

Cumbria Health and Well-being Scrutiny Committee

The Last Gasp



**A Scrutiny of Smoking and Tobacco Control in
Cumbria**

June 2008.

Cumbria Health and Well-being Scrutiny Committee

THE LAST GASP

Scrutiny of Smoking and Tobacco Control in Cumbria

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Mr J. Garrity (Copeland Borough Council)	Mr D. Vatcher (South Lakeland District Council)

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18 June 2008

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The drawings by Alan Gunston use quotations from young people collected during the Committee's survey of the attitudes to smoking of young people in Cumbria

1. Foreword

- 1.1 In the broadest terms the Health and Well-being Scrutiny Committee believes that forcing everybody not to smoke, other than in settings where their smoking inevitably incurs the exposure of others to second hand smoke, does not offer the best way forward in the face of the evidence brought before us. Such an approach would run the risk of triggering a disproportionate and potentially misleading reaction on the part of committed smokers and, possibly even more significantly, the public relations machinery of the tobacco trade
- 1.2 On the “demand side” of the tobacco trade the Committee therefore believes that user consent must be the basis for any authority’s approach to most of the future programme designed to *influence* the use of tobacco, not to *control* it in individual cases, with the important exception of situations in which others would be inadvertently exposed to second hand tobacco smoke; but we cannot afford to be passive on behalf of the public; it is transparent persuasion that is needed – and needed urgently. In practice this means that helping tobacco users to quit and helping young people and other potential users not to start smoking offers a far more promising (“carrot”) approach to the resolution of the health problems associated with smoking than any (“stick”) approach that relies on compulsion.
- 1.3 On the “supply side” the Committee’s view is stark in its contrast. Here experience has shown that voluntarism and self-regulation simply do not work. Examples cited range from the highlighting on TV of sporting events taking place in countries where there is no constraint rooted in advertising codes to the widespread displacement of the tobacco trade in response to rising prices on the street from the legitimate market to the highly profitable, and criminal, market for contraband and counterfeit fags! Regulation, and the enforcement of the law at both local and national levels are desperately needed if significant further progress which is not just cosmetic is to be made. For that to happen both resources (for trading standards in the first instance) and the informed consent of communities where illegal trading is rife are needed. As we see it an encouraging start has been made by the NHS and its partners on the demand side of the harmful trade in tobacco products but there is a long way to go on the supply side. One of the main tasks of local government and its partners must now be to help to win the necessary support of the public at large in tackling the tobacco trade head on.

2. Executive Summary

- 2.1 Right at the end of the scrutiny, the Department of Health published a national consultation on the future of tobacco control covering similar ground to the scrutiny. As well considering the recommendations in this report for local action, we hope that the County Council and six District Councils in Cumbria, all of whom are represented on the Committee, as well as Cumbria PCT and other partners, will use this report in framing their response to the consultation. Appendix 4 contains some pointers for framing a response, and Appendix 5 contains for convenience the executive summary of the consultation.
- 2.2 It was because of its significance for health inequalities that we decided to carry out a scrutiny of tobacco control measures in Cumbria. In Cumbria alone, smoking kills 930 people per year. Cigarette smoking is also the largest single factor contributing to health inequalities. Unless the prevalence of smoking is tackled, the problem of health inequalities will not be solved.
- 2.3 We structured our scrutiny of smoking around three aspects – the demand for tobacco, the supply of tobacco and the protection of non-smokers – as well as looking at some general matters covering all three aspects.
- 2.4 Firstly, we looked at demand for tobacco. We made young people a major focus of our attention as 4 out of 5 smokers start before the age of 19. We recommend that agencies work more with young people so that the publicity and other forms of social marketing to encourage people to stop smoking (or avoid starting) will be based on messages which young people will listen to.
- 2.5 Also under the heading of demand for tobacco, we looked at measures to help people who wish to stop smoking. Members noted the improvement in performance of the Cumbria Stop Smoking service in the last quarter of 2007/8 following measures to tackle concerns about poor performance levels earlier in 2007. We commend to all employers the good practice of some employers in giving time off to staff wishing to make use of the Stop Smoking service. We also recommend that “Street Safe” surveys should include a question on whether people would like to get stop smoking advice. We would like to see the choice of smoking cessation products widened, and would like to see a scheme piloted for licensed local shops to supply products for people undergoing an NHS Stop Smoking programme. .
- 2.6 Secondly, we looked at the supply of tobacco. We looked at enforcement measures against illegal trading in tobacco, as both under-age sales and the sales of smuggled and counterfeit cigarettes are rife. We recommend measures to raise the priority of enforcement work by all the agencies involved.

- 2.7 Thirdly, we looked at measures to protect people from exposure to tobacco smoke. We recommend the spread of best practice now adopted by some employers, and the adoption of "smoke free home" and "smoke free car" schemes.
- 2.8 Finally, we looked at some general matters. We recommend that as high a priority on tobacco control measures should be given to the West Coast (Whitehaven/ Workington/ Maryport) as is given to the existing "Spearhead" areas of Barrow and Carlisle. We would like it to be made easier for pension fund trustees to avoid investing in firms whose activities go against local and national policies on tobacco control where other investments can make a similar financial return. We ask that the proposals in this report are reflected in responses to the current Government consultation on the future of tobacco control, and in County Council and PCT strategies and action plans for health and well-being.



"I got into fags by selling 'them'"

3. Recommendations

A. THE DEMAND FOR TOBACCO

Young people

1. The PCT, County Council and their partners should work with young people to develop appropriate publicity and other forms of social marketing aimed at putting across messages which will impact on young people. (see paragraph 6.6-6.9)
2. The PCT should build on the results of the Committee's survey of young people in leading the development of tobacco control policies for Cumbria, working with all partners including Cumbria Trading Standards and the Cumbria Constabulary as well as young people themselves.. (see paragraph 6.1-6.12)

Helping People of all ages to stop Smoking

3. We would encourage more widespread publicity by the PCT and partners on the outcomes which the Stop Smoking service can achieve so that members of the public generally, and young people in particular, know how effective it is in helping them to stop smoking. (see paragraphs 6.11 and 6.14 to 6.18)
4. "Street Safe" questionnaires should incorporate a question on whether respondents would like to know about the Stop Smoking service. (see paragraphs 6.19 to 6.20)
5. Councils and the PCT should press for a wider range of smoking cessation products to be developed and licenced and made available through suppliers who currently supply tobacco, amongst others. (see paragraph 6.21)
6. Councils and the PCT should press the Government for the continuation of the 5% VAT rate for smoking cessation products. (see paragraph 6.22)
7. The County Council and PCT should give serious consideration to the piloting of a scheme whereby smoking cessation products which are being used by individuals undergoing an NHS Stop Smoking programme, can be supplied through licensed local shops, as well as pharmacies, in areas of need. (see paragraphs 6.23 to 6.25)
8. All Councils and their partners should offer time off to staff who wish to attend Stop Smoking sessions. (see paragraph 6.26)

B. THE SUPPLY OF TOBACCO

9. The County Council, District Councils and PCT should actively lobby for vendors of tobacco to be subject to a licensing system. (see paragraphs 6.28 to 6.29)
10. The Police Authority should prioritise enforcement work against trade in counterfeit and smuggled tobacco at least as highly as enforcement work against illegal trading in alcohol and drugs. (see paragraph 6.31 to 6.36)

C. PROTECTING NON-SMOKERS

11. The PCT and Councils in Cumbria should develop a suitably cost-effective "smoke-free home" scheme aimed at encouraging as many householders as possible to protect people living in their homes, particularly young children, from exposure to tobacco smoke. (see paragraphs 6.38)
12. The PCT and Councils in Cumbria should develop a suitable cost-effective "smoke-free car" scheme aimed at encouraging car-owners to protect passengers, particularly young children, from exposure to tobacco smoke and from implied approval of smoking. (see paragraph 6.39)
13. All Councils and their partners should adopt policies on smoking which provide for the protection of their staff against having to inhale tobacco smoke when making planned visits to outside premises (e.g. private houses) (see paragraph 6.41)
14. Where Councils and their partners contract out services, similar protections for the staff of contractees should be written into contracts. (see paragraph 6.41)
15. Employers including the County Council should consider amending their HR procedures to forbid staff from smoking during their working time in any venue (whether or not the employers' premises (see paragraph 6.42)

