



DEBATE PACK

Number CDP 2017/0189, 17 October 2017

Tobacco Control Plan

This pack has been prepared ahead of the general debate to be held in the Commons Chamber on Thursday 19 October 2017 on the Tobacco Control Plan. The subject of the debate has been nominated by the Backbench Business Committee.

See also Commons Library briefing papers for more information:

[Tobacco Control Policy overview](#)

[Statistics on Smoking](#)

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.

Sarah Barber
Nikki Sutherland

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1. News items

Pulse

NICE to back use of e-cigarettes in new smoking cessation guidance

10 October 2017

<http://www.pulsetoday.co.uk/clinical/more-clinical-areas/respiratory/nice-to-back-use-of-e-cigarettes-in-new-smoking-cessation-guidance/20035437.article>

Pharmaceutical Journal

Funding cuts result in fewer people accessing smoking cessation services, says charity

24 August 2017

<http://www.pharmaceutical-journal.com/news-and-analysis/news/funding-cuts-result-in-fewer-people-accessing-smoking-cessation-services-says-charity/20203454.article>

Pharmaceutical Journal

Tobacco Control Plan could be hindered by public health cuts

21 July 2017

<http://www.pharmaceutical-journal.com/news-and-analysis/news/tobacco-control-plan-could-be-hindered-by-public-health-cuts/20203237.article>

Guardian

Government unveils plans to cut adult smoking rate in England to 12%

Long-awaited tobacco control plan also targets reduction in number of 15-year-olds and pregnant women who regularly smoke

18 July 2017

<https://www.theguardian.com/society/2017/jul/18/smoking-rates-government-tobacco-control-plan>

BBC News Online

Smoking rates in England fall to lowest on record

20 September 2016

<http://www.bbc.co.uk/news/health-37406105>

Guardian

E-cigarettes can help smokers quit, says study

Electronic cigarettes could help people stop smoking and are not associated with any serious side-effects, say researchers

13 September 2016

<https://www.theguardian.com/society/2016/sep/13/electronic-cigarettes-can-help-smokers-quit-says-study>

2. Press releases

Public Health England

Highest smoking quit success rates on record

27 September 2017

Expert report, which coincides with launch of Stoptober, says there has never been a better time to stop smoking.

New data published in a University College of London (UCL) report shows quitting success rates at their highest for at least a decade, up to 19.8% for the first 6 months of this year, significantly higher than the average for the last 10 years (15.7%).

Success rates among the less well-off have for years remained consistently low, but in a major turnaround the sharp increase in success rates is being seen entirely among this group. For the first time, smokers in manual occupational groups have virtually the same chances of quitting as those in white collar jobs.

The report coincides with the launch of Stoptober quit smoking challenge, which has inspired over one and a half million quit attempts since 2012. The campaign is based on research that if you stop smoking for 28 days you are 5 times more likely to stop for good.

With Stoptober now in its sixth year, the UCL report gives a number of reasons why there's never been a better time to quit, including:

- better and more quitting aid options, with e-cigarettes now the most popular
- more restrictions on smoking
- banning the use of attractive brand imagery on tobacco packaging
- a strong anti-smoking culture in England
- effective stop smoking campaigns such as Stoptober

E-cigarettes are the most popular quitting method in England and local stop smoking services are the most effective way to give up, with those who combine the two having some of the highest success rates. Last year over half (53%) of all those taking part in Stoptober opted to use an e-cigarette as a quitting aid. This year the campaign will feature e-cigarettes in the TV ad and will do more to encourage and support smokers who are keen to try e-cigarettes to help them stop smoking.

Professor John Newton, Director of Health Improvement at PHE said:

E-cigarettes are now the most popular way to quit in the country with half of all those taking part in Stoptober last year using an e-cigarette. The evidence is clear – vaping is much less harmful than smoking, a fraction of the risk. So if you've struggled with quitting before, an e-cigarette may be the best option for you.

Don't be put off if you've already made several attempts. Join in with Stoptober and benefit from free support direct to your

phone, laptop or tablet via the Stoptober app, a daily email giving support or Facebook Messenger, free face-to-face support plus a raft of advice and information on the website. Search 'Stoptober' online and join the thousands of others who go smokefree once and for all this year.

Professor Gina Radford, Deputy Chief Medical Officer, said:

The battle against smoking is far from over. It is still the country's biggest killer, causing 79,000 deaths a year. For every death, another 20 smokers are suffering from a smoking-related disease.

Far too many people are still dying as a result of smoking but there has never been a better time to quit. The culture has changed, strong legislation is in place and effective support is available.

It's never too late to give up. Any smoker, no matter what their age, will feel the health benefits within months. Make the commitment to stop, join Stoptober, and add healthier years to your life.

Robert West, Professor of Health Psychology and Director of Tobacco Studies at University College London, said:

Quitting success rates are higher than ever. I think the advances and wider choice of effective quitting options and a strong anti-smoking culture are fuelling this acceleration.

Thinking about giving up may be daunting, but all the evidence shows there has never been an easier time to stop. Quitting needn't be the painful journey it used to be and the support you'll get from Stoptober will increase your chances of succeeding.

The campaign starts on 1 October 2017. Search 'Stoptober' online for all the support you need to quit.

