

Debate Pack

Number CDP 2021/0192
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15 November 2021

Delivery of a new Tobacco Control Plan

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Summary

A Westminster Hall debate on the delivery of a new Tobacco Control Plan is due to take place on Tuesday 16 November 2021. The debate will be led by Bob Blackman MP.

Smoking prevalence

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.

In a July 2019 health prevention Green Paper, the Government set out an ambition to for England to become 'smoke-free', and an 'ultimatum' for industry to make smoked tobacco obsolete by 2030.

The Tobacco Control Plan for England

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

- 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 is due to publish a new Tobacco Control Plan. It was [originally expected by the end of 2021](#), although this [deadline may have changed](#).

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.¹ The Regulations also only permit a specified shape or type of packet and set a minimum amount of tobacco or cigarettes in each individual packet.

Post implementation review

As per the conditions of both the TRPR and SPoT, the government is required to complete a review of the legislation- a post implementation review (PIR), within five years of the Regulations coming into effect.

The PIR was due to have been completed by 20 May 2021², and the government has said that the forthcoming Tobacco Control Plan will take into account the conclusions of the PIR.³

The Government held a [consultation](#) on these Regulations between 29 January and 19 March 2021.⁴ The government said that the consultation, which only considers the TRPR and SPoT, provided an opportunity to give feedback on the effectiveness of the legislation in achieving its objectives along with any unintended consequences which may have occurred.⁵

The Department of Health and Social Care (DHSC) is currently reviewing responses to the consultation⁶ and is due to publish the PIR by the end of the year.⁷

Following the consultation, a report which will be published which 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

¹ [Explanatory memorandum to The Standardised Packaging of Tobacco Products Regulations 2015](#)

² DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

³ [PQ 7119](#), 7 June 2021

⁴ DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

⁵ DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

⁶ DHSC, [Tobacco and related products legislation introduced between 2015 to 2016: reviewing effectiveness](#), last updated 20 May 2021

⁷ [PQ 56261](#), 25 Oct 2021

- if those objectives remain appropriate, assess the extent to which they could be achieved in another way which involves less onerous regulatory provision⁸

Taxation

Total receipts from tobacco products are estimated to be £9.8 billion in 2020/21.⁹ The majority of receipts – 74% – are accounted for by cigarettes, while hand rolling tobacco (HRT) accounts for 24% of receipts.¹⁰

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.¹¹

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.¹²

The Autumn Budget and Spending Review 2021 reiterated this policy. The Budget report also confirmed that the rate on hand-rolling tobacco would increase by RPI + 6% and the minimum excise tax would increase by RPI +3% this year.¹³

⁸ DHSC, [A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015](#), updated 20 May 2021

⁹ Office for Budget Responsibility, [Economic and Fiscal Outlook](#), CP545, October 2021 p99 (Table 3.4)

¹⁰ HMRC, [Tobacco statistics commentary July 2021](#), 31 August 2021. Figures for 2021/22 to date.

¹¹ HMRC publishes guidance on tobacco products duty [on Gov.uk](#).

¹² 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](#), August 2021.

¹³ [Autumn Budget and Spending Review 2021](#), HC 822, October 2021 para 5.60

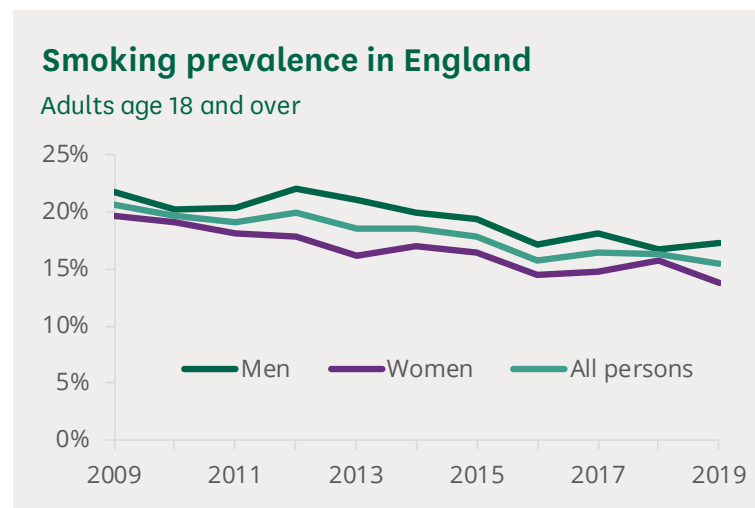
1

Statistics on smoking in England

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](#))

