NICE National Institute for Health and Care Excellence

NICE local government briefings

Tobacco

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Introduction

This briefing is an update of NICE's local government briefing on tobacco published in July 2012. It includes additional information from NICE's guidelines on smokeless tobacco cessation in South Asian communities, tobacco harm-reduction approaches to smoking and smoking cessation in secondary care (acute, maternity and mental health services). It also includes links to NICE's quality standard on smoking cessation: supporting people to stop smoking. In 2015 NICE will be publishing quality standards on smoking – reducing tobacco use in the community and smoking – harm reduction.

This briefing summarises NICE's recommendations for local authorities and partner organisations on tobacco. It is particularly aimed at health and wellbeing boards.

The recommendations cover: how to prevent people from taking up smoking and helping them to stop; reducing tobacco use in the community; reducing the harm caused by smoking; and helping South Asian communities to stop using smokeless tobacco.

All of the recommendations can be found in NICE's smoking pathway (note: this covers all types of tobacco use). Some of the recommendations have been used to develop quality standards and links to these can also be found in the pathway.

This briefing does not cover electronic cigarettes because NICE only recommends the use of licensed nicotine-containing products and currently no electronic cigarettes have been licensed by the Medicines and Healthcare Regulatory Agency (MHRA). See the MHRA website for further details.

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Key messages

Smoking costs local authorities more than £600 million a year in terms of social care services (Costs of smoking to the social care system Action on Smoking and Health [ASH]). Treating diseases caused by smoking costs the NHS approximately £2.7 billion a year (Estimating the cost of smoking to the NHS in England and the impact of declining prevalence Callum et al.).

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 (Statistics on Smoking England 2014 HSIC [page 46]).

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

Two-thirds of smokers say they began smoking before the age of 18. Nine out of ten started before the age of 19 (Statistics on Smoking England 2014 HSIC).

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

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?

Cut the cost of local public services

The annual economic impact of smoking tobacco[1] is estimated at:

- £63 million in a London borough such as Havering (population of 237,232)

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- £148 million in a large city like Manchester (population of 503,100)
- £103 million in a county such as Wiltshire (population of 470,981)
- £26 million in a district council like North East Derbyshire (population of 99,023).

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

Protect children 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 Tobacco Advisory Group of the Royal College of Physicians). 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 them to sell the cigarettes to friends. They may also try to sell the children other illegal items. Children can buy tobacco at dinner-money prices, making it easy for them to become addicted (Stop Illegal Tobacco organisation).

Tackle health inequalities

Workers in routine and manual jobs are twice as likely to smoke as those in managerial and professional roles. Poorer smokers spend 5 times as much of their weekly household budget on smoking as richer smokers (Smoking: the true economic cost ASH). An adult smoking 10 cigarettes a day would save about £1000 a year if they did not smoke (see NICE's workplace interventions to promote smoking cessation: costing template).

South Asian women (some of the main users of smokeless tobacco in the UK) are 3.7 times more likely to have oral cancer and 2.1 times more likely to have pharyngeal cancer compared with other women. This is the case, even after controlling for the effect of socioeconomic deprivation (Oral and pharyngeal cancer in South Asians and non-South Asians in relation to socioeconomic deprivation in South East England Moles et al.).

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Drive improvement across key measures of population health

Public health outcomes framework

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

Healthy lives, healthy people

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

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- reducing exposure to second-hand smoke
- 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 and smokeless tobacco
- 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 using tobacco.

Public health responsibility deal

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.

[1] This includes NHS care, sick days caused by tobacco use, illnesses caused by passive smoking, smoking breaks, domestic fires caused by tobacco use and the cost of clearing up tobacco-related litter. The population figures given are from the 2011 census.

What NICE says

This section highlights the type of activities covered by NICE's recommendations, including those used to develop NICE quality standards on tobacco, published up to January 2015. Following these recommendations and quality standards will help you make the best and most efficient use of resources to improve the health of people in your area.

Local authorities and other bodies involved with commissioning or delivering services are advised to read them in full by following the links below to NICE's pathways on smoking prevention and cessation, smoking: tobacco harm-reduction approaches and smokeless tobacco cessation in South Asian communities.

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NICE's recommendations are presented here in a framework based on Public Health England's CLeaR model. The model aims to help local government review its action on tobacco against the latest evidence-based practice.

Leadership

- Make your organisation an exemplar in smokefree policies and in the support provided to help employees stop smoking.
- Ensure people who do not work in specialist stop-smoking services but who help prevent uptake or give advice on quitting smoking are trained to encourage people to stop smoking every time they see them. This should include training for practitioners in areas of identified need. (See also assessing local need for smokeless tobacco services in NICE's smokeless tobacco cessation in South Asian communities pathway.)
- Monitor and evaluate all activities to discourage people from taking up smoking and to help those who smoke to quit (see help adults who are disadvantaged to quit smoking and commissioning.
- Involve local communities and target groups in encouraging people to stop smoking. See partnership working between the voluntary and business sectors, criminal justice system and commissioners of public health services in NICE's smoking pathway. This includes working with South Asian communities to encourage people to stop using smokeless tobacco (see NICE's smokeless tobacco cessation in South Asian communities pathway).
- Plan and commission smoking prevention and cessation in schools with national, local and regional partners and work together on mass media campaigns for under 18s. Never involve tobacco companies in anti-tobacco activities for young people.