Background

1. Visit www.nhs.uk/oneyou/stoptober to sign up or find out more on what support is available.
2. [Download Stoptober videos, TV Ad and images of celebrities supporting the campaign.](#)
3. Read UCLs report: [Quit success rates in England 2007 to 2017; Jamie Brown Ph.D. Robert West Ph.D.](#)
4. In 2016, 15.5% of adults aged 18 and over currently smoke, down from 19.9% in 2010; In 2000, 26.8 of adults aged 16 and over were smokers. Prevalence since 2010 has fallen most in younger age groups. See the [smoking prevalence figures](#).
5. See [PHE's Tobacco Control Profiles](#).
6. The total cost from smoking to society in England is approximately £14.7 billion a year. This includes the cost to the NHS of treating diseases caused by smoking which is approximately £2.5 billion a year. Source: ASH: The Local Cost of Tobacco – [ASH Ready Reckoner](#) and [Towards a smokefree generation: a tobacco control plan for England](#).
7. There were estimated to be around [79,000 deaths attributable to smoking in 2015](#). This represents 16% of all deaths.

8. The government's new [Tobacco Control Plan](#) sets a series of challenging ambitions:
 - o reduce adult smoking rates from 15.5% to 12% or less
 - o reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less
 - o reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less
9. [PHE](#) 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. Follow us on Twitter: @PHE_uk and Facebook: www.facebook.com/PublicHealthEngland .

Kings Fund blog

Tobacco, drugs and obesity: taking stock of recent policy

5 September 2017

David Buck

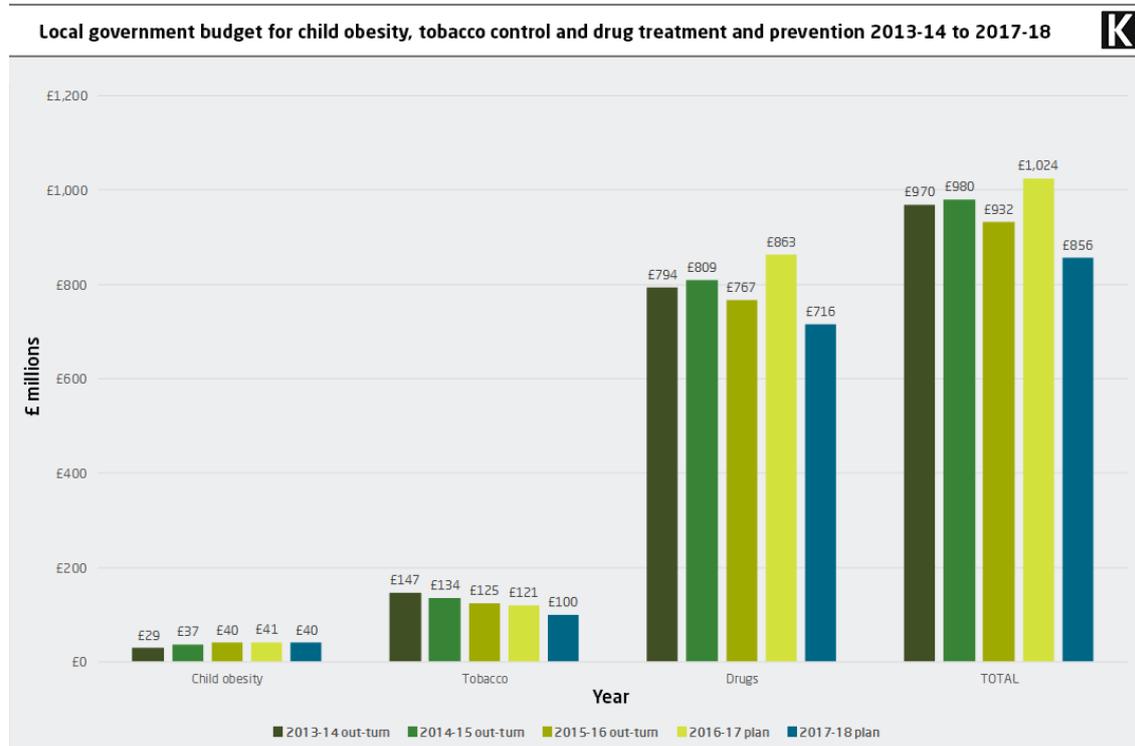
The current government has now produced two plans and a strategy in important areas of public health and behaviour. So it's a good time to take stock of what the [tobacco control plan](#), the [childhood obesity plan](#) and the [drug strategy](#) together tell us about the government's approach to these issues.

The first thing to notice is rather prosaic – namely, just how short these documents are. While the length of government documents is a poor guide to quality, the obesity plan was an astonishingly brief 13 pages after its [filleting by Number 10 advisers](#) just before it went to press. The tobacco control plan comes in at 32 pages and the drug strategy at 48 – hardly meaty by historical standards, but they are more substantial documents.

The second thing that struck me was how much the childhood obesity plan relied on voluntary approaches and engagement with industry. For example, as the first anniversary of the plan came round, it was [\(re\)announced](#) that Public Health England would be introducing voluntary guidelines for producers on calorie content such as ready meals, pizzas, burgers and savoury snacks. We've been here before; the government-funded evaluation of the food pledges in the voluntary public health responsibility deal suggested that [industry dragged its feet](#). But industry can clearly move fast when it wants to; its swift reformulation of sugary drinks in response to the non-voluntary sugar levy [has surprised many, including the treasury](#).

There is also a clear focus on local solutions in addressing issues across the plans and the strategy. For example, the tobacco plan has more

than 50 mentions of ‘local’, more than twice as many mentions as ‘national’. Furthermore, there is a mismatch in alignment between this focus and the resources available locally to respond. Most of these resources have to come from local authority public health budgets – [which have fallen this year](#) – which also has an impact on their spending on obesity and on drug prevention and treatment (see chart).



