

## **Northern Ireland Responses To Dept of Health Consultation on The Future of Tobacco Control.**

1. Northern Ireland Independent Retail Trade Association.
2. Imported Tobacco Products Advisory Board (IMPAC)
3. ASH Northern Ireland
4. Southern Health and Social Services Board
5. Western Investing for Health
6. Western Health and Social Services Board
7. Northern Health and Social Care Trust
8. Southern Health and Social Care Trust
9. Eastern Health and Social Services Board
10. Western Health and Social Care Trust
11. Northern Ireland Cancer Registry
12. Ulster Cancer Foundation
13. Chief Environmental Health Officers Group
14. Ards Borough Council
15. Armagh City & District Council
16. Ballymoney Borough Council
17. Castlereagh Borough Council
18. Coleraine Borough Council
19. Gallaher Ltd (Japan Tobacco International)
20. BMA Northern Ireland
21. Royal College of Nursing
22. Pharmaceutical Society of Northern Ireland

Total of 22 responses from NI to the Department of Health (England) consultation on “The Future of Tobacco Control.”

## Northern Ireland Independent Retail Trade Association

### Q4 – Q6

- more public awareness raising about the dangers of smuggled and counterfeit tobacco
- better enforcement and stiffer penalties for smugglers and those who sell illicit tobacco products
- stricter enforcement of legislation against underage sales
- stop proxy purchasing

### Q8 (display restrictions)

- against: it will unfairly affect small retailers, it will raise issues of security, customer care and health and safety, it will necessitate expensive refit in shops

## Imported Tobacco Products Advisory Board (ITPAC)

### Q7 (tobacco accessories)

- against restrictions

### Q8 (display restrictions)

- against: it will unfairly affect small retailers (for whom tobacco buyers are high part of footfall ), and ITPAC members estimate loss of over 40% of turnover if restrictions come into play; high cost of refit; will drive people to illicit traders; tobacco display has no impact on young people's smoking
- supports AITS submission – need for exemption for specialist tobacconists
- Option 1 preferred

### Q9 (vending machines)

- ensure adequate supervision

### Q10 (plain packaging)

- against: unworkable for specialist tobacco trade; raises IP concerns; will aggravate the problem of counterfeit tobacco products

### Q11 (minimum pack size)

- against: most use small packs to cut down on smoking; will turn to illicit traders (where pack of 20 can be bought for the same price as 10 in legitimate sales)

## ASH Northern Ireland

While not identical, the above organisations have submitted similar responses all broadly supportive of the consultation. On the questions:

### Q1 (target rates)

- (06-07) Northern Ireland prevalence is 25% (33% among manual workers)

- 2015: 21%; 2020: 18%; 2030: 11%; more ambitious targets could be: 2015: 16%; 2020: 11%; 2030: 1%
- review progress on targets in 2012 and set new targets if appropriate
- need for a new ten year action plan for NI

#### **Q2 (inequalities)**

- increasing price at the same time as reduce access to illicit tobacco
- higher spending on NHS cessation support services, focused on disadvantaged groups where prevalence is higher; ensure services are responsive to BME groups, disabled, people with mental illness
- mandatory test purchasing to address underage sales

#### **Q3 (six strand strategy)**

- additional emphasis on: key target groups (manual workers, pregnant women, young people, disadvantaged adults); social marketing and mass media education campaigns; reducing tobacco industry promotional opportunities; greater regulation of tobacco products and reducing availability and supply; international tobacco control

#### **Q4 (collaboration between agencies)**

- review current legislation on smuggled and counterfeit tobacco – perhaps introduce new legislation to allow police service in NI to deal with illegal sales locally
- set targets for reduction in smuggling for HMRC and Borders Agency
- support early introduction of anti-smuggling protocol under Framework Convention on Tobacco Control

