

## **GOVERNMENT CONSULTATION ON THE FUTURE OF TOBACCO CONTROL**

### **Executive summary**

The Consultation's key proposals include;

- Restrict access to cigarette vending machines by young people – whether by banning vending machines altogether or through mechanisms identifying the age of the user;
- Keep cigarettes out of sight in shops and restrict advertising in supermarkets and on shop counters.

Both these proposals are welcomed by the Smoke free Birmingham Coalition which supports a complete ban on cigarette vending machines and a requirement for retailers to put tobacco products under the counter so they are out of sight. The Coalition also supports proposals to place further restrictions on advertising of tobacco products in supermarkets and on shop counters.

Other suggestions in the Consultation include proposals to;

- End sale of packs of 10 cigarettes often used by children
- Ensure plain packaging for cigarettes packets (i.e. no logos or branding)
- restrict the advertising of tobacco products – such as cigarette papers
- further help those who want to or who can't quit (e.g. how nicotine replacements, such as patches and gum, can be cheaper and more widely accessible)

The Coalition strongly supports a complete ban on the sale of packs of 10 cigarettes. It also supports plain packaging, the restriction of advertising on tobacco related products such as cigarette papers and it is calling for nicotine replacements such as patches and gum to be free and more widely available to smokers.

## Background

In its Cancer Reform Strategy published on 3rd December the Government committed to consulting on the next steps in tobacco control. A proposal to use this consultation to develop a new 'National Tobacco Control Strategy' has emerged from work on the Health Inequalities Strategy refresh.

There are four main areas to the consultation on which the Government are seeking views:

- protecting children and young people from smoking
- further action to reduce smoking rates and health inequalities caused by smoking
- Helping smokers to quit
- Helping those who cannot quit

Despite progress in the past 10 years with 1.9 million fewer smokers since 1998, smoking is still the biggest killer in England, with **87,000 people** a year dying from smoking related diseases – that's the equivalent of the entire population of Durham.

The introduction of legislation banning advertising, introducing Smokefree England, raising the Age of Sale and, this Autumn, introducing picture warnings on cigarette packets have all played a major part in putting England in the number one spot in the European Union's league of progress on Tobacco Control.

With smoke free legislation working effectively, the primary place of exposure to second-hand smoke is now within the home and within people's private vehicles. While the Government is not proposing legislation or restrictions in these areas, they want us to consider what we can do to reduce levels of second-hand exposure in this setting, especially for children.

However, there is still much more to do. Since the ban on tobacco advertising, advertising at the point of sale has become the main route for promoting cigarettes. The large displays and advertising in shops can make it more difficult for smokers to kick the habit and encourage young people to start. But research has shown that children and young people have been found to be more receptive to tobacco advertising than adults. Advertising encourages children to start smoking and reinforces the social acceptability of the habit among adults.

### Consultation process

The deadline for responses to the consultation is 8th September 2008. The full consultation document can be viewed at

[www.dh.gov.uk/en/consultations/liveconsultations/dh\\_085120](http://www.dh.gov.uk/en/consultations/liveconsultations/dh_085120)

The Smoke free Birmingham Coalition has the lead responsibility to respond to the Department of Health on behalf of all Coalition partners. **Appendix One** of this report is the Coalition's proposed formal response to the consultation and is being sent out to all Coalition partners requesting their endorsement.

In addition, some partners are responding individually to the Consultation via reports to their Committees such as Birmingham City Council via Public Protection Committee.

**APPENDIX ONE**  
**APPENDIX TWO**  
**APPENDIX THREE**

**Questions and Answers: Formal Consultation Response**  
**Research on Counterfeit Tobacco (available on request)**  
**Reports from Smoke free Birmingham (available on request)**

## APPENDIX ONE

### Questions and Answers

#### 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?**

#### Answer:

We are keen to see reductions in smoking prevalence across all these groups to below 10% by 2020.

Experience in California suggests that an effective, aggressive tobacco control program employing political, legal, and social action can reduce smoking prevalence by 1% per year.<sup>1</sup> This is perfectly relevant to the situation in England despite the missing legal element, although in the absence of a Master Settlement Agreement, Government here must be prepared to resource such a program adequately.

