



DEBATE PACK

Number CDP 2015/0135, 16 December 2015

A new tobacco control strategy

This pack has been produced ahead of the debate in Westminster Hall on Thursday 17 December 2015 at 1.30pm on **A new tobacco control strategy**. The Member in charge is Kevin Barron

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Dr Sarah Barber
Jacqueline Baker

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1. Library summary

A Westminster Hall debate is taking place at 1.30 on 17 December - **A new tobacco control strategy**. Kevin Barron MP will lead the debate.

A new tobacco control strategy

1.1 Existing Tobacco Control Plan for England

The March 2011 [Department of Health Tobacco Control Plan for England](#) runs out at the end of 2015. 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 comprehensive 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.

[Government plans to publish](#) a new tobacco control strategy for England next year.

1.2 Recent changes to tobacco policy

Since the launch of the Tobacco Control Plan in 2011 a number of policy changes have occurred. These include:

1. Prohibition of point of sale displays

The [Health Act 2009](#) imposes a prohibition on tobacco displays in all large and small shops.

The [Tobacco Advertising and Promotion \(Display\) \(England\) Regulations 2010](#) (as amended by the [Tobacco Advertising and Promotion \(Display and Specialist Tobacconists\) \(England\) \(Amendment\) regulations 2012](#)) are known as the 'Display Regulations'. The Display Regulations deal with the practicalities of shops implementing the prohibition of tobacco displays.

The Display Regulations came into force on 6 April 2012 for large shops and on 6 April 2015 for all other shops.

[A library note provides more detail - Prohibition of tobacco display in shops.](#)

2. Prohibition of smoking in cars carrying children

From 1 October 2015 [legislation in England and Wales](#) has made it illegal to smoke in a vehicle carrying someone who is under 18. It is now also against the law for a driver not to stop someone smoking in these circumstances. The fine for both offences is £50.

3. Standardised packaging of tobacco products

"Standardised packaging" regulations will require, from May 2016, that any part of tobacco packaging not covered by a health warning must be a dark brown or green colour and brand names must be in small, non-distinctive lettering.

[A library note provides more detail](#) - Standardised packaging of tobacco products

4. Proxy purchasing of tobacco products

On 1 October 2015 it also became illegal for adults to buy (or try to buy) tobacco products or e-cigarettes for someone under 18

5. A revised EU Tobacco Products Directive

In February 2014 the EU agreed a revised Tobacco Products Directive. The new laws strengthen the rules on how tobacco products are manufactured, produced and presented in the EU. The EU Tobacco Product Directive ([2014/40/EU of 3 April 2014](#)) came into force on 14 May 2014 and should be transposed into national law by Member States within two years.

1.3 Smoking Indicators

There are around 8 million smokers in England and smoking causes almost 80,000 deaths per year. Treating smoking related diseases is estimated to cost the NHS £2 billion each year. Smoking rates across England have fallen since the eighties, from a third of the population in 1985 to less than a fifth (18%).¹

¹ ONS General Household Survey (1985), Integrated Household Survey (2014), Health and Lifestyle Survey (1985) and Health Survey for England (2013)

2. Press Articles

Please note: the Library is not responsible for either the views or accuracy of external content. –

The Observer

10 October 2015

Revealed: how 'big tobacco' used EU rules to win health delay

<http://www.theguardian.com/business/2015/oct/11/tobacco-eu-delay>

Jamie Doward

The Independent

26 August 2015

TTIP controversy: The European Commission and Big Tobacco accused of cover-up after heavily redacted documents released

Documents back up fears that TTIP will allow tobacco giants to take legal action against the UK and other European governments who attempt to tighten smoking legislation

Paul Gallagher 26 August 2015

<http://www.independent.co.uk/news/uk/home-news/ttip-controversy-the-european-commission-and-big-tobacco-accused-of-cover-up-after-heavily-redacted-10473601.html>

The Telegraph

5 December 2015

Tobacco giants and Government in plain packaging showdown. British American Tobacco and Imperial Tobacco will line up against the Government

Ben Martin

<http://www.telegraph.co.uk/finance/newsbysector/retailandconsumer/leisure/12035251/Tobacco-giants-and-Government-in-plain-packaging-showdown.html>

3. Press releases

3.1 Department of Health

Public Health England

12 January 2015

PHE supporting local council tobacco control

Public Health England is offering a £1,000 discount to councils undertaking a CLeaR peer assessment.

