



**Smoke Free Newcastle's  
Response to the DH  
Consultation on the Future  
of Tobacco Control**

**September 2008**

## **Smoke Free Newcastle Position Statement**

Newcastle's smoking prevalence rate of 32% (Community Health Profile, 2007) (1), is considerably above the national average. In one ward of the city prevalence is 51% and in several others it remains above 45%. Smoking is a major contributor of health inequalities in these communities and remains the greatest contributor of premature death and disease in the city. For example between 2003 – 05, a total of 1,742 deaths in people of 35 or over, were caused by smoking, which represented a standardised mortality rate of 312.1 per 100,000, statistically considerably higher than the rate for England (234.8 per 100,000) (1). When smoking attributable mortality rates are plotted against the local authority average score Indicators of Multiple Deprivation (IMD), it is clear that smoking attributable mortality is higher in areas of high deprivation.

Newcastle's NHS Stop Smoking Service assisted 2369 people to quit smoking at the 4 week measurement point in 2007/8, representing a quit rate of 1079 per 100,000. The Stop Smoking Service recognises that it needs to attract more quitters who reside in areas of deprivation to access the service in order to impact further on health inequalities.

Action to tackle tobacco is a priority objective of the Newcastle Partnership's Sustainable Community Strategy and Newcastle's Health Improvement Strategy (2). Much work has already been achieved and a comprehensive action plan is in place, coordinated by Smoke Free Newcastle.

Smoke Free Newcastle is a multi agency group with representatives from the following organisations;

Newcastle Primary Care Trust  
Newcastle City Council  
The British Lung Foundation  
Newcastle City Centre Partnership  
Age Concern  
Fresh; Smoke Free North East

Smoke Free Newcastle works in close partnership with Fresh – Smoke Free North East, undertaking action at a local level to implement the regional tobacco strategy and business plan. We welcome the Government's consultation on the future of tobacco control and the commitment to a comprehensive national tobacco strategy. This will help to support the achievement of local and regional targets to reduce both smoking prevalence and health inequalities. This response gives our recommendations as to the scope required to tackle the full range of harm caused by tobacco.

### **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? Moreover, what else should the government and public services do to deliver these rates?**

On the basis of a comprehensive new tobacco strategy, which is monitored, evaluated, regularly updated and includes a harm reduction approach, Smoke Free Newcastle feels that ambitious targets would be achievable.

In the north east of England the regional strategy 'Better Health, Fairer Health' (3) has set targets for a reduction in smoking prevalence. These are;

- To achieve a regional smoking prevalence for the north east of no more than 23% by the end of 2010.
- To achieve a regional smoking prevalence rate of 20%, or a level below the national average by 2015.
- To achieve an absolute regional smoking prevalence level of 10% by 2032.

Such ambitious targets we feel are achievable with the introduction of a comprehensive tobacco control strategy.

It is felt that national targets need to be both realistic and ambitious for all groups. It is recognised that prevalence in routine and manual groups has further to fall and much activity needs to be put in place to address this group. We feel it would be realistic to have a national target of;

- 11% prevalence for the general population by 2015
- 17% prevalence for routine and manual workers by 2015

Such targets are supported by the significant decline in smoking prevalence in England following the implementation of smoke free legislation (4), the recent decline in the proportion of children smoking (5), and evidence of rates of decline achieved in other countries and states with comprehensive tobacco control strategies such as California, Norway, Canada (6,7,8). Smoke Free Newcastle would like to see progress towards meeting the targets reviewed in 2012 to determine if any review of the strategy is required in order to achieve the targets. Likewise a review should take place in 2015 to set new targets for 2020, 2025 and later 2030.

It is recognised that reducing the differential in smoking between more advantaged and disadvantaged groups will be slow but in the long term it should be achievable. The ultimate goal must be to make smoking uncommon across all social groups.

Smoke Free Newcastle would welcome new national smoking prevalence targets for young people as follows;

- 4% prevalence for the 11-15 year group by 2015
- 9% prevalence for the 16-17 year group by 2015

However given the given that smoking prevalence amongst young people under the age of 16 is concentrated in those aged 13 -15 years, Smoke Free Newcastle would welcome additional new separate gender specific targets for 13 and 15 year olds. Additionally it feels that a separate target for 16-24 year olds would be of benefit given the high smoking prevalence in this age group. Such data would provide a clearer picture of predicted smoking prevalence rates which would inform the targets to be set for 2020 and beyond.

Smoking prevalence among pregnant women is likely to be under reported nationally. In order to more effectively address this issue Smoke Free Newcastle would welcome the introduction of a national saliva cotinine testing programme for pregnant women.

