Royal College of Physicians

Executive summary and recommendations

Smoking and health 2021
A coming of age for tobacco control?

A report by the Tobacco Advisory Group of the Royal College of Physicians

May 2021

The Royal College of Physicians

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Executive summary and recommendations

In 1962, when the Royal College of Physicians (RCP) published *Smoking and health*,[1] tobacco smoking was the largest avoidable cause of premature death and disability in the UK. During the ensuing 6 decades the UK has moved from being a global leader in tobacco consumption to a global leader in tobacco control,[2] and the subsequent reduction in smoking prevalence by about 75% from 1962 levels is widely regarded as evidence of success.

Yet tobacco smoking is entirely avoidable, so the persistence of smoking among almost 7 million regular smokers in the UK, and the fact that, as in 1962, smoking is still the largest avoidable cause of premature death and disability in the UK, actually represent an abject failure of public health policy. The ability of the UK and other countries to rise to major public health challenges is beyond doubt; the COVID-19 pandemic, by far the biggest new challenge to UK and global health in decades, has attracted a public health and economic response of a scale unique in the modern era. Yet in 2020, when COVID-19 killed around 80,000 UK citizens,[3] tobacco smoking killed 94,000.[4] Had the policies advocated by the RCP in 1962 been adopted and followed through, smoking would – to practical purposes – have been eradicated from the UK years ago. Modelling of current tobacco control policies in this report identifies a failure to achieve a smoking prevalence of <5% until after 2050. To end the wholly preventable loss of life from tobacco use in the decades to come, it is essential to act, radically and comprehensively, now. To do otherwise would be unforgivable.

To meet these obligations our national tobacco control plans must be much more ambitious across the whole spectrum of policies available, and in particular must target the most disadvantaged communities. The measures necessary to deliver these needs have been identified in this report, and to varying extents act by reducing the appeal of smoking and encouraging smokers to quit. All are simple and inexpensive to implement. These measures are summarised below along with a series of policy recommendations that the RCP considers necessary to put an end to tobacco smoking in the UK.

1. Taxation

Increasing tobacco taxation is one of the most effective means of reducing smoking uptake and promoting quitting. UK tobacco tax structures need to be reformed with the aim of making smoked tobacco substantially less affordable and reduced harm nicotine alternatives much more affordable. This requires the imposition of large, above-inflation annual tax increases on smoked tobacco; reducing manufactured cigarette price differentials by imposing minimum prices and replacing ad valorem taxes with specific taxes; increasing the tax on hand rolling tobacco to close the current price differential between hand-rolled and manufactured cigarettes; and requiring all tax increases to be translated into retail prices simultaneously in a single annual increment.

The strong relation between smoking and poverty makes tobacco tax increases regressive, and this concern has acted as a brake on more radical imposition of tobacco taxes since 1962. For that reason alone it is essential that tax increases are used in combination with measures that make it as easy as possible for smokers to stop using tobacco, for example through the routine provision of stop smoking support in all NHS services, and by actively promoting the uptake of consumer alternatives to smoking such as electronic cigarettes. Tax increases are, however, also most effective among poorer smokers, so to hold back on their use only perpetuates health harms and health inequalities. On the other hand, eradicating tobacco use, even if tobacco is substituted with other nicotine products, could inject up to £7 billion of current tobacco spending directly back into the pockets of smokers and their communities.

To incentivise and signal the importance of substituting tobacco with less harmful forms of nicotine, the level of taxation applied to non-tobacco nicotine products should be proportionate to their harm relative to tobacco. To this end, tax on medicinal nicotine should be abolished and tax on electronic cigarettes reduced.

Recommendations

- Tobacco product affordability is reduced by large, annual, above-inflation tax increases on all tobacco products that are translated immediately into retail prices, consideration is given to applying more radical increases aiming, for example, to double the price of cigarettes over a 5-year period.
- Tax on hand rolling tobacco is increased to a greater extent to ensure that within 5 years the tax paid per cigarette, containing the typical weight of tobacco, is equivalent to that on manufactured cigarettes.
- The regressive nature of higher taxes on tobacco is ameliorated by making easy access to cessation support universal to all smokers, and by encouraging those who continue to smoke to switch to non-tobacco nicotine.
- To support this approach, tax on medicinal nicotine is reduced to zero and to 5% on consumer non-tobacco nicotine products such as electronic cigarettes.

2. Health promotion

Educating people about the harms of smoking, and encouraging quitting, have played major roles in reducing smoking prevalence since the mid-20th century, and this approach remains essential to further progress. Mass media campaigns are effective and relatively inexpensive but spending on mass media campaigns in the UK plummeted in 2010 and remains low. Restoring investment in media campaigns at the very least to the equivalent of the 2008 level of £23 million, the year that immediately preceded the highest uptake of NHS smoking cessation services by smokers,[5] would provide a low-cost, highly effective method to incentivise smokers to quit. Media campaigns should also encourage switching from smoked tobacco to e-cigarettes and provide balanced information on other harm reduction options such as heated tobacco. Health warnings on tobacco packaging need to be strengthened and extended to individual cigarettes and hand rolling papers.