#### **Q5 (increasing understanding of wider risks from smuggled tobacco)**

- marketing and communications strategy

#### **Q6 (protecting young people)**

- support measures suggested in consultation (q7-q10)
- raise price of tobacco
- licensing tobacco retailers (positive licensing system)
- ensure film, tv entertainment for young people does not glamourise smoking (18 certificate for films showing smoking); strong anti-smoking adverts to be shown before films

#### **Q7 (restrictions on tobacco accessories)**

- agree

#### **Q8 (display restrictions)**

- Option 3 supported

#### **Q9 (vending machines)**

- Option 3 supported

#### **Q11 (minimum pack size)**

- agree

**Q12 (reducing exposure to second hand smoke)**

- research: risks of smoking in cars
- advice, cessation support able to be provided by health visitors
- public information campaigns

**Q13 (research priorities)**

- barriers to using NRT and other pharmacotherapies
- improving identification, referral and retention in cessation support of pregnant smokers
- examine impact of interventions and policies on vulnerable/high-prevalence groups
- timely monitoring of tobacco control measures supported by objective (ie not self-reported monitoring) such as cotinine studies

**Q14 (stop smoking services)**

- research why people do not access NHS support
- hospitals: monitor smoking among patients; brief interventions and referral to cessation services
- needs assessment focused on services for different groups
- fund community sector to deliver tailored local cessation services; develop local partnerships

**Q15 (links between national and local services)**

- consistent messages agreed with all providers
- locally developed resources should display smokers helpline and cessation website for NI
- regionally agreed quality standards
- compliance with regional and local equality policies

**Q16 (supporting smoking cessation)**

- use case studies of successful quitters through cessation support
- brief intervention training mandatory for all key workers
- smoking cessation included as part of medical training for all healthcare professionals
- community outreach services
- direct funding toward high-prevalence and hard to reach groups

**Q17 (harm reduction)**

- agree, but the smokers quitting should be the preferred option
- government should promote development and accessibility of pure nicotine products
- maintain VAT reduction on NRT
- [replace 'those who cannot quit' with 'those who have difficulty in stopping smoking']

**Southern Health and Social Services Board, Western Investing for Health, Western Health and Social Services Board, Northern Health and Social Care Trust, Southern Health and Social Care Trust, Eastern Health and Social Services Board, Western Health and Social Care Trust Northern Ireland Cancer Registry, Ulster Cancer Foundation, Chief Environmental Health Officers Group, Borough Councils: Ards, Armagh, Ballymoney, Castlereagh, Coleraine**

While not identical, the above organisations have submitted similar responses all broadly supportive of the consultation. On the questions:

**Q1 (target rates)**

- CHS survey (06-07) Northern Ireland prevalence is 25% (33% among manual workers)
- better stratified data needed on key groups including young people and pregnant women
- tobacco control targets should be set at regional, sub-regional and local level and the new Health and Social Care Board, Regional Public Health Agency and any new local structures should have tobacco control as a key priority
- 1% year on year reduction in prevalence: 17% by 2015 (25% manual workers); need to review targets in 2015
- need for a new ten year action plan for NI

**Q2 (inequalities)**

- increasing price at the same time as reduce access to illicit tobacco
- focus on key vulnerable groups, including those with mental health issues

**Q3 (six strand strategy)**

- additional emphasis on: key target groups (manual workers, pregnant women, young people, disadvantaged adults); social marketing and mass media education campaigns; reducing tobacco industry promotional opportunities; greater regulation of tobacco products and reducing availability and supply; international tobacco control

**Q4 (collaboration between agencies)**

- review current legislation on smuggled and counterfeit tobacco and ensure it is fit for purpose
- sign up to agreements between EC/26 states and tobacco companies
- support early introduction of anti-smuggling protocol under Framework Convention on Tobacco Control

**Q5 (increasing understanding of wider risks from smuggled tobacco)**

- marketing and communications strategy
- research: content and health effects of counterfeit products

- do not dilute the message that all tobacco, legal or illicit, is harmful

**Q6 (protecting young people)**

- support measures suggested in consultation (q7-q10)
- raise price of tobacco
- ensure film, tv entertainment for young people does not glamourise smoking