In Newcastle the Local Area Agreement (LAA) contains a number of targets related to smoking and the issue has strategic priority. Tobacco control is one key strand in the local Health Improvement Strategy and is supported by North of Tyne Commissioners. Smoke Free Newcastle feels that it is crucial that PCT's and local authorities continue to prioritise tobacco control and include it in their LAA's. It would help in terms of monitoring children and young people's smoking rates, if the government make it a requirement that Children's Trust's set smoking reduction targets in their Children and Young People's Plans. The national comprehensive tobacco strategy must be properly monitored and evaluated with the DH ensuring that the monitoring of smoking prevalence at PCT and local authority level is carried out consistently and rigorously in order to measure effectiveness against the targets. The strategy also needs to be updated regularly and fully resourced.

Smoke Free Newcastle would also welcome targets for the exposure of the population and particularly children to second hand smoke in the home and in private vehicles (Cross reference consultation question 12). Currently it is estimated that at least 50% of children in Newcastle live in households with at least one smoker. A considerable reduction in this number is required. Smoke Free Newcastle would welcome a target for the number of smoke free homes operated by smoking households with children, where both parents smoke to be set at 25% by 2015.

Given that the availability and supply of cheap smuggled and counterfeit tobacco and its role in undermining work to reduce smoking prevalence, Smoke Free Newcastle would welcome new targets being set nationally for the control of this market (Cross reference question 5). The targets suggested are;

- Illicit cigarettes to occupy no more than 8% of market share by 2010 , with a fall to 3% by 2015
- Illicit hand-rolled tobacco to occupy no more than 45% of market share by 2010, with a fall to 33% by 2015.

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

Newcastle has marked differences in life expectancy between wards in the city. Much of this inequality is as a result of tobacco use. Whilst it is known that increasing the price of tobacco through taxation is the single most effective intervention to prevent smoking, such a policy is undermined by the availability of cheap smuggled and counterfeit tobacco in the UK. This impacts particularly on poor smokers who in many cases purchase their tobacco from this source, thus exacerbating health inequalities (9). An improved and effective strategy to tackle smuggled and counterfeit cigarettes at a national, regional and local level is needed to reduce the availability of such tobacco in the UK. Fresh; Smoke Free North East has worked in collaboration with other partners across the north of England to produce a Draft 'North of England Cheap and Illicit Tobacco Health Action Plan' (2008) (10). Smoke Free Newcastle welcomes this comprehensive plan and would like to see this model rolled out across the country and adequate funding to support its implementation released. This regional plan must be complemented by an overarching national strategy to tackle counterfeit and illicit tobacco. It is also important that the UK government signs up to a strong WHO FCTC illicit trade protocol and the existing EU anti-smuggling Agreements. (Cross reference Q's 4 and 5)

Smoke Free Newcastle recognises that poorer, disadvantaged smokers tend to be more heavily addicted and need greater support to quit (11). This suggests that a high and rising level of spending on local NHS Stop Smoking Services will have a particularly beneficial

effect on health inequalities. A NRF funded project in Newcastle run between 2006 – 2008 specifically tried to engage smokers living in the city's NRF neighbourhoods in stop smoking services (12). The Stop Smoking Advisor working with these communities anecdotally noted that many of the smokers accessing the services used smuggled and counterfeit cigarettes. Smoke Free Newcastle would welcome the introduction of a harm reduction strategy, which it feels would be particularly helpful to poorer smokers who are unable to quit (Cross reference Questions 13-17).

Social marketing campaigns which involve, segment and target disadvantaged smokers would also contribute to a comprehensive approach to tackling health inequalities.

**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?**

Yes, Smoke Free Newcastle feels that a stranded strategy should continue though we would add two further strands which are included in our local action plan. These are;

- Building infrastructure, skills and capacity in tobacco control. This would continue to ensure priority is given to addressing tobacco issues and that a skilled workforce is able to deliver its agenda for a sustained period of time.
- Research, monitoring and evaluation. This will ensure that programmes of work are developed which are evidence based and effective.

In addition consideration could also be given to having a strand on harm reduction.

There is good evidence that the 'stranded approach' is effective in reducing smoking rates. The UK has achieved a great deal in tobacco control but the task is not yet complete. A comprehensive strategy which clearly identifies effective actions for each key strand will emphasise the need for Local Strategic Partnerships to continue to prioritise the issue. Sustained long term funding will be required to support the implementation of the strategy.

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

Smoke Free Newcastle feels that there needs to be a much improved strategy to tackle smuggling at national, regional and local level, with tougher targets for a continued reduction in the market share of counterfeit and illicit tobacco. We support the draft 'North of England Cheap and Illicit Tobacco Health Action Plan' (10) and feel that this model should be rolled out across the UK. Particular strands of this action plan which address collaboration are;

- Developing partnerships
- Engaging health and community workers
- Generating and sharing intelligence

The DH are referred to the plan for full details.