The [CLeaR model](#) supports local authorities to review their current tobacco control efforts, and identify actions to further reduce smoking rates.

CLeaR participants begin to evaluate their tobacco control work by completing a self-assessment, scoring their activity against a range of questions that use local priorities to evaluate existing services, leadership and results.

Following completion of the self-assessment, the council can invite a peer-assessment team, led by a nationally recognised expert, to review their self-assessment and produce a [CLeaR report](#). The goal of the peer-assessment is to provide an insight into existing strengths and opportunities for further action.

To receive a discount of £1,000 on the usual £2,500 fee for peer assessment, local authorities must apply before 31 March 2015 and must have arranged for their assessment to be completed before 30 June 2015. The £2,500 is received by the lead assessor's host organisation to cover the cost of their time, expertise and associated travel expenses.

Cllr John Pantall, Stockport Council, said:

The CLeaR process was a really helpful experience for us. The self-assessment gave an opportunity to think about the key issues in tobacco control. The Health and Wellbeing Board was then able to improve engagement - with both elected members and colleagues across the council and relevant staff in other organisations. The peer-assessment really pinpointed our strengths and usefully identified opportunities to consider for improvement. This gave us a clear focus on what we can do further to reduce the harm that tobacco does to local people.

Rosanna O'Connor, Director of Alcohol, Drugs and Tobacco at Public Health England, said:

The CLeaR model works by helping councils to ask the questions that will ensure that their tobacco control plan delivers the best results for their areas. Peer-assessment is key to the process of delivering evidence-based tobacco control to improve the health of the community. With Public Health England's support for training and discounts on peer assessments, there is truly no better time for a council to take part.

Local tobacco control measures can include:

- effective enforcement of existing legislation: for example, age of sale restrictions and smoke free laws
- commissioning and promoting stop smoking services
- working with partners to deliver care delivered in smokefree environments
- These measures have a number of benefits, including:
 - saving money for local health and social care services
 - protecting children from harm
 - increasing the disposable income of local populations
 - reducing inequalities caused by smoking

Notes to Editors

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health. Website: www.gov.uk/phe, Twitter: @PHE_uk, Facebook: www.facebook.com/PublicHealthEngland

CLear was originally developed by ASH, in conjunction with Cancer Research UK, Tobacco Free Futures, FRESH, Smoke Free South West, ClEH, NICE and a range of partners from local government and the NHS

The CLear model is based on the 3 domains of:

- challenge for existing tobacco control services, based on the evidence of the most effective components of comprehensive tobacco control, as outlined in [NICE guidance](#) and '[Healthy Lives, Healthy People: a tobacco control plan for England](#)'
- leadership for comprehensive action to tackle tobacco
- results demonstrated by outcomes delivered against national and local priorities

These 3 domains are underpinned by the central core of local priorities, which encourages the consideration of the broader aims of local authorities and health and wellbeing boards complement and support strategies to tackle tobacco

PHE is taking the CLear tool under licence from ASH until 2015 as part of PHE's work to support local tobacco control.

For more information on CLear, please visit the [clear local tobacco control assessment page](#) or contact CLearTobaccoTeam@phe.gov.uk.

