



Proposed Commitment to the 'Local Government Declaration on Tobacco Control'

1. Summary

Tobacco smoking remains the single largest preventable cause of ill health, premature death and health inequalities both in the UK¹ and locally in Lancashire. It kills over 80,000 people each year in England and 1,673 adults aged 35 years and over in Lancashire alone^{2,3}. This is greater than the total number of deaths from alcohol, obesity, illegal drugs, murder, suicide, road traffic accidents and HIV infection combined³.

Adult smoking rates remain higher in Lancashire than England as a whole⁴ (21.2% vs 20%). This equates to over 200,000 smokers across Lancashire. Similarly, although the minimum legal age of sale of tobacco products in England is 18 years, a greater proportion of young people aged 14-17 years in the County smoke than nationally (16% vs 11%)^{5,6}.

Reducing health inequalities resulting from smoking and protecting successive generations of young people from the harm done by tobacco therefore remains a public health priority in Lancashire. Commitment to the Local Government Declaration on Tobacco Control would illustrate the District Councils' dedication to control tobacco in order to save lives and reduce inequalities in our communities.

2. Background

The Local Government Declaration on Tobacco Control is a national response to the enormous and on-going damage smoking does to our communities. It is a voluntary pledge to take action and a statement about a Council's commitment to protecting their local community from the harm caused by smoking in order to save lives and reduce inequalities.

This is a cross-party document built on the same principles as the Nottingham Declaration on Climate Change which is now endorsed by over 300 councils across the country. Everything contained in the Declaration has previously been committed to at a national level by all political parties.

The North and particularly the North West is seen as a leader in UK tobacco control. The Local Government Declaration on Tobacco Control represents a further opportunity to continue to lead this vital agenda. A number of North West Local Authorities, including Lancashire County Council, Manchester City Council and Salford City Council have already committed to the Declaration.

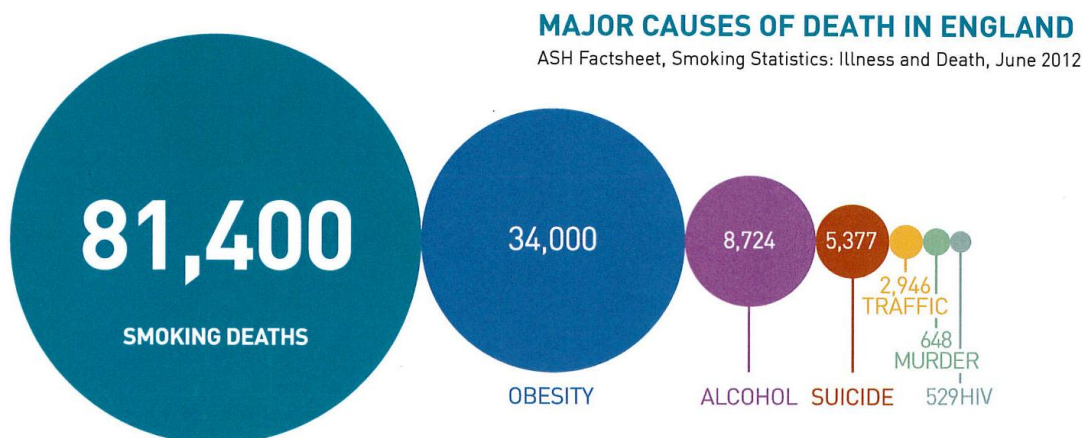
The Declaration is strongly supported by the wider public health community including The Trading Standards Association, Chartered Institute of Environmental Health and the Association of Directors of Public Health as well as Public Health England, the Public Health Minister and the Chief Medical Officer.

3. Impact of Smoking in Lancashire

Smoking and tobacco is the single largest preventable cause of ill health, premature death and inequalities in the communities we serve. One in two long-term smokers die prematurely

as a result of smoking, half of these in middle age. On average, each smoker loses 16 years of life and experiences many more years of ill-health than a non-smoker¹.

Smoking kills around 80,000 people each year in England and 1,673 adults aged 35 years and over in Lancashire alone^{2,3}. This is greater than the total number of deaths from alcohol, obesity, illegal drugs, murder, suicide, road traffic accidents and HIV infection combined³.



Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V⁷. People in routine and manual occupations are twice as likely to smoke as those in managerial and professional occupations (30% vs 13.8% respectively)⁴. In Lancashire County, over a third of routine and manual workers currently smoke (35.3%)⁴.

