



BRIEFING PAPER

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Tobacco control policy overview

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Summary

Smoking prevalence is reducing, with the biggest drop amongst adults seen in 2016 in England. Public Health England have reported that the quitting success rate for the first half of 2017 is the highest for at least a decade.¹ However, smoking continues to be the leading cause of preventable deaths- in 2015, 16% of all deaths in people aged 35 or over in England (79,100 deaths) were estimated as being attributable to smoking.

Smoking rates are higher in poorer communities; the Department of Health reports that smoking accounts for almost half the difference in life expectancy between the richest and poorest in society.²

The Government's new tobacco control plan was published in 2017, and seeks to reduce smoking overall and target this inequality in smoking rates. The ambitions in the plans include reducing smoking in adults, young people and pregnant women, ensuring a parity of esteem for those with mental health problems, and supporting evidence based use of innovative technologies to reduce smoking, such as e-cigarettes (now the most popular method for quitting smoking in England³).

Beyond this, there have been a number of tobacco control measures in recent years, which have resulted in the introduction of standardised packaging for tobacco products, an extension on the ban on smoking in public places to cars with children present, and a tobacco display ban in all shops.

This briefing paper provides a summary on the tobacco control plan, tobacco control policies and smoking cessation services.

A number of other Commons Library briefing papers provide more information on specific policies and issues:

- [Statistics on Smoking](#)
- [Regulation of e-cigarettes](#)
- [Advertising of e-cigarette products](#)
- [Prohibition of tobacco display in shops](#)
- [Prohibition of tobacco vending machines.](#)
- [Smoking in public places](#)

¹ PHE, [Highest smoking quit success rates on record](#), 21 September 2017

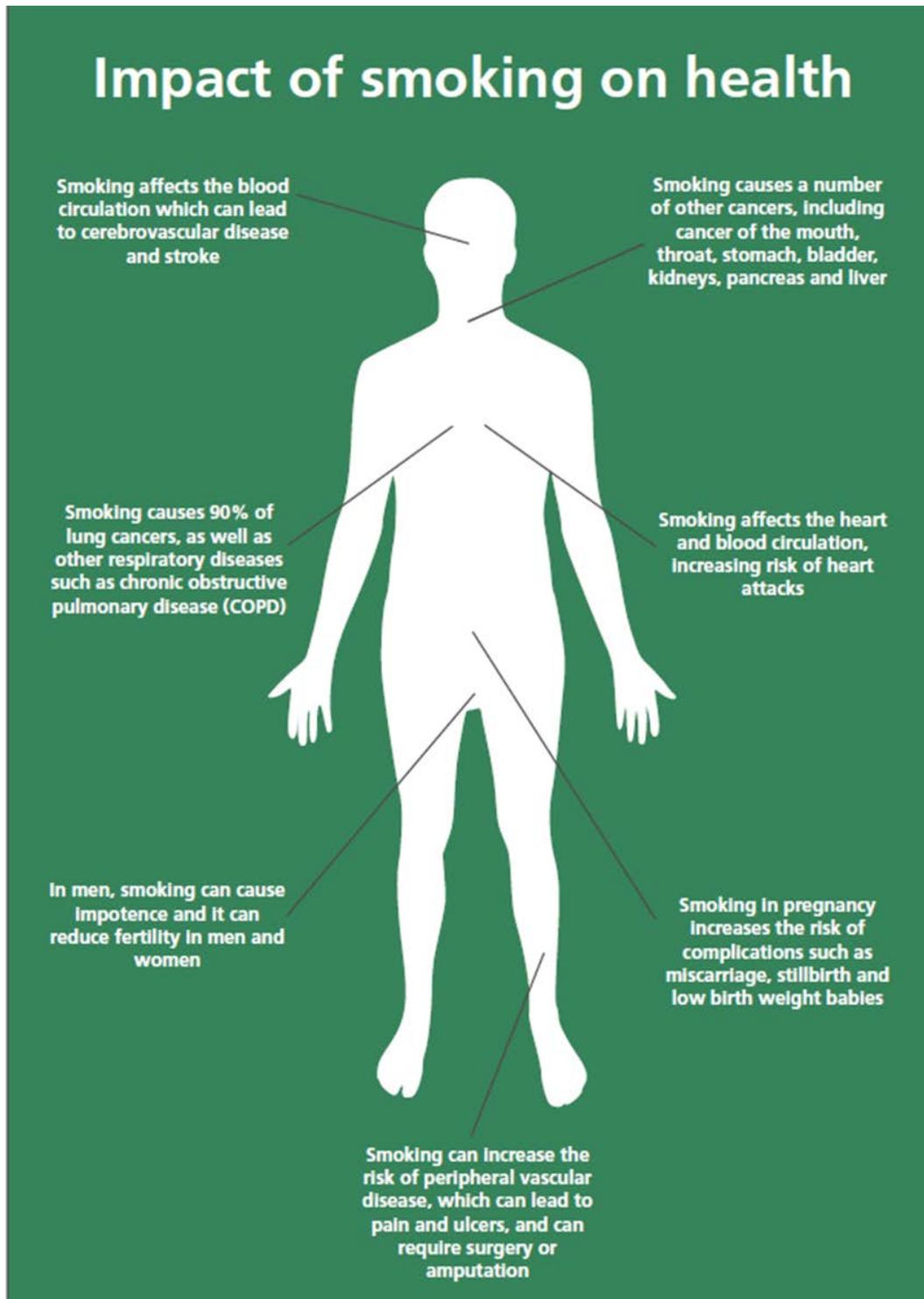
² Department of Health, [Towards a smoke-free generation: tobacco control plan for England 2017](#), July 2017