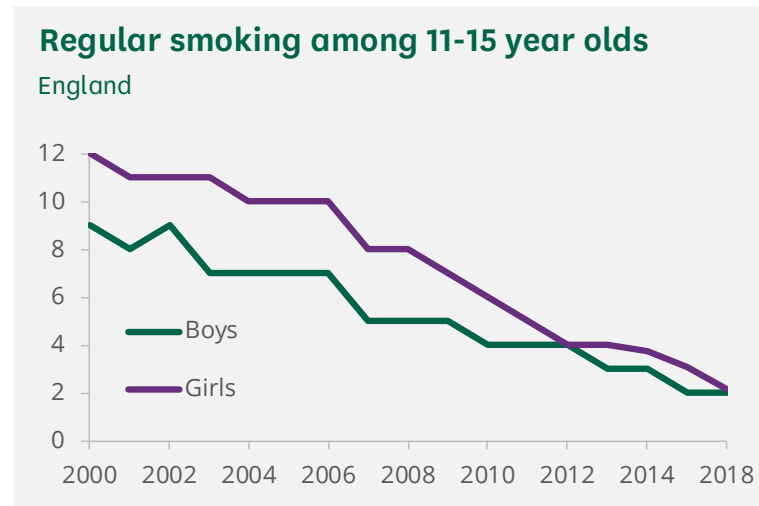
Reducing the prevalence of cigarette smoking is a main objective for the Government. The [Tobacco Control Plan for England](#) set a target to reduce smoking prevalence by 2022 to 12% among adults and 3% among 15 year olds.

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.

2

The Tobacco Control Plan for England

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.¹⁴ 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'- which will be 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

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

¹⁴ Department of Health and Social Care, [Towards a smoke-free generation: a tobacco control plan for England](#), published 18 Jul 2017

- 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.¹⁵

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.¹⁶

¹⁵ Department of Health and Social Care, [Towards a smoke-free generation: a tobacco control plan for England](#), published 18 Jul 2017

¹⁶ Department of Health and Social Care, [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.¹⁷

The government is due to publish a new Tobacco Control Plan.

In response to a Parliamentary Question, the then junior Minister at the DHSC Jo Churchill said that the new Plan would set out further ambitions for England to be smoke-free by 2030, and that the government would consider all proposals from the 2019 Green Paper, including those on e-cigarettes and addressing smoking in particular vulnerable groups.¹⁸

¹⁷ Department of Health and Social Care, [Towards a smoke-free generation: a tobacco control plan for England](#), published 18 Jul 2017

¹⁸ [PQ 175805](#), 13 Apr 2021

3 Tobacco policy

3.1 Responsibility for tobacco policy

In October 2021, the government launched the Office for Health Improvement and Disparities (OHID). This formed part of a wider reform of the public health system in England which saw the dissolution of Public Health England (PHE) and the formation of the UK Health Security Agency (UKHSA) which will focus on health protection.

OHID will address health inequalities across England with a specific focus on common preventable risk factors for poor health.¹⁹ These include obesity caused by unhealthy diet and lack of physical activity, smoking and alcohol consumption. Through a cross-system approach, OHID will work to improve access to health services across England and coordinate with government departments to address the wider determinants of health.²⁰

The National Institute for Health and Care Excellence (NICE) publishes clinical guidance which make evidence-based recommendations for healthcare professionals and support health service managers and commissioners. In 2018, NICE published [guidance on stop smoking interventions and services](#).²¹ NICE is due to publish new guidance on smoking cessation in November 2021.²²

3.2 The NHS Long Term Plan

The [NHS Long Term Plan](#), launched in 2019, 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

¹⁹ DHSC and OHID, [New body to tackle health disparities will launch 1 October, co-headed by new Deputy Chief Medical Officer](#), published 3 Sep 2021

²⁰ DHSC and OHID, [New body to tackle health disparities will launch 1 October, co-headed by new Deputy Chief Medical Officer](#), published 3 Sep 2021

²¹ NICE, [NG92, Stop smoking interventions and services](#), published 28 May 2018

²² [PQ 51686](#), 11 Oct 2021

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

- 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

3.3

The 2019 Prevention Green Paper

In July 2019 the Government published its Prevention Green Paper, [Advancing our health: prevention in the 2020s](#), outlining its proposals concerning a range of ill health caused by tobacco use, physical inactivity and mental illness, amongst other factors.²⁴ These included 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.²⁵

The Government has said that it would consider all proposals from the Green Paper in the forthcoming Tobacco Control Plan.²⁶

²⁴ Cabinet Office and DHSC, [Advancing our health: prevention in the 2020s- consultation document](#), 22 Jul 2019

²⁵ Cabinet Office and DHSC, [Advancing our health: prevention in the 2020s](#), 22 Jul 2019

²⁶ [PQ 175805](#), 13 Apr 2021

3.4

World Health Organisation Framework Convention on Tobacco Control 2021

The WHO Framework Convention on Tobacco Control (WHO FCTC) is a treaty adopted by the World Health Assembly which was developed in response to the “globalization of the tobacco epidemic”.²⁷

The Convention and its protocols aim to:

protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional, and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke.²⁸

The Convention was adopted in May 2003 and entered into force in February 2005. There are presently 182 Parties to the Convention.²⁹

The ninth session of the Conference of the Parties (COP9) to the WHO FCTC took place from 8-12 November 2021.³⁰ Parties agreed to move forward with the development and launch of an investment fund which would offer support to help global tobacco control efforts.³¹

Following the conference, the Government responded to a PQ asking whether the UK delegation to the conference would support requests from countries to form an intersessional Working Group to hear evidence on the use of vaping devices as harm reduction tools:

We are not aware of any proposals from other countries on the formation of an intersessional Working Group at the Ninth Conference of the Parties. Should any proposals be made, we will fully consider the details before making a decision as to whether to support them.