Tobacco negatively impacts on the whole economy – not just the NHS. The cost of smoking to society in Lancashire, including lost productivity, sick days, illness and death, house fires and dealing with tobacco litter is estimated to be £316.6 million each year⁸. Even if all of the tax revenue from local tobacco sales were to come directly into Lancashire, estimated at £273.4 million, this would leave an annual shortfall of £43.2 million⁹.

Smoking rates remain higher in Lancashire than England as a whole in adults⁴ (21.2% vs 20%), pregnant women¹⁰ (16.8% vs 12.0%) and young people^{5,6} (16% vs 11%). However, two-thirds of smokers (63%) want to quit and welcome support to do so¹¹.

The vast majority of people who smoke become addicted as children before they are legally old enough to buy cigarettes; with two thirds initiating under the age of 18, the legal age of sale, and almost two-fifths under 16 years¹².

It is estimated that nationally, one in fourteen stick cigarettes (7%) and around a third of hand rolled tobacco (35%) consumed are illicit¹³. Sales of illicit tobacco products in the UK deprives the exchequer of around £1.6 billion each year in lost revenue¹³, which could otherwise be used to fund health, education and other public sector services. Market activity is purposefully targeted to those on low incomes in areas of deprivation¹⁴ and to young people⁶, which maintains smokers in their habit, tempts relapse in those who have quit and encourages children and young people to initiate smoking.

Tobacco smoke not only damages a smoker's health but also the health of the people around them. There are 3,057 additional incidents of childhood diseases each year within Lancashire, directly attributable to secondhand smoke^{15,16}.

A smoker of twenty cigarettes a day is estimated to spend around £2,800 a year on their habit. The more disadvantaged the smoker, the greater the burden high-cost tobacco imposes on their household income and the greater the impact smoking has on their family. Poorer smokers proportionately spend five times as much of their weekly household budget on smoking than do richer smokers. If poorer smokers quit they are more likely to spend the money they save in their local communities¹⁷.

We need to move away from a view of smoking as an individual choice but rather people in our communities who smoke are victims of a powerful and influential industry. Tobacco is the only legal consumer product on the market which is lethal when used as intended¹⁸.

Comprehensive and effective tobacco control public health policy is therefore required to reduce the significant health inequalities caused by smoking and protect successive generations of children and young people from the harm done by tobacco in Lancashire. Measures to control tobacco have huge public support with both people who smoke and non-smokers alike (appendix 1).

4. Financial Impact of Smoking in Lancashire

Smoking remains the single largest preventable cause of ill health and premature death in England from respiratory diseases, circulatory disease and cancer¹⁹. One in 20 of hospital admissions are smoking related²⁰ and the estimated lifetime cost of treating a smoker with a smoking related disease in Lancashire is £15,121⁸.

In Lancashire it costs the NHS a total of £41.49 million to treat smoking-related illnesses each year⁸ (£22.66 million primary care and £18.83 million secondary care). A further £15.67 million is spent on treating the consequences of exposure to secondhand smoke⁸ in children and adults.

The costs to the wider economy from sickness absenteeism, smoking breaks and reduced productivity are estimated at £15.05 million across Lancashire each year⁸. Every year 145,872 working days are lost through smoking related absence across the County.

The cost to the individual smoker is also significant. A smoker of twenty cigarettes a day is estimated to spend around £2,800 a year on their habit. In a family where both parents smoke, £5,600 a year of the household income is spent on tobacco. Becoming smokefree would release money to buy essentials such as food and heating for the entire family unit. No other interventions that a District Council could implement would put this level of annual income back into a household budget, and in turn, the local economy¹⁷.

Adopting the Declaration would illustrate the District Council's commitment to implementing effective tobacco control public health policy to alleviate the financial burden of smoking to the District Councils, the NHS, Lancashire Fire and Rescue, Worksites across the County and most of all the communities we serve.

5. The Local Government Declaration on Tobacco Control

Tobacco control is part of a global movement, based on principles of social justice, tackling worldwide inequalities and protecting the environment¹⁸. The Declaration gives a clear

statement on a Councils' commitment to control tobacco in order to save lives and reduce inequalities (appendix 2). It sets out the following key actions that participating councils will take in order to control tobacco:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities.
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use.
- Participate in local and regional networks for support.
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities.
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in-kind or research funding offered by the tobacco industry to officials or employees (please see below).
- Monitor the progress of our plans against our commitments and publish the results.
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco (please see below).

