



## **The Roy Castle Lung Cancer Foundation**

### **Response to Department of Health consultation on the future of tobacco control**

**September 2008**

**Contact:**

**Christine Owens  
Director of Tobacco Control  
The Roy Castle Lung Cancer Foundation  
The Roy Castle Centre  
Enterprise Way  
Wavertree Technology Park  
Liverpool  
L13 1FB  
Email: [chris.owens@roycastle.org](mailto:chris.owens@roycastle.org)  
Website: [www.roycastle.org](http://www.roycastle.org)**

## Introduction

The Roy Castle Lung Cancer Foundation (RCLCF) is the only charity in the UK wholly dedicated to defeating lung cancer, the biggest cancer killer in the world. Our vision is to defeat lung cancer.

We work to defeat lung cancer through:

- Research, campaigning and education
- Providing practical and emotional support for patients and all those affected by lung cancer and those wishing to stop smoking
- Empowering children and young people to make informed decisions about smoking and the tobacco industry

Each year more than 38,000 new cases are diagnosed and the disease claims around 33,500 lives<sup>1</sup>

The Roy Castle Lung Castle Foundation's primary role is research into the early detection of lung cancer. Prevention and control are of major interest to both those who have stopped smoking - and who remain at high risk of lung cancer for many years – as well as nearly 20% of lung cancer patients who have never smoked.

The Roy Castle Lung Cancer Patient Network provides an information and support network for the 38,000 patients throughout the UK who are diagnosed with lung cancer each year and their carers.

The Network offers support in a variety of ways including a free telephone helpline, patients/carer literature, local support groups and discussion forums on our website. Our lung cancer patient involvement programme provides people affected by lung cancer the opportunity to help shape lung cancer services and raise the profile of lung cancer globally.

By working with children and young people we aim to prevent lung cancer in the future by helping smokers to quit, educating young people to prevent them starting to smoke and lobbying government to take action.

We educate the public on risk factors and support behaviour change to make healthy lifestyle choices.

The Foundation provides the following tobacco control activities:

- Stop smoking advice and support via the Roy Castle Fag Ends Stop Smoking Service and website
- The management of Commissioned Services
- Young persons' prevention via research; the Kids Against Tobacco Smoke (KATS) and the Anti Tobacco Youth Campaign (ATYC)
- Support for smokefree places via the National Clean Air Award
- Training in a variety of tobacco control, lung cancer and health related issues
- Workplace health promotion and lung cancer prevention via the Look After Your Lungs(LAYL) programme
- Expert comment and lobbying on smoking related issues
- Information support and resources via three websites – [www.roycastle/kats](http://www.roycastle/kats), [www.roycastle/atyc](http://www.roycastle/atyc) and [www.stopsmoking.org.uk](http://www.stopsmoking.org.uk)
- Resources to support health professionals in the field of tobacco control e.g. database; reducing children's exposure to secondhand smoke training which is supported by a comprehensive manual.

---

<sup>1</sup> Figures from Cancer Research UK, available at: <http://info.cancerresearchuk.org/cancerstats/types/lung/>

### **KATS (Kids Against Tobacco Smoke)**

- To teach young people about the dangers of smoking and support them to arrive at a personal decision not to smoke.
- This project provides teacher training packs and an educational web site. We aim to ensure that today's young people don't become tomorrow's lung cancer patients.

### **ATYC (Anti Tobacco Youth Campaign)**

- To provide a conduit and voice for young people to campaign about smoking as well as other tobacco issues so that they are empowered to influence the social, political and economic environment and culture within which they live.
- Encourage young people individually and collectively at local, national and international levels to join the campaign.
- Provide information and support to young people on tobacco related issues, including quitting smoking.
- Consult with young people on the direction of the campaign, and work with them to develop an approach and tactics.
- To consult with young people on the design, content, production and distribution of resources.