It is essential that the Borders Agency works closely with HMRC and the Treasury to develop a new and improved anti-smuggling strategy. Tackling smuggling must remain a priority for the Government and be adequately resourced both nationally and locally.

It is important that a central intelligence system and protocols are developed with clear lines of communication established between Trading Standards, HMRC and others about who is responsible for acting on information received. The public and professionals also need to know who they can report issues to and that they will remain anonymous in doing so. Such intelligence would be useful to stop smoking treatment services to help in targeting their services. Such arrangements would need to be endorsed at the highest level in order to remove concerns from individual services of possible complaints for breach of confidentiality.

Smoke Free Newcastle supports the proposals set out in paragraphs 2.38 – 2.39. It is important too, that the UK Government should lobby for and sign up to, a strong illicit trade protocol as part of the international FCTC treaty on tobacco. The UK must sign the EU anti-smuggling agreements in line with all other EU member states.

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

It is clear that the public perception of 'illicit tobacco' is that it is 'not doing any harm' and that buyers are 'getting a bargain'. This perception needs to be changed. Smoke Free Newcastle feels that there should be more investment in mass media campaigns to raise awareness of the whole issue and how it undermines other tobacco control measures. A dedicated telephone reporting line and website also needs to be publicised to encourage the public to report illegal tobacco sales and also those around other illicit age restricted sales, including alcohol. A social marketing approach is required to ensure that key messages reach communities who are purchasing illicit tobacco. Research undertaken by Fresh, Smoke Free North East on illicit tobacco in 2007 (36) should be used to feed into this process. The purchasers and users of illicit tobacco, for example, need to be segmented and more research is needed with hard core buyers to help inform the process. Protocols need to be put in place between communication leads in HMRC, LACORS, NHS/DH to ensure that key messages are consistent across all agencies.

**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?**

Smoke Free Newcastle recognises that it is important that measures taken to reduce youth smoking, are done so within the context of a broad population based tobacco control strategy. Tobacco education and prevention must not be undertaken in isolation but where put in place it needs to be holistic in approach and seek to engage young people and others significant to them, as much as possible.

Whilst education and prevention tobacco education programmes have been shown at best to delay onset to smoking, they still play an important part of an overarching tobacco control programme. Smoke Free Newcastle has for a number of years tried to take a holistic approach to youth prevention and would like to see some of its best practice rolled out across the country.

Northumberland and Tyne and Wear Primary Care Organisations and Children's Services directorates have successfully run a progressive holistic school Smoke Free School

Awards (13) programme since the early 1990's. In two stages, the Awards recognise and reward schools for demonstrating excellence in tobacco education and prevention, set within the context of a health promoting school. The Standard Award recognises schools who have a smoke free site policy which applies to all people at all times, including off site visits. Smoke Free Newcastle would like to see the National Healthy School Programme (NHSS) criteria 1.6 related to the smoke free site strengthened. Currently the criteria relate only to the school site being smoke free up to 6pm and not after that time or on weekends when the school may be hired out for functions. This can potentially undermine school smoke free site policies, giving a mixed message which does not help in de-normalising tobacco use. Smoke Free Newcastle feels that this consultation provides an opportunity to model the Northumberland and Tyne and Wear Standard Smoke Free School Award criteria into the re-accreditation/re-validation process for NHSS currently being reviewed nationally. Likewise any similar programme for the youth sector should incorporate non smoking policies.

The second level of the Award; 'Gold' recognises schools who take a whole school approach to smoking prevention, education and cessation. Likewise specific criteria have been developed which schools must evidence. This ensures that a consistent approach delivered to an exemplar standard is taken by schools to address tobacco. Such a holistic model demonstrates in practice how the school's ethos, policies, services, environment, curricular and extra curricular activities all work together to foster health and wellbeing for all pupils. Smoke Free Newcastle would welcome updated DCSF advice and guidance on effective tobacco education and prevention for schools, in parallel to that planned by NICE. This should capture examples of good practice such as the Smoke Free School awards described above. We feel that schools are more likely to engage with DCSF guidance than any produced by NICE as that is their primary communicator.

Recent NICE guidance on mass media and point of sale measures to prevent the uptake of smoking by young people (July 08) (14), recommends the development of mass media campaigns targeted at young people be developed. Smoke Free Newcastle would endorse the need for mass media campaigns, of sustained duration, but feels it is important these are developed in close consultation with young people themselves to ensure they reach the target group most effectively. It will also be essential that the campaign developed uses the wide range of media used by young people including for example, social networking. Smoke Free Newcastle feels that it is important to learn from the NHS Scotland TV advertising campaign, 'Stinx' and 'Think about it' recently undertaken (15). Consideration should be given to the design of multi media social norms campaigns which are gender specific and will have resonance with girls and young women living in disadvantaged circumstances.