The Declaration is not in conflict with existing duties. It does not contain specific commitments in relation to the Councils' pension fund investments in the tobacco industry. It commits the Council to protect health policy from the influence of the tobacco industry and this can be achieved through a strong policy on engagement and transparency locally (see below). It is possible for the Council to do this while retaining pension investment in tobacco shares.

Adopting the Declaration would strengthen current Tobacco Control activity and ensure that tobacco priorities are shared and understood across the whole of the District Council. It is important to note that no formal monitoring process is currently in place, and as the Declaration is non-statutory there are no sanctions if a council has not delivered on a particular aspect.

6. Protection of Local Policy from the Tobacco Industry

The tobacco industry produces and promotes a product that has been scientifically proven to be addictive, cause disease and death in one in every two of its long-term users and contribute to a variety of social ills, including increased poverty¹⁸. All of these are in direct conflict with the goals of public health.

The World Health Organization (WHO) has clearly illustrated the tactics used by the tobacco industry to impede public health tobacco control policy and rehabilitate its image; including funding worthy causes as part of a corporate social responsibility (CSR) agenda²¹. Similarly the tobacco industry's own documents highlight that the majority of its corporate social responsibility programmes and youth smoking prevention campaigns are designed to facilitate dialogue with policy-makers, influence agendas and shape public health policy to

suit and promote the industry's marketing aims and interests, rather than to reduce smoking^{22,23}.

Tobacco companies have a long record of attempting to influence Council policies. In England they have:

- Sponsored schools and museums.
- Paid for industry branded smoking shelters on council property.
- Provided staff and funding and sniffer dogs for joint work on illicit tobacco. These campaigns have focused on counterfeit brands rather than main stream branded products that are smuggled and sold without tax.
- Worked through front campaigns such as "Love where you live". Supporting environmental campaigns is a great strategy for companies that produce a large proportion of street litter. It has also been a way of distributing industry branded giveaways such as portable ash trays and marketing products.
- Used subsidiaries to arrange meetings with members and officers on local harm reduction policies.

Under the WHO Framework Convention on Tobacco Control (FCTC), to which the UK is a signatory¹⁸, 172 countries worldwide have pledged to protect health policy from the commercial interests of the tobacco industry. Local authorities are also subject to this treaty¹:

'Local authorities are encouraged to follow the Government's lead in this area, and to take necessary action to protect their tobacco control strategies from vested interests. While we recognise that there may be legitimate operational reasons for local authorities to deal with the tobacco industry, we would encourage transparency in all dealings.'

10.3, p47.

Whilst the operational requirement of some Local Authority departments to liaise with the tobacco industry, such as Trading Standards attainment of criminal witness statements to support criminal prosecution for the supply of counterfeit tobacco is understood, in line with the FCTC¹⁸ and national Tobacco Control Plan¹, it is vital for Local Authorities to avoid conflicts of interest, which may undermine local public health policy. Indeed, Trading Standards North West are also implementing a policy across all departments, including Lancashire County Council, not to accept payments, gifts or services, monetary or in-kind from the tobacco industry.

It is clear that the investment of pension funds in tobacco companies (typically undertaken at the discretion of external investment managers) does not directly permit tobacco industry involvement in public health policy making by the District Council. The nature of the mandates with the Pensions Fund's investment managers do not allow a route for influence for such investment services, direct or otherwise, on Council policy, either from the fund managers themselves or the companies in which they invest.

A clear separation is also achieved by the distinct nature and governance arrangements relating to individual Committees of the County Council. As such, any investment of pension funds in tobacco interests by the Pension Fund will have no effect or influence upon public health decisions made by the District Council.

By signing the Declaration the council will reinforcing its existing obligation and send a message that it will protect policies from tobacco industry lobbying.

7. The Smokefree Action Coalition

The Smokefree Action Coalition²⁴ (SFAC) is an alliance of over 170 local and national organisations and has wide membership including medical royal colleges, the British Medical Association, the Trading Standards Institute, the Chartered Institute of Environmental Health, the Faculty of Public Health, the Association of Directors of Public Health and health charities such as ASH. The Coalition was created during the successful campaign for legislation ending smoking in enclosed public places (Health Act 2006). It campaigns for tobacco control at a national level and provides a network of support and advice to local public health professionals.