D. GENERAL

16. The County Council and PCT should press for a national review or clarification of the fiduciary duties of Pension Fund Trustees in order that Trustees can avoid investments in businesses whose activities are in conflict with government policies on tobacco control, provided equally

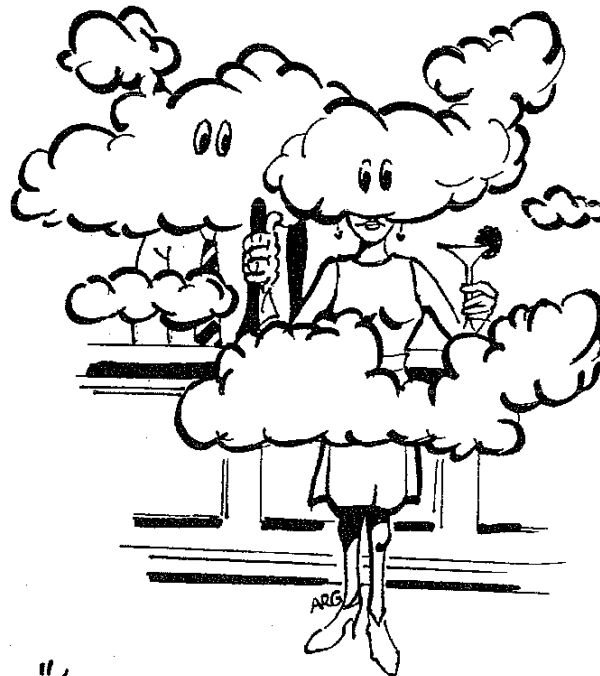
good financial returns can be made elsewhere. (see paragraph 6.45 to 6.47)

17. West Cumbria (particularly the Whitehaven/ Workington/ Maryport belt) should be recognised as a top priority area for tobacco control with as high a priority as the two Spearhead areas of Barrow and Carlisle. This priority should apply to all relevant aspects such as social marketing, smoke free house schemes, and enforcement activities, as well as to the Stop Smoking service. (see paragraph 6.48)
18. The County Council should review the allocation of resources to Trading Standards, with a view to allowing Trading Standards to play a more active role in tobacco control, particularly in the areas below. Figures in brackets are Trading Standards estimates of resources that would be required:
 - all under-age sales including tobacco (2 staff)
 - illegal sale of smuggled and counterfeit tobacco (2 staff initially)
 - (subject to an appropriate pilot scheme being introduced) work with small traders on smoking cessation products (2 staff) (see paragraph 6.49)
19. The County Council should ensure that its arrangements for single status terms of service do not jeopardise the ability of Trading Standards to cover its out of hours responsibilities. (see paragraph 6.50)
20. District Councils should review resources for Environmental Health with a view to allowing fuller participation in the partnership agenda for tobacco control. (see paragraph 6.51)
21. We encourage partners to continue to work closely together through the Tobacco Control Alliance to achieve further progress in the top priority "Take-home" messages from the National Tobacco Control Team (see paragraphs 6.34, 6.43 and 6.44)
22. We encourage the County Council and all partners to respond to the Government Public Consultation on the future of Tobacco Control to reflect the conclusions and recommendations in this report. In particular, the County and District Councils' and PCT's responses should reflect the pointers set out in Appendix 4 to this report. (see paragraph 6.52)
23. We encourage the County Council, District Councils, PCT and their partners to encompass the measures recommended in this report in their respective Health and Well-being Strategies and Action Plans, the Local Strategic Plans, and the emerging Cumbria Strategy for Tobacco Control, (see paragraph 6.53)

The table below sets out which recommendations are relevant to which organisation:

Organisation	Recommendations
Cumbria County Council	1, 5-9, 11-19, 22-23
All District Councils in Cumbria	5-6,8-9,11-15,20,22-23.
Cumbria PCT	1-3,5-9,11-13,15-18, 22-23
Cumbria Police Authority	4,10,22
Other partners	8,15,21,22

We invite organisations to let us know their response to these recommendations, and also to provide us with an update of the position after a further 12 months, so that we can track the outcome of our recommendations.



*"I worked a lot in pubs and started
due to passive smoking"*

4. The Importance of Smoking as an Issue

- 4.1 We selected smoking as a topic for scrutiny because of its massive impact on health overall, particularly health inequalities. It is also a massive drain on the costs of the NHS.

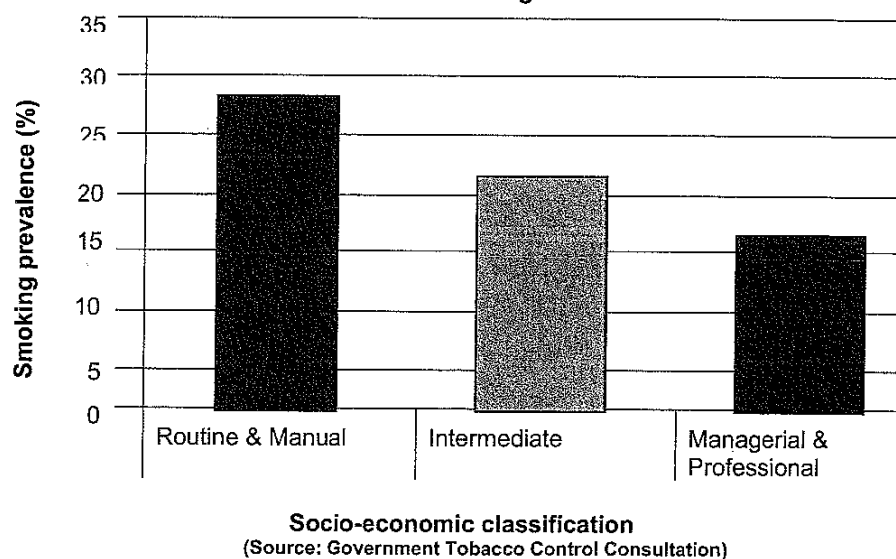
Effect on Health and Life Expectancy

- 4.2 Of all narcotic substances, cigarette smoke is by far the biggest killer. In Cumbria, diseases caused by tobacco smoke result in an average of 930 deaths every year. We are advised that this figure greatly outnumbers deaths caused by alcohol and all illegal drugs combined.
- 4.3 Figures of deaths do not reflect the impact of years of poor health also caused by smoking, particularly from cancer, chronic obstructive lung disease and coronary heart disease. And children subjected to second hand smoking suffer from poor health. A telling statistic is that each year in the UK, 17,000 children under the age of five are admitted to hospital with illnesses caused by passive smoking.

Effect on health inequalities

- 4.4.1 Cigarette smoking is also the largest single behavioural factor contributing to health inequalities. This is because there is a big disparity in smoking rates between the socio-economic groups (see figure 1). Less than 1 in 6 men in higher managerial occupations smoke, as compared with well over 1 in 3 men in routine occupations.

Figure 1: Prevalence of cigarette smoking by socio-economic classification in England 2006



- 4.5 The Department of Health, in its Strategy "Tackling Health Inequalities" puts reduction of smoking as its number one specific measure to narrow health inequalities. Evidence presented to the Health Select Committee by ASH in May this year lends added emphasis to this concern by pointing out that "although increasing the price through taxation is the most effective lever in helping smokers to quit and has been found to be more effective with poorer and younger smokers, the easy availability of cheap smuggled tobacco is undermining this important policy. If the Government is serious about wanting to reduce health inequalities then it must to more to stop the illegal trade in tobacco."

If we don't fix smoking, we won't fix health inequalities.