**What else should the Government and public services do to deliver these rates?**

#### Answer:

The Department of Health's ten High Impact Changes for Tobacco Control are a comprehensive guide for action to reduce smoking prevalence. However, such action may be hard to achieve if a better understanding of the impact of tobacco on health is not engendered amongst key decision makers at the local level. Government needs to encourage Local Strategic Partnerships and Local Authorities to wake up to the 'elephant in the room' that is tobacco related death and disease. These agencies and the funding lines they manage are far too preoccupied with other lifestyle issues such as crime, obesity, drugs and alcohol which eclipse the significance of smoking as a killer, despite the fact that it kills more people than any other cause.

More needs to be done to put information about tobacco related death and disease in to the public domain. The Tobacco control Team in Birmingham are presenting **tobacco related mortality data** to all Constituency and Ward Committees in order for local elected members to understand the extent of tobacco death in their areas. All primary care trusts and tobacco control teams should be required to report such data to local committees so that smoking prevalence can be understood more clearly and acted upon more effectively.

Members can then choose to **buy in to a range of tobacco control measures** through a '**Menu of Options**' which consists of projects and services provided by partners in the smoke free coalition, all designed to reduce smoking prevalence.

This means making the effects of smoking clearer to the general public through much more hard hitting awareness raising campaigns. But this needs to be backed up by much better provision of advice, support and nicotine replacement therapies, all of which should be free to anyone seeking to give up. Just as condoms are freely available in restaurants, toilets and train stations, so should NRT be available free to smokers. We must make it easier for smokers thinking about quitting to be opportunistic with stop smoking therapies – in effect we need to normalise and generalise opportunities to stop smoking.

This needs to be supported by structured, opportunistic social marketing campaigns which are not just confined to small scale road side poster sites but rather which feature on big billboards which the general public pay far more attention to – along the same lines as the car and mobile phone adverts. Public Health messages need to be cleverer and bigger league and this requires much more substantial funding at a local level. This will begin to give Tobacco Control

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<sup>1</sup> Journal of the American Medical Association

teams better profile and hence help decision makers to tune in to this area of public health which is currently dominated by other issues.

Government could also require local authorities to lead by example and to develop 'smoke free' policies – not just no smoking policies – for their staff and organisation, indeed for their marketing campaigns.

We would also encourage the Government to explore the development of a Master Settlement Agreement in line with that in the United States so that Tobacco Companies are bound to contribute significantly to the economic burden of death and disease caused by their products in England.

### **Counterfeit tobacco**

There is clear evidence to suggest that counterfeit tobacco is undermining tobacco control action to reduce smoking prevalence. Her Majesty's Revenue and Customs (HMRC) have recently reported that 70% of all seizures of tobacco products in the UK are counterfeit.

Smokers in deprived areas and on low incomes are targeted by criminals when they seek out cheap cigarettes and tobacco believing that they are cheap because they are smuggled. They do not realise they are counterfeit (fake) products and they are also unaware that these products could be even worse for their health than smoking regulated tobacco products.

HMRC's current focus is on seizures and the supply side of counterfeit tobacco. This means that there is little focus on reducing demand.

We have sought to address this in Birmingham by establishing a Tobacco Control group to run a counterfeit tobacco initiative. The initiative was a joint venture between Smoke Free Birmingham (SFB), HM Revenue and Customs (HMRC) and Birmingham City Council's Trading Standards (BCCTS) team which wanted to address the lack of education and awareness raising to reduce demand for these cheap products. The aim of the project was to raise awareness of the potential health risks of smoking, in particular, unregulated counterfeit cigarettes and tobacco, and to undermine the appeal of counterfeit tobacco to current and potential customers, thereby reducing demand.

Research commissioned in 2007 to evaluate the effectiveness of the campaign found that a total awareness of government messages or warnings about cigarettes was consistently of a higher level in Birmingham than the control sample. With a staggering 400% uplift in awareness that counterfeit cigarettes are unregulated and potentially dangerous.

The Birmingham test group resulted in significantly higher mentions of messages relating to counterfeit cigarettes than the control group. This suggests effective impact on target audience.

Campaign recognition was found to be considerable. See **Appendix Two** which shows that 60% respondents commented that they were **less likely to buy counterfeit cigarettes** with nearly 65% of people stating that the campaign really stood out and that it had told them something new.

The results of the research show that the campaign's use of a **health message** to support the warning 'Counterfeit Kills' is an effective means of **reducing demand** for counterfeit tobacco products.

