

Making the local case for investing in stop smoking services

Calculating return on investment for local areas

Introduction

In July 2017, the Department of Health refreshed its strategy to tackle smoking, publishing the latest tobacco control plan for England. The plan aims to deliver the following objectives by the end of 2022:

- Reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking among adults in England from 15.5% to 12% or less
- Reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- Reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less

The tobacco control plan explicitly highlights that quit support is highly cost-effective,ⁱ noting a smoker who uses these services is up to four times more likely to quit successfully than those who choose to quit without help.ⁱⁱ

Yet the plan was not accompanied by any additional funding for support services and following the £200 million in-year cuts in the national public health budget in 2015, 59% of local authorities have cut smoking cessation budgets in 2016.ⁱⁱⁱ This erosion of funding to stop smoking services is now threatening the fight against the smoking epidemic, as the number of people accessing these services has fallen for a fifth consecutive year in a row.^{iv}

However, these cuts have not been made uniformly across all local authorities. A recent survey of tobacco control leads reveals that the extent of cuts correlates directly with the priority given to tobacco control within the local authority.^v Only 40% of local authorities which considered tobacco control a high priority made cuts in 2016, compared to 100% of local authorities which did not.^{vi} As demonstrated by this variation, cuts to local stop smoking services are not inevitable, even in the face of mounting national financial pressures.

This paper is intended to help local areas make the case for prioritising investment in stop smoking services locally. The paper first summarises the short term benefits from investment and then details the significant long term cost savings that can be realised, through six case studies.

We hope the paper provides a helpful tool for local areas seeking to demonstrate the possible health benefits and cost savings that investments in stop smoking services can have in the short, medium and long term.

Benefits to local areas after one year

Local investment in stop smoking services starts to deliver significant health and cost benefits within the first year of provision.

For example, a study of weekly in-surgery smoking cessation clinics from April 2014 to March 2015 at Hawes Lane Surgery in the West Midlands (a practice with around 4500 registered patients) found the practice was able to save just under £650,000 in the first year.^{vii}

In that time, the number of registered smokers fell by 27% and appointments for smokers with a long-term condition declined by over 44% compared to the same time period in the previous year. Of smokers registered at the Surgery, total unplanned emergency admissions for a smoking related illness declined by an average of 49% compared to the previous year.^{viii}

By investing in a smoking cessation clinic, the practice was able to improve patients' health and wellbeing, while freeing up appointment times, and ultimately saving resources.^{ix}

Benefits to local areas over the longer term

Long term cost savings from investment in stop smoking services will differ in areas depending on a number of factors, including smoking prevalence, population size and engagement rates with the smoking population. However, even in areas with relatively low numbers of smokers, significant savings can be realised over the long term. It is estimated that for every pound invested in smoking cessation £2.37 in benefits are generated.^x

To help demonstrate these possible savings, this paper includes six case studies from across the country which have been chosen to represent a mix of:

- High, medium and low smoking prevalence areas
- Large and small populations

The cost savings in these areas have been mapped across three, five and ten years with varying hypothetical engagement rates with their respective smoking populations. The savings account for both the direct health system savings and wider economic benefits from a healthy, productive population.

We would encourage local areas to review the case studies to identify the area which most resembles their location. In doing so, we hope local areas will be able to get a sense of the possible long term savings they could achieve by investing in stop smoking services.

Methodology and case studies

Using Johnson & Johnson Ltd.'s FOCUSED^{xi} tool, case studies were developed for six areas with varying population sizes and smoking prevalence rates. Each case study calculated the potential cost savings of implementing stop smoking services over three, five and ten years for two percent, five percent and ten percent engagement rates with the smoking population.

Cost savings were based on avoided productivity losses due to smoking and direct savings to the health system. These savings were calculated using the assumptions

set out in the NICE Tobacco Return on Investment (ROI) tool, specifically accounting for economic metrics (net present value, net cost-savings, benefit-cost ratios, cost per death avoided, cost per life year gained, incremental cost effectiveness ratios) and population metrics (QALYs gained per 1000 population).

