



## **Smoke Free Coventry Alliance Response**

### **Names of members of Alliance**

Rupinder Gill	-	Smoke Free Co-ordinator (Acting)
Jean Arrowsmith	-	Health Development Manager
John Bodie	-	Service Manager Planning and Administration
Christina Charlton	-	Smoking Cessation Advisor
John Clarke	-	Station Officer (Fire Safety)
Elizabeth Little	-	School Nurse
Brian Mason	-	Project Manager (Shadow)
Harjeet Matharu	-	Networking Officer (Coventry Voluntary Service)
Etain Mcdermott	-	New Deal Communities Public Health Practitioner
Mohammed Patel	-	Smoking Cessation Advisor
Angela Reggette	-	Healthy Lifestyle Nurse
Paramjit Somal	-	Manager of local Supermarkets
Hamish Simmonds	-	Trading Standards Manager (Acting)
Angela White	-	Head of Occupational Health for Coventry City Council
Mary White	-	Public Health Practitioner

### **The process: -**

Smoke Free Coventry brought together members of the Alliance to discuss the consultation paper on Thursday, 28<sup>th</sup> August 2008 at Coventry City Council's Dame Ellen Terry Suite.

50% of the Alliance group responded and they were committed to participation (others were on leave). Invitations were sent and 15 members attended on the day.

After a presentation by Paul Hooper (Regional Tobacco Policy Manager) the stakeholders discussed all seventeen-consultation questions both in small groups and as a whole. Responses were recorded and individual's written comments collected.

The summary of all answers is as follows: -

**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 alliance feels that realistic but tough targets should be set.

In view of the trends over the last 25 – 30 years and the increased measures that have been introduced during the last few years, it should be possible to achieve the following outcomes.

- It should be possible to cut the smoking prevalence amongst 16 year old children to 14% by 2015, 10% by 2020 and 3% by 2030
- Pregnant women to 8% by 2015 5% by 2020 and 2% by 2030
- Routine an manual workers to 22% by 2015 17% by 2020 and 10% by 2030
- All adults to 15% by 2015 10% by 2020 5% by 2030

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

The Alliance strongly feels that in order to reduce inequalities caused by tobacco use, the following measures are necessary: -

- Anti smoking education in schools through TV, Soaps, media
- Highlighting the positive benefits of not smoking
- Offering incentives to quit smoking
- Restrict supply of cheap/illegal tobacco products
- Limit the availability of tobacco products
- Use of positive role models and champions

**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?**

The Alliance feels that the six - strand strategy should continue to form the basis of our approach to tobacco control. However, there was a strong suggestion that education should be the top priority highlighting the benefits for 'not-smoking' as well as increased opportunities for youngsters to participate in sporting/healthy activities.

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

In order to reduce the supply of illicit tobacco, it is necessary to take the following measures

- Licensing Retailers to sell tobacco
- Strengthen Border Controls
- Impose tougher penalties against people who smuggle tobacco products

Their needs to be a single organisation tasked with taking the lead on co-ordinating enforcement in a strategic way. At present various agencies are involved but there is limited 'joined-up' working.

H M Revenue Customs tend only to be interested in large-scale seizures, either locally or at point of import and their main focus is more on drugs, weapons, alcohol, etc. They do not tend to prosecute either but simply remove stock from the supply chain. There is virtually no sharing of information / intelligence on who is involved, how the supply chains work, distribution methods, etc.

Local Authority Trading Standards can only really operate in their local patches and whilst seizures will be made from retailers, they are only picking up the very end of the supply chain. Prosecutions will be taken but the sanctions imposed by the courts have been very disappointing and do not act as a deterrent to those involved.

One solution might be to task the UK Intellectual Property Office (UKIPO) with co-ordinating the enforcement at a strategic level. At present they work with various bodies to combat counterfeiting in general and it would seem appropriate to include tobacco to their agenda. However, even at that level, it still does not seem clear as to what action plans are in place and how the combined efforts are starting to have an impact. Far more publicity and direct communication with the relevant agencies is required to make this successful, particularly as various local authorities view anti-counterfeiting work with mixed feelings due to the amount of work that is involved and questions over who exactly is being protected really.

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

The livelihood of legitimate traders is at risk and the poor vulnerable people are the most likely to buy these smuggled products which may be more harmful – thus leading to greater health inequalities.