### **Question 2:**

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

### **Answer:**

If we accept that addiction levels are highest amongst the most disadvantaged in our society, then it is this community which requires the greater level of support to stop smoking. This group should be targeted with initiatives which provide flexible, free and systematic access to stop smoking support.

The increasing availability of counterfeit tobacco products is also a factor in the persistence of health inequalities in relation to smoking. Government must do more to ensure the most deprived members of our society and their children are protected from the scourge of cheap, fake tobacco.

Recent research on attitudes to Counterfeit tobacco products conducted in 2007 and 2008 in Birmingham and Manchester (**Appendix Two**) of C2DE smokers in deprived areas identified attitudes to Counterfeit Cigarettes as ***“counterfeit cigarettes are so much cheaper people can’t afford not to buy them.”*** 70% took this view in 2007 and 58% in 2008. Perhaps more alarmingly the view ***“I’m not that worried about the effect of smoking on health”*** increased from 30% in 2007 to 40% in 2008.

Local Strategic Partnerships and Local authorities should act quickly to identify local smoking prevalence, which may be much higher in super output areas than the general area average suggests, especially in deprived areas, so that action to reduce prevalence can be tailored and proportionate.

Stop smoking support needs to get closer to smokers. It needs to go where they go i.e., to the pub, car boot sales, on the high street, in the market, in the local garage, in the job centre, in the bookies, in the supermarket – to make it easier for them to be opportunistic about stopping smoking. It needs to be more hands-on and involve greater levels of contact and mentoring over a longer period of time than a standard quit period of 4 – 8 weeks. A sense of responsibility needs to be fostered amongst smokers at the same time as incentivising action to quit smoking through the use of a local ‘contract.’ This could in effect offer a ‘reward’ to those who manage to stop smoking and could target poorer families with kids. We would like to see initiatives in Birmingham like those in Dundee where smokers who agree to stop receive credits to spend on food instead.

**Question 3:**

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

**Answer:**

Yes it should but Government must ensure that local strategic partnerships and local authorities in particular recognise their responsibilities within each strand, i.e., tobacco is everybody’s business, not just that of the NHS.

We would like to see more funding for schemes that;

- make free NRT available for teenagers in schools
- train school nurses in Brief Intervention for stop smoking
- establish mentoring stop smoking schemes for staff and pupils
- all schools to have adequate access to Tobacco Control Link Workers

**Question 4:**

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

**Answer:**

To only consider illicit tobacco is to ignore the fact that HMRC are reporting 70% of seized tobacco products in the UK are counterfeit.

More research should be conducted in to demand reduction strategies and measures to reduce the prevalence of counterfeit tobacco products. For example, the results of research conducted in Birmingham and Manchester in 2007 and 2008 show that the campaign’s use of a health

message to support the warning 'Counterfeit Kills' is an effective means of **reducing demand** for counterfeit tobacco products.

Government should encourage the establishment of Tobacco Protocol so that HMRC and Trading Standards can work together and share information and intelligence more freely with Tobacco Control Managers.

This is such an important area that Government should consider the establishment of a **Tobacco Control Communications Plan** to support its National Strategy for Tobacco Control.

**Question 5:**

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

**Answer:**

There should be more investment in mass media campaigns to show ordinary people how the availability of cheap smuggled tobacco undermines other tobacco control measures. They also need to be shown that they are not so much cheating the 'taxman' by buying such products but rather supporting serious criminal activity.

Campaigns are also needed to undermine the public's acceptance of counterfeit products. The Birmingham and Manchester research shows that this can be achieved by using a health message as a promotional tool.

There should also be greater transparency of information about the scale of smuggling and counterfeit tobacco to allow civil society to monitor the anti-smuggling strategy and lobby for change where necessary.

Stop Smoking Services should record information from quitters about the source of the cigarettes they are purchasing and this information should be fed in to local HM Revenue and Customs teams as area data so that Trading Standards enforcement staff can target their resources to tackling counterfeit/smuggled tobacco more effectively.