Source: King's Fund analysis of [local government budget and spending returns](#)

There was an increase in the overall planned budget for these three services, particularly on drugs, in 2016/17, but, [as we have previously suggested](#), this may be due to the fact that responsibility for funding some drug treatments moved from the NHS to local authorities. But the simple fact remains, that local government is planning to spend more than £100 million less on childhood obesity, tobacco and drugs in 2017/18 than it did in 2013/14 – when central government is asking ever more of it. There is therefore a jarring inconsistency between the government's reliance on local solutions, including fulfilling all NICE guidance, and the resources made available locally.

So, if the resources are not being sent to, or spent in, local areas to support these plans and strategy, are they being spent at the centre? Again, a simple answer, no. None of these documents include any significant spending commitments, with the exception of the commitment to spend the revenue from the sugar levy (estimated initially to be £520 million) on school sports and physical activity. But even [this commitment seems to have now been diluted](#), with concerns that this money will be diverted to plug the gap in schools funding more generally.

If available resources are falling locally, there's very little from the centre, and no really big new legislative or regulatory changes (with the exception of the sugar levy), then all we rely on to deliver these strategies are better data, 'support' and exhortation. As [Jim McManus has pointed out](#), the word 'support' occurs 150 times in the drugs strategy. All helpful, but surely the challenges that all three documents set out as their motivating purposes need something more concrete?

Another reflection is the varied focus on inequalities in health. The problem of inequalities (in the sense of clear differences in the prevalence and experience of these problems between different groups in society) is not explicit in the obesity plan and the drug strategy, and although the tobacco plan states that 'Smoking accounts for approximately half the difference in life expectancy between the richest and poorest in society' it sets no specific measurable goals on this, in contrast to other areas such as youth smoking. It relies mostly on 'support to' local councils, pushing for implementation of NICE guidance, plus more effort on the role of the NHS through the Making Every Contact Count policy. Given the scale of the problem, and the Department of Health's stated belief that smoking reduction is important in narrowing health inequalities, this is not enough.

To conclude, these three documents demonstrate this government's reliance on local solutions to some of the country's most important health problems, but an unwillingness to resource those solutions; they also reveal differences in balance and approaches to policy and practice.

The last thing to point out is that these plans and strategy are not a complete set. The last strategy on alcohol was in 2012; no new strategy has been announced. And while we can criticise the childhood obesity plan, at least there is one; there is no equivalent for the [7 in 10 men and 6 in 10 women who are overweight or obese](#). And as we know that [health behaviours cluster so strongly in certain groups in the population](#), why is there no cross-cutting inequalities strategy? Perhaps these absences tell us more about government's approach than anything else.

Action on Smoking and Health

UK's largest ever analysis of data shows no evidence that e-cigarettes are leading young people into smoking

29 August 2017

UK's largest ever analysis of data shows no evidence that e-cigarettes are leading young people into smoking

Concerns that use of e-cigarettes by young people in the UK could be leading to smoking are so far not borne out by the evidence, shows a new study published today.

The study, a collaboration between UK Centre for Tobacco and Alcohol Studies, Public Health England, Action on Smoking and Health, and the DECIPHer Centre at the University of Cardiff is an analysis of five large-

scale surveys conducted in the period 2015-17 involving over 60,000 11-16 year-olds. ^[1]

The findings show a consistent pattern: most e-cigarette experimentation among young people does not lead to regular use, and levels of regular e-cigarette use in young people who have never smoked remain very low. ^[2]

Regular (at least weekly) use of e-cigarettes amongst all young people surveyed was 3% or less. This was highly concentrated in those who also smoked tobacco. Among young people who smoke regularly (at least weekly), use of electronic cigarettes ranged from 7% to 38%. ^[2] However, among young people who have never smoked, regular use of e-cigarettes was negligible – between 0.1% and 0.5% across the five surveys. ^[2]

Most studies of e-cigarettes and young people in the UK and elsewhere have looked at experimentation – involving ever or recent use, rather than regular use. Some of these studies have suggested that trying an e-cigarette leads to young people becoming smokers, which is not justified by the evidence.

Professor Linda Bauld, Professor of Health Policy, University of Stirling:

Recent studies have generated alarming headlines that e-cigarettes are leading to smoking. Our analysis of the latest surveys from all parts of the United Kingdom, involving thousands of teenagers shows clearly that for those teens who don't smoke, e-cig experimentation is simply not translating into regular use.

Our study also shows that smoking rates in young people are continuing to decline. Future studies on this subject need to continue to monitor both experimentation and regular use of e-cigarettes and take into account trends in tobacco use if we are to provide the public with accurate information.

Martin Dockrell, Tobacco Policy Manager, Public Health England:

The findings in this study suggest that in terms of protecting children we are broadly getting the balance right in the UK. We have a regulatory system that aims to protect children and young people while ensuring adult smokers have access to safer nicotine products that can help them stop smoking. This includes a minimum age of sale, tight restrictions on marketing, and comprehensive quality and safety requirements. We will continue to monitor the trends in e-cigarette use alongside those in smoking.

Deborah Arnott, Chief Executive, Action on Smoking and Health:

ASH will continue to monitor the potential impact of e-cigarettes on young people, however this study provides reassurance that to date fears that they are a gateway into smoking are just not born out by the facts on the ground. A small proportion of young people do experiment with e-cigs, but this does not appear to be leading to regular vaping or smoking in any numbers, indeed smoking rates in young people are continuing to decline.

Graham Moore, Deputy Director, DECIPHer:

Few people would argue that e-cigarette use in young people should be encouraged. However, these surveys consistently show

that the rapid growth in experimentation with e-cigarettes among young people throughout the UK has so far not resulted in widespread regular use among non-smokers. Taken alongside our other recent analyses which suggest that among young people who use both e-cigarettes and tobacco, tobacco nearly always comes first, concerns that e-cigarettes are leading large numbers of young people into addiction and tobacco use increasingly seem to be implausible.