³ PHE, [Highest smoking quit success rates on record](#), 21 September 2017

1. Smoking and health

The associations between smoking and a wide range of health conditions is well known. Smoking remains the single largest cause of preventable deaths in the UK.

The infographic below provides information about some of the health conditions caused by smoking⁴:



⁴ NHS Choices, [What are the health risks of smoking?](#) 2015

2. Smoking statistics

Smoking prevalence is reducing, with the biggest drop amongst adults seen in 2016 in England. Public Health England have reported that the quitting success rate for the first half of 2017 is the highest for at least a decade.⁵ However, smoking continues to be the leading cause of preventable deaths- in 2015, 16% of all deaths in people aged 35 or over in England (79,100 deaths) were estimated as being attributable to smoking.

The Library briefing paper, [Statistics on Smoking](#) (September 2017) provides an overview of statistics on smoking in the UK. However, key statistics from this paper are included below.

- In 2016, 16% of people in Great Britain smoked cigarettes: 18% of men and 15% of women were regular smokers.

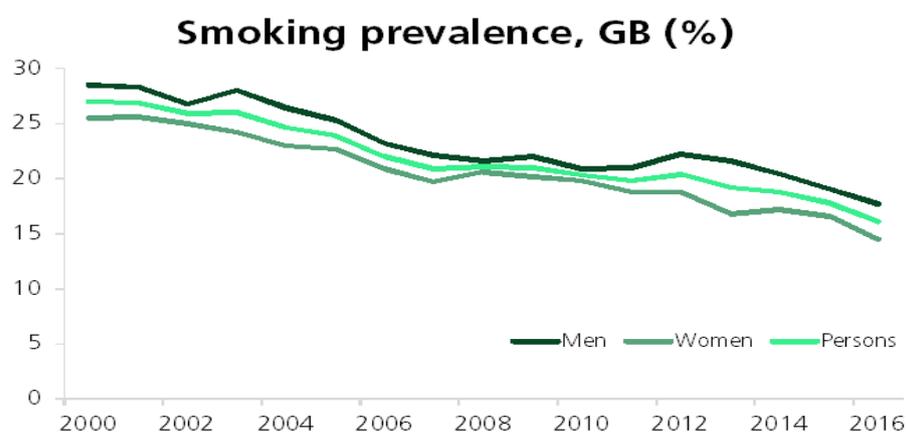


Figure one: ONS [Adult Smoking Habits in Great Britain 2016](#), June 2017

- The proportion of adults who have never smoked cigarettes has increased over the last 30 years, from 25% of men and 49% of women in 1974 to 56% and 63% respectively in 2016.
- Smoking prevalence in 2016 was higher in Northern Ireland (18.1%) than in the rest of the UK (17.7% in Scotland and Wales 15.5% in England).
- In England, 3% of school children aged 11-15 smoked at least once a week and in Scotland 2% of 13 year olds and 9% of 15 year olds did so.
- In 2016 an estimated 2.4 million people in Great Britain were e-cigarette users.
- In 2015, 16% of all deaths in people aged 35 or over in England – 79,100 deaths – were estimated as being attributable to smoking, while it was estimated to be the cause of around 9,950 deaths per year in Scotland.

