

Debate Pack

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Recommendations for the forthcoming Tobacco Control Plan

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Summary

A Westminster Hall debate on 'Recommendations for the forthcoming Tobacco Control Plan' has been scheduled for Thursday 10 June 2021. The debate has been initiated by Mary Kelly Foy MP.

1

Background

A Westminster Hall debate on 'Recommendations for the forthcoming Tobacco Control Plan' has been scheduled for Thursday 10 June 2021. The debate has been initiated by Mary Kelly Foy MP.

Smoking prevalence has shown a declining trend since the mid-1970s. In 2009, 22% of men and 20% of women in England smoked, compared with 17% of men and 14% of women in 2019. Overall smoking prevalence fell from 21% in 2009 to 16% in 2019.

The Tobacco Control Plan for England

The 2017-2022 Tobacco Control Plan set out four national ambitions:

- The first smokefree generation
- A smokefree pregnancy for all
- Parity of esteem for those with mental health conditions
- Backing evidence-based innovations to support quitting

The Plan sets out a number of specific targets, including reducing smoking prevalence amongst adults in England from 15.5% to 12% or less, reducing the prevalence of smoking in pregnancy from 10.7% to 6% or less, making all mental health inpatient services sites smokefree by 2018 and maximising the availability of safer alternatives to smoking.

The Government intends to publish a new Tobacco Control Plan by the end of 2021.¹ The new Plan will take into account the findings of the Government's review of tobacco legislation, and Public Health England's seventh report on vaping.

Government review of tobacco legislation

[The Tobacco and Related Products Regulations 2016 \(TRPR\)](#) implement the majority of provisions from the Tobacco Products Directive (2014/40/EU). The Regulations make provision for a number of tobacco and e-cigarette related controls, such as the size of health warnings on product packaging and the prohibiting of misleading descriptors such as 'natural' or 'organic' on tobacco and e-cigarette labelling.

[The Standardised Packaging of Tobacco Products Regulations 2015 \(SPoT\)](#) require the use of specified standard colours for all external and internal packaging of cigarettes and hand rolling tobacco, and only permit specified text (such as the brand and variant name) in a standard typeface.² The Regulations would also only permit specified shape or type of packets and set a minimum amount of tobacco or cigarettes in each individual packets.

¹ [PQ 7119](#), 7 Jun 2021

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

As per the conditions of both Regulations, the Secretary of State for Health and Social Care is required to complete a review of the legislation- a post implementation review (PIR), within five years of the Regulations coming into effect.

The Government held a [consultation](#) on these Regulations between 29 January and 19 March 2021, and has said that it will publish the PIR by the end of the year.

Taxation

Total UK receipts from tobacco products is estimated to be £9.96 billion in 2020/21. The majority of receipts – just over 75% - are accounted for by cigarettes, while hand rolling tobacco (HRT) accounts for 22% of receipts.³

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.⁴

It has been government policy since 2011/12 to increase the rate of excise duty on cigarettes by 2 per cent above inflation each year.⁵

³ HMRC, [Tobacco statistics commentary April 2021](#), 28 May 2021

⁴ HMRC publishes guidance on tobacco products duty [on Gov.uk](#).

⁵ Previous governments have set a higher duty escalator on tobacco products – 3% over the six years November 1993 to November 1999, and 5% from July 1997. See, HMRC, [Historical Tobacco Duty rates](#), May 2021.

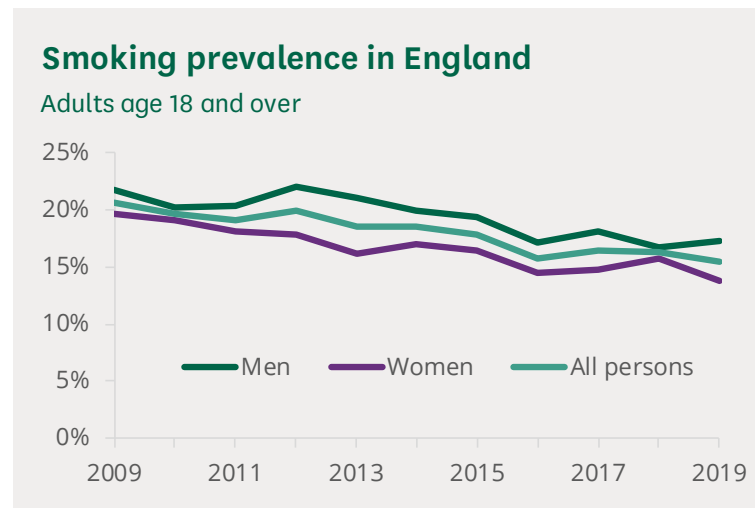
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Statistics on smoking

