FUTURE HEALTH

Make Smoking History:

Getting back on track to eliminate smoking after the pandemic

May 2021

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During his time with the Secretary of State, Richard worked across Whitehall, the NHS and local government on major policy decisions including the NHS Long Term Plan, the creation of NHSX and the Prevention Green Paper. He also supported Ministers on global healthcare issues including preparations for the G7 and action on antimicrobial resistance. He has fifteen years' experience in public policy and healthcare, starting his career in Parliament before a successful career in public affairs where he led a team of 20 to the prestigious Communique Public Affairs Team of the Year Award.

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About Future Health

Future Health is a future focused Research Centre with a mission to advance public policy thinking that improves the health and wealth of people, communities and nations. Healthcare systems around the world are facing significant challenges of demographic, societal and technological change.

The importance of prevention and the development of new technologies have long been seen as ways to transform health systems to improve patient outcomes and performance, but progress has often been slow.

COVID-19 is an inflection point, demonstrating the need and opportunity of investing in and delivering more effective and efficient healthcare services in the future.

In undertaking cutting edge public policy research and generating new insights and solutions, Future Health seeks to shape the global healthcare policy debate and inform the decisions made by Governments and health systems to enable healthier, wealthier people, communities and nations.

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This report forms part of Future Health's policy research into prevention including tackling health inequalities and improving healthy life expectancy. Juul Labs has provided sponsorship to fund the research and production of this report. The report has been independently produced by Future Health and full editorial control and responsibility sits with the author.

Executive summary

Covid 19 has highlighted the underlying health inequalities in the UK. The mortality rate has been twice as high in the most deprived places[1].

In 2020 and just before the pandemic struck, Sir Michael Marmot returned to his own health inequalities review, 10 years on, to issue a damning statement on England's faltering healthy life expectancy[2].

Smoking is a major source of such variation in outcomes and accounts for over half of the difference in risk of premature death between social classes[3].

As part of its commitment to tackle these inequalities the Government published a Prevention Green Paper in 2019. The paper reiterated the ambition to deliver five additional healthy years of life by 2035. The paper included a welcome plan to make England a Smokefree nation by 2030, meaning that less than 5% of the adult population smoke[4].

The Government's past record on meeting smoking targets is mixed, and the 2030 goal is widely seen to be one of the more ambitious ones set. The target looks increasingly likely to be missed.

The analysis in this paper shows that progress since publication has stalled and that the pandemic is likely to see a further medium term slowdown in smoking rate reductions. Our model indicates that as a result there could be over 600,000 additional smokers than originally forecast next year. This is due to wider population health impacts from the pandemic such as increased unemployment and mental health challenges that are likely to widen existing health inequalities.

Even if the Government brings forward assertive national level action through a Tobacco Control Plan in July, our research shows this is unlikely to be enough to reach the 2030 ambition. Some areas of the country are currently four or five times above the stated 5% ambition level and such local variation presents a substantial barrier to delivering on the target. When this is coupled with the pandemic impact and a noted rise in smoking amongst 16-24 year olds, a bold multi-pronged approach is now needed.

We set out a three part model for delivering Smokefree 2030. A model that includes:

- **Accelerating national action** towards Smokefree 2030, bringing forward plans this summer in the Tobacco Control Plan that set out a trajectory to deliver on the target including new national awareness campaigns, pack inserts to support quitting and NHS work on smoking cessation
- The Office of Health Promotion undertaking a **pandemic health impact assessment** and using this as the basis for plotting more targeted smoking interventions that tackle the pandemic impacts including: ensuring those who have quit smoking continue not to smoke; and those, particularly younger smokers who have started smoking, quit quickly
- **Increasing the public health grant** at the next spending review to support local authorities in delivering on Smokefree 2030. And in addition supporting local authority areas with particularly high rates of smoking with access to additional investment or premium payments to support their activities, such as through the proposed 'health improvement fund' from the APPG Longevity The Government's forthcoming 'Levelling Up' White Paper should include a metric for monitoring and tackling variations in smoking rates[5]

This report is the first of two that Future Health is undertaking into how to eliminate smoking in England over the next decade. The next report due this summer will explore some of the findings in this report in more detail, including regional variations and what specific policies and interventions could most effectively help particular groups.

CHAPTER 1

Introduction

The Government has set an ambitious target for reducing smoking in England. But to achieve the aim of reducing smoking rates to 5% of the population by 2030 - becomingSmokefree - will require a clear set of interventions to deliver on.

Currently nearly 14% of people in England smoke[6]. This has reduced significantly over time, with smoking rates halving in the last 35 years[7]. A series of major policy interventions have been at the heart of this reduction, including banning smoking in public places, information campaigns such as Stoptober and plain packaging[8].

However smoking is still a major cause of poor health with the Global Burden of Disease (GBD) listing smoking, poor diet, high blood pressure, obesity, and alcohol and drug use as the top five risk factors that cause premature deaths in England[9].

The Royal College of Physicians and Royal College of Psychiatrists have noted that: "smoking is extremely common in people with mental disorders, causing major reductions in life expectancy and quality of life, exacerbating poverty and presenting major economic costs to the NHS and wider society[10]." There are also substantial variations in smoking rates across the country: "in Blackpool, 1 in 4 pregnant women smoke. In Westminster, it's 1 in 50[11]."

The Government's commitment to going Smokefree was announced in the 2019 Prevention Green Paper:

"We are setting an ambition to go 'smoke-free' in England by 2030.

This includes an ultimatum for industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced risk products like e-cigarettes. Further proposals for moving towards a smoke-free 2030 will be set out at a later date[12]."

The Government is yet to formally respond to the green paper; though the Public Health Minister Jo Churchill has said a new Tobacco Control Plan will be published in the summer of 2021 to set out the path to Smokefree[13]. The Conservative manifesto includes a commitment to publish a wider public health strategy as part of the green paper response.

This report analyses the current state of smoking policy in England through a four part approach:

- The current evidence of progress towards the Smokefree 2030 target
- Historical insights on the impact of previous policy interventions
- An assessment of the pandemic and current environment on smoking rates
- Policy proposals and suggestions on where further action is needed to meet the 2030 goal

CHAPTER 2

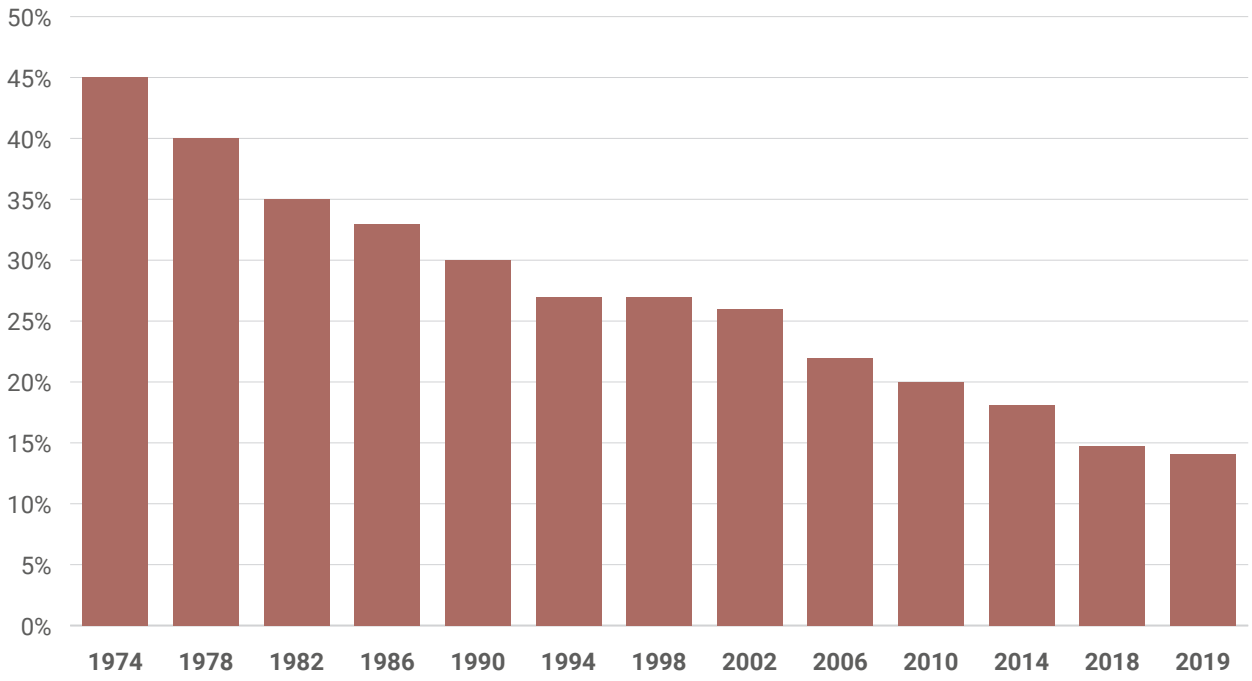
Smoking in the UK – evidence

UK smoking rates

Smoking rates in the UK have been declining for many years. Indeed since surveys started capturing the numbers of smokers in 1974, the proportion of people smoking has fallen from 45% to below 15% today.[14]