A national youth advocacy mass media programme on tobacco would be welcomed by Smoke Free Newcastle. Evidence from 'The Florida Truth' campaign, (16,17) has clearly impacted on youth prevalence in the USA. In 2008, the Newcastle Healthy School Programme developed and piloted an innovative theatre in education programme for Key Stage 4 pupils in 9 secondary schools in the city. This focussed on the tobacco industry, and evaluation results show that this approach engaged both pupils and teachers effectively in a subject often neglected with this age group (18,19). It raised their awareness of the tobacco industry and the tactics it uses to recruit and retain smokers. Taking a new angle to tobacco education by focussing on the industry rather than the individual, is one which Smoke Free Newcastle feels should be explored further nationally, to set a context for a developing youth advocacy programme.

The ASSIST (20) peer education programme has produced some encouraging results for reducing youth prevalence and Smoke Free Newcastle feels that consideration should be given as to how this could potentially be rolled out, in more sites across the country with appropriate central investment.

In addition to these education and prevention measures Smoke Free Newcastle supports the following measures to assist in reducing the demand for and availability of tobacco products to young people;

- The removal of point of sale advertising (see questions 7,8, 10)
- Prohibiting tobacco sales from vending machines (see question 9)
- Plain packaging – removal of all brand descriptions and misleading information on tar and nicotine yields (see questions 7,8, 10)
- Increasing the price of cigarettes at above the level of inflation
- Outlawing the sale of packets of 10 cigarettes which are mainly purchased by young people (see question 11).
- Stronger measures to curb smuggling (see questions 4 and 5)
- The introduction of a positive licensing programme with licensing authorities within local government responsible for the licensing and enforcement of all retailers and wholesalers who currently supply tobacco products. It is envisaged that such a scheme would run along very similar lines to the legislative provisions as set out in the Licensing Act 2003. A positive licensing scheme would act as the ultimate sanction for any retailer/wholesaler who commits criminal offences related to the illegal sale or supply of cigarettes. The scheme would act as a deterrent to the sale of tobacco with the suspension or removal of the premise's licence possible for those that flout the law. This would not only strengthen control of underage sales but would also help retailers by enabling unlicensed sales of tobacco to be tackled more effectively e.g. so called 'fag houses' and car boot sales. Positive licensing would also reduce the number of outlets selling tobacco and so help to de-normalise tobacco use.
- Action taken to reduce positive images of smoking in the media, including the classification by the British Board of Film Classification of films, videos and digital media containing smoking as 18 years or above. The introduction of mandatory warnings prior to and during the screening of films and television programmes portraying positive images of smoking. Evidence from the USA, shows that internationally distributed films from the USA and India show that portrayals rarely identify the drawbacks of smoking (21) and that the intensity of smoking has not reduced in line with prevalence rates (22,23). Smoke Free Newcastle would welcome action to tackle this issue.
- The development and implementation of a programme aimed at informing those involved in the production of entertainment media of the potential damage done by the depiction of smoking.

Smoke Free Newcastle also feels that education; prevention and cessation programmes should be rolled out to key organisations engaged with young people aged 16-24 year olds because of smoking prevalence in that age group. The new National Healthy Colleges Programme (DCSF) provides an opportunity to include standards related to tobacco. A commitment to research with those Not in Employment, Education or Training (NEETs) about potential modes of engagement on tobacco issues should be made. Additionally the DH 'You're Welcome' initiative to provide welcoming environments for young people accessing sexual health services also provides an opportunity to provide young people

with brief interventions on both stop smoking and/or second hand smoke (Cross reference consultation question 14).

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

Smoke Free Newcastle would support such a move. The advertising of tobacco accessories can act as a prompt and reminder about smoking. More smokers are now using hand-rolled tobacco (12% in 1996 to 22% in 2006) (24). We would support a move to place all tobacco products and accessories out of site at the point of sale. It is noted that Imperial Tobacco have significantly employed the Rizla brand to both promote the product on point of sale displays within retail premises and also to continue to sponsor international motor racing, thereby maintaining a link between sport and smoking, despite UK and EU law which prevents tobacco sponsorship of sport (25).

**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?**

Smoke Free Newcastle strongly supports 'Option 3' to require retailers to remove tobacco products from display.

This is strong evidence to show that tobacco advertising and promotion encourages children to smoke (26). This evidence has been used to underpin the UK law banning most forms of tobacco advertising. Therefore tobacco packaging is now the principle means by which tobacco companies are able to promote their brands and point of sale displays act as a form of tobacco advertising. Every time young people and adults visit a shop selling tobacco products, they are exposed to these prominent visual walls of 'adverts' which negate effects to de-normalise tobacco use. An example is shown below.