Smoking is a leading cause of preventable illness and death. Figures for England show there were just over half a million (506,100) hospital admissions due to smoking in 2019/20 and in 2019 there were 74,600 deaths attributed to smoking. (Source: [NHS Digital Statistics on smoking in England 2020](#))

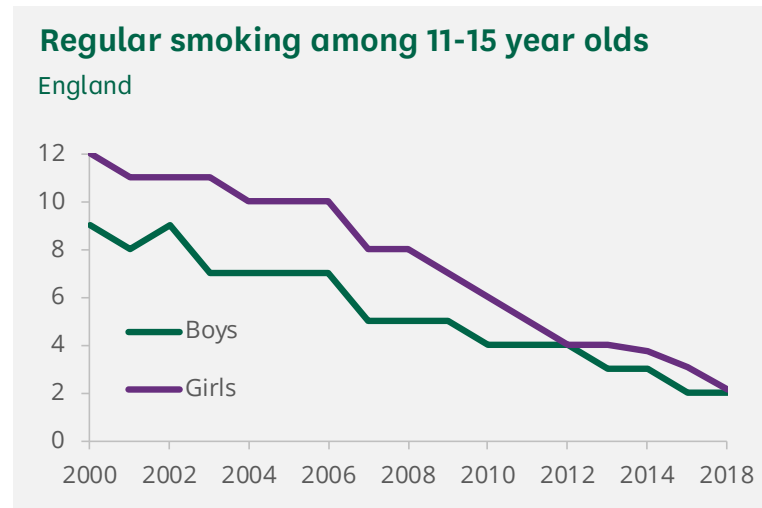
Reducing the prevalence of cigarette smoking is a main objective for the Government. The [Tobacco Control Plan for England](#) set a target to reduce smoking prevalence by 2022 to 12% among adults and 3% among 15 year olds.

Smoking prevalence has shown a declining trend since the mid 1970s and the chart below shows the continuation of this pattern over the past decade. In 2009, 22% of men and 20% of women in England smoked, compared with 17% of men and 14% of women in 2019. Overall smoking prevalence fell from 21% in 2009 to 16% in 2019.



Source: [ONS Adult smoking habits in Great Britain 2019](#)

Estimates of smoking among school pupils aged 11-15 years in England also show a declining trend and the latest data indicate that in 2018, only around 2% were classed as regular smokers (smoking at least once per week).



Source: [NHS Digital Smoking, drinking and drug use among young people in England](#)

The use of e-cigarettes could be contributing to some of the recent decline in smoking prevalence. Public Health England’s evidence review on [Vaping in England](#) reported that data from stop smoking services suggests that when a vaping product is used in a quit attempt, either alone or with licensed medication, success rates are comparable to, if not higher than, licensed medication alone.

[ONS data for 2019](#) found that 5.7% of adult survey respondents in Great Britain reported that they currently used an e-cigarette (vaped). This proportion is significantly higher than the 3.7% observed in 2014, when data collection of e-cigarette use began. The most common reason given for vaping was as an aid to stop smoking, with approximately half (50.6%) of vapers reporting using e-cigarettes for that purpose in 2019.

3

The 2017-2022 Tobacco Control Plan

The [2017-2022 Tobacco Control Plan for England](#) highlighted the progress made in reducing smoking prevalence since the previous Plan but acknowledged that there was still more work to do.⁶ Particular concern was raised about smoking prevalence in young people, pregnant women and people with pre-existing health conditions and low socioeconomic status.

The Plan set out the Government's vision for a 'smokefree generation'- achieved when smoking prevalence falls to 5% or below.

To deliver this, the Government set out the following national ambitions to help focus tobacco control across the whole system:

1. The first smokefree generation

People should be supported not to start smoking, so we aim, by the end of 2022 to:

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

To do this we need all public services to work together, leading the way in helping people to stop smoking.

After 2022, we will continue to reduce smoking prevalence further, on our way to a smokefree generation.

2. A smokefree pregnancy for all

Every child deserves the best start in life, so we aim, by the end of 2022 to:

- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

3. Parity of esteem for those with mental health conditions

⁶ Department of Health, [Towards a smoke-free generation: a tobacco control plan for England](#), published 18 Jul 2017

People with mental ill health should be given equal priority to those with physical ill health, so we aim to:

- Improve data collected on smoking and mental health to help us to support people with mental health conditions to quit smoking.
- Make all mental health inpatient services sites smokefree by 2018.