The following graph based on data accumulated by ASH demonstrates this decline.[15]

Chart 1: Proportion of UK adults smoking



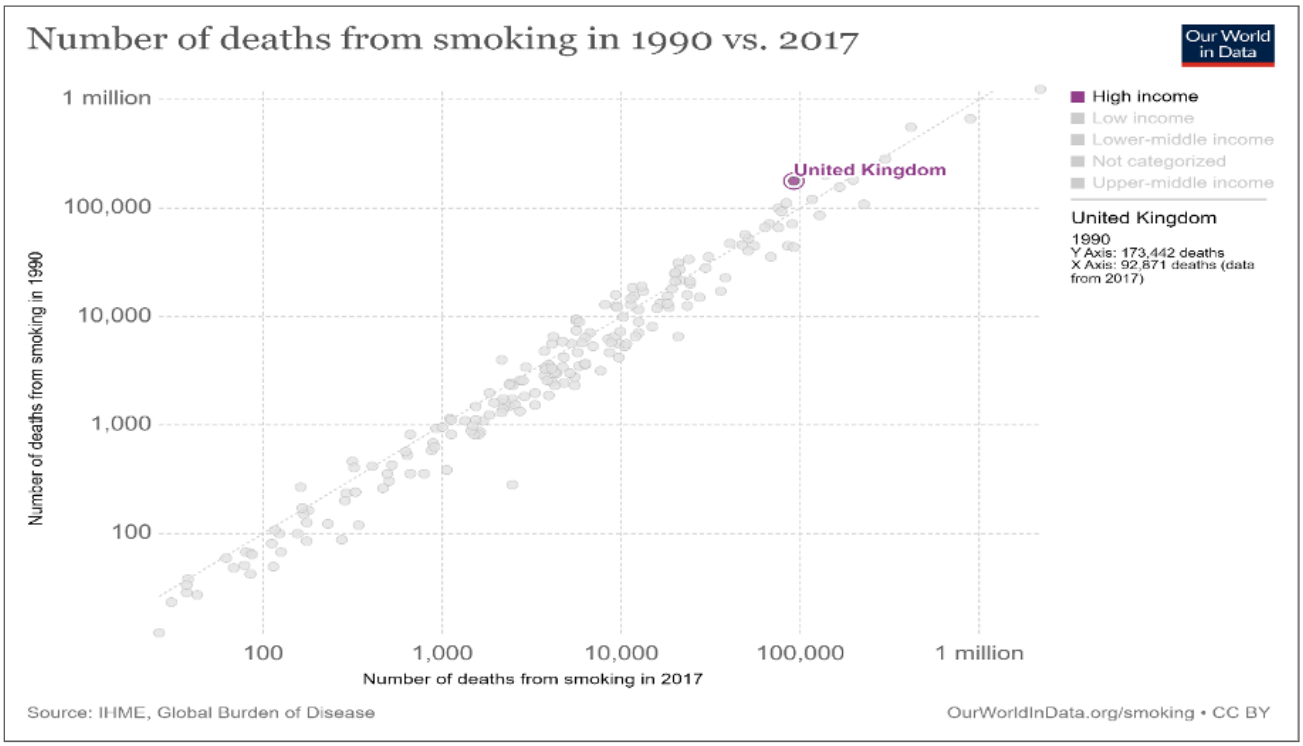
Some of the biggest falls were witnessed in the late 1970s and 1980s. Indeed the smoking rate fell by a third between 1974 and 1990. Since 1990 and over the last nearly thirty years the rate has halved again to less than 15% today. The latest ONS statistics from 2019 state that 14.1% of the adult population smoke, a 0.6% drop from 2018.[16]

In England, where the Smokefree target of 2030 applies, the 2019 smoking rate figure is 13.9%.[17] This has fallen from 19.8% in 2011, representing a drop of 5.9% in eight years.

The UK's place in the smoking world

Despite such progress between 2019 and 2020, smoking killed 74,600 people in England alone . And for every person killed by smoking, at least another 30 live with a serious smoking-related illness.[18] The UK is still at the higher end of the global scale when assessing the numbers of people dying as a result of smoking. The drops in smoking deaths within the UK reflect reductions in other countries. Ritchie and Roser note that the share of adults smoking in all countries around the world is falling regardless of income level.[19]

Figure 1: Comparison of deaths from smoking in countries 1990-2017

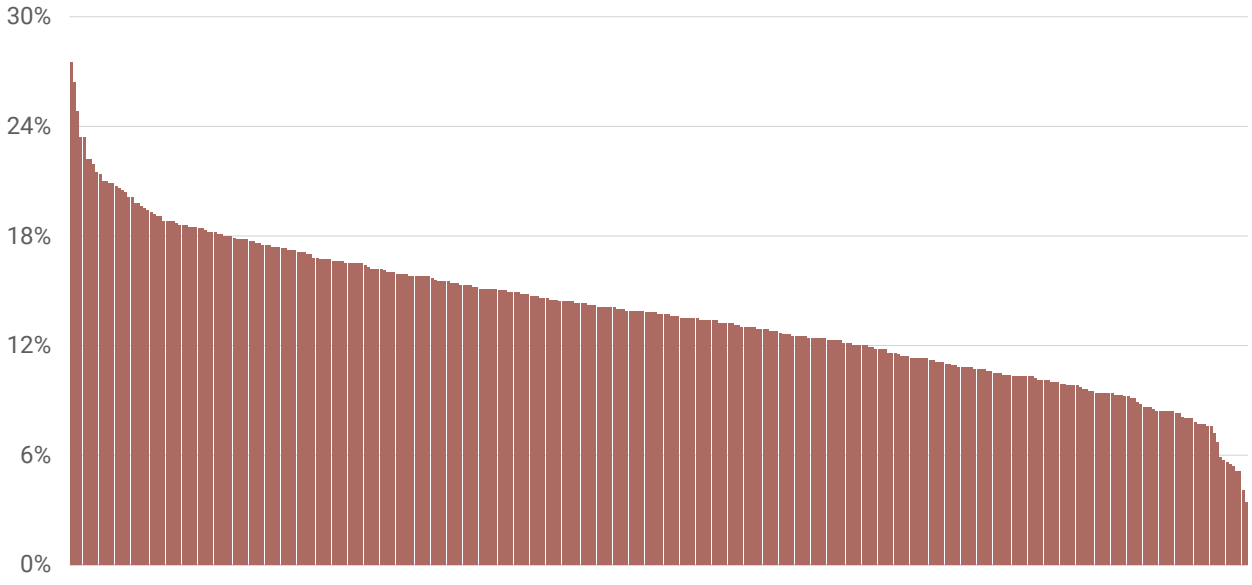


Despite a substantial reduction in smoking rates the number of adults smoking in the UK is still close to 7 million[20]. The Tobacco Atlas has calculated that in the UK in 2016, 828 cigarettes are smoked per person per year[21].

Regional and societal variations in smoking rates

There are also wide variations in smoking rates across the country.