### **Look After Your Lungs (LAYL)**

A workplace well being programme which delivers health promotion within the workplace. The programme, established to work in partnership with employers and the NHS, aims to increase awareness of:

- the risk factors and signs and symptoms of lung cancer,
- the need to reduce risk through giving up smoking, avoiding exposure to secondhand tobacco smoke, eating healthily, being physically active and the observance of health and safety practices both at work and at home
- the need for the early reporting of symptoms suggestive of lung disease and lung cancer to aid timely diagnosis and positive health outcomes

**Given that more than eight in ten lung cancers are caused by smoking<sup>2</sup>, we support robust tobacco control measures to reduce the numbers of people taking up smoking and to help current smokers quit, such action is critical to preventing lung cancer as well as many other smoking-related illnesses. We welcome this opportunity to respond to the consultation on the future of tobacco control.**

---

<sup>2</sup> ASH Essential Information 02: Smoking Statistics: Illness and Death. Available at: [http://newash.org.uk/files/documents/ASH\\_107.pdf](http://newash.org.uk/files/documents/ASH_107.pdf)

## **Part A: Reducing smoking rates and health inequalities caused by smoking.**

***Q1. 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 Foundation welcomes the framework for reduction of smoking prevalence offered by the Public Service Agreement and commends the commitment it aspires to achieve. Slow progress in the reduction of smoking among routine and manual groups<sup>3</sup> requires more focussed attention by offering stop smoking services in a variety of settings with effortless, flexible access within the workplace and other community settings.

Substantial reductions in tobacco use have been demonstrated in California and Australia following a comprehensive approach over many years. Such approaches require constant vigilance and innovation in areas such as social acceptability for culture change, availability of stop smoking products and influence of media to ensure they maximise the opportunities to change behaviour across all levels of society.

The Foundation supports the approach where all pregnant smokers receive a brief intervention at booking in about the risks of smoking and second hand smoke. Women should routinely be given this information at the earliest opportunity. Anecdotal evidence from Midwives has told us that many women suffer feelings of guilt about their smoking and so lie about their smoking status when booking in. Once the woman is recorded as a non smoker no further action takes place, also many women quit as soon as they discover they are pregnant only to relapse post partum. Antenatal care provides an ideal opportunity to introduce women to the concept of protecting children from secondhand smoke and can be done in such a way as to motivate smoking mothers to quit for the benefit of their child thus demonstrating responsible parenting. This message is equally important to non smoking mothers who live with others who smoke.

It is difficult to set targets for specific populations such as children, pregnant women, routine and manual workers in England and we advocate more research into which forms of intervention best motivate behaviour change within these groups.

***Q2. What more do you think could be done to reduce inequalities caused by tobacco use?***

Reducing the socio-economic grading in smoking is probably the most effective course of action to reduce health inequalities within England and this will require innovative multilevel approaches to the delivery of stop smoking support.

It is important to create non- smoking as the norm within our society and this will require a multifaceted approach such as social marketing campaigns to reach the socio-economic groups with the highest smoking prevalence. While the importance of national campaigns cannot be underestimated we would also advocate local approaches which take account of local cultures and norms.

The Foundation has developed a health promotion programme called 'Look After Your Lungs' (LAYL), partly funded by a Department of Health Section 64 grant. This training programme engages those in the routine and manual workforce. The programme takes account of the learning needs of this group in terms of literacy and clarity of message. A 30 minute presentation is delivered in the workplace.

---

<sup>3</sup> Smoking prevalence in routine and manual socio-economic classification was 29% in 2006, according to data from the General Household Survey 2006

The programme has developed a robust evaluation process which has demonstrated:

- 81% of smokers intended to quit following the workshop and the quit rate for this group after six months was 15%
- 85% reported a change in their lifestyle options
- 25 - 30% made their cars and homes smokefree
- More than 50% indicated they felt more empowered in terms of consulting a healthcare professional by planning what to say and presenting their signs and symptoms

The evaluation has provided feedback on the behaviours which best motivate and engage smokers to quit. Smokers demonstrate strong preferences to consider healthy lifestyles and are willing to participate in a multidimensional motivational programme with messages on diet, physical activity and protecting children from secondhand smoke. They are reluctant to participate in any intervention aimed specifically at their smoking behaviour. We are able to demonstrate that the information from the LAYL training has spread beyond the workplace into family and social networks.

Employers should be encouraged to see the link between health and economic productivity and offer employees the opportunity to participate in workplace health promotion activities. Primary Care Trusts should seize the opportunity to work with local employers to provide access to workplace cessation. Such initiatives would support and enhance the findings of the review undertaken by Dame Carol Black's team in Work Health Wellbeing.

