1. Action on Smoking and Health Scotland (ASH Scotland) welcomes the chance to submit evidence to inform the Committee’s scrutiny of the Scottish Government’s 2013/14 draft budget. ASH Scotland is the leading charity working to reduce the health, social and economic harms caused by tobacco and smoking in Scotland.

2. Smoking is responsible for around 13,000 deaths and 56,000 hospital admissions in Scotland annually. Because smoking prevalence is nearly five times higher in the poorest areas of Scotland compared to the most affluent, the burden of disease caused by smoking is borne disproportionately by the poorest in society: those who will be on the lowest incomes, and who may rely most on public services and safeguards that are under pressure during the global economic crisis.

3. Smoking costs dearly in lives lost, but also in financial terms. A recent report from the Scottish Public Health observatory estimates that smoking costs the NHS £323 million per year, 3.5% of NHS Scotland operating costs. The report authors estimate that a 1% reduction in smoking prevalence would reduce NHS expenditure by £13.4 million, 2% reducing costs by twice that. Smoking incurs costs to more than just the NHS. When including wider societal costs such as productivity losses due to premature death we have conservatively estimated the total cost of smoking to Scotland at over £1 billion.

4. Because of this, we have previously welcomed the Scottish Government’s Spending Review 2011 and Draft Budget 2012-13 that sets out plans to maintain the existing level of spending for tobacco control from 2011-12 to 2014-15. Because the costs incurred by smoking are so large, most tobacco control interventions are very cost effective.

5. The robust approach to tackling tobacco adopted by successive administrations has brought significant benefits to public health and to national and household finances. However progress has been delayed by the continued intransigence of the tobacco industry, which has delayed measures such as the ban on retail tobacco displays through a series of legal challenges. In addition to holding up the implementation of important public health measures these challenges have been a significant drain on tobacco control budgets, with funds allocated to public health work redirected to cover the substantial legal costs. Separate cases relating to the 2010 Tobacco and Primary Medical Services (Scotland) Act are still before the High Court and the UK Supreme Court.

6. As the focus of the Committee’s current scrutiny is how to improve the employment and financial prospects for individuals who are experiencing multiple disadvantages, it is important to consider how a wide range of individual and social
factors influence life chances and outcomes. Smoking, as both a cause and consequences of health and social inequality, must be addressed in combination with other determinants of health and wellbeing, if, as the Scottish Government aims, we are to succeed in ‘creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth.’

6. For these reasons, we would draw the Finance Committee’s attention to the importance of continued effective action on broader determinants of wellbeing that shape economic productivity - such as tobacco use - in its scrutiny of the draft budget, and to continue to make evidence-based and cost-effective tobacco control a priority in financial planning in 2013/14 and beyond.

7. With one in four deaths in Scotland still linked to tobacco, and smoking rates in the poorest communities nearly five times those amongst the richest, we can ill afford for legal costs to drain significant resources away from proactive tobacco control work. We therefore call for funds remaining from the current legal challenges, or returned through a court award of costs, to be set aside as a “fighting fund” to defend against future challenges from the tobacco industry.

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