Chart 2: Variation in smoking rates by local and unitary authorities (%)



The following tables set out the places with the highest rates of smoking prevalence in the UK and the lowest, based on ONS data.

Table 1: Local/Unitary authorities with highest smoking rates (ONS, 2019 data)

Local/Unitary Authority	Smoking % of population
Corby	27.5
Dartford	26.4
Lincoln	24.8
Blackpool	23.4
Great Yarmouth	23.4
Kingston upon Hull, City of	22.2
North East Lincolnshire	22.2
Fenland	21.9
Burnley	21.5
Barrow-in-Furness	21.4

Table 2: Local/Unitary authorities with lowest smoking rates (ONS, 2019 data)

Local/Unitary Authority	Smoking % of population
South Northamptonshire	6.7
Rushcliffe	5.9
Horsham	5.7
East Hampshire	5.6
Rochford	5.5
Lichfield	5.4
Ribble Valley	5.1
Adur	5.1
St Albans	4.1
Hart	3.4

Only 1 area (Dartford), in the highest 10 areas for smoking rates, is classified as being in the South of England.

By contrast of the areas in the bottom 10 for smoking rates, only one (Ribble Valley) is classified as being in the North of England; with seven in the south of England and two in the Midlands[22].

These data also demonstrate the challenge in reaching the 5% target by 2030.

Whilst two areas, St Albans and Adur can already claim to be Smokefree, for other areas there is a significant way to go.

For Corby, the area with the highest smoking rate in the country to reach Smokefree status, would require an 82% reduction in smoking rates in the next nine years. This would mean over 4 adults in every 5 currently smoking in Corby would need to quit in this period (combined with no additional smokers)[23].

The ONS notes the following societal differences and variations in smoking rates including:

- **Economic activity:** the proportion of current smokers is significantly higher among unemployed persons (26.8%) when compared with those who are employed (14.5%) and economically inactive (12.8%)
- **Education:** those with a degree had the lowest proportion of current smokers (7.3%), which is around a quarter of the proportion among those with no qualifications (29.1%)
- **Self-perceived health:** smokers are less likely to report having very good health and more likely to report having very bad health, when compared with those who have never smoked
- **Sexual orientation:** for data collected in 2018, the latest available, the proportion of current smokers was significantly higher among people who identified as gay or lesbian (22.2%) than among heterosexual (straight) people (15.5%)[24]

The impact of smoking on the economy and the healthcare system

A World Health Organisation (WHO) backed study calculated that the total economic cost of smoking was US$ 1.4 trillion, or 1.8% of the world's annual GDP.[25]

The report also noted that: "the external costs of tobacco use are greater in countries where public funds are used to pay for a greater share of health care costs, given public spending to treat the diseases caused by tobacco use[26]."

A 2018 study for ASH found that "smoking costs communities in England £12.6 billion a year[27]." A 2021 analysis of social care costs found:

"Current smokers and ex-smokers who quit less than 10 years ago are twice as likely to receive local authority funded social care than never smokers"

Every year, local authorities in England spend £1.2 billion on home and residential social care support caused by smoking, equivalent to 8% of all local authority spending on home and residential social care support for adults in England

Smoking is estimated to cost the NHS £2.5 billion every year, equivalent to 2% of the health service's budget. Whilst the absolute cost of smoking to the social care system is around half this (£1.2 billion), due to the NHS budget being much larger than the social care budget[28]

According to the National Institute for Clinical Excellence (NICE), every £1 spent on smoking cessation saves £10 in future health care costs and health gains. Smokers who manage to quit reduce their cost to the health and social care system by almost 50%[29].

CHAPTER 3

Smoking policy: a brief history

In July 2019, the UK Government published the Prevention Green paper. The document included a commitment to deliver a Smoke free society by 2030, meaning that less than 5% of adults would smoke by that date. The document included commitments to stop people from starting smoking, helping people to quit and tackling inequalities[30].

At the time of writing the Government is still to respond to the green paper, but the Secretary of State for Health and Social Care re-committed to the goal in his first speech following the December 2019 election[31]. In December 2020 the Public Health Minister Jo Churchill committed to publish a Tobacco Control Plan by July 2021 to set out how the Government will meet the Smokefree target[32].

Smokefree 2030 is the latest policy intervention from the Government and reflects a series of successful and high profile interventions in recent years. Some of the major highlights from the last thirty years are set out in the graphic below:

1991 Government announces new compulsory health warnings for tobacco products

1992 The Government's White Paper, 'The Health of the Nation' commits to a target for prevalence reduction (to 20% in men and women by 2000) and a 40% reduction in cigarette consumption by the same year

As a result of discussion between the BMA, OPCS and Coroner's working party the Home Office agree that doctors can include smoking as a cause of death on death certificates

1998 EU Directive to ban tobacco advertising and sponsorship adopted by member states

Government White Paper on tobacco control. The proposals include new targets to reduce smoking prevalence among adults and children; an NHS smoking cessation programme; a "clean air" charter aimed at the hospitality trade and plans to further restrict smoking in the workplace, through an Approved Code of Practice

2000 Tobacco advertising and promotion Bill published. The Bill aims to ban all forms of tobacco advertising throughout the UK

2003 New, large health warnings start to appear on cigarette packs as required by the EU tobacco product directive. The stark messages include: "Smoking clogs the arteries and causes heart attacks and strokes"

2004 The Government publishes "Choosing Health", a public health White Paper which proposes a ban on smoking in the majority of workplaces and public places but stops short of a total ban.

2005 The Government publishes the Health Bill which sets out proposals for making all premises which are open to the public, including workplaces smokefree.

The first global health treaty – the Framework Convention on Tobacco Control – enters into force on 27 February 2005, after being ratified by 40 countries. The treaty requires countries to commit to implementing a range of measures such as a ban on tobacco advertising, measures to protect people from secondhand smoke, tax rises, and large clear health warnings on all tobacco products

2006 Health Bill receives Royal Assent and becomes Health Act 2006. The Government launches a consultation on proposals to include picture warnings on tobacco products. The Government issues proposals to raise the minimum age for the purchase of tobacco from 16 to 18.

2007 England goes smokefree. Early results show that within the first two weeks of the smokefree law, compliance rates reach 97%. The law raising the legal age for purchase of tobacco from 16 to 18 comes into effect. The Government announces that it will be compulsory for cigarette manufacturers to include picture warnings on the packs of cigarettes. Implementation to be phased in from October 2008

2009 Health Act 2009 receives Royal Assent. From April 2012 large shops in England, Wales and Northern Ireland will be prevented from displaying tobacco products and cigarette sales from vending machines will be prohibited

2010 The Department of Health publishes "A Smokefree Future – A Comprehensive Tobacco Control Strategy for England." This includes a commitment to reviewing the case for standardised (plain) packaging of tobacco products.

2011 The Coalition Government announces a new Tobacco Plan for England which sets out national ambitions to reduce smoking rates among all adults to 18.5% or less by the end of 2015, with other specific targets for pregnant women and 15-year-olds. The plan also commits to removing the display of tobacco products from shops and to holding a public consultation on plain packaging. Australia introduces plain packaging

2014 Sir Cyril Chantler publishes his independent review into standardised packaging, concluding that if standardised packaging were introduced, it would have a positive impact on public health.

2015 A vote on regulations to ban smoking in cars with children present in England from 1 October is passed by 342 to 74. Standardised packaging regulations are passed in the House of Commons by 367 votes to 113. They are also agreed in the House of Lords and the legislation will come into force from May 2016. PHE review of e-cigarettes finds they are significantly less harmful than smoking

2016 The European Union Tobacco Products Directive (TPD) and UK law on standardised packaging come into effect on the 20th May. The TPD places limits on the sale and merchandising of tobacco and tobacco related products in the EU.

2017 The Government releases its new Tobacco Control Plan for England: Towards a Smokefree Generation. The Plan sets out new ambitions including to reduce prevalence among adults to 12% or less by 2022, to reduce the prevalence of smoking in pregnancy to 6% or less by 2022 and to make all mental health inpatient services sites smokefree by 2018

2019 NHS Long Term Plan published includes a commitment to provide smoking cessation support to hospital patients

Prevention Green paper includes the commitment to Smokefree 2030[43]

Ambition to go Smokefree – progress against previous targets

Setting targets to reduce smoking is not new. The following provides a headline assessment of Government performance against each recent major target.