Membership of the SFAC is free and gives the council a national platform to make the case for Central Government action to reduce the level of smoking in support of local authorities. However, no member is required to agree with every policy position and all members would be contacted ahead of their name being put to a specific public statement.

8. Implications

8.1 Financial

The signing of the Declaration is not expected to have any direct financial implications for the District Council. A small amount of Council Officer time will be required to include the Declaration within corporate policies. There is no cost attached to membership of the Smokefree Action Coalition.

However, costs that may arise as a result of actions that are delivered to meet the requirements of the Declaration, which are tobacco control related, will be met from existing grants.

Adoption of the Declaration can be undertaken without Local Authority Pension disinvestment in tobacco company shares, where typically these Pension Fund investments are made by investment managers of pooled funds, as well as direct holdings, which the Fund has appointed / invested in. In order to meet its fiduciary duties, the Pension Fund cannot unilaterally decide to divest from an individual investment type without regard to the overall objectives of the Fund, or without taking appropriate professional advice including risk and return considerations. A decision to exclude particular investments on ethical grounds (and thus affect potential financial return) could be subject to legal challenge. Securing a decent financial return in order to meet future commitments to beneficiaries is the primary objective of a pension fund.

8.2 Legal

The non-acceptance of payments, gifts or services, monetary or in-kind from the tobacco industry would extend to small gifts and the like, which are not currently subject to the Member Code of Conduct and Employee Code of Conduct. Any gift or hospitality from a tobacco company would be contrary to the policy.

This policy is subject to any overriding legal requirements that may apply to the District Council in various circumstances.

Approving the recommendation is in compliance with the authority's duties under s.2B of the NHS Act 2006²⁵.

8.3 Equality and Diversity

The Declaration is all embracing and does not target one particular group. It is not considered to have an adverse impact on any groups or individuals sharing protected characteristics under the Equality Act 2010. Adoption of the Declaration would illustrate the District Councils' dedication to control tobacco in order to save lives and reduce inequalities in all communities across Lancashire.

Smoking disproportionately affects those disadvantaged by poverty and is a major contributor to health inequalities, accounting for half of the difference in life expectancy between social classes I and V^{7,26}. Adults in routine and manual occupations are around twice as likely to smoke as those in managerial and professional occupations (30% vs 13.8% respectively)⁴.

People on low incomes start smoking at a younger age and are more heavily addicted, spending up to 15% of their total weekly income on tobacco⁴. Similarly, women who smoke in pregnancy are also more likely to be younger, single, of lower educational achievement and in unskilled occupations²⁷. Smokers from routine and manual groups comprise 44% of the overall smoking population and reducing smoking in this group is critical to reducing inequalities.

Smoking rates are also higher among Bangladeshi and Irish males²⁸ (40% and 30% respectively), prisoners²⁹ (80%) and people living with a mental health condition. Nationally, a third (32%) of people with depression or an anxiety disorder and 40% for those with probable psychosis smoke³⁰. Even higher rates are experienced in inpatient settings, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers³¹.

Smoking rates remain higher in Lancashire than England as a whole in adults⁴ (21.2% vs 20%), pregnant women¹⁰ (16.8% vs 12.0%) and young people^{5,6} (16% vs 11%). Reducing health inequalities resulting from smoking therefore remains a public health priority in Lancashire.

9. References

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APPENDIX 1

[lifestyles/smoking](#)