Notes

Young people are defined as aged from 11-16 in the surveys analysed.

Contributors to the research paper include: Public Health England, Action on Smoking and Health (ASH), members of the UK Centre for Tobacco and Alcohol Studies (The Institute for Social Marketing at the University of Stirling, The Addictions Department at the Institute of Psychiatry, Psychology & Neuroscience, King's College London) and The Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement at Cardiff University.

Funding

- The YTPS was supported by a grant from Cancer Research UK
- The ASH surveys were supported by grants from Cancer Research UK and the British Heart Foundation.
- The School Health Research Network in Wales is a partnership between the DECIPHer at Cardiff University, Welsh Government, Public Health Wales and Cancer Research UK, funded by Health and Care Research Wales via the National Centre for Population **Health and Well-being Research.**

References

[1] The five surveys are:

- The Youth Tobacco Policy Survey
- Schools Health Research Network Wales survey
- ASH Smokefree GB Youth survey 2016
- ASH Smokefree GB Youth survey 2017
- Scottish Schools Adolescent Lifestyle and Substance Use Survey

[2] Bauld L et al *Young People's Use of E-Cigarettes across the United Kingdom: Findings from Five Surveys 2015-2017*, International Journal of Environmental Research and Public Health 2017, 14, 29 August 2017 <http://www.mdpi.com/1660-4601/14/9/973/pdf>

British Heart Foundation

BHF responds to the government's new Tobacco Control Plan

18 July 2017

The Government has today announced its new Tobacco Control Plan which sets out to achieve a 'smoke free' England by 2022.

The plan includes a number of targets aimed at adult smokers, teenagers and pregnant women in England.

By 2022 it aims to:

- reduce the number of smokers amongst adults from 15.5% to 12%
- reduce smoking among 15-year-olds who regularly smoke from 8% to 3% or less
- reduce smoking in pregnancy from 10.7% to 6% or under.

A "smoke free" England would mean smoking rates fall to 5% or under, with one in 20 people or fewer smoking

Some of the key aspects of the plan include:

- A focus on localised work, with local areas encouraged to develop their own tobacco control strategies and local smoke-free pregnancy champions will encourage mothers-to-be to quit
- More help for smokers working in the NHS to quit, and working towards a "completely smoke-free NHS estate
- There will be a focus on using e-cigarettes and other stop-smoking devices as aids to quitting
- [Public Health England](#) will update its evidence report on e-cigarettes and other devices annually until the end of 2022 and include messages about the relative safety of e-cigarettes in stop-smoking campaigns
- There will be more help for smokers with mental health problems – more than 40% of adults with a serious mental health problem smoke
- All mental health inpatient services sites in England will aim to be smoke free by 2018
- Prisons in England will get more support to become smoke free

A smokefree generation

Simon Gillespie, Chief Executive of the British Heart Foundation, 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.

7.3 million smokers

There are currently 7.3 million adult smokers in England. Smokers are almost twice as likely to have a [heart attack](#) compared with people who have never smoked and about half of all regular smokers will eventually be killed by their habit. In the UK, 22,000 smokers die from [cardiovascular disease](#) each year.

Action on Smoking and Health

ASH Welcomes New Tobacco Control Plan for England: Funding needed for it to succeed

18 July 2017

Action on Smoking and Health has welcomed the Government’s new Tobacco Control Plan for England, *“Towards a Smokefree Generation”*, published today. ^[1] The previous Plan expired at the end of 2015, and pressure has been growing from parliament and the public health community for the Government to renew its commitment to tackling smoking. There is also strong public support, with 76% supporting continued government action to limit smoking. ^[2]

ASH particularly welcomes the Government’s vision of a “smokefree generation”, defined as a smoking prevalence rate of 5% or less. Since the introduction of the last Tobacco Control Plan smoking rates have fallen from 20.2% ^[3] to 15.5% ^[4] and if this rate of decline can be sustained a smokefree generation could be achieved by 2030.

Over the next five years until the end of 2022 the targets are to:

- Reduce smoking prevalence among adults from 15.5% to 12% or less
- Reduce the proportion of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

Deborah Arnott ASH Chief Executive said:

ASH congratulates Steve Brine for showing his commitment to tobacco control by getting the new Plan published only weeks after taking over as Public Health Minister. The vision of a “smokefree generation” it sets out is a welcome step change in ambition from the last Tobacco Control Plan for England and should be achievable by 2030.

The Plan calls for a shift in emphasis from national to local action in order to achieve the vision of a *“smokefree generation”*. But this comes at a time of severe government cuts in public health funding which threaten successful implementation of the Plan.

Commenting on this Deborah Arnott said:

Funding must be found if the Government is to achieve its vision of a “smokefree generation”. The tobacco industry should be made to pay a through a licence fee on the ‘polluter pays’ principle. Tobacco manufacturers are some of the most profitable companies on earth; they can easily afford the costs of radical action to drive down smoking rates.

The Plan sets out specific commitments including to:

- Continue to use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population
- Provide access to training for all health professionals on how to help patients quit smoking.
- Promote links to “stop smoking” services across the health and care system and full implementation of all relevant NICE guidelines by 2022.
- Implement comprehensive smokefree policies, including integrated tobacco dependence treatment pathways, in all mental health services by 2018; and improve data on smoking and mental health; in order to better support people with mental health conditions to quit smoking.
- Maximise the availability of safer alternatives to smoking.
- Maintain high duty rates for tobacco products to make tobacco less affordable.
- Continue to uphold its obligations under the WHO FCTC.