**Question 6:**

**What more do you think the Government could do to:**

**a. reduce demand for tobacco products among young people?**

**Answer:**

- Work harder to remove smoking from television, cinema and music videos and computer games
- Remove all advertising of products and associated products and accessories
- Develop hard hitting social marketing campaigns targeting youth – evidence from our work with youth group in Birmingham is that young people are simply not aware that a cigarette can hook them after one puff or that they contain over 4,000 chemicals
- Understand better why many young people think smoking is common, safe and socially acceptable
- Support the development of tobacco free youth advocacy groups especially – i.e., Specific funding stream in Big Lottery funding etc

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

**Answer:**

- Develop hard hitting social marketing campaigns targeting parents
- Reduce counterfeit and smuggled availability
- Raise the cost of a packet of cigarettes

**Question 7:**

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

**Answer:**

Yes. Tobacco accessories also promote smoking so advertising of these products is tantamount to advertising smoking. Since tobacco products are both lethal and addictive, advertising of their accessories should not be permitted and the exemption for point of sale displays from the Tobacco Advertising Promotion Act 2003 cannot be justified.

**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?**

**Option one: do nothing, retain current restrictions, maintaining enforcement of relevant legislation**

**Option two: regulate point of sale display more strictly by further restricting permitted advertising space and/or restricting display space or ways in which tobacco products are displayed.**

**Option three: require retailers to remove tobacco products from display**

**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?**

**Answer:**

Yes. We acknowledge that since the ban on tobacco advertising, displays at point of sale are the main route for tobacco promotion and that displays in shops make it harder for smokers to quit and encourage young people to start.

We also acknowledge survey evidence which suggests that exposure of 11 – 14 year olds to tobacco marketing in convenience stores is associated with 50% increase in odds of ever smoking.

We acknowledge the evidence that the majority of 11-15 year old smokers buy their tobacco from shops.

**We prefer Option 3** – a complete prohibition of display of tobacco products. This creates a level playing field and is straightforward to regulate. We also believe that this is the best option in terms of supporting the ‘out of sight, out of mind’ principle.

**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?**

**Option one: retain the status quo and continue to allow tobacco products to be sold from vending machines with no legislative restriction on where the vending machines are located or the requirement to include age restrictors on access**

**Option two: require mechanisms on all tobacco vending machines to restrict underage access by young people**

**Option three: prohibit sale of tobacco products from vending machines altogether**

**Answer:**

Yes. We need to do everything we can to protect children and young people from tobacco marketing and promotion, and to reduce the availability of tobacco products to people under the age of 18. Latest data says that nearly 39% of current smokers started smoking when under the age of 16. We believe that youngsters under the age of 16 are not able to make an informed choice as to the dangers of smoking and now young people can become addicted after smoking only one cigarette.

We are concerned that 17% of 11-15 year old smokers source their tobacco from vending machines and that young people can always find ways round token or id systems designed to keep tobacco from vending machines out of their reach.

We believe Option 3 is the solution as it also supports the 'out of sight – out of mind' principle.

**Question 10:**

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

**Answer:**

We support the idea that plain packaging may help to reduce the attractiveness for young people getting in to cigarettes in the first place. We know the tobacco industry sells its products through association with glamour and sex appeal and that these qualities are just as appealing to young people as they are to adults. The packaging of the product is designed to advertise its appeal so in theory the plainer the packaging the more the appeal should be reduced.

**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?**

**Answer:**

Yes. There is evidence that children buy packs of ten cigarettes because they are cheaper and easier to purchase than packs of twenty. We strongly support the removal from sale of packs of ten and we also believe that this should be accompanied by a rise in the price of a pack of twenty cigarettes.

**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.**

**Answer:**

Yes. We believe more could be done to protect children from exposure to second hand smoke in the home. We acknowledge that In the UK 5 million children are estimated to be exposed at home to SHS.

We believe that more could be done to reduce exposure to SHS in vehicles especially where children are passengers. This is particularly important when we know that more than 50% of all journeys by under 16's are made in cars and that 30% smokers smoke in their cars.

We are concerned that the smoking public are simply unaware of the serious health effects of smoking and especially ignorant of the dangers of second hand smoke where their children's exposure is concerned.

We suggest that the Government applies the precautionary principle to this issue and develops a sophisticated social marketing campaign to raise awareness of the potential dangers of exposing children in cars and in the home to second hand smoke, and that this is backed up by evidence from a large scale research programme.

**Question 13:**

**What do you believe the Government's priorities for research in to smoking should be?**

**Answer:**

We suggest that Government conducts research in to

- the health effects of second hand smoke exposure in vehicles especially with regard to children's exposure and that the results are widely reported so that both public and decision makers can revisit this issue armed with better evidence
- with counterfeit seizures at 70% (HMRC, 2008) we strongly recommend that Government investigates the effects of counterfeit cigarettes and tobacco on health

**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?**

**Answer:**

Brief Opportunistic Interventions leading to referrals to local Stop Smoking Services should be integrated into the mainstream activity of more health and other professionals thereby increasing the number of quit attempts made by smokers and the numbers of attempts being made through the NHS Services.