(For the above, see NICE's smoking pathway.)

- Ensure local tobacco control strategies include secondary care.
- Put referral systems in place for people who smoke. This includes developing a local stop smoking care pathway and referral procedure that ensures continuity of care between primary, community and secondary care.

(For the above, see NICE's smoking cessation in secondary care pathway.)

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- Include tobacco harm-reduction approaches when commissioning tobacco control services. But ensure this investment does not detract from, but supports and increases the impact of, existing stop smoking services.

(For the above, see NICE's smoking: tobacco harm-reduction approaches pathway.)

- Commission smokeless tobacco services in areas where there is a need

(For the above, see NICE's smokeless tobacco cessation in South Asian communities pathway.)

Prevention

Some of the work to discourage children and young people from smoking should take place in schools. Some involves environmental services. All staff involved should be trained. For details see smoking prevention and cessation in schools. See also mass-media campaigns for under-18s in NICE's smoking pathway, and 'Complying with legislation' (below).

Complying with legislation

- 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 in NICE's smoking pathway.

Communications

Regional and local campaigns should be integrated with national communications strategies. For details see mass-media campaigns for under-18s in NICE's smoking pathway and raising public awareness of licensed nicotine-containing products in NICE's tobacco harm-reduction approaches 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 pathway on behaviour change.

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Innovation and learning

Many people who are most at risk of an early death smoke. Many of them are also disadvantaged. Local authorities can tackle health inequalities by providing flexible, coordinated and accessible services that are planned and developed with these disadvantaged groups.

They should also share learning on innovative local initiatives to reduce health inequalities. For details see 'partnership working' in helping adults who are disadvantaged to quit smoking in NICE's smoking pathway.

Helping people to quit or reduce the harm from smoking

Stop smoking services

Stop smoking services should be flexible, accessible for different groups and culturally sensitive. They should also offer effective treatments from trained staff (see standards for and provision of evidence-based stop smoking services).

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 (see helping women who are disadvantaged to stop smoking and providing workplaces with support to help people quit smoking).

If people are not ready to give up smoking in one step, NICE recommends choosing a harm-reduction approach (see NICE's smoking: tobacco harm-reduction approaches pathway). This includes advising on the use of licensed nicotine-containing products and supplying them.

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 in NICE's smoking 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 in NICE's smoking pathway.

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Action in the workplace

Employers should publicise stop-smoking services and consider providing services for smoking cessation in the workplace (see NICE's smoking pathway). Also see the costs and savings section.

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. (For details see community health services for women, including teenage girls, who are pregnant or who are planning a pregnancy [and their partners] in NICE's smoking pathway.)

When pregnant women who smoke, or who have recently stopped smoking, are first booked in for antenatal support, midwives should refer them to support from general NHS services to help people stop smoking (see NICE's smoking 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 3 or more elements and multiple contacts. (See helping partners of pregnant women, and others in the household, to stop smoking in NICE's smoking pathway.)

Examples of practice

Examples of how NICE's advice on tobacco has been put into practice can be found in our local practice collection. They include:

- Hospital based smoking cessation practice
- Initiating a local tobacco harm reduction service using an outreach model
- Open wide project: raising awareness of the risks of smokeless tobacco and shisha pipe smoking and the signs and symptoms of mouth cancer.

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidelines.

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Developing an action plan

The table below poses a range of questions which could be asked when developing a comprehensive plan to tackle tobacco use in your local population.

Assessing opportunities to tackle tobacco use	**Links to NICE recommendations**
How does your local authority help employees stop smoking?	Smoking cessation in the workplace
Are frontline staff trained to encourage people to stop using tobacco?	People who do not work in specialist stop-smoking services but who help prevent uptake or give advice on quitting smoking
How does your local authority work with local, regional and national partners on tobacco control activities?	General education campaigns aimed at everyone Illegal sales (local action) Coordinated approach in schools Ensure local tobacco control strategies include secondary care
How are local communities involved in planning and delivering activities?	Helping adults who are disadvantaged to quit smoking Planning local, evidence-based stop smoking services Recommendations on working with South Asian communities

