Local Government Declaration on Tobacco Control

Briefing Note

(Text in bold is taken from the Declaration)

Smoking is the single greatest cause of premature death and disease in our communities

Every year in England more than 80,000 people die from smoking related diseases. This is more than the combined total of the next six causes of preventable deaths, including alcohol and drugs misuse. Smoking accounts for one third of all deaths from respiratory disease, over one quarter of all deaths from cancer, and about one seventh of all deaths from heart disease. On average a smoker loses 10 years of life. The earlier you quit, the less life you lose.[1]

Supporting information and resources on smoking and tobacco control, by English region and down to local authority level, for use by Councillors, officers and local decision-makers, can be found at **www.ash.org.uk/localtoolkit.**

Information on the burden of illness and disease caused by smoking, for each local authority in England, can be found at **http://www.tobaccoprofiles.info/tobacco-control**

Reducing smoking in our communities significantly increases household incomes and benefits the local economy

The annual cost of smoking to the UK national economy has been estimated at £13.7 billion. A smoker consuming a pack of twenty cigarettes a day will spend around £2,500 a year on their habit. Based on 2009 prices, poorer smokers proportionately spend five times as much of their weekly household budget on smoking than do richer smokers. If poorer smokers quit they are more likely to spend the money they save in their local communities. [2]

Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities

About half of all smokers in England work in routine and manual occupations. Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles. The poorer and more disadvantaged you are, the more likely you are to smoke and as a result to suffer smoking-related disease. Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged in society**.** Smoking rates are also higher among particular

1 ASH, *Facts at a Glance*, http://www.ash.org.uk/files/documents/ASH_93.pdf (Accessed 11th April 2013)

2 ASH, *The Economics of Tobacco*, http://www.ash.org.uk/files/documents/ASH_121.pdf (Accessed 11th April 2013)

ethnic groups, the prevalence rate among Afro-Caribbean men is 37% and among Bangladeshi men it is 36%. [3]

Smoking is an addiction largely taken up by children and young people

Two thirds of smokers start before the age of 18, and across the UK more than 200,000 children aged between 11 and 15 start to smoke every year, even though it is illegal to sell cigarettes to anyone below the age of 18. Two thirds of smokers say they began before they were legally old enough to buy cigarettes. [4] Research shows that by the age of 20, four fifths of smokers regret they ever started. Growing up around smoke puts children at a major health disadvantage in life. Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease, resulting in around 10,000 hospital admissions each year. [5]

Smoking is an epidemic created and sustained by the tobacco industry

The tobacco industry (outside China) is dominated by four multinationals, Japan Tobacco International and Imperial Tobacco (which together account for 85% of the UK market), British American Tobacco and Philip Morris International. These firms are some of the most profitable in the world: the global tobacco market is worth about £450 billion a year. Between 2006 and 2011 Imperial Tobacco increased its UK operating margins from 62% to 67%. [6]

The tobacco industry needs to recruit 200,000 smokers a year to maintain current levels of consumption, replacing those smokers who have quit or who have died from diseases related to their addiction. The great majority of these new smokers will be under 18 years old. Although tobacco advertising is now banned in the UK, the tobacco multinationals use packaging of their products to try to attract young people in general, with specific brands aimed at target groups such as young women. [7]

The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco

HM Revenue and Customs estimate that in 2010/11, the illicit market in cigarettes accounted for about 9% of the UK market, and the illicit market in hand-rolled tobacco accounted for about 38% of the UK market. The total amount of revenue lost to the Exchequer was estimated at £1.20 billion for cigarettes and £0.66 billion for hand-rolled tobacco. (All figures are mid-range estimates).

Recent research in the North of England showed that over half of smokers aged 14 to 17 have been offered illicit tobacco, and that buying rates amongst these age groups are higher than amongst older smokers.

Local authorities are key players in tackling the illicit trade, through trading standards departments and through their local partnerships with police, customs and health professionals. Regional partnerships to tackle illicit tobacco include the North of

3 ASH, *Smoking Statistics Who Smokes and How Much*, http://www.ash.org.uk/files/documents/ASH_106.pdf (Accessed 11th April 2013)

4 Office for National Statistics, *General Lifestyle Survey 2011, Chapter 1 Smoking*, http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-1.html (Accessed 11th April 2013)

5 *Smoking: Children*, http://www.ash.org.uk/localtoolkit/docs/cllr-briefings/Children.pdf (Accessed 11th April 2013)

6 ASH, *The UK Tobacco Industry*, http://ash.org.uk/files/documents/ASH_123.pdf (Accessed 11th April 2013)

7 Plain Packs Protect Campaign, *Smoking Facts for Kids*, http://www.plainpacksprotect.co.uk/plain-packaging-children-teenager-smoking-facts-infographic.aspx (Accessed 11th April 2013)

England Tackling Illicit Tobacco for Better Health Programme, the South of England Partnership and the East of England Partnership. [8]