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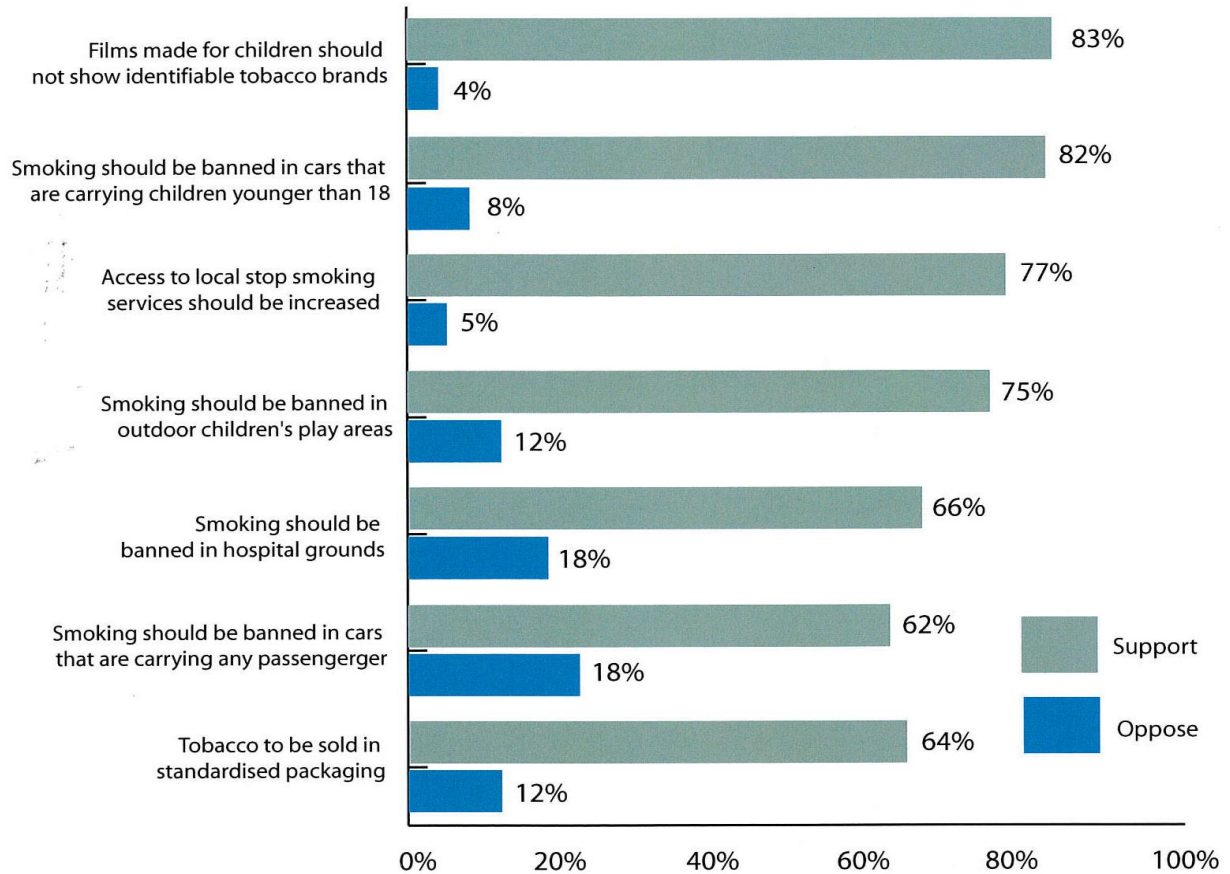
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Appendix 1: Public Opinion on Tobacco Control – Results of 2013 YouGov Poll

Tackling tobacco is popular in the North West

Most people, including smokers, support measures to reduce the harms caused by smoking and tobacco. These range from the introduction of smokefree public places such as pubs and restaurants in 2007 to potential future changes such as the introduction of standardised, plain tobacco packaging. See the results of a 2013 YouGov survey below.



Appendix 2: Local Government Declaration on Tobacco Control

Local Government Declaration on Tobacco Control

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization’s Framework Convention on Tobacco Control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by the Department of Health, Public Health England and professional bodies.

We commit our Council from this dateto:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;
- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reduce the harm caused by tobacco.

Signatories for [insert council]

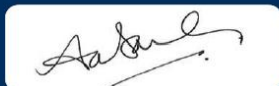
Leader of Council

Chief Executive

Director of Public Health

Endorsed by

Anna Soubry, Public Health Minister, Department of Health



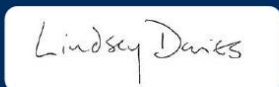
Dr Janet Atherton, President, Association of Directors of Public Health



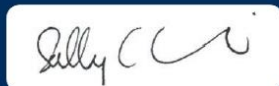
Duncan Selbie, Chief Executive, Public Health England



Dr Lindsey Davies, President, UK Faculty of Public Health



Professor Dame Sally Davies, Chief Medical Officer, Department of Health



Graham Jukes, Chief Executive, Chartered Institute of Environmental Health



Leon Livermore, Chief Executive, Trading Standards Institute