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How do you monitor and evaluate activities?	Planning local, evidence-based stop smoking services Mass-media campaigns for under-18s Commission smokefree services and stop smoking services System incentives to improve the health of people who are disadvantaged Standards for and provision of evidence-based stop smoking services Helping adults who are disadvantaged to quit smoking Teachers and support staff in schools
What measures are in place to ensure tobacco companies are never involved in anti-tobacco activities?	Mass-media campaigns for under-18s (campaign strategies)
What work is done with schools to help them discourage children and young people from using tobacco?	Coordinated approach in schools Smoking prevention and cessation in schools
Do environmental health and trading standards services prioritise tobacco control and enforce legislation?	Trading standards: preventing illegal sales
How are local campaigns integrated with national communications strategies?	Mass-media campaigns for under-18s Organisations working with women before, during and after pregnancy
Do local tobacco control strategies include secondary healthcare?	Ensure local tobacco control strategies include secondary care
Do efforts to change people's behaviour follow evidence-based principles about what works?	Coordinated approach in schools Behaviour change

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How do you share learning on innovative initiatives to reduce health inequalities?	See 'partnership working' in Helping adults who are disadvantaged to quit smoking
Are local stop smoking services flexible and accessible to all groups of tobacco users?	Helping adults who are disadvantaged to quit smoking Helping women who are disadvantaged to stop smoking
Do local stop smoking services provide advice, support and products to reduce the harm caused by tobacco?	Providing advice and support to reduce the harm caused by tobacco
Are local health and community practitioners trained to help smokers and smokeless tobacco users (if relevant) to quit?	Service providers who tackle health inequalities in the public, private, community and voluntary sectors Training for practitioners in areas of identified need
Do local employers publicise stop-smoking services?	How employers can help employees to quit smoking
Do all professionals working with pregnant women encourage them to stop smoking, and refer them to stop smoking services?	Health practitioners (including dentists and pharmacists) who advise on or prescribe drugs to women to help them quit smoking before, during and after pregnancy Community health services for women, including teenage girls, who are pregnant or who are planning a pregnancy (and their partners)

Costs and savings

Most of the smoking interventions recommended by NICE are considered highly cost effective and some are cost saving.

The costs of smoking and the savings associated with smoking cessation interventions are influenced by the percentage of people in the population who smoke – and the cost and effectiveness of the interventions on offer.

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For example, in 2014 approximately 19% of the adult population in Newcastle-upon-Tyne – around 52,127 people – smoked. Using the ASH 'Reckoner' toolkit, the economic impact for that year was estimated at around £70 million:

- £29 million in smoking breaks
- £13 million in lost productivity due to early deaths
- £12 million in NHS care
- £5.6 million in sick days
- £5.4 million on care in later life as a result of smoking related illnesses
- £3 million from domestic fires
- £1.6 million from the impact of passive smoking.

Use the NICE tobacco return on investment tool to estimate what mix of tobacco control interventions provides the best value for money for your area.

In addition, see NICE's workplace cost-effectiveness tool and the summary version of the costing template for employers for our guideline on workplace interventions to promote smoking cessation.

Facts and figures

Below are other facts and figures on tobacco:

- In England in 2013, an estimated 79,700 adults aged 35 and over died as a result of smoking, accounting for 18% of all deaths (Statistics on Smoking England 2014 HSIC).
- Although the prevalence of cigarette smoking has fallen markedly in the past 30 years, 1 in 5 adults aged 16 or over in England (20%) still smoked in 2012. This is the same as for 2011 and 2010, but lower than the 26% in 2002. On average, they smoked 12 cigarettes a day. Smoking prevalence remains higher in certain groups, notably among people with mental health problems, people in routine and manual occupations and women who are (or who have been) pregnant (Statistics on Smoking England 2014 HSIC).

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- Exposure to secondhand smoke in the home affects an estimated 5 million children under 16 (Breaking the cycle of children's exposure to cigarette smoke British Medical Association). A UK report estimated that passive smoking caused 22,600 new cases of wheeze and asthma, 121,400 new cases of middle ear infection and 40 sudden infant deaths (Passive smoking and children Royal College of Physicians).
- About two-thirds (67%) of people who smoke say they would like to stop and three-quarters (75%) of them say they have tried in the past. In 2008, about a quarter (26%) of all smokers had tried in the past year (Smoking-related behaviour and attitudes, 2008-09 Office for National Statistics).
- Most people try to stop smoking without help, but only around 4% of those who stop without using behavioural or pharmacological therapy are successful for a year or longer (Shape of the relapse curve and long-term abstinence among untreated smokers Hughes et al.). This compares with about a 15% quit rate at 1 year for people who stop with support from NHS stop smoking services (The English smoking treatment services – one-year outcomes Ferguson et al.).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidelines, quality standards, briefings and other resources (see service improvement and audit in our smoking pathway resources section) provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available from the Centre for Public Scrutiny and in the NICE local practice collection.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- 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.

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- Facts and figures on smoking in England and local tobacco profiles provided by the London Knowledge and Intelligence Team at Public Health England.

About this briefing

This briefing is based on NICE guidance published up to January 2015 about tobacco (see our advice list for details of published briefings and briefings in development and our quality standards list for quality standards in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of public health.

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

This briefing may be used alongside the local joint strategic needs assessment to review or update 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.

About NICE guidelines and quality standards

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.

NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE.

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They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users.

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