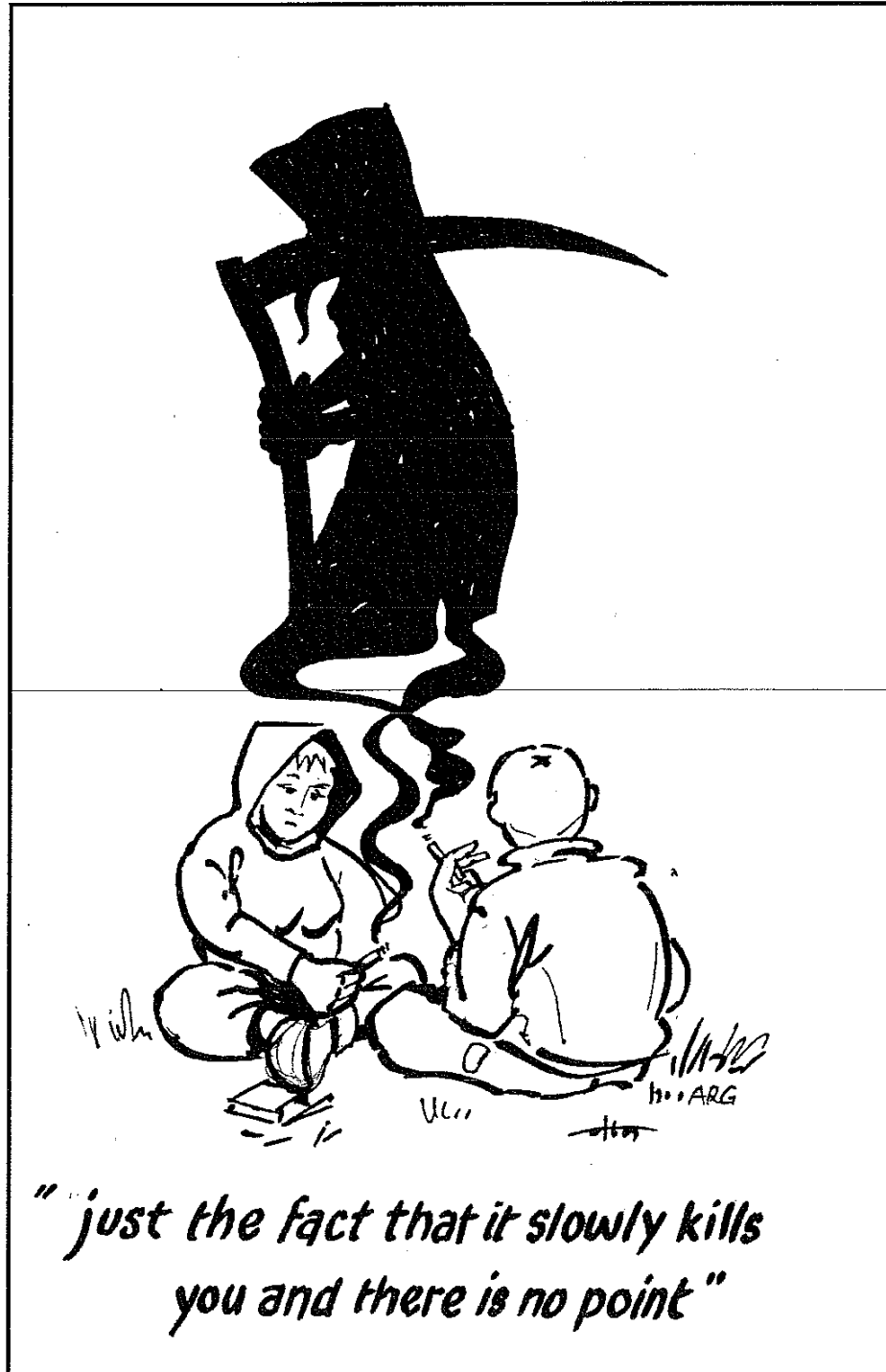
A recent study in Scotland showed that, taking the effect of smoking out of the equation, there is very little difference in survival rates between the best and least well off areas. Measures to improve the economy of deprived areas are of course vital but won't resolve health problems on their own. In other words, *if we don't fix smoking, we won't fix health inequalities.*

Cost to the NHS

- 4.6 Smoking causes the NHS a massive £1.7 billion per year to treat the diseases caused by smoking. The median cost of medical intervention in diseases caused by smoking is £17,000 per year of life gained. Compare this with the cost of a Stop Smoking intervention of merely £161 per successful quitter. (i.e. who quits and continues not to smoke for at least 4 weeks)

House fires

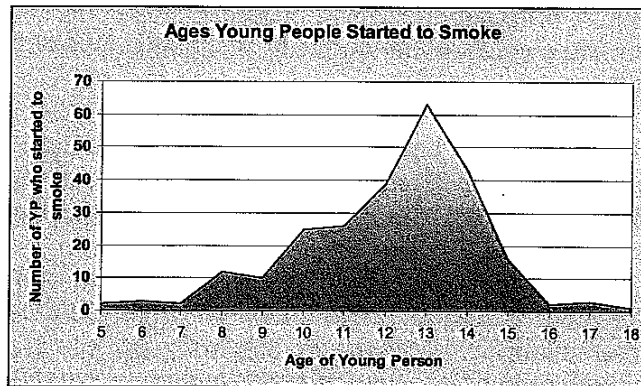
- 4.7 Smoking is also the commonest cause of house fires. In Cumbria alone, out of a total of 7 house fire deaths in 2007/8, 5 were smoking-related. This is despite the magnificent work of the Fire Service in visiting homes and installing smoke alarms.



5. How the Scrutiny was carried out

- 5.1 We set up a Task and Finish Group to carry out the scrutiny. Detail of its meetings with witnesses and evidence examined are in Appendices 1 and 2. The Group comprised 4 members of the Committee, plus a member each from the scrutiny panels dealing with community safety and children and young people.
- 5.2 We agreed the following terms of reference:
- “To scrutinise:
- Both prevention measures to discourage people from smoking and measures to help people stop (including ways to approach people in local communities, and communication with children)
 - How these measures affect health inequalities (smoking levels are higher in social groups 4 and 5)
 - Access to cheap cigarettes
 - Cultural issues around smoking (including discrimination against smokers)
 - Smoking and stress – smoking can relieve stress but also be a cause of stress
 - Safety issues (including fires caused by smoking, and community safety side-effects of the smoking ban)
 - Emerging problems of enforcement of the smoking ban (e.g. in public vehicles and vehicles used for work)”
- 5.3 In September 2007, the National Support Team for Tobacco Control, one of the Department of Health’s National Development Teams, visited Cumbria to assess tobacco control work in Cumbria. Some members of the Task and Finish Group met the Team during its visit, and the Team expressed its pleasure that this topic was already on the scrutiny agenda. Amongst other matters, the Task and Finish Group included the monitoring progress following the Team’s visit in their scrutiny work.
- 5.4 The Task and Finish Group met on 5 occasions, 3 of which involved meetings with witnesses. Ms Su Sear, Public Health Partnership Specialist of Cumbria PCT, met with the Committee on each occasion and provided public health advice throughout the scrutiny.
- 5.5 In order to fully appreciate the scale of the health problem of smoking and compare it with the resources going into preventive measures, the Task and Finish Group received a public health briefing document. The Group also compiled a financial summary.

Figure 2: Age young people started to smoke



(Source: Committee survey of attitudes to smoking of young people on Cumbria, March 2008)

- 5.6 Members of the Task and Finish Group were struck by the fact that, nationally, 8 out of every 10 smokers start to smoke under the age on 19. The commonest starting age for young people in Cumbria is between 12 and 24 (see figure 2). Members examined existing data on smoking in Cumbria and noted that, whilst the Healthy Schools survey gave figures on smoking prevalence amongst young people, there was no locally available data on young people's attitudes to smoking or of the incidence of local differences in young people smoking.
- 5.7 We therefore commissioned a survey of nearly 2000 young people's attitudes to smoking, under a contract with the Cumbria Youth Alliance. In order to get the most out of the survey, the Youth Alliance employed a young person with training in peer research to carry it out. As well as carrying out the survey, he met the Task and Finish Group members in order to discuss his interpretation of the results, as a young person himself, with the councillors. As part of this exercise, he obtained some quotations from young people, some of which are used to illustrate this report.
- 5.8 One of the key witnesses was Andrea Crossfield, Regional Tobacco Policy Manager for the North West. She briefed the Task and Finish Group on the emerging regional tobacco strategy. The strategy states a commitment to denormalise smoking in all sections of society and to breaking the cycle of children's exposure to, and addiction to, tobacco.
- 5.9 Ms Crossfield also briefed the Task and Finish Group on the extent of illegal tobacco trading and the priority that needed to be given to enforcement of the law in this area. Members pursued this line of inquiry in meetings with Trading Standards, Environmental Health and

the Cumbria Police. In addition, the chair of the Task and Finish Group attended a regional conferences on enforcement.