In support of our ambition for England to be smoke-free by 2030, we continue to take a pragmatic and evidence-based approach to e-cigarettes, promoting the important role they play in smoking cessation whilst preventing non-smokers and young people from using them. On

²⁷ WHO, [Overview, Framework Convention on Tobacco Control](#), accessed 23 Sep 2021

²⁸ WHO, [Framework Convention on Tobacco Control](#), 25 May 2003

²⁹ WHO FCTC, [The WHO Framework Convention on Tobacco Control: An overview](#), 5 Mar 2021

³⁰ WHO FCTC, [The global conference on tobacco control starts today](#), 8 Nov 2021

³¹ WHO FCTC, [The COP9 has closed with an agreement to embark on an innovative multi-million-dollar financial plan to strengthen global tobacco control measures](#), 12 Nov 2021

other harm reduction products, we are clear that any products which contain tobacco are harmful to health.³²

³² [PQ 64562](#), 4 Nov 2021

4

E-cigarettes

Unlike conventional cigarettes, e-cigarettes do not contain tobacco, do not involve burning and thus do not produce carbon monoxide, tar or smoke. They work by heating a solution of water, flavouring, propylene glycol, and, typically, nicotine to create a vapour that the user inhales. Relevant products include e-cigarettes, refill containers and e-liquids, otherwise referred to as nicotine-containing products (NCPs).

Using an e-cigarette is often described as ‘vaping’ rather than smoking.

Debates on the benefits and risks of e-cigarettes, particularly regarding their safety and health implications, are ongoing and will continue as more evidence gradually becomes available.

PHE report that nicotine vaping products are effective for smoking cessation and reduction, noting that “in 2017, over 50,000 smokers stopped smoking with a vaping product who would otherwise have carried on smoking”.³³

In the 2017-2022 Tobacco Control Plan, the Government committed to undertake a range of work concerning e-cigarettes:

- DH will monitor the impact of regulation and policy on e-cigarettes and novel tobacco products in England, including evidence on safety, uptake, health impact and effectiveness of these products as smoking cessation aids to inform our actions on regulating their use.
- PHE will update their evidence report on e-cigarettes and other novel nicotine delivery systems annually until the end of the Parliament in 2022 and will include within quit smoking campaigns messages about the relative safety of e-cigarettes.
- PHE will continue to provide smokers and the public with clear, evidence based and accurate information on the relative harm of nicotine, e-cigarettes, other nicotine delivery systems and smoked tobacco, to enable informed decision-making. This will include the publication of an assessment of the risks of nicotine addiction.
- PHE will provide evidence based guidance for health professionals to support them in advising smokers who want to use e-cigarettes or other nicotine delivery systems to quit.
- The Medicines and Healthcare products Regulatory Agency (MHRA) will ensure that the route to medicinal regulation for e-cigarette

³³ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021, p18

products is fit for purpose so that a range of safe and effective products can potentially be made available for NHS prescription.

- DH will, based on the evidence reviews undertaken by PHE, review policy and regulation of nicotine delivery systems to provide an environment that facilitates smokers taking action to improve their health and the health of those around them, whilst minimising any risk of new nicotine addiction in children.³⁴

In February 2021, PHE published an evidence review on vaping for smoking cessation (discussed further in section 4.2).³⁵

The Government's position has been that "the best thing a smoker can do is to quit and quit for good" but that for those "that are unable to quit, switching to e-cigarettes is less harmful than continuing to smoke".³⁶

The World Health Organization (WHO), in contrast, has repeatedly stated that there is a lack of good quality evidence on the efficacy of e-cigarettes as a means to help people quit, or reduce, smoking.³⁷ In its 2021 report on [the Global Tobacco Epidemic, 2021: Addressing new and emerging products](#), the WHO continued to stress that the "evidence on the potential role for ENDS [electronic nicotine delivery systems] in cessation is still inconclusive" and that "ENDS are addictive and not without harm".³⁸ (see further discussion in section 5.2)

4.1 Regulation of e-cigarettes

Consumer products

Non-nicotine containing e-cigarettes fall under the General Product Safety Regulations 2005, enforced by local authority Trading Standards.³⁹

Nicotine containing e-cigarettes are regulated by the Revised European Union [Tobacco Products Directive \(2014/40/EC\) \(EUTPD\)](#), transposed into UK law by the [Tobacco and Related Products Regulations 2016](#) (TRPR).