Newcastle City Council's Trading Standards Service on behalf of the DH/LACORS have recently 'mapped' and photographed point of sale advertising in 21 shops across the city, all of which were in the vicinity of secondary schools. Whilst relatively compliant with current legislative requirements these point of sale displays are increasingly becoming more sophisticated and attractive. For example, Perspex boxes containing a brand of

cigarettes were found hanging from the ceiling in one shop near a school, with the clear purpose to draw more attention to these brands than others (see below). In the local international airport oversized cigarette packets are used in the duty-free shop to promote particular brands. Whilst full of the product and not being 'dummy packets', they are used in the duty-free shops to promote particular brands and are arranged in the form of 'power-walls'.



Perspex display stand hanging from a ceiling in one Newcastle shop in addition to the 'normal point of sale display'. Photographed in a Newcastle newsagent 12.06.2008.

The average size of the point of sale displays in the 21 shops surveyed was 1.56 metres high by 1.34 metres wide. 100% of these were placed behind the till area. Thus the opportunity to see cigarette packets on a visit to a retail outlet is very high and gives a message of the normality of smoking. 52% of the displays promoted one particular brand over another, with one retailer saying that they receive an incentive of £100 from Lambert and Butler each year to host this brand for a 5 year period. Smoke Free Newcastle is also concerned that point of sale displays are often located next to confectionary displays which do prove attractive to children and young people. In the local survey 38% of the point of sale displays were located within one metre of confectionary products.

In other cases the tobacco industry are promoting their products directly in licensed premises in Newcastle. Members of Smoke Free Newcastle have witnessed first hand promotional representatives of the Gallagher tobacco brand touring licensed premises with Perspex portable boxes containing cigarette packets. These are then offered within the establishment at a reduced price. The promotional representatives wear uniforms in the colours of the tobacco brand they are promoting. On investigation, the pub and bar managers admit to being paid to allow the promotion to take place. With this in mind Smoke Free Newcastle supports the removal of both point of sale advertising and plain packaging (Question 11). This move would not prevent adult smoker's ability to buy tobacco products, but it will help to remove the temptation of children to try to buy them. In Iceland, point of sale advertising was made unlawful in 2001. Between 1995 and 2003 the proportion of 16 and 17 year olds who reported that they had ever smoked fell from 61% to 46% (27).

The removal of point of sale advertising will also assist adult smokers trying to quit from making an impulse purchase (28).

The impact on the retail trade from this measure should be low, judging from the evidence presented in Para 3.32. The tobacco industry has the means and resources to assist tobacco retailers in managing the change in the UK. The industry currently pays for point of sale displays in many retail outlets so any change in how tobacco products can be displayed should not prohibit such financial support in the future. Moreover Smoke Free Newcastle believes that the tobacco industry should be required to disclose to the Government how much money it spends each year marketing and promoting its products.

Other retailers sell tobacco cheaply often targeting low income smokers thus exacerbating health inequalities. Smoke Free Newcastle therefore feels that there should be a minimum price set for cigarettes to prevent the marketing of such cheap cigarettes predominantly to low income smokers. Such practise has been observed in Newcastle as demonstrated in the photos below.



Banner promoting cheap cigarettes seen outside a supermarket.



Mayfair branded cigarettes displayed on a perspex stand, accompanied by a pull-up banner which states that the price is £3.00 a packet and promotion is limited to two packets per person. (Normal price £4.56).

Smoke Free Newcastle believes that the above evidence demonstrates the need for a single system applicable nationally and enforceable through legislation. We therefore support the introduction of a positive licensing programme for the sale of tobacco (cross reference Question 6). Alcohol and gambling are regulated by very comprehensive licensing schemes in order to minimise the potential social harm caused by these activities. Yet the sale of tobacco remains almost totally free from regulation, despite there being no safe level of consumption. Cigarettes are the only product that will prematurely kill one in two long-term users when regularly used as intended.

Smoke Free Newcastle supports a positive licensing scheme requiring all retailers who wish to sell tobacco to make a formal application for a Premises Licence, similar to the system currently in place for the sale of alcohol under the Licensing Act 2003. Smoke Free Newcastle believes that the introduction of a positive licensing system offers:

- Opportunities for targeted education and information to retailers
- Consistency with the message that selling tobacco is a conditional privilege rather than absolute right
- The possibility of the imposition of strict conditions on the Premises Licence and ensure that those who sell tobacco products are fully aware of their legal responsibilities
- A pro-active enforcement regime by duly authorised officers.
- Assistance in tackling illicit tobacco

**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?**

Smoke Free Newcastle supports **Option 3**; a total ban on the sale of tobacco products from vending machines.