- 5.10 The Task and Finish Group looked at good practice in ways to protect people from being exposed to smoke, including the "Smoke-free home" schemes which some councils, including Lincolnshire and Manchester, operate.
- 5.11 Members of the Task and Finish Group were also struck by the statistic that on average 7 out of every 10 smokers state that they would like to give up smoking. Being aware of this, the Group looked at Cumbria's Stop Smoking service, which is recovering from performance problems, and at employers' policies to help people who wish to stop smoking. They also looked at the potential of "Street Safe", a community safety scheme led by the police working with partners in local communities, to include a question about support to stop smoking in the "Street Safe" questionnaires to households.
- 5.12 At the time of preparing this report, the Government is consulting on further tobacco control measures. We hope that the Task and Finish Group's work will encourage agencies to appreciate the significance of these and other measures to tackle the problems of smoking if there is to be any hope of reducing health inequalities.



"I stole a fag off me mam!"

6. Evidence and Conclusions

A. THE DEMAND FOR TOBACCO

Young people

- 6.1 We worked with Cumbria Youth Alliance to carry out a survey of young people's attitudes to smoking, covering the age range of 10 to 25. As most people start to smoke in the age range 12 to 14, this is an important age group to know about. We commissioned a survey covering nearly 2000 young people across Cumbria, because prior to the survey, no direct information was available on the attitudes of young people in Cumbria to smoking or on local differences in smoking rates. Its key conclusions are listed in Appendix 3 and discussed below.

Smoking rates.

- 6.2 The survey revealed a wide difference in smoking rates in different communities. Rates in Barrow were high (around 40%), followed by urban West Cumbria (the Whitehaven/ Workington/ Maryport belt) at around 19%. Other areas had rates of 12% or less. Whilst these figures are not based on a truly random sample, they do reflect the wide variation in young people's smoking rates.

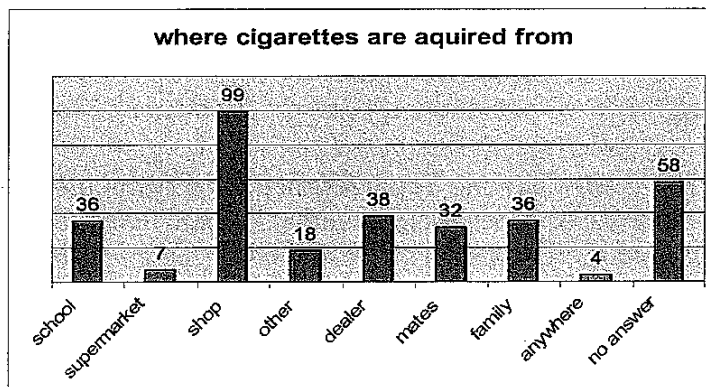
Why people start to smoke

- 6.3 Peer pressure and family pressure were strong factors in influencing young people to start smoking. Most young smokers had at least one family member who smoked. The evidence from the survey also suggested that if cheap cigarettes are readily available to a young person, or via the family, they are more likely to smoke, or smoke more.

Where young people get cigarettes from

- 6.4 72% of young people in Cumbria get cigarettes from shops (mainly illegally being under age). 20% quoted dealers as a supplier, but as 14% get them from mates and 19% in school, dealers (in smuggled and contraband tobacco) appear to be very significant as suppliers.(see figure 3) The overall figure in Cumbria overall is likely to be well up with the national estimate that 1 in 3 young people buy from smuggled or counterfeit sources, and much higher in Barrow, Carlisle and West Cumbria.

Figure 3: Where young people acquire cigarettes



(Source: Committee survey of attitudes to smoking of young people on Cumbria, March 2008)

- 6.5 Because it is more difficult and also more expensive for young people to get cigarettes legally, these measures act as a deterrent. Effective enforcement measures to prevent illegal cigarette sales should therefore have a big impact on making it more difficult and less desirable for young people to smoke.

Effect of Publicity about the effects of smoking

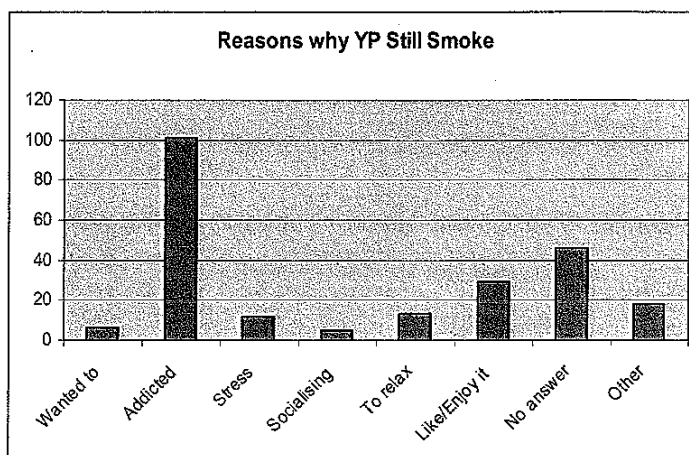
- 6.6 The survey also showed that 85% of young people (both smokers and non-smokers) are aware of the *long term* health effects of smoking (e.g. cancer, heart disease, premature death) but less than 5% were worried by them. The term "culture of invincibility" was used by the survey researchers to describe young people's feelings.
- 6.7 In contrast, only 45% of the young people surveyed were aware of about the *short term* effects of smoking (e.g. the smell, the effect on performance in sports), but 16% of those surveyed (i.e. 34% of those who were aware of the effects) were worried about the short term effects.

Young people's attitudes.

- 6.8 Of the young people who did not smoke, a wide range of reasons were given for not smoking, of which smell, "disgusting", health and death were the commonest.
- 6.9 Based on this evidence, we feel that publicity aimed at the short term effects of smoking will be far more successful with young people who are already smokers. From our evidence, this will mean focusing on its effect on young people's lifestyles. Young people need to be involved in the design of publicity.

6.10 The survey also suggested that addiction is the biggest single cause of people continuing to smoke. (see figure 4) We are aware of new products coming onto the market, such as e-cigarettes, which dispense nicotine in a water vapour, so that users avoid consuming the dangerous additives which are in tobacco. We are unsure of the long term effects of products which continue to feed on addiction to nicotine, and believe that research is required on their effects.

Figure 4: Why young smokers continue to smoke



(Source: Committee survey of attitudes to smoking of young people on Cumbria, March 2008)

Ways to help young people stop smoking

6.11 Young people saw access to patches as the most desirable route to stopping. Doctors were also mentioned by a number of young people in the survey and a few mentioned the NHS. When asked what services were available to help people stop smoking, by far the commonest response was the NHS, followed by patches (see figure 5). However, when asked what form of help would be most useful if they wanted to stop smoking, most people mentioned products (patches) and only a very few mentioned the NHS (see figure 6). Because of this, and given that the NHS Stop Smoking service is four times more effective than simply trying to go it alone, there would appear to be scope for making young people more aware of what the Stop Smoking service can achieve for them.

Figure 5: Forms of help to stop smoking known about by young people

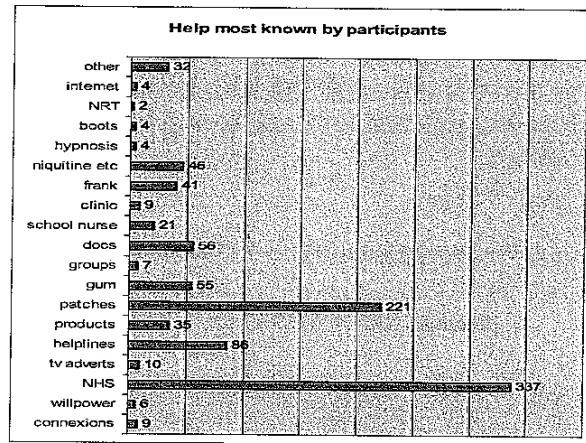
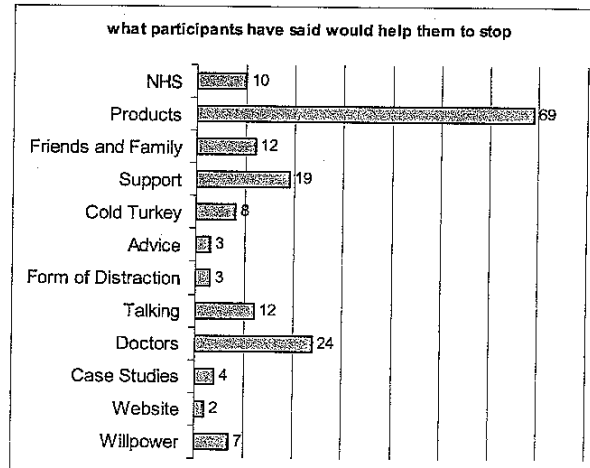


Figure 6: What forms of help would be most useful to young people



(Source: Committee survey of attitudes to smoking of young people on Cumbria, March 2008)

- 6.12 We are concerned that it is important for young people's views to be properly understood so that Stop Smoking services can target young people to best effect.