4. Backing evidence based innovations to support quitting

We are committed to evidence-based policy making, so we aim to:

- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.⁷

In order to achieve these ambitions, the Plan is targeted around four main themes, with a range of actions for each:

1. Prevention first

To achieve a smokefree generation we will:

- Ensure the effective operation of legislation such as proxy purchasing and standardised packaging designed to reduce the uptake of smoking by young people.
- Support pregnant smokers to quit. NICE has produced guidance on how pregnant smokers can be helped to quit. Public Health England and NHS England will work together on the implementation of this guidance.

2. Supporting smokers to quit

To achieve a smokefree generation we will:

- Provide access to training for all health professionals on how to help patients - especially patients in mental health services - to quit smoking.
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit, with the goal of creating a smokefree NHS by 2020 through the 5 Year Forward View mandate.⁸

⁷ Department of Health, [Towards a smoke-free generation: a tobacco control plan for England](#), published 18 Jul 2017

⁸ Department of Health, [Towards a smoke-free generation: a tobacco control plan for England](#), published 18 Jul 2017

3. Eliminating variations in smoking rates

To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups so we will:

- Promote links to "stop smoking" services across the health and care system and full implementation of all relevant NICE guidelines by 2022.
- Support local councils to help people to quit by working with Directors of Public Health to identify local solutions, particularly where prevalence remains high.

4. Effective enforcement

To reduce the demand for tobacco and continue to develop an environment that protects young people and others from the harms of smoking we will:

- Maintain high duty rates for tobacco products to make tobacco less affordable.
- Ensure that sanctions in current legislation are effective and fit for purpose, using lessons from HMRC's work on sanctions to stop illicit tobacco.

4 2021 consultation on tobacco legislation

[The Tobacco and Related Products Regulations 2016 \(TRPR\)](#) implement the majority of provisions from the [Tobacco Products Directive \(2014/40/EU\)](#) to:

- Continue, and enhance in some areas, the reporting of ingredients and emissions of tobacco products;
- Increase the size of combined health warnings consisting of a text and photograph warning, increased in size to cover 65% of front and back of pack (previously 30% on front of pack and 40% on back of pack);
- Prohibit misleading descriptors, such as “natural” or “organic” on tobacco and electronic cigarette labelling;
- Prohibit characterising flavours such as menthol in tobacco products;
- Provide for prior notification of the placement of novel tobacco products on the market;
- Regulate electronic cigarettes and associated refill cartridges (notification of placing on the market, adverse event monitoring, product standards, labelling and advertising);
- Regulate herbal cigarettes (notification of placing on the market and labelling).⁹

[The Standardised Packaging of Tobacco Products Regulations 2015 \(SPoT\)](#) require the use of specified standard colours for all external and internal packaging of cigarettes and hand rolling tobacco, and only permit specified text (such as the brand and variant name) in a standard typeface.¹⁰ The Regulations also only permit specified shapes or types of packets and set a minimum amount of tobacco or cigarettes in each individual packets.

Under both the TRPR and SPoT, the Secretary of State for Health and Social Care is required to complete a review of the legislation- a post implementation review (PIR), within five years of the Regulations coming into force.¹¹ The Secretary of State is required to review the regulatory provision made by the Regulations and publish a report setting out the review’s

⁹ [Explanatory memorandum to The Tobacco and Related Products Regulations 2016 No. 507](#)

¹⁰ [Explanatory memorandum to The Standardised Packaging of Tobacco Products Regulations 2015](#)

¹¹ DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

conclusions.¹² The review must consider how the Tobacco Products Directive is implemented in EU member states.

As part of the review, the Department for Health and Social Care (DHSC) held a [consultation](#) from 29 January to 19 March 2021 seeking views on how well the TRPR and SPoT are achieving their objectives and identify any unintended consequences that may have occurred. The DHSC will also review international and domestic research and statistics available on the impact of the legislation since its introduction. Responses are expected from a wide range of industry, charities, academic researchers and members of the public.

Following consultation, the review will:

- set out the objectives intended to be achieved by the regulatory provision made by these regulations
- assess the extent to which those objectives are achieved
- assess whether those objectives remain appropriate
- if those objectives remain appropriate, assess the extent to which they could be achieved in another way which involves less onerous regulatory provision¹³

The PIR was due to have been completed by 20 May 2021.¹⁴ The consultation website advises that responses to the consultation are being analysed and that the DHSC will publish the PIR by the end of the year.¹⁵

In response to a Parliamentary Question, DHSC Parliamentary Under-Secretary Jo Churchill said that the forthcoming Tobacco Control Plan would take into account the conclusions of the PIR.¹⁶

¹² DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

¹³ DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

¹⁴ DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

¹⁵ DHSC, [Tobacco and related products legislation introduced between 2015 to 2016: reviewing effectiveness](#), last updated 20 May 2021

¹⁶ [PQ 7119](#), 7 June 2021

5 Tobacco control within public health policy

5.1 Establishing the Office for Health Promotion

In March 2021, the Government published a [policy paper](#), where it outlined reforms to the public health system in England.¹⁷ This set out details of a new body, the UK Health Security Agency (UKSHA), whose primary concern would be ‘protecting against infectious diseases and external health threats’.