Table 3: Performance of UK Government against smoking targets

Document	Target	Assessment
'Health of the Nation' 1992	20% smoking prevalence in males and females by 2000	Not achieved – overall smoking rate in 2000 was 27%[33]
Smoking Kills – 1998	Reduce smoking rates to 21% or less of the population by 2010	Partially achieved – Target met in 2007, but ASH noted that this was not met for lower socio-economic groups[34]
Tobacco Control Strategy 2010	In its strategy paper launched on 1 February 2010 the Labour Government set new targets to reduce smoking among the general population to 10% of adults and to 1% or less among children by 2020	Not achieved – Target was dropped in 2011 Tobacco Control Plan. Latest 2019 data has adult smoking rates at 13.9%; child smoking rates are at 5%[35]
Tobacco Control Plan 2011	Reduce adult smoking prevalence to 18.5% or less by 2015 and to reduce smoking among 15 year-olds to 12% or less by 2015	Achieved – Target reached in 2014 for adults. Smoking rates for children were 6% in 2014 and 2016[36]
Tobacco Control Plan 2017	Set three targets for 2022 • Reducing smoking in adults from 15.5% to 12% • Reducing the number of 15 year olds who smoke regularly from 8% to 3% or below • Reducing smoking in pregnancy from 10.7% to 6% or below	Still active – It is still early in the cycle to make a full judgement. England does appear on track to meet the adult target (13.9% in 2019). The latest NHS Digital data show that smoking rates amongst 15 year olds is 5%. Q3 2020-21 data show smoking rates in pregnancy are 9.6%; with 24 of 135 Clinical Commissioning Groups achieving the 6% or below target[37]

The history of Government achieving smoking reduction targets is mixed.

The success of the 1998 White Paper target was characterised by a period of stable Government, a target set beyond the political lifecycle (10 years) and strong public health focused regulation. However even with these circumstances the target was not met for lower socio-economic groups. The headline 1992 target that had been previously set by the Conservatives was missed substantially.

The 2011 target was viewed by some as lacking significant ambition, when compared to the 2010 target of reducing smoking substantially to 10% of the population. The 2011 target to reduce smoking to 18.5% of the population by 2015 was achieved a year early.

Currently the Government would appear on track to meet the goals of the Tobacco Control Plan set in 2017, though data lags and the impact of the pandemic make it difficult to predict exactly.

The challenge of delivering the Smokefree 2030 target

One of the major difficulties with achieving the new target is the progress that has been made may make the final push to go Smokefree the hardest, as the remaining smoking population are the most difficult to help quit.

Dr Pooja Patwardhan, Medical Director for the Centre for Health Research and Education noted in an article at the start of the pandemic that the UK's success on smoking has:

"resulted in England having over 11 million ex-smokers. England's 2018 adult smoking prevalence of 14.4% was a result of

successful tobacco control campaigns and offering smoking cessation support to smokers across the country. However, the number of people setting a quit date fell for the sixth consecutive year in 2017/18, to 274 021. This represented a decrease of 11% on 2016/17. In 2017/18, the number of successful self-reported quitters also fell for the fifth consecutive year, to 138 426. This was a decrease of 11% on 2016/17[38]."

Patwardhan added that the next stage of reducing smoking was likely to be the most difficult: "it is evident that England is on a final but difficult stretch of achieving smoking cessation among the remaining 6.1 million smokers. With this background, an increase in relapse to smoking among the 11 million ex-smokers as well as increased smoking rates in current smokers will set back England's Smokefree ambitions by years, and possibly decades[39]."

The Government has itself noted that the target is 'extremely challenging." Data from ASH records that "seven out of ten adult smokers want to stop smoking, and three quarters regret ever having started". But that on average it can thirty times of trying for a smoker to quit[40].

In a report in 2020 Cancer Research UK (CRUK), projected that average adult smoking prevalence in England is not now expected to reach the 5% target until 2037[41]. Those projections point to the pace of smoking cessation needing to increase by 40% to reach the 2030 target - a further 1.3 million adults ceasing smoking than projected on current trends[42].

Smoking cessation rates also diverge significantly along socio-economic indices. CRUK's projections show almost a 20-year gap in smoking rates between the least and most deprived people in England, with the richest expected to achieve the designated smoke-free target in 2025, and the poorest communities not projected to reach 5% until the mid-2040s.

CHAPTER 4

Impact of the pandemic on smoking rates and Smokefree 2030

Coronavirus has had a substantial impact on the health and wellbeing of communities, families and individuals across the country.

The pandemic does appear from certain sources to have had a positive impact in reducing smoking rates. Work undertaken by YouGov for ASH in 2020 found that more than one million people have given up smoking since the pandemic started with 41% saying that this was a direct response to coronavirus[44].

A CRUK survey from August and September 2020 found that 38% of local authorities had reported a fall in inquiries to their stop smoking services, whilst 21% had experienced an increase. According to the charity there was however some evidence of a higher level of need for those accessing services[45].

A report published in January 2021 by CRUK and ASH found that local authorities had had to adapt to continue their smoking cessation services during Covid restrictions. This had included providing services online, using online pharmacies to dispense medication and working with local charities and community groups to maintain contact with vulnerable people[46].

The University College London Smoking study toolkit has been asking 1,000 people a month in England about their smoking habits since 2007. In the year to June 2020, 7.6% of smokers taking part in the survey quit - almost a third higher than the average and the highest proportion since the survey began more than a decade ago[47].

However the picture may be more mixed.

Vaughan Rees the Director of the Centre for Global Tobacco Control has noted that smoking rates in the US may have ticked up during the pandemic, whilst vaping numbers may have dropped. Rees adds that the pandemic may have resulted in an increase in smoking:

"There are many factors as to why being at home during this pandemic might encourage smoking. There's stress, there are feelings of isolation, and maybe some people have feelings of anxiety, fear, and other negative emotions, all of which can serve as triggers for tobacco use. But I think the other component is that we've done a very good job at changing the accepted norms around smoking publicly in the U.S. Many people work in smoke-free settings, but when they're confined to home those rules might break down. At home, smokers are less likely to be observed and judged by others, they can set their own rules about where and when to smoke, and they may have more time and opportunities to smoke. So suddenly the convenience of smoking is very different, and there's the added layer of stress from the pandemic that could serve as a trigger. All of this could make it very difficult for someone to regulate their consumption or to quit smoking[48]."

Jackson et al set out in the British Medical Journal the issues regarding smoking and the pandemic : "On the one hand, concerns about respiratory health may prompt some smokers to cut down or attempt to quit to reduce their risk of complications from COVID-19. It is not known whether smokers are more worried about developing COVID-19 or becoming seriously ill from the disease, which could affect their intention to quit. On the other hand, people may be smoking more than usual in an attempt to cope with higher than usual levels of stress or relieve boredom. Public health messaging may also influence smoking behaviour. Several organisations have warned of increased risk to smokers. Public Health England has advised smokers to quit to reduce their risk and online campaigns are encouraging smokers to '#QuitForCovid'. However, these efforts may be undermined by headlines heralding a potential protective effect of smoking and nicotine based on the reports of disproportionate hospitalisation rates, which has led to governments having to restrict the sale of nicotine replacement therapy to avoid panic buying[49]."

And other evidence from the United States points to a smaller reduction than expected in cigarette sales. Marlboro maker

Altria Group expects U.S. cigarette unit sales to fall by 2% to 3.5% this year compared with its previous projection of a 4%-to-6% decline. The organisation noted that this could be the result of having less spending opportunities (for eg on holidays) and also due to restrictions on vaping[50].

A smoking pandemic study by Fidanci et al found no increase in the addiction levels of those with very low and low addiction but that those with *moderate* and *high* addiction levels increased. The study authors added: "the result can be interpreted to mean that environmental factors are less effective on individuals with *very low* and *low* addiction levels. The high increase in individuals with *moderate* and high addiction levels may be that these people are already more affected by environmental events and increased smoking as negative reinforcement[51]."