³⁴ Department of Health, [Towards a Smokefree Generation, A Tobacco Control Plan for England](#), July 2017

³⁵ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021

³⁶ [PQ 48248](#) [on Electronic Cigarettes: Sales], 18 October 2016

³⁷ Conference of the Parties to the WHO Framework Convention on Tobacco Control, [Electronic nicotine delivery systems. Report by WHO](#), September 2014, para 19; [WHO Report on the Global Tobacco Epidemic, 2019: Offer help to quit tobacco use](#), July 2019, p46, p56; World Health Organization, [WHO Report on the Global Tobacco Epidemic, 2021: Addressing new and emerging products](#), July 2021, p39

³⁸ World Health Organization, [WHO Report on the Global Tobacco Epidemic, 2021: Addressing new and emerging products](#), July 2021, p39

³⁹ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021

E-cigarettes that are refillable and re-useable are also required to meet standards set out in the UK Medical Device Regulations 2002 (as amended).

E-cigarettes may be marketed as consumer products or medicines. E-cigarettes which are marketed as consumer products are not medicines and are not permitted to make medicinal claims.

Minimum standards for consumer e-cigarettes and refill containers are set out in Part 6 of the TRPR. The regulations require the provision of information to consumers and seek to prevent children from starting to use relevant products. The TRPR also sets out technical specifications which:

- restrict e-cigarette tanks to a capacity of no more than 2ml
- restrict the maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml
- restrict e-liquids to a nicotine strength of no more than 20mg/ml
- require nicotine-containing products or their packaging to be child-resistant and tamper evident
- ban certain ingredients including colourings, caffeine and taurine
- include new labelling requirements and warnings
- require all e-cigarettes and e-liquids be notified to the MHRA [Medicines and Healthcare products Regulatory Agency] before they can be sold⁴⁰

The TRPR do not cover products that are authorised as medicines.

The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for regulating medicines and medical devices in the UK. The MHRA is also the national competent authority for part 6 of the TRPR which regulate e-cigarettes. Regulation 31 of the TRPR stipulates that manufacturers must notify the government if they supply or intend to supply e-cigarettes or refill containers. The MHRA acts as the competent authority for this notification scheme in Great Britain and Northern Ireland.⁴¹

The Tobacco [Products and Nicotine Inhaling Products \(Amendment etc.\) \(EU Exit\) Regulations 2020](#) implement the [European Union \(Withdrawal Agreement\) Act 2020](#), in particular the Ireland/ Northern Ireland Protocol, to ensure the UK meets its obligations in relation to tobacco control and vaping product policy under this agreement.⁴² This ensures that manufacturers only

⁴⁰ MHRA, [E-cigarettes: regulations for consumer products](#), last updated 15 Nov 2021

⁴¹ MHRA, [E-cigarettes: regulations for consumer products](#), last updated 15 Nov 2021

⁴² PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021

need to pay one fee if products are notified via both the Great Britain (new domestic) and Northern Ireland (EU Common Entry Gate) systems.⁴³

Medicinal products

In October 2021, the MHRA updated its [guidance for licensing electronic cigarettes and other inhaled nicotine-containing products as medicines](#).⁴⁴ The guidance provides information to support manufacturers through the regulatory approval process.

In order to be granted a licence to market their products as medicinal products, manufacturers would need to demonstrate that their products meet the standards, quality, safety and efficacy expected of medicinal products.

As an MHRA [press release](#) explains, the guidance is significant as it represents a ‘first step’ in enabling e-cigarettes and associated products to be prescribed for tobacco smokers who wish to reduce or stop smoking.⁴⁵ Maggie Throup, junior DHSC Minister estimated that the process for licensing a product would take 18-24 months.⁴⁶

The guidance was welcomed by health stakeholders.^{47 48}

The guidance also sets out that products would need to meet other applicable standards:

To license e-cigarettes and other inhaled NCPs as medicines, the proposed products should meet standards of quality, safety and efficacy as defined under medicines regulations. The proposed medicinal products should also meet the usual quality and safety standards for consumer e-cigarettes that have been developed by national and international standards organisations, where relevant. Proposed products may also need to comply with the UK medical device regulations, depending on the design of the product.⁴⁹

E-cigarettes that are regulated as medicines may be marketed in greater strengths and volumes than those permitted under the TRPR.