⁵ PHE, [Highest smoking quit success rates on record](#), 21 September 2017

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- It is estimated that 474,000 hospital admissions a year in England are directly attributable to smoking, which represents 4% of all hospital admissions.
- In 2016, tobacco was 27 per cent less affordable than it was in 2006.

3. Tobacco control plans

Some tobacco control policies, such as standardised packaging, have been introduced across the UK but for the most part, public health is a devolved issue.

3.1 The England 2011 tobacco control plan

In March 2011, the Government published a Public Health White Paper, *'Healthy Lives, Healthy People: A Tobacco Control Plan for England'* which set out its programme of tobacco control for five years.⁶ The plan set out three goals:

- **Reduce smoking prevalence among adults in England:** To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015, meaning around 210,000 fewer smokers a year.
- **Reduce smoking prevalence among young people in England:** To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- **Reduce smoking during pregnancy in England:** To reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth).

The plan established support for tobacco control in England across six strands:

- stopping the promotion of tobacco;
- making tobacco less affordable;
- effective regulation of tobacco products;
- helping tobacco users to quit;
- reducing exposure to second-hand smoke; and
- effective communications for tobacco control.

Tobacco control plans in devolved Administrations

Similar tobacco control plans have also been developed by the devolved administrations. The Welsh Government has set a target to reduce adult smoking rates to 16% by 2020.⁷ The Scottish Government published a new tobacco control strategy for Scotland in 2013 which includes a target to reduce adult smoking prevalence to 5% or less by 2034.⁸ In Northern Ireland, a 10-year Tobacco Control Strategy was launched in February 2012.⁹

⁶ Department of Health, *'Healthy lives, Healthy people: A Tobacco Control Plan for England'*, March 2011, [online] (accessed 23 September 2013)

⁷ *Tobacco Control Action Plan for Wales* Feb. 2012

⁸ *Tobacco Control Strategy - Creating a Tobacco-free Generation* The Scottish Government, March 2013

⁹ *Health Minister launches tobacco strategy for Northern Ireland* NI Department of Health, Feb 2012

3.2 Towards a smoke-free generation: tobacco control plan for England 2017

The new Government tobacco plan, [Towards a smoke-free generation: tobacco control plan for England 2017](#), was published in July 2017. This contained four national ambitions for tobacco control:

- **The first smoke-free generation:** the plan aims to reduce the prevalence of smoking amongst young people (for 15 year olds – from 8% to 3% or less) and adults (from 15.5% to 12% or less) and reduce the inequality in smoking prevalence by the end of 2022;
- **A smokefree pregnancy for all:** the plan aims to reduce smoking in pregnancy from over 10% to 6% or less;
- **Parity of esteem for those with mental health conditions:** the plan aims to improve data collection for smoking and mental health and make all mental health sites smokefree by 2018; and
- **Backing evidence based innovations to support quitting:** this ambition includes helping individuals to quit smoking by using innovative technology and maximising the availability of safer alternatives (such as electronic cigarettes).

Local authorities have responsibility for protecting public health and meeting the needs of their local population, including the provision of NHS smoking cessation services. However, there is also a role for national bodies such as Public Health England in supporting local services, and providing guidance and research on these issues.

A [Public Health Matters blogpost](#) sets out the actions to be taken under the plan:

- All local councils to receive support from PHE experts to help them develop tobacco control policies tailored to local needs
- PHE to continue to monitor effectiveness of stop smoking services and support local authorities to refocus support to quit
- PHE and NHS England to develop a joint plan setting out recommendations for how local areas can work together to achieve the smoking in pregnancy ambition
- Local areas, especially those with higher smoking in pregnancy figures, to have local Smokefree Pregnancy Champions to promote implementation of best practice
- To drive forward implementation of smokefree policies in all hospitals, mental health services and prisons
- NHS England and PHE to support commissioners' implementation of the tobacco CQUIN, which incentivises frontline health staff to assess patients' "risky behaviours" and arrange for stop smoking support
- All health professionals to be given access to training and the tools to effectively support quitting