More widely there are concerns about the long term health and societal impacts of the pandemic and what this could mean for smoking rates. In May 2020 Sloggett noted five implications for the UK health service of the pandemic; needing to manage Covid 19 patients, supporting patients with existing long term conditions, tackling the backlog of waiting lists; diagnosing 'missed conditions' that have emerged during the pandemic and the wider population health effects . Within this last category Sloggett includes:

"those who have lost a relative/family member/friend to the virus, those made unemployed following the economic impact of the virus, vulnerable groups who have had support disrupted during the pandemic, groups who want to avoid any interactions with healthcare settings, those suffering domestic abuse and (of critical importance) to the system healthcare staff suffering burnout and exhaustion[52]."

These wider population health impacts are likely to have an impact on smoking rates. As an example, the pandemic has led to an increase in cases of poor mental health. Carr et al in a study published in the Lancet public health have noted: "direct comparison of prevalence of mental health disorders before and after the COVID-19 pandemic is challenging; however, available evidence indicates that, to date, the prevalence of anxiety and depression during the pandemic has been higher than would be expected for the general population[53]." Similarly the Centre for Mental Health found that: "the unequal impact of the virus and the lockdown are putting greater pressure on groups and communities whose mental health was already poorer and more precarious before it hit the UK[54]."

A study by Gallus et al following the 2008 financial crisis found: "an increase in the number of smokers in the US by 0.6 million." Whilst this was not a statistically significant shift the study noted that: "this is largely due to an unexpected decrease of 1.7 million smokers among employed and an increase of 2.4 million smokers among unemployed individuals, whose smoking prevalence also remains extremely high in the post-crisis period[55]."

With increases in poor mental health and higher unemployment, indicators that link to higher smoking rates, the long term impact of the pandemic may present significant, new challenges in delivering the 2030 target.

CHAPTER 5

The importance of Smokefree 2030 to the Government's agenda

The Conservative Government has set out a domestic political and policy agenda focused on 'levelling up' the regions. To date this strategy has focused on investment in infrastructure and towns through new funding pots such as the 'New Towns Fund' and the 'Levelling Up Fund', and the redeployment of London based civil servants to Wolverhampton (MHCLG) and Darlington (Treasury North).

However as attention begins to turn to the agenda through and beyond Covid, there are increasing calls for public health to play an important role in the 'levelling up' agenda[56].

The Government is making significant reforms to the public health system on the back of the pandemic.

On 24 March 2021 the Secretary of State for Health and Social Care announced the creation of the UK Health Security Agency (UKHSA); a new dedicated agency for future health security threats and pandemics. Public Health England that has led on health promotion and prevention policy is due to be disbanded in the autumn and its functions will be taken over by the Office of Health Promotion[57].

Covid has had a major impact on the NHS. Large backlogs of care, in the millions are thought to have built up over the last year and the pressures on staff who have tackled the pandemic are a major concern for NHS leaders.

Alongside substantial reforms to the public health system are reforms to the NHS. The Government's White Paper *Integration and Innovation: working together to improve health and social care* sets out a path for the creation of new Integrated Care Systems (ICSs) which will seek to join up healthcare services at a regional level to deliver more preventative care and improved population health management[58].

This set of healthcare reforms, according to the Secretary of State are designed to deliver improvements in healthy life expectancy[59]. The Conservative manifesto committed the Government to improving healthy life expectancy by five years by 2035.

To achieve this aim, and 'levelling up' health, Smokefree 2030 will have to be a success.

As former Chief Medical Officer Dame Sally Davies has noted: "if we shifted four behaviours – smoking, unhealthy diet, harmful consumption of alcohol and insufficient physical activity, we could prevent up to 75% of new cases of heart disease, stroke and type 2 diabetes and 40% of cancer incidence. Furthermore, there is growing evidence that addressing these risks will also reduce dementia[60]."

A report from the APPG Longevity in February 2020 included an analysis from the Behavioural Insights Team that set out how smoking reduced healthy life expectancy by between 1 and 2 years[61].

Ambitions to deliver the target are however well off course. A report from Policy Exchange in November 2020 found that: "on projections from 2000-2002 the Government would miss its 2035 target. Indeed it would take 33 years or until after 2050 to meet its target for males. For females it would not reach the target for 67 years, or 2085, fifty years after the set date. By 2035 on this model, male HLE would be 65.6 and female HLE would be 64[62]."

Summary

Smokefree 2030 can play an important role in the Government's agenda including:

- In supporting attempts at 'levelling up' the UK
- By helping alleviate pressures on stretched NHS services
- Contributing positively to ambitions for increasing healthy life expectancy by five years by 2035

Reaching Smokefree 2030

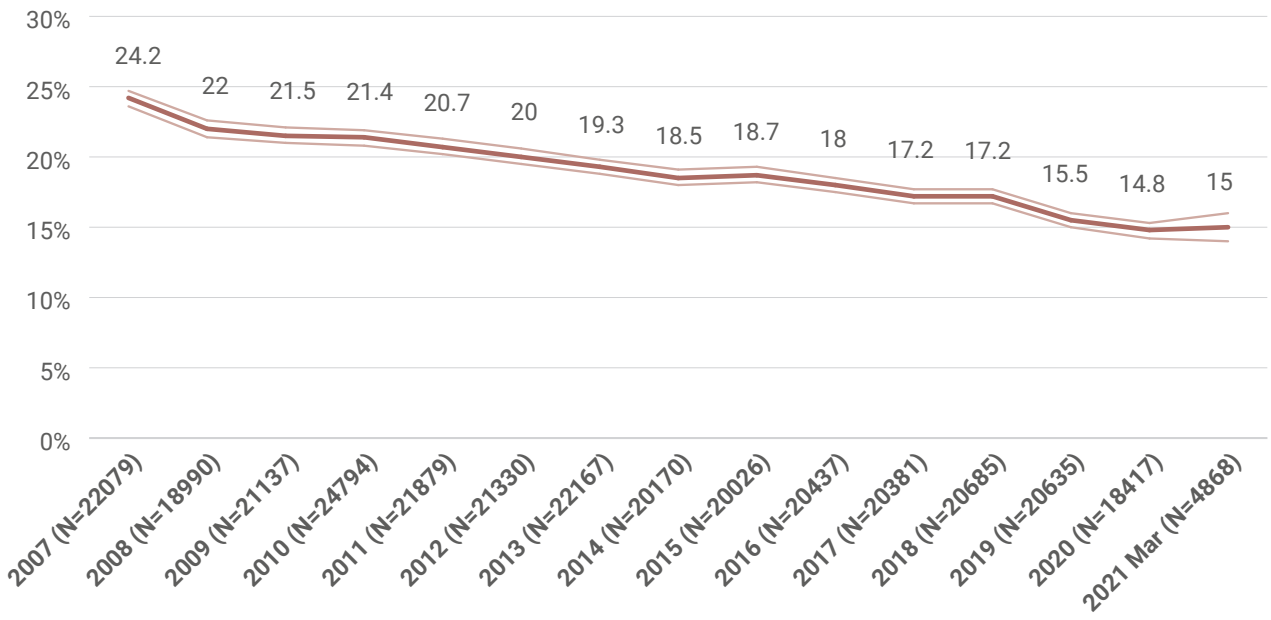
When setting the Smokefree 2030 target the Government admitted that it would be 'extremely challenging' to meet it highlighting the variation in smoking rates across the country both geographically, by socio-economic group and the relationship between mental health and smoking[63].

To meet the 5% target by 2030 will mean that over the next nine years there will need to be a 10% reduction in the number of adults smoking. This equates to a net fall in smokers of over 4 million[64].

Putting this in historical context (see first section), only in one equivalent timeframe on the recorded data since 1974 has such a proportionate drop in smoking rates been recorded. CRUK's 2020 study set out how the pace of smoking cessation needed to increase by 40% to reach the 2030 target - a further 1.3 million adults ceasing smoking than projected on current trends[65].

The latest Smoking Toolkit study published in April 2021 recorded an increase in the smoking rate of 15.0% in England up from 14.8% in 2020. Only once since 2007 has the survey recorded such an increase before (2014 to 2015)[66].