⁴³ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021

⁴⁴ MHRA, [Guidance for licensing electronic cigarettes and other inhaled nicotine-containing products as medicines](#), last updated 29 Oct 2021

⁴⁵ MRHA, [MHRA publishes clear guidance to support bringing e-cigarettes to market as licensed therapies](#), 29 Oct 2021

⁴⁶ HC Deb, [Smoking cessation: Prescription of e-cigarettes](#), 1 Nov 2021, Vol 702, c622,

⁴⁷ The Guardian, [Regulator paves way for NHS e-cigarette prescriptions in England](#), 29 Oct 2021

⁴⁸ Action on Smoking and Health, [MHRA enhanced guidance on medical licensing for e-cogs welcomed by health leaders, clinicians and tobacco experts](#), 29 Oct 2021

⁴⁹ MHRA, [Guidance for licensing electronic cigarettes and other inhaled nicotine-containing products as medicines](#), last updated 29 Oct 2021

4.2

Evidence on the use and safety of e-cigarettes

Public Health England review

In February 2021, PHE published the [annual update of its e-cigarette evidence review](#) by independent tobacco experts.⁵⁰ Amongst its main finding the report found that:

Using a vaping product is the most popular aid used by people trying to quit smoking. In 2020, 27.2% of people used a vaping product in a quit attempt in the previous 12 months. This compares with 15.5% who used NRT over the counter or on prescription (2.7%), and 4.4% who used varenicline.⁵¹

PHE reported 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.⁵²

The report also found that 50,000 smokers, who otherwise would have continued smoking, stopped smoking with a vaping product in 2017.⁵³

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 was 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

Junior DHSC Minister Maggie Throup said that OHID would publish a review on e-cigarettes in Spring 2022.⁵⁴ The review will consider their long-term impact on health, and include analyses on flavourings, cancer, respiratory and cardiovascular disease as well as trends in youth and adult behaviours.

⁵⁰ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

⁵¹ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

⁵² PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

⁵³ PHE, [Vaping in England: an evidence update including vaping for smoking cessation](#), 23 Feb 2021,

⁵⁴ [PQ 67197](#), 9 Nov 2021

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 2020.⁵⁵

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 E(N)NDS is changing rapidly and the COT will keep this area under review.⁵⁶

⁵⁵ COT, [Statement on the potential toxicological risks from \(E\(N\)NDS- e-cigarettes](#), July 2020

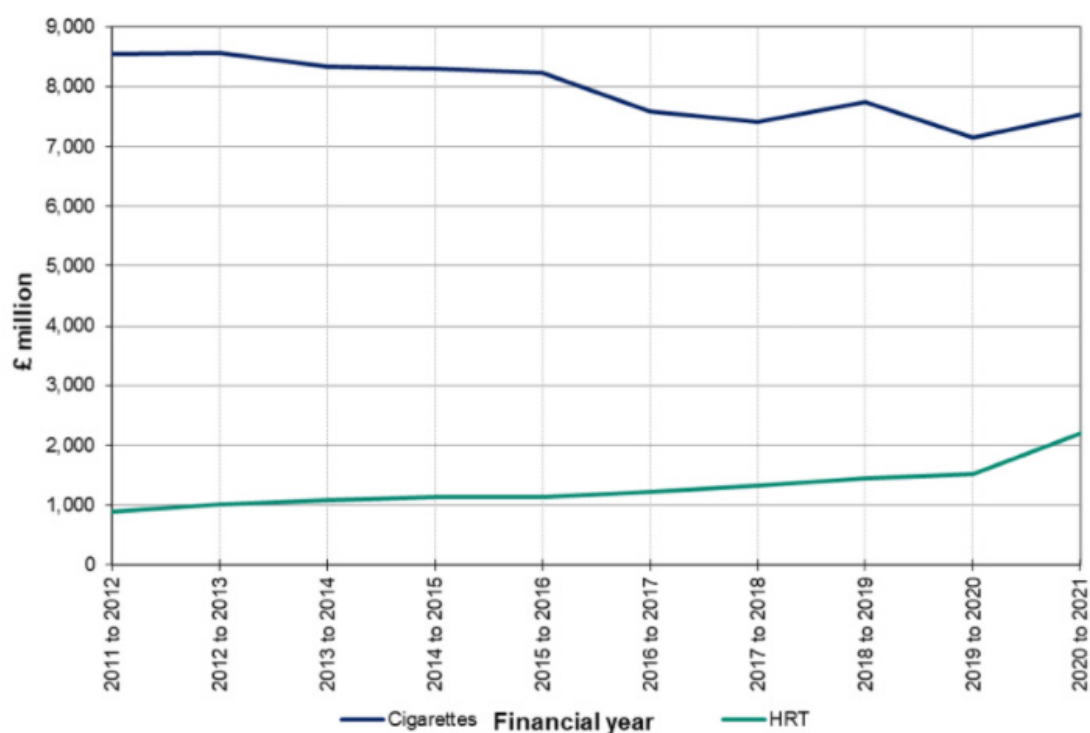
⁵⁶ COT, [Statement on the potential toxicological risks from \(E\(N\)NDS- e-cigarettes](#), July 2020

5 Taxation

Total receipts from tobacco products are estimated to be £9.8 billion in 2020/21.⁵⁷ The majority of receipts – 74% – are accounted for by cigarettes, while hand rolling tobacco (HRT) accounts for 24% of receipts.⁵⁸

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.⁵⁹

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.

