NHS
National Institute for Health and Clinical Excellence

Local government public health briefings

Tobacco

http://guidance.nice.org.uk/phb1/

Published: 25 July 2012

Introduction

This briefing summarises NICE's recommendations for local authorities and their partner organisations, on preventing people from taking up smoking and helping people to stop smoking. It is particularly relevant to health and wellbeing boards.

Local authorities have a responsibility to address health inequalities, and smoking is the primary reason for the gap in healthy life-expectancy between rich and poor (Fair society healthy lives [The Marmot review]).

Tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people per year. This is greater than the **combined** total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections (Smoking statistics: Illness and death).

One in every two regular smokers is killed by tobacco, and half of them will die before age 70, losing an average 10 years of life (Mortality in relation to smoking: 50 years' observations on male British doctors).

Two-thirds of smokers say they began smoking before age 18, and 9 out of 10 started before the age of 19 (General lifestyle survey 2009).

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>
> For further information on how to use this briefing and how it was developed, see 'About this briefing'.

What can local authorities achieve by tackling tobacco?

This section is based on Action on Smoking and Health's (ASH) CLeaR thinking: excellence in local tobacco control.

Boost the local economy

Cut the cost of local public services

The annual costs of tobacco[1] are estimated at:

- £61 million in a London borough such as Havering

- £176 million in a large city like Manchester

- £104 million in a county such as Wiltshire

- £19 million in a district council like North East Derbyshire.

Use the Action on Smoking and Health toolkit to find out the costs for your local area.

Children's health

Protect children from harm from tobacco smoke

Children exposed to tobacco smoke are at much greater risk of cot death, meningitis, lung infections and ear disease (Passive smoking and children). Children whose parents or siblings smoke are more likely to smoke themselves.

Buying cheap tobacco can bring children into contact with criminals who may put pressure on the children to sell cigarettes on to friends, and try to sell them other things illegally. Children can buy tobacco at dinner-money prices, making it easy for them to become addicted (No illegal tobacco).

Income inequality

Boost the disposable income of the poorest people in your area

Workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional roles. Poorer smokers spend five times as much of their weekly household budget on smoking as richer smokers (Smoking: health inequalities). An adult smoking 10 cigarettes a day would save about £1000 a year if they did not smoke (see Workplace interventions to promote smoking cessation: costing template).

Public health policy and indicators

Drive improvement across key measures of population health

Reducing smoking rates will have an impact on indicators in 3 out of the 4 public health domains identified in Improving outcomes and supporting transparency, part 1: A public health outcomes framework for England, 2013–2016. Specifically, it will impact on the core indicators for:

- sickness absence

- number of children in poverty

- number of low birthweight babies

- number of pregnant women smoking at time of delivery

- smoking prevalence rates in adults and children

- infant mortality

- all-cause preventable mortality

- mortality from cardiovascular disease, cancer, respiratory disease

- preventable sight loss.

The government's white paper 'Healthy lives, healthy people: a tobacco control plan for England' provides a framework for action at national, regional and local level, covering: stopping the promotion of tobacco; making tobacco less affordable; effective regulation; helping tobacco users to quit; reducing exposure to second-hand smoke; and effective communications. Local authorities and their partners can complement national action on legislation, regulation and taxation by:

- educating and informing people (especially children and young people) about the risks of smoking

- preventing access to illegal cigarettes and ensuring compliance with legislation on tobacco displays

- ensuring there is access to local advice and services for those who want to quit smoking.

See What NICE says for further information.

The government's Public Health Responsibility Deal invites organisations to pledge to help employees to quit smoking and reduce the risk to all employees of developing other respiratory health problems.

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[1] This includes NHS care, sick days caused by tobacco use and the resulting productivity losses, illnesses caused by passive smoking, smoking breaks, domestic fires caused by tobacco use and the cost of clearing up tobacco-related litter.

What NICE says

NICE recommendations

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes

- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines

- an assessment of the effectiveness and cost effectiveness of public health interventions.

Following all of NICE's recommendations on tobacco control will help you make the best and most efficient use of resources to improve the health of people in your area. Details of new guidance that NICE is developing on tobacco and smoking are on our website.

NICE's recommendations are presented here in a framework that is based on the CLeaR model developed by Action on Smoking and Health (ASH) and its partners. The model aims to help local government review its action on tobacco against the latest evidence-based practice.

Leadership

NICE recommends:

- Making your organisation an exemplar in smokefree policies and in the support provided to help employees stop smoking (see NICE guidance on brief interventions and referral for smoking cessation, smoking cessation services and workplace interventions to promote smoking cessation).

- Ensuring frontline staff are trained to encourage people to stop smoking every time they are in contact with them (see NICE guidance on brief interventions and referral for smoking cessation and quitting smoking in pregnancy and following childbirth).

- Planning and commissioning tobacco control work with national, local and regional partners (see NICE guidance on preventing the uptake of smoking by children and young people and school-based interventions to prevent smoking).