Helping People of all ages to stop Smoking

- 6.13 We have been made aware of recently published American research, based on records collected over 23 years, which shows that once smokers do stop smoking, their health begins to improve almost immediately.

Stop Smoking Service

- 6.14 Stop smoking services are not only good for people's health, but they are also very cost effective, with an average cost of £161 per quitter.
- 6.15 The visit to Cumbria of the National Support Team for Tobacco Control in September 2007 identified a significant underperformance against PCT smoking cessation targets and Local Area Agreement (LAA) stretch targets. The service also had a long waiting list and so could not generally offer an immediate response.
- 6.16 Subsequently, the PCT appointed a new senior manager who, after reviewing the service against current best practice guidance, has made significant changes to the structure, work practice and recording methods of the stop smoking service. This has resulted in the stop smoking advisors being more effectively engaged with supporting clients to stop smoking. Waiting lists were reduced by the provision of group sessions and a secondary recording system was removed, which has further lessened the paperwork completed by the smoking advisors, whilst not compromising efficiency.
- 6.17 Although the full year performance of the service for 2007/8 at 2270 quitters was still below the target (see figure 7), performance in the final quarter of 2007/8, was at a much enhanced rate. If this rate can be continued, the stretch target for 2008/9 of 3189 successful quitters will be achieved.
- 6.18 We were pleased to note that the service had recruited an extra stop smoking advisor into each of the high-need areas of Barrow, Carlisle and West Cumbria. It will be important to monitor the performance of the Stop Smoking service closely including the added benefit of the service in the high-need areas, and take action if expectations are not met. It will also be important to publicise the outcomes of the service so that members of the public know about what is effective in helping them to stop smoking.

"Street Safe"

- 6.19 "Street Safe" is a scheme run by the Cumbria Police in conjunction with local communities to improve the safety of local communities. It includes a survey questionnaire which is used for a survey of local communities involving home visits. The survey packs given to households currently include details of the Stop Smoking service.
- 6.20 The Task and Finish Group were keen that a question on whether individuals would like to know about the Stop Smoking service should also be included in the survey questionnaire. Following the Task and Finish Group's comments, this was successfully trialled in a survey in a neighbourhood of Barrow. We would now like to see this question included in street safe survey questionnaires around the rest of Cumbria.

Smoking cessation products

- 6.21 As is referred to in the Government Consultation Document, some people find it virtually impossible to quit smoking, and the long term use of less hazardous sources of nicotine may be a better solution for some. We would support their use in such circumstances and would like to see a wider range of smoking cessation products being generally available through outlets that now sell tobacco, such as local shops, with appropriate restrictions (such as age restrictions for less nicotine-intensive products or prescription for more nicotine-intensive products).
- 6.22 We welcome the introduction by H.M. Customs and Revenue of a reduced 5% VAT rate for tobacco substitute products for the first year after the introduction of the smoking ban in public buildings. We would like to see this advantageous rate continued until smoking rates have fallen very considerably from their present levels.
- 6.23 In areas of need (where smoking rates are highest), people trying to stop smoking can benefit financially if they obtain their smoking replacement products on prescription, e.g. under an NHS Stop Smoking programme. However this means that they have to get their products supplied through a pharmacist rather than the outlets which they habitually use, even though the same products are available without prescription from other outlets. There could be real benefits in take-up to Stop Smoking services particularly in areas of need, if people using the Stop Smoking service could simply obtain their advised smoking replacement products at the outlets they habitually use.
- 6.24 For that reason, we would also like to see serious consideration being given to piloting a scheme whereby smoking replacement products which are recommended by the Stop Smoking service as part of a course, could be supplied by trained licensed local traders as well as by pharmacies, at a reduced rate. This could be through some form of voucher scheme. We are aware that such a scheme could be administratively expensive if applied universally, but it could be justified on a more limited basis in areas of need.
- 6.25 Piloting such a scheme could test its potential costs and benefits of offering on a wider basis. Trading Standards could play a role in helping local shops to implement such a scheme, as they currently visit retailers regularly.

Support by Employers

- 6.26 We were pleased that several councils offered time off to staff who wished to attend stop smoking sessions. We would like to see this

practice extended to all Councils and their partners, and indeed to all employers.

B. THE SUPPLY OF TOBACCO

- 6.27 Statistics about the adverse health effects of smoking are themselves evidence that the illegal sale of cigarettes is far from being a victim-less crime.

Under-age sales

- 6.28 Our survey of young people in Cumbria showed that the majority of young people obtain cigarettes through purchasing them in shops. This is happening on a widespread scale even though the sale of cigarettes to people under the age of 18 is illegal. Trading Standards gave evidence of their role in enforcing this legislation which includes carrying out spot checks, often working with young people. It is clear that, despite enforcement measures in this area, infringement is widespread and we have concluded that more needs to be done to minimise infringement, even if more resources are required.

- 6.29 Sanctions against infringements are weaker than for the sale of alcohol, one major difference being that the sale of alcohol, being licensed, allows regulating bodies to set down criteria for good practice which, if breached, may result in the removal of a licence. Licensing would also provide the police and trading standards with an additional tool to support their work. We believe that a similar licensing system should be introduced for the sale of tobacco. This however could only be

successfully implemented through national legislation with the active support of local authorities.



- 6.30 We have been advised by the Trading Standards Officer that cigarette vending machines cause most problems to Trading Standards, with their under-age volunteers being able to purchase on nearly all occasions. There is a strong case for them to be banned unless they can be limited to adults in a far more watertight manner than now.

Sales of Smuggled and Counterfeit Cigarettes

- 6.31 Nationally, around 20-25% of all cigarette sales are of smuggled or counterfeit tobacco. National evidence is that around 1 in 3 young people buy cigarettes through this route, and our own survey of young people indicates a position in Cumbria which is well up to this level.
- 6.32 As indicated above, this is not a “victimless crime” because this illegal trade makes it easier and cheaper for young people (and adults) to obtain cigarettes through this route than through shops. The dramatic price difference illustrates this point. One member of the Task and Finish Group provided evidence of 50 gm of counterfeit tobacco being available in the Barrow area at £3-50 as compared with £14 in a supermarket. The practice clearly breaches government policies of taxation and sales restrictions aimed at protecting young people (as well as adults) from the health consequences of smoking. Advice was given to the Task and Finish Group that the distribution and sale of smuggled and counterfeit cigarettes is predominantly managed through organised criminal gangs.
- 6.33 As well as their detrimental effect on purchasers’ health, these illegal sales are estimated to cost the exchequer around £2 billion per year in lost revenue.
- 6.34 We recognise the difficulties in preventing such sales. However even if they cannot be prevented in totality, a tighter restriction on such sales would make it more difficult for people to purchase through this route and undermine other policies restricting tobacco sales. Various agencies, in particular HM Revenue & Customs, the police, and Trading Standards, have a responsibility and need to work together at both international and local level. Locally, we are glad to see the seeds of closer links between HMRC and Trading Standards.
- 6.35 We have referred elsewhere to resource restrictions which limit the priority given to enforcement work in tobacco control by Trading Standards. We were also advised that Cumbria Police do not currently give a high priority to this area of enforcement. The Police review their priorities annually, using information from intelligence sources, public opinion and political steer.
- 6.36 For the reasons given above, we would like to see the Police, Trading Standards and other agencies giving a significantly higher priority to this work.

C. PROTECTING NON-SMOKERS

- 6.37 Research conducted over the past 20 years has consistently demonstrated the detrimental health effects of passive smoking. Estimates in the NHS Cancer Plan (2000) indicated that at least 1,000 people die each year from exposure to other people’s cigarette smoke. Moreover, around 17,000 children under the age of five are admitted to

hospital every year with illnesses resulting from passive smoking. Following recent legislation prohibiting smoking in public buildings, passive smoking exposure is now principally an issue in people's homes or in private cars.