The Plan highlights the challenges:

- There are still 7.3 million smokers in England, and more than 200 people a day die from smoking related illness that could have been prevented.
- The difference in life expectancy between people in the poorest and richest social groups in England is about 9 years on average, and the difference in smoking rates accounts for about half this difference.
- Smoking costs our economy in excess of £11 billion a year, including £2.5 billion to the NHS, £5.3 billion to employers (because of lost output due to sickness and smoking breaks), £4.1 billion to the wider society due to lost output. There are further costs including around £760 million from increased social care costs to local councils.

The last Spending Review in 2015 announced cuts in public health funding of 3.9% a year amounting to a real terms reduction of at least £600 million a year by 2020/21, on top of the £200 million in year cut to the 2015/16 budget.^[5] A November 2016 survey of local authority tobacco control leads in England ^[6] found significant budget cuts for

smoking cessation services and that in a growing number of authorities there is no longer a specialist stop smoking service accessible to all smokers. A recent analysis by the King's Fund found that in 2017/18 local authority funding for wider tobacco control faces cuts of more than 30% and that stop smoking services is one of the top four services in absolute planned cuts (£16 million).^[7]

Collective action by local authorities working together on tobacco control, as encouraged by the Plan, has been very effective in the North East^[8] and can deliver economies of scale. However, local authorities facing such severe cuts cannot deliver public health improvement without support from the NHS. The Plan sets out a clear role set out for the NHS in supporting smokers to quit. The NHS must now live up to the commitment set out in the Five Year Forward View to a "*radical upgrade in prevention and public health*".^[9]

Furthermore ASH urges the government to introduce licensing of the tobacco industry at all levels from manufacturers to wholesalers and retail outlets.^[10] Opinion poll results show 76% of the public support the licensing of tobacco retailers, and 71% support requiring tobacco manufacturers to pay for the costs of regulation of the industry.^[2] The four major tobacco companies are some of the most profitable businesses^[11] in the world, and could easily afford to pay more, through a licence system, to mitigate the damage their products cause, on the "polluter pays" principle.

Notes and Links:

Action on Smoking and Health is a health charity working to eliminate the harm caused by tobacco use. For more information see:

www.ash.org.uk/about-ash

ASH receives funding for its programme of work from Cancer Research UK and the British Heart Foundation.

ASH staff are available for interview and have an ISDN line. For more information contact ASH on 020 7404 0242 or out of hours Deborah Arnott on 07976 935 987 or Hazel Cheeseman on 07754 358 593.

References

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

[2] [Smokefree: The First Ten Years](#). ASH. June 2017. Opinion research carried out by YouGov for ASH. Total sample size was 12696 adults. Fieldwork was undertaken between 16th February 2017 and 19th March 2017

[3] HM Government. [Healthy Lives Healthy Futures: A Tobacco Control Plan for England](#). March 2011.

[4] [Statistics on smoking in England](#): NHS Digital 2017

[5] [Impact of the 2015 Spending Review on health and social care](#). Joint submission to the Health Select Committee by the Nuffield Trust, Health Foundation and the King's Fund. 17 December 2015

- [6] [A survey of local authority tobacco control leads in England](#) November 2016, conducted by ASH, funded by Cancer Research UK
- [7] David Buck. [Chickens Coming Home to Roost: local government public health budgets for 2017/18](#). King's Fund 12 July 2017.
- [8] Fresh North East. [Achievements](#).
- [9] NHS England. [Five Year Forward View](#). October 2014.
- [10] [ASH response to HMRC Consultation on Tobacco Illicit Trade Protocol – licensing of equipment and the supply chain](#). May 2016.
- [11] [Branston, JR.](#) and [Gilmore, A.](#) [The extreme profitability of the UK tobacco market and the rationale for a new tobacco levy](#). University of Bath, 2015.

Public Health England

PHE supporting local council tobacco control

12 January 2015

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

1. 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
2. CLear was originally developed by ASH, in conjunction with Cancer Research UK, Tobacco Free Futures, FRESH, Smoke Free South West, CIEH, NICE and a range of partners from local government and the NHS
3. 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

4. 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
5. PHE is taking the CLear tool under licence from ASH until 2015 as part of PHE's work to support local tobacco control.
6. For more information on CLear, please visit the [clear local tobacco control assessment page](#) or contact CLearTobaccoTeam@phe.gov.uk.

3. Parliamentary material

Written statement

Towards a Smokefree Generation - A Tobacco Control Plan for England

HC Deb 18 July 2017 | HCWS56

The Government has today published the Tobacco Control Plan for England, with a vision to create a smoke free generation. A copy is attached.

The 2017-2022 Tobacco Control Plan for England sets the overarching strategic direction for tobacco policy. The last tobacco control plan ran from 2011-2015. All the ambitions set in the previous plan were exceeded, during a period when the Government successfully introduced a significant amount of legislation, including standardised packaging of tobacco products and a ban on smoking in a car when a young person is present.

The new plan does not introduce new legislation. Instead, it shifts emphasis from action at the national level such as legislation to focused, local action, supporting smokers, particularly in disadvantaged groups, to quit.

The plan lays down bold ambitions for reducing smoking prevalence in England, en route towards creating a smoke free generation. These are:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less by the end of 2022.
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less by the end of 2022
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population by the end of 2022.
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less by the end of 2022.

PQs

[Smoking](#)

Asked by: Davies, Philip

To ask the Secretary of State for Health, what estimate his Department has made of daily smoking levels in the UK each year for the next 15 years.