RCLCF advocate approaches which engage and work with children and young people. Our Anti –Tobacco Youth Campaign (ATYC) is run by young people for young people. <http://www.roycastle.org/atyc/> It aims to give young people a voice, knowledge and skills to campaign about smoking and other tobacco issues so that young people feel equipped to influence the social, political, economic environment and culture which they live in. Kids Against Tobacco Smoke (KATS) is our website for younger children <http://www.roycastle.org/kats/intro.htm>

We encourage innovative outreach materials and media to engage with communities who may not see the NHS as their first source of information on health and wellbeing. Partnerships between the NHS, local authorities, charities and voluntary agencies can maximise the reach and impact of targeted initiatives, the Government should support such collaboration by providing financial and evaluation support.

We believe that tobacco control strategies need to connect with other policy areas. For young people smoking is inextricably linked to other issues such as drinking, sexual health, drug taking and at a broader level mental health.<sup>4</sup>

Poorer, more disadvantaged smokers also tend to be more heavily addicted<sup>5</sup> and need greater support to quit successfully.

Attention needs to be given to groups with a combination of high levels of smoking and high levels of deprivation. Those with mental health problems are significantly more likely to smoke and more likely to be deprived relative to the population as a whole. An estimated 40% of people with mental health problems smoke<sup>6</sup>. In mental health units 70% of patients smoke and of those around 50% are heavy smokers<sup>6</sup>.

---

4. The Liverpool Longitudinal Study on Smoking Phase II: Experiences, beliefs and behaviour of adolescents in Secondary School 2002-2006. A Retrospective Review. Report produced for the Roy Castle Lung Cancer Foundation. Woods, S.E., Mair, M., Smith, H., Barlow, A., Smith, D. Wainwright, A., Hogan, J. & Springett, R.J. John Moores University, 2008

5. Jarvis, M. and Wardle J. Social patterning of health behaviours: the case of cigarette smoking. In: Marmot, M and Wilkinson, R. (eds) Social Determinants of Health (2<sup>nd</sup> ed). Oxford, OUP, 2005.

6 Mental Health Foundation, Taking a deep breath, 2007

Given these inequalities, smokers with mental health problems need targeted and appropriate support to help them quit smoking.

Smoking also varies according to particular conditions. Research shows that, of those with depression, 56% are smokers and they report more severe withdrawal symptoms than the rest of the population.<sup>6</sup>

Despite the higher rates of prevalence approximately half of smokers with mental health problems would like to quit, however actual quit rates are two to three times lower than the general population<sup>6</sup>.

***Q3. Do you think the six strand strategy should continue to form the basis of the Government's approach to tobacco control in the future? Are there other areas that you believe should be added?***

The Foundation fully supports the six strand strategy and agrees that these themes cover the key areas for policy action; however, there is a requirement to recognise that the operational success of policy is dependent upon achieving cultural behaviour change. It is vital that individuals do not feel that their personal liberty is challenged and that they recognise that they have a commitment to cause no harm through their smoking to those sharing their community; both tenets need to be based upon a foundation of knowledge to ensure individuals make lifestyle decisions in the light of robust information.

We would like to see action plans that:

- Prevent young people from starting smoking
- Highlight the importance of protecting young people from exposure to secondhand smoke in homes and cars
- Encourage employers to see the link between health and economic productivity and offer employees the opportunity to participate in workplace health promotion activities.
- Promote innovative outreach projects which offer education to high risk groups in settings which appeal to the target group and therefore increase access and ultimately invigorate smoking cessation support
- Encourage all health care workers to recognise their role in signposting clients to stop smoking services by delivering Brief Interventions when the opportunity arises
- Improve access to low cost or free NRT and other pharmacological support for quitting smoking

***Q4. How can collaboration between agencies be enhanced to contribute to the inland enforcement against illicit tobacco?***

We recognise that partnerships and collaboration between agencies and stakeholders are important in the contribution to inland enforcement against illicit tobacco. These groups may not have a history of working together and have different cultures which may challenge partnership working so it is important that such alliances are well supported and developed. A model of strategic and regional partnerships with high level engagement of the key agencies would encourage a focussed approach to local priorities and the agreement of joint objectives for action.