- PHE to update their evidence base on e-cigarettes annually and include its advice in all quit smoking campaign messaging
- PHE to develop advice for how employers across different industries can best support their workforces to stop smoking

Response to the new tobacco control plan

Health organisations have welcomed the publication of the plan and the targets set out within it. Elements of the plan that have been particularly supported include an ambition to tackle health inequality, a focus on mental health and the inclusion of recommendations about e-cigarettes. However, there has also been some concern about a reduction in funding for public health and how this will impact on local smoking cessation services. For example, the Chief Executive of the British Heart Foundation, Simon Gillespie said:

“We welcome the government’s renewed commitment to tackling tobacco and its ambitious vision for a ‘smokefree generation’. Compared with non-smokers, smokers have up to four times the risk of heart disease and stroke. Previous tobacco control measures, such as the introduction of smokefree legislation, have helped cut smoking rates but there are still at least 16,000 deaths a year in England caused by smoking-related heart attacks and stroke.

“The Government’s commitment to drive down smoking rates is crucial to improving public health. Now the Government needs to act to achieve this vision.”

“To do this effectively, the plans must be accompanied by the necessary funding - we hope that government will commit to providing this to ensure that ambition can be turned into action.”¹⁰

The President of the Royal College of Physicians, Professor Jane Dacre said she welcomed the focus of the plan on disadvantaged groups

I welcome the publication of Towards a smoke-free generation: a tobacco control plan for England, particularly its focus on reducing the burden of death and disease in disadvantaged groups and those with mental health conditions.

The report notes that recent attempts to include smoking cessation within a wider 'lifestyle service' have not been effective at helping people so we agree with the recommendation in the plan that this needs to be readdressed by Public Health England, supporting local authorities to refocus efforts in this area.¹¹

¹⁰ BHF, [BHF responds to the government's new Tobacco Control Plan](#), 18 July 2017

¹¹ RCP, [RCP comment on the tobacco control plan for England](#), 19 July 2017

4. Tobacco control policies

This section will provide a brief overview of tobacco control policies. This is not exhaustive, and further information can be found in other Commons Library briefing papers.

4.1 Standardised packaging

The UK has recently become the first European country to introduce standardised packaging of tobacco products.

The [Standardised Packaging of Tobacco Regulations 2015](#) came into force in May 2016 and introduced new rules on the packaging of tobacco products. There has been a twelve month transition period to allow retailers to sell through stock, and from May 2017 only cigarettes in standardised packaging have been able to be sold.

The regulations set out various requirements for cigarette packets and loose tobacco, including:

- The outside of the packaging must be a drab brown with a matt finish;
- Text to be in a grey helvetica typeface with a prescribed maximum size;
- Brand and variant names may appear once on each of the front, top and bottom surfaces of cigarette packs, once on each of the front and back surfaces and on the surface hidden beneath the flap of hand-rolling tobacco pouches;
- Cigarette packets must be cuboid and made of either a carton or soft material. Packets must contain a minimum of 20 cigarettes;
- Loose tobacco packets must be cuboid, cylindrical or in the form of a pouch. The pack must contain at least 30 grams of tobacco; and
- No inserts or additional materials not integral to packaging permitted.

More information on standardised packaging is provided in the [Department of Health guidance on tobacco packaging](#).

Standardised packaging must also include the requirements for health warnings, and size and shape of packet introduced by the revised EU Tobacco Product Directive.

4.2 The revised EU Tobacco Product Directive

[European Union Tobacco Products Directive](#) (the *Tobacco Products Directive* (2014/40/EU), EUTPD) came into force in May 2016.

The Directive introduces a number of provisions relating to the regulation of tobacco products, including:

- Packets of cigarettes must have 65% of their front and back surface covered in picture and text health warnings. 50% of the sides of the packet must also be covered in health warnings.

- 'Slim' or 'lipstick style' packaging is not allowed;
- Packets must be a cuboid shape and each will contain a minimum of 20 cigarettes;
- No promotional or misleading features is allowed. For example, references to taste or flavourings; and
- Similar rules apply to 'roll your own tobacco' packets. They must have a cuboid or cylindrical shape and will contain a minimum of 30g of tobacco.