Although vending machines account for a small proportion of overall cigarette sales, a disproportionate number of young people under the age of 18 obtain cigarettes from this source. Research carried out in recent years by Trading Standards Services in the north east of England has demonstrated that vending machines containing tobacco products are not always well supervised in premises such as golf clubs, and as a result young people can access the cigarettes from this source relatively easily without being challenged by a responsible adult. Although the data is limited, since the raise in age of sale legislation to 18, unsupervised vending machines could become a more significant source of under age sales.

Smoke Free Newcastle believes that banning the sale of tobacco products from vending machines would make it harder for children to purchase cigarettes. Many countries already prohibit the sale of tobacco from vending machines and the World Health Organisation has recommended a total ban on tobacco sales from vending machines.

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

Smoke Free Newcastle fully supports the introduction of plain packaging of tobacco products. Although no jurisdiction has yet implemented a law requiring plain packaging, research suggests that it would help deter young people from taking up smoking because smoking would lose its appeal (29).

There is evidence from around the world that the tobacco industry uses branding and pack design to attract young smokers. For example, in 2006 Geoff Good, Global Brand Director of Imperial Tobacco explained; *“In 2003 we saw the introduction of the Tobacco Advertising and Promotions Bill (SIC) which effectively banned us from promoting all tobacco products and means there is no main media advertising”*. He continued, *“we therefore decided to look at the pack design”*. The resulting increase in sales had led to *“over £60 million in additional turnover and a significant profit improvement”*, he concluded.

Tobacco companies invest considerable resources in making tobacco packaging alluring and eye catching, much of which will appeal to young people. They pay film companies to place their products in films, which in themselves are often watched by young people. The brand therefore becomes associated with a particular film or film star. Smoke Free Newcastle believes that tobacco packaging remains one of the few methods open in the UK to the industry to market its products to new and existing customers. By introducing plain packaging we believe this would have a significant effect on reducing tobacco sales. Each tobacco pack is an advert that smokers carry around with them and display to others as often as 20 times a day. Brand colours misleadingly communicate qualities such as low tar, which it would be illegal to state explicitly. Even though the products are often in reality indistinguishable in terms of taste, brand families are developed, each with different packaging to enable the tobacco industry to maximise display space i.e. its advertising. Branding on the pack is used to convey status, sophistication, manliness or femininity which attracts young people.

Smoke Free Newcastle believes that plain packaging would not only impact on reducing uptake of smoking among young people but it will also reach adults. It is noted that it is also important that the packaging of tobacco products such as 'roll your own' are included in any forthcoming legislation for plain packaging. We believe that the tobacco product package should have on it the brand name, health warning, pictorial health warning, NHS stop smoking service helpline number and mandatory consumer information. The plain packet should have a white background on which the other information is placed. Further it is important that the health warnings should be on display on both the front and back of the packaging to prevent retailers placing the packets with the non warning side only showing, as a means of making packaging look more attractive.

**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?**

Smoke Free Newcastle recognises that there is a lack of evidence about whether a requirement for minimum pack sizes would have a significant impact on youth smoking. However price is a key issue among young people buying cigarettes and packs of 10 are cheaper than those of 20's. Smaller packs are also easier for young people to conceal from adults.

Smoke Free Newcastle therefore believes that the minimum pack size should be increased to 20 to make them less accessible and attractive to young people.

**Question 12: Do you believe that more should be done by the Government to reduce exposure to second hand 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.**

Smoke Free Newcastle believes that more could be done by both Government and individuals to reduce children's exposure to second hand smoke. We would like to see the following action taken;

- Mass media campaigns aimed at parents/grandparents and carers about the health effects of second hand smoke. In particular the duration of risk should be emphasised to overcome the perception that second hand smoke is only dangerous to the very young and not those in older childhood or even adulthood. These campaigns should focus on enclosed places such as homes and cars.
- Commission research into effective ways of helping parents to stop smoking and to prevent children's exposure to smoke if parents/carers do not stop smoking
- Ensure that brief intervention training on second hand smoke becomes a mandatory part of training for health professionals working with families in the acute and primary care sector, and professionals working within Children's Services who have face to face contact with parents/carers.
- A review of national foster care guidance (30) which currently allows children and young people to be placed with foster carers who smoke once the child is over the age of 5 years, provided the child is not suffering from a respiratory condition. Smoke Free Newcastle would like to see placements in smoke free homes i.e. the home environment would be smoke free at all times although the carers may be smokers who smoke outside the home. However smoking carers should be supported and encouraged to give up smoking. This is to reflect the fact that

second hand smoke risk is a lifetime risk not just confined to those under the age of 5 years. Under the Every Child Matters agenda all who have contact with a child have a responsibility to deliver the five outcomes, one of which is 'Be Healthy'. Exposure to second hand smoke is one influence on achieving this outcome.