- Involving local communities and target groups in encouraging people to stop smoking (see NICE guidance on preventing the uptake of smoking by children and young people and identifying and supporting people most at risk of dying prematurely).

- Monitoring and evaluating all activities to discourage people from taking up smoking and to help those who smoke to quit (see, in particular, NICE guidance on identifying and supporting people most at risk of dying prematurely).

- Never involving tobacco companies in anti-tobacco activities (see NICE guidance on preventing the uptake of smoking by children and young people).

Prevention

NICE recommends that some of the work to discourage children and young people from smoking should take place in schools and that all staff involved should be trained. For details see Smoking prevention and cessation in schools on NICE's 'Smoking prevention and cessation' pathway. See also 'Complying with legislation' below and Mass-media campaigns for under-18s on NICE's 'Smoking prevention and cessation' pathway.

Complying with legislation

NICE recommends that local authorities should:

- Ensure environmental health and trading standards services prioritise tobacco control.

- Enforce legislation on tobacco in accordance with their statutory role and best practice. This includes conducting and auditing test purchases, providing training for retailers and prosecuting those who break the law.

For details see Illegal sales on NICE's 'Smoking prevention and cessation' pathway.

Communications

NICE recommends that regional and local campaigns should be integrated with national communications strategies. For details see Mass-media campaigns for under-18s on NICE's 'Smoking prevention and cessation' pathway.

In addition, efforts to change any type of behaviour (or to communicate the benefits of making any such change) should follow a set of basic principles. For details see NICE's guidance on behaviour change.

Innovation and learning

Many people who are most at risk of early death smoke. Many of them are also disadvantaged. NICE recommends tackling health inequalities by providing flexible, coordinated and accessible services that are planned and developed with these disadvantaged groups.

NICE also recommends that local authorities should share learning on innovative local initiatives to reduce health inequalities. For details see NICE's guidance on identifying and supporting people most at risk of dying prematurely.

Helping people to quit smoking

Stop smoking services

NICE recommends that stop smoking services should be flexible, accessible for different groups, and culturally sensitive, and offer effective treatments from trained staff. Services should work in partnership with agencies that support pregnant women with complex social and emotional needs, and with employers, particularly in businesses with employees on low incomes.

In addition, commissioners should ensure stop smoking services are given realistic performance targets and should audit the performance of these services.

For details see Evidence-based stop smoking services and quitlines on NICE's 'Smoking prevention and cessation' pathway.

Brief advice and referrals for further help

All health and community practitioners can be trained to provide effective brief interventions to help smokers to quit. For details see Support from general NHS services to help people stop

smoking – primary care health practitioners on NICE's 'Smoking prevention and cessation' pathway.

Action in the workplace

Employers should publicise stop-smoking services and consider providing them on site. For more information see Smoking cessation in the workplace on NICE's 'Smoking prevention and cessation' pathway. Also see NICE's simplified business case for employers and a summary version of the costing template for employers.

Pregnancy and following childbirth

Every time any professional has contact with a pregnant woman who smokes (including through children's centres, teenage pregnancy and youth services), they should use that opportunity to give brief advice and to refer them to stop smoking services.

When pregnant women who smoke, or who have recently stopped smoking, are first booked in for antenatal support, midwives should refer them to stop smoking services. For details see Support from general NHS services to help people stop smoking on NICE's 'Smoking prevention and cessation' pathway.

Partners and others in the household who smoke should be given clear advice about the danger that their smoke poses, and advised not to smoke around the pregnant woman, mother or baby. Stop smoking services should offer partners who smoke a multi-component intervention that comprises three or more elements and multiple contacts.

Examples of practice

Examples of how NICE's advice on tobacco control has been put into practice can be found on our shared learning database. They include:

- Toxic tobacco truths lesson resource pack (developed for the secondary school programme to reduce the uptake of smoking in young people)

- Trafford tobacco control strategy.

Note that the examples of practice included in this database aim to share learning among NHS and partner organisations, and do not replace the guidance.

Developing an action plan

The table below poses some questions that could be asked when developing a comprehensive plan to tackle tobacco use in your local community. The recommendations summarised in What NICE says will help you identify effective actions to take.

Assessing opportunities to tackle tobacco use
How does your local authority help employees stop smoking?
Are frontline staff trained to encourage people to stop smoking?
How does your local authority work with local, regional and national partners on tobacco control activities?
How are local communities involved in planning and delivering activities?
How are you monitoring and evaluating activities?
What measures are in place to ensure that tobacco companies are never involved in anti-tobacco activities?
What work is done with schools to discourage children and young people from smoking?
How do environmental health and trading standards services prioritise tobacco control and enforcing legislation?
How are local campaigns integrated with national communications strategies?
Do efforts to change people's behaviour follow principles based on the evidence about what works?
How does your council share learning on innovative initiatives to reduce health inequalities?
Are local stop-smoking services flexible and accessible to all groups of tobacco users?
Are local health and community practitioners trained to help smokers to quit?
Do local employers publicise stop-smoking services?