Under the EUTPD, there is a dual regulation for e-cigarettes depending on their use and strength. E-cigarettes that claim to be used for smoking cessation or are above a certain strength are now regulated as medicines via the Medicines and Healthcare Products Regulatory Agency whereas others are regulated as consumer products with some strict conditions. These include that nicotine containing liquids have certain restrictions, products have to be child and tamper proof, and must contain a health warning.

The *Tobacco and related products regulations 2016* implement the provisions of the EU Tobacco Products Directive. The regulations came into force in May 2016. As noted above, in regards to packaging, the UK has already gone further than the provisions of the Directive by introducing standardised packaging.

Guidance on the new regulation of e-cigarettes and advice for retailers can be found on the MHRA website:

<https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products>

4.1 Smoking in public places

Regulations (under the [Health Act 2006](#)) brought a smoking ban into force in England on 1 July 2007. Almost all enclosed and substantially enclosed public places and workplaces are included, as are public transport and most work vehicles and company cars.

Following the introduction of new regulations in 2015, it is now also against the law to smoke in a private vehicle when children are present.¹²

More information about the smoking ban in public places is provided in the library briefing paper, [Smoking in public places](#).

The new tobacco control plan highlights that despite this legislation, over a quarter of 16-24 year olds report being exposed to second-hand smoke. In order to address this, the plan aims to support local areas in implementing smoke free policies across all hospitals and prisons in England.¹³

¹² Department of Health, [News story: Smoking in vehicles](#), August 2015

¹³ Department of Health, [Towards a smoke-free generation: tobacco control plan for England 2017](#), July 2017

4.2 Tobacco display ban

The display of tobacco products in large shops has been prohibited since April 2012, and in smaller shops since April 2015 through [Tobacco Advertising and Promotion \(Display\) \(England\) Regulations 2010](#) which implemented section 21 of the *Health Act 2009*.

More information about the ban on tobacco product display and a prohibition on the sale of tobacco products from vending machines is provided in this 2017 Library briefing papers, [Prohibition of tobacco display in shops](#) and [Prohibition of tobacco vending machines](#).

4.3 Sale of tobacco products to children

Under the *Children and Young Persons (Protection from Tobacco) Act 1991*, as amended, it is an offence for any person to sell tobacco products to anyone under the age of 18 years, even if they look older. The legal age for buying tobacco products in England, Wales and Scotland rose from 16 to 18 on 1 October 2008. Tobacco products include cigarettes, cigars, loose rolling tobacco and rolling paper.

Proxy purchasing

[Clause 91 of the Children and Families Act 2014](#) made it an offence for anyone aged 18 or over to buy tobacco or cigarette papers on behalf of an individual aged under 18.

5. Tobacco taxation

Since the 1980s governments have maintained high rates of excise duty on tobacco products to reduce their affordability, and encourage smokers to reduce their consumption or give up smoking entirely. Excise duty is set as a flat rate – a number of pence per g of tobacco – although, in the case of cigarettes, the duty charge includes a second ad valorem element.¹⁴

As flat-rate duties are expressed in cash terms, they must be increased in line with inflation – revalorised – each year in order to maintain their real value. The real value of tobacco duties have risen quite considerably over the last thirty years, as governments have applied an ‘escalator’ – a commitment to increase duties in real terms – at various times. As an example, total duties on a pack of 20 cigarettes more than doubled from £2 per pack in 1990 to over £5 in 2015.¹⁵ The total tax take from tobacco products – the % share of the final selling price taken in excise duty and VAT – has also risen, though not by the same degree, as the pre-tax price of cigarettes has also increased. In 2016 tax accounted for 76% of the final price of a pack of 20 cigarettes.¹⁶ Tobacco duties raised £9.1 billion in 2015/16.¹⁷

In 2010 the Labour Government announced that tobacco duties would be increased each year by 2% above inflation at least until 2014/15.¹⁸ The Coalition Government adopted this approach,¹⁹ and in turn the main duty rates have been increased by 2% in real terms in subsequent Budgets.²⁰ In the Spring 2017 Budget the Government also announced the introduction of a minimum excise tax for cigarettes.²¹

Legislation to set the rates of duty is included in the annual Finance Act. Treasury Minister Damian Hinds summarised the purpose of the Government’s approach to taxing tobacco when the House considered the clause in the *Finance Bill 2016* to set duty rates for last year. In addition to the 2% real terms rise in the main duty rate, the rate on hand rolling tobacco was increased by 5% above inflation:

The Government are committed to reducing smoking rates, especially among young people. Smoking is the single largest cause of preventable illness and premature death in this country. It accounts for around 100,000 deaths a year and kills around half of all long-term users. Reducing the affordability of tobacco

¹⁴ HMRC publishes guidance on tobacco products duty [on Gov.uk](#).