At the same time, the Government gave details of a new Office for Health Promotion, which would sit within the DHSC, and ‘drive our prevention agenda across government’. The Office is set to be led by the Chief Medical Officer.

The Government proposed to move most of the functions that directly support development and delivery of national health improvement policy from Public Health England (PHE) to the Office for Health Promotion, alongside existing DHSC capability on prevention and health improvement.

The Government said that the NHS would focus more explicitly on prevention physical and mental ill health, including its work on supporting smoking cessation.

The Government also set out plans to develop a new ‘incubator’ function to support action in areas such as smoking:

To strengthen behaviour change activity across public health, we are developing options for a new ‘incubator’ function to support action on prevention in priority areas (such as obesity and smoking) in the public health system. The incubator would draw together behavioural science, digital and design expertise, and work to support policy teams in designing and delivering behaviour change interventions. It would give us better capability to translate science and evidence on behaviour change into action at scale, growing our knowledge of what works while also testing and building our ability to translate this knowledge into high-quality delivery through the different delivery routes at our disposal.¹⁸

¹⁷ DHSC, [Transforming the public health system: reforming the public health system for the challenges of our times](#), 29 Mar 2021

¹⁸ DHSC, [Transforming the public health system: reforming the public health system for the challenges of our times](#), 29 Mar 2021

5.2

The 2019 Prevention Green Paper

On 22 July 2019 the Government published its Prevention Green Paper, [Advancing our health: prevention in the 2020s](#), outlining the Government's proposals against a range of ill health caused by tobacco use, physical inactivity and mental illness, amongst other factors.¹⁹ Within the Green Paper, the Government set out proposals to:

- Set an ambition to go 'smoke-free' in England by 2030, including an 'ultimatum' for industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced risk products like e-cigarettes
- Consider proposals to raise funds under the Health Act 2006 and use these to focus stop-smoking support on groups most in need, such as pregnant women, social renters, people living in mental health institutions and those in deprived communities
- Address the illicit tobacco market by improving trading standards enforcement
- Consider, as part of the Government's review of tobacco legislation, the use of inserts giving cessation advice in tobacco products
- Run a call for independent evidence to assess further how effective heated tobacco products are, or are not, in helping people quit smoking and reducing health harms from smoking

The [consultation](#) ran from 22 July 2019 to 14 October 2019. The Government is currently analysing feedback to the consultation.²⁰

In response to a Parliamentary Question, DHSC Parliamentary Under-Secretary Jo Churchill said that the Government would consider all proposals from the 2019 Green Paper, including those on e-cigarettes and addressing smoking in particular vulnerable groups.²¹

Ms Churchill also said that the Government would consider all proposals from the Green Paper in the forthcoming Tobacco Control Plan.²²

¹⁹ Cabinet Office and DHSC, [Advancing our health: prevention in the 2020s- consultation document](#), 22 Jul 2019

²⁰ Cabinet Office and DHSC, [Advancing our health: prevention in the 2020s](#), 22 Jul 2019

²¹ [PQ 175805](#), 13 Apr 2021

²² [PQ 175805](#), 13 Apr 2021

5.3

The NHS Long Term Plan

The [NHS Long Term Plan](#) aims to ensure that the NHS is best prepared for the challenges that the health service will face in the future.²³ The Plan set out a number of ambitions with respect to reducing smoking prevalence:

- Ensuring that, by 2023/24, all people admitted to hospital who smoke will be offered NHS funded tobacco treatment services
- Establishing a smoke-free pathway for expectant mothers and their partners, including focused sessions and treatments
- Offering smoking cessation as part of specialist mental health services for long term users, and in learning disability services, including the option to switch to e-cigarettes while in inpatient settings

²³ NHS, [Long Term Plan](#), published 7 Jan 2019

6 Evidence reviews on vaping and vaping products

6.1 Public Health England's 2021 evidence update on vaping in England

In February 2021, PHE published the [annual update of its e-cigarette evidence review](#) by independent tobacco experts.²⁴ It is intended to summarise evidence on vaping products to inform policy and legislation.