Recommendations

- Funding of mass media campaigns is increased to at least 2008 levels, to provide a low-cost, high-impact intervention to strengthen a comprehensive tobacco control strategy.
- Mass media campaigns support the use of electronic cigarettes as a quitting aid or substitute for smoking, and redress false perceptions about the safety of e-cigarettes compared with cigarettes.
- Health warnings on tobacco products are enhanced in size and supplemented by quit lines or web links that support cessation and by package inserts that provide information on health effects and quitting.
- The use of dissuasive colours and health warnings is extended to individual cigarettes and hand rolling papers.
- Health warnings on e-cigarette packs include a statement that e-cigarette vapour is likely to be substantially less harmful than tobacco smoke.

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3. Public space smoking restrictions

Smoke-free policies reduce exposure to tobacco smoke, encourage quit attempts, generate health benefits, protect children, de-normalise smoking and have strong public support. In healthcare settings, smoke-free premises and grounds are an essential component of a comprehensive approach to treating tobacco dependency among service users. Smoke-free policies in NHS settings should therefore be reinforced through legislation.

Smoking in the home is a major source of involuntary exposure to tobacco smoke, particularly in disadvantaged households and should be reduced by interventions which target home smoking behaviour, including media campaigns and provision of cessation or temporary abstinence support, and particularly so in housing managed by local government and housing associations.

Use of non-tobacco nicotine, including e-cigarettes, is important as a means to support abstinence from smoking in public places, and in some circumstances also indoors. Therefore, smoke-free policies should not automatically be extended to include non-tobacco nicotine use.

Recommendations

> Legislation prohibiting smoking in hospital grounds is adopted in England, thus aligning with laws adopted by the devolved nations.

> Smoking in the home is reduced by interventions which target home smoking behaviour, encouraging quitting and/or smoking only outdoors.

> Electronic cigarettes do not emit smoke, so smoke-free policies are not automatically extended to vaping.

> Policies on vaping in indoor and outdoor areas are used to facilitate smoke-free policies, acknowledging that permitting vaping where smoking is prohibited may help indoor and outdoor smoke-free measures to succeed.

4. Tobacco and nicotine product regulation

Nicotine product regulation should be used more proactively to reduce harm from smoked tobacco and promote substitution with alternative nicotine products. Hence, measures such as prohibiting cigarette filter vents, minimising filter porosity and imposing lower maximum standard tar, nicotine, and carbon monoxide yields, may be helpful in making cigarettes less desirable, and might encourage smoking cessation or substitution with less-hazardous nicotine delivery systems. Reporting requirements on the content and emissions of non-tobacco consumer nicotine products such as electronic cigarettes should be standardised and made easily available to the public. Substitution with non-tobacco nicotine products should be encouraged by allowing the use of comparative health claims in promotional materials.

Recommendations

> The toxicology of novel tobacco products is independently verified.

> A review of the regulation of e-cigarettes in the UK is undertaken to assess the extent to which the regulations support switching from smoking, while limiting appeal to and use by youth, as well as the extent to which the current regulations ensure products on the market are safe.

5. Treating tobacco addiction

Treating tobacco addiction should become the norm in all areas of healthcare, with opt-out treatment services offered and provided at all points of NHS contact. Additional measures of proven efficacy should also be utilised, including financial incentives in maternal smoking cessation pathways and tailored treatment for tobacco dependency for patients with serious mental illness. There needs to be better access and services for the LGBT community. E-cigarettes are an effective treatment for tobacco dependency and their use should be included and encouraged in all treatment pathways.

The healthcare workforce needs targeted education to learn that treating smoking is a core duty, and healthcare delivery restructured to integrate smoking cessation treatment into all clinical contacts. Treating smoking

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must be included in undergraduate, postgraduate and place-based training for clinicians and other healthcare professionals.

Recommendations

- The NHS provides opt-out smoking cessation services to all smokers at any point of contact with the NHS.
- Financial incentives are provided in maternal smoking cessation pathways.
- Patients with serious mental illness are offered tailored treatment for tobacco dependency.
- Better access to services is provided for tobacco-dependent members of the LGBT community.
- Training in the practical delivery of cessation and temporary abstinence advice and in prescribing smoking cessation medications is universal across the NHS and social care system.
- Primary care practitioners treat tobacco dependency, supported by a reform to the system that rewards treatment and enhanced training in primary care.
- E-cigarettes are included in standard protocols to treat tobacco dependency.

6. Preventing smoking uptake

Smoking uptake occurs because children see others smoke. This role modelling can arise from personal encounters with smokers among family members, friends and peers, and from exposure to smoking imagery in the media.