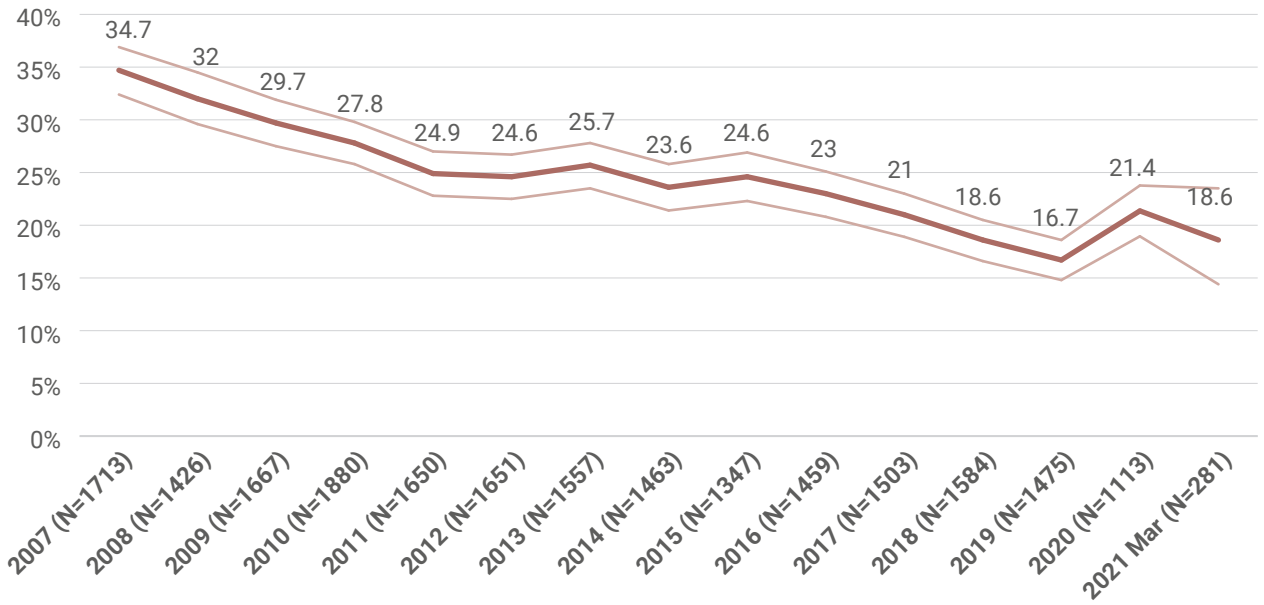
Chart 3: Cigarette smoking prevalence in England (%)



Interestingly this small rise was also marked by uplifts in the number of people who quit smoking. This figure which stood at 4.3% in 2019, rose to 8% in 2020 and 10.9% in March 2021. These increases are reflected in sharp rises in the numbers of people trying to stop smoking, which rose from 29.1% in 2019 to 36.1% in 2020 and 37.6% in 2021[67].

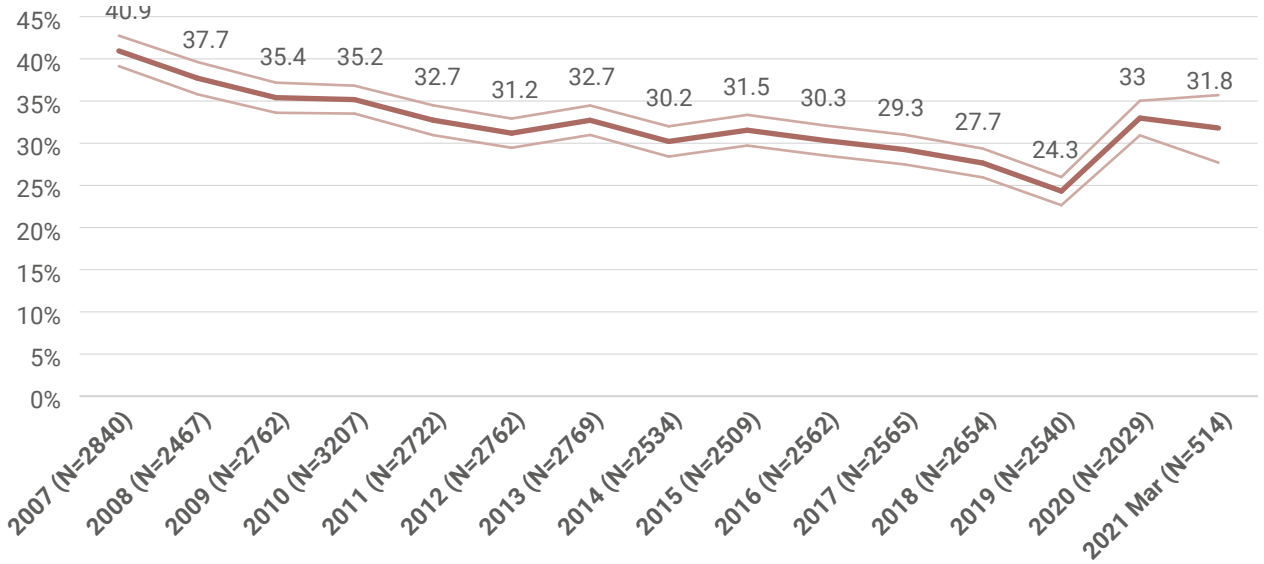
The combination of increased smoking prevalence and increased quitting would appear to point to an increase in people taking up smoking who were not previously doing so. Some of this rise appears to be coming from younger people. The Smoking Toolkit showed a rise in smoking rates in 18-21 year olds from 16.7% in 2019 to 21.4% in 2020, falling back to 18.6% in March 2021. This nearly 2% increase has concerning longer term implications for smoking cessation and delivery against the 2030 goal.

Chart 4: Cigarette smoking prevalence in 18-21 year olds (%)



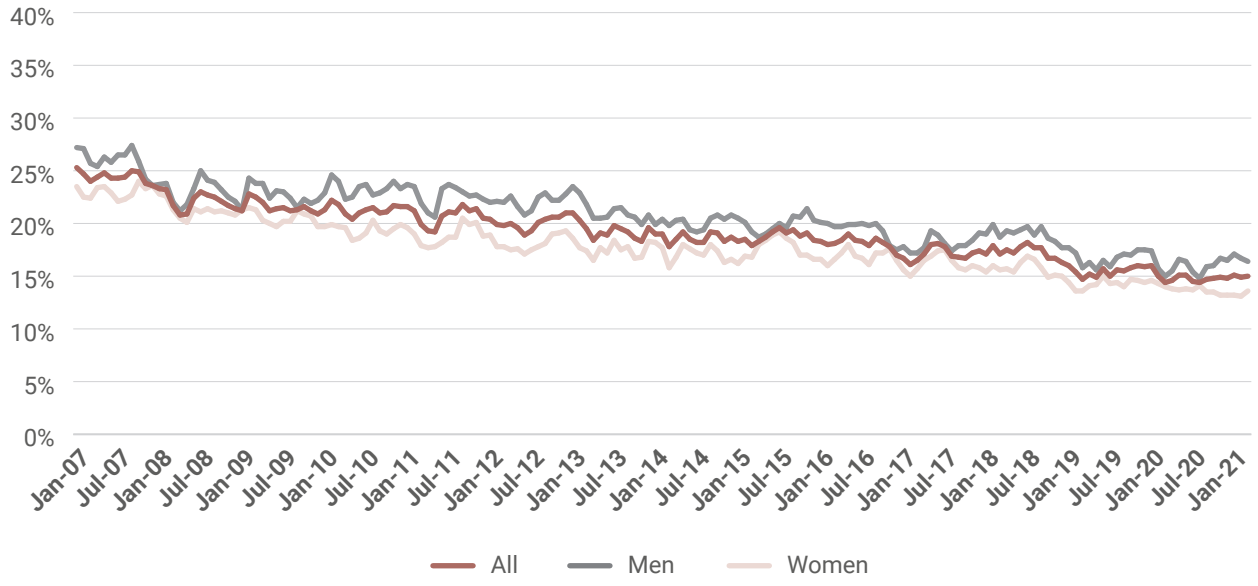
The data also show a sharp increase in 18-24 year olds who have smoked. This has jumped from 24.3% in 2019 to 31.8% in March 2021[68].