¹⁵ Institute for Fiscal Studies, [2016 Green Budget, February 2016 p209](#)

¹⁶ Institute for Fiscal Studies, [A Survey of the UK Tax System, November 2016 p56](#)

¹⁷ OBR, *Economic & Fiscal Outlook*, Cm 9419, March 2017 [Table 4.6 \(p104\)](#). Excise duties are also levied on alcoholic drinks and road fuels, raising £10.7 billion, and £27.6 billion, respectively in 2015/16.

¹⁸ *Budget 2010*, HC 451, March 2010 para 5.85

¹⁹ *Budget 2014*, HC1104, March 2014 para 2.141

²⁰ [Budget 2016, HC901, March 2016 para 2.139](#) & [Spring Budget 2017, HC 1025, March 2017 para 3.34](#). Current duty rates are set out in, HMRC, [Excise Duty - Tobacco Duty rates](#), 8 March 2017. Historic duty rates are set out in, HMRC, [Tobacco Duties Bulletin](#), July 2017.

²¹ [Spring Budget 2017, HC 1025, March 2017 para 3.35](#); HMRC, [Minimum Excise Tax for cigarettes: tax information and impact note, 8 March 2017](#). This followed [an earlier HMRC consultation](#).

products through taxation is widely acknowledged to be effective in reducing smoking prevalence.

The changes that have already come into effect have added 21p to a packet of 20 cigarettes and 44p to a 30g pouch of hand-rolling tobacco. Research shows that, as well as establishing high tobacco duty rates, maintaining those high rates is also important in reducing smoking prevalence. That is why, as was announced in the 2014 Budget, annual duty increases of 2% above inflation will continue until the end of the Parliament.²²

The Government's approach to tobacco taxation was reiterated in the Government's *Tobacco Control Plan* published this July:

Effective enforcement: Taxation

Maintain a robust tax regime for tobacco and reduce discrepancies in tobacco product prices.

Maintaining high duty rates on tobacco products is a proven and effective means through which to reduce smoking. As well as providing an incentive to quit for those who smoke, it provides a disincentive for young people to take up smoking in the first place.

Tax policy is a matter for HM Treasury and tobacco taxation will be kept under review as part of the usual Budget process. The government will continue its policy of maintaining high duty rates to meet the twin objectives of promoting public health objectives and raising revenue. To support a continuation in the reduction of smoking prevalence, Budget 2016 included measures to tackle cheap tobacco, including increasing the duty on hand-rolling tobacco by an additional 3%.

At a national level the government will: Continue its policy of maintaining high duty rates for tobacco products to improve public health.²³

The Plan also gave details of the Government's approach to tackling the sale of illicit tobacco:

Illicit tobacco

Implement the illicit tobacco strategy and reduce the market share of these products.

Dominated globally by organised criminals, the illicit trade in tobacco has a devastating effect on individuals and communities across the UK and abroad. The sale of illicit tobacco undermines public health policy by offering a cheaper option for those who might otherwise see price as a reason to stop smoking. Illicit tobacco damages legitimate business and makes tobacco more accessible to children. Tobacco smuggling is serious organised crime and the proceeds made from it are used to fund further criminality, perpetuating the cycle of harm.

Considerable progress has been made in addressing tobacco smuggling and the reductions we have seen have been achieved through regulatory changes, new sanctions, detection technology

²² [Public Bill Committee \(Finance Bill\), Sixth sitting, 7 July 2016 c147.](#) Provision for the rate changes for 2017 were agreed without debate, when the Finance Bill 2017 was agreed in the 'wash up' period before the General Election ([HC Deb 25 April 2017 cc1013-1059](#)).