The report found that using a vaping product remains the most popular aid used in a quit attempt. In 2020, 27.2% of people used a vaping product in a quit attempt in the previous 12 months, compared with 15.5% who used nicotine replacement therapy (NRT) over the counter or on prescription (2.7%) and 4.4% who used varenicline.²⁵

The report found that vaping is positively associated with quit success. The highest quit rates (74%) were observed when the quit attempt involved the use of a licenced medicine and a vaping product one after another.²⁶

The report also found that 50,000 smokers, who otherwise would have continued smoking, stopped smoking with a vaping product in 2017.²⁷

Considering the implications of the findings, the report recommended that local authorities should continue to fund and provide stop smoking services and that all stop smoking services should have a consistent approach to the use of vaping products. The report said that further research is needed:

- To assess whether smokers who use stop smoking services and vaping products differ from smokers who use the services and other smoking cessation aids
- Into the barriers and enablers to using vaping products as part of a supported quit attempt in stop smoking services

²⁴ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

²⁵ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

²⁶ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

²⁷ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

6.2 Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment review on vaping products

The DHSC and PHE commissioned the independent Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) to review the potential toxicological risks from nicotine and non-nicotine vaping products. COT published its [statement on the potential toxicological risks from electronic nicotine \(and non-nicotine\) delivery systems](#) in July 2020.²⁸

The COT concluded that whilst there were large evidence gaps within the literature, the replacement of conventional cigarette smoking with electronic nicotine delivery systems is likely to be associated with a reduction in overall risk of adverse health effects:

92. The use of E(N)NDS [electronic nicotine delivery systems and electronic non-nicotine delivery systems] products, produced according to appropriate manufacturing standards and used as recommended, as a replacement for CC [conventional cigarette] smoking, is likely to be associated with a reduction in overall risk of adverse health effects, although the magnitude of the decrease will depend on the effect in question. Uptake of E(N)NDS product use de novo by non-users of tobacco products is likely to be associated with some adverse health effects to which the user would not otherwise have been subject. The use of a wide range of flavouring products in e-liquids, for which data on toxicity by inhalation, particularly of any thermally-derived products, are generally not available, is an area of uncertainty. While there is currently no information that this is leading to adverse effects on human health, this is an important data gap. E(N)NDS use is associated with some emissions into ambient air, including nicotine. For most health effects, the risks to bystanders will probably be low in conventional exposure scenarios, although pharmacological effects from exposure to nicotine in ambient air may occur in some individuals.

93. There are large evidence gaps within the literature and available information. It is not possible to fully assess the risks related to all possible constituents in E(N)NDS products. There are very little data available for products that do not contain nicotine (ENNDS) [electronic non-nicotine delivery systems]. It is not currently possible to predict the adverse health effects that could be associated with use of E(N)NDS products in the long term. This is reflected in the different policies on E(N)NDS across different countries. Information and science relating to

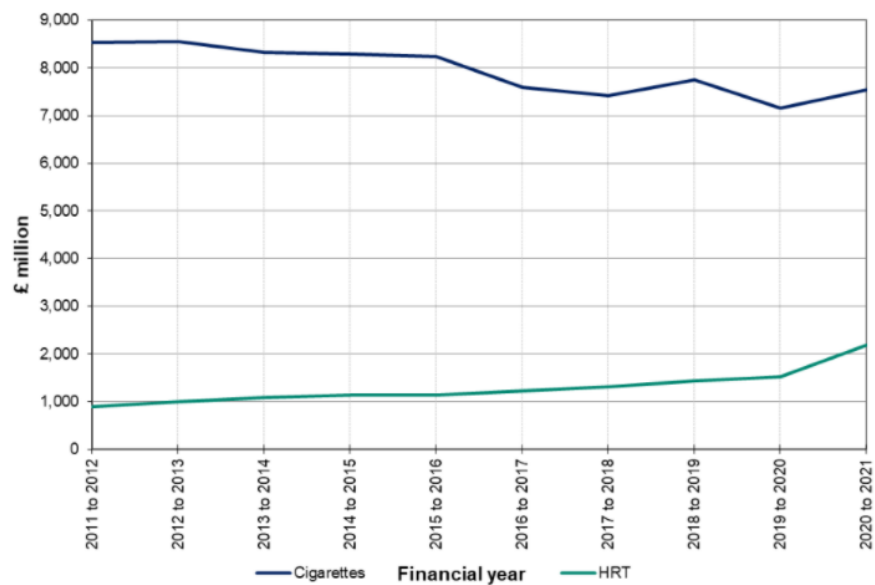
²⁸ COT, [Statement on the potential toxicological risks from E\(N\)NDS- e-cigarettes](#), July 2020

