

Actions include:

- Publish a three year marketing strategy for tobacco control

- Engage with young people to support them in making healthy life choices, including not smoking

- Continue to educate people around the risks of smoking and motivate them to think about quitting

- Encourage communities to see not smoking as the norm

- Explore new roles for marketing communication in:

    – reducing young peoples uptake of smoking

    – communicating harms of secondhand smoke

    – encouraging people to make their homes and cars smokefree

- Provide guidance and benchmarks on cost effective evidence based marketing communications

- Help health and social care professional to engage with smokers and provide referrals to stop smoking services.

Additional points to note:

Information and Intelligence

■ Estimates of smoking prevalence is now available at local authority level through the Integrated Household Survey. This information is expected to form a central element of the Public Health Outcomes Framework and health premium.

■ Other data on smoking and health related matters will be available from the NHS Information Centre Health Survey for England.

■ Information on smoking in children and young people will be informed by the NHS Information Centre Survey of Smoking, Drinking and Drug use Among Young People.

■ Adult Psychiatric Morbidity Survey (NHS Information Centre) will continue to provide information on smoking among people with mental health problems.

■ Smoking Status at Time of Delivery will continue to provide quarterly information, with the Infant Feeding Survey providing information on smoking before during and after pregnancy.

■ The London Health Observatory has been commissioned to produce local tobacco control profiles.

■ Further opportunities to maximise data on tobacco use will be developed as the central information and intelligence function of Public Health England evolves.

■ *"Good-quality local information lies at the heart of effective local commissioning for comprehensive tobacco control"*, page 45.

Protecting tobacco control from vested interests:

■ The FCTC places certain obligations on Parties – therefore the tobacco industry has not been involved in the development of this plan.

■ The Government will publish the details of all policy-related meetings with the tobacco industry (excluding certain meetings around illicit trade).

■ Local authorities are encouraged to do the same.

Academic review of smokefree legislation:

In addition to the new Tobacco Control Plan, a review of the evidence regarding the impact of the smokefree legislation has also been published.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124961

The report, authored by Professor Linda Bauld summarises the research evidence, outlining the results of peer-reviewed research and key findings from the international literature to consider the impact the 2007 smokefree legislation has had in three key areas:

Exposure to secondhand smoke

– The evidence shows that smokefree legislation is effective in reducing exposure to secondhand smoke in adults and children.

– There is no significant evidence that introducing smokefree laws in public places encourages higher levels of smoking in the home.

– A study of barworkers showed that their exposure in the workplace reduced on average between 73 and 91% following implementation of the law and as a result experienced improvements in their respiratory health.

– A further study found that between 1996 and 2007 exposure to secondhand smoke among children reduced by nearly 70%, with the greatest reductions recorded immediately before smokefree legislation was introduced.

Changes in health and behaviour

– An analysis of the Hospital Episodes Statistics demonstrated a statistically significant reduction in the number of admissions for heart attacks in England following the implementation of smokefree legislation. The equivalent of 1,200 fewer emergency admissions for heart attacks in the first year post implementation.

– International evidence further supports this showing a drop in heart attack admissions, drop in deaths from coronary heart disease and better prognosis following acute coronary syndrome among non-smokers post implementation.

– Qualitative research exploring people's views of the smokefree legislation in England found shifts in attitudes from resentment to acceptance of the law and a change in smoking behaviour with a general pattern of cutting down among smokers evident in all locations included in the study. Smokers reduced consumption mainly due to having to go outside to smoke and because of a perception that their increased visibility as a smoker attracted public disapproval.

– Although the primary aim of the legislation was to protect others from secondhand smoke, an increase in quitting behaviour was also observed at the time of introduction which proved to be equivalent to over 300,000 additional smokers in England trying to quit. Only evidence of short-term behaviour change as a result of the legislation is available however and the immediate increase in quit attempts is not necessarily indicative of long-term shifts in smoking behaviour and smoking prevalence.

Impact on the hospitality industry

– A feasibility study could find no significant evidence to suggest that smokefree legislation had had a negative impact on the hospitality industry although the authors emphasised the need for further research once more post-implementation data became available.

– Overall existing evidence from developed countries suggests that smokefree laws have had a net positive effect on businesses including costs savings in regards to insurance, cleaning, maintenance and potentially litigation.

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