Smoke Free homes and Cars

- 6.38 We examined "Smoke free home" schemes run by several Councils in the UK. In Cumbria, Sure Start has run such a scheme in the Carlisle area. These schemes encourage households to ensure a smoke-free environment for children. Provided they can be run efficiently, they can deliver benefits cost effectively.
- 6.39 We also noted that children and other non-smokers can be put at risk through exposure to cigarette smoke in cars. Members would like to see the "smoke free home" concept extended to smoke-free cars.

Pregnant Mothers

- 6.40 One of the Local Area Agreement (LAA) targets is about the percentage of mothers recorded as smokers at the date of a child's birth. This is an important target. The overall percentage for Cumbria is well below the LAA target (see figure 7) although higher in some areas such as Carlisle, and we noted that performance in this area is being addressed.

Protections for Staff

- 6.41 We noted that several Councils provide protections for staff making planned visits to outside premises such as private homes. Typically, home owners are asked to ensure their home is smoke-free for at least an hour prior to an employee's visit. Employees may then refuse to enter a house that is not smoke-free. We would like to see such protections written into the policies of all Councils, partners and other organizations.
- 6.42 Some employers forbid staff from smoking during their working time in any venue (whether or not the employers' premises). We would like to see this practice extended.

D. GENERAL

National Support Team for Tobacco Control Visit

- 6.43 We started our scrutiny following the visit to Cumbria of the National Support Team for Tobacco Control. That team gave 5 top priority local "take-home" messages to agencies in Cumbria:

- a. Develop an effective strategically-linked Tobacco Control Alliance;
- b. Urgently turn around the Stop Smoking service;
- c. Commission the stop smoking service to run on a "hub and spoke" basis;
- d. Build on the good practices of smoke-free workplaces to work towards normalising smoke-free lifestyles;
- e. Joint planning is required to tackle the threat of smuggled and counterfeit tobacco.

6.44 We received a report on progress 6 months after the Team's visit and concluded that a good start had been made to addressing the team's top priority messages, and that, with scope for much more to be done; all partners need to work through the Cumbria Tobacco Control Alliance to achieve further results.

Pension Funds

6.45 We are aware that large local authority pension funds, including the Cumbria Pension Fund, include the tobacco industry within their portfolio of investments. Firms in the tobacco industry may be acting against local and national policy on tobacco control.

6.46 Fund Trustees are under fiduciary duties to secure the best financial returns for the Fund. Fiduciary duties of Trustees do however allow trustees to avoid investments in businesses whose activities go against local and national tobacco control policies if it can be shown that there are other investments that can be expected to perform at least as well.

6.47 However, we have been made aware by two of the Task and Finish Group members who are also Pension Fund Trustees of difficulties in applying this provision in practice. These difficulties arise from the way in which Pension Funds are managed through Fund Managers, which can inhibit trustees from issuing instructions to Fund Managers along these lines.

West Cumbria

6.48 We noted from its young people survey that smoking prevalence amongst young people was high across the Whitehaven/ Workington/ Maryport belt, which is not one of Cumbria's two "Spearhead Authority" areas for health improvement. We feel that, at least as far as tackling the health impact of smoking is concerned, this area needs to be prioritised as much as the two Spearhead areas of Barrow and Carlisle.

Trading Standards and Environmental Health

6.49 Elsewhere in this report we have referred to the pressure on trading Standards resources, and we recognise that this service needs to be

resourced sufficiently to be able to play its part in tackling the illegal trade in tobacco and in working with local traders. Our recommendation is based on trading Standards estimates of the staffing implications.

- 6.50 Out of hours coverage is important in this area and Trading Standards currently benefits from enhanced overtime rates in order that staff can be recruited who are prepared to work such hours. It is hoped that the Council's single status scheme will not jeopardise trading Standards' ability to cover the necessary out of hours work.
- 6.51 Environmental Health advice to the Task and Finish Group referred to the desire of Environmental Health officers to participate more fully in the partnership agenda in public health including tobacco control, for example through sharing information from visits, but that because of the need their statutory work, they were severely limited in their capacity to do so.

Government Consultation on the future of Tobacco Control

- 6.52 Towards the end of our scrutiny, the Department of Health published its public consultation on the future of tobacco control. This consultation covers on a national basis many items that we have looked at locally. Based on our work, we have set out in Appendix 4 some pointers which we would like to see reflected in the County Council response to the consultation.

Figure 7: Local Area Agreement Targets on Smoking

Performance measure	Target 2007/8	2007/8 Performance	Target 2008/9
Number of people who have set a quit date and are still not smoking at 4 weeks as counted and recorded according to Department of health protocols and submitted to the DOH at quarterly intervals	2826 (stretch target)	2270	3189 (draft)
Increase number successfully quitting smoking as measured by 52 week quitters	470	n/a	-
Number of test purchases from retailers and vending machines and percentage of retailers and tobacco sales from machines refused to young people	To be established	26	-
Percentage of mothers recorded as smoking on delivery	20.5%	16.7% (provisional)	20% (draft)

Council Strategies

- 6.53 Because of its significance for health and impact on social inequalities, tackling smoking needs to be given priority at the top level in health policies, and we will want to see this reflected in the Health and Well-being policies of the County Council, District Councils, PCT and other partners. We would also like the health and well-being strategies and plans of the Local Strategic Partnerships to reflect these recommendations. We would particularly like to see the points in this report reflected in the Cumbria Tobacco Control Strategy which is now being developed.
- 6.54 The Task and Finish group were briefed on the Regional Tobacco Control Strategy and would like to see all agencies working within its framework.

Appendix 1

Schedule of Meetings and Witnesses

Date	Event	Witnesses
5 and 17 Sept. 2007	Presentations from the National Support Team for Tobacco Control (attended by Mr Fairbairn and Mr Scott)	
25 Oct. 2007	Task and Finish Group	Cathy Wynne, Associate Director for Public Health Partnerships, Cumbria PCT, and chair of the Cumbria Tobacco Control Alliance
7 Dec. 2007	Task and Finish Group	Su Sear, Public Health Partnership Specialist; Phil Ashcroft, Cumbria Trading Standards Officer.
12 March 2008	Task and Finish Group – witness session	Ruth Harland, Environmental Health, Carlisle City Council; Andrea Crossfield, Regional Tobacco Control Policy Manager ; Su Sear
26 March 2008	Health and Well-being Scrutiny Committee	Jill Stannard, Corporate Director, Adult Social Care.
April 2008	Regional Conference on Counterfeit and Smuggled tobacco (attended by Mr Leyton)	
6 May 2008	Task and Finish Group – witness session	Terry Lampitt and Scott Ferguson (Cumbria Youth Alliance) Su Sear.
15 May 2008	Task and Finish Group – to agree recommendations	Su Sear.
31 May 2008	(Publication of Government Consultation on the future of Tobacco Control)	
4 June 2008	Task Group drafting session	
12 June 2008	Regional Conference on the Consultation on tobacco Control (attended by Mr Leyton)	
18 June 2008	Health and Well-being Scrutiny Committee – to finalise report	Inspector Dave Willetts, Cumbria Police

Appendix 2

Documents Examined

1. National Support Team for Tobacco Control Feedback to Cumbria (September 2008)
2. Public Health briefing Document on Smoking (Cumbria PCT)
3. "Street Safe" pack.
4. Extract from Cumbria School Health Survey 2006
5. Extract from Cumbria Quality of Life Survey 2006
6. Yorkshire and Humberside SHA – ten high Impact Changes.
7. "Reaching for a Tobacco-free Future" North West Regional Public Health Group.
8. "Smoking related ill health and mortality in Cumbria PCT" (Cumbria PCT)
9. NIHC Guidance on Smoking Cessation. (2006)
10. Schedule of evidence on Good Practice in tobacco control elsewhere.
11. Presentation by Andrea Crossfield, regional Tobacco Control Manager (March 2008) – which refers to the Scottish research on smoking and health inequalities.
12. ASH Press release on evidence on tobacco smuggling (ASH, 21 May 2008) – see ASH website www.ash.org.uk)
13. News article with details of the research into the rapid health benefits of giving up smoking – The guardian, 7 may 2008.
14. Smoking Policies – Cumbria County Council and some others.
15. Summary of Survey on Young people's attitudes to smoking
16. Government consultation on the future of Tobacco Control. (Department of Health, 31 May 2008) (www.dh.gov.uk)

Appendix 3

Survey of Young People's attitudes to smoking

Summary of findings

The findings are based on 1884 replies from the survey, which was carried out between January and March 2008. The gender split was 935 males, 917 females (42 did not specify). The age distribution was from 10 to 25, with 94% of responses being in the age range 11 to 18. The home locations of responders were distributed across Cumbria.