- Ensure that NHS Stop Smoking Services continue to be adequately funded and target the most disadvantaged communities and groups such as parents.
- The development and promotion of a National Smoke Free Homes Quality Mark which recognises those with completely smoke free homes. This would be particularly important to home childcare providers.
- The development of National Good Practice Guidance relating to the protection of home workers/domiciliary staff from the effects of second hand smoke, which PCT's Local Authorities and Home Care Agencies would be expected to implement in full.

In the long term, after considerable mass media awareness raising on the dangers of second hand in enclosed places such as cars, Smoke Free Newcastle would support the extension of the smoke free regulations to cover private vehicles. When this move is introduced it would be necessary to ensure that fines were of a substantial enough nature to actively deter people from breaking the law and enforcement is rigorous. This law would both address road safety and health and safety concerns in relation to second hand smoke.

### **Part C: Supporting Smokers to Quit**

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

Smoke Free Newcastle would support research to;

- Further understand and overcome the barriers to using medicinal nicotine or other pharmacotherapies
- Further understand and reduce the number of people accessing illicit and counterfeit cigarettes
- Examine the effectiveness of interventions to reduce smoking among ethnic minorities and EU national smokers living in the UK
- Identify how those living in disadvantaged circumstances can effectively be engaged in stop smoking interventions
- Identify the scale of the problem with regard to illicit and counterfeit cigarettes
- Provide a clearer understanding of current knowledge, attitudes and behaviour of 16-24 year olds
- Test innovative, carefully designed ways of protecting and dissuading young people in disadvantaged areas from smoking
- Examine the effectiveness of smoke free home and car policies
- Investigate the process of addiction to nicotine and effective blocking mechanisms.
- Consider the social initiation and maintenance of smoking, particularly among routine and manual groups to try to explain the high relapse rates.

Further any new measures introduced as a result of the National Tobacco Strategy should be subject to rigorous evaluation to establish their impact and cost effectiveness

#### **Question 14: What can be done to provide more effective NHS Stop Smoking Services;**

- **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?**

Stop smoking services are very cost effective and combined with the use of pharmacotherapies can increase a smoker's chances of quitting four-fold compared to using willpower alone. However, take up by smokers wanting to quit is still low with only 3% to 6% of smokers making use of the services per year. If attendance was raised to 10% of smokers, it is estimated that the population long-term quit rate could be increased by 0.5% (31). Therefore, there is huge scope for improving the services and making them more attractive to people seeking help in stopping smoking.

Smokers who want to quit need the Government to increase support for NHS Stop Smoking Services, making them more widely available and easy to access particularly for disadvantaged and pregnant smokers. Smoke Free Newcastle has just completed a 2 year NRF project, part of whose aim was to try to engage smokers into stop smoking services and identify the barriers to attendance at existing services. The evaluation (12) of this project produced some useful findings about offering Stop Smoking Services in more and different outlets in disadvantaged areas, at a range of times, including evenings and weekends. Service users also responded better to stop smoking advisors who were not as they described them "like a traditional health professional". The findings are now being mainstreamed by the Stop Smoking Service.

Hospitals should be required to monitor smoking rates of patients and to give all smokers brief advice to quit, access to stop smoking medicines and referral to stop smoking services. Smoking rates of people leaving hospital should also be monitored. In addition, smoking cessation should be included in the Standards for Better Health set by the Healthcare Commission.

Smoke Free Newcastle would like to see the provision of NRT to smokers trying to quit through NHS services given free to all for an agreed treatment period (12 weeks). Free treatments are available for sexual health and drug services such as, contraception, needle exchanges and hepatitis vaccinations, so setting a precedent of making the uptake of treatment more attractive. Three independent evaluations (12, 32, 33) of Newcastle and North Tyneside's 'Drop in to Quit' events where NRT products were supplied directly to smokers trying to quit, all rated this facility very highly. We would also welcome a review of the clinical guidelines on NRT use in pregnancy focusing on the use of higher doses and combinations in order to help women stop smoking.

Stop smoking programmes for young people under the age of 18 have generally been ineffective across the country. Young people tend not to access primary care services and those at most risk of using tobacco may have poor attendance at school. It is therefore important to have wider access points to stop smoking support services for young people who do wish to stop. Smoke Free Newcastle feels that there is an opportunity to invest more widely in training those who work with young people in informal and formal settings, in brief and intermediate interventions. For example youth workers, school nurses and outreach workers could play a key role in signposting and supporting young people into local services. These services must be young people friendly and Smoke Free Newcastle feels investigation needs to take place about whether the DH 'You're Welcome' sexual

health services programme, could be extended to take in smoking related issues and/or whether its principles can be applied to smoking cessation for young people.