***Q5. What more can the Government do to increase understanding about the wider risks to our communities from smuggled tobacco products?***

Smokers living in deprived communities on low incomes are targeted by criminals marketing cheap and illicit tobacco which has been smuggled or is counterfeit. Those on low incomes are likely to be motivated to purchase these goods based upon price alone and may not consider the wider criminal activities which they then support. Mass media campaigns could raise awareness of the illicit trade in tobacco and encourage the public to reduce the demand for such products as well as reporting illegal trading.

We believe that there is poor understanding generally about the risks from illegal tobacco and feel that the message should be to give up smoking rather than make choices between legal and illegal tobacco.

## **Part B: Protecting children and young people from smoking.**

### **Q6. What more do you think the Government could do to:**

#### **a) *reduce demand for tobacco products among young people?***

The Government must develop and support strategies which prevent young people from taking up smoking. We need to develop a better understanding of what motivates a young person to experiment with and then continue to smoke cigarettes and this requires robust long-term research.

The work of (Woods et al 2008) <sup>4</sup> has identified a number of key determinants in the uptake of smoking amongst young people such as:

- this group has a clear awareness of the health implications of smoking which does not deter experimentation or prevent uptake during the adolescent period, thus focussing on health promotion initiatives is unlikely to succeed
- Household smoking rules are significant in that adolescents from households where smoking is advocated are 44% more likely to smoke
- By age 16 nearly 80% of smokers got their first cigarette from a friend. The incidence of direct force peer pressure was minimal and the role of the peer group works in a much more indirect way
- Findings suggest that stronger school discipline about smoking on school grounds could have an impact
- Smoking is inextricably linked to other issues affecting young people such as drinking, sexual health, drug taking and mental health

We also believe that there is now a growing body of evidence that supports the principle that smoking in movies has a significant impact on youth uptake and the social acceptability of smoking amongst young people. (Dalton et al 2003) <sup>7</sup> concludes that the risk of youth smoking uptake attributable to smoking in films is 52%. This study suggests a dose-related relationship; therefore more exposure leads to a greater likelihood of a young person taking up smoking.

#### **b) *reduce the availability of tobacco products to young people?***

We support the view that access to tobacco should be reduced systematically, with removal from point of sale and removal of vending facilities.

In Halton, Cheshire Trading Standards conducted a tobacco survey in November 2006 of all Year 9 students in the borough which revealed that 22% were regular smokers and 18% of these obtained their tobacco from a neighbour who was selling from home (Marchment, 2007)<sup>8</sup>. RCLCF welcomes further research to help us understand how young people source tobacco.

7. Dalton, M.A., Sergeant, J.D., et. al (2003) effect of viewing smoking in movies on adolescent smoking initiation: A cohort study. *The Lancet* 362(9380): 281-285

8. Marchment, G, Halton Council – unpublished case study, 2007

**Q7. Do you believe that there should be restrictions on the advertising and promotion of tobacco accessories, such as cigarette papers?**

We support the restriction of advertising and promotion of tobacco accessories which bring the action of smoking to attention and are in effect advertising smoking. We believe that implementing a ban on display of tobacco products at the point of sale would have a positive impact on the uptake of smoking among young people. The Foundations youth prevention programme ATYC undertook a survey of 93 young people and 62% agreed that removing tobacco displays from eye level would help prevent them from smoking.

**Q8. 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 support requiring retailers to remove tobacco products from display as part of a strategy to denormalise smoking. Anecdotally, smokers entering our stop smoking service Roy Castle Fagends tell us that seeing cigarettes on display can provide a prompt for purchase.

**Q9. 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?**

*The Smoking, Drinking and Drug Use among Young People in England Survey 2006* demonstrated that more than one in six young people who are regular smokers usually buy their cigarettes from a vending machine.<sup>9</sup>

ATYC undertook a survey of 93 young people and 67% of them agreed that targeting vending machines would help make tobacco products inaccessible to young people. 48% felt making vending machines credit card operated would help to reduce young people's access to tobacco.

**Q10. Do you believe that plain packaging of tobacco products has merit as an initiative to reduce smoking uptake by young people?**

Packaging and branding increases the visibility and attractiveness of cigarettes; it also exploits public misunderstandings about the relative safety of different tobacco products. Many people still think a light' or 'low tar' cigarette exists when in reality tobacco smoke is always toxic and dangerous.

ATYC undertook a survey of 93 young people and 53% believed that removing branding and logos would reduce the numbers who smoke.