As local leaders in public health we welcome the:

Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;

As you will know from 1st April 2013, the public health function has been transferred from the National Health Service to local authorities. Each top tier and unitary authority has its own health and wellbeing board and a Director of Public Health, and these local authorities are responsible for commissioning stop smoking and other relevant services. [9]

Commitment by the government to live up to its obligations as a party to the World Health organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry;

The Framework Convention on Tobacco Control (FCTC) [10] is the world's first public health treaty, negotiated through the World Health Organisation. It has been ratified by more than 170 countries, including the UK. Key provisions include support for: price and tax measures to reduce the demand for tobacco products; public protection from exposure to tobacco smoke; regulation of the contents of tobacco products; controlling tobacco advertising, promotion and sponsorship; measures to reduce tobacco dependence and promote cessation; tackle llicit trade in tobacco products; and end sales to children. Article 5.3 commits Parties to protecting their public health policies from the commercial and vested interests of the tobacco industry and the UK has explicitly committed to live up to this obligation in chapter 10 of the Tobacco Control Plan for England.[13]

We commit our Council to …

Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;

Develop plans with our partners and local communities to address the causes and impacts of tobacco use, according to our local priorities and securing maximum benefit for our communities;
Participate in local and regional networks for support; and

Monitor the progress of our plans against our commitments and publish the results.

It is for local authorities to decide on their priorities. The CLeaR model developed by ASH in partnership with the regional offices of tobacco control, CIEH and the TSI

8 All Party Parliamentary Group on Smoking and Health, *Report on the Illicit Trade in Tobacco Products*, http://www.ash.org.uk/APPGillicit2013 (Accessed 11th April 2013)

9 Department of Health, *A Short Guide to Health and Wellbeing Boards*, http://healthandcare.dh.gov.uk/hwb-guide/ (Accessed 11th April 2013)

10 World Health Organisation, ***Framework Convention on Tobacco Control***, http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf (Accessed 11th April 2013)

amongst others, provides a structured process for building a local tobacco plan.
http://www.ash.org.uk/CLeaR
More information can be obtained from Hazel Cheeseman at ASH
hazel.cheeseman@ash.org.uk

Any Council wishing to take a systematic approach to tobacco control will of course need to monitor and measure progress against agreed plans, and it is strongly recommended that this be done through publicly accessible reports, discussed and agreed in a public forum.

Join the Smokefree Action Coalition

The Smokefree Action Coalition is an alliance of over 100 organisations including medical royal colleges, the British Medical Association, the Trading Standards Institute, the Chartered Institute of Environmental Health, the Faculty of Public Health, the Association of Directors of Public Health and ASH. The Coalition was created during the successful campaign for legislation ending smoking in enclosed public places (Health Act 2006), and has also engaged with Government on a wide range of tobacco control issues, including the introduction of standardised ("plain") packaging for tobacco products. [11] More information about the Coalition and how to join can be obtained from Hazel Cheeseman at ASH, which provides the secretariat for the SFAC. Email: hazel.cheeseman@ash.org.uk

Protect our tobacco control strategies from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees

Article 5.3 of the FCTC states that: *"in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law"*. WHO guidelines on implementing Article 5.3, which were also supported by the UK Government, state that the obligations under this Article apply *"to government officials, representatives and employees of any national, state, provincial, municipal, local or other public or semi/quasi-public institution or body within the jurisdiction of a Party, and to any person acting on their behalf".* They also recommend that public bodies covered by Article 5.3. should introduce *"measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur; reject partnerships and non-binding or non-enforceable agreements with the tobacco industry; and avoid conflicts of interest for government officials and employees".* [12]

The Declaration does not contain specific commitments in relation to Councils' pension fund investments in the tobacco industry. Councils may wish to review these investments and may conclude that the tobacco industry is not an appropriate investment. Decisions of this kind must be made by trustees on advice and in accordance with their legal duties.

11 Smokefree Action Coalition, http://www.smokefreeaction.org.uk/ (Accessed 11th April 2013)

12 World Health Organisation, *Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control*, http://www.who.int/fctc/guidelines/article_5_3.pdf (Accessed 11th April 2013)

Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;

"Healthy Lives, Healthy People: A Tobacco Control Plan for England" was published by the Department of Health in 2011. It included commitments to implement legislation to end tobacco displays in shops; consult on "plain" (standardised packaging of tobacco products; use tax to maintain the high price of tobacco products to cut smoking prevalence; promote effective local enforcement of tobacco legislation, particularly on the age of sale of tobacco; encourage more smokers to quit through local stop smoking services; and publish a 3-year marketing strategy for tobacco control. [13] The Government has consulted on standardised packaging and as at 17th May 2013 was still considering whether or not to proceed.

13 Department of Health, *Tobacco Control Plan for England* (2011), https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england (Accessed 11th April 2013)