Exposure to smoking role models among family members, friends and peers occurs as a function of the general prevalence of smoking, and while not instantly preventable can be reduced by the many other measures described in this report to help smokers to quit smoking.

Media exposure to smoking imagery, and particularly exposure occurring in mainstream media such as television and film, is entirely preventable in new content by extending to tobacco the regulations that currently and successfully protect young people from exposure to other harmful imagery, and can be ameliorated in existing content by following the example of India in requiring, among other measures, on-screen health warnings and anti-smoking health promotion messages in any television, film or on-demand media containing smoking. Measures are also required to prohibit all forms of alibi marketing, tobacco industry sponsorship and social media promotion. Dissuasive cigarettes offer a means to make media smoking imagery less appealing. Since there is evidence that the decline in youth smoking may be slowing, these measures are a particular priority.

Other available policy options to make smoking uptake less likely are to reduce the availability of cigarettes by raising the minimum legal age of sale to 21 years, licensing tobacco vendors to discourage access to cigarettes through underage sale, extending standardised packaging legislation to include smoking paraphernalia such as cigarette papers, hand rolling filters and flavour cards, and extending point-of-sale legislation to remove tobacco gantries from sight.

Recommendations

- Exposure to tobacco imagery is included in the definition of online harm used in the forthcoming Online Safety Bill.
- Regulation of film and television is reformed to ensure that children are not exposed to tobacco imagery in the media.
- New films showing smoking automatically receive an 18 certificate, and television programmes containing smoking are not broadcast before the 9pm watershed.
- All existing and future films, television programmes, video-on-demand, music videos and print media that include tobacco imagery are required to display health warnings when tobacco imagery is present.
- Anti-smoking health promotion messages are screened before any film, television programming and video on-demand service programmes containing smoking.
- Tobacco product imagery is not shown on online sales websites.
- Advertising legislation is reformed to end alibi marketing and all tobacco industry sponsorship.
- Exposure to tobacco at point of sale is ended by taking all retail tobacco gantries and cabinets out of sight and removing all product imagery from online sales websites.
- The tobacco display ban and standardised packaging regulations are extended to include tobacco paraphernalia such as hand rolling paper.
- The minimum legal age of sale of tobacco products is raised to 21 years.
- Flavour infusion products are prohibited and flavour restrictions extended to filters and other tobacco paraphernalia.

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> Additional measures are introduced to reduce the uptake of smoking, including restricting access to tobacco vendors through tobacco licensing schemes, restrictions on the packaging of electronic cigarettes to make them less appealing to children, and school-based interventions targeting multiple risk behaviours simultaneously.

7. Countering tobacco industry tactics

The tobacco industry has been a lucrative business for more than a century, enjoying political influence and exemptions from rules and regulations that apply to other industries and consumer products. To protect profits the tobacco industry has consistently slowed, blocked, circumvented or overturned comprehensive tobacco control policies, often in contravention of measures to counteract tobacco industry interference set out in Article 5.3 of the Framework Convention on Tobacco Control. The policies advocated in this report must therefore be accompanied by measures to prevent the tobacco industry from deploying these tactics to oppose them, which to practical purposes means excluding the tobacco industry, industry lobbyists and advocates from all areas of government policymaking.

Recommendations

> The tobacco industry is excluded from all policymaking across government, from meeting with government officials and elected representatives, from making gifts or payments in kind and from any activity likely to or with the potential to promote tobacco use.

> A lobbying register is established for the disclosure of any and all funding sources of individuals or organisations lobbying government on tobacco control.

> Contributions (monetary or otherwise) from the tobacco industry or tobacco industry-funded third party organisations to political parties, government officials at all levels and all-party parliamentary groups are prohibited.

> Tobacco companies are statutorily required to provide information to government on their political activities and associated expenditure including the names of organisations they fund.

> A tax or levy on tobacco companies is introduced to fund independent tobacco control research, including independent testing of tobacco industry product contents and emissions.

8. Ethical aspects of tobacco control

Tobacco products are harmful, addictive, and are used predominantly by disadvantaged or marginalised people who in most cases become addicted while they are still children. The perpetuation of smoking in and by society thus contravenes the fundamental principles of autonomy and justice. Failure to do all that is possible to prevent young people from taking up smoking, and supporting and encouraging quitting among all existing smokers, is unethical.

9. Monitoring the effects of tobacco policy

To evaluate the effects of tobacco control policies, and to enable the early detection and reversal of unwanted or unpredicted adverse effects of policy, it is essential that government continues carefully to measure smoking prevalence, in detail, across the UK population.

References

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The **full report** is available to download from www.rcplondon.ac.uk/smoking-and-health-2021-coming-age-tobacco-control

Other recent reports by the Tobacco Advisory Group include:

Nicotine without smoke: Tobacco harm reduction published in 2016: www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction

Hiding in plain sight: Treating tobacco dependency in the NHS published in 2018: www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs

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