Answering member: Steve Brine | Department: Department of Health

The Department does not collect data on daily smoking levels, and has made no estimate of daily smoking rates on an annual basis going forward. The Tobacco Control Plan for England, published in July, set out the Government's ambition to reduce adult smoking prevalence to 12% by 2022, and to achieve a smokefree generation (5% adult prevalence or less) in the longer-term.

HC Deb 12 October 2017 | PQ 106212

[Tobacco: Retail Trade](#)

Asked by: Lord Blencathra

To ask Her Majesty's Government whether they have made any assessment of the effectiveness of the Scottish Tobacco Retailer Licensing Scheme; and whether they have any plans to replicate that scheme in England.

Answering member: Lord O'Shaughnessy | Department: Department of Health

HM Revenue and Customs has carried out a consultation on the impact of licensing the supply chain for the sale of tobacco products. This was for the purpose of tackling the illicit trade in line with the requirements of the World Health Organization Framework Convention on Tobacco Control Illicit Trade Protocol. A response document for the consultation will be published later this year. The Government has no plans at present to introduce a licensing scheme in England. The Government recognises that Scotland has implemented a registration scheme and will continue to observe the impact of this scheme on tobacco control.

HC Deb 19 September 2017 | PQ HL1219

[Tobacco: Smuggling](#)

Asked by: Blackman, Bob

To ask Mr Chancellor of the Exchequer, when the Government plans to ratify the World Health Organisation Framework Convention on Tobacco Control Protocol to Eliminate Illicit Trade in Tobacco Products.

Answering member: Andrew Jones | Department: HM Treasury

A Command Paper setting out the UK's plans to ratify the World Health Organisation Protocol to Eliminate Illicit Trade in Tobacco Products will be laid before Parliament once legislation to implement the Protocol has been approved by Parliament.

While the UK already has many of the Protocol's requirements in place, the requirement to license tobacco manufacturing machinery has not yet been implemented. Legislation to accomplish this is currently before Parliament in the Finance Bill.

HC Deb 15 September 2017 | PQ 9241

[Smoking](#)

Asked by: Hodgson, Mrs Sharon

To ask the Secretary of State for Health, how much funding he has allowed for the delivery of the Tobacco Control Plan for England.

Answering member: Steve Brine | Department: Department of Health

Councils will receive £16 billion of public health funding over the Spending Review period to deliver local health priorities tailored to the needs of their populations. Tobacco control is within this remit.

HC Deb 11 September 2017 | PQ 6483

[Smoking](#)

Asked by: Hodgson, Mrs Sharon

To ask the Secretary of State for Health, what plans he has to fund tobacco cessation services during this Parliament.

Answering member: Steve Brine | Department: Department of Health

Smoking cessation services are a key part of the Government's tobacco control strategy which is outlined in the recently published tobacco control plan. Councils will receive £16 billion of public health funding between 2016 and 2021 to provide vital services for their local population including smoking cessation services. Funding plans beyond 2021 will be the subject of a new Spending Review.

HC Deb 08 September 2017 | PQ 6510

[Tobacco Control Plan](#)

Asked by: Sandy Martin (Ipswich) (Lab) | Party: Labour Party

When the Government plans to publish a tobacco control plan.

Answered by: The Parliamentary Under-Secretary of State for Health (Steve Brine) | Party: Conservative Party | Department: Health

The UK is a world leader in tobacco control, and we will publish a new tobacco control plan shortly, building on our success. That plan will set out new national ambitions to further reduce smoking prevalence, particularly among disadvantaged groups.

Sandy Martin: I need to declare an interest as a Suffolk county councillor. Given the health responsibilities of local government, will the Minister tell the House what can be done to deal with the situation in which the actuarial advice from local government and other public sector pension schemes is that they are not at liberty to disinvest from tobacco stocks?

Steve Brine: I will have to look into the exact point that the hon. Gentleman raises, but I should like to welcome him to his place. I

worked closely with his predecessor, and the hon. Gentleman has a tough act to follow. When we publish the tobacco control plan, there will be clear local tobacco plans as part of it. We in the Government can give the best evidence of what works, but we need to recognise what is needed in each local area. I know that he has specific needs in his local area in relation to tackling this issue.

Bob Blackman (Harrow East) (Con): I welcome the Minister to his place. Does he agree that it is vital that anyone who approaches the national health service with a smoking-related disease should be pointed towards smoking cessation services? Does he also agree that it is vital that local authorities continue to run those services?

Steve Brine: Yes, absolutely. Local authorities have an obligation to do that, but as I said to the new hon. Member for Ipswich (Sandy Martin), it is important that local plans come forward alongside the new national plan. Local solutions are needed for different areas, and that will be the case in my hon. Friend's borough just as it is in my area of Hampshire.

Mrs Sharon Hodgson (Washington and Sunderland West) (Lab): Last week marked the 10th anniversary of the smoking ban across the UK, but sadly the celebration was dampened by the fact that we have yet to see the Government's new tobacco control plan, which was promised in December 2015. The previous two Health Ministers I have shadowed repeatedly said that we would see the plan shortly, but they failed to set out an updated strategy for working towards a smoke-free society. I welcome the Minister to his new post—we have worked well together in the past on the all-party parliamentary group on breast cancer—and I am hoping that, although he has not yet given us a date for the plan, he will be able to give us an indication. Is it going to be published before Christmas?

Steve Brine: I thank my hon. Friend for her question. I think I can call her that; we have worked closely together in the past. I am new to my ministerial post, but I have been through the plan, and it is I who have to stand up and defend it. I want to be sure that it is right and that I am as happy with it as everyone else in the Government is. My intention is that it will be published before the summer recess.

