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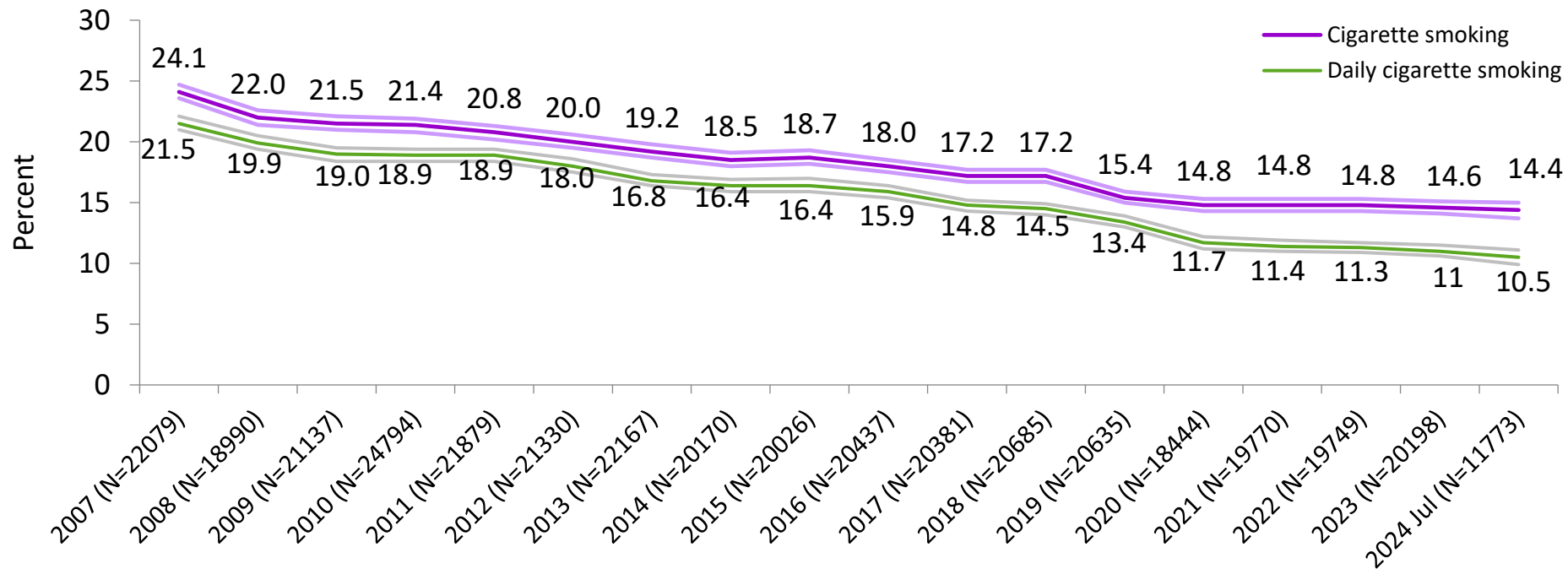
Tobacco & Vapes Bill: anticipated health-related outcomes