Do all professionals working with pregnant women encourage them to stop smoking, and refer them to stop-smoking services?

Costs and savings

- Most of the smoking interventions recommended by NICE are considered highly cost effective and some are even cost saving – that is they are cheaper and more effective than the alternative.

- The costs of tobacco use and the savings associated with smoking cessation interventions are influenced bythe percentage of people in the population who smoke – and the cost and effectiveness of the interventions on offer. For example, in 2011 approximately 24% of the adult population in Newcastle-upon-Tyne – around 57,225 people – smoked. Using the ASH 'Reckoner' toolkit, costs for that year were estimated at **£106 million**:

    – £32 million in lost productivity due to early deaths

    – £22 million in smoking breaks

    – £21 million in NHS care

    – £19 million in sick days

    – £5.5 million from the impact of passive smoking

    – £3.9 million from domestic fires

    – £2.6 million from clearing up smoking litter.

Facts and figures

- Tobacco is estimated to cost society nearly £14 billion per year (Cough up: balancing tobacco income and costs in our society). This is more than the total income gained by the exchequer through cigarette duties.

- In England in 2010, 21% of men and 20% of women were regular smokers ([General lifestyle survey overview: A report on the 2010 general lifestyle survey](#)). Although smoking prevalence has dropped sharply since the 1970s, the decline has been much slower in the last decade. Estimates suggest that it is dropping by 0.4% points a year[2].

- Premature death rates from cardiovascular disease are up to six times higher among lower socioeconomic groups than among more affluent groups ([Coronary heart disease mortality among young adults in Scotland in relation to social inequalities](#)). Among men, smoking is responsible for over half the excess risk of premature death between the social classes[3].

- Death rates from cardiovascular disease are approximately 50% higher than average among South Asian groups, which reflects the higher smoking rates in these groups[4]). Reducing smoking is one of the most cost-effective ways to prevent cardiovascular disease.

- Smoking in pregnancy increases infant mortality by about 40%[5]. More than a quarter of the risk of sudden unexpected death in infancy is attributable to smoking – which can also cause complications in pregnancy and labour ([Smoking and reproduction](#)).

- Second-hand smoke exposure among children in the UK is estimated to result in 165,000 new episodes of disease, 9500 hospital admissions, 200 cases of bacterial meningitis and about 40 sudden infant deaths each year ([Passive smoking and children](#)).

- Having a family member who smokes increases the chance that a young person will take up smoking. Among 11–15-years-olds who smoke regularly, 84% have family members who smoke, compared with 64% of occasional smokers and 66% of non-smokers ([Smoking, drinking and drug use among young people](#)).

- Nearly 70% of 11–15-your-olds are given cigarettes by other people, usually friends (58%). But 1 in 10 had asked someone to buy them cigarettes in the past year – often older friends (69%) or strangers (58%) ([Smoking, drinking and drug use among young people](#)).

- An estimated 21% of the tobacco used in the UK is smuggled. Low-income smokers are the most likely to use smuggled tobacco, so tackling smuggling could reduce health inequalities ([Why combating tobacco smuggling is a priority](#)).

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[2] Jarvis, MJ (2003) Monitoring cigarette smoking prevalence in Britain in a timely fashion. Addiction 98 (11):1569–74

[3] Jarvis M, Wardle J (1999) Social patterning of individual health behaviours: the case of cigarette smoking. In Marmot M, Wilkinson R (editors) Social determinants of health. Oxford: Oxford University Press

[4] Allender S, Peto V, Scarborough P et al. (2007) Coronary heart disease statistics 2007 edition. London: British Heart Foundation

[5] Department of Health (2007) Review of the health inequalities infant mortality PSA target. London: Department of Health

Support for planning, review and scrutiny

A range of support tools are available via Into practice on our website. They can help you identify local needs. They can also help with planning and scrutiny activities.

Other useful resources and advice

- The ASH 'Reckoner' toolkit to help estimate the local health impact and cost of tobacco use and councillors' briefings on health inequalities and various aspects of tobacco use. ASH's CLeaR model helps local authorities review their action against evidence-based practice.

- Facts and figures on smoking in England and local tobacco profiles provided by the London Health Observatory.

- Case studies on tobacco control in a local authority context provided by Local Government Improvement and Development.

- NICE's workplace cost-effectiveness tool which provides information on the costs and benefits of investing in smoking cessation in the workplace.

About this briefing

This briefing is based NICE guidance published up to July 2012 about tobacco control and smoking cessation. It was written with advice from NICE's Local Government Reference Group, and using feedback from council officers and elected members.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

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Contact NICE

National Institute for Health and Clinical Excellence

Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT

www.nice.org.uk

nice@nice.org.uk