⁵⁷ Office for Budget Responsibility, [Economic and Fiscal Outlook](#), CP545, October 2021 p99 (Table 3.4)

⁵⁸ HMRC, [Tobacco statistics commentary July 2021](#), 31 August 2021. Figures for 2021/22 to date.

⁵⁹ HMRC publishes guidance on tobacco products duty [on Gov.uk](#).

The real value of tobacco duties have risen quite considerably over the last thirty years, as governments have applied an ‘escalator’ – a commitment to increase duties in real terms – at various times.⁶⁰

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.⁶¹

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.”⁶² 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”⁶³

Following the 2015 General Election, the Conservative Government confirmed this approach to setting duty rates in the [2016 Budget](#).⁶⁴ Subsequently the policy has been reiterated in subsequent Budgets, most recently in the Autumn Budget and Spending Review on 27 October. The Budget report also confirmed that the rate on hand-rolling tobacco would increase by RPI + 6% and the minimum excise tax would increase by RPI +3% this year.⁶⁵ HM Revenue & Customs’ impact assessment of this change confirms the Government’s policy objective in setting duty rates:

“The government is committed to maintaining high tobacco duty rates. This is because duty rates are an established tool to reduce smoking prevalence and to ensure that tobacco duties continue to contribute to government revenues. The tobacco duty escalator, which increases duty at the Retail Price Index (RPI) +2% at each Budget, was extended at Budget 2020 until the end of the current Parliament. In addition, increasing hand-rolling tobacco and Minimum Excise Tax (MET) above the duty escalator will narrow the gap between HRT and cigarette duty rates and ensure the MET continues to be effective in the current market.”⁶⁶

Provision to set duty rates is included in the [Finance \(No.2\) Bill 2021-22](#), which was published on 4 November (specifically clause 76 of the Bill). The explanatory notes to the Bill give a short background to these duty rate increases:

⁶⁰ Institute for Fiscal Studies, [2016 Green Budget, February 2016 p209](#)

⁶¹ 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](#), August 2021.

⁶² [Budget 2010](#), HC 451, March 2010 para A.127

⁶³ [Budget 2014](#), HC 1104, March 2014 para 2.142-3

⁶⁴ [Budget 2016](#), HC 901, March 2016 para 2.139

⁶⁵ [Autumn Budget and Spending Review 2021](#), HC 822, October 2021 para 5.60

⁶⁶ HMRC, [Changes to tobacco duty rates](#), 27 October 2021. The new rates apply from Budget day, and it is forecast these duty rate increases will raise £25m per year.

“Smoking kills half of all long-term users and is the biggest single cause of inequalities in death rates between the richest and poorest in the UK. The government is committed maintaining high tobacco rates to support public health objectives and the public finances. Research has consistently shown that the price of tobacco products negatively affects demand.

“This clause increases excise duty on all tobacco products by the duty escalator (RPI + 2%). In addition, the excise duty rate for hand-rolling tobacco is increased by an additional 4% (RPI+6%). The clause also increases the MET on cigarettes by an additional 1% (RPI+3%).

“These increases, together with consequential VAT, will on average increase the price of a packet of cigarettes by 54p, a 30g pack of hand-rolling tobacco by £1.11, 10g of cigars by 27p, a 30g pack of pipe tobacco by 36p, and 30g of tobacco for heating by 13p. The change to the MET on cigarettes supports public health objectives and tackles the very cheapest cigarettes. A MET sets a minimum level of excise duty for any packet of cigarettes. This means that the total excise duty on a packet of cigarettes is higher of either the usual application of duty or the MET.”⁶⁷

⁶⁷ [Bill 184 EN 2021-22](#) (Clause 76: Rates of tobacco products duty)

6 Parliamentary material

6.1 Debates

Commons urgent question:

[Smoking Cessation: Prescription of E-cigarettes](#)

HC Deb 1 November 2021 | Vol 702 c621-

Answer repeated and followed by questions in the Lords:

[Smoking Cessation: Prescription of E-cigarettes](#)

HL Deb 2 November 2021 | Vol 815 c1116-

Westminster Hall debate:

[Tobacco Control Plan](#)

HC Deb 10 June 2021 | Vol 696 c445WH-

6.2 PQs

[Smoking: Young People](#)

Asked by: Maskell, Rachael

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that young people have access to comprehensive smoking cessation services.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The current Tobacco Control Plan for England has an objective to reduce the number of 15 year olds who regularly smoke from 8% to 3% or less by the end

of 2022. The latest available NHS Digital data from 2018 shows a prevalence of 5.3%. This data also shows that approximately 25% of 11 to 15 year olds had ever used an e-cigarette, but regular use of e-cigarettes (use at least once a week) remained low at 2% with occasional use (using an e-cigarette sometimes, but less than once a week) at around 4%.