Ms Nusrat Ghani (Wealden) (Con): Within East Sussex, Wealden has the highest number of smoking-related deaths. I welcome the update on the tobacco control plan, but how will my hon. Friend raise awareness and provide equal access for rural communities?

Steve Brine: Rural communities are as important as any other. It is up to East Sussex County Council to come forward with a local tobacco control plan, and I know my hon. Friend will be taking a close interest in that, as she does in all matters when representing her constituents.

[Heart Diseases: Smoking](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps his Department is taking to reduce the risk of heart disease to women who smoke.

Answering member: Nicola Blackwood | Department: Department of Health

Smoking attributable deaths from heart disease have fallen by over 26% since 2007, but smoking remains one of the Government's most significant public health challenges. We are developing a new tobacco control plan that will set new ambitions and focus on supporting priority groups to quit.

HC De 26 April 2017 | PQ 71131

[Tobacco](#)

Asked by: Lord Palmer

To ask Her Majesty's Government when the contract for the provision of tobacco control legislation enforcement – national support for local authorities, between the Department of Health and ITSA Ltd, ended or will end; how it will be evaluated; whether they intend to extend or re-tender that contract; and if so, what is the timeframe.

Answering member: Lord O'Shaughnessy | Department: Department of Health

The current contract for the provision of support to local authorities in the enforcement of tobacco control legislation will end in September 2018. The Chartered Trading Standards Institute, who hold the contract, provide regular updates to the Department on agreed milestones and deliverables and will submit a final report at the end of the contract to aid the Department in its evaluation. No decision has yet been taken on any future agreement to support local authorities in tobacco control.

HL Deb 27 March 2017 | PQ HL6138

[Tobacco: Health Education](#)

Asked by: Davies, Philip

To ask the Secretary of State for Health, if he will cease his Department's budget spending on tobacco control programmes abroad.

Answering member: Nicola Blackwood | Party: Conservative Party | Department: Department of Health

The Department sponsors and provides governance to one Tobacco Control project led by the Framework Convention on Tobacco Control Secretariat based at the World Health Organization in Geneva. The project is scheduled to run over a five year period (2016-17 to 2020-21)

and the Department monitors progress on project delivery and outcomes, and assess annual budgets accordingly.

HC Deb 21 March 2017 | PQ 67538

[Tobacco Control Plan](#)

Asked by: Lord Rennard

To ask Her Majesty's Government whether they will maintain their commitment to reducing smoking prevalence by publishing the latest Tobacco Control Plan for England without delay.

Answering member: The Parliamentary Under-Secretary of State, Department of Health (Lord O'Shaughnessy) (Con)

My Lords, the Government remain committed to reducing the harm caused by tobacco. We should be proud of the progress we have made in reducing smoking rates to a record low in this country. Our new tobacco control plan will build on this success. We are at an advanced stage of development of the plan, and we will be publishing it shortly.

Lord Rennard (LD): My Lords, in the north-east of England smoking rates have fallen by about one-third in recent years, thanks in part to the very cost-effective mass media campaigns run by Fresh North East, the regional tobacco control office. Nationally, though, funding for such cost-effective campaigns has been reduced to less than one-quarter of pre-2010 levels. Can the Minister reassure the House that the funding for such cost-effective campaigns will be restored in the new tobacco control plan?

Lord O'Shaughnessy: The noble Lord is quite right to highlight the effectiveness of mass media campaigns, and they will continue to be part of the new tobacco control plan. These include Public Health England's Stoptober campaign and the health harm campaigns. The noble Lord gives us an example of an effective local campaign. I would also highlight the "16 Cancers" campaign in Yorkshire and Humber, which saw 740,000 smokers recalling the campaign and half of them taking a quit-related action.

Lord Faulkner of Worcester (Lab): My Lords, the Minister will be aware that in her first major speech as Prime Minister Theresa May committed the Government to fighting against the burning injustice that if you are born poor you will die on average nine years earlier than others. Bearing in mind that the difference in life expectancy is due to much higher rates of smoking among poorer people, will the Minister confirm that the target of reducing smoking among poorer people is absolutely at the forefront of the Government's priorities?

Lord O'Shaughnessy: The noble Lord makes an extremely important point. There are big variations in levels of smoking, not just by socioeconomic group. I was disturbed to see that 37% of people with mental health conditions smoke, which is twice the overall prevalence. We also know that there is a huge variation in the number of women

who smoke when pregnant. Targeting that variation, which has a number of dimensions, will be a core part of the strategy.

Lord Patel (CB): My Lords, there are 4,500 admissions to hospitals per day of people suffering from smoking-related diseases, and over 80,000 people per year die from such diseases. I know the Government have stated their plan for a policy that will reduce this harm. In that context, does the Minister think there might be lessons for us to learn from Finland's plan to be tobacco-free?

Lord O'Shaughnessy: I will certainly look at what they are doing in Finland. I was not aware of that, and it is a very ambitious goal. As a former smoker, I have to say I know the benefits both in health terms and in my pocket from reducing smoking. It is essential that we continue on the trajectory of reducing smoking that has been going for a long time. England is a world leader in this area, and we should recognise that. There has been huge success but clearly there is a lot more to do.

Lord Ribeiro (Con): My Lords, in a recent survey the British Thoracic Society found that 72% of hospital patients who smoked were not asked if they wanted to quit. Will my noble friend assure me that the promised tobacco control plan will ensure that hospital patients who smoke will get the support they need to quit?