E(N)NDS is changing rapidly and the COT will keep this area under review.²⁹

7 Taxation of tobacco

Total UK receipts from tobacco products is estimated to be £9.96 billion in 2020/21. The majority of receipts – just over 75% - are accounted for by cigarettes, while hand rolling tobacco (HRT) accounts for 22% of receipts.³⁰ Over the past decade receipts from cigarettes have declined, while receipts from HRT have risen:

Chart 4: Cigarette and HRT yearly receipts for the previous 10 financial years



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.³¹

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 has 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.³²

²⁹ COT, [Statement on the potential toxicological risks from E\(N\)NDS- e-cigarettes](#), July 2020

³⁰ HMRC, [Tobacco statistics commentary April 2021](#), 28 May 2021

³¹ HMRC publishes guidance on tobacco products duty [on Gov.uk](#).

³² Institute for Fiscal Studies, [2016 Green Budget, February 2016 p209](#)

It has been government policy since 2011/12 to increase the rate of excise duty on cigarettes by 2 per cent above inflation each year.³³

In its March 2010 Budget the then Labour Government announced that “duties on tobacco will increase by 1 per cent above inflation on 24 March 2010. From 2011-12 to 2014-15, duties on tobacco will increase by 2 per cent above inflation each year.”³⁴ In its 2014 Budget the Coalition Government confirmed a real terms 2% increase for the coming year, as previously announced, and stated, “annual duty increases of 2% above RPI will continue until the end of the next Parliament to help improve public health”³⁵

Following the 2015 General Election, the Conservative Government confirmed this approach to setting duty rates in the [2016 Budget](#), and subsequently it was reiterated in the [Autumn 2017 Budget](#) after the 2017 General Election, and the [Spring 2020 Budget](#) after the 2019 General Election.³⁶

In the last case the uprating of duty rates was made by secondary legislation ([SI 2020/1256](#)) – rather than provision in the annual Finance Act, as would happen normally, due to the Government’s decision to defer the Autumn 2020 Budget to Spring 2021.³⁷ [The explanatory notes to the Order](#) state the following:

7.1 Tobacco duty has two key policy objectives: to raise revenue, and to support health policy on smoking. ...

7.3 Cigarettes are subject to a specific duty (per 1000 cigarette sticks) as well as an ad valorem duty (a percentage of the final retail price) or to a Minimum Excise Tax (MET), whichever is the higher.

7.4 At Spring Budget 2020, the government announced that it was continuing with the tobacco duty escalator for the term of this parliament. Under the duty escalator duty would increase by a minimum of Retail Price Index (RPI) +2% each Budget. Although there will not be a Budget in Autumn 2020, the government has decided to still proceed with uprating of tobacco duties. This decision has been taken to protect revenues and continue to support health objectives to reduce the prevalence of smoking.

7.5 The Order will, from 16 November 2020, increase the duty on all tobacco products by the duty escalator (RPI +2%). In addition, duty rates on hand-rolling tobacco will increase by an additional 4% (RPI +6) and

³³ Previous governments have set a higher duty escalator on tobacco products – 3% over the six years November 1993 to November 1999, and 5% from July 1997. See, HMRC, [Historical Tobacco Duty rates](#), May 2021.

³⁴ [Budget 2010](#), HC 451, March 2010 para A.127

³⁵ [Budget 2014](#), HC 1104, March 2014 para 2.142-3

³⁶ [Budget 2016](#), HC 901, March 2016 para 2.139; [Autumn 2017 Budget](#), HC 587, November 2017 para 3.59; [Spring 2020 Budget](#), HC 121, March 2020 para 2.245.

³⁷ The Order was considered by the Delegated Legislation Committee [on 7 December 2020](#).

the MET on cigarettes by an additional 2% (RPI +4%). This results in total increases of approximately 7.134% on hand rolling tobacco, 3.134% on all other tobacco products and 5.134% on the MET. ...

7.6 Increases in the rate of duty for tobacco products are expected by the public and by industry. There is a low level of interest in tobacco duty rates and an acceptance that reducing the prevalence of smoking is a desirable public health outcome. Higher rates of tobacco duty will be welcomed by health lobby groups.

Statutory provision to allow duty rates to be set by Order limits the lifespan of such an Order to one year. As a consequence the Government included provision in the Finance Bill 2021, introduced after the 2021 Budget, to consolidate these duty rates.³⁸ This was the subject of a short exchange at the Committee stage of the Bill, when the Exchequer Secretary, Kemi Badenoch, set out the Government's strategy as follows:

Smoking rates in the UK are falling. However, smoking remains the biggest cause of preventable illness and premature death in the UK, killing around 100,000 people a year and about half of all long-term users of tobacco. All these factors mean that we need to continue to encourage more people to kick the habit. We have already set out ambitious plans to reduce the number of smokers from 14% of the population to 12% by 2022, as set out by the Department of Health and Social Care in its tobacco control plan, and we have announced that we aim to curb smoking once and for all by 2030 in England. This includes a commitment to continue the policy of maintaining high duty rates for tobacco products to improve public health ...