5th September 2024

Professor Linda Bauld

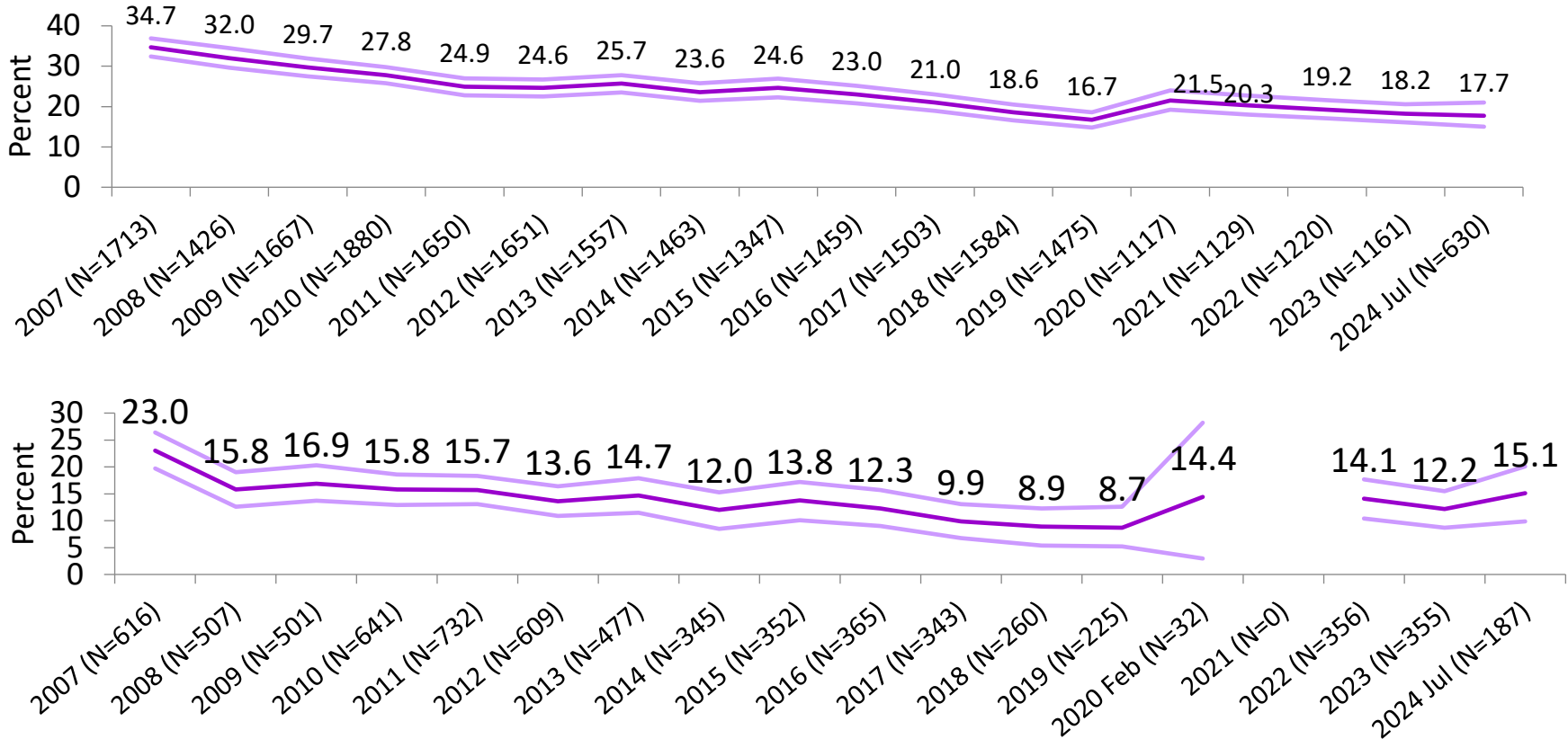


There has been much progress, but some things have stalled



While daily cigarette smoking continues to decline, since 2020 overall cigarette smoking prevalence (when non-daily smokers included) has shifted very little

Smoking rates in younger age groups are a particular concern (top figure 18-21, lower figure 16 to 17- year-olds)



Smokefree Generation element of the Bill

Will make it an offence to sell tobacco products to those born on or after Jan 2009 (anyone who turns 15 or younger in 2024 will never be legally sold tobacco, and proxy sales to this group will also become an offence)

A post implementation review of the policy (similar to that conducted for smokefree legislation in England) is proposed for within five years of it coming into force

Original research



OPEN ACCESS

'Stopping the start': support for proposed tobacco control policies – a population-based survey in Great Britain 2021–2023

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► Additional supplemental material is published online only. To view, please visit the journal online (<https://doi.org/10.1136/tc-2023-058571>).

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Received 22 December 2023

Accepted 4 April 2024

ABSTRACT

Objectives This study assessed public support for four proposed tobacco control policies in Great Britain: (1) Raising the sales age of tobacco by 1 year every year (Smokefree Generation); (2) Raising the sales age of tobacco from 18 years to 21 years; (3) Providing prescription e-cigarettes as smoking cessation aids to adults who smoke; (4) Restricting e-cigarette advertising to prevent youth uptake.

Design Repeat cross-sectional population-based survey weighted to match the population of Great Britain.

Setting The survey was conducted in England, Scotland and Wales in September 2021, October 2022 and October 2023.

Participants 6541 adults living in Great Britain.

Main outcome measures Support for each policy and year and prevalence ratios (PRs) comparing support between years and subgroups.

Results The most popular policy each year was restricting e-cigarette advertising (74%/79%/85%), followed by raising the sales age to 21 years (50%/58%/64%), providing prescription e-cigarettes (45%/44%/49%) and Smokefree Generation (34%/44%/49%). The largest increases were for policies about the age of sale (Smokefree Generation: 2021/2022 PR=1.28, 95% CI 1.18 to 1.40, 2022/2023 PR=1.12, 95% CI 1.04 to 1.20; raising the age to 21 years: 2021/2022 PR=1.16, 95% CI 1.09 to 1.23, 2022/2023 PR=1.11, 95% CI 1.05 to 1.17). Only 30% opposed

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Previous research showed that the British population is more supportive of raising the legal age to 21 years than a Smokefree Generation policy (ban on the sale of tobacco products to everyone born after a certain year). ⇒ It is also known that age, gender and smoking status are associated with level of support for health policies.