We understand that no country has yet implemented legislation requiring plain packaging of tobacco products and believe this provides an opportunity for the UK to demonstrate leadership on an international basis.

**Q11. Do you believe that increasing the minimum size of cigarette packs has merit as an initiative to reduce smoking uptake by young people?**

ATYC undertook a survey of 93 young people and 62% felt that increasing the minimum pack size from 10 to 20 would have little impact on reducing the number of young smokers. They expressed the view that the cost of the increased pack would simply be shared among friends. 33% felt reducing pack size would reduce uptake and 5% didn't know whether it would have an impact.

The Foundation supports an increase of the minimum pack size to 20 as we believe that this could significantly reduce cigarette consumption and smoking uptake in young people.

---

9.Smoking, Drinking and Drug Use among Young People in England, survey 2006, Table2.23,Page 47

***Q12. Do you believe that more should be done by the Government to reduce exposure to secondhand smoke within private dwellings or in vehicles primarily used for private purposes? If so, what do you think could be done?***

We believe that the legislation within the Health Act 2006 restricting smoking in public places and workplaces has been extremely successful. We do not favour a legislative approach to reduce exposure to secondhand smoke in private dwellings and vehicles. We welcome current advertising campaigns focussing on the impact of smoking around children.

It is important to consider factors that may prevent individuals from adopting smokefree environments such as inability to leave children unsupervised in order to smoke; lack of outside space in which to smoke; lack of support from family members and the difficulties in requesting visitors not to smoke. Social marketing campaigns may strengthen the knowledge base and empower individuals to make optimal decisions on house and car smoking rules. Consideration should be given to the use of nicotine replacement therapy to support individuals facing these difficult circumstances.

### **Part C: Supporting smokers to quit**

***Q13. What do you believe the Government's priorities for research into smoking should be?***

The Foundation believes there is a strong case for more formal research into the effectiveness of various stop smoking models. We believe such studies should focus on specific socioeconomic groups rather than just adults or young people, for example routine manual workers; pregnant women and mothers; teenagers and adolescents. We need to understand what motivates these at risk groups to seek out stop smoking support and which cessation methods deliver the best outcomes.

We would welcome studies that examine the efficacy of different prevention approaches including mass media interventions.

We need a better understanding of how to deliver health promotion messages to people with low literacy and /or low educational attainment. Research into what effect social marketing has on this group is vital, we need to understand how to successfully engage with and motivate this group of the population.

The Foundation supports further research into strategies that would prevent young people from starting smoking.

***Q14. 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?***

The Foundation believe that smoking cessation services should be well resourced; however, we need to ensure that any stop smoking support meet the needs of the particular client groups. Stop smoking services must be easily accessible in terms of both their location and open hours.

Consideration should be given to the needs of smokers with mental health problems and those being cared for in a residential setting. The needs of these groups are often complex and they face additional challenges as a result of the smokefree legislation.

The services need to be attractive to people who want to stop smoking, so access and availability needs to meet the needs of the client group rather than being delivered within a framework convenient to the NHS.

Selection, training and assessment of Stop Smoking Advisors is paramount to service success. An approach which does not 'medicalise' stop smoking support will be more attractive to many clients and will not be any less robust in terms of quality where there is supervision of Stop Smoking Advisors working to treatment protocols and supported by high quality administrative support.

There is a need to break down barriers to access to stop smoking services. Roy Castle Fagends is commissioned to provide stop smoking services to three Primary Care Trusts on Merseyside. The underpinning ethos of this model is the removal of barriers to access and sustained support for as long as the client deems necessary. Delivery is via advisor led groups, provided at a diverse and varied network of venues which are strategically located within areas of high deprivation with associated high levels of smoking prevalence. There are currently 90 rolling groups and ten 1-1 sessions are available each week. The hours of access are between 8am and 8pm Monday to Friday and at weekends.

The main route of access is via self referral, with clients walking into the venue of their choice. However referrals are accepted from all sources including GPs, consultants, health visitors and other appropriate health care professionals and support workers and a free-phone helpline, which is advertised extensively and appropriately.

Smokers who wish to quit without using NHS stop smoking services should find it easy to source information about NRT and how to access the products themselves. Expansion of the outlets through which NRT is available would be welcomed. The cost of purchasing stop smoking aids prevents many people from accessing them, particularly low income groups. NRT should be made available at very low cost (or free).

