Parliamentary brief
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BMA

# Tobacco Control Plan for England

Backbench debate, House of Commons
19th October 2017

## About the BMA

The BMA (British Medical Association) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

Doctors witness first-hand the devastating effects of smoking-related diseases on their patients. The BMA has a long history of supporting measures to reduce tobacco-related harm. We are also a member of the SFAC (Smokefree Action Coalition), a group of organisations committed to promoting public health and reducing the harm caused by tobacco.

## Key points

- The BMA repeatedly called for the publication of a comprehensive tobacco control plan to replace the Government's previous five-year strategy, *Smoking still kills*, which expired in 2015.
- We welcomed the Government's publication of a new 2017-2022 strategy this summer, which seeks to achieve a "*smoke-free generation*" – something that the BMA has called for by 2035.
- Despite a long-term reduction in smoking rates, tobacco use remains the leading cause of preventable, premature death and ill health, accounting for around 100,000 deaths each year in the UK. To support further reductions in the number of people smoking in England, we must continue to prioritise tobacco control policies at a local and national level.
- We have warned that cuts to the public health grant undermine local authorities' ability to invest in highly cost-effective smoking cessation services.

## A tobacco control strategy

We welcome the new government strategy's focus on achieving a tobacco-free society, which is something the BMA has urged should be achieved by 2035.[1]

Whilst smoking rates continue to decline, tobacco use remains the leading cause of preventable deaths and ill health, and is one of the largest causes of health inequalities in England. Each day, more than 200 people die from smoking-related illnesses that could have been prevented.

We also know that amongst young people who experiment with smoking, many become addicted to nicotine and continue to smoke as adults. Therefore, despite a welcome three quarters of teenagers in England reporting that they have never smoked, the fact that smoking kills half of all long-term users means that we must do more to prevent these deaths.

**To meet the expectation of a smoke-free generation, the Government must maintain its commitment to controlling the harm caused by tobacco at a national *and* local level.**

[1] In practice, a smoke-free generation would mean a society in which we have only a nominal number of smokers, i.e. less than 5% of the population, and only a nominal level of mortality from tobacco-related diseases.

### *National policies*

National-level tobacco control policies should include a 'polluter pays' annual levy on tobacco companies to achieve greater industry accountability, and an increase in tax on all tobacco products from 2 to 5% above the rate of inflation. It is estimated that this tax-related policy would see 104,000 more smokers quitting, 479 deaths prevented, and an increase in government revenue of £485 million in the first year.[2] These measures are not part of the Government's current control strategy.

### *Local policies*

National-level control policies must be supported by locally-driven preventative measures. Local authorities' ability to provide effective public health services risks being undermined by cuts to public health funding – planned cuts to local authorities' public health grant in England will average 3.9% a year until 2020/21.

Some of the services most affected by these cuts include tobacco control and smoking cessation. The majority of local authorities in England reduced spending on smoking cessation last year,[3] with many downgrading their provision of specialist smoking cessation services. Moreover, some local authorities no longer offer any support for smoking cessation at all.[4]

A decrease in the provision of 'stop smoking' services must be addressed urgently – the Government's own plan acknowledges that "*local stop smoking services continue to offer smokers the best chance of quitting*". We believe that cuts to these highly cost-effective smoking cessation schemes are a false economy, and are likely to increase health inequalities and add to the future demand for health and care services.

**The BMA welcomes the Government's commitment to encourage local action, such as promoting links to 'stop smoking' services, but this needs to be matched by adequate investment in tobacco control at a local level. Furthermore, we believe stronger nationally-led measures could be taken to encourage greater industry accountability.**

## NHS at breaking point

The Government's new plan states that "*there were approximately 474,000 smoking related hospital admissions*" in 2015/16, and that "*smokers also seeing their GP 35% more than non-smokers*". Furthermore, the plan acknowledges that the burden created by smoking-related ill health is not just on the health system, as "*smoking-related ill health leads to increased costs for the adult social care system*" as well.

**The BMA has repeatedly warned that the health and social care systems are at breaking point, and the added burden of the preventable deaths and ill health caused by smoking are putting pressure on a system that is already struggling to cope with growing demand.**

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[2] For more information, please see the BMA's report: 'Promoting a tobacco free society' (June 2015)

[3] Department for Communities and Local Government, 'Local authority revenue expenditure and financing England: 2017 to 2018 budget individual local authority data' (29.06.17), www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2017-to-2018-budget-individual-local-authority-data (accessed on 16.10.17)

[4] CRUK & ASH, 'Cutting down: the reality of budget cuts to local tobacco control' (November 2016), www.cancerresearchuk.org/sites/default/files/local_authority_survey_2016_report_cruk_finalfinal.pdf (accessed 16.10.17)