Lord O'Shaughnessy: My noble friend makes an excellent point. Indeed, the Royal College of Surgeons of Edinburgh has just started a campaign to encourage clinicians to help their patients to stop smoking, and making sure that that happens is clearly going to have benefits for the kind of major surgery that some of the people who are suffering severe effects of smoking will need to have.

Lord Hunt of Kings Heath (Lab): My Lords, I noted that the Minister said the tobacco control plan will be published shortly and that it was in an advanced state of preparation. That was the same answer that his honourable friend the Public Health Minister gave in another place on 15 November 2016. The last tobacco control plan actually ran out at the end of 2015, so the new one is 14 months late. When exactly will it be published, and what has been the delay? Could the reason have been the decimation of the public health budget for local authorities, which has had a devastating effect, with reductions in preventive programmes at a local level?

Lord O'Shaughnessy: I understand the frustration at the delay in publishing the plan. That does not mean that action has not been taking place: all the action set in train under the previous plan has been taking place throughout that period. As I said, the new plan will be published shortly. I look to my noble friend Lord Ahmad, who has given several master classes in the use of words to describe "shortly" in different ways. I will save a few of those for any future Questions and stick with "shortly" for now.

Baroness Brinton (LD): My Lords, the most recent report on child uptake of smoking by area shows some alarming figures of how many children start smoking every day. Given that it has been 100 days since

the Government said that they would publish a new report, 67 children a day in London have taken up smoking, which makes 6,700 children in London alone. Do the Government not recognise the urgency of the plan's publication, not just for the wider protection of our country but specifically for the most vulnerable of our children?

Lord O'Shaughnessy: I agree with the noble Baroness. It is worth pointing out that 8% of 15 year-olds smoke, which is obviously eight percentage points too high, but it is down from 15% in 2009, so things are moving in the right direction, although we are absolutely not complacent about it. We have taken action that is reducing the number of children who smoke. In particular, we have banned displays in small shops, which normalise that activity for children, who might be with their parents and see them—marketing is very clever at catching the eye. That is happening. As I said, we will be publishing the plan shortly and it will have reducing smoking among children as a key part.

Lord Lawson of Blaby (Con): My Lords, given that the Royal College of Physicians has agreed that electronic cigarettes are the most effective way of getting smokers away from the habit of smoking tobacco, will the Minister ensure that when the much-desired great repeal Bill comes along, dealing with the adverse effect of the tobacco products directive, which prevents the transition to e-cigarettes, will be a high priority?

Lord O'Shaughnessy: My noble friend is right to raise the issue of e-cigarettes. Something like half the 2.8 million current users of e-cigarettes are no longer smoking tobacco, so it has proved to be an extremely effective way of helping people to stop smoking. The UK has one of the most welcoming approaches to e-cigarettes in the world. We have a proactive approach of encouraging smokers to switch to vaping, and ensuring that that continues will be a part of the plan.

Baroness Farrington of Ribbleton (Lab): My Lords, I declare my interest. Will the Minister have regard to a comment from a grandson? I asked him whether he smoked. He said that most of his friends did, but he did not because he thought it was something old ladies do. He was very polite about it and said he did not want to be rude. Would it not be better to discourage young people by showing pictures of old ladies smoking, because none of the young people concerned want to look like old ladies?

Lord O'Shaughnessy: I would not like to comment on the particular instance to which the noble Baroness refers, but she is quite right about role models. Part of the importance of ensuring that there is no longer smoking in public places is that we do not want young people to think that it is normal, as it were, to smoke but something, whether it is for old ladies or not, that should not be done.

HL Deb 23 February 2017 | Vol 779 c403

4. Useful links and further reading

Department of Health *Towards a smoke-free generation: tobacco control plan for England* 18 July 2017

<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>

Public Health England *CLear local tobacco control assessment* Last updated: 7 September 2017, [see all updates](#)

<https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment>

Public Health England *Local Tobacco Control Profiles for England* 4 November 2014-

<https://www.gov.uk/government/collections/local-tobacco-control-profiles-for-england>

Tobacco Control Action Plan for Wales Last updated 19 September 2017

<http://gov.wales/topics/health/improvement/smoking/tobacco-plan/?lang=en>

Scottish Government *Tobacco Control Strategy - Creating a Tobacco-Free Generation* March 2015

<http://www.gov.scot/Publications/2013/03/3766>

All-Party Group on Smoking and Health *Burning Injustice, Reducing tobacco-driven harm and inequality, Recommendations to the government, local authorities and the NHS* January 2017

<http://ash.org.uk/download/burning-injustice/>

British Medical Association *Promoting a tobacco-free society A summary paper from the BMA board of science* June 2015

http://bmaopac.hosted.exlibrisgroup.com/exlibris/aleph/a23_1/apache-media/3QCGQFMJDX94F3TCV4UY7SEUV8T522.pdf

NICE current consultation *Smoking cessation interventions and services: Draft guidance consultation*

<https://www.nice.org.uk/guidance/indevelopment/gid-phg94/consultation/html-content-2>

NHS Digital *Statistics on Smoking, England, 2017*

<https://digital.nhs.uk/catalogue/PUB24228>

NHS Digital, *NHS Stop Smoking Services Collection*

<http://content.digital.nhs.uk/stopsmoking>

Smokefree Action Coalition

<http://smokefreeaction.org.uk/>

Hartmann-Boyce J, McRobbie H, Bullen C, Begh R, Stead LF, Hajek P. *Electronic cigarettes for smoking cessation*. Cochrane Database of Systematic Reviews 2016, Issue 9. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub3. September 2016

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010216.pub3/abstract>

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