²³ Department of Health, [Towards a Smokefree Generation: A Tobacco Control Plan for England](#), July 2017 p24

and partnership working across government and internationally. The illicit tobacco market still however poses a significant challenge, estimated to cost £2.4 billion in lost revenue in 2015/2016 .

The government will continue the implementation of its 2015 strategy *'Tackling Illicit Tobacco: From Leaf to Light'* to address duty evasion. A cross government ministerial group has been established to help champion co-operation across government and various agencies which have a role to play in tackling illicit tobacco. The UK is a Party to the WHO Framework Convention on Tobacco Control (WHO FCTC), the world's only health related international treaty, and aims to ratify the FCTC Protocol on Illicit Tobacco as soon as the required legislation has been approved by Parliament.

At a national level the government will:

1. Continue to work with other EU Member States on implementation of the track and trace and security marking requirements of the Tobacco Products Directive and the WHO FCTC Illicit Trade Protocol.
2. Improve the use of sanctions to address tobacco fraud, in particular for repeat offenders.
3. Continue engagement with the media to raise awareness of tobacco duty evasion, its effect on society and the consequences for those involved in the fraud.
4. Ratify and implement the WHO FCTC Protocol on Illicit Tobacco as soon as the required legislation has been approved by Parliament.²⁴

The Government's most recent estimate for the size of the 'tax gap' for tobacco – the annual revenue loss from the illicit market – is £2.5 billion.²⁵ In early 2017 HMRC launched a formal consultation seeking views on proposals for new sanctions to tackle illicit tobacco and tobacco duty evasion – details [are on Gov.uk](#); the department published a summary of the responses in early November, confirming that it would, "take forward further work on legislative and non-legislative options to strengthen the use of sanctions in light of the consultation feedback."²⁶

²⁴ *op.cit.* p25. See also, [PO106639, 17 October 2017](#)

²⁵ Figure for 2016/17. HMRC, [Measuring tax gaps: Tobacco tax gap estimates for 2016-17](#), October 2017.

²⁶ HMRC, [Sanctions to tackle tobacco duty evasion and other excise duty evasion: Summary of Responses](#), November 2017 para 7.2

6. Smoking cessation services

Local authorities have responsibility for protecting public health and meeting the needs of their local population, including the provision of NHS smoking cessation services. These services offer counselling and support, with smoking cessation aids and nicotine replacement therapy to smokers wishing to quit.

Public Health England supports local authorities by developing and distributing information and advice, and runs a programme of marketing communications to encourage people to stop using tobacco, for example through outreach work through the NHS Smokefree website and helplines, and the NHS “Quit Kit” that was made available through pharmacy partners.

NICE issued public health guidance on [Smoking cessation services \[PH10\]](#) in 2008. The guidance advises the NHS, local authorities and their partners on the range of services that should be available for everyone who smokes or uses tobacco in any form. In particular, this includes pregnant women, those aged under 20, manual workers and people who are on a low income or income support.

It also gives advice on the training and education that managers and staff in stop smoking services need.

Recommended treatments that have been proven to be effective, either separately or combined, include:

- brief interventions by a GP and other practitioners working in a GP practice or the community (including advice, self-help materials and referral for more intensive support)
- individual behavioural counselling
- group behaviour therapy
- pharmacotherapies (for example, nicotine replacement therapy (NRT), varenicline or bupropion)
- self-help materials
- telephone counselling and quitlines
- mass-media campaigns to get the stop-smoking message across – using a combination of, for example, TV, radio and newspaper advertising.

This guidance has been partially updated by [PH45 Tobacco harm reduction](#) and [PH48 Smoking cessation - acute, maternity and mental health services](#).

Public Health England provides more information about quitting smoking in its September 2015 guidance, [Health matters: smoking and quitting in England](#).

The 2017 tobacco control plan reports that whilst stop smoking services offer smokers the best chance to quit, it notes that attendance at these programmes have declined in recent years. The plan sets out that

effective local strategies on tobacco control require joined up working between local authorities and the NHS. It states that PHE will monitor the effectiveness of services, and will support the development of programmes and ensure access to training for local health professionals.

In September 2017, PHE published [guidance](#) for directors of public health and local commissioners on models of delivery for stop smoking services.²⁷

²⁷ PHE, [Guidance: Stop smoking services: models of delivery](#), September 2017

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