Public Health England, Press Office, Health and Wellbeing

Tobacco Control, Wellbeing and Mental Health, Health and Justice

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Public Health Outcomes Framework 2013 to 2016

Department of Health Updated 10 December 2015

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

Extract below on from:

Improving outcomes and supporting transparency Updates to PHOF: Summary of changes to technical specifications of public health indicators, December 2015

[Improving outcomes and supporting transparency: Updates to PHOF: summary of changes to technical specifications, December 2015](#)

Updated technical specifications

Domain 2: Health Improvement 2.09 Smoking prevalence at age 15

Rationale Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults and children and includes a national ambition to reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015. This indicator will ensure that as well as focusing on reducing the prevalence of smoking among adults (primarily through quitting) local authorities will also address the issue of reducing the uptake of smoking among children.

Baseline period 2010

Indicator definition

2.09i Smoking prevalence at age 15 – current smokers (WAY survey)

Numerator: The number of 15 year olds who responded to Q17 in the What About YOUth? (WAY) survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week".

Denominator: The total number of valid responses to Q17 in the WAY survey

2.09ii Smoking prevalence at age 15 – regular smokers (WAY survey)

Numerator: The number of 15 year olds who responded to Q17 in the What About YOUth? survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week".

Denominator: The total number of valid responses to Q17 in the WAY survey

3.2 ASH [Action on Smoking and Health]

08 December 2015

Tobacco Industry Court Case on Standardised Tobacco Packaging Starts Thursday in High Court

The tobacco industry's legal effort to block the introduction of standardised ("plain") tobacco packaging in the UK starts in the High Court this Thursday (10th December). [1]

The four major manufacturers (British American Tobacco, Imperial Tobacco Limited, Japan Tobacco International and Philip Morris International) are challenging the UK Government and asking the court to rule that the Regulations bringing in standardised packaging are unlawful [2]. If, as ASH expects, the tobacco industry legal challenge fails, all cigarettes and hand-rolled tobacco will have to be manufactured in standard packs from May 2016. Both the Regulations and the Children and Families Act, which gave the Health Secretary the power to regulate pack design, were passed by overwhelming majorities on free votes in both the House of Commons and in the House of Lords.[3]

The tobacco companies, who make the only consumer products in the world that cause half their long-term users to die prematurely, are claiming that the Regulations infringe their human rights and intellectual property rights.

Meanwhile last week, the French National Assembly voted in favour of standardised packaging, and the Irish Dail passed standard packs legislation in March this year. Other countries that are planning to implement this measure include Norway, Canada and South Africa.[4]

ASH is intervening in the case [5] and will be presenting oral arguments, probably on Thursday 16th November.

Deborah Arnott, Chief Executive of health charity ASH said:

"The court case brought by the tobacco industry to try to block standardised tobacco packaging in the UK begins on Thursday. This is a desperate last ditch move by the tobacco companies to try to protect their right to promote their products in glitzy brightly coloured packaging, hoping that they will attract children and young people to become the next generation addicted to smoking.

We expect the industry to lose. But of course they still hope that by tying up government officials and the court system for as long as they can, and by making the case as complicated and expensive as possible, they might put off governments in poorer countries than the UK from following our example"

Notes and Links

Please Note: the University of Bath Tobacco Control Research Group "Tobacco Tactics" website has an excellent section on [standardised packaging in the UK](#) with details of how the policy debate developed in the UK.

[1] [Royal Courts of Justice Cause List](#)

CO/2322/2015 The Queen on the application of British American Tobacco Uk Limited v Secretary Of State For Health

CO/2323/2015 The Queen on the application of Philip Morris Brands Sarl v Secretary Of State For Health

CO/2352/2015 The Queen on the application of Jt International Sa v Secretary Of State For Health

CO/2601/2015 The Queen on the application of Imperial Tobacco Limited v Secretary Of State For Health

[2] [The Standardised Packaging of Tobacco Products Regulations 2015](#)

[3] On 11 Mar 2015 367 MPs voted in favour of the Standardised Packaging of Tobacco Products Regulations 2015 with just 113 against. In the Lords on 16 March the regulations passed without a division.

[4] [Plain Packaging: International Overview](#). Canadian Cancer Society

[5] Acting for ASH pro bono are: solicitors from [Leigh Day](#) and barristers [Peter Oliver](#) and [Ligia Osepciu](#) of Monckton Chambers.