Recognising the potential interactions between tobacco duty rates and the illicit market, the Government [recently consulted](#) on tougher penalties for tobacco tax evasion. This includes proposals for £10,000 fixed penalties and escalating fines for repeat offenders. The responses indicate that there is broad support for tougher sanctions and, as announced on 23 March, we intend to legislate in the next Finance Bill ...

We are committed to improving public health by reducing smoking prevalence. We co-ordinate our efforts through DHSC's "[Tobacco Control Delivery Plan 2017 to 2022](#)", and we will continue our tried and tested policy of using high duty rates to make tobacco less affordable and continue the reduction in smoking prevalence, which should reduce the burden that smoking places on public services.³⁹

³⁸ HMRC, [Consolidation of Rates into Finance Bill 2021 for Tobacco Duty](#), 3 March 2021. This provision is made by s103 of the [Finance Bill 2021](#).

³⁹ [Public Bill Committee \(Finance Bill\), Third Sitting](#), 27 April 2021 cc77-78

8

Parliamentary material

Debates

[Smoke-free society by 2030](#)

HC Deb 23 March 2021 Vol 691 cc313WH-

[Smokefree England: Covid-19 and PHE Abolition](#)

HC Deb 12 November 2020 Vol 683 cc1129-

PQs

Tobacco

Asked by: Jones, Mr David

To ask the Secretary of State for Health and Social Care, when he plans to publish the forthcoming Tobacco Control Plan.

Answering member: Jo Churchill | Department: Department of Health and Social Care

The Department plans to publish a new Tobacco Control Plan (TCP) later this year. The Post Implementation Review of the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015 will also be published by the end of the year. Evidence gathered from this Review will be considered as part of the development of the new TCP.

HC Deb 7 June 2021 | PQ 7120

Tobacco

Asked by: Jones, Mr David

To ask the Secretary of State for Health and Social Care, whether the Tobacco Control Plan will take into account the conclusions of the consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015, published on 29 January 2021.

Answering member: Jo Churchill | Department: Department of Health and Social Care

The Tobacco Control Plan will take into account the conclusions of the Post Implementation Review of the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015. We are also considering whether other regulatory measures are required to support the Smokefree 2030 target.

HC Deb 29 April 2021 | PQ 187176

Electronic Cigarettes

Asked by: Jones, Mr David

To ask the Secretary of State for Health and Social Care, whether the Public Health England evidence review on e-cigarettes and other novel nicotine delivery systems will be published in time for its conclusions to be taken into account in the forthcoming Tobacco Control Plan.

Answering member: Jo Churchill | Department: Department of Health and Social Care

Public Health England (PHE) published its seventh commissioned report on vaping in February 2021. The conclusions of this report and all previous reports will be considered as part of the scoping for the new Tobacco Control Plan. PHE's eighth report is expected in March 2022.

HC Deb 29 April 2021 | PQ 187175

Litter: Tobacco

Asked by: Davies, Dr James

What steps he is taking to reduce tobacco litter.

Answering member: Rebecca Pow | Department: Department for Environment, Food and Rural Affairs

The most effective way to tackle smoking related litter is by reducing the prevalence of smoking in the first place. The Government has committed to publish a new tobacco control plan for England later this year, to deliver its ambition of a smoke-free country by 2030. We have also recently announced our intention to explore regulatory options to ensure that the tobacco industry takes sufficient financial responsibility for the toxic litter created by its products.

HC Deb 22 April 2021 | PQ 914637

Smoking: Diseases

Asked by: Glindon, Mary

To ask the Secretary of State for Health and Social Care, what estimate he has made of the cost to the NHS of treating smoking-related illnesses in each of the past five years.

Answering member: Jo Churchill | Department: Department of Health and Social Care

We have made no such estimate.

However, we are committed to reducing smoking prevalence and the associated costs to the National Health Service. A new Tobacco Control Plan will be published later this year.

HC Deb 19 April 2021 | PQ 179114

Smoking

Asked by: Campbell, Mr Gregory

To ask the Secretary of State for Health and Social Care, whether the Government's target to reduce the number of adults who smoke to less than 12 per cent by 2022 is still in place.