Smoke Free Newcastle is keen to learn from Dundee about the effectiveness of its stop smoking incentives scheme which 'rewards' those trying to quit with specific vouchers. If effective we would like to see a national protocol on incentive schemes for stop smoking and adequate resourcing to enable the roll out of schemes particularly to the most disadvantaged.

The cost of purchasing stop smoking aids can be a barrier to use, as can the limited availability of these products. Although some versions of NRT are now on general sale, availability is still largely limited to pharmacies and supermarkets. Meanwhile tobacco products are widely available from many outlets such as corner shops, garage forecourts, supermarkets, pubs, vending machines in licensed premises, and specialist tobacconists. In order to help smokers who want to quit without NHS support, Smoke Free Newcastle believes that stop smoking aids should be accessible in all the places where tobacco products are currently sold. There is widespread public support for such as policy. According to a YouGov poll, 76% of adult smokers in England said they supported making NRT easier to access (9).

Social marketing campaigns targeted at particular social groups should be used to assist those who find it most difficult to quit. Promotional materials advertising the services available to smokers to help them quit need to be placed widely in a wide variety of community outlets frequented by the public such as, pubs, clubs, cafes, filling stations, betting offices and bingo halls. (Cross reference question 15).

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

Smoke Free Newcastle would like to see an improved telecommunications system put in place that identifies caller location and then puts the caller through directly to local stop smoking services (during business hours), and/or automatically notifies the local service by phone or secure e-mail (to nominated NHS net account). This would speed up the initial contact and help to breakdown existing barriers.

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

Smoke Free Newcastle supports the introduction of brief intervention training on both stop smoking and second hand smoke, as mandatory for all health professionals. This training should also be included as part of medical training for all healthcare professionals, and thus included in course curricula.

However, Smoke Free Newcastle believes there is scope to develop and deliver brief intervention training over and above that to health professionals, to include a number of other staff groups such as those who work in community development; leisure services; social services and community care staff. This would assist in reinforcing key messages about smoking and help to continue the de-normalisation of tobacco within our communities.

In order to provide more support to hard to reach groups more outreach services need to be put in places where people are likely to access them such as workplaces, shopping centres, pubs and supermarkets. This proved effective in Newcastle's NRF Smoke Free Project. Access to NRT needs to be improved and barriers removed.

Incentive schemes (see Question 15) need to be properly resourced and promoted to smokers. Consideration should be given to a reward scheme for quitters referring others to the service to encourage more access of the service. Sustained social marketing campaigns are needed on how and why to quit, designed to meet the needs of less well off smokers.

#### **Section D: Helping those who cannot quit**

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

Yes, Smoke Free Newcastle supports a harm reduction approach. We recognise that people are free to smoke if they wish, but feel 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 as a product is relatively safe but little has been done to promote longer term use of NRT as an alternative to smoking for those who are unable to quit. Although the Medicines and Healthcare Regulatory Agency has taken steps to increase the accessibility of NRT much more needs to be done.

There are other products on the market such as, the ECUK electronic cigarette, which is not licensed as a Nicotine Replacement Therapy and therefore cannot currently be used by NHS stop smoking services as a treatment option, but which have the potential to significantly reduce the known harm of tobacco inhalation. However they need to be endorsed by NICE to give professionals approval to use them.

Smoke Free Newcastle would like to see the Government support the development of pure nicotine products (which like the current medicinal products on the market only contain nicotine and not any other tobacco products) as an alternative to smoking. This should include educational campaigns to raise awareness of the relative safety of nicotine, as currently a significant proportion of smokers and health professionals believe that nicotine can cause smoking related diseases (34). This approach will be attractive to heavily addicted smokers – many of who live in disadvantaged circumstances, by relieving their cravings without the harmful effects of smoking. This will help to reduce health inequalities.

These new more efficient medicinal products need to be promoted as a safer alternative to tobacco and be available wherever tobacco is sold.

However Smoke Free Newcastle recognises that in order for stop smoking services to provide a harm reduction response they first need to be relieved of the priority to acquire 4 week quitters, which by definition, harm reduction interventions may not provide.

In addition brief intervention mandatory training for healthcare professionals should include education around nicotine and its effects.

## **Conclusion**

In order to part resource the National Tobacco Strategy Smoke Free Newcastle supports the BMA's (35) recommendation that the Government should introduce a compulsory blinded levy from the tobacco industry, pro rata to their profits from youth smoking. Additionally a voluntary health promotion fund should be set up into which the retail sector can donate their profits from the sale of tobacco.

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