Smoking Still Kills ASH Report

A report proposing new targets for a renewed national strategy to accelerate the decline in smoking prevalence over the next decade. To reference this report please cite as: Smoking Still Kills: Protecting children, reducing inequalities. London. 10/06/2015

http://www.ash.org.uk/files/documents/ASH_962.pdf

Executive Summary and recommendations of the report "Smoking Still Kills: Protecting children, reducing inequalities"

Published By: ASH Published : 10/06/2015

http://www.ash.org.uk/files/documents/ASH_963.pdf

3.3 FOREST

Founded in 1979, Forest represents adults who choose to consume tobacco and non-smoking adults who are tolerant of other people's enjoyment of tobacco.

Forest is supported by British American Tobacco, Imperial Tobacco Limited and Gallaher Limited (a member of the Japan Tobacco Group of Companies).

Priorities Election 2015:

Forest's mission is to protect the interests of adults who choose to smoke or consume tobacco. Our aims and objectives are to:

- counteract the "denormalisation" of tobacco
- prevent further restrictions on the purchase and consumption of tobacco

- lobby politicians to amend public smoking bans to accommodate those who choose consumer a legal product
- establish closer links with other tobacco-friendly groups at home and abroad
- build support among consumers of tobacco and other similarly threatened groups
- highlight the increasingly intrusive nature of Big Government in the lives of private individuals

<http://www.forestonline.org/about-forest/key-priorities/>

FOREST Media and Comment:

<http://www.forestonline.org/news-comment/headlines/>

4. Parliamentary Material

4.1 Parliamentary Questions

Asked by Andrew Rosindell

To ask the Secretary of State for Health, pursuant to the Answer of 23 November 2015 to Question 16779, if he will assess the extent to which grants made by his Department to Action on Smoking and Health were used for activities designed to influence his Department, other departments or Parliament.

Answered by: Jane Ellison Parliamentary Under-Secretary (Department of Health)

The conditions applicable to grants awarded to Action on Smoking and Health (ASH) are set out in the grant award letters. The Department has made clear that none of this funding is to be used for lobbying purposes.

ASH's compliance with the conditions of the grant is assessed at the grant monitoring meetings held between the Deputy Director of tobacco control and representatives from ASH as well as in the final full year grant monitoring and governance reports.

HC Deb 10 December 2015 18453

<http://www.parliament.uk/written-questions-answers-statements/written-question/commons/2015-12-02/18543>

Asked by Lord Palmer ²

What legal basis the WHO's Framework Convention on Tobacco Control has in English law.

Answered by: Lord Prior of Brampton: Parliamentary Under Secretary of State for NHS Productivity

The World Health Organization's Framework Convention on Tobacco Control is an international treaty establishing general guidelines and principles for international governance on tobacco control. The United Kingdom ratified the Treaty in 2004 and takes its obligations under the Convention very seriously. Answered on: 08 December 2015

HL Deb 3862 08 December 2015

² [Registered Interest - This indicates the Member concerned has a relevant registered interest.](#)

What plans they have to quantify the overall impact on independent retailers of the tobacco control measures introduced in the last Parliament.

Answered by: Lord Prior of Brampton

The Department assesses the impact of all proposed measures before laying legislation using standard government methodology. These assessments are set out in Impact Assessments which are scrutinised by the Regulatory Policy Committee before publication alongside the Statutory Instrument. Impact Assessments specifically look at the impacts on small and micro businesses including retailers. All of the tobacco measures contain commitments to further review the impact of the legislation within five years of them coming into force.

HL Deb 3859 03 December 2015

<http://www.parliament.uk/written-questions-answers-statements/written-question/lords/2015-11-24/HL3859>

Grouped Questions: [HL3860](#)

Asked by: Jim Shannon

What recent research his Department has commissioned or conducted on the health effects of e-cigarettes? 15866

Answered by: Jane Ellison Parliamentary Under-Secretary (Department of Health)

The National Institute for Health Research is currently funding a randomised controlled trial to examine the efficacy of e-cigarettes compared with nicotine replacement therapy, when used within the United Kingdom stop smoking service. The report of the trial is expected to be published in 2018.