WHAT THIS STUDY ADDS

⇒ This study showed that between 2021 and 2023 support for policies about raising the age of sale for tobacco and restricting e-cigarette advertising has steadily increased among the British population. ⇒ Even quite novel measures such as making it an offence to sell tobacco products to anyone born after a certain year were supported by half of the population in 2023.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

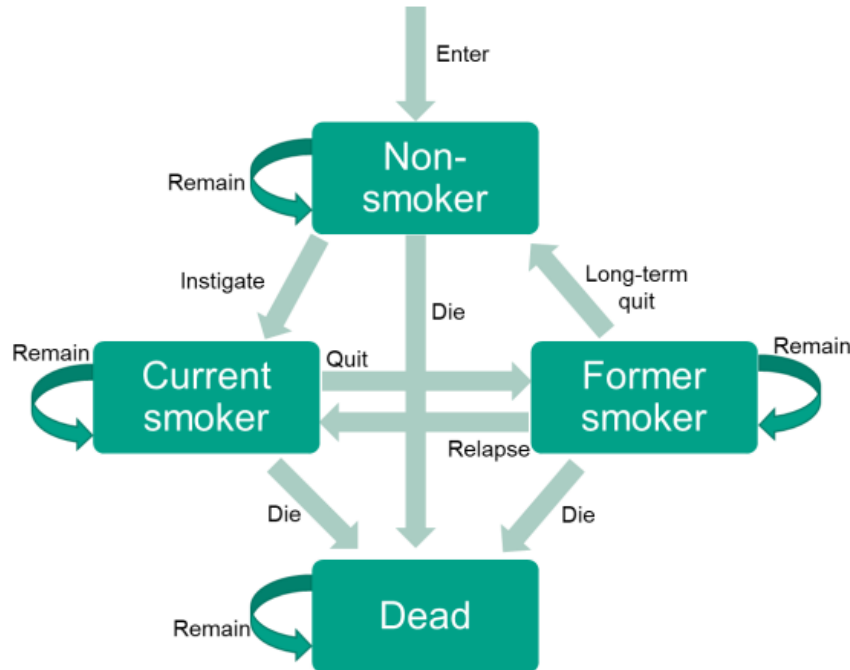
⇒ These results should encourage policymakers to consider bold actions that should have the way to a smokefree nation and the extent to which leadership can help foster public confidence in proposed measures.

Potential effects on smoking uptake

- No country has introduced a smokefree generation policy to date, so ‘real world’ outcomes are not available
- Modelling for the New Zealand policy (passed into law but then repealed) suggested it would have a modest impact on smoking uptake initially, but subsequently could halve prevalence in NZ within 10 to 15 years of full implementation
- The previous increase in the age of sale in the UK had measurable effects
- The 2007 rise from 16 to 18 resulted in ever smoking declining more among 16-17 year olds compared with 18-24 year olds – a difference in the odds of smoking of 5.4% over 18 months and 14.4% over 48 months post implementation

Source: Beard, E., Brown, J., Jackson, S. *et al.* Long-term evaluation of the rise in legal age-of-sale of cigarettes from 16 to 18 in England: a trend analysis. *BMC Med* 18, 85 (2020). <https://doi.org/10.1186/s12916-020-01541-w>

Bill impact assessments



- A Markov model was developed to assess impacts of the smokefree generation from 2023-2100, using transition probabilities from the University of Sheffield's Alcohol and Tobacco Model
- This suggests smoking prevalence aged 14+ could fall from 12.4% in 2023 to 4.9% in 2100 by simply continuing existing tobacco control policies ('do nothing' scenario)
- But with the policy, the reduction would be to 1.5% in 2056 and effectively zero by 2100. 14-30 year-old prevalence would fall to effectively zero by 2050.


Bill impact assessments – disease cases and mortality

- Modelling conducted for The Khan Review (2022 - that originally proposed the smokefree generation and other measures) estimated nearly half a million more people would die from smoking by 2030 if further action wasn't taken
- The impact assessment for the Tobacco & Vapes bill suggested that introducing a smokefree generation could avoid up to 10,866 cases of strokes, heart disease, lung cancer and other lung diseases by 2056 in England, rising to 470,000 cases avoided by 2100. Estimates of reduced healthcare usage costs = £3,263m, reduced social care usage costs of £1,995m and also increased productivity, reduced exposure to second hand smoker, reductions in cigarette and tobacco litter and reductions in fires associated with smoking.


Source: DHSC (2024) Tobacco and Vapes Bill: Impact Assessment,
<https://assets.publishing.service.gov.uk/media/65f9bd0a9316f5001164c351/tobacco-vapes-bill-impact-assessment.pdf>

Smoking cessation

After years of reductions in funding for smoking cessation services, new investment in England should increase resources available for local stop smoking services



The 'Swap to Stop' programme alongside the imminent roll out of financial incentives for smoking cessation in pregnancy should also support additional numbers of smokers to quit. These schemes are now being evaluated.



Trials of incentives in Scotland and England found more than double the quit rate among pregnant smokers who received incentives alongside stop smoking support, compared with the offer of stop smoking support alone)

Thank You – www.spectrum.ac.uk



This work is supported by the UK Prevention Research Partnership (MR/S037519/1), which is funded by the British Heart Foundation, Cancer Research UK, Chief Scientist Office of the Scottish Government Health and Social Care Directorates, Engineering and Physical Sciences Research Council, Economic and Social Research Council, Health and Social Care Research and Development Division (Welsh Government), Medical Research Council, National Institute for Health Research, Natural Environment Research Council, Public Health Agency (Northern Ireland), The Health Foundation and the Wellcome Trust.



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Smokefree ACTION
IT'S ABOUT HEALTH AND IT'S ABOUT TIME