Currently many stop smoking services refuse access to smokers who have had an unsuccessful quit attempt in the past six months. In some cases this means excluding them from services for smoking a single cigarette. The Foundation recommends that stop smoking services should be open to smokers who have had a relapse as soon as they feel ready to make a fresh quit attempt.

Workplace initiatives such as Look After Your Lungs can prove to be effective in providing health education to groups who prove difficult to target outside of normal working hours. We have also found that by including stop smoking information within an overall wellbeing context we can introduce options and strategies which may not have been considered before; this has proven to be popular and non-threatening and has resulted in many approaches from individuals seeking stop smoking support. If such training is followed up quickly with workplace stop smoking sessions it can enhance take-up as a 'buzz' has been created by the LAYL programme where workmates openly discuss smoking, its impact and quit options.

Employers need encouragement to free up their staff to attend health awareness training and stop smoking support. It is our experience that since the implementation of the smokefree legislation workplace demand and access for The Foundation's Fagends service has reduced considerably. This is due to the fact that pre-legislation, workplaces were concerned about the issues and challenges smokefree workplaces might present in terms of managing employees who would find difficulty in compliance. Our experience is that employers now take a 'job done' approach and fail to see how smoking still impacts on the health and productivity of their employees.

In terms of workplace health, organisations are very focused on the impact of mental health and musculoskeletal disease. This silo approach means that they fail to consider the impact of disease of the respiratory and circulatory systems, of which smoking is a major contributor.

***Q15. How can communication and referral be improved between nationally provided quit support (such as website and helplines) and local services?***

The national website should link to local service websites. There should be a speedier referral from phone line enquiries into local services.

Our evaluation of Look After Your Lungs demonstrated that for the manual and routine labour group they may not have access to the internet at work or at home. The Foundation believes that businesses should consider introducing internet style cafés in the workplace and encourage employees to use them for their own health protection.

***Q16. How else can we support smoking cessation, particularly among high – prevalence or hard – to –reach groups?***

Relapse rates are higher amongst those from more socially deprived communities <sup>10</sup>, it is important to develop cultural norms within those communities which support smoke free issues and respect the efforts of those trying to quit.

Brief intervention training should be given to all who work with the public so that they are capable of signposting clients to stop smoking support. Local authorities can be especially helpful here and there are examples in Liverpool where fitness centre staff and librarians have participated in such training. Merseyside Fire & Rescue Service have also encouraged staff undertaking risk assessment in private homes to deliver brief interventions on the impact of smoking and secondhand smoke as well as providing phonenumber numbers for Roy Castle Fagends.

The Foundation supports workplace stop smoking groups which offer flexible provision taking into account shift patterns.

We support the identification of Community Champions who have successfully quit and are trained to deliver brief interventions within their community.

Stop smoking services should train advisors to develop specific areas of practice to target particular client groups such as black and ethnic minorities, mental health and young people.

Novel approaches should be considered such as ‘pre-quit’ and ‘cut down then quit’ in preparation for a quit attempt. Such strategies could increase reach into lower socio-economic groups and allow clients to practice quitting and learn to trust NRT products. In professional and high socio-economic groups people have been accessing NRT to modify their smoking habits to comply with workplace and public space no smoking policies.

We believe that all healthcare professionals should be trained to offer opportunistic stop smoking advice and referral into stop smoking services.

**Part D: Helping those who cannot quit**

***Q17. Do you support a harm reduction approach and if so can you suggest how it should be developed and implemented?***

The Foundation supports a harm reduction approach but only if it supplements a stop smoking strategy. People are free to smoke but it is important to find ways of reducing the harm caused by smoking whilst allowing people to use nicotine in a way that will not endanger their health. Nicotine is relatively safe but little has been done to promote long term use of nicotine replacement therapy as an alternative to smoking for those who are unable to quit.

The Foundation supports the giving of nicotine replacement therapy on prescription to those people who can't or wont quit - starting with parents of children who present with smoking related illnesses such as Asthma and repeated middle ear infections

We would welcome regulations to ensure that tobacco companies are prevented from introducing new tobacco products that are marketed as harm reduction measures.

---

<sup>10</sup>.Ferguson J, Bauld L, Chesterman J, Judge K. The Englishsmoking treatment services: one year outcomes. *Addiction* 2005; 100:59 - 69