In relation to our key areas of interest our findings conclude:

- Peer pressure prompts most people too start this leads to addiction
- The majority of people buy the cigarettes from the local shop or from the local dealer and a large amount get them from their family.
- Most people would go to the NHS for help or use patches
- Support from family and friends and products would help most young people to stop
- 170 of the 192 smokers that had bought foreign cigarettes also had at least one family member that smoked. Evidence is suggesting that if cheap cigarettes are readily available to a young person or via a family member then they are more likely to smoke, or smoke a higher more.
- From the evidence collated there is a "dose" effect, the more family members you have that smoke the more likely it is that the young person is to smoke.
- Young people are put off smoking by the health effects and the smell smoke emits.
- The west coast of Cumbria and Barrow have the highest percentage of smokers with Workington having the single highest amount.
- Young people ages 14-16 appear to smoke the most.
- They start to smoke between the ages 12-14 and a small percentage started even at an even younger age.
- Addiction is the single biggest cause for peoples continued smoking.
- A high number of parents discourage smoking verbally even if that family member smoked themselves or by warning them of the dangers through education.
- People's knowledge of smoking effects is equally high across smokers and non smokers.
- A total of 523 participants mentioned at least 1 smoking cessation helpline or group.

- Local shops and off- licences are the most popular places to buy them from and a lot of young people are buying from local dealers or their friends.

Appendix 4

Pointers for a County Council response to the Government Consultation on Tobacco Control

The questions in the Consultation Document are set out below in italics. The statements under each question are the Health and Well-being Scrutiny Committee's recommended pointers for comments by the County Council, District Councils, Cumbria PCT and partners to reflect in their replies, to which further detail will need to be added. The reply needs to be submitted to the Department of Health by 8 September 2008.

Part A: Reducing smoking rates and health inequalities caused by smoking

Question 1: What smoking prevalence rates for all groups (children, pregnant women, routine and manual workers and all adults) could we aspire to reach in England by 2015, 2020, and 2030, and on what basis do you make these suggestions? What else should the Government and public services do to deliver these rates?

The Strategic aim should be to reduce the prevalence rate to 3% by 2040 or earlier across the population as a whole. (A reduction to this level has already been achieved by the medical professional) We need to target reductions each year, and work with Cumbria PCT to suggest challenging targets.

Examples of actions are set out in the scrutiny report and include:

- Social marketing aimed at young people
- Extended smoke-free home and smoke-free car schemes
- Continued support for the Stop Smoking scheme
- Protections for staff making planned visits to private homes in the course of their work
- Licensing of tobacco sales outlets
- More resources for enforcement of laws on trading in cigarettes, including Trading Standards

Question 2: What more do you think could be done to reduce inequalities caused by tobacco use?

- Putting a greater focus on tobacco control measures in Spearhead and other areas with high smoking rates
- Retaining the preferential 5% VAT rate for smoking cessation products until smoking rates are very much lower than at present
- The measures listed in reply to Question 1 are all relevant.

Question 3: Do you think the six-strand strategy should continue to form the basis of the Government's approach to tobacco control into the future? Are there other areas that you believe should be added?*

- (a) Yes, with greater emphasis and resources given to the prevention of illicit trading in contraband and counterfeit tobacco products
- (b) A seventh strand should be on discouraging corporate investment (such as pension funds) in industries whose activities go against government policies on tobacco control. In theory, although pension fund trustees are under fiduciary duties to secure the best financial returns for their fund, they can still avoid investing in businesses whose activities go against local and national tobacco control policies if it can be shown that there are other investments that can be expected to perform at least as well. However in practice the way in which pension funds operate through fund managers makes it difficult for trustees to act in this way.

Question 4: How can collaboration between agencies be enhanced to contribute to the inland enforcement against illicit tobacco?

Through Tobacco Control Alliances having direct control over resources as now happens for Drug and Alcohol Action Teams

Question 5: What more can the Government do to increase understanding about the wider risks to our communities from smuggled tobacco products?

This understanding is best cultivated among and by young children who are not yet smokers themselves. Schools, and especially primary schools, have an important contribution to make by including relevant topics within their science activities, but the children's contribution will be most effective if they are taken home and discussed there in the family settings with cues provided through the media, including childrens TV.

Part B: Protecting children and young people from Smoking

Question 6: What more do you think the Government could do to:

- a. reduce demand for tobacco products among young people?*
 - b. reduce the availability of tobacco products to young people?*
-
- a. Targeted publicity aimed at highlighting benefits that are important to young people, particularly short term benefits.
 - b. A stronger emphasis on enforcement, suitably resourced, to ensure responsible selling through legal outlets and clamping down on illegal trade in smuggled and counterfeit products

Question 7: Do you believe that there should be restrictions on the advertising and promotion of tobacco accessories, such as cigarette papers?

Yes

Question 8: Do you believe that there should be further controls on the display of tobacco products in retail environments? If so, what is your preferred option? We are particularly interested in hearing from small retailers and in receiving information on the potential cost impact of further restrictions on display. What impact would further controls on the display of tobacco have on your business, and what might the cost be of implementing such changes?

Yes. Tobacco outlets should be licensed in a similar manner to alcohol outlets. The impact on small retailers could be reduced through a wider role in the distribution of tobacco substitute products (e.g. patches).

Question 9: Do you believe that there should be further controls on the sale of tobacco from vending machines to restrict access by young people? If so, what is your preferred option?

Yes. They should be banned outright or, minimally, they should require the use of tokens obtained over the counter from responsible legitimate sources in place of coin of the realm.

Question 10: Do you believe that plain packaging of tobacco products has merit as an initiative to reduce smoking uptake by young people?

Yes

Question 11: Do you believe that increasing the minimum size of cigarette packs has merit as an initiative to reduce smoking uptake by young people?

Yes

Question 12: Do you believe that more should be done by the Government to reduce exposure to secondhand smoke within private dwellings or in vehicles used primarily for private purposes? If so, what do you think could be done? Where possible, please provide reference to any relevant information or evidence to accompany your response.

Yes. Examples could include extended smoke free home and car schemes, protections to staff from having to make planned visits to private dwellings which are not smoke-free at the time of the visit; encouragement for landlords to differentiate in their rents between non-smoking tenants and those who smoke.

Part C: Supporting smokers to quit

Question 13: What do you believe the Government's priorities for research into smoking should be?

Priorities should include research into

- (a) the effectiveness of alternative forms of publicity on young people
- (b) the separate addictive effects of nicotine from the other medically harmful effects of using tobacco products;
- (c) safe (or safer) substitutes for cigarettes (e.g. electronic cigarettes)

Question 14: What can be done to provide more effective NHS Stop Smoking Services for:

- *smokers who try to quit but do not access NHS support?*
- *routine and manual workers, young people and pregnant women?*
- *all groups that require tailored quitting support in appropriate settings?*

As an additional option to the use of prescriptions for smoking cessation products, consideration should be given to setting up a scheme for smoking cessation products which are recommended as part of an NHS "Stop Smoking" programme to be available at preferential rates through trained and licensed local shops as well as pharmacists. This might be through some form of voucher. This would allow users to collect these products through their regular outlet rather than having to go to a pharmacy, and could encourage a higher take-up of Stop Smoking services in these areas

Question 15: How can communication and referral be improved between nationally provided quit support (such as the website and helplines) and local services?

(Response should reflect advice from Cumbria PCT)

Question 16: How else can we support smoking cessation, particularly among high-prevalence or hard-to-reach groups?

Repeat visits to Stop Smoking services should be encouraged, and services offered on an outreach basis without restriction.

Part D: Helping those who cannot quit

Question 17: Do you support a harm reduction approach and if so can you suggest how it should be developed and implemented?

Yes. Through access to longer term use of smoking cessation products under prescription for people who find it virtually impossible to stop smoking.

*** Footnote:**

The six-strand policy referred to comprises:

- supporting smokers to quit;

- reducing exposure to secondhand smoke;
- running effective communications and education campaigns;
- reducing tobacco advertising, marketing and promotion;
- effectively regulating tobacco products;
- reducing the availability and supply of tobacco products.