In particular hospitals should be required to monitor smoking status of all 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.

The cost of purchasing stop smoking aids prevents many people from accessing them. NRT should be free and much more abundant to help smokers to be opportunistic about trying to stop.

Face 2 Face promotions such as Trailer promotions should be run routinely by stop smoking services in areas of high smoking prevalence making the service more accessible to highly addicted smokers in deprived areas. FREE NRT should also be available directly from these promotions.

We would like to see some sort of target around young people to focus the minds of PCT's. Quit rate might be difficult, but there could be one around the number of young people seen. The new National measure on 16+ current smoking prevalence rate is helpful to move services attention away from 4 week quitters and on to smoking prevalence but this leaves no incentive for services to address levels of smoking amongst younger children i.e., 11+ because there is no requirement to report the figures.

**Question 15:**

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

**Answer:**

Integration of the local Stop Smoking Services with the national support mechanisms should continue (e.g. referrals from national campaigns referred to local services for action)

The importance of the local services should be reflected in the planning and execution of mass media campaigns. Mass media health campaigns should be complemented by community-based initiatives to promote local services.

**Question 16:**

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

**Answer:**

If we accept that addiction levels are highest amongst the most disadvantaged in our society, then it is this community which requires the greater level of support to stop smoking. This group should be targeted with initiatives which provide flexible, free and systematic access to stop smoking support.

Support to this group needs to be more hands-on and involve greater levels of contact and mentoring over a longer period of time than a standard quit period of 4 – 8 weeks. A sense of responsibility needs to be fostered at the same time as incentivising action to quit smoking through the use of a local 'contract.' This could in effect offer a 'reward' to those who manage to stop smoking and could target poorer families with children. We would like to see initiatives tested in Birmingham like those in Dundee where smokers who agree to stop smoking receive credits to spend on food instead.

**Good practice**

Smoke free Birmingham has run 'face2face' trailer promotions for the last few years. These promotions are provided through a strong partnership between the NHS trusts tobacco control team, stop smoking services, pharmaceutical companies and partners from the local Health Exchange, and local authority health and wellbeing partners. Reports from the last two promotions in Birmingham are attached in **Appendix Three**.

The trailer promotion is a successful format for reaching out to the smoking public, accessible to the unemployed, lower income, routine and manual workers, students and pregnant women. These promotions are value for money, costing on average £11 per smoker. Of those who sign up for help to stop smoking, a steady 50% make it through the process to access the quit service.

The trailer is extremely flexible. It is informal, accessible and friendly where professional support can be provided in a non-judgemental atmosphere. It also means that the services can get closer to the public, so the public doesn't have to go to them.

Smokers who are thinking about giving up (over 70%) find face2face promotions such as our trailer promotion in Birmingham useful because;

- addresses the significant demand for **‘there and then’** access to stop smoking therapy
- easy for people to **access high quality information, friendly advice and professional encouragement** to quit smoking and to set a quit date
- The lung life and CO testing is a **very powerful tool** and in many cases it was noted that the results of these tests were shocking for the participant. In such cases, the results need to be clearly interpreted for the participant and a clear plan for how to stop smoking outlined for them so they can turn their initial response in to positive action for themselves
- **Age Progression software** is also very powerful and can be used ‘whatever the weather’ in a trailer promotion and is particularly effective in engaging youth
- Allows services to stretch the campaign from one day i.e., World No Tobacco Day, to a 4-day event **increased opportunities** to generate smoke free awareness and to engage with potential quitters.
- Allows services to capitalise on half term when families are out together catching both adults and young people who are smokers

**Question 17:**

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

**Answer:**

Yes – but only up to a point.

Medicinal nicotine is relatively safe but it is not formulated for or promoted for longer-term use as an alternative to smoking for those who are unable to quit. Making NRT and new medicinal products available would help those who are not willing or able to quit.

The Government should take a lead in encouraging the development and promotion 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 such as cancer. Such an approach will be particularly attractive to more deprived smokers who tend to be more heavily addicted to nicotine and so find it harder to quit, thereby helping to reduce health inequalities.