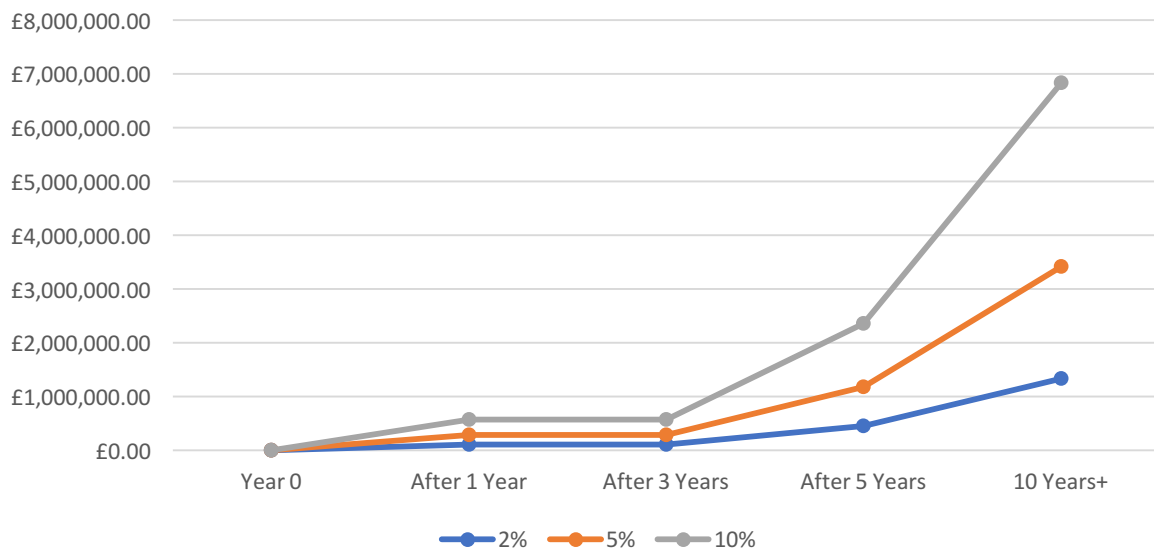
Assumptions on the types of treatments provided as part the support programme were based on the approximate national average of smokers which receive each type of intervention. E-cigarettes were not included in the model due to a lack of data on the percentage of people using e-cigarettes as a quit tool or an accepted/validated quit success rate for e-cigarettes at the time of calculating. The treatments and proportion of the population assumed were the following:

Type of treatment	Smoking population using treatment (%)	Success rate (%)	Cost per quit
Rx combination NRT	6%	10%	£1,000
Rx varenicline	3%	12%	£1,564
One-to-one behavioural support + combination NRT	55%	20%	£991
One-to-one behavioural support + varenicline	26%	24%	£1,191
GP advice	10%	1%	£1,540

Manchester: High smoking prevalence and high population size

Smoking prevalence	Adult population size	Estimated number of smokers
21.70%	432,709	93,898

Cost savings over time in Manchester



Smoking population targeted	Cost savings 3yrs	Cost savings 5yrs	Cost savings 10yrs
2%	£112,243.26	£463,488.01	£1,341,599.87
5%	£286,293.49	£1,182,196.57	£3,421,954.26
10%	£572,466.97	£2,363,897.59	£6,842,474.13