Chart 5: Prevalence of ever smoking 18-24 year olds (%)



The latest Smoking Toolkit Data also indicate a rise in males smoking during the pandemic. 16.4% of males are smoking, which has increased from closer to 15% in 2019; whilst the rate for females is static at 13.6%[69].

Chart 6: Prevalence of cigarette smoking by sex (%)



Positively the latest data also show a rise in the number of people trying to quit and successful quitters. The number of people trying to quit rose from 29.1% in 2019 to 37.6% in 2021. The number of people successfully quitting from those who tried rose from 14.1% in 2019 to 27.6% in 2021, a rise of 13.5%[70].

Summary

From these data the impact of the pandemic on smoking rates has been:

- An overall increase in smoking prevalence from 2020 to 2021
- A slow down in the rate of smoking reduction from 2019 to 2021
- An increase in young people smoking and men, partially offset by increasing quit attempts and successful quitting in other groups

Looking ahead

Since the Smokefree 2030 target was set in 2019, the Smoking Toolkit data has reported two data points, a drop in smoking of 0.7% from 2019 to 2020 and a rise of 0.2% from 2020 to March 2021. Overall there has been a drop of 0.5%, representing an average fall of 0.25% per recorded year[71].

According to the ONS data in the eight subsequent years leading up to 2019 a 5.9% reduction was recorded; an average of 0.74% per year.

The following sets out two basic models using these two data sources and two scenarios.

Scenario A projecting the performance against the two years recorded post the target being set using the Smoking Toolkit data.

And Scenario B taking the ONS data pre-pandemic and projecting it forward.

Table 4: Smokefree 2030 scenarios based on recent and past performance

Local/Unitary Authority	Pandemic progression and post target	Pre pandemic progression and pre 2019 target
Data source	Smoking Toolkit	ONS
Trajectory time period	2019-2021	2011-2019
Smoking rate now	15.0%	13.9%
Improvement over time period	0.50%	5.90%
Average annual improvement	0.25%	0.74%
Estimated improvement to 2030	2.3%	8.1%
2030 performance	12.7%	5.8%
vs 2030 target	7.7%	0.8%
2030 target met (5%)	2061	2032

On neither scenario would the Government reach its Smokefree 2030 target. For the pre-pandemic performance scenario the Government would only hit its target in 2032, two years late. If the pandemic performance is replicated then the target will not be met until 2061, a staggering 31 years late.

In reality the Government's performance is likely to lie somewhere in between. The CRUK pre pandemic 2020 model had the Government hitting the target in 2037[72].

Building an accurate picture is challenging but it is possible to build a mixed model across the short, medium and long term to get a sense of where the pandemic may have set the new trajectory towards the target.

First in the short term if we take the ONS data from 2019 as the most robust number for smoking prevalence in England and then apply the trends seen in 2020 and 2021 to it from the Smoking Toolkit data, we would see a 0.5% fall from the ONS 2019 figure of 13.9%, to 13.4% in 2021.

Second in the medium term we then assume that the pandemic will be marginally detrimental to reductions in the smoking rate (ie smoking rates will not fall as quickly as they were pre-pandemic), as a result of poorer public and population health.

If one looks to a proxy outcome for this, we can look at unemployment. Currently the latest ONS data has unemployment at 4.9%, with the Office of Budget Responsibility (OBR), forecasting an increase of 1.6% by the end of the year[73,74].

The most recent period of sustained rising unemployment was in 2008 after the financial crisis. In the first year of the crisis unemployment rose from 5.2% to 6.7%, or 1.5%, similar to that projected by the OBR today.

Currently economists are forecasting that the UK economic recovery will only return to pre-pandemic levels in Q2 2022[75]. If we therefore assume smoking rates will follow a similar path from 2021-2022 as those seen post 2008, based on a similar growth rate in unemployment, we will see a 0.4% fall in smoking rates in the next year.

If this becomes our trajectory for 2021-2022 then the smoking rate will fall overall during this period from 13.4% to 13.0%.

Third and longer term the modelling is of course far more challenging. The Government would on the above, have eight remaining years to deliver a 8% overall reduction in smoking rates.

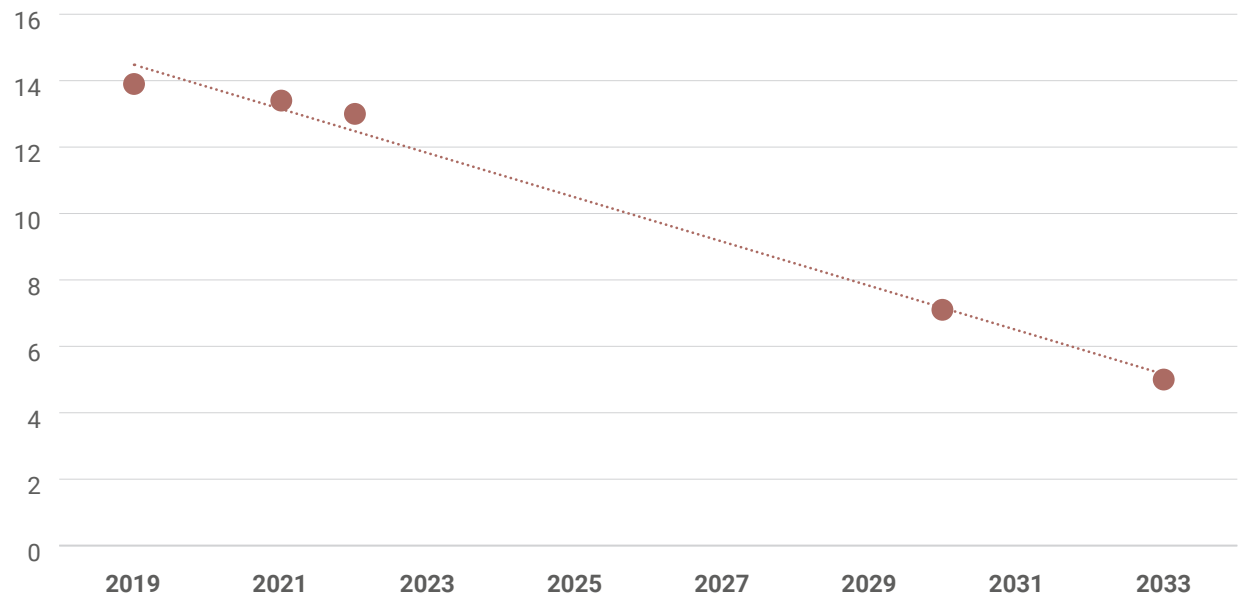
Here if we assume that the Government's introduction of new tobacco control policies comes into full force; but that in turn this acceleration is offset by the difficulty of changing the smoking habits of the remaining cohort of smokers (the difficulties of which have been noted by Patwardhan[76] earlier), then we can assume an annual average national fall of 0.74%.

On this projection between 2022-2030 there would therefore be a further reduction of 5.92%, leaving the overall prevalence rate at 7.08% by 2030, over 2% higher than the set target. This number is close to the 7.7% figure of the CRUK paper and analysis (which looked at pre pandemic trends with no interventions[77]).

On this mixed model, the 5% target would not be reached until 2033 (and this assumes that the 0.74% reduction continues post 2030, when the likelihood is that the further down the prevalence goes the more difficult the reductions will become and the impact of the new national policies introduced in 2022-23 will also have likely diminished).

The analysis reveals that the slowdown in reduction in smoking rates since 2019 and the impact of the pandemic, means that by the middle of 2022 there will be over 600,000 more smokers than originally forecast[78]. This is a significant number, representing an increase of 11% than expected and placing added pressure on the delivery of the Smokefree target in 2030.

Chart 7: Future Health predicted smoking prevalence model (%)



These modelling projections are a high level outline. However they provide a headline view that the Government will struggle to meet its Smokefree 2030 target even if it introduces a new range of national policy measures to tackle smoking in the coming 12 months.