Appendix 5

Executive summary of Department of Health Consultation Document on the future of Tobacco Control

Part A: Reducing smoking rates and health inequalities caused by smoking

Smoking and health inequality

Reducing health inequalities is a priority for the Government. According to the National Institute for Health and Clinical Excellence (NICE), tobacco use is the primary reason for the gap in healthy life expectancy between rich and poor.¹ Reducing smoking rates in our more deprived communities represents one of the greatest challenges in public health, but is key if we are to make progress on closing the inequalities gap in health.

Smoking rates are highest among people who earn the least, and lowest among people who earn the most. However, this represents only a part of the link between tobacco use and disadvantage. The chances of being a smoker are substantially greater among people living in rented housing, receiving state benefits, who don't have access to a car, are unemployed or living in overcrowded accommodation.

The reasons why this should be the case are not well understood. Despite the considerable progress that has been made in the past decade in implementing tobacco control, marked social inequalities remain. In the future these could actually get worse if smokers from more deprived groups continue to quit smoking at a slower rate than those from more socially advantaged groups.

Tackling illicit trade in tobacco

A significant amount of tobacco worldwide is sold illegally, avoiding tax. Illicit tobacco products are available in our communities at less than half the price of their duty-paid equivalent. Unfortunately, a proportion of the health gain achieved by reducing smoking rates through high taxes on tobacco in the UK is lost through smuggling. Tobacco smugglers also undermine law-abiding businesses and have been known to use the proceeds to fund other forms of organised crime.

Large seizures prior to and at point of entry to the UK by HM Revenue and Customs (HMRC) clearly remain crucial in reducing the availability of smuggled tobacco. However, inland enforcement also remains a vital component of the Government's strategy to reduce the illicit share of the UK tobacco market. Tackling tobacco smuggling effectively requires action at

international, national and local levels. There are real opportunities for tackling the inland sale of smuggled cigarettes through collaborative working between HMRC and other local enforcement agencies such as Trading Standards. Tackling the availability of illicit tobacco in our communities needs to remain a key aspect of our tobacco control strategy. Feedback from stakeholders is especially sought on how collaboration between agencies might be enhanced to contribute to inland enforcement to reduce the availability of illicit tobacco.

Part B: Protecting children and young people from Smoking

Reducing the impact of smoking on health and well-being in our communities means we need to support smokers to quit, but we need to do as much as we can to protect young people from starting to smoke in the first place. Youth smoking is a serious public health problem, and over eight in ten current smokers say they started smoking regularly before the age of 19. Over the past decade, the Government has taken significant action to reduce smoking uptake by young people, and to support young people who want to quit, but more still needs to be done to prevent future generations suffering poor health caused by tobacco.

Controlling the display of tobacco in retail environments

Since the implementation of a comprehensive ban on tobacco advertising in the UK, concern has been expressed about how prominently tobacco products are now displayed in newsagents, supermarkets and corner shops. The number and size of tobacco displays appears to have grown in many premises.

The main reason for controlling the display of tobacco products at the point of sale is to protect children and young people from the promotion of tobacco. Research shows that young people are highly receptive to tobacco promotion and can be influenced to take up smoking as a result. Tobacco promotion familiarises potential customers with the product and can stimulate impulse purchases among those not intending to buy cigarettes and, importantly, among smokers who are trying to quit.

Limiting young people's access to tobacco products

While tobacco vending machines account for only 1% of the overall UK market in tobacco sales, a disproportionate number of young people under the minimum legal age for sale of tobacco obtain cigarettes from this source. Tobacco vending machines are 'self-service', which means that currently there are no routine age checks carried out prior to purchase. There are a number of ways in which access to tobacco from vending machines can be limited to ensure that only people aged 18 or over can purchase from the machines. A number of countries have already prohibited or restricted the sale of tobacco from vending machines.

Packing of tobacco products: the potential of plain packaging

Plain packaging involves the removal of all promotional aspects from tobacco packaging and a requirement for the pack to be plain coloured and to display only the information required by law and health warnings. Research shows that this may reduce the attractiveness of cigarettes and further 'denormalise' the use of tobacco products. Studies show that plain packaging reduces the brand appeal of tobacco products, especially among youth, with nearly half of all teenagers believing that plain packaging would result in fewer teenagers starting smoking.

Packing of tobacco products: pack size

Currently, cigarettes sold from a retail business must be sold in pre-packed quantities of 10 or more. Packs of 10 cigarettes, often referred to as 'kiddie' packs, are widely available for sale. Packs of 10 are cheaper than larger packs of cigarettes and as a result are more likely to be bought by young people.

The majority of 11–15 year olds who smoke say they bought a pack of 10 cigarettes the last time they made a purchase. An increasing number of countries have prohibited the sale of packs of 10 as part of wider tobacco youth prevention strategies.

Protection of young people from secondhand smoke

Smokefree legislation was implemented in England in July 2007, providing protection from exposure to secondhand smoke in virtually all enclosed work and public places, including public transport. Exposure to secondhand smoke is a serious health hazard, and the health of children is particularly at risk.

The Government has made a commitment to undertake a review of smokefree legislation in England in 2010, in which stakeholders will be asked to participate. Views on what more can be done to protect children and adults from exposure to secondhand smoke at home and in private cars are also invited within this consultation.

Part C: Supporting smokers to quit

Stop smoking support

The NHS Stop Smoking Service is one reason why the UK is considered a world leader in tobacco control and smoking cessation. Stop smoking support from the NHS is available to all smokers free of charge and is available in all communities across England. NHS Stop Smoking Services are extremely cost-effective compared with other healthcare interventions, and smokers who use NHS support are up to four times more likely to quit successfully than if

they try to go it alone 'cold turkey'. Advice and support in quitting is also available to smokers through NHS national helplines and websites.

However, more needs to be done to improve the impact of treatment provided. Even though seven smokers in ten say they want to quit, too many remain reluctant to seek NHS support, seeing this as a 'last resort'. Introducing new kinds of smoking cessation support or providing support in different settings that are more convenient to smokers, especially from high smoking prevalence groups, may be ways to ensure that all smokers who want support in quitting have ready access to the most appropriate treatment.

To further assist the NHS in supporting smokers to quit, the Department of Health will provide nationally accredited training for NHS Stop Smoking advisers and other healthcare professionals. We will also continue to support research into new ways of supporting smokers to quit, making smoking cessation more effective and finding new ways to reduce smoking prevalence.

Marketing and communications

In recent years, the Department of Health's tobacco control marketing campaigns have played an important role in changing public attitudes towards smoking and secondhand smoke, and encouraging smokers to make quit attempts.

A new marketing and communications strategy is being implemented across England, focusing on routine and manual smokers. Future campaigns will seek to continue to motivate smokers to quit, trigger quitting actions and increase the proportion of successful quits by encouraging smokers to make use of NHS support.

Supporting smokers to quit and health inequalities

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. Stop smoking support therefore needs to be made as accessible as possible to less advantaged groups in order to reduce health inequalities.

We know that around half of England's smokers fall within the routine and manual social economic grouping. This is why stop smoking support needs to be targeted and accessible to this group.

Another priority for the Government is to reduce the proportion of women who smoke during pregnancy. Smoking is one of the few remaining modifiable risk factors in pregnancy. Pregnant women who smoke are most likely to be in the key high smoking prevalence groups. While NHS support is already available for all mothers to quit smoking during pregnancy, the Department of Health seeks feedback from stakeholders on what more could be done to support pregnant women to quit smoking.

Part D: Helping those who cannot quit

We know that some smokers are so heavily addicted that they find it very difficult to quit, even though they have made serious quit attempts many times and failed. This consultation seeks feedback from stakeholders on how the needs of this group of smokers can be addressed, and how the harm caused by smoking can be reduced.

One option is to encourage the wider use of medicinal nicotine products and to make them more widely available as alternatives to cigarettes. Medicinal nicotine and the alternative nicotine products now available deliver nicotine more slowly than cigarettes and are probably not as appealing to smokers as tobacco. However, there could be considerable scope for developing faster delivery and more effective nicotine products.

While nicotine replacement therapy products are strictly regulated, other nicotine products, including cigarettes, can be sold with relatively few restrictions. The regulation of nicotine products is therefore another area that could be further considered with a view to either relaxing or tightening the restrictions on products, depending on how harmful they are to a person's health.

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