Informing children about the dangers of smoking and vaping is part of the statutory health education curriculum. Local stop smoking services are available to anyone, including young people. We continue to monitor e-cigarette use and smoking among young people.

HC Deb 09 November 2021 | PQ 67200

[Smoking](#)

Asked by: Cooper, Rosie

To ask the Secretary of State for Health and Social Care, with reference to the findings of Action on Smoking and Health's June 2021 report, Use of e-cigarettes (vapes) among adults in Great Britain, what progress he has made towards meeting the Government's target for England to be smoke-free by 2030.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Department is considering a range of policy and regulatory changes to achieve our ambition to be smoke-free by 2030. These will be set out in our new Tobacco Control Plan, which we will publish in due course.

HC Deb 29 October 2021 | PQ 62673

[Smoking](#)

Asked by: Cooper, Rosie

To ask the Secretary of State for Health and Social Care, with reference to the findings of Special Eurobarometer 506, Attitudes of Europeans towards tobacco and electronic cigarettes, published 3 February 2021, what further steps he is taking to reduce smoking rates in the UK.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Department is considering a range of policy and regulatory changes to achieve our ambition to be smoke-free by 2030. These will be set out in our new Tobacco Control Plan, which we will publish in due course.

HC Deb 29 October 2021 | PQ 62672

[Smoking: Young People](#)

Asked by: Jarvis, Dan

To ask the Secretary of State for Health and Social Care, what assessment he has made of recent trends in smoking among young people in England; and what steps he is taking to reduce smoking prevalence in young people.

Answering member: Maggie Throup | Department: Department of Health and Social Care

Updated figures for the under 15 years old age range will be published in 2022.

The new Tobacco Control Plan will outline plans to protect young people from the harms of smoking in support of our ambition to be smoke-free by 2030.

HC Deb 28 October 2021 | PQ 62730

[WHO Framework Convention on Tobacco Control](#)

Asked by: Jones, Mr David

To ask the Secretary of State for Health and Social Care, if he will set out the positions the Government will advance at Ninth Session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control (COP9) on (a) e-cigarettes, (b) heated tobacco and (c) snus.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Department's policy position on e-cigarettes, heated tobacco, and snus at the ninth Conference of the Parties (COP9) of the Framework Convention on Tobacco Control will be in accordance with the current 2017 Tobacco Control Plan for England, the regulations set out in the Tobacco and Related Products Regulations 2016 and our ambition to be smoke-free by 2030.

The Department continues to support the use of e-cigarettes as a safer alternative to smoking and as a tool to help people to quit and we will continue to monitor the evidence. In 2017, the independent Committee on Toxicity recommended that heated tobacco still poses harm to users but may be less harmful than smoking conventional cigarettes. However, information on the health impacts is limited and therefore we recommend that people quit tobacco use altogether rather than move to these products. Oral tobacco or 'snus', remains banned under The Tobacco and Related Products Regulations 2016.

HC Deb 28 October 2021 | PQ 61122

[Smoking](#)

Asked by: Hodge, Dame Margaret

To ask the Secretary of State for Health and Social Care, with reference to a report by ASH entitled Use of e-cigarettes, vapes, among adults in Great Britain, published in June 2021, what steps his Department is taking to help reach the target of making England smoke-free by 2030 given that 51 per cent of remaining smokers have stopped using e-cigarettes.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Office for Health Improvement and Disparities will continue to provide information, advice and support related to the benefits of using e-cigarettes as a tool for smoking cessation. We will continue to communicate this through local stop smoking services and campaigns. The Department is considering a range of innovative policy and regulatory changes to achieve our ambition to be smoke-free by 2030. This will be set out in our new Tobacco Control Plan, which we will publish in due course.

HC Deb 28 October 2021 | PQ 60346

[Smoking](#)

Asked by: Sharma, Mr Virendra

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to set a delivery plan and timetable for the forthcoming Tobacco Control Plan for England; and if he will make a statement.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Department is currently in the process of drafting a new Tobacco Control Plan. Once the Plan has been published, we will set out a delivery plan and timetable to monitor its progress, and to make sure we deliver our ambition to be smoke-free by 2030.

HC Deb 27 October 2021 | PQ 56491

[Smoking](#)

Asked by: Campbell, Mr Gregory

To ask the Secretary of State for Health and Social Care, in the context of smoking prevalence among adults, what assessment he has made of the feasibility of delivering a smoke-free country by 2030.

Answering member: Maggie Throup | Department: Department of Health and Social Care

We are committed to reducing the harms caused by tobacco and smoking rates amongst adults are currently at 13.9%, the lowest on record. The Department is currently preparing a new Tobacco Control Plan which will deliver our ambition to be smoke-free by 2030.

HC Deb 25 October 2021 | PQ 58745

[Smoking](#)

Asked by: Jones, Mr David

To ask the Secretary of State for Health and Social Care, pursuant to the answer of 27 July 2021 to Question 36588 on Tobacco, if he will publish his planned timetable for publication of the Tobacco Control Plan for England.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Department is currently in the process of drafting the new Tobacco Control Plan working closely with Public Health England and other Government departments. We expect the final Tobacco Control Plan to be published by the end of the year.