The government needs to raise awareness of the issues through national campaigns aimed to educate, shock and warn the public about the consequences of this.

- Education programs involving the Fire Service starting in Primary Schools while they are young, giving greater advertising of the health issues

There are various national bodies, such as the Anti-Counterfeiting Group (ACG), the Federation Against Copyright Theft (FACT), and the Trading Standards Institute (TSI) who campaign to demonstrate that counterfeiting is not just a 'robin hood' crime but that it fuels serious organised crimes such as drug smuggling, people trafficking, weapons, etc.

It is debatable whether such campaigns have any impact on the public, as their main motives tend to be cost driven and where supply is available at low prices then they will continue buying.

**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) In order to reduce demand for tobacco products among young people, the government should put education programmes into schools. As well as emphasizing the dangers of smoking, education programs should highlight the benefits of not smoking and encourage healthier lifestyles. Schools should try to involve parents when delivering such programmes.
- b) In order to reduce the availability of tobacco products, the government could take measures to make the products more expensive, get rid of cigarette vending machines and possibly increase the age of purchase to twenty-one years.

It would be more effective to have sanctions in place that mean something to the business. For example, by including underage sales of cigarettes under the premises licence review provisions of the Licensing Act or by having 'negative' licensing, i.e. banning retailers from selling if they are found to make underage sales. Reference should be made to the new Regulatory Enforcement Sanctions Act 2008, as this may be an ideal way to apply restrictive provisions on retailers, either on a temporary punitive basis or more permanently.

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

Alliance strongly feels that there should be restrictions on the advertising and promotion of tobacco accessories just as cigarette papers.

From a regulators perspective, caution will need to be exercised in the wording of any regulations to ensure that new controls have the right effect and are easily understood by the trade. For example, 'tobacco accessories' could include cigarette lighters, cigarette cases, pipe cleaners, etc. Defining what will and what won't be included is vital.

**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?**

Majority of the members of the alliance feel that we should get rid of all tobacco promoting paraphernalia and put products in plain packaging and keep them under the counter. However, the retailers' representatives feel that if the products are stored under the counter, it would make them vulnerable to attack while they were searching for products.

**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?**

There is overwhelming support for banning vending machines altogether as evidence from inspections carried out by Coventry Trading Standards Department, suggest that they are not adequately monitored to prevent under-aged sales.

It is doubtful whether adequate controls could be applied to restrict access to young people. Even having to purchase tokens as an alternative, for example, would simply lead to 'proxy' sales by over 18's.

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

The alliance supports the introduction of one standard plain packaging with same font and size of text as this would make the packaging less appealing to youngsters and therefore reduce their smoking uptake.

**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?**

The Alliance did not hold any clear views on whether increasing the packet size would deliver any overall benefits because people cutting down on smoking often buy smaller packets while youngsters could pool their money together to buy the bigger packs.

**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.**

Alliance supports banning of smoking while driving, there should be hard hitting campaigns to highlight the dangers of passive smoking in order to discourage smoking within private dwellings.

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

There should be more research into what works best and whether it can be replicated nationally.

**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?

- a) For smokers who try to quit but do not access NHS support,
- There should be more advertising re NHS Stop Smoking services
  - More alternative therapies like hypnotherapy, acupuncture, cognitive behavioural therapy – should be easily available and accessible
- b) For routine and manual workers, 'The Stop Smoking Services' should liaise with the employers, and go to their work places, making it easier to access the service for those people who want to quit smoking.
- c) For pregnant women, help and advice should be offered at antenatal clinics.

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

- The Alliance feels that through national and local conferences as well as Newsletters the service providers should be informed and updated on a regular basis.
- Better advertising about 'smoking cessation' in the media
- More information re. Help lines and websites

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

More 'out-reach' work should be undertaken to reach 'hard to reach' groups.

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

The Alliance had numerous different views on this. However, the consensus was that harm-reduction should be supported by offering Nicotine Replacement Therapy (NRT) on a long-term basis. They did consider the cost implication of this, however, if the 'weaning off' process works, it will at least reduce smoking related illnesses.

Another suggestion was to offer more alternative therapies to complement NRT.

The Alliance did not support the introduction of smokeless tobacco products such as 'snus'