Answering member: Jo Churchill | Department: Department of Health and Social Care

Current smoking prevalence in adults is at a historic low of 13.9%. The ambition set in the current Tobacco Control Plan to reduce adult smoking prevalence to 12% or less by the end of 2022 remains. A new Tobacco Control

plan is due to be published later this year and will set out further ambitions to deliver a smoke free country by 2030.

Tobacco

Asked by: Walker, Sir Charles

To ask the Secretary of State for Health and Social Care, what assessment he has made of the role that heated tobacco products have to play in helping to achieve England's 2030 smoke-free target; and if he will make a statement.

Answering member: Jo Churchill | Department: Department of Health and Social Care

The latest evidence to the Government, published by the Committee on Toxicity of Chemicals in Food on the 12 December 2017, show that although products still pose harm to users, they are likely to be less harmful than conventional cigarette smoking. Data on the impacts to human health are very limited, and it is recommended that smokers quit completely rather than move to these products. Use of these products has remained low at less than 1% of the adult population in England.

The Government will be publishing a new Tobacco Control Plan for England to outline our Smokefree 2030 vision later this summer.

HC Deb 10 March 2021 | PQ 163652

Electronic Cigarettes

Asked by: Shannon, Jim

To ask the Secretary of State for Health and Social Care, whether his Department is taking steps to help ensure that people using vapes don't start using cigarettes.

Answering member: Jo Churchill | Department: Department of Health and Social Care

The Government is clear that e-cigarettes should only be used by smokers to support their route to quitting smoking.

In the current Tobacco Control Plan for England, the Government commissioned Public Health England to publish annual updates on the evidence on e-cigarettes, including on their patterns of use. Their latest report, published in March 2020, found no evidence that vaping among adults leads them to start smoking and little evidence that increases in vaping

among young people leads to increases in smoking. The report is available at the following link:

<https://www.gov.uk/government/publications/vaping-in-england-evidence-update-march-2020>

HC Deb 15 February 2021 | PQ 149761

Smoking

Asked by: Anderson, Lee

To ask the Secretary of State for Health and Social Care, what assessment he has made of the health benefits of ensuring that smokers have (a) information about and (b) access to a wide range of reduced risk smoking-related products; and whether the Government's next Tobacco control Plan plans to take steps to ensure that such (i) information and (b) access is more readily available.

Answering member: Jo Churchill | Department: Department of Health and Social Care

The Government continues to review the evidence of reduced risk products such as e-cigarettes, including their harms and usefulness as an aid to stop smoking. Although not risk free, current evidence suggests e-cigarettes are far less harmful to health than smoking and help people quit. There are already 2.5 million e-cigarettes users in England, which suggests that these products are widely accessible.

Public Health England, through their stop smoking campaigns, provides information, advice and support on using e-cigarettes to help smokers quit. Some local stop smoking services offer vouchers which can be exchanged for e-cigarettes to help smokers to switch.

The Government will consider in its next Tobacco Control Plan for England what further steps are required to provide smokers with more information about and access to reduced risk smoking-related products, including an assessment of how far these diverse products reduce risk.

HC Deb 14 January 2021 | PQ 134153

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Press releases and Government guidance

Department for Environment, Food and Rural Affairs

[Government explores next steps to clean up tobacco litter in England](#)

Ministers considering measures to make tobacco industry reduce litter caused by their products.

30 March 2021

Action on Smoking and Health

[ASH comment on Government plan to consider making tobacco manufacturers pay for clearing up cigarette butts](#)

30 March 2021

Action on Smoking and Health

[Over 1.5 million people need social care because of smoking](#)

23 March 2021

Public Health England

[Vaping better than nicotine replacement therapy for stopping smoking, evidence suggests](#)

As number of vapers in England plateaus, incorrect perceptions of its relative risks compared to smoking may be discouraging smokers from using vaping to quit.

23 February 2021

Public Health England

[Vaping in England: 2021 evidence update summary](#)

23 February 2021

Public Health England guidance

[The CLearR improvement model: excellence in tobacco control](#)

18 March 2020

Public Health England guidance

[Health matters: smoking and mental health](#)

26 February 2020

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News items and blogs

[English councils start banning smoking outside pubs and restaurants](#)

Five local authorities take matters into own hands amid Covid outdoor eating culture

Guardian

2 June 2021

[Plan to limit nicotine level cuts £6bn off tobacco firms](#)

Times [subscription]

21 April 2021

[Are we ready to achieve a smoke free future?](#)

BMJ Blog

20 April 2021

[Government's smoking reduction target for pregnant women will be 'missed by a decade', analysis finds](#)

iNews

18 September 2020

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