HC Deb 11 October 2021 | PQ 50628

[Smoking](#)

Asked by: Jones, Mr David

To ask the Secretary of State for Health and Social Care, what discussions his Department has had with the devolved Administrations on the development of the Tobacco Control Plan.

Answering member: Maggie Throup | Department: Department of Health and Social Care

Departmental officials regularly meet with the devolved administrations to discuss tobacco control matters and share best practice, including progress on the forthcoming Tobacco Control Plan.

HC Deb 20 October 2021 | PQ 56277

[WHO Framework Convention on Tobacco Control](#)

Asked by: Anderson, Lee

To ask the Secretary of State for Health and Social Care, to what extent the UK delegation at the forthcoming Conference of the Parties of the Framework Convention on Tobacco Control will (a) have its policy positions determined by his Department in advance and (b) have leeway to determine its own policy positions during the Conference.

Answering member: Maggie Throup | Department: Department of Health and Social Care

The Department's policy position at the ninth Conference of the Parties (COP9) of the Framework Convention on Tobacco Control will be determined in advance of the meeting, in accordance with the 2017 Tobacco Control Plan and our ambition to be smoke free by 2030.

Departmental officials will review the agenda items and papers along with relevant required actions for opportunities to present the United Kingdom's position, in compliance with the rules of procedure at COP9.

HC Deb 22 September 2021 | PQ 49279

[Smoking](#)

Asked by: Cooper, Daisy

To ask the Secretary of State for Health and Social Care, what plans he has to implement the recommendation from the All Party Parliamentary Group on Smoking and Health to make tobacco manufacturers pay for a Smokefree 2030 Fund to bring an end to smoking.

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

The Department are currently considering a range of innovative new proposals to be included in the new Tobacco Control Plan, which we will publish later this year. This includes discussions with HM Treasury about the most effective way to raise additional funds to support smoking cessation services.

22 July 2021 | PQ 34606

[Smoking](#)

Asked by: Cooper, Daisy

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to reach its smoking cessation targets.

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

Since the 2017 Tobacco Control Plan was published, overall smoking prevalence has fallen from 15.5% to 13.9%. We have also seen reductions in smoking rates for 15 year olds and amongst pregnant women. This has been achieved through continued investment in stop smoking services, focused local action and support and through the United Kingdom's strong regulatory framework.

However, we know that smoking remains one of the largest causes of preventable mortality and national progress continues to mask significant health inequalities across England. Our new Tobacco Control Plan, to be published later this year, will outline additional measures to reach the ambition of a smoke free England by 2030.

HC Deb 22 July 2021 | PQ 34605

[Pregnancy: Smoking](#)

Asked by: Campbell, Mr Gregory

To ask the Secretary of State for Health and Social Care, whether it is his policy to include a target in the forthcoming Tobacco Control Plan to reduce the prevalence of women smoking during pregnancy to less than 6 per cent by the end of 2022.

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

The Government remains committed to reducing the prevalence of women smoking during pregnancy. Addressing this issue will be a priority for our new Tobacco Control Plan, which we will publish later this year. A number of targets are currently under consideration, which will support our ambition to be Smokefree by 2030.

HC Deb 01 July 2021 | PQ 22143

7

Press releases and useful links

Department of Health and Social Care

[E-cigarettes could be prescribed on the NHS in world first](#)

29 October 2021

Action on Smoking and Health

[MHRA enhanced guidance on medical licensing for e-cigs welcomed by health leaders, clinicians and tobacco experts](#)

29 October 2021

Action on Smoking and Health

[Use of e-cigarettes among adults in Great Britain, 2021](#)

28 June 2021

[Delivering a Smokefree 2030: The All Party Parliamentary Group on Smoking and Health recommendations for the Tobacco Control Plan 2021](#)

9 June 2021

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

Eurobarometer

[Attitudes of Europeans towards tobacco and electronic cigarettes](#)

3 February 2021

Public Health England guidance

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

18 March 2020

Public Health England guidance

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

26 February 2020

8

News items

Guardian

[Firms under fire for using UK influencers to push nicotine products](#)

8 November 2021

Economist

[Britons love e-cigarettes—and ministers want to encourage them](#)

6 November 2021

BBC News Online

[Bristol study finds shops 'undermining' tobacco display ban](#)

14 September 2021

Guardian

[Regulator paves way for NHS e-cigarette prescriptions in England](#)

29 October 2021

Guardian

['Smoking kills' could be printed on every cigarette under new UK proposals](#)

20 October 2021

BBC News Online

[Smoking surge in young during Covid lockdown](#)

25 August 2021

Times

[Smoking 'costs UK economy £19bn a year'](#)

2 August 2021

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