Public Health England commissioned a comprehensive independent review of the latest evidence on e-cigarettes from leading academics. Their report, published on 19 August 2015, included the latest evidence on the safety and health effects of e-cigarettes.

HC Deb 19 November 2015 15866

<http://www.parliament.uk/written-questions-answers-statements/written-question/commons/2015-11-10/15866>

Asked by Philip Davies:

To ask the Secretary of State for Health, pursuant to the Answer of 2 November 2015 to Question 13135, if he will place in the Library a copy of the review described at section A7 of Schedule One of the contract for the provision of tobacco control legislation enforcement undertaken by the contractor;

How many organisations submitted applications for his Department's tender for the provision of the tobacco control legislation enforcement contract awarded in 2013.

05 November 2015 15095

Answered by: Jane Ellison Parliamentary Under-Secretary (Department of Health)

Section A7 of Schedule One, entitled 'Grounds for discretionary rejection' is available at:

<https://data.gov.uk/data/contracts-finder-archive/contract/1072169/>.

The schedule does not describe a review. Two applications were submitted for the current tobacco control legislation enforcement contract.

HC Deb 12 November 2015 15095 Grouped Questions: [15088](#)

European Deposited Paper 27 November 2015

COM(2015) 584, 14762/15, 37350

- [Report from the Commission to the European Parliament and the Council on progress in the EU's 2013-2020 Drugs Strategy and 2013-2016 Action Plan on Drugs](#)

[://www.emcdda.europa.eu/data/2014](http://www.emcdda.europa.eu/data/2014) 16 EMCDDA reporting 17 Substance abuse includes alcohol, **tobacco** and drugs. Information ... and syringe programmes as core measures to prevent and **control** infections among people who inject drugs ... minimal demands on the patient, offering services without attempting to **control** their intake of drugs.

5. Useful links and further reading

'Healthy Lives, Healthy People: a tobacco control plan for England' includes commitments to:

Department of Health 9 March 2011.

Extract:

- implement legislation to end tobacco displays in shops
- look at whether the plain packaging of tobacco products could be an effective way to reduce the number of young people who take up smoking and to support adult smokers who want to quit, and consult on options by the end of the year
- continue to defend tobacco legislation against legal challenges by the tobacco industry, including legislation to stop tobacco sales from vending machines from October 2011
- continue to follow a policy of using tax to maintain the high price of tobacco products at levels that impact on smoking prevalence
- promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco
- encourage more smokers to quit by using the most effective forms of support, through local stop smoking services
- publish a 3-year marketing strategy for tobacco control

<https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

Department of Health Policy Paper 8 May 2015 – a policy of the 2010 to 2015 Conservative and Liberal Democrat coalition government

Extract: *Smoking causes more preventable deaths than anything else - nearly 80,000 in England during 2011. There's also an impact on smokers' families: each year, UK hospitals see around 9,500 admissions of children with illnesses caused by secondhand smoke.*

[Issue](#)

[Actions](#)

[Background](#)

[Who we've consulted](#)

[Who we're working with](#)

<https://www.gov.uk/...policy-smoking/2010-to-2015-government-policy...>

[Healthy Lives, Healthy People: a tobacco control plan for England](#) sets out what the government plans to do over 2011 to 2015. It includes details of plans on stopping tobacco promotion, making smoking less

affordable, regulating tobacco products, helping smokers to quit and reducing exposure to secondhand smoke.

Government Policy: Smoking (including Northern Ireland, Scotland and Wales)

Department of Health 15 September 2015

<https://www.gov.uk/government/policies/smoking>

Includes:

[E-cigarettes: an emerging public health consensus](#)

Public Health England 15 September 2015

[Public Health Outcomes Framework 2013 to 2016](#)

Department of Health Policy paper 10 December 2015

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