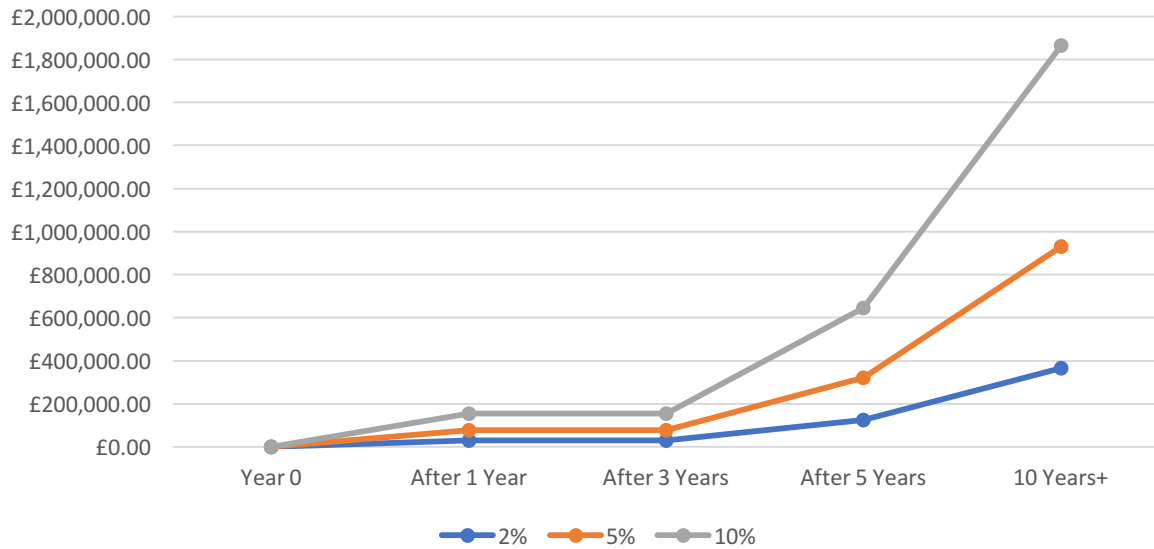
Manchester exemplifies a local area with a large smoking population, due to its relatively high smoking prevalence rate and large population.

Assuming the local area is able to engage with five percent of the smoking population over ten years, they could expect to see nearly £3.5 million in savings by the end of the decade. If the area was able to double this engagement rate, they could likewise double their savings, seeing nearly £7 million in total savings after ten years.

Blackpool: High smoking prevalence and low population size

Smoking prevalence	Adult population size	Estimated number of smokers
22.50%	113,850	25,616

Cost savings over time in Blackpool



Smoking population targeted	Cost savings 3yrs	Cost savings 5yrs	Cost savings 10yrs
2%	£30,565.13	£126,213.11	£365,333.05
5%	£77,951.25	£321,885.41	£931,720.81
10%	£156,022.50	£644,266.36	£1,864,876.02

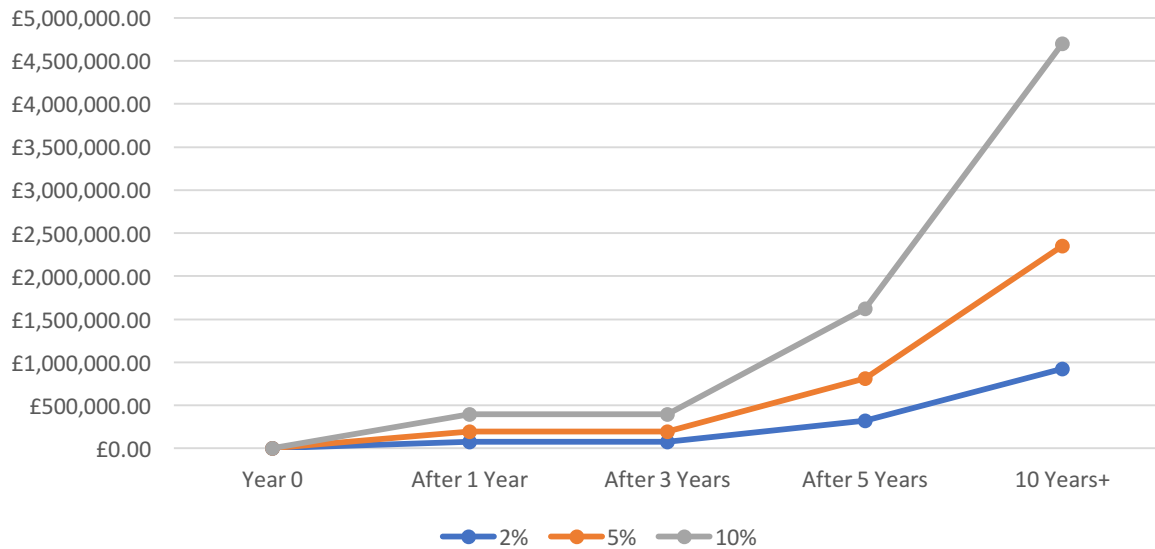
Blackpool exemplifies a local area with a relatively high smoking prevalence rate, but smaller total population size, which results in a smaller total number of estimated smokers.