It also shows that the Government will not meet the commitment even if it returns to pre-pandemic performance on reductions in smoking rates.

Business as usual therefore is unlikely to be effective at meeting the target.

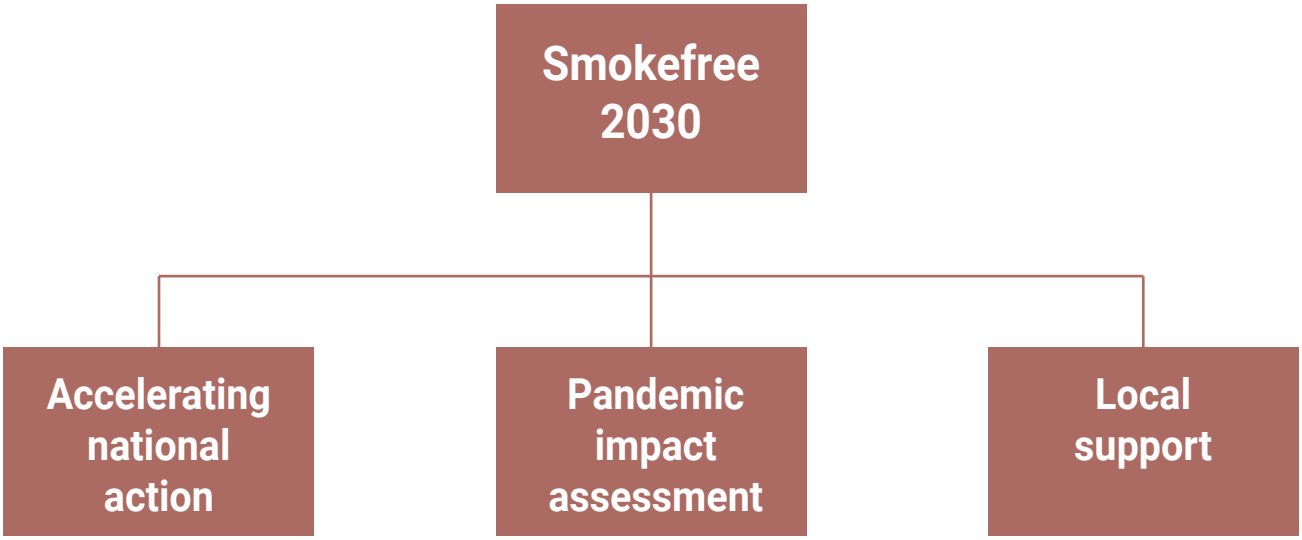
CHAPTER 6

What's needed: policy approach

The difficulties of meeting the 2030 target, will require a new strategic and concerted plan.

The plan should be built around three core pillars. An acceleration of national level action, pandemic related interventions and targeted support for local areas with high smoking rates.

Strategic approach to Smokefree 2030



Pillar 1: Accelerating national level action

The Government's 2030 target will only be met if underpinned with further strong national level measures. The pandemic has risked a slowdown of progress or even a reversal, so rapid action is now needed. The Government should ensure that it meets its July 2021 deadline for the new Tobacco Control Plan with no slippage. The full range of evidence based options will need to be deployed to meet the target. These should include a number of the measures set out by ASH and the APPG for Smoking including:

- Launching a new national anti-smoking information and awareness campaign, including accurate information on different harm reduction and smoking cessation options[79]
- Consulting on plans for stricter regulation of tobacco, its sale, marketing and use as included in the Prevention Green Paper – including the introduction of mandatory pack inserts in tobacco products, with government-approved messaging to support people in quitting smoking
- Delivering the smoking cessation commitments in the NHS Long Term Plan[80]

Public Health England has called Covid a 'teachable moment' for health[81]. As we now look beyond the pandemic and efforts to improve population health and health resilience, the Government and the NHS should launch an ambitious programme for promoting anti-smoking information campaigns and resources. This could link through to planned reforms to the NHS Health Check scheme to provide more targeted and personalised messages for citizens on their health and new trials to support people in quitting smoking.

Pillar 2: Pandemic impact assessment

Whilst data on the overall impact of the pandemic on smoking rates is mixed, efforts to move towards the Smokefree 2030 target should take into account some of the sharp alterations in smoking behaviour that have been seen.

Positively there is evidence that a higher number of people have attempted to and successfully quit smoking. Locking in these advances as the country comes out of lockdown will be important to progress towards the 2030 ambition.

However the sharp rise recorded in 2020 of smoking rates amongst younger people is a real concern for delivering on the Smokefree target. Ways to tackle this include improving access to support for people who want to quit smoking including access to appropriate evidence based harm reduction interventions.

Further expected rises in mental health and population health challenges through increases in unemployment, particularly amongst younger people, will also need a proper strategy to tackle effectively. The new Office for Health Promotion should undertake a pandemic health impact assessment as an early task as it develops a strategy for improving future public health. As the new Office within the Department is established, it will be important that it continues to receive independent evidence based advice underpinned by the latest scientific data.

Pillar 3: Local area support

With such wide variations in smoking rates between different areas and regions of the UK, the Government should look at ways to increase investment and support for local and community led public health action. This will be particularly important in areas of the country where smoking rates are well above the national figure and where reaching the target will be most challenging. The APPG Longevity's call for a £3billion, five year health improvement fund for 60 of the local authorities with the poorest health would support this[82]. In addition the Government's forthcoming 'Levelling Up' White Paper should include a metric for monitoring and tackling variations in smoking rates.

The upcoming Spending Review presents an opportunity for Government to commit new funding to public health through the public health grant. It should also look at opportunities through targeted local funds to support local authorities where health inequalities and smoking rates are higher than average. Some local authorities have smoking rates four or five times above the 5% figure and action in these areas will be critical to deliver on the 5% ambition.

Recommendations

- Government should accelerate national action towards Smokefree 2030, bringing forward plans this summer in the Tobacco Control Plan that set out a trajectory to deliver on the target. This should include a new national campaign to support people in quitting smoking as well as targeted messages, resources and support for individuals looking to give up smoking, linked through to programmes such as the NHS Health Checks
- The Office for Health Promotion should undertake a pandemic health impact assessment and use this as the basis for plotting more targeted smoking interventions that tackle the pandemic impacts including ensuring those who have quit smoking continue not to smoke, and those, particularly younger smokers who have started smoking, quit quickly
- The public health grant should increase at the next spending review to support local authorities in delivering on Smokefree 2030. Areas with particularly high rates of smoking should have access to additional investment or premium payments to support their activities, such as through the proposed 'health improvement fund' from the APPG Longevity. The 'Levelling Up' White Paper should include a commitment to measure smoking rates across the country and tackle regional variations

CHAPTER 7

Conclusion

Even before Covid, meeting the Smokefree 2030 target was seen to be very challenging. CRUK's calculation that 2037 would be the likely date of achievement confirmed this.

It is too early to say what the long term impacts of the pandemic will be on our nation's health. This research sets out that for smoking, the wider population health impacts of Covid, including poorer mental health and unemployment, could lead to a stalling of progress in reducing smoking rates. It is unclear how long such impacts could last and their severity. Even if the economy recovers as predicted by mid next year, 2020-2022 will have had a negative impact on the Government meeting its target.

That is why the Government needs to meet its July 2021 target for a new Tobacco Control Plan and push forward quickly with new national measures to tackle smoking. Future Health will publish a further report setting out new ideas for such measures in summer 2021.

Alongside this is a need for an assessment of the pandemic's impact on smoking rates and health inequalities; and for policy interventions that can both support those who have quit in large numbers during the pandemic, and also tackle the rise of particularly younger people who have taken up smoking.

Finally a strategy for delivering Smokefree will need to support local authorities and particularly areas where smoking rates are high and health inequalities have risen. A Spending Review settlement that supports health improvement through the public health grant and provides additional funding for local authorities to deliver Smokefree will be critical.

Smokefree 2030 is not lost. It is the right commitment. But to get towards it a concerted and rapid set of actions are needed nationally and locally.

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