**Q7 (restrictions on tobacco accessories)**

- agree

**Q8 (display restrictions)**

- Option 3 supported

**Q9 (vending machines)**

- Option 3 supported

**Q10 (plain packaging)**

- agree

**Q11 (minimum pack size)**

- agree

**Q12 (reducing exposure to second hand smoke)**

- smoking in cars: should be treated in the same way as mobile phone use in cars
- advice, cessation support able to be provided by health visitors
- public information campaigns

**Q13 (research priorities)**

- barriers to using NRT and other pharmacotherapies
- improving identification, referral and retention in cessation support of pregnant smokers
- examine impact of interventions and policies on vulnerable/high-prevalence groups
- timely monitoring of tobacco control measures supported by objective (ie not self-reported monitoring) such as cotinine studies

**Q14 (stop smoking services)**

- research why people do not access NHS support
- needs assessment focused on services for different groups
- fund community sector to deliver tailored local cessation services
- free NRT within community settings

**Q15 (links between national and local services)**

- consistent messages agreed with all providers
- regionally agreed quality standards
- compliance with regional and local equality policies

**Q16 (supporting smoking cessation)**

- use case studies of successful quitters through cessation support
- free NRT
- brief intervention training mandatory for all key workers
- direct funding toward high-prevalence and hard to reach groups

#### **Q17 (harm reduction)**

- agree, but the aim should always be to lead to smokers quitting
- government should promote development and accessibility of pure nicotine products

### **Gallaher Ltd (Japan Tobacco International)**

#### **Q4 (collaboration between agencies)**

- increased resources for HMRC and Border Agencies
- better information exchange
- better enforcement and use of existing penalties

#### **Q6 (protecting young people)**

- criminalise proxy purchasing
- criminalise under-age purchasing
- strengthen proof of age schemes
- public information campaigns targeted at high-prevalence groups

#### **Q8 (display restrictions)**

- disagree
- no evidence to suggest it will reduce uptake of smoking; research cited in support of restrictions is 'unsubstantiated and tangential'
- no evidence it will help smokers who are trying to quit; research cited is flawed; tobacco purchases are not impulse purchases
- it is contrary to DH's own position (TAPA 2002): display is not advertising
- denormalisation is not a legitimate rationale for new legislation
- will restrict lawful activity and promote illicit sales
- will affect small retailers: loss of business to larger retailers; reduced footfall; longer transaction times; security implementation; cost of refits

#### **Q9 (vending machines)**

- Option 2 preferred

#### **Q10 (plain packaging)**

- disagree
- will undermine intellectual property rights, freedom of expression and freedom to trade
- will distort competition, impede brand navigation and brand differentiation, confuse consumers
- will not have any impact on reducing smoking uptake among young people

- will facilitate illicit trade

**Q11 (minimum pack size)**

- disagree
- removes choice for adult smokers
- no evidence to suggest it will reduce smoking among young people
- disproportionate impact on tobacco manufacturers who produce premium tobacco: consumers will 'down-trade'
- will facilitate illicit trade

**BMA Northern Ireland**

does not send an individual response, but instead supports the wider BMA response, summarised below:

**Q1 (target rates)**

- UK tobacco free by 2035

**Q2 (inequalities)**

- increase price at higher than inflation rates (10% increase in price leads to 4% reduction in demand)
- tax hand-rolling tobacco at same rate as manufactured cigarettes
- tough action on illicit trade

**Q3 (six strand strategy)**

- agree
- social marketing, and clear action plan for changing culture of tobacco use

**Q4 (collaboration between agencies)**

- HMRC and Borders Agency to work together to develop anti-smuggling strategy
- pack marking to enable detection of counterfeit cigarettes

**Q5 (increasing understanding of wider risks from smuggled tobacco)**

- mass media educational campaigns

**Q6 (protecting young people)**

- limit pro-smoking imagery in entertainment media
- restrict tobacco marketing opportunities (q7-q10)
- positive licensing for tobacco retailers

**Q7 (restrictions on tobacco accessories)**

- agree

**Q8 (display restrictions)**

- Option 3 supported

**Q9 (vending machines)**

- Option 3 supported

**Q11 (minimum pack size)**

- agree

**Q12 (reducing exposure to second hand smoke)**

- mass media campaigns to influence behaviour (New Zealand, Australia have had demonstrable success)
- does not support legislation to prohibit smoking in homes and private vehicles; instead research into attitudes to and barriers against smokefree homes and cars, together with social marketing

**Q13 (research priorities)**

- evaluate cessation services, and different models of support
- new cessation approaches focused on key groups
- smokefree homes and cars initiatives
- exposure among children to secondhand smoke and links to illness in later life
- barriers to use of NRT and other pharmacotherapies

**Q14 (stop smoking services)**

- ensure NRT is widely available and not prohibitively expensive
- support pregnant women to quit smoking
- target services at low income groups, people with mental health problems and looked-after children
- research cost effectiveness of support services
- community/workplace outreach

**Q15 (links between national and local services)**

- improved selection, training, assessment and supervision of specialists
- treatment protocols
- national campaigns supported by regional promotion of local services

**Q16 (supporting smoking cessation)**

- brief interventions through all healthcare professionals
- healthcare professionals able to prescribe NRT and refer to specialist cessation services

**Q17 (harm reduction)**

- agree
- NRT must be more freely available
- replace conventional cigarettes with RIP cigarettes

**Royal College of Nursing****Q3 (six strand strategy)**

- agree
- additional strand on harm reduction

**Q4 (collaboration between agencies)**

- sign up to EC/26 member state agreement with tobacco companies
- work for early introduction of anti-smuggling protocol under Framework Convention on tobacco control

**Q6 (protecting young people)**

- restrict tobacco marketing opportunities (q7-q10)
- denormalise smoking: young people see it as normal to smoke
- youth-oriented (social) marketing

**Q7 (restrictions on tobacco accessories)**

- agree

**Q8 (display restrictions)**

- Option 3 supported

**Q9 (vending machines)**

- Option 3 supported

**Q11 (minimum pack size)**

- agree

**Q12 (reducing exposure to second hand smoke)**

- mass media campaigns to influence behaviour

**Q13 (research priorities)**

- addressing low uptake of stop smoking service
- developing resources to promote quit attempts
- development and testing of harm reduction products
- pharmacological and behavioural interventions

**Q14 (stop smoking services)**

- community based services
- more resources for social marketing
- brief interventions by health professionals
- ensure NRT is widely available and not prohibitively expensive
- links into primary and secondary care; hospitals to provide cessation advice for patients

**Q16 (supporting smoking cessation)**

- brief interventions through all healthcare professionals
- training in cessation for healthcare professionals

**Q17 (harm reduction)**

- agree

## **Pharmaceutical Society of Northern Ireland**

### **Q1 (target rates)**

- need stratified targets for different groups

### **Q2 (inequalities)**

- cessation support targeted at most vulnerable groups

### **Q3 (six strand strategy)**

- agree

### **Q5 (increasing understanding of wider risks from smuggled tobacco)**

- public information

### **Q6 (protecting young people)**

- support measures suggested in consultation (q7-q10)
- youth oriented marketing messages

### **Q7 (restrictions on tobacco accessories)**

- agree

### **Q8 (display restrictions)**

- Option 3 supported, but financial concerns of retailers need to be addressed

### **Q9 (vending machines)**

- Option 3 supported

### **Q10 (plain packaging)**

- agree

### **Q11 (minimum pack size)**

- agree

### **Q12 (reducing exposure to second hand smoke)**

- public information campaigns

### **Q13 (research priorities)**

- barriers to using NRT and other pharmacotherapies
- relapse prevention

### **Q14 (stop smoking services)**

- outreach – community pharmacies are a good setting

### **Q17 (harm reduction)**

- agree