Despite this smaller population size, the area could still see significant cost savings by the end of ten years, recognising a savings of nearly £1million in total if it were to engage with five percent of its smoking population or saving just under £2 million if it were to engage with ten percent of its smoking population.

Cumbria: Mid-level smoking prevalence and high population size

Smoking prevalence	Adult population size	Estimated number of smokers
15.50%	415,983	64,477

Cost savings over time in Cumbria



Smoking population targeted	Cost savings 3yrs	Cost savings 5yrs	Cost savings 10yrs
2%	£77,084.53	£318,306.46	£921,361.27
5%	£196,464.88	£811,265.76	£2,348,267.95
10%	£393,116.43	£1,623,302.36	£4,698,767.19

Cumbria exemplifies a local area with mid-level smoking prevalence rate and a relatively large population.

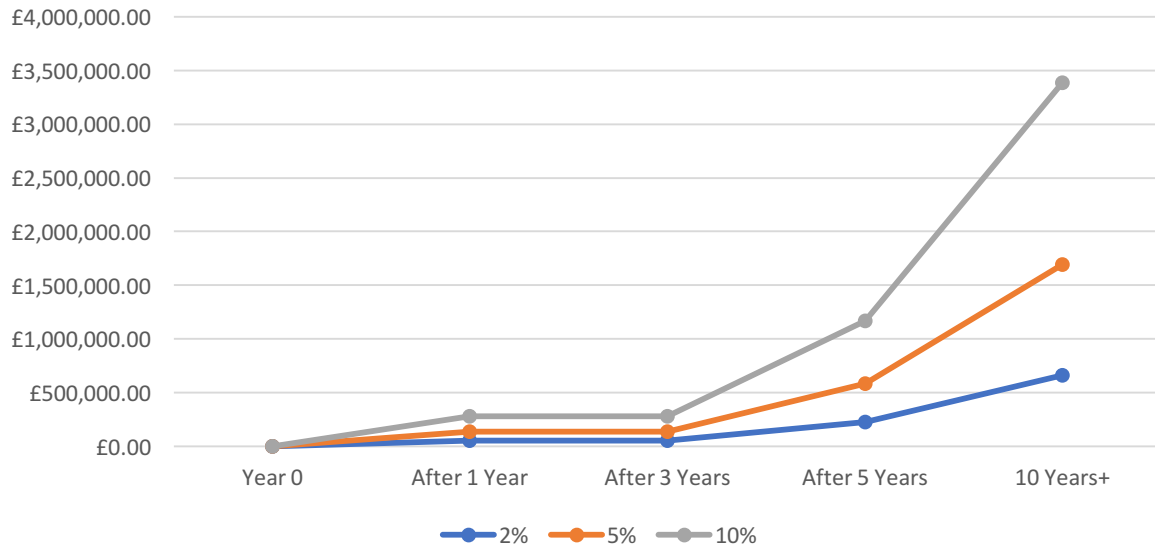
Despite having a smoking prevalence rate in line with the national average and below the 2011 Tobacco Control Plan target of 18.5 percent, Cumbria could realise significant savings by investing in stop smoking support.

Assuming the local area is able to engage with five percent of the smoking population over ten years, they could expect to see nearly £2.5 million in total savings. If the area was able to double this engagement rate, they could likewise double their savings, seeing just over £4.5 million in savings at the end of the decade.

Leicester: Mid-level smoking prevalence and low population size

Smoking prevalence	Adult population size	Estimated number of smokers
17%	273,316	46,464

Cost savings over time in Leicester



Smoking population targeted	Cost savings 3yrs	Cost savings 5yrs	Cost savings 10yrs
2%	£55,443.26	£228,942.79	£662,691.61
5%	£141,581.65	£584,635.52	£1,692,270.20
10%	£283,269.98	£1,169,711.53	£3,385,815.42

Leicester exemplifies a local area with mid-level smoking prevalence rate and a relatively small population.

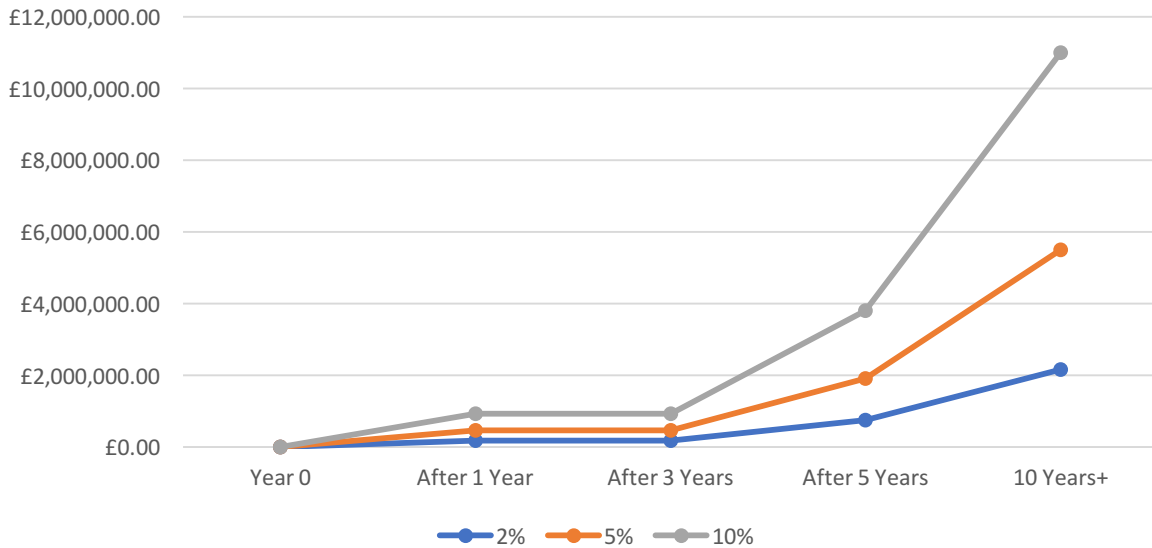
Despite having a smoking prevalence rate below the 2011 Tobacco Control Plan target of 18.5 percent and a relatively small population size, Leicester could realise significant savings by investing in stop smoking support.

Assuming the local areas is able to engage with five percent of the smoking population over ten years, they could expect to see nearly £2.5 million in total savings. If the area was able to double this engagement rate, they could likewise double their savings, seeing just over £4.5 million in savings at the end of the decade.

Hampshire: Low smoking prevalence and high population size

Smoking prevalence	Adult population size	Estimated number of smokers
13.60%	1,109,660	150,914

Cost savings over time in Hampshire



Smoking population targeted	Cost savings 3yrs	Cost savings 5yrs	Cost savings 10yrs
2%	£180,507.27	£745,371.75	£2,157,532.94
5%	£460,053.70	£1,899,707.55	£5,498,842.19
10%	£920,224.07	£3,799,896.89	£10,999,078.93

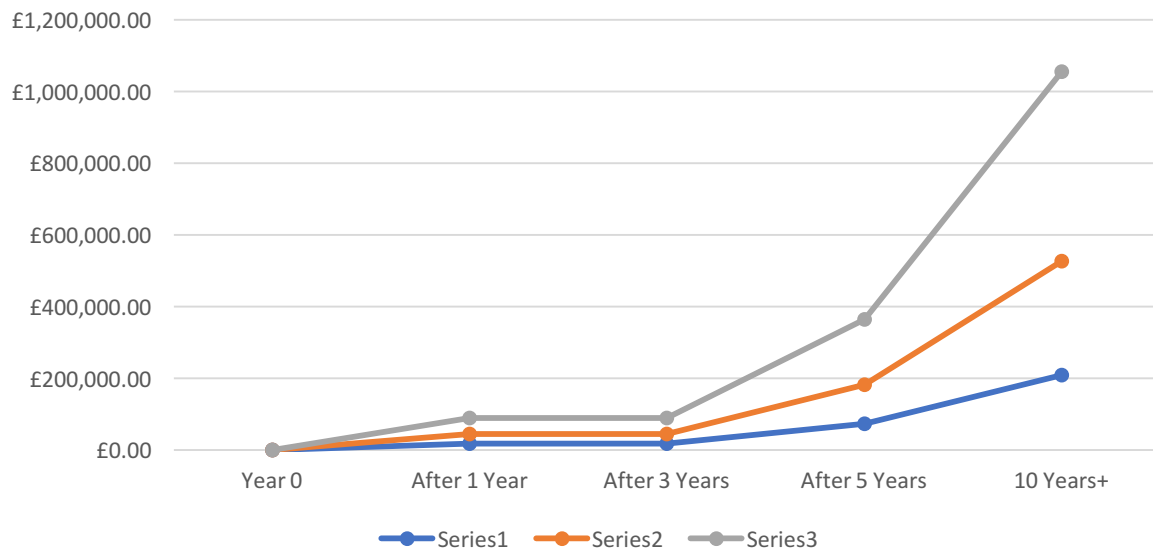
Hampshire exemplifies a local area with low-level smoking prevalence rate and a large population.

Despite having a low smoking prevalence rate, Hampshire’s large population size, means that it could realise nearly £11 million over ten years if it was able to engage with ten percent of its smoking population. Even if the area was able to engage with five percent of its smoking population, it could save nearly £5.5 million in total by the end of the decade.

Windsor and Maidenhead: Low smoking prevalence and low population size

Smoking prevalence	Adult population size	Estimated number of smokers
12.20%	118,623	14,472

Cost savings over time in Windsor and Maidenhead



Smoking population targeted	Cost savings 3yrs	Cost savings 5yrs	Cost savings 10yrs
2%	£17,421.02	£71,936.93	£208,226.69
5%	£44,002.59	£181,700.62	£525,945.72
10%	£88,191.85	£364,172.10	£1,054,122.72

Windsor and Maidenhead exemplifies a local area with low-level smoking prevalence rate and a small population.

Despite having a low smoking prevalence rate nearly at the target rate of the 2017 Tobacco Control Plan and a small population size, Windsor and Maidenhead could still save over £1 million in total if it was able to target ten percent of its smoking population over ten years.

About PAGB

PAGB (Proprietary Association of Great Britain) is the UK trade association representing the manufacturers of branded over-the-counter (OTC) medicines, self care medical devices and food supplements. These are self care products that can be bought from a pharmacy or other retail outlets without a prescription. PAGB and its members are actively involved in efforts to support people to quit smoking, for example through ongoing support for pharmacy services.

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ⁱ Department of Health, [Tobacco Control Plan](#), July 2017 (Accessed 18 July 2017)

ⁱⁱ *ibid.*

ⁱⁱⁱ CRUK & ASH, [Cutting down: the reality of budget cuts to local tobacco control](#), November 2016 (Accessed 17 March 2017)

^{iv} ASH, [New Government data shows valuable Stop Smoking Services continue to decline](#), 18 August 2017 (Accessed 31 October 2017)

^v CRUK & ASH, [Cutting down: the reality of budget cuts to local tobacco control](#), November 2016 (Accessed 17 March 2017)

^{vi} *ibid.*

^{vii} Johnson & Johnson Ltd., Hawes Lane Surgery case study

^{viii} *ibid.*

^{ix} *ibid.*

^x ASH, [New Government data shows valuable Stop Smoking Services continue to decline](#), 18 August 2017 (Accessed 31 October 2017)

^{xi} Johnson & Johnson Ltd., Frontline Opportunities in smoking